

# **DDN**

## **SPECIAL ISSUE: THE 8TH DDN NATIONAL SERVICE USER CONFERENCE**



# **GETTING IT RIGHT FOR EVERYONE**

*INSIDE: User-led support, treatment, housing, building social capital, sustained recovery, naloxone, getting back to work, and more...*

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## EDITOR'S LETTER



'There was a palpable sense of determination that some called "old school activism".'

Going to conferences can be a rare privilege these days. There's no time, no money, no staff, no resources... but somehow the service user involvement conference this year soared above all this, and really rose to 'the challenge'. It helped that our speakers were amazing and each contributed something unique to the mix, using their personal experiences to innovate and inspire. Their stories of empowerment were exactly what the event was about and you can read their perspectives throughout this special conference issue.

There was a palpable sense of determination this year that some called 'old school activism'. The call to arms on naloxone distribution, started by Kevin Jaffray from the platform and continued through meetings, training and campaign films, was a well crafted initiative that garnered wide support and participation and is already leading to impressive results as delegates take the message to their home turf and join the campaign by the Naloxone Action Group (NAG).

For many other delegates the power of networking was in full force, sharing ideas, inspiration and the need to stand strong in the face of cutbacks. We also learned from the conference ourselves, here at DDN. We heard that it was useful and valued, and we'll fight for the resources to do it again.

Claire Brown, editor

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## REDUCTION IN FRONTLINE STAFF

**MORE THAN HALF** (53 per cent) of respondents to DrugScope's latest *State of the sector* survey have reported a reduction in the number of frontline staff, the charity states, with 40 per cent also reporting fewer managers and back office workers.

Based on a survey of 189 community, residential and prison services from across England, the *State of the sector 2014-15* report records an average net funding reduction of 16.5 per cent – although this masked 'volatility and local variation' – following the previous *State of the sector* document's finding of 'no clear signs' of widespread disinvestment (*DDN*, March 2014, page 4). The new report also paints a picture of uncertainty around jobs and services, and de-motivated staff, with 'rapid commissioning cycles' one of the key concerns. Many respondents were worried that this could put clients at risk.

More than half of community services stated that they had been through tendering or contract renegotiation since September 2013, with a further 49 per cent expecting this to happen by September this year. The main gaps in provision identified by the report were housing support, dual diagnosis/complex needs and services for older clients, while more than 60 per cent of respondents also reported an increase in the use of volunteer 'recovery champions' and 47 per cent increased use of other volunteers.

'This is a period of far-reaching change for the services in our communities who support individuals and families affected by drug and alcohol problems,' said DrugScope chief executive Marcus Roberts. 'They are now part of a wider public health agenda, at a time when local authorities have increased discretion over their spending and are managing cuts to their budgets. It comes as no surprise that substantial disinvestment is expected and being planned for by service providers, nor that this will vary from place to place, with some areas more badly affected than others.'

The findings highlighted 'the impact of the constant cycle of local commissioning and recommissioning, which many respondents felt was disruptive to services and harmful both to clients and staff', he continued. 'Over three quarters of those surveyed were working to contracts of three years or less; one in four respondents reported that their contracts were getting shorter.' It was vital, he stressed, that 'the benefits of effective drug and alcohol treatment that have been built up over decades are not lost in the coming years'.

Meanwhile, the prime minister has commissioned the Department of Health's Prof Dame Carol Black to conduct a review into whether people with drug or alcohol problems should have their sickness benefits cut if they refuse to enter treatment. Around 100,000 people with long-term conditions such as substance problems or obesity currently claim sickness benefits, which has attracted controversy in sections of the press.



**Marcus Roberts:**  
 'One in four respondents reported that their contracts were getting shorter.'

## MARKETING AND CHILDREN

**PRIMARY SCHOOL CHILDREN** are more familiar with beer brands than leading makes of biscuits, crisps or ice cream, according to a new report from Alcohol Concern. Half of the children also associated 'official beer' sponsor Carlsberg with the England football team, with those who used social media sites like Facebook, Twitter and Instagram having the greatest recall of alcohol brands.

## DRUG COURT ROLL OUT

**THE FAMILY DRUG AND ALCOHOL COURT** (FDAC) scheme is to be extended to more areas, the government has announced, including Torbay, Exeter, Plymouth and Coventry. The courts aim to keep families affected by substance misuse together, and offer fast-track treatment as well as help with issues like housing and finances.

## ALCOHOL DEATHS STATIC

**THE UK'S ALCOHOL-RELATED DEATH RATE** remained virtually unchanged in 2013, according to figures from ONS, with a total of just under 8,500 deaths. Although Scotland saw the highest death rate, it was the only UK country where the rate was 'significantly lower' than a decade ago.

## DRUG DRIVING REGULATIONS

**THE GOVERNMENT'S** drug driving regulations have come into force, making it illegal for someone to drive if they have a certain level of illegal drugs in their blood. Police now have the power to stop drivers and carry out a 'field impairment assessment' if they suspect them of being on drugs, which could lead to arrest and a blood or urine test at a police station. Penalties for drug driving include fines of up to £5,000 and up to six months in prison.

PHE have produced the first document of its kind from a national body.



## KNOWLEDGE NEEDED

**MORE** needs to be done to 'identify and understand the best approaches to substance abuse prevention', according to a briefing paper from ACMD. Standalone projects are likely to have little impact unless they form part of wider healthy living strategies, says *Prevention of drug and alcohol dependence*, which also calls on those in the field to 'agree common terminology'.

## GLOBAL FAILURE

**JUST 4 PER CENT** of the worldwide total of drug users living with HIV are receiving antiretroviral therapy, according to HRI's latest *Global state of harm reduction report*, while just 8 per cent of the world's injecting drug users are thought to be able to access opioid substitution therapy. On a 'global average', drug users are able to access just two clean needles a month, says HRI.

## SCOTS LOOK TO TACKLE LEGAL HIGHS

**AUTHORITIES** should attach conditions relating to the sale of new psychoactive substances (NPS) when issuing public entertainment licences, according to a report from the Scottish Government's expert review group. Meanwhile, Lincoln's city council has voted in favour of introducing a public space protection order (PSPO) to stop people taking NPS in public places. Anyone breaching the order – the first of its kind in the country – could be issued with a fixed penalty notice or face a fine.

*New psychoactive substances expert review group at [www.gov.scot](http://www.gov.scot)*

## LIB DEM ELECTION PROMISE

**THE LIBERAL DEMOCRAT** election manifesto will pledge to replace imprisonment for possession of drugs for personal use with the approach used in Portugal, where people are diverted into treatment, education or civil penalties. The party would also transfer drug policy from the Home Office to the Department of Health, said leader Nick Clegg.

## MSM ACTION PLAN

**PHE** has published an action plan to address health and wellbeing inequalities faced by men who have sex with men (MSM). *Promoting the health and wellbeing of gay, bisexual and other men who have sex with men*, the first document of its kind from a national body, looks at issues such as reducing the number of new HIV infections, rates of higher-risk drinking and 'use of harmful substances'.

*Available at [www.gov.uk](http://www.gov.uk)*

# LOCAL NEWS



## NOTTS AWARDS HONOUR SPIRIT OF RECOVERY

**THE FIRST** Spirit of Recovery Awards, hosted by Double Impact, was held recently to recognise contributions to the recovery movement in Nottinghamshire.

More than 150 nominations were received across 12 categories, and were judged by a panel made up of staff from Double Impact, including three ex-service users.

The event brought together staff, volunteers, service users and people from the local community who support Nottingham's recovery community, including the Sheriff of Nottingham, councillor Jackie Norris.

## KCA CYCLER IN CHARITY FUNDRAISER

**NICK HICKMOTT**, a substance misuse worker for KCA's young persons' service in Canterbury, will be cycling from John O'Groats to Land's End to raise money for the Oliver Fisher Special Care Baby Trust.

Hickmott, along with his former colleague Gareth Wren, will set off from Scotland on 24 July and will cycle 100 miles each day with the aim of reaching the Cornish headland ten days later.

*Their challenge can be followed on Twitter while they are training and during the ride @10Days1000Miles.*

## NEW PROJECT TO SUPPORT OFFENDERS

**A 15-MONTH PROGRAMME** of workshops and coaching sessions has been launched to support service users in HMP Onley.

Beyond Recovery, in partnership with Phoenix Futures and the Northamptonshire Healthcare Trust, are offering the programme to help offenders in recovery with their decision-making abilities. Outcomes of the project will be evaluated in Autumn 2015.



**Nick Hickmott and Gareth Wren plan to cycle 100 miles a day for 10 days.**

## SUPPORT FOR WOMEN IN SOMERSET

**THE WOMEN'S ACTION GROUP (WAGS)**, a women-only support group, has been launched in north Somerset to offer advice on addiction to service users, their friends and family.

Drop-in sessions will offer activities such as nail care and movie viewings, along with support for vital issues including domestic violence and empowerment.

Women will also be able to talk to peers and female support workers about their addictions and recovery.

*For more information email [h.cleugh@addaction.org.uk](mailto:h.cleugh@addaction.org.uk)*



## WESTON-SUPER-MARE LEADS HEP C FIGHT

**ADDACTION's** hepatitis C treatment project in Weston-super-Mare is being celebrated as an example of best practice in treating people with the virus.

During a discussion attended by leading health professionals and politicians in the area, it was announced that the project could be on track to eradicate hepatitis C in the region.

## TREE PLANTING CELEBRATES RECOVERY

**MORE THAN** 2,300 native saplings were planted in Heartwood Forest, St Albans, by current and former Phoenix Futures service users to celebrate the hundreds of people who completed treatment over the past 12 months.

Phoenix Futures are working in partnership with the Woodland Trust to offer the opportunity to take part in conservation therapy through a 'Recovery through nature' programme.

Phoenix Futures will also be running workshops in the run-up to the general election to address the issues that service users face when registering to vote. The workshops will aim to help people in recovery engage with the political process.

[www.phoenix-futures.org.uk](http://www.phoenix-futures.org.uk)

**Hannah Hassanin and Michael Scoones take part in the 'Recovery through nature' programme.**

The programme combines community-based treatment with peer education, and has led to an increase in testing and treating those with a history of injecting drugs. The peer educators are former drug users who aim to offer psychological support to people before, during and after their treatment.

John Penrose MP said of the service, 'I'm proud and delighted Weston is showing the rest of the country the right way to fight and eliminate hepatitis C.'

## CLUB DRUGS CLINIC SET TO OPEN

**A NEW £400K PROJECT** has been launched to address the harmful effects of novel psychoactive substances (NPS).

The NEPTUNE II project, funded by the Health Foundation and run by the Royal College of Psychiatrists, will build on existing research into 'club drugs' and will educate clinicians on their harms.

'Because new substances are emerging so quickly, it is very difficult to expect clinicians to identify and manage harmful symptoms of NPS use,' said NEPTUNE chair, Dr Owen Bowden-Jones. 'We hope that by giving more robust and evidence-based guidance to clinicians, we will make a real difference for patients.'

## NEW CENTRE IN BLACKPOOL

**CASSIOBURY COURT** has opened a fully residential treatment centre in Blackpool. The 18-bed facility will also offer 12 months of aftercare.



# THE EIGHTH NATIONAL SERVICE



## CHALLENGING TIMES

Delegates at *The challenge – getting it right for everyone* heard a succession of powerful and inspiring presentations on the theme of overcoming obstacles. *DDN* reports

**‘W**e’re working and living in challenging times,’ said **CAROLE SHARMA** of **FDAP** as she introduced the day’s opening session, *Working with service users at all levels*. ‘Today’s theme is getting it right for everybody, and that’s the important thing, whether they’re abstinent, still using or professionals. So let’s quit beefing, and get on with getting it right.’



The challenge facing **LINDA CHAN** from **BUILD ON BELIEF (BoB)** was saying goodbye to the people she’d known for 25-30 years when she stopped using drugs, she told the conference. ‘I started using at 15 and used for 32 years,’ she said. ‘The challenge wasn’t

getting off drugs, but staying off. I couldn’t talk to normal people – my social skills were non-existent and I didn’t trust anybody.’

Needing a way to fill her days she decided to try volunteering, but soon came up against another challenge. ‘You had to be off your prescription and not using for two years. But then I found out about BoB, where you can volunteer even though you’re scripted.’

The effect volunteering had on her mental health was ‘amazing,’ she said. ‘With the right support and encouragement I began to realise that, even though I was still scripted, I could really make a difference. I used to believe that as a user for 32 years I had

nothing to offer, but I soon learned how important it was for people to have someone advising them who’d been through the same experience.’

Helped by BoB’s policy of giving its volunteers first refusal on new vacancies, she took up a post helping to design services and workshops in west London. ‘We’re getting 35-40 people through every day now. I really wish I’d known there were places like BoB around – I could have stopped earlier with the right support and encouragement.’

BoB’s philosophy was to see recovery as ‘getting a life,’ she told delegates – ‘getting off drugs is one thing, getting a life together is an entirely different matter’ – and the majority of its volunteers were still in treatment. Another integral part of its outlook was to make sure that no one was turned away, she stressed. ‘I don’t care how many times you’ve failed at treatment – I did all of this while I was still scripted. Don’t limit yourself because of a script. If you’re stable and scripted, you can do anything you want to.’

**STEVE DIXON** of recovery CIC **CHANGES UK** described to delegates the challenge of building social capital, helping people develop independent living skills and move into long-term sustained recovery. His organisation aimed to tackle addiction, homelessness and offending, working closely with probation, prison and treatment services as well as the Department for Work and Pensions (DWP). It also tried to place peer mentors in job centres and operated an abstinence-based community rehab, he told delegates.

‘The biggest weapon you can have is a recovery community – the rest takes care of itself. If you put someone in the middle of that, they’ll be alright. You need people who’ve been where you’ve been.’

While anyone volunteering with Changes UK had



access to accredited training, the organisation had been keen to set up training for people who wanted to do something outside of health, social care and the drugs field. ‘You don’t have to be a drugs worker,’ he told the conference. The organisation had joined forces with a local college to provide accredited courses, and it also aimed to provide high quality services – including a garage, café, gym and recording facilities – to the wider community.

‘The challenge is to create a sustainable revenue stream, otherwise you’re always under that cosh,’ he said. ‘We want to generate profit. That’s my dream – that we don’t need funding from anyone. Nothing that’s worth it in life is easy, but there’s always enough little moments to remind us why we do what we do.’

**TONY LEE** of support group **REPS** told the *Meaningful activism* session how he’d been homeless in London before moving into a hostel that had a substance misuse unit. He trained as a peer support worker then went on to become a mentor, delivering harm reduction advice on an outreach basis in Soho. ‘We were talking to people in their own community – that’s crucial,’ he stressed.

# USER CONFERENCE

Read the reports, see the pictures:  
[www.drinkanddrugsnews.com](http://www.drinkanddrugsnews.com)



## SOUNDBITES

'We know that where service users are in the lead, services are much more dynamic. The service user voice, and former service user voice, is incredibly important – let's keep hearing it. Wherever decisions are being made, you need to be there.'

ROSANNA O'CONNOR

'What saves people is peer led support. If you stick people in a recovery community they're going to be ok.'

STEVE DIXON, CHANGES UK

In 2005 he'd moved back to Fleetwood in Lancashire, setting up REPS a year later. 'Fleetwood had nothing, no community support. There was a treatment service that was run off its feet, and they didn't even know what peer support was.'

All of the organisation's activities were done without any substantial funding meaning the challenge was to be innovative and imaginative, he said, and REPS provided activities such as walking, hiking, bird-watching and fishing alongside peer support. 'We support people through community detoxes and stabilisation, and we've recently started working with people on licence from prison as well. The challenge now is to go on to become a registered charity or a CIC.'



'There's some brilliant work going on at the moment, but we do have some challenges, one of which is Ian Duncan Smith trying to time-limit OST,' said chair of session two, **ANNETTE DALE-PERERA**, a member of the **ADVISORY COUNCIL ON THE MISUSE OF DRUGS** (ACMD). Behind the scenes, Public Health England (PHE), John Strang and others had been 'trying to back these people off and get them to recognise the evidence base', she said, but Ian Duncan Smith's insistence had led to the ACMD's recovery committee being tasked with investigating the issue.

The committee had been asked to look at the evidence around whether people were being maintained on OST for longer than was necessary or desirable, and whether the evidence supported the case for a time limit. 'We gave him direct answers,' she told delegates. 'When we looked at the stats it showed that 10-15 per cent were on OST for five years or more, while 40 per cent actually left within six months and 55 per cent within a year. So the answer we gave him was that the evidence did not support bringing in time-limited OST. In fact, there's strong evidence that it leads to relapse and that acquisitive crime goes up.'

A time limit could also result in medical or legal challenges, the committee had pointed out. 'But the ACMD are concerned about the quality of OST – there are some real challenges here,' she stressed.

Other issues facing the sector, said **PHE's ROSANNA O'CONNOR**, were concerns over funding being lost and treatment no longer being a political priority. 'We do have a drug strategy that's a framework within which we can expect all local authorities to operate,' she said, but this was coupled with a very strong localism agenda and devolved funding and responsibilities. 'Local authorities



are supposed to know what's best for the local community, and they often do. But it does mean that you have to make your voices heard with councillors and influential officers in your local authority.'

There were worries about the scale of retendering and the amount of turbulence this was causing in treatment systems, she acknowledged – 'a concern for us as much as for you' – as well as around drug-related deaths. 'Sixty per cent of these are people who hadn't been in treatment. So there's a major challenge around the attractiveness and accessibility of the treatment system, and how to reach those people outside the safety net that the system provides.'

But the biggest challenge was perhaps that where there had once been 'hundreds of millions of pounds' in the pooled treatment budget, money for treatment



was now part a much larger public health grant, with the drugs part no longer ring-fenced. Nor was there any longer the 'oversight and influence' of the NTA, she said.

'What we at PHE can do is hold up a mirror to local authorities and say, "this is what's happening in your

local area, and we can provide support with what you're not doing well". Some were very receptive, others less, she told delegates.

'So it needs your help alongside ours.'

## SOUNDBITES

'If you don't like where you are – do something about it!'

RICHARD MCCANN

'It doesn't cost much to do little things that make a difference'

LINDA CHAN, BOB

# AGAINST THE ODDS

The day's final session saw an uplifting presentation from Richard McCann on the challenge of achieving things he'd never thought possible, and turning trauma and tragedy into triumph

**L**ike probably a lot of you in this room, I was brought up on a council estate,' Richard McCann told delegates. He lived with his sisters, mother and father, the latter labelled a 'feckless ogre' by social services, who had placed the family on the 'at risk' register. When his father eventually left home his mother found a new boyfriend, who 'became a little bit more friendly than he should have been' with Richard's sister Sonia. Then, a week before his sixth birthday, his mother went out one evening and never came back. She'd become the first victim of 'Yorkshire Ripper' Peter Sutcliffe.

'I'm not the only person in this room who's been through challenges,' McCann told a rapt audience. 'Attitude is everything – an "I can" attitude. You take small steps, add them together, and it makes a massive difference.'

Although his grandparents had wanted to take the children in – something he only discovered years later – social services thought it would be in their best interests to place them with their father. 'He was a big drinker, very violent. When he drank whisky he became a monster. You wouldn't want to cross him.' On one occasion he drowned the family dog in the bathtub.

Inevitably, Richard went 'off the rails', he told the conference, frequently running away from home. 'You've got to do that scary stuff. You've got to face your demons. If you don't like where you are, do something about it. You can always do something about it, even if you think the odds are stacked against you. You've got to grasp those opportunities that sometimes only come around once.'

After leaving school and a couple of short-term jobs he took 'a leap of faith' and joined the army. Doing his basic training at Woolwich barracks he told

people his mother had died in a car accident. 'They had no reason to disbelieve me. It was the first time nobody knew the truth about my past.' After being posted to Germany, however, a crime magazine printed the full details of his mother's murder. 'My secret was out,' he said.

**'We should never be ashamed of our past... It took me years to find out that it's OK to be me.'**

He went on 'a drunken rampage' around a German village and was placed in a psychiatric ward as a result. 'For the first time I was going to get some professional help. Or so I thought. They said I had a personality disorder. Sometimes we're given labels, and that's one of the easiest ones to give. You can't turn back the clock, but you can always decide how you react to stuff – whatever that stuff is for you – and what you do next.'

Deciding to 'dust myself down and start again' he returned to the UK and got a job in a warehouse. 'I was determined to make a go of it. Eventually I was told I was management material. Me?' Thriving in the job, he stayed in and saved for a deposit on a house while his friends were out drinking and taking drugs. 'I had a house, with a CID officer living next door, I got a bank loan for a car. I was bordering on middle class.' Eventually, however, a colleague persuaded him

to take speed in a nightclub, 'one of the nicest feelings I've ever had'. He started taking drugs regularly, and moved on to dealing. Before long he'd lost his job and his partner, been arrested and sent to prison.

'It was horrible, it was hell. But the quality of your thoughts affects the quality of your life. I vowed to turn my life around.' On release he desperately tried to get a job, as his house was close to being repossessed, but his criminal record meant rejection after rejection. He contemplated suicide, but at his last interview before the repossession deadline, he got the job.

'I was determined to go the extra mile and be the best at it that I possibly could be.' He changed his circle of friends and – as 'one of the final things I did as part of my recovery' – he asked for some help. 'Some people think asking for help is a sign of weakness, but it's not. No one ever achieved anything without some help from somebody on the way.'

After writing a well-received book about his experiences, he decided to set up a support group for people who'd lost loved ones to murder or manslaughter. 'Sometimes when you go through something you can help other people in years to come.'

Now a very successful motivational speaker, things were 'going well', he told the conference. 'But the important thing is we've got to celebrate who we are – we're all walking miracles. We should never be ashamed of our past. Yeah, we've had some stuff happen to us but we can still turn it around. It took me years to find out that it's OK to be me. It doesn't matter what you've been through in life, what setbacks you've had, how dark those clouds have been. With the right attitude, and the right support along the way, you can achieve anything.'



"I want to train to administer Naloxone and campaign for all governments to fund this wonder drug. Addicts can recover. We do feel and we are entitled to live."

**NALOXONE SAVES LIVES.**

My recovery began nine years ago. I had overdosed, an ambulance was called and Naloxone was used to save my life. I guess you could say that I was a 'chaotic opioid user'. I was prone to overdose situations, often because of poly drug use. There have also been occasions in my life when I have overdosed and been left to chance and it was just sheer luck that I survived.

I know of many who have not been so lucky and some, like me, who would not be here today if Naloxone hadn't been available at that time and place. My life is full now. I am passionate about my work in advocacy, training and consultancy and I am currently in the process of relaunching our local mutual aid collective.

I am evidence that Naloxone works. Naloxone saved my life and kick started my recovery, yet it's still a postcode lottery as to who will be saved and who will be left to chance. Hundreds of people who inject drugs accidentally overdose every year and don't make it.

Like me, they could be here today.

**Naloxone Action Group England call on local authorities to implement PHE advice to ensure that take-home naloxone is made available across England**

 Naloxone Action Group England

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# THE EIGHTH NATIONAL SERVICE USER CONFERENCE

The day saw repeated calls for life-saving, and cost-effective, naloxone to be made more widely available. DDN reports

## LET'S GET IT OUT THERE



**T**he case for take-home naloxone is quite clear,' activist Kevin Jaffray told the morning's *Naloxone – keeping up the campaign* session. 'So why isn't it in the hands of the people who need it?'

While take-home naloxone programmes in Scotland and Wales had led to a fall in opioid-related fatalities, England saw a 32 per cent rise in deaths in 2013. 'That's because we have no national programme,' said Jaffray. 'It's disgraceful. I'm not saying it's a magic wand, but the fact is we could have saved at least half of these people.'

Naloxone had 'been around since 1961' he told the conference, and endorsed by the WHO, NTA and ACMD, among many others. 'This medicine saves lives,' he stated. 'So why are we still having to fight?' Many of the arguments against naloxone – that it encouraged people to take more drugs, or deterred them from seeking support – were myths, he said.

'The arguments that come up time and time again when we're campaigning in local areas are comical. Naloxone will bring people into services, not the opposite.' In fact it had the power to act as a turning point in people's lives, he stressed. 'When I OD'd and

was brought back by naloxone, I accessed services. Because it scared the shit out of me.'

An overdose situation could add up to £20,000 per person in costs to the emergency services, while an overdose prevented from becoming fatal by naloxone cost around £400. 'Not only is that a £19,600 saving, you've still got a human being breathing and a family kept together,' he said. 'We want the Medicines and Healthcare Products Regulatory Agency (MHRA) to publish draft regulations on naloxone now, and we also want Public Health England to be more active in local direction around take-home naloxone programmes.'

'We have to work with what we've got,' he told the conference, which meant user activism was vital. 'You're out there on the frontline. Form naloxone action groups in your local area, get trained and pass the training on in whatever capacity you can. Lobby your local commissioning boards, MPs and health and wellbeing boards. Anywhere you can get this out there, do it.'

Take-home naloxone guidance had just been published by PHE, Rosanna O'Connor told the conference. This would act as a 'nudge to local authorities and partners' to promote wider availability in advance of the change to medicines regulations – which currently only allow naloxone to be supplied on a prescription basis – expected in October.

Meanwhile, the lunch break saw an *Action on naloxone* session chaired by Niamh Eastwood of Release and Mat Southwell of CoAct, looking at what could be done to challenge lack of availability. Delegates were handed a list of local authority areas that were not providing naloxone – a substantial number.

'How far is it being rolled out?' asked Niamh Eastwood. 'It looks like even in a number of areas where they're saying "yes, we're providing it" they're not doing it sufficiently.' And for those local authority areas that had stated they were not providing it, she said, 'we need to find out why. Whose decision is this? There's no reason why it shouldn't be available. It's cheap, and it saves lives.'

Release now intended to challenge non-provision through legal action, she stated. 'We

**Philippe Bonnet, outreach worker and activist, delivered naloxone training. The *Action on naloxone* session was chaired by Niamh Eastwood of Release and Mat Southwell of CoAct.**

need to find someone for a test case, and then what we can do is look at taking a judicial review. There's no guarantee we'll win, but it's one of the ways we can push the boundaries on this. There are very strong right-to-life and human rights arguments here. People who use drugs have been stigmatised for years. This approach of taking legal action is one way of giving people a voice again.'

The day also saw naloxone training delivered by outreach worker and activist Philippe Bonnet. 'The turnout was fantastic,' he said. 'I showed how you can train people very quickly, so those people can now go out into their communities and spread the message.'

In terms of those areas not providing naloxone, the vital thing remained perseverance, he stressed. 'Identify champions and knock down doors, and make use of the service user groups and advocacy groups that can do that on your behalf. But absolutely, don't take no for an answer. One thing's for sure – it's not rocket science.'

*PHE's advice for local authorities at [www.gov.uk](http://www.gov.uk)*

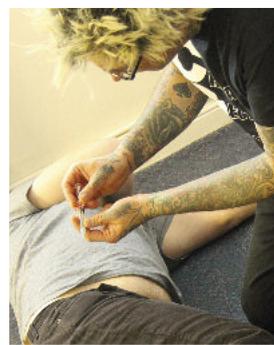
### SOUNDBITES

'Demand naloxone in your area. Don't pussyfoot around, demand it.'

KEVIN JAFFRAY

'One of the reasons we've been able to bring change around naloxone internationally is because active drug users and former drug users have worked together.'

MAT SOUTHWELL





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# THE EIGHTH NATIONAL SERVICE

## KEEP IT REAL!

The exhibition area was a vibrant bustle of networking all day as service user groups shared information on their activities. What did the experience mean to those involved?



service in a meaningful way that secured her a job and a promotion. Awesome! Richard McCann went down a storm, and he has put many of us through a speaker bootcamp that has enabled us to roll out the training for

organisations and have joined two boards of directors.

We'd say that it's important to ensure that each service maintains a service user perspective, and regular consultation and engagement opportunities are in place to encourage and empower service users to make changes within their own communities.



### RED ROSE RECOVERY

We've been running for nearly three years, however we have been independent in our own right as a charity for the last 12 months. We now employ 25 people.

The whole conference was a great experience. It's not just about the conference for us though, it's a reason to scoop lots of us together and connect and take a little bit of our magic and sprinkle it across the UK. We love the travelling down together and getting a meal the night before. The whole experience is about connecting.

This year, the guys were really buzzing on the bus going home. We loved the talk from BoB and how Linda Chan was still in treatment but able to contribute to BoB, coming through the

ourselves. We are now training up more people with speaker presentation skills. We also got lots of inspiration from the speakers – we liked the stories of hope, with living examples up at the front.

Tips for a creating and maintaining a group are to establish some common values and regularly refresh the leadership. We brought down 30 or so people and the vast majority were new members. Focus should be kept on where you want to go and what you want to achieve – let that define who you are, not where you have come from.

### CHANGES UK

Our project started in 2007, but was set up officially as a CIC in 2009. We found the speakers inspirational – however the atmosphere was the most

valuable. It was really recovery focused and our volunteers really enjoyed a well-organised day.

We networked with service user groups and peer-led organisations from all over the UK. We have since been supporting a number of start-up

### SUIT

We've been going for eight years. We enjoyed all of it – but especially meeting new people and getting to network. It was a really enjoyable day, and we are definitely looking forward to next year!

### HAMPSHIRE ARC (ACTIVE RECOVERY COMMUNITY)

We've been going for about a year now. Each of the presentations reminded us what valuable work we do, how much is possible, ideas for the future and filled us with the energy and enthusiasm to



**A TASTE OF CALM:** Away from the bustle of the conference halls, therapists Lois Skilleter and Sally Crosland from Earthereal of Yorkshire gave Indian head massages, Thai seated back massages, hand massages and reiki throughout the day.



keep going. We networked with loads of people – various service user group members as well as Public Health England reps and training providers. Our tips for other groups would be keep it fun, keep it real and keep it positive!

## COACT

Mat Southwell, of CoAct, who co-chaired the lunchtime *Naloxone – keeping up the campaign* session, urged service user groups to lobby their local areas for naloxone provision.

'It was great to see a better balance between active drug users and people in recovery, and to see these two groups mixing together and creating a dialogue.'

The strong stream of naloxone issues was a valuable focus that led to a multi-agency peer and professional, recovery and active drug user working group.'

## SPITALFIELDS COMMUNITY TRUST

The most important part of the event was getting our clients out there to meet people and realise their own value – and making a connection with a RAPT apprenticeship coordinator.



## UK RECOVERY WALK

We think it's the best networking event of the year. There were lots of conversations being had after the conference because it gave everyone that opportunity to connect.

We were really impressed with the balance this year between harm reduction and recovery, and it was great to see Public Health England responding to the NAG group.



## ON THE BIG SCREEN

DURING LUNCH, DELEGATES WERE GIVEN THE OPPORTUNITY TO SIT BACK AND VIEW A SELECTION OF INSPIRATIONAL FILMS



### RETHINKING OVERDOSE INTERVENTION

Jamie Bridge discusses the potential that rethinking product and service design might have in the administration of overdose medication and the effort to save

<https://www.youtube.com/watch?v=dL7lck3qGig>

### SOMEONE'S DAUGHTER, SOMEONE'S SON

A video created by the European Harm Reduction Network advocating the distribution of naloxone. It features interviews with service users from Belfast, Swansea, Scotland and Nottingham.

<https://www.youtube.com/watch?v=gUeng0SVEYc>



### DEAR ALBERT

A feature documentary about the life of Jon Roberts, a recovery consultant who is also in recovery himself. The film follows Roberts over three years, as he works with service users from the very beginning of their rehabilitation.

[www.dearalbertfilm.com](http://www.dearalbertfilm.com)

### FILM YOUR STORY!

Phoenix Futures announced the launch of this year's Recovery Street Film Festival, which will invite amateur filmmakers to try their hand at making a short film about recovery. Films will be shortlisted by an expert panel of judges and showcased at festivals throughout the country in September, to coincide with Recovery Month.

Details at [www.phoenix-futures.org.uk](http://www.phoenix-futures.org.uk)



# LETTERS AND COMMENT



## MUCH TO BUILD ON

I want to congratulate you on what I think, was the best ever DDN conference – there was a real balance and we got a long way to the title *The challenge: getting it right for everybody*.

Why was it so good? Loads of reasons but I would like to pick out a few. It started with a most wonderful speaker, Linda Chan from BoB (Build On Belief), who spoke about her own life and journey and the amazing impact of being able to volunteer whilst still in treatment and on OST. I really felt it –

**'People need to be supported where they are, not where services or workers think they should be..'**

how she felt on walking nervously into BoB that first time, only to be

welcomed and not rejected because she was on a script. This rejection of people on OST happens in many places and it is totally unhelpful and uncalled for. People need to be supported where they are, not where services or workers think they should be.

The second big success for me was the inspiring and collective passionate campaign to get naloxone in England. This reminded me of the old times – no egos, sharing all, everyone wanting to work together. People from all philosophies, strictly proud abstinence-based organisations, drug user organisations, human rights organisations and treatment services, came together to collectively fight to make naloxone more available in England.

The long awaited PHE guidance on naloxone is a helpful document but unfortunately it is only 'advice' to local authorities. Hence it doesn't name and shame or pressurise the 54 per cent of local authorities having no 'take-home naloxone' – we must do that! Naloxone is a safe and cost-effective tool to save lives and is proven not to cause people to use more drugs. There is no excuse not to offer it if we truly care about recovery and human life.

Sadly I need to remember that my

enthusiasm is set in the worrying state of the sector clearly highlighted in the recent DrugScope survey, which shows that the substance misuse field is still addicted to re-commissioning. It is clear that substance misuse services are no longer protected from the reduction in public sector spending, that the sector is likely to suffer substantial disinvestment between 2014 and 2016, and that cuts in other services have also had significant impact on drug users in treatment.

But we do have ways forward and I want to share how Mat Southwell talked about how active drug users and community mobilisation were key to the early HIV response and, now, how globally active drug users and recovery drug users are working together to increase availability of naloxone. We saw that at this conference and this is what we must build on.

Finally I must say total thanks and well done to all the DDN team. I have some idea how tough the finances were this year, how many people you support to come could not get there without your help, and your total commitment to this vitally important conference.

Although I'm sort of retired can I book my place for next year?

*Dr Chris Ford, clinical director, IDHDP*

## STEPS TO RECOVERY

With six months until the annual recovery walk, *Daniel Galloway* shares how his involvement was the start of a much bigger personal journey

**I'M A PERSON IN RECOVERY.** I've been free from using alcohol and other drugs for more than six months now. As part of maintaining my sobriety I am volunteering time to help organise the UK Recovery Walk to be hosted by Durham on 12 September.

I'm acting as secretary for the host committee, doing exciting things like typing up meeting notes, but also putting my views forward on decisions that will help shape the event. After attending the Manchester recovery walk, being filled with tears most of the day, and attending the first planning meeting, I knew I wanted to have a proactive role in the event. However, due to my experiences with alcohol and other drugs I was a shell of the person that I am today. I was full of fear and self-doubt about my ability to take on the role. I did summon the courage to put my name forward and they accepted me, especially as I could use a computer and email.

The Manchester walk was an emotional day. I was three weeks sober, and I had never seen or imagined so many people celebrating recovery. I had a fantastic

day and the tears finally came out as I sang with the recovery choirs *Something Inside So Strong*. Seeing the crowd link arms and singing along finally led to me letting my emotions go.

Alcohol and cannabis robbed me of all my self-respect and dignity. This finally brought me to my knees and I reached a point where I had to seek help. I have slowly started to rebuild my life and see my involvement in the recovery walk as a key component in my recovery. Alongside attending the local drop-in centre and taking

**'I have slowly started to rebuild my life and see my involvement in the recovery walk as a key component...'**

part in sport, I have also got involved in the fundraising and the art group sub-committees. Hopefully someone else can get that same feeling of belonging from

the Durham walk that I got from the Manchester walk, and will be able to start their recovery journey.

It's a privilege to have the UK Recovery Walk in Durham, a small city and a relatively new recovery community. We are four months into planning the walk and things are moving on well. Having a load of people in recovery working on the project means things get done!

**See you in September!**

## ATTENTION!

### SHOULD OST BE TIME LIMITED?

In the opening session of the DDN conference, Annette Dale-Perera, a member of the Advisory Council on the Misuse of Drugs, explained how the ACMD was collecting evidence about the quality of opioid substitution treatment (OST) in England. Is there any case for time limiting it, as suggested by Ian Duncan Smith?

Delegates were invited to complete questionnaires at the conference, and the time limit for responses has now been extended to allow our readers to participate.

**THE EVIDENCE IS IMPORTANT, and will help to redress unfair policy. Please complete a short survey at [www.surveymonkey.com/s/CCPLWK7](http://www.surveymonkey.com/s/CCPLWK7)**

# DDN WELCOMES YOUR FEEDBACK

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

Get involved:  
[www.drinkanddrugsnews.com](http://www.drinkanddrugsnews.com)



## LET'S CONNECT!

THERE WAS PLENTY OF TWEETING AT THE DDN CONFERENCE... HERE'S A SELECTION

### TALKINGDRUGS @Talkingdrugs

RT @idhdp: #ddnconf @MatSouthwell talking about how we (PUDs, drug free, everyone) must all work together

### ANNA BREWSTER @AnnaLBrew

Open advocacy planning meeting to push for access to #naloxone at #DDNconf... quite a crowd they've got there!!

### ANDY IRVING @irvingad82

@DDNMagazine @TRPWarwick It's all about partnerships. Sheffield Addiction Recovery Research Group @SARRGsheff. All the right people in 1 room.

### SARAH MONK

@Sezebez Great closing speech at #ddnconf from @iCanInspire. Powerful story and infectious I can attitude! Well done @DDNMagazine

### SKILLS CONSORTIUM

@SkillsConsort Excellent day yesterday at the @DDNMagazine service-user conference. Lots of activity around Naloxone #NAGEngland

### KEVIN JAFFRAY @drugactivist

@niamhrelease @DDNMagazine @MatSouthwell Excellent Advocacy meeting and well presented.

### NIAMH EASTWOOD

@niamhrelease @drugactivist @DDNMagazine @MatSouthwell great team – let's get #naloxone rolled out nationally #harmreduction

### INDERJIT THANDY

@inderjitthandy @DDNMagazine Hi all another great conference, well done to all that took part & to all @DDNMagazine – keep up the good work x

### BROADWAY LODGE

@Broadway\_Lodge Thanks @DDNMagazine another brilliant conference in Birmingham yesterday. SO pleased to see so many ex clients from us looking brilliant!

### STACEY SMITH @StaceInspire

Home sweet home. Had a fun time connecting & catching up. Same time next year! Thanks @DDNMagazine #DDNconf



Anna Brewster @AnnaLBrew · Feb 18  
Open advocacy planning meeting to push for access to naloxone at #DDNconf... quite a crowd they've got there!

### CHRIS PALING @chrisbx515

@DDNMagazine #DDNconf Brilliant day thank you

### HAMPSHIRE DAAT @HantsDAAT

@leahdeacon82 @DDNMagazine an awesome event, as always! Happy days!

### JAY 'MO' JAMIESON @dnrroom

Had amazing day at @DDNMagazine Conference in Birmingham. Big Up @WISC1014 invite/company.IW needs #naloxone. Richard McCann best guest #ICAN

## POST-ITS FROM PRACTICE

# PUT ON THE SPOT

Dr Steve Brinksman on having his preconceptions challenged



**ABOUT A MONTH AGO** I had a patient come in to see me and tell me what I should prescribe for them. I am generally very open to discussion with patients and agreeing a joint plan after a mutual sharing of information – at least that's how I hope it works. However on this occasion Phil took me a bit by surprise when he sat down and simply said, 'I think you need to prescribe me nalmefene'. He had been drinking around 80-90 units most weeks but always had one to two alcohol-free days a week and sometimes three to four days in a row without alcohol. There was no morning drinking and no signs of physical withdrawal, although he freely admitted craving and difficulty in controlling his use when he drank.

I also found out that he was doing a wine-tasting course with a view to working in the wine industry, so long term abstinence wasn't an appealing prospect. He agreed to see our in-house alcohol counsellor for psychosocial support, although I felt I could adequately support him with an extended brief intervention. He also agreed to keep a drink diary, and I arranged to see him again two weeks later.

When he came in he reported no reduction in his drinking so I agreed his original request to prescribe nalmefene. I reviewed him two weeks later at which point he had used the drug on seven out of the 14 days and his weekly consumption was 60 units in the first week and 45 units in the second. He was pleased with this progress and it will obviously reduce the harm if his drinking can be maintained at this level, although both he and I acknowledged that it would be better if he could reduce further.

Previously, I suspect, I would have told him he should become abstinent. And he would have probably ignored me. Because for him, abstinence simply isn't currently an option. For me, it is chastening sometimes to be put on the spot by patients and challenged to see things differently. I hope that Phil continues to do well and I hope that I will always listen to what patients feel will work for them and at least explore the options. That way, we can work together to reduce harm and improve wellbeing away from the distraction of pursuing the illusion of the 'perfect outcome'. Till the next time, anyway.

Steve Brinksman is a GP in Birmingham and clinical lead of SMMGP, [www.smmgp.org.uk](http://www.smmgp.org.uk). He is also the RCGP regional lead in substance misuse for the West Midlands.

## LET'S CONNECT! (SOME MORE)

**SWANSWELL** February 20 at 6:25am, via Facebook

We had a great day yesterday at the DDN Magazine annual service user involvement conference.

We made loads of positive connections and got some really good feedback on the information we were giving out!

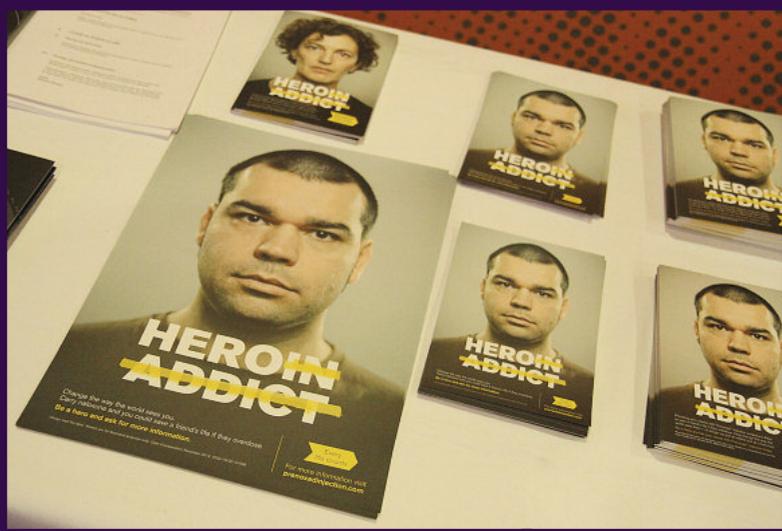
**FRANCIS COOK** to [www.drinkanddrugsnews.com](http://www.drinkanddrugsnews.com)

We'd be lost without you guys; the one remaining opportunity for service users to meet, learn and network face to face. Thank you!



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# THE EIGHTH NATIONAL SERVICE USER CONFERENCE



## DDN would like to say A BIG THANK YOU...

to everyone who supported *The Challenge: getting it right for everybody* – FDAP; NUN; our main sponsors Martindale Pharma; our speakers and exhibitors; therapists Lois and Sal and auricular acupuncturists Acudetox Plus; naloxone trainer Philippe Bonnet and naloxone advocacy session organisers Mat Southwell, Niamh Eastwood and Kevin Jaffray; our conference programme steering group; our volunteers: Lee Collingham, Beryl Poole, Si Parry, Sue Tutton, Carole Sharma, Tidjane Gbane, and the Coventry and Birmingham recovery communities – Rich Maunders, Carole Darch, Indy Thandy, Ronnie Duggan, Bess Curtis, Dave Ayriss, Mark Baily, Robin Toft, Vicky Chagiye, Rhona Ames, Chris Pritchard, Jessica Hunter, James Richardson, Steve Such, John Miles, Sophie May, Sean Dixon, Alex Davey, Dan Witherwick, Rachael Chalmers, Stuart Elsworth, Europe Singh, Oliver Riley, Jamie Ross, Vinit Shah, Andrew Shelton, David Kavanagh, and, as always, our delegates who came along and made the day such a success.



## WE HOPE TO SEE YOU ALL NEXT YEAR!



# SUPPORTED HOUSING

*Chris Aitken* talks about how the Perry Clayman Project (PCP) is meeting the housing needs of service users in recovery

**PCP BEGAN LIFE IN LUTON**, Bedfordshire in 2004. Following his own struggle with addiction, Perry was admitted to treatment at a prestigious UK-based treatment centre in 2002. There he encountered 12-step based treatment for the first time, and upon leaving treatment he had a vision to provide a similar treatment programme, but at a far more affordable cost to make it accessible to a greater number of people.

Beginning with ten beds in 2004, the Luton centre grew and moved to new, larger premises in 2006. In 2009, a second facility opened in Chelmsford, followed by our Clapham service in 2011. The most recent addition to the PCP family is our 18-bed Leicester centre, which opened in September of 2014.

All of our centres are quasi-residential, meaning that treatment is carried out seven days a week from 9am to 5pm, with service users living in one of our residential properties not far from the centre itself. We encourage a family environment in the houses – coming together to cook, clean and support each other.

Following an onsite medicated detox if necessary, the 12-week primary program at PCP is rooted firmly in the 12-steps. The majority of PCP staff are in recovery themselves, meaning they can show a unique empathy and understanding in guiding others.

This then leads into the 12-week secondary programme, which incorporates a range of ‘experiential’ therapies, such as Eye Movement Desensitisation and Reprocessing (EMDR), Equine Assisted Psychotherapy (EAP) and Emotional

Freedom Technique (EFT), among others.

Secondary is also the time when service users begin to look towards life after the structured environment of treatment, phasing into a greater level of independence – we set up memberships for service users with a gym, and have links with many local organisations and education providers that provide voluntary opportunities.

**‘Beginning with one shared house of six beds in Luton, and driven by a lack of safe, secure abstinence based housing nationwide, PCP Housing has developed into 70 bed spaces across Luton, Leicester and Chelmsford.’**

In 2012 I began working at PCP. As an ex-service user myself, and having experienced the transition from the structured environment of treatment to the often chaotic world of social housing, where substance misuse and related offending is unfortunately often rife, it occurred to me that abstinence-based supported housing would be a real benefit to those in early recovery, giving them a safe base from which to begin their journey.

This led to the founding of the charity PCP



Housing in 2013. Beginning with one shared house of six beds in Luton, and driven by a lack of safe, secure abstinence based housing nationwide, this has developed into 70 bed spaces across Luton, Leicester and Chelmsford.

Individuals have their own room and regularly scheduled one-to-one appointments with a key worker. The properties are maintained to a high standard, and there is no time limit on how long someone can stay with PCP Housing – the amount of time needed to be ready to take that next step to independence varies from person to person.

We don't just cater to PCP treatment leavers – we also consider referrals from any service that provides a structured treatment program and feels that the person in question is in need of safe abstinence-based accommodation.

Whatever stage someone is at, be it in the madness of addiction and requiring a medical detox, addressing their compulsive substance misuse behaviours, examining the underlying causes of their addiction, or providing a stable environment in which to begin their journey of recovery in the community, we take pride in being able to offer support through every stage.

Top: Ex-service user, Chris Aitken delivers a presentation on recovery capital to PCP Housing residents.

Left: PCP Housing accommodation, Chelmsford; Perry Clayman, who founded PCP after his own struggle with addiction.



## IN THE SPOTLIGHT

*Sophie Sherrington came to the conference as a delegate but found herself on stage singing True Colours to rapturous applause*



### I CAME TO THE CONFERENCE

**REPRESENTING PUSH** Portsmouth recovery community and Phoenix Futures. I started my recovery journey in June 2014 with an alcohol detox in Cardiff, followed by residential rehab. It's been a very rocky road and I've struggled since leaving treatment in November, but I've been fortunate to have a massive recovery network wrapped around me who lovingly supported me through this difficult time.

I was thoroughly pleased to be given the opportunity to attend the *DDN* conference and I found the whole day inspiring, educational, informative and fun. When the final speaker, Richard McCann, took the stage the atmosphere was upbeat and exciting as he started to deliver his talk. I felt very engaged as I listened to his heartfelt, tragic experience. He managed to incorporate humour and kept the audience captivated throughout. It wasn't long before he started to make jokes about the colour of his hair (being ginger) and asked if there were any fellow members in the audience. I put my



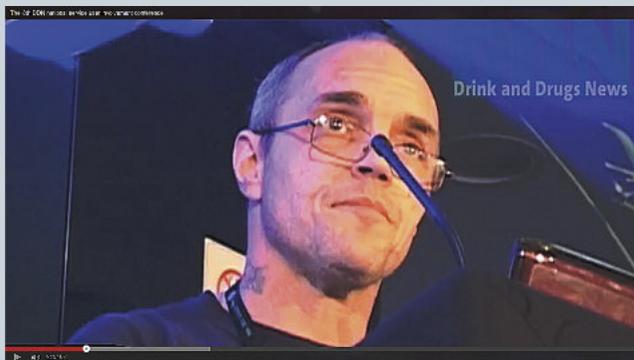
hand up and he said that he was going to ask six (ginger) people to join him on stage and that they would have to sing.

At the time of coming to the conference I was having some personal issues and was feeling very uncomfortable in my own skin, but the way Richard was delivering to his audience made me feel very relaxed and involved. I didn't actually think I would have to get up on stage, and when he said he was joking I felt relieved. However, ten minutes later, he turned his attention to me in the audience and invited me to join him on the stage.

**'...the enormity of what I was about to do hit me... I was standing in front of about 500 strangers.'**

This is when the enormity of what I was about to do hit me. I was full of fear and very nervous, but somehow I managed to suppress these feelings and when I sang I imagined that I couldn't see anyone, although it was very apparent I was standing in front of about 500 strangers. The only other time I have sung in front of people was in Cardiff's Penarth in the Park when I was in the depths of my illness. So to do this drug-free and sober and then sit through positive feedback was a little overwhelming. Yet this experience showed me that I may be able to do things I thought I could never do – it's even given me some encouragement that I may want to pursue singing at some point.

In the last four years I have been hospitalised 30 times with chronic pancreatitis, and with a heavy heroin addiction and medicated at 90mls of methadone at the time of entering treatment, I nearly lost my life. But most of all I lost my soul. Today not only do I not have to battle my addiction and risk my life finding ways to get drugs to see me through the day, but I can attend a conference on a subject which is so very close to my heart without using substances. My parents say I have that glow back and the twinkle in my eye that they never thought they would see again.



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Family Interventions - Recovery Coaching - Counselling - Aftercare - Assessments & Treatment



**HIGH QUALITY PROMOTIONAL  
FILMS AT AFFORDABLE PRICES**

That's what we're offering. **BRANDNEW FILMS** is a multi award-winning production company working across the drama, observational documentary and promotional worlds, bringing a unique and personalised service to its clients. We have made a number of excellent films in the rehab field, which are available on request.

The good news is that we can give you a 10-15 minute film for far less than the price quoted by other film production companies.

Like the great Roger Corman we stand for "brilliance on a budget!"

Examples of our work can be viewed on [www.brandnewfilms.co.uk](http://www.brandnewfilms.co.uk) or for more information contact Paolo on [paolo@brandnewfilms.co.uk](mailto:paolo@brandnewfilms.co.uk)



**SAVE THE DATE**

**2015 PROGRAMME OF ADDICTION MASTERCLASSES  
ONE DAY CPD TRAINING**

SMMGP is pleased to announce the 2015 programme of popular and intensive Masterclass training days on the treatment of addiction in primary care, led by SMMGP's Clinical Director, Dr Steve Brinksman. This training is aimed at GPs and other primary care practitioners including pharmacists, non-medical prescribers, drug workers and allied health professionals. CPD certificates are provided.

DATE (all Tuesdays)	ADDICTION MASTERCLASS	PLACE
12 May	<b>Addiction to Medicines</b> <i>OTC and POM including benzodiazepines</i>	London
9 June	<b>Booze, Fags and Weed</b> <i>Alcohol, tobacco and cannabis</i>	London
7 July	<b>Addiction to Medicines</b> <i>OTC and POM including benzodiazepines</i>	Birmingham
22 September	<b>Addiction to Medicines</b> <i>OTC and POM including benzodiazepines</i>	Liverpool
1 December	<b>Reducing Drug Related Deaths</b> <i>including the provision of naloxone</i>	London

*"Likely to change how I practice..."*  
*"Most engaging & informative..."*  
*"Comprehensive overview by brilliant speakers..."*

**COST: £190.00 per day inc. VAT.**  
**CONTACT: [megan@morganpengelly.co.uk](mailto:megan@morganpengelly.co.uk)**

SMMGP | Registered Charity # 1144964 [www.smmgp.org.uk](http://www.smmgp.org.uk)



**Intuitive Recovery**  
RE-EDUCATION FOR ADDICTIONS

**Empowering people through education to  
take back their lives and break the chains  
of their addiction permanently**

Intuitive Recovery has been operating within the North West Drug and Alcohol Treatment system for five years and over this time has gained a reputation as a leading tool in the fight against addiction. We are now commissioned by 14 DAAT's across the North West and London and this number is growing all the time.

*"Truly amazing course – I still can't believe just how easy it has turned out to be. Twenty-three years using heroin is now firmly laid to rest – I can't tell you what a relief that is. If you are in two minds about sitting this course don't be – you have nothing to lose and everything to gain."*  
**LG – Rochdale**

Intuitive Recovery is highly cost effective. The course is classroom-based and accredited to the Open College Network, ensuring best practice at all times and awarding our graduates a nationally recognised qualification.

To find out more about commissioning **Intuitive Recovery** in your area call 0161 223 1094 or visit our website.

**[www.intuitiverecovery.com](http://www.intuitiverecovery.com)**

# WAR STORIES



Battling addiction and alcoholism  
in and beyond the armed forces

**Friday 24th April 2015**  
**Liverpool**

Register online now at  
[www.tomharrisonhouse.org.uk/events](http://www.tomharrisonhouse.org.uk/events)



**Tom Harrison House**  
"Honour, Hope, Healing"

**FOUNDATION66**  
part of the Phoenix Futures Group  
*Experts in recovery for more than 40 years*




## RECOVERY IN THE COMMUNITY

Want to build your confidence and  
feel part of a wider community?

**We can help.**

If you are over 18 and recovering from a drug or  
alcohol problem, we'd love to hear from you.

Get involved in free creative events, confidence building workshops and much more.  
For more information contact Sandra Sweeney or Emily Hamilton.  
[sandra.sweeney@phoenix-futures.org.uk](mailto:sandra.sweeney@phoenix-futures.org.uk) / 07814 985 645  
[emily.hamilton@phoenix-futures.org.uk](mailto:emily.hamilton@phoenix-futures.org.uk) / 0207 234 8455

## Change through People

Training • Development • Independent Consultancy

### Bring out the best in your organisation

Work in partnership with us to manage and respond to your training and development needs.

The Training Exchange has 17 years experience in drugs, alcohol, mental health, supported housing & criminal justice sectors. Improving outcomes for service users by building a confident and responsive workforce.

Our courses cover:

- People skills**
- Management skills**
- Training and presentation**
- Drugs and alcohol**
- Mental health**

Book onto courses in our training programme (see listings opposite or contact us for full programme details), or bring us in to deliver training tailored to your organisational or area needs.

**For an informal discussion contact Mandy, Steve or Jo on 0117 941 5859 or [info@trainingexchange.org.uk](mailto:info@trainingexchange.org.uk)**

Visit our website:  
[www.trainingexchange.org.uk](http://www.trainingexchange.org.uk)



### Training Exchange programme 2015

Courses are mapped to DANOS • Bristol venues

**One day courses (£125 + VAT)**

Resilience skills	17 March
Working with alcohol dependence	29 April
Self injury & suicide prevention	7 May
Performance & image enhancing drugs	9 June
Addiction, dependency & recovery	29 September
Building confidence & self-esteem	20 October
Speaking with confidence	4 November
Supporting benzodiazepine users (£75 + VAT)	17 November (half day)

**Two day courses (£225 + VAT)**

Brief solution focused therapy	23 & 24 April
Training for trainers	28 & 29 April
Management & leadership (£275 + VAT)	12 & 13 May
Motivational interviewing	4 & 5 June
CBT based relapse prevention	2 & 3 July
Supervision skills	8 & 9 July
Dual Diagnosis	22 & 23 September
Groupwork skills	1 & 2 October
Adolescent development & substance misuse	13 & 14 October
Mental Health First Aid	10 & 11 November
Project management	26 & 27 November
Working with concerned others	3 & 4 December

ONLINE BOOKING AVAILABLE

EXPRESSIONS OF INTEREST



## OPPORTUNITY FOR INCLUSION ONTO AN APPROVED LIST FOR DRUG & ALCOHOL RESIDENTIAL REHABILITATION SERVICES

Southend-on-Sea Borough Council along with Thurrock Council, are inviting expressions of interest from experienced rehab providers for inclusion onto the Council's Approved Providers' List for the provision of Drug & Alcohol Residential Rehabilitation services.

The aim of this service is to ensure that people with drug &/or alcohol addictions are supported in a way which enables them to:

- Achieve lasting recovery from drug and / or alcohol dependence
- Develop the skills required to reintegrate into their community

We are seeking a range of Providers that can deliver rehab services including, but not limited to, women only services, for people with a dual diagnosis, for those with an alcohol only problem and those with extensive and current involvement in the criminal justice system, as well as more 'mainstream' Drug & Alcohol rehab services.

Supporting both Southend-on-Sea and Thurrock Councils' ambitions to increase choice for individuals and promoting the self directed support initiative, this Approved List will ensure that service users and their families are provided with a choice of experienced and quality assured care providers across the country.

It is envisaged that a maximum of 12 providers will be invited onto the Approved List which will commence on 1st October 2015 and expire on 30th September 2017. Current levels of rehabilitation service referrals equate to approximately £280k per annum.

**If you wish to be considered for invitation onto this Approved List, please register on <https://procurement.southend.gov.uk/>**

**Closing date for document requests is 12.00 noon on Friday 3rd April 2015.**

**Completed Approved List documents must be submitted by 12.00 noon on Friday 17th April 2015.**



## EXPRESSIONS OF INTEREST FOR THE PROVISION OF THE ADULT INTEGRATED DRUG & ALCOHOL TREATMENT SYSTEM IN SOUTHWARK

Southwark Council is seeking to invite competitive tenders for the provision of the Adult Integrated Drug & Alcohol Treatment System to the organisation located within the geographical boundaries of the London Borough of Southwark.

Our vision for the provision of adult community drug and alcohol treatment services is for an integrated outcomes-focused system underpinned by recovery principles and delivered by a single provider or small number of providers working together / in consortia. The service will be ambitious, inclusive and shaped by the views and voices of local service users.

The service will comprise of one lot inclusive of the following overarching scope of substance misuse treatment activities as a minimum: Recovery Navigation (Single Point of Contact, Case Management and Care Coordination), Structured Psychosocial Interventions, Clinical Interventions, Primary Care Substance Misuse Liaison and Support, Recovery Community Activities, Harm Reduction Activities, Needs Led Drug Testing, Hospital Liaison and Support, Family and Carer Support, Criminal Justice Pathway and Aftercare & Reintegration services.

A maximum annual contract value of up to, and including, £4.1 million is offered and it is anticipated that the contract will commence on Monday 4 January 2016 for an initial period of three years (with an annual break clause and an option to extend for two further periods of one year at the discretion of Southwark Council). It is the authority's view that the provisions of the European Council Directive 2001/23/23/EC of 12 March 2001 TUPE may apply.

A PQQ Bidders Event will take place at 2.15pm (for 2.30pm start) on Wednesday 11 March 2015 at Southwark Council, 160 Tooley Street, London, SE1 2QH.

**Please register your intention to attend the Bidders Event via email: [AdminDAAT@southwark.gov.uk](mailto:AdminDAAT@southwark.gov.uk) by 4pm on Tuesday 10 February 2015. Places are limited to a maximum of 2 representatives per organisation.**

To request a Pre-Qualification Questionnaire (PQQ), please apply in writing (email acceptable and preferred) to:

**Donna Timms, DAAT Unit Manager, Community Safety Partnership Service, Southwark Council, PO BOX 64529, SE1P 5LX**

**Email: [AdminDAAT@southwark.gov.uk](mailto:AdminDAAT@southwark.gov.uk)**

Please note, completed PQQS must be returned in accordance with the instructions set out in the PQQ tender pack by no later than 1pm on Tuesday 7 April 2015.

It is anticipated that invitations to tender will be issued during the week commencing Monday 4 May 2015.

**JOB AND TENDERS online at:**  
[www.drinkanddrugsnews.com](http://www.drinkanddrugsnews.com)  
**MORE**

To all delegates who attended  
**THE EIGHTH DDN SERVICE USER CONFERENCE**

**WE'RE ALL EARS!**



**LET US KNOW**

what you thought of this year's event,  
 and what you want to see at next year's.

FILL IN THE FEEDBACK FORM AT  
[www.drinkanddrugsnews.com](http://www.drinkanddrugsnews.com)

and enter a draw for a free place for 2016!

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# RAPT

THE REHABILITATION FOR ADDICTED PRISONERS TRUST

stopping addiction. stopping crime.

## CLINICAL SUBSTANCE MISUSE NURSES – RAPT DRUG & ALCOHOL TREATMENT SERVICES

**Hours:** 35 hours with some flexibility required

**Location:** Various Prison Locations across Kent

**Salary:** Competitive + Benefits Package

**Closing date for applications:** Friday 3rd April 2015 (10 am)

**We are RAPT**, a UK leading provider of Psychosocial and 12-Step drug and alcohol treatment services. We deliver treatment and aftercare programmes – in prisons and in the community – which help people move away from addiction and crime. These services provide a variety of support, including advice, counselling, group work and intensive treatment.

**At RAPT we believe** that all people who are addicted to or misusing substances should have access to support which is effective in breaking their addiction or misuse. People should be given help and support to address all their needs, so they can transform their lives permanently, including turning away from crime.

**Our programmes work**, and because of this, after a recent round of re-contracting, we are delighted to be going through a period of expansion (30% growth 2012-2013), and want to add new and expanded functions to enable us to deliver our vision of high quality and effective recovery services.

**We currently have an exciting opportunity** for experienced qualified nurses working within substance misuse to join our organisation. Working as part of a busy, successful team of Practitioners you will be assisting with the management of a caseload of clients, running workshops, both CBT and 12-Step based, and referring to our partner organisations.

**You will support** the delivery, of Psycho-social and 12- Step drug and alcohol treatment programmes. You will also be responsible for the case management of offenders on your caseload.

**To be successful** in this role you will need to have a thorough understanding of CBT and 12-Step treatment approaches and will hold a Degree or Advanced Diploma in Nursing (RGN, RMN or RNLD) with current UK registration. Applications from candidates who are themselves in recovery will be welcomed.

**RAPT offers** an excellent benefits package including work-related clinical supervision allowance, Simply Health coverage, competitive annual leave entitlements and a contributory pension scheme. We also support our employees to achieve both professional and personal development.

Please visit our website to apply. We are unable to accept CV's. [www.rapt.org.uk](http://www.rapt.org.uk)



## KINESIS LOCUM

Specialist Recruitment



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

▶ The Trusted Drug and Alcohol Professionals.

You call Kinesis, we do the rest!

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[www.kinesislocum.com](http://www.kinesislocum.com)

## Substance Misuse Personnel

Permanent • Temporary • Consultancy

Supplying experienced, trained staff:

- Commissioning
- Service Reviews
- DIP Management
- DAT Co-ordination
- Needs Assessments
- Project Management
- Group & 1-1 drug workers
- Prison & Community drug workers
- Nurses (detox, therapeutic, managers)
- many more roles...



**Call today: 020 8987 6061**

Register online:  
[www.SamRecruitment.org.uk](http://www.SamRecruitment.org.uk)

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### VETERANS SUBSTANCE MISUSE CASE MANAGEMENT SERVICE

#### MANAGER

Band 8a - £40,622-£48,748

Leatherhead, Surrey or Ayr,  
Scotland with significant travel

#### NURSES

Band 6 - £26,692-£35,747

Portsmouth

37.5 hours per week



At the UK's leading Veterans' mental health charity Combat Stress we're focused on the future, providing Veterans with the specialist support and care they need to rebuild their lives.

We're on the lookout for inspiring healthcare professionals to join our innovative, life-changing new Substance Misuse Case Management Service. Developed in partnership with local providers, the service supports Veterans across the UK who misuse substances and may have associated mental health issues.

As our Service Manager you will lead on the development, management, monitoring and evaluation of this pilot. We're also looking for Nurses to carry out expert evidence-based substance misuse and mental health assessments, case management and care co-ordination.

In these exciting new roles the post-holders will have the opportunity to shape something special. They will have ample scope to impress as they apply their invaluable expertise, commitment, conscientiousness and drive, making a real difference to our Veterans' lives and making the roles their own.

Join our friendly, groundbreaking charity and you'll be part of an organisation who are committed to improving the wellbeing and prospects of ex-service personnel every single day.

Help us secure Veterans a future worth fighting for.

For an informal discussion about the roles, please contact **Paula Shiels** on 01292 561357 or email [paula.shiels@combatstress.org.uk](mailto:paula.shiels@combatstress.org.uk)

To apply please download the application form from [www.combatstress.org.uk/our-vacancies/](http://www.combatstress.org.uk/our-vacancies/) and return it along with an up-to-date CV and detailed cover letter, stating your salary expectations, to: [recruitmentsouth@combatstress.org.uk](mailto:recruitmentsouth@combatstress.org.uk)

Closing date: 20 March 2015.



THE VETERANS'  
MENTAL HEALTH  
CHARITY

# New specialist residential services

We are delighted to announce the launch of two residential services opening in May 2015. These London-based recovery-focused therapeutic environments will provide a valuable national resource.

## Herbert Street

A 10-bed specialist residential service for female service users with highly complex needs, including those who have experienced sex work, prostitution, the criminal justice system and domestic violence.

## Ravenswood Road

A 10-bed residential detox service in the East of London which will provide a 24 week post-detox residential treatment programme for dependent alcohol users.

## Sustained Recovery

Our Phoenix Plus model enables service users towards independent living by providing support in 4 key areas; housing, community engagement, family relationships and education and employability.

## Are you passionate about recovery?

We believe in being the best and for over 45 years we have worked in partnership with support agencies and service users to create the best possible environment to promote positive and sustained change. If you share our passion for recovery you could **join us**. We are recruiting -

### Herbert Street

- 1 Residential Manager
- 3 Therapeutic Workers
- 2 FT and 1 PT Night Support Workers (waking nights)

### Ravenswood Road

- 1 Residential Manager
- 2 FT Therapeutic Alcohol Practitioners
- 1 PT Therapeutic Alcohol Practitioner
- 2 FT and 1PT Night Care Workers (sleeping nights)

Due to the specialist nature of the work we are recruiting females only at Herbert Street (this is permitted under Schedule 9, Part 1, of the Equality Act 2010)

Apply by 24th March for details go to [www.phoenix-futures.org.uk](http://www.phoenix-futures.org.uk)

To find out more about these new services call **07814 301 855**

