DRINK AND DRUGS NEWS ISSN 1755-6236 FEBRUARY 2016

DDN

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'There's a stronger need than ever for a truthful narrative on drugs and alcohol'

The HIT *Hot Topics* conference was a day of stand-out presentations, all of them thought-provoking. Among them was Carl Hart, who commented that the British were very controlled and urged us to get a little more angry (page 6): 'Be prepared to lose funding, friends, professional achievements and respect... but history will judge you favourably because you are right.'

Professor Hart is an inspirational speaker but most of us are painfully mindful of the need to hold down a job when all around seems to be shifting. However, as you'll see from articles in this issue, there's a stronger need than ever for a truthful narrative on drugs and alcohol. We may not be able to have much direct effect on national policy, but we can bring level judgement and honest appraisal to the working practice that directly affects clients.

Talking of which, our national service user involvement conference is coming up fast. We're building a picture of what's happening in services all over the country, so come along and make sure your experiences are heard. If you've not been before, why not bring your service users along for a day of amazing speakers, empowerment and networking; and if you have, we're looking forward to welcoming you back to Birmingham – you helped us build this amazing event, now in its ninth year! Go to our website now (www.drinkanddrugsnews.com) to let us have your thoughts by filling in the questionnaire – and send us your pictures to show on our big screen. See you on 25 February!

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CMO TOUGHENS ALCOHOL GUIDELINES

MEN SHOULD DRINK NO MORE THAN 14 UNITS OF ALCOHOL PER WEEK, according to strict new guidelines from the chief medical officer. The previous recommendation was 14 units for women and 21 for men.

The Department of Health (DH) says the revised guidelines are based on a 'detailed review of the scientific evidence' and supported by a new statement from the Committee on Carcinogenity (CoC) on the links between alcohol and cancer. 'Drinking any level of alcohol increases the risk of a range of cancers,' states DH.

The new guidelines also recommend that people do not 'save up' their units for one or two heavier drinking sessions, as well as urging people to drink more slowly, alternate alcoholic drinks with water and have 'several alcohol-free days a week'. They also revise the existing guidance for pregnant women, stating that 'no level of alcohol' is safe, rather than the previously recommended one to two units.

The aim is to reduce the mortality risk from cancer and other diseases, says the government, as the 'links between alcohol and cancer were not fully understood' when the guidelines were first published in 1995.

'Drinking any level of alcohol regularly carries a health risk for anyone, but if men and women limit their intake to no more than 14 units a week it keeps the risk of illnesses like cancer and liver disease low,' said chief medical officer Dame Sally Davies. 'What we are aiming to do with these guidelines is give the public the latest and most up to date scientific information so that they can make informed decisions about their own drinking and the level of risk they are prepared to take.'

'Drinking any level of alcohol regularly carries a health risk for anyone.'

DAME SALLY DAVIES

The new guidelines were welcomed by Alcohol Concern as way of raising awareness of potential health harms. 'Beyond liver disease, the public's understanding of the health problems associated with alcohol is low,' said chief executive Jackie Ballard. 'The public have a right to know what they're consuming and these recommendations are designed to allow people to make an informed choice about how much they drink.'

Industry body the British Beer & Pub Association (BBPA), however, warned that the male recommendations now put the UK 'well out of line' with comparable countries such as Spain (35 units), Italy (31.5) or the US (24.5). 'In other countries, most guidelines recognise the difference in terms of physiology and metabolism between men and women,' said chief executive Brigid Simmonds. Cutting the limit also meant classifying 'a whole new group of males' as at-risk drinkers, she said, with the 'real danger' that people would simply ignore the advice.

A statement from the Committee on Carcinogenicity of Chemicals in Food, Consumer Products and the Environment (COC) at www.gov.uk

SYNTHETIC THREAT

NEW PSYCHOACTIVE SUBSTANCES – particularly synthetic cannabinoids – are now the 'most serious' threat to safety and security in British jails, according a report from HM Inspectorate of Prisons. *Changing patterns of substance misuse in adult prisons and service responses* studies the evidence from more than 60 inspections and 10,000 survey responses from individual prisoners, and calls for the establishment of a national committee, chaired by the prisons minister, to bring together 'cross-government and cross-sector expertise'.

Report at www.justiceinspectorates.gov.uk;

EMERGENCY MEASURES

A&E ATTENDANCE RATES for alcohol poisoning doubled from 72 to 148 per 100,000 population between 2008-09 and 2013-14, according to a report from the Nuffield Trust. Rates were highest among 'older, poorer men', says *Alcohol-specific activity in hospitals in England*. 'At a time when unprecedented efficiencies need to be made by the NHS and local authorities, preventative action must be taken seriously,' says the trust.

Document at www.nuffieldtrust.org.uk

A DOG'S LIFE

THE DOGS TRUST is looking at ways to help homeless hostels become dog friendly, as less than 10 per cent currently accept dogs. 'We know from our own experience of working with dog owners that most would rather remain on the streets than be forced to give up their four-legged friend,' says Homeless Link.

Hostel staff can fill in a survey at www.surveymonkey.co.uk/r/welcomingdogs

BILL BLASTED

AN EARLY DAY MOTION on the Psychoactive Substances Bill has been tabled by Paul Flynn MP. 'This House regrets the depth of scientific illiteracy' in the bill, it states, adding that the document is 'evidence-free and prejudice-rich'. A proposed amendment to exempt alkyl nitrites, or 'poppers', from the legislation was defeated last month, and both houses have now agreed on the text of the bill, which is waiting for the final stage of Royal Assent before becoming an Act of Parliament.

CRACK ON

THE NUMBER OF PEOPLE estimated to have started using opiates and/or crack in 2013 was between 5,000 and 8,000, according to Home Office statistics. The figures represent a fall of around a fifth compared to 2005 and are down 'hugely' since the 1980s and '90s, says *New opiate and crack-cocaine users: characteristics and trends*. The downward trend has 'flattened since about 2011, but available data do not suggest that this is the precursor to a new increase', the report states. 'If anything, the downward trend may resume in 2014, though the situation requires further monitoring.' *Report at www.gov.uk*

KETAMINE CALL

KETAMINE should not be placed under international control, the World Health Organization (WHO) has ruled. The substance 'does not pose a global public health threat' and controlling it could limit access to anaesthesia and pain relief in many parts of the developing world, it warns. The drug's medical benefits 'far outweighed' the potential harm from recreational use, said WHO's Marie-Paule Kieny, adding that an international ban could 'limit access to essential and emergency surgery, which would constitute a public health crisis in countries where no affordable alternatives exist.'

PRICED OUT

THE FINAL DECISION on minimum unit pricing in Scotland will be taken by domestic courts, the Scottish Government has stated, following a ruling by the EU Court of Justice that the proposals could breach European law by 'significantly' restricting the market. 'The Scottish Government remains certain that minimum unit pricing is the right measure for Scotland,' said health secretary Shona Robison, despite the EU court recommending the use of tax measures – which would still allow competition between retailers – instead.

'Minimum unit pricing is the right measure for Scotland...'

SHONA ROBISON

OUTDOOR VOLUNTEERS MAKE A PATH TO RECOVERY

VOLUNTEERING ON A CONSERVATION PROJECT has helped a group from a Doncaster drug and rehabilitation unit to discover the joys of the outdoors.

The project, run by Yorkshire Wildlife Trust, involved service users and staff from Aspire's New Beginnings group in erecting posts and laying footpaths as part of a conservation task day at Potteric Carr Nature Reserve.

'Connecting with other people, giving back to the community, being active, taking notice of our surroundings and trying new experiences are five new ways to improve wellbeing,' said substance misuse practitioner Terez Nagy. 'They also help us to feel part of the community we live in – which is an important part of someone's ability to sustain recovery and thrive.'

'Our service delivers respite to those young people,' Emma Crawford-Moore, of DISC, promoting services for carers as young as five.

DISC SUPPORTS YOUNG CARERS' AWARENESS DAY

NORTHERN CHARITY DISC is promoting its services for carers as young as five, through an open day to offer information and advice to parents. The service helps to improve family relationships and reduce feelings of isolation, while encouraging young carers to develop their aspirations alongside educational and employment potential.

'Our service delivers respite to those young people – it may be through a trip to a bowling alley or a museum or activities such as crafts or gardening,' said Emma Crawford-Moore (pictured) of Darlington Young Carers Service. 'We offer one-to-one support, support groups, information, advice and guidance and whole family support.'

INNOVATIVE SITE HELPS WORKERS LEARN BY EXPERIENCE

AN INNOVATIVE ONLINE LEARNING TOOL has been developed for health and social care professionals. The open educational resources (OERs) were funded by Health Education North West and launched by health and social care experts at Manchester Metropolitan University.

Professor of adult social care, Sarah Galvani, led development of the website, which uses a range of media including film and audio clips from service users and professionals, animations and practice scenarios to help apply learning. Topics were identified by a range of experts, including people from the community who use or have problems with substances.

Prof Galvani acknowledged there were 'many fantastic social care and health practitioners doing brilliant work' but added 'many do not have the information or training they need to work with people with substance problems – this resource begins to address this gap.' *https://workingwithsubstanceuse.wordpress.com*

CHILDREN IN NEED GRANT HELPS OUT YOUNG CARERS

A GRANT FROM CHILDREN IN NEED is helping to support young carers in Birmingham. Children's charity Spurgeons is creating a new service to help young people who care for family members who misuse substances, including alcohol. A partnership with youth engagement specialists, Urban Heard, will enable them to run group sessions to teach useful coping and life skills, including stress management, budget management, healthy cooking and making positive life choices.

THREE CHEERS FOR NEW GRADUATES

ACTION ON ADDICTION welcomed their patron HRH The Duchess of Cambridge to their Wiltshire centre to hear about training the addictions counsellors of the future. Through a partnership with The University of Bath, the charity's centre for addiction treatment studies trains students from all walks of life, including those who are themselves in recovery or who have a family connection to addiction.

As part of her visit, the duchess heard from new graduate Anna Elston, who gave a moving account of her journey from addiction, to recovery, employment and now an honours degree. Posing with students, she encouraged the new graduates to throw up their mortar boards for a ceremonial photo.

VETERAN PROGRAMME REACHES CORNWALL

VETERANS WILL BE OFFERED SUPPORT with an alcohol or drug problem through Addaction's new Right Turn programme, funded by the Forces in Mind Trust. From successfully working with veterans in the north of England, Scotland and north Somerset, the grant will enable Addaction to expand the project to its Cornwall services, including a veteran programme at Addaction Chy residential rehab centre in Truro. 'After military service, a small but significant number of people can face particularly difficult challenges that can lead them to turn to drink and drugs in order to cope with the stress of transitioning back into civilian life,' said Forces in Mind Trust chief executive, Ray Lock.

KEMP OPENS NEW REHAB SUITE AT HMP BELMARSH

FORMER EASTENDERS ACTOR and investigative journalist Ross Kemp visited HMP Belmarsh recently to open the prison's refurbished rehabilitation suite, run by CRI. Opening the suite, which is designed to help 250 clients at a time, Kemp said: 'Issues surrounding drugs and alcohol have played a major part in the places I have visited... in life it can be very easy to fall prey to drugs and alcohol abuse but not so easy to realise that you have a problem with it.

'The peer mentors that work with the service users, aiding them on their recovery, are vital,' he added. 'Having someone who has gone through the same issues you have, who is relatable, is essential and I wish the team and the service users at HMP Belmarsh every success in their lives.'

Ross Kemp, pictured with prison governor, Simon Cartwright and CRI executive director, Mike Pattinson.

CHANGING

Stigma, misunderstanding and a lack of communication cloud our policy and practice on drugs, said speakers at HIT *Hot Topics*. **DDN** reports on their ideas for a fresh approach. Photos by **Nigel Brunsdon**

'As long as drug users are marginalised and stigmatised there are going to be harms,' said Pat O'Hare, opening HIT's annual *Hot Topics* conference. The question was, how could we tackle this against a backdrop of disinvestment, where harm reduction was being 'dismantled bit by bit'?

Alex Stevens, professor at the University of Kent, used statistics to show how drug deaths were misused, 'to scare and to support ineffective policies'. The attention on new psychoactive substances (NPS) had brought 'the most radical departure in drug policy' – but meanwhile heroin deaths had increased by 64 per cent.

'So why aren't we focusing on heroin? Because of who these people are,' he said.

Death rates were particularly linked to deprived areas in the north of England, and specifically to men who had lost industrial jobs in the 1980s and '90s and turned to heroin use as 'it was all there was'. This group was now middle aged and becoming very vulnerable.

Looking at how deaths were reported in the national papers gave a snapshot of how different drug users were perceived. Following deaths from NPS, descriptions typically included the words 'brilliant, student, gifted'. Heroin or methadone deaths were more likely to contain language related to 'junkie'.

This discrimination was used to support ineffective policies, the psychoactive substances bill, prohibition in general, cuts and churn in services, and recommissioning, he said.

Not only were people were being written off as 'not useful', but 'the shortage of public funds is being used as an excuse for lack of action,' he said.

'Why aren't we focusing on heroin? Because of who these people are...'

ALEX STEVENS

So how could we try to change public perception – and therefore change policy?

US professor and research scientist, Carl Hart, threw a challenge to the audience to embrace 'the three Cs' – their convictions, capability and courage.

Commenting that 'you British are very controlled', he said 'I'm going to ask that you get a little more angry.'

'Drugs are used as scapegoats,' he said, quoting examples such as a newspaper headline from the 1930s: 'Negro cocaine fiends are a new southern menace'...

'I hope this gives you conviction to change our narrative,' he said.

Using capability and courage involved critical thinking and calling on the facts to challenge exaggerated science.

'One of the facts that people ignore is that 80-90 per cent of drug users do not have a problem,' he said. 'You have to have courage to tell people we have exaggerated the harmful effects of drugs. You have to have courage to challenge scientists in a public space.'

It was not a formula for popularity, he acknowledged. 'Be prepared to lose funding, friends, professional achievements and respect... but history will judge you favourably because you are right.'

'Hold them accountable with the facts,' he added. 'You have to publicly embarrass people. If you don't, our people quietly suffer.'

Bengt Kayser, teacher and researcher at the University of Lausanne, Switzerland, explored the topic of doping to demonstrate a culture of exaggerated responses and moral panic.

'Myths get a ring of truth because they are published in a scientific journal,' he said. 'Debunking this type of myth is important.' Responses could become exaggerated and moral panic could too easily turn into a moral crusade.

'Sebastian Coe is dangerous for harm reduction in England because he pushes zero tolerance,' he said.

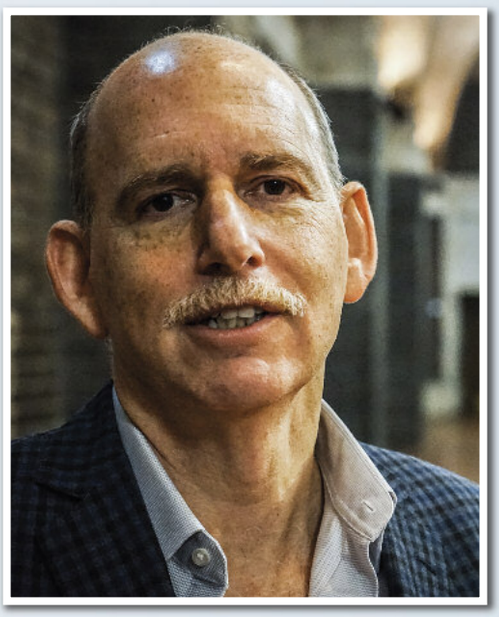
'You have to have courage to tell people we have exaggerated the harmful effects of drugs...'

CARL HART

THE RECORD

There were risks, he acknowledged, but it was important to keep them in proportion, 'or people will run away from us.' Harm reduction was the answer, coupled with evidence-based policy-making.

To have any hope of changing the narrative, we needed to spread clear and effective messages, according to Jamie Bridge and Nigel Brunsdon, who gave insight into using photo-based campaigns.



'Fear is the driving element of the war on drugs...'

ETHAN NADELMANN

'Back in the old days, campaigning was left to the TV,' said Brunsdon, showing images of some of the most effective public health campaigns, such as 'Charlie says' (child safety), 'Don't die of ignorance' (Aids) and 'Coughs and sneezes spread diseases'.

Back then there was no immediacy, with months of lead-up time for publishing in magazines. Modern devices, however, brought the opportunity of hashtags and hundreds of immediate hits.

Recalling the 'Support. Don't punish' Facebook page, he said: 'I can join in an international campaign just like that. All the barriers are taken away from me.'

The *#SupportDon'tPunish* campaign had borrowed from successful campaigns such as *#NoH8* (against anti-gay marriage legislation), *#NotinMyName* (young Muslims showing solidarity against terror attacks) and the *#BeTheGeneration* Global Fund campaign, to create a global day of action around the world, added Bridge.

'We constantly struggle with the stigma of our cause,' he said. But if you had a sellable idea you could keep finding reasons to bring it back into public consciousness. 'Keep pushing,' he urged, 'you need to bring it to people.'

Brunsdon gave tips and tricks to help change the narrative through viral campaigns.

'You can't force a campaign to go viral, but you can nudge it along,' he said. 'Give people the tools and tell them what you want them to write. The more barriers you remove to action, the more likely it is to happen... Have simple messages, be original, have goals and targets. Have good simple hashtags.'

Brunsdon illustrated this with a preview of his new website, harmreductionisbeautiful, due to go live in a few weeks. The site aimed to overturn the way drug use and harm reduction were perceived.

'It's about changing the narrative – it's always depressing images of injecting in alleyways, and never celebratory. The idea is simple – you put up messages and have a selfie with it. Any of you can contribute to this and can download any of the images to use.'

Ethan Nadelmann of the Drug Policy Alliance brought a perspective from the US that zoomed in on Liverpool, the conference venue, as 'the birthplace of harm reduction'.

'Americans have no interest in what's happening outside our country,' he said. 'We continue to fall tragically short in areas where you have led the way... areas like physician independence in prescribing.'

But, he continued, 'when I hear how bad it is here right now, with the decimation of resources, the demonisation of people who use drugs, the sense of fear of people trying to do the right thing, the indifference to human life that this government is demonstrating, I know that place very well.'

We needed to keep pushing forward while playing good defence as well, he said, and this involved 'addressing the fears of those who oppose us.'

The US was still involved in 'the horrific drug war' of the late 1990s, which had perpetuated incarceration. We had to think 'how do we shift public views?,' he explained.

Nadelmann used the example of cannabis – medical marijuana – to show how the nature of debate could be shifted, and how 'we could play ball in the big league of US politics'.

'We changed the image of a marijuana user, from a kid to an older woman recovering from breast cancer, or someone recovering from Aids,' he said. 'When the pictures were shown, they touched the hearts of the hardest Republican. We focused on what we had in common.'

'Drug policy reform is the best harm reduction. Keep the faith, keep the passion...'

PAT O'HARE

Equally important was finding 'what drives our opposition' – 'Fear is the driving element of the war on drugs, fear of not knowing how to deal with diversity,' he said. This involved using their language ('pivotally important') and exploring common ground:

'We're doing recovery and it works. "Grant us the serenity..." That is the prayer of the drug policy movement as well.'

It was about taking 'unlikely voices and allies' and embracing common values, Nadelmann told the audience.

'Being as open and responsive as possible will lead you out of this dark period and restore you as the leader of the world in dealing with drugs.'

Concluding a thought-provoking day enhanced by plenty of audience interaction, Pat O'Hare concluded: 'Drug policy reform is the best harm reduction. Keep the faith, keep the passion.' **DDN**

GENERATION DRINK

A major new report sheds light on the alcohol habits of the over-50s. Are they risking drinking themselves into an early grave?

LAST MONTH THE GOVERNMENT REVISED ITS SENSIBLE DRINKING GUIDELINES for the first time in 20 years, bringing the recommended weekly levels for men down to match those for women – at 14 units *(see news story, page 4)*. One reason for the revised limits, says the government, is that the links between alcohol and cancer were 'not fully understood' when they were first issued in 1995.

Now a new report from the Drink Wise, Age Well programme, whose partners include the International Longevity Centre (ILC-UK) and treatment charity Addaction, highlights the fact that it may well be the over-50s who are most risking their health through their drinking habits. *Drink wise, age well: alcohol use and the over 50s* in the UK is the largest ever study of its kind, surveying nearly 17,000 people from across the country. It found a population whose problem drinking may well be 'hidden in plain sight'.

Not only were age-related issues such as bereavement, retirement, loneliness, money worries and loss of a sense of purpose leading people to drink more in many cases, those people were also far less likely to seek help. Nearly 80 per cent of those identified as higher-risk drinkers drank 'to take their mind of their problems', says the report, with 'not coping with stress' the strongest predictor for being a higher-risk drinker.

A quarter of respondents had no idea where to look for support – and said they wouldn't ask for help even if they did know – while more than 80 per cent of those identified as being at increased risk from their drinking had never been asked about it by a professional. More than half of over-65s also thought people 'had themselves to blame' for any alcohol problems.

Although most survey respondents were found to be lower risk drinkers, a 'significant minority' were not, says the document, and it's a problem that's likely to get worse. More than a third of the UK population is over 50, and by 2040 nearly one in four will be 65 or above, shoring up major problems if the 'drinking patterns of older adults do not change'. Between 1991 and 2010, alcohol-related deaths among the 55-74 age group in England increased by 87 per cent for men and 53 per cent for women, meaning there is a 'pressing need' for action to reduce alcohol-related harm.

'For many people even the concept of "units" is difficult to grasp and we may need to work together to find better ways to communicate the message.'

JULIE BRESLIN

As the report points out, the image that harmful alcohol use tends to conjure up is one of young people binge drinking. Is the issue of older drinkers still largely a hidden one? 'Very much so,' head of the Drink Wise, Age Well programme, Julie Breslin, tells *DDN*. 'Quite often drinking in later life takes place behind closed doors, and therefore is not as visible as young people's drinking in a town or city centre of a Saturday night. Also our report shows a high level of stigma for older drinkers, so it's quite possible that if there is an issue they won't tell anyone.'

'One of the major issues identified by the report is a widespread confusion and lack of awareness around units and guidelines.' Posters available from Alcohol Education Trust

The report highlights the lack of a coherent plan to address alcohol-related harm in older drinkers, so what could be done at government level – should there be a national strategy? 'From a starting point we'd like to see more consistent UK-wide collection of data on alcohol use and older adults,' she says. 'For example, PHE have only recently started collecting alcohol statistics on adults aged 75 and over, and in order to compare and assess the scale of the problem we'd like to see some consistency in the information gathered across the four nations. Secondly, we'd like to

see alcohol and ageing on the agenda across a number of cross-care areas, such as dementia, retirement, social isolation. Alcohol use doesn't happen in a vacuum.'

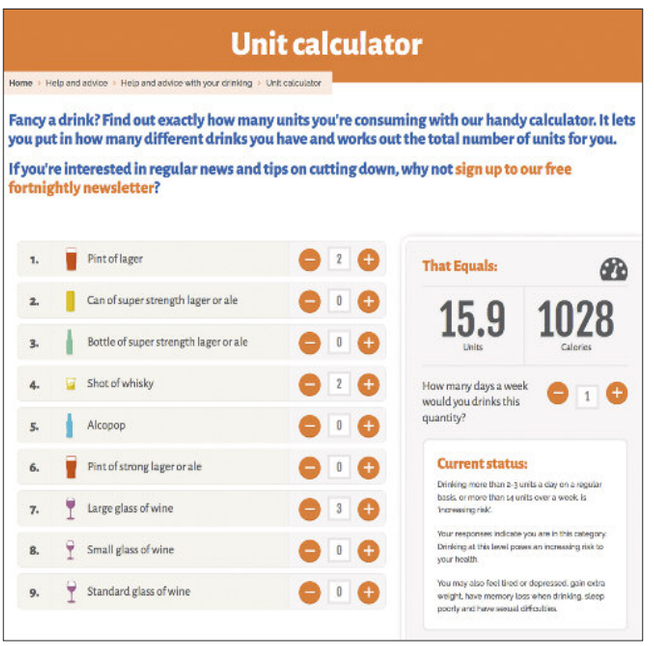
The programme is also advocating for the needs of older people to be specifically highlighted in existing government strategies, in order to raise the issue in professional and commissioning circles. 'Up until now only the Wales and Northern Ireland alcohol strategies particularly reference the needs of older adults,' says Breslin.

One of the major issues identified by the report is a widespread confusion and lack of awareness around units and guidelines. Will the recent revisions go some way to rectifying that or is there still a lot more to be done to get a clearer message across? 'In our report nearly three quarters of respondents were unable to correctly identify recommended units,' she says. 'Hopefully the new guidelines are a good starting point and easier to digest. However for many people even the concept of "units" is difficult to grasp and we may need to work together to find better ways to communicate the message. It would be helpful to provide resources that allow people to self-measure and start to understand their own consumption better.' The drinks industry also needs to share a responsibility in getting the message across, she stresses – they may have put unit information on labels but it 'could be a lot bigger'.

As older people have been drinking for longer, the harm becomes accumulative, she points out, although the fact that over-50s are far from a homogenous group is itself a challenge. 'You could have an extremely fit and healthy 73-year-old, versus a 52-year-old with multiple health issues. We think more discussion and exploration is required in relation to the guidelines and how we provide nuanced age-specific advice.'

There's always been a strong anti-'nanny state' feeling in the UK, however, and many are likely to say, 'If they haven't got much else in their lives let them enjoy a drink – why take that away?'

'The "nanny state" backlash is certainly something we're prepared for and we saw this very much in the recent revision of the alcohol guidelines,' she says. 'However we believe that older people in particular do play an active role in their own health and wellbeing, and given the right information make healthier choices. How alcohol affects us, particularly as we age, is something most people would want to know about in order to make this choice, in the same way they would take care of other health areas.'



'If the aim is to help people experience a better quality of life in their later years, a key starting point is clear and credible information.' Unit calculator at Alcohol Concern.

Assuming that older people don't want to make healthy choices or live active and healthy lives is an ageist approach, she argues, adding that when they do access alcohol treatment they tend to have better outcomes – the problem is that they're less likely to engage with treatment in the first place. 'Assumptions that people are too old to change are unhelpful and actually quite discriminatory,' she states.

If the aim is to help people experience a better quality of life in their later years, a key starting point is 'clear and credible information', she stresses. 'Many people identified positive reasons for alcohol use such as socialising and relaxation, and these are important factors for people as they age. We're not telling people not to drink – we're highlighting what the particular risks are for older people and proving advice and information.'

People have to be motivated to improve their health, however. If someone is lonely, perhaps bereaved, and feel they have little to live for they may well know they're doing themselves harm but think, 'So what?' What, realistically, can be done to counter that?

'Of course major life transitions such as bereavement and retirement can be a trigger for increased alcohol use, and people may feel that there's little in their life to change for. In our direct engagement and support service, where we work with people over 50 who are already drinking problematically, our philosophy is that it's our job to help people find the motivation that will help them make that change. Very often the first stage of engagement is about relationship building and dealing with practical issues.'

The problem, she points out, is that it's resource- and time-intensive. 'We are very lucky to be funded so we can work in this way,' she says. 'What can happen with busy generic addiction and social work services is resources may be stretched, and if an older person – on the face of it – is not showing motivation to change, resources may be allocated elsewhere. We know that it takes time, repeated home visits, and lots of patience for someone to start to find their own drive for making a change, and this is the model we adopt.'

Equipping people with social supports and coping strategies – 'resilience interventions' – is also vital, she says, so that when they do experience difficult life changes they are better able to cope without turning to alcohol.

The report says that what's needed is an 'age-nuanced' approach – what would some of the elements of that look like? 'At a wider level there needs to be a multi-agency approach to ensure older adults don't fall through the net,' she says. 'Frontline staff and practitioners should receive training that specifically challenges stigma and attitudes, whilst equipping people to better recognise and respond to older people who may be drinking.'

Among the best-placed people to step in are health professionals, particularly GPs, as they'll usually be the ones older people have the most regular dealings with. What can be done to raise awareness among them, and help them spot any warning signs? 'Health professionals have more and more demands on their time, but better alcohol screening of patients is a good starting point and in some areas this is already offered. If older patients are re-presenting with issues such as low mood, sleep disorders, stomach problems, then alcohol use may be a contributing factor.

'It also may be the case that whilst people are not drinking at particularly high risk levels, they are experiencing some health implications due to age-related changes,' she continues. 'It's important for community agencies to work closely together so that GPs have an easy and accessible referral route when they do identify someone.'

www.drinkwiseagewell.org.uk

Blenheim are collaborating with Professor Opacka-Juffry, Clinical Neuroscience Programme Coordinator at Roehampton University to develop a series of online modules on Novel Psychoactive Substances (NPS). The modules ranging from foundation to advanced level introduces the brain, explores its responses to drugs, examines mechanisms of addiction and delves into current research topics such as epigenetics and neuroplasticity.

The modules can be utilised as stand alone sessions or to complement the new two day training run by Blenheim. The face to face training has been designed to place a greater emphasis on some of the behavioural aspects associated with the use of NPS. In particular the training offers insight into chemsex allowing practitioners to understand both the drivers that perpetuate the cycle, associated risks and the appropriate strategies to counter these.

Blenheim's Training Manager, Kim Maouhoub, is collating the material to produce a comprehensive publication - 'The Brain Toolkit', an invaluable resource for practitioners.

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BURDEN OF GRIEF

Helping families through the guilt and anger of losing a loved one can be gruelling for practitioners. **Esther Harries** looks at how to be prepared

THE ***BEREAVED THROUGH SUBSTANCE USE GUIDELINES*** were launched in June 2015 and represented the culmination of joint research between the Universities of Bath and Stirling on the experiences of families bereaved through substance use.

In the introduction, the guidelines invite practitioners to seek effective clinical supervision while working with family members following bereavement.

Although the focus is on practitioners who come into contact with substance-related deaths, the research could be equally valid for family support practitioners – particularly if they are working with the family and the client in treatment, where family meetings are integrated into the care plan.

McAuley & Forsyth (2011) conclude that 'when someone dies of a DRD it is not only the needs of friends, family, or witnesses that need to be taken into account. The presence of grief-related reactions in almost 90 per cent of this sample suggests that staff who were involved in the care and treatment of the deceased also need to be considered when dealing in the aftermath of the event.'

Their study of the impact of a drug-related death on those who have experienced it as part of their caseload found that 65 participants were identified as having experienced at least one drug-related death on their caseload and 88 per cent identified at least one reaction: 'The most common feelings identified were sadness (83 per cent); guilt (40 per cent) and anger (37 per cent): 26 per cent reported feeling helpless; 21.5 per cent had cried and 18.5 per cent had difficulty in concentrating.'

As a counsellor and clinical supervisor, I have witnessed the following thoughts and feelings from both family members and practitioners:
Guilt – 'I should have...'
Grief
Disbelief: 'They were doing so well...'
Anger – Perhaps directed towards the treatment system for its perceived failures.
Sad reflection: 'What if..?'

Practitioners can also be supporting families with a loved one's addiction as they experience a series of losses, 'a living bereavement', that includes the fear that their loved one may die. The intensity of this work can, without proper support, have considerable impact on the psychological well-being of the practitioner, particularly if they are involved in a serious case review and/or an appearance at the coroner's court.

The trauma therapist Michael Gavin (www.embodiedtherapy.net) acknowledged in 2015 how challenging working with trauma can be: 'People tell you stories of unbearable experience, and you have to listen'.

He states that the aim of supervision is to make therapy as safe and effective as it can be for both practitioner and clients or patients. For example, practitioners might be helped to improve their skills in specific ways (see box).

McAuley and Forsyth (*Journal of Substance Use*, February 2011) add that 'providing a debriefing session and one-to-one support, like that proposed by Redinbaugh et al (2003), on both the events leading up to death, and staff feelings and emotions in its aftermath, should be available to those who need it and, therefore, should be considered for future policy and practice. It can also deter any notion of a 'blame culture' being developed and promote a working environment where each death can be used as an opportunity to reflect and learn lessons for the benefit of future practice'.

Esther Harris is an independent practitioner in counselling and clinical supervision

PRACTITIONERS MIGHT BE HELPED TO:

Master the skills of self-awareness, mindfulness, and of managing both their own arousal, and that of clients.

Find and cultivate their own reliable sources of safety and resilience, both internal and external.

Build a capacity for a calm yet assertive personal presence.

Foster their individual talents, style and insights as a basis for a sense of personal authority.

Find a way back to common sense (not so common!) and a sense of humour in the face of the unbearable and 'unspeak-about-able'.

Although the focus is on practitioners who come into contact with substance-related deaths, the research could be equally valid for family support practitioners...

TOUGH measures

Kit Caless examines some of the issues behind the rush to outlaw new psycho-active substances (NPS)

'NPS have created significant additional harm and are now the most serious threat to the safety and security of the prison system that our inspections identify.'

Nick Hardwick, HM chief inspector of prisons

The third reading of the Psychoactive Substances Bill took place in Parliament on 20 January, and is due to be become an act on 6 April 2016. The bill has been subject to some controversy over definitions, not least the chance that poppers (alkyl nitrites) could be outlawed – which led to MP Crispin Blunt 'outing' himself as a popper user during the debate in Parliament. The accuracy of reports on harm, efficacy of a blanket ban, and accusations of rushed legislation have been consistently raised. One of the major issues with NPS has been a sharp rise of misuse in UK prisons.

In December 2015 HM chief inspector of prisons, Nick Hardwick, released a hard-hitting, upfront report on the misuse of substances in prisons. In the report he stated that NPS have created 'significant additional harm' and 'are now the most serious threat to the safety and security of the prison system that our inspections identify.' At the time the report was being made, 'there was an acceleration in the use and availability of NPS'. Synthetic cannabinoids like Spice and Black Mamba were used by 10 per cent of those surveyed. This is much higher than in the community, where only 6 per cent of those surveyed said they had used synthetic cannabinoids in the two months before going into custody.

Right now, NPS are banned in prisons, but their legal status and wide accessibility outside the prison gates makes them an attractive proposition for smuggling into prisoners. As Hardwick's report states, 'despite the high mark-up, they [NPS] are still relatively cheap in prisons.' On top of this, current testing methods cannot detect synthetic cannabinoids, and new testing regimes can struggle to keep up with ever changing composition. It takes time to develop new drug tests, change legislation and develop new resources. When you're testing for such a variety of chemical compositions, the NPS market likely always remains one step ahead.

Media reports have tended to focus on novel smuggling techniques, including drugs in tennis balls catapulted over prison walls, or even flown in using drones. Category C training prisons, which have large perimeters and relatively free prisoner movement as they go to and from work, are most susceptible to drugs coming over the wall. Of course, usual routes are also taken, through social visits and internal corruption. Hardwick controversially states that, 'it has sometimes been difficult to make best use of the information available from individual establishments and other sources to identify changing needs and modify the strategy accordingly. In part, this reflects a too-willing acceptance in some establishments that drug misuse is an inevitable part of prison life and cannot be reduced.'

The danger of NPS use in prisons is highlighted in the report through anecdotal and quantitative evidence. Nineteen deaths in prison occurred between April 2012 and September 2014, where the prisoner 'was known, or strongly suspected, to have been using NPS-type drugs before their deaths.' The report surveyed more than 10,000 prisoners and found that, 'debt associated with synthetic cannabis use sometimes leads to violence and prisoners seeking refuge in the segregation unit or refusing to leave their cells. Debts are sometimes enforced on prisoners' friends or cell-mates in prison, or their friends and families outside.'

Not every prison has the same issues and it is not just the supply of NPS that is the problem in the UK prison network. Why have NPS become so attractive to prisoners?

'IT'S UNWORKABLE'

Photos by Nigel Brunsdon

The NPS legislation is unworkable and irrelevant, say Niamh Eastwood and Harry Sumnall

THE PSYCHOACTIVE SUBSTANCES BILL is an unnecessary and unworkable law, Niamh Eastwood, Release's executive director, told the HIT *Hot Topics* conference, as the 'unstoppable' bill was rushed through parliament.

'It's opened a Pandora's Box,' she said. Media reports of our streets being 'awash with these drugs' meant that 'we have to respond, regardless of harm or prevalence... but it's a tiny number compared to the treatment system not being responsive to the needs of people accessing it.'

The Centre for Social Justice had used its *Broken Britain* report to justify the progress of the bill through the House, said Eastwood, quoting *Vice*, that 'the death stats that government's using to ban legal highs are total bullshit'.

Last year's Global Drug Survey (GDS) had highlighted the extent of alcohol and tobacco use. But prohibition was not about the drugs, said Eastwood, it was about 'social control' and 'the othering of certain groups', including young people in deprived areas and people in prison.

The bill had not only created 'a number of strange possession offences', but penalties showed 'no proportionality'. Furthermore the ban on exportation and importation of psychoactive substances for personal use meant head shops would close and people would buy 'dodgy stuff' online.

More conference reports at:
www.drinkanddrugsnews.com

https://finder-akademie.de/

What can be done to tackle these problems? Should the focus, as some argue, be on the reasons why drugs are used in prison (boredom, demotivation, corruption), or on testing and punishment for usage? Hardwick says that any new strategy 'needs to go beyond specific drug services to reducing demands for drugs by offering attractive purposeful alternatives, reducing prison violence and creating positive staff prisoner relationships.'

Kit Caless is Addaction's communications officer for London and the south

THERE ARE NO QUICK AND EASY ANSWERS
to any of the questions posed by the prevalence of NPS in Britain and its prisons.
But the debate is still in full swing.

YOU CAN JOIN IN
by attending *'New psychoactive substances: no longer a novelty – the expert view'*,
15 March in London.
Details at http://bit.ly/1nl0Kzr

Quoting ACMD advice to the Home Office that 'the psychoactivity of a substance cannot be unequivocally proven', Eastwood said it was an example of needing to speak out when things were wrong. Proving psychoactivity was difficult, making the legislation unenforceable.

'Get out there and tell people that this is one of the worst pieces of legislation ever drafted,' she said. 'It's an affront to our brains.'

Professor Harry Sumnall, of the Centre for Public Health at Liverpool John Moores University, said that from looking at treatment data, NPS didn't seem to be an issue for treatment services – a long way from Neil McKeganey's picture of 'a scourge that could grow to eclipse heroin', reported by the *Scottish Daily Mail*.

We were becoming prone to 'risk illiteracy, where we don't have a good handle on risk,' he said. This could make us powerless to act or react.

The key message to emerge was, 'don't panic, we already know what to do', said Sumnall. Existing approaches were 'entirely suitable', with classic harm reduction components 'absolutely vital', including messages around not sharing syringes.

'It's not about new drugs,' he said. 'We're not seeing new and novel harms... It's about understanding cultural practices.'

MEDIA SAVVY

The news, and the skews, in the national media

THE UK BAN ON LEGAL HIGHS that will begin in April is going to be one of the stupidest, most dangerous and unscientific pieces of drugs legislation ever conceived. Watching MPs debate the Psychoactive Substances Bill yesterday, it was clear most of them hadn't a clue. They misunderstood medical evidence, mispronounced drug names, and generally floundered as they debated the choices and lifestyles of people who are in most cases decades younger than themselves. It would have been funny except the decisions made will harm people's lives and liberty.
Clare Wilson, *New Scientist*, 21 January

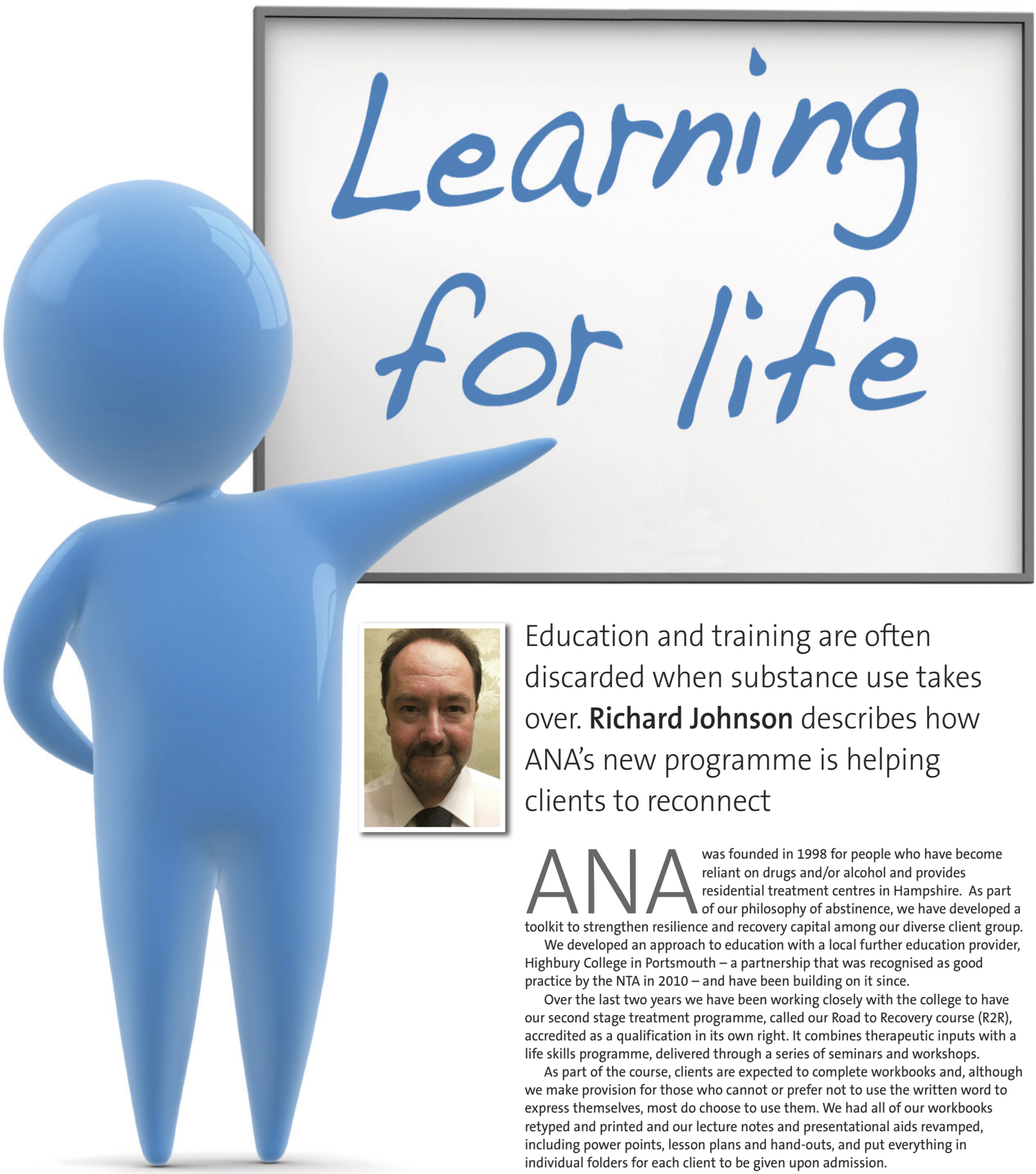
THE NEW ADVICE from the chief medical officer cuts the recommended drinking limits for men down to those of women – a highly unusual thing to do by global standards... The hyperbolic claim that there is no safe limit at all – that someone is taking their life into their own hands when they enjoy a glass of sherry – defies common sense.
***Telegraph* editorial, 8 January**

DUAL DIAGNOSIS is one of the biggest challenges facing mental health and substance use services, but after 15 years of a variety of initiatives it's hard to see how things have changed on the frontline... The UK dual diagnosis scene is running on nothing but goodwill by a few enthusiastic champions – how long can anything be sustained on this basis? With the increasing need to provide evidence for commissioning, it's time to harness the data that we have at our fingertips to lobby service providers and commissioners for new roles and new initiatives.
Liz Hughes, *Guardian*, 9 December

THE PRESENT IMPERATIVE to de-stigmatise all manner of social ills as the consequence of a totally valid lifestyle choice seems to me misguided and counter-productive. Stigma, as a means of passive social control, works.
Rod Liddle, *Spectator*, 5 December

THE BBC'S BIAS in favour of the legalisation of cannabis is great, growing and ought to be diminished. The corporation is supposed to be impartial on major issues of public controversy, but on this subject it is rampantly partisan. Your guess is as good as mine as to why this organisation, dominated as it is by London left-wing metrosexuals, should be so one-sided on this issue.
Peter Hitchens, *Mail on Sunday*, 6 December

IT WOULD BE NAIVE to think that legalisation or decriminalisation would solve all our society's drug problems, but our best evidence suggests that problem drug taking is better dealt with as a medical issue. Near-blanket prohibition has failed to address drug harms while mainly profiting the criminal underworld. Our politicians have made a habit out of rejecting science, and we're left with the comedown.
Vaughan Bell, *Observer*, 13 December



Education and training are often discarded when substance use takes over. **Richard Johnson** describes how ANA's new programme is helping clients to reconnect

ANA was founded in 1998 for people who have become reliant on drugs and/or alcohol and provides residential treatment centres in Hampshire. As part of our philosophy of abstinence, we have developed a toolkit to strengthen resilience and recovery capital among our diverse client group.

We developed an approach to education with a local further education provider, Highbury College in Portsmouth – a partnership that was recognised as good practice by the NTA in 2010 – and have been building on it since.

Over the last two years we have been working closely with the college to have our second stage treatment programme, called our Road to Recovery course (R2R), accredited as a qualification in its own right. It combines therapeutic inputs with a life skills programme, delivered through a series of seminars and workshops.

As part of the course, clients are expected to complete workbooks and, although we make provision for those who cannot or prefer not to use the written word to express themselves, most do choose to use them. We had all of our workbooks retyped and printed and our lecture notes and presentational aids revamped, including power points, lesson plans and hand-outs, and put everything in individual folders for each client to be given upon admission.

The workbooks are added to other materials to compile an individual portfolio for each client. In building these portfolios, we realised just how many educational skills our clients acquire throughout the process; it soon became clear that many of our clients had become more self-aware and had developed better interpersonal, problem solving and practical skills since going through treatment.

We tentatively showed the client portfolio to the Community Education Department at Highbury College and they enthusiastically confirmed that the portfolio had significant educational value, resulting in their accreditation. The college has been enormously supportive, visiting ANA to train the R2R staff and counsellors. Clients are also invited on a tour of the college, in preparation for further education after our second stage.

So far, 12 clients have successfully completed the R2R course and received an accreditation, through their own recovery, from the college – an enormous achievement for each of them. The course is accredited at level one, which means that many clients will not have to undertake an access course when starting college, giving them back a year of their lives in study time.

The course is helping to break down barriers to education for clients and equip them with additional skills for life. Access to education was one of the key priorities in the government's 2010 drug strategy, and is likely to continue to be so. The qualification makes recovery tangible; it demonstrates what clients have to do, what they have achieved and what they are capable of doing in the future. It also supports the concept of 'better than well' and has a very great impact on client recovery capital and self-esteem.

Rosanna O'Connor, director of alcohol, drugs and tobacco at Public Health England commented: 'There is a very significant need for better education, training and employment support for people in drug and alcohol treatment, whether in the community or in residential rehab.

Access to education was one of the key priorities in the government's 2010 drug strategy, and is likely to continue to be so. The qualification makes recovery tangible; it demonstrates what clients have to do, what they have achieved and what they are capable of doing in the future.

'This project, being developed by ANA, is an excellent example of how some treatment providers are taking the initiative, providing people with tailored educational support, leading to qualifications, skills and the essential confidence needed to access employment.'

The next stage is to seek national accreditation and invite other treatment providers to have their programmes accredited. We feel that the initiative facilitates very positive community reintegration through study and education, and helps people take confident strides towards the job market.

Richard Johnson is CEO of ANA Treatment Centres and ANA Works, www.anatreatmentcentres.com

ONWARDS AND UPWARDS...

Two students share their experiences of the programme as they continue towards employment

DAVE, in his late thirties, had had a progressive addiction to drugs for 25 years when he came to ANA for treatment. Having graduated from the primary stage, he was one of the first clients to take part in (and complete) the Road to Recovery programme (R2R).

Dave hadn't completed a full education when at school. During the course of his 12-week programme he was required to complete written work, such as a 'step reflection' workbook and had provided evidence of his coursework through the use of feedback sheets designed with Highbury College.

This evidence-based work clearly highlighted how he had been experiencing the R2R programme and secondary treatment – which also gives both ANA and the college a qualitative measure as to how the programme is being received. Not only did Dave enjoy the programme immensely, but it also enabled him to reflect on his learning and give evidence of it. It helped him communicate with the college and ANA staff and he successfully graduated from R2R in January 2016.

He has resettled in the ANA Works housing scheme and has used his experiences to go on to do advocacy training, a local health and social care course, and training in Smart by the local service user group, Push.

He hopes to use these skills to go on to work in the field of addiction and 'give something back' to others in recovery or struggling with addiction.

EMILY has been drinking problematically since her teens and despite a college and university education, found herself in the uncontrollable grip of addiction. This caused high levels of friction within the family and eventually she dropped out of university.

Her successful completion of ANA primary treatment in Autumn 2015, followed by entry into secondary, initially gave her some trepidation over taking part in the R2R programme.

Over the course of 12 weeks, Emily gained confidence in her ability to record her evidence-based work and completed all 18 of the elements required to qualify for the Highbury College certificate.

Her feedback on her experience of R2R and secondary treatment has been extremely positive and she successfully completed the programme in early 2016. She has also resettled through her referral into ANA Works in Portsmouth and is seeking to take an active role in local politics.

Her interest currently is supporting homeless and less fortunate individuals within the local area and she has plans to further her education through studying politics and sociology. She said that her experience of the R2R programme and secondary treatment was 'highly informative and has greatly boosted my confidence.'

Names of students have been changed.

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Research consultant, Arun Sondhi, from the Centre for Public Innovation (CPI), talks to DDN about the findings of his latest research into take-home naloxone in prisons.

TAKE-HOME NALOXONE IN PRISONS

'Through-the-Gate' forms a key part of the government's Transforming Rehabilitation strategy aimed at supporting a prisoner's recovery from drugs and/or alcohol once released back in the community. The provision of take-home naloxone (THN) forms a vital component for this policy with one English region acting as a pilot for the initiative. THN is an opioid antagonist to prevent an opiate-related overdose with the aim of reducing the risk of drug-related death for individuals recently released from prison.

A series of qualitative studies, including a bespoke prisoner survey, were undertaken to look at the distribution of naloxone within prisons. The findings, due to be published in two academic journals, highlight the complexities and nuances associated with the distribution of THN. Prisoners were shown to be a target group that would benefit from access to this intervention, with high levels of reported overdoses (self or witnessed). Yet for both staff and prisoners, there were varied perceptions including a number of confused perspectives and 'urban myths' attached to naloxone and for some the harm reduction message did not exist well within an abstinence-based service framework. For prisoners, the perceptions of using (and carrying the kits on their person) were influenced by a variety of subtle factors, including the possibility of further criminal justice sanctions if THN was found on their person once released.

Process issues also affected the distribution mechanisms within prisons, including the acceptance (which has recently changed) that only clinical staff can be the vehicles for the provision of THN kits. A number of system-wide challenges were identified in the paper including the need to ensure all prison staff, from the governor onwards, were involved in the distribution of Naloxone. The difficulties of tracking and managing prisoners potentially eligible for training were also noted.

'Through-the-Gate' forms a key part of the government's Transforming Rehabilitation strategy aimed at supporting a prisoner's recovery from drugs and/or alcohol once released back in the community.

WHAT CAN BE DONE?

The papers advocate a system-wide approach to the delivery of both training and provision of THN kits at the point of release. Enhanced support could consider widening the coverage of THN training. In addition, the studies offer a range of possible next steps:

- **Addressing perceptions and 'myths' regarding the use of naloxone among prisoners and staff**
- **Enhancing the identification and engagement of prisoners throughout their journey in the prison system**
- **Improving prison processes for the distribution of THN kits prior to release**
- **Ensuring the involvement and support of all senior prison staff**
- **Considering linkages with community services including community rehabilitation companies to reinforce key messages.**

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REACH OUT!

Chris Rintoul reports positive results from a Northern Ireland naloxone programme

Photo by Nigel Brunsdon

THE SCOTTISH DRUGS FORUM (SDF) watered the seeds of take-home naloxone and it allowed us to kick-start the programme in Northern Ireland. Before that we had no naloxone, and no sight of it.

People are dying – especially poor groups, people in poverty, and drug-related deaths are concentrated in these groups. People who need naloxone are likely to be people who are most disaffected. They're not hard to reach – more easy to ignore for far too long.

Some of the action involved aggressive campaigning. I was a social worker – and that involved activism. I got active and aggressive. Service user activists and social workers pushed for us to be able to give out naloxone.

The Council for the Homeless in Northern Ireland is moving towards training for the trainers in naloxone. We developed a lot of partnerships with all stakeholders, including the Housing Executive, voluntary sector agencies, the ambulance service, and the police, and looked at the viability, efficacy, and effectiveness of naloxone. We sometimes arrive late on substitute prescribing etc – but we've done well on this.

People are now offered naloxone at a very early part of their treatment. We have posters and leaflets that reinforce the messages and push further for it. Take-home naloxone programmes need courageous people with credibility; people who are experts in their area.

There are opportunities now – the law change has let us expand. Outreach services and hostels can now give it out, as can pharmacies, alongside needle and syringe distribution.

> 'You have loads of credible and courageous people in this country – get them involved.'

Overdoses are down – we had seen them rise and rise over the decade, so to see a significant drop last year was a great thing. I can't say that it was specifically naloxone – only time will tell. The Public Health Agency for Northern Ireland is going to devolve funding to local trusts. But because it's in their contracts, it will be difficult for them to step away from naloxone.

Buff [Iain Cameron] and I decided we wanted to support take-home naloxone, so we developed an app and funding followed. We want to do an update, if we find the funding.

You have loads of credible and courageous people in this country – get them involved.

Chris Rintoul is lead trainer for Street Rx in Northern Ireland. He spoke at the HIT Hot Topics conference in Liverpool

FROM OUR FOREIGN CORRESPONDENT

A painful truth

Why should fear of drugs like heroin leave 80 per cent of the world's population suffering unspeakable pain, asks **Dr Chris Ford**

> 'The richest 20 per cent take it for granted that controlled medicines will be readily available...'

IT IS RECOGNISED that controlled substances are indispensable for the relief of severe pain and suffering. For the most part, the richest 20 per cent of the world's population has well-managed access to controlled medicines for the treatment of pain. However, in stark contrast, the poorest 80 per cent has almost no access at all.

International Doctors for Healthier Drug Policies (IDHDP) has launched a campaign, 'Striving for equity in the treatment of severe pain', with the purpose of highlighting the dreadful inequity that allows 80 per cent of the world's population to suffer unspeakable pain while dying of chronic conditions, or after suffering injury. This, while the richest 20 per cent take it for granted that controlled medicines will be readily available in such circumstances.

Regulations to prevent the use of drugs like heroin have unnecessarily created an atmosphere of fear when it comes to prescribing what are in essence similar drugs for the treatment of pain. There is no reason why it is not possible to reduce the harm created by the misuse of drugs like heroin, while at the same time ensuring that drugs like morphine are readily available to be prescribed by doctors for the treatment of severe pain irrespective of which country the patient lives.

It will also highlight how information and training are so badly needed in many countries. Even in countries where effort has been made to address the excessive red tape to prescribe controlled medicines there are still significant training needs for medical staff, particularly in the area of effective palliative care. Perhaps of greatest importance is a global public information programme on the basic human right of access to medicine to alleviate otherwise intolerable pain.

'Fear rules us. It robs us of our reason,' says Dr M R Rajagopal, chairman of the Pallium India charitable trust.

'Doctors, drug regulators and legislators are in shocked fear when they think of the possibility of their offspring getting addicted to a drug. Because they do not stop to learn enough, they put in unrealistic restrictions. The result – failure of the purpose, and needless pain and suffering, the extent of which is beyond our power of imagination.'

'I hate to imagine what cancer pain is like, I have not experienced it,' adds Dr Zipporah Ali, executive director of Kenya Hospices and Palliative Care Association. 'However, I have witnessed cancer patients who have no access to appropriate pain medication. We are living in a time where we talk about best standards of care, of human rights, equal opportunities. Let us join our efforts to ensure opioids are available to relive pain not just in the developed world, but globally. Pain relief is a human right.'

Dr Chris Ford is clinical director of IDHDP. http://idhdp.com/en/resources/newsletter.aspx

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We offer a variety of placements, including primary care placements for those who have just completed a detox and follow-up secondary care programmes which act as a stepping stone to independent living. For residents who are ready, there are then move-on flats on site. Residents of the Chy flats are then on hand to help new arrivals through peer support. Individuals are given the necessary support to guide them towards independent living, with the safety net of each stage being all on one site.

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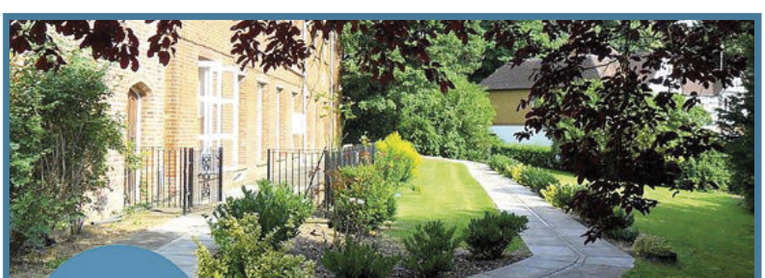

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WORDS FOR THE WISE

Harry Shapiro has launched a new drug information service with his former DrugScope colleague, Jackie Buckle. He tells us more

I AM VERY PLEASED to announce the launch of DrugWise, a new online drug information service carrying on the drug information tradition of DrugScope and – for those of you with long memories – its predecessor, the Institute for the Study of Drug Dependence.

As you can imagine, 2015 was a 'bit of a year', but with the generous assistance of the field, my colleague Jackie Buckle and I were able to continue with the seamless delivery of DS Daily directly to subscribers, five days a week. We also set up a legacy website so that people would have access to all the reports and information sources of DrugScope. But this did set me wondering.

DrugScope had two main functions; one was to be the advocacy agency for drug and alcohol treatment and focus on the attendant policy issues affecting drug users, such as welfare reform and mental health. The other half of our work focused around general drug information in all its various manifestations, for anybody who needed it – information that was up to date, evidence-based and non-judgmental.

With the demise of DrugScope, the advocacy work was taken up by Collective Voice while Making Every Adult Matter (MEAM) carried on with the related policy issues. But there remained an information vacuum and I was still being contacted by journalists for comment and background on the usual wide range of issues. And so Jackie and I came to the decision to set up DrugWise and with the very welcome assistance of the Brit Trust, the site is now up and running.

DrugWise will perform a number of functions. For a UK audience, we will update and develop drug information from DrugScope, write new thematic reports on topical issues and provide an archive not only of DrugScope reports, but hopefully in time, a complete and searchable archive of *Druglink* magazine articles back to 1986. The site will also be a platform for the public affairs work I am currently involved in around the issue of prescribed and over-the-counter drug dependency through the All Party Parliamentary Group on Prescribed Drug Dependence and the Opiate Painkiller Dependency Alliance. I will also be continuing the media, lecturing and public speaking work under the DrugWise umbrella.

DrugWise deputy director, Jackie Buckle is also the editor of DS Daily and responsible for its day to day running.

But the ambition is for DrugWise to be more international and to broaden the focus beyond drugs to alcohol and tobacco. From a health and wellbeing perspective, it has never made much sense to separate out these substances when there are so many synergies in terms of harm reduction, treatment and recovery and education and prevention – and not least because most of those with serious drug problems are also often smoking and drinking.

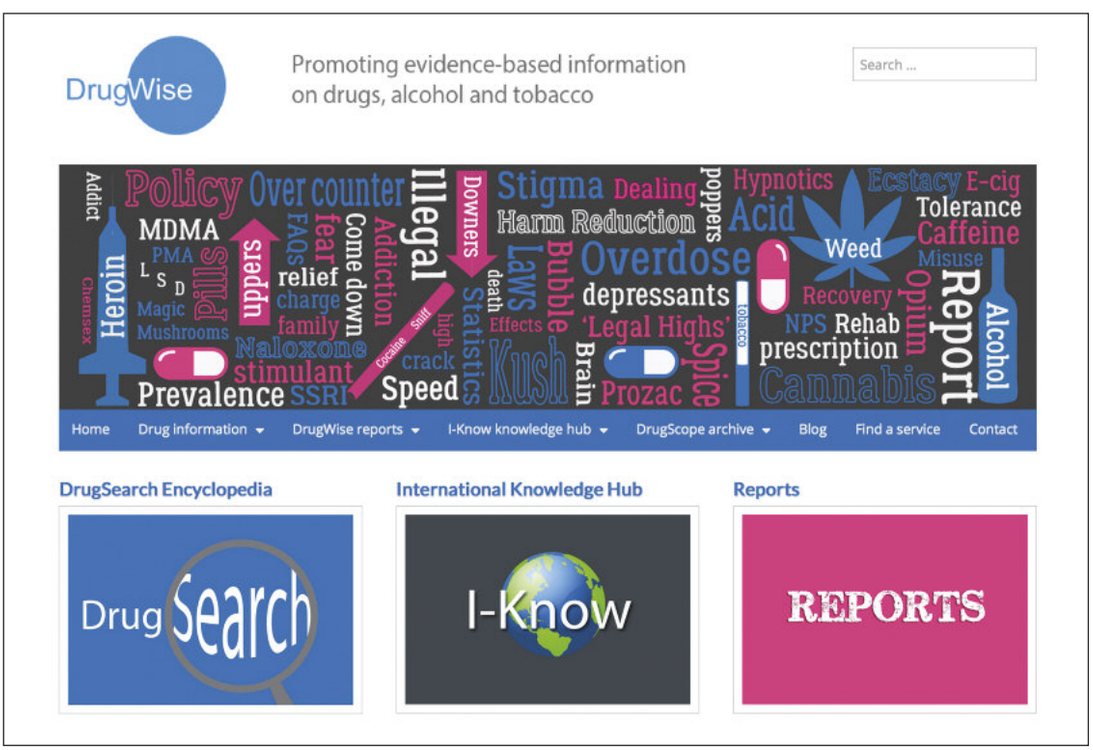
Certainly across the spectrum of global drug policy, there is a growing demand that policy should be evidence rather than morally-based – and since the advent of e-cigarettes, a public health hearts and minds battle has broken out between experts with all the rancour normally associated with the drugs war. So it seems that now more than ever, it is important for policy-makers and practitioners to have access to the best evidence available across substances and interventions.

One problem though is that the material is often spread across national and international agencies and so what the DrugWise I-Know international knowledge hub aims to do is to try and bring together the most robust and reliable documentation in one place. However, every country has its own health, prevention and criminal justice systems and cultures and so there is no attempt to analyse the material – simply bring it to the attention of professionals across the disciplines.

These are the basic building blocks of DrugWise and despite the solid foundations on which it is built, it is nevertheless early days. But we are very keen to get your ideas and feedback about the service and how you think it might develop – and we will be very keen also to engage in partnerships where drug information and communications input is required.

There is every indication that the treatment sector will be coming under increasing financial pressure, so here's hoping you all can navigate safe passage through the choppy waters of the coming months.

Contact Harry Shapiro or Jackie Buckle at www.drugwise.org.uk.



THE NINTH NATIONAL SERVICE USER CONFERENCE

THERE'S STILL TIME TO BOOK... HTTPS://DRINKANDDRUGSNEWS.COM/CONFERENCE

FROM LITTLE ACORNS...

'DON'T GET MAD, GET ORGANISED'

said Si Parry from Morph at the first DDN national service user involvement conference in 2008, and it was a message that set the tone for this dynamic event, as delegates spoke out, questioned, participated – and most of all claimed it as their conference, giving it a unique life of its own.

While more than 500 people attended that first conference, most delegates were coming wearing the badge of their local drug and alcohol action team (DAAT), and while there were a few nascent service user groups attending they were clutching homemade leaflets and often completely reliant on their local service for survival.

Fast forward nine years, and how things have changed. Many of the groups that were just starting out back then – and some that weren't even a twinkle in their founders' eyes – have developed beyond all recognition. The 2015 conference saw a service user exhibition area filled with professional stands and high quality materials to rival the larger treatment providers.

Of course it's not a story of untrammelled success, and sadly some groups have not survived round after round of budget cuts. It would also be naive to claim that starting and funding a group is easy, and most successful groups credit the support they received from a local commissioner or drug worker who believed in them and backed them from the early days. It's a long hard slog making sure service users are represented meaningfully, and the purpose of the conference has never been clearer.

Many groups have managed to grow far beyond their original remit, and engage in a wide range of activities that would have been hard to imagine when they started up. Across the country we've been charting some highly motivated groups prepared to challenge stigma and support their members' personal journeys. Peer-led groups now operate as equal partners supporting local treatment services, contributing widely to the community. Campaigning for national naloxone provision and other outreach initiatives has also seen groups break down the traditional barriers between harm reduction and recovery to share common ground.

Peter Yarwood from Red Rose Recovery was inspired to start a group after hearing speakers at a previous year's DDN conference. 'Our organisation is here for people who aren't yet members – it's for people that don't know who we are yet,' he said.

Hopefully this year's event will once again be the empowering networking opportunity that will inspire service user groups and recovery groups to start up, grow and flourish all over the country.

See you in Birmingham!

inclusion
Fulfilling Potential. Forging Success.

South Staffordshire and Shropshire Healthcare NHS
NHS Foundation Trust

Career Opportunity

PRISON INTEGRATED HEALTHCARE

As a growing, specialist provider of Prison Mental Health and Substance Misuse Services, Inclusion are pleased to announce from the 1st April 2016 we will be providing services across:

- **WEST YORKSHIRE – HMP LEEDS, HMP WEALSTUN AND HMP WAKEFIELD**
- **WEST MIDLANDS – HMP/YOI BRINSFORD, HMP/YOI DRAKE HALL, HMP FEATHERSTONE, HMP HEWELL, HMP LONG LARTIN, HMP OAKWOOD, HMP STAFFORD, HMP/YOI SWINFEN HALL, HMYOI WERRINGTON**
- **SOUTH CENTRAL – HMP/YOI BULLINGDON, HMP HUNTERCOMBE AND IRC CAMPSFIELD HOUSE**

Inclusion, as part of an NHS Trust, offers excellent career and development opportunities and the potential to really make a difference to our service users and the wider communities we serve. We are currently undertaking a large, phased recruitment process for a range and number of positions. Over the next month career opportunities will be advertised on NHS jobs which range across the NHS agenda for change pay scales.

We are currently seeking applications for a variety of positions for our Prison Mental Health and Psychosocial Substance Misuse Service. These positions include:

- **BAND 5 CAMHS NURSES**
- **BAND 5 RECOVERY MENTAL HEALTH NURSE**
- **BAND 6 SENIOR RECOVERY MENTAL HEALTH NURSE**
- **BAND 5 RECOVERY WORKER SUBSTANCE MISUSE**
- **CONSULTANT PSYCHOLOGISTS**
- **BAND 6 SMS TEAM LEADER**
- **BAND 3 TEAM ADMINISTRATOR**

Inclusion aims to combine public service values, which drive the most progressive elements within the NHS, with the commitment to tackling social exclusion shown by the best of the voluntary sector. We deliver a range of both criminal justice and community based Forensic, Mental Health, IAPT and Substance Misuse Services.

The NHS will offer you:

- **FIRST RATE SUPERVISION**
- **INDUCTION AND ON-GOING TRAINING**
- **PERSONAL DEVELOPMENT PROGRAMMES**
- **CPD OPPORTUNITIES**
- **EXCELLENT PENSION SCHEME**
- **COMPETITIVE PAY RATES**
- **OCCUPATIONAL HEALTH SERVICES**
- **PROVIDE ASSISTANCE WITH THE REVALIDATION PROCESS FOR NURSES**
- **AN EMPLOYEE ASSISTANCE PROGRAMME, WITH EFFECT FROM 1ST APRIL 2016**

Our Trust provides mental health, learning disability and children and family services across South Staffordshire, Shropshire and Telford & Wrekin. We have over 350 inpatient beds and a broad range of community services such as crisis resolution and home treatment, early intervention and memory services.

Our 3,500 staff serve a local population of 1.1 million in Shropshire and South Staffordshire, and within a range of services based from Leeds to the Isle of Wight and Liverpool to Cambridge. We are an innovative and forward-thinking organisation with an expanding portfolio of services. This means we can offer our staff genuine opportunities to develop their careers, gaining experience working across a number of specialisms. We are renowned for investing in and supporting our employees, and have a strong ethos of continuous professional development.

WE ARE ONE OF THE HSJ BEST PLACES TO WORK IN 2015.

If you are energised by our vision of an innovative NHS focused on tackling social exclusion and feel that you have the qualities to join our team then come and discuss with us how our needs might match your aspirations.

Please can you clearly state in your supporting information which jobs, in which area, you would like to be considered for.

Salary: Band 3: £16,633 – £19,461 pa; Band 5: £21,692 – £28,180 pa; Band 6: £26,041 – £34,876 pa

Applications: https://www.jobs.nhs.uk/

Closing date: Monday 15th February 2016

For more information about Inclusion: www.inclusion.org

For more information about a certain role: West Yorkshire, Jim Barnard – 01785 221662; West Midlands, Linda Ventress – 01785 221529; South Central Taj Singh – 01785 221662

For more information about the recruitment process contact Rachel Hutton on email, rachel.hutton@sssft.nhs.uk or phone, 0300 790 7000 ext 8305

NHS **Inclusion:** South Staffordshire & Shropshire NHS Foundation Trust. Stonefield House, St George's Hospital, Corporation Street, Stafford ST16 3AG **T:** 01785 221662 **W:** www.inclusionuk.org

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Norfolk Recovery Partnership

Norfolk Recovery Partnership is a recovery-focused service offering high quality, easily accessible help for people affected by alcohol and/or drugs in Norfolk. The partnership is made up of Norfolk and Suffolk NHS Foundation Trust Alcohol & Drug Service (TADS), The Matthew Project and the Rehabilitation for Addicted Prisoners Trust (RAPt) providing joint alcohol and drug services within the community and Norfolk prisons.

We are seeking to appoint a

FULL-TIME, NON-MEDICAL PRESCRIBER

to join our dedicated prescribing team. You will be involved with the assessment and management of opiate substitute treatment (OST) interventions, alcohol and opiate detoxifications and wider adjunct prescribing to assist in relapse prevention. As part of the integrated Recovery Team you will also provide support for general health care assessments and will work closely with mental health, physical health and social care services. You'll also help to create a collaborative approach that ensures that the clinical component of the clients care is embedded in the wider recovery plan for the individual.

For further information on the position available or to arrange an informal visit please call Sue Graham or Andy Hudson, Deputy Services Managers on 0300 7900 227.

Applications can be made via NHS jobs
Ref No:246-SMS2042-31061

Compass

CHAIR OF THE BOARD & NON-EXECUTIVE DIRECTORS

Compass is a national charity which works in communities across the UK providing supportive health and wellbeing services for adults, children and young people.

We are seeking a dynamic and experienced Chair of the Board and two non executive directors to lead us through the next phase of development.

All positions are voluntary and do not carry any remuneration, but reasonable expenses will be paid. For further information and to apply for the role please visit:

www.compass-uk.org/recruitment

For an informal discussion about the roles, please contact Kim Jones, HR Director on 01904 636374.

The role would require an enhanced DBS check.
Please note that Compass is committed to equal opportunities.

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swanswell

Swanswell are recruiting...

We're expanding our services and have a number of exciting roles to fill:

- Substance Misuse Workers – Worcestershire, (Ref 303) £22,665
- AIRS workers – Somerset, Bridgewater and Yeovil, (Ref 305), £19,000-£20,000
- AIRS Recovery Workers – Bristol, Keynsham and Patchway, (Ref 308), £16,402
- Substance Misuse Workers – Leicestershire and Rutland, (Ref 310), £22,665
- AIRS workers – Bristol, Keynsham and Patchway, (Ref 306), £19,000-£20,000
- Support Workers – Birmingham, (Ref 304), £15,873
- AIRS Recovery Workers – Somerset, Bridgewater and Yeovil, (Ref 307), £16,402
- Substance Misuse Community Nurse – Newbury, (Ref 317), £32,000
- Recovery Worker – Newbury, (Ref 316), £22,665

Swanswell is a national recovery charity that believes in a society free from problem alcohol and drug use; that everyone deserves the chance to change and be happy. Our friendly, professional team are committed to helping people turn their lives around. We know people are our greatest asset, so we recruit those whose desire to change lives for the better can help us make a real and lasting difference. In return we offer flexible working hours, a salary sacrifice pension, and a fantastic flexible benefits scheme.

work well together

To join our team, apply at: www.swanswell.org/current-vacancies

GET THE PICTURE!

9th DDN national service user involvement conference

This year we want you to contribute to an important initiative, mapping what's happening to services.

- *Are you happy with what's going on in your area?*
- *Do you have the right treatment options?*
- *Is money reaching essential priorities?*
- *Are you treated with respect?*
- *Can you communicate your needs?*

Give us a snapshot of your experience and help us build a picture of what's going on all over the UK. Visit www.drinkanddrugsnews.com now and fill in our quick and easy form.

Have your say and be there on the day!

'A HAND UP, NOT A HANDOUT'

See John Bird, founder of the Big Issue, on 25 February 2016 in Birmingham

Full programme and booking at www.drinkanddrugsnews.com

For exhibition and sponsorship packages email ian@cjwellings.com