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SHOUT!***

**THE 9TH DDN SERVICE  
USER CONFERENCE**

**BIG ISSUE FOUNDER JOHN BIRD TELLS IT LIKE IT IS**

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John Bird by Paul Husband:  
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**Photography throughout by Paul Husband, Nigel Brunson and Jez Tucker**

## EDITOR'S LETTER



### 'We want to make sure the service user voice is heard by all who need to hear it'

Our speakers at *Get the Picture*, our ninth service user involvement conference, underlined how engagement was everything. For Phil Spalding, fighting hep C, it had pulled him out of fear and isolation and into treatment and support – and inspired him to offer the same to others.

For Lanre and Lindsay of Bubic, the peer support and group sessions went hand in hand with outreach in offering friendship alongside opportunities. For Fiona and Suzanne of the Recovering Justice and Anyone's Child campaigns, it was about using experience to reach out to other families whose lives had been wrecked by drug laws and campaign for change. While John Bird of the *Big Issue* used tough life lessons to offer a hand up to others, encouraging them to see every life experience as a positive. And let's not forget Peter Yarwood who left the DDN conference one year inspired to set up a group – now Red Rose Recovery – who came to share their own stories of growth and connection.

There was so much about the day that was galvanising – yet we are under no illusions that all in the garden is rosy. In an interactive session our speakers representing policy, treatment, and the profession, acknowledged a squeezed and struggling sector, with more pain to come. So it's over to you now to give us the true picture – we want to make sure the service user voice is heard and we'll communicate with every group and strategy that needs to hear it. Get involved – email [voice@drinkanddrugsnews.com](mailto:voice@drinkanddrugsnews.com).

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## PRISON STAFF OVERWHELMED BY NPS CRISIS

**HEALTH STAFF AT A LARGE NOTTINGHAMSHIRE PRISON** risk being 'overwhelmed' by the demands of treating people seriously affected by use of new psychoactive substances (NPS), according to a report by HM Inspectorate of Prisons.

Based on inspections carried out in August and



**'Safety at the large category C HMP Ranby is a major concern.'**

September last year, the report says that safety at the large category C HMP Ranby is a 'major concern', with existing problems exacerbated by a surge in the availability of NPS. 'As we walked round the prison, we saw a number of prisoners who were clearly under the influence of NPS; some had been left with other prisoners to check they did not deteriorate, because there were no available health care services or other staff to do so,' it states.

In addition to the health issues, the wide availability of NPS was leading to serious problems around drug debts and associated violence, says the report, with almost 60 per cent of prisoners telling the inspectors

that drugs were 'easy' to get hold of in the prison.

Assaults on staff had increased significantly – including 'very serious' incidents – and on one occasion prisoners had forcibly entered an office to take back a package of drugs intercepted by staff after it was thrown over a wall. Self-harm levels were also higher than in similar prisons, with four self-inflicted deaths since April 2015, while another death earlier this year was being treated as murder. 'NPS and the associated debt and bullying had been cited as a significant factor in some of these events,' the document states.

Urgent action is needed to stabilise the prison and to make it safer, urges the report, including an effective, whole-prison strategy to reduce violence 'and its contributory causes', although it does acknowledge that the prison is 'attempting to respond to these challenges' and that there were signs of improvement in some areas.

NPS, particularly synthetic cannabinoids, are an area of increasing concern for prison authorities, with the recent HMP Inspectorate of Prisons *Changing patterns of substance misuse in adult prisons* report labelling them the 'most serious' threat to safety and security in British jails, and calling for a national committee to address the issue (*DDN*, February, page 4).

Meanwhile, new guidance on the prevention, diagnosis and treatment of hepatitis C in prisons has been issued by the Hepatitis C Trust. The document aims to provide commissioners and staff with advice on testing and treatment that can be used by 'any prison that needs to develop, revise or update their services'.

'The prevalence of hepatitis C amongst people in prison is so high that healthcare teams can't address it alone – it needs to be everybody's business,' says hepatitis specialist nurse Jayne Dodd. 'The governor, senior staff, prison officers, healthcare team and substance misuse staff all need to understand what hepatitis C is, the transmission risks and the fact that it is curable. Through training and education, we can end the stigma that too often puts people off getting tested or treated.'

*Report on an announced inspection of HMP Ranby by HM chief inspector of prisons at [www.justiceinspectorates.gov.uk](http://www.justiceinspectorates.gov.uk)*

*Guidance: hepatitis C prevention, diagnosis and treatment in prisons in England at [www.hepctrust.org.uk](http://www.hepctrust.org.uk)*

## PALLIATIVE PROBLEMS

### A NEW LOTTERY-FUNDED STUDY

of end-of-life care for people with substance problems has been launched by Manchester Metropolitan University and partners including Aquarius and Phoenix Futures. 'Anecdotal evidence suggests that people with substance problems who are very unwell avoid seeking the health care they need because of their concerns



**'People with substance problems who are very unwell avoid seeking the health care they need.'**

SARAH GALVANI

about how they will be treated,' said research lead Sarah Galvani. 'It also suggests that professionals need some support to know how to respond when people with both issues do access services. This research will start to explore these concerns.'



## SUPPORT CALL

**A BILL TO STRENGTHEN SUPPORT** for the children of people with alcohol problems has been published. Liam Byrne MP, chair of the All Party Parliamentary Group on Children of Alcoholics. The Children with Alcoholic Parents (Support) Bill calls for a national strategy and a dedicated minister, along with far more transparency from local authorities and health services around budgets and the amount of support provided. *See feature, next issue.*

Liam Byrne MP, chair of the All Party Parliamentary Group on Children of Alcoholics

## MARKET FORCES

**ALTHOUGH MOST DRUG SALES** still take place offline, the internet has the potential to transform the drug market in the same way that online shopping has 'revolutionised the retail experience', according to a new EMCDDA report. *The internet and drug markets* looks at sales on both the 'dark' and 'surface' web, and how they interact with traditional drug markets. *Report at [www.emcdda.europa.eu](http://www.emcdda.europa.eu)*

## DRY STATISTICS

**SIXTEEN PER CENT OF BRITONS** attempted 'Dry January' this year, according to Alcohol Concern, with just over 70 per cent of them succeeding in going the full 31 days without

alcohol. 'People tell us that having a Dry January has helped them to break bad habits and to kick start a new relationship with alcohol,' said the charity's campaign director, Tom Smith.

## NOT ON MY WATCH

**PRESSURE GROUP STOPWATCH** has sent an open letter to home secretary Theresa May calling for police officers who repeatedly stop and search people without grounds to be subject to disciplinary proceedings. Although nearly 60 per cent of searches are for drugs, just 22 per cent of these actually find drugs, the letter points out. 'This suggests, at the very least, professional incompetence,' it says. [www.stop-watch.org](http://www.stop-watch.org)



**'People tell us that having a Dry January has helped them to break bad habits...'**

TOM SMITH



# PUBLIC HEALTH DIRECTORS VOICE CUTS CONCERNS

**MORE THAN 70 PER CENT OF DIRECTORS OF PUBLIC HEALTH** say that drug and alcohol services in their area are likely to be reduced in the coming financial year, according to a survey by their membership body, the Association of Directors of Public Health (ADPH).

ADPH members were asked about the likely impact of the government's £200m cut in its public health grants to local authorities (*DDN*, September 2015, page 4). Overall, 78 per cent of directors said that the reduced funding would 'have a detrimental impact on health' in their area, with all services likely to suffer reductions next year, although none of the respondents said they expected the cuts to mean drug or alcohol services being completely decommissioned. The reductions are a further blow in the context of 'wider local authority cuts and NHS financial difficulties', says ADPH, with 75 per cent of directors saying there would be an increase in health inequalities.

More than 90 per cent of the directors stated that they were 'centrally involved' in any decisions about cuts themselves, with the criteria a combination of 'politics, statutory requirements, evidence, need and pragmatism'. Almost 60 per cent of respondents also said they expected to lose staff.

'Devolving public health to local government was a positive step, and councils have embraced these new responsibilities,' said the Local Government Association's (LGA) community wellbeing spokesperson, IZZI SECCOMBE. 'However, as ADPH's analysis shows, the significant cuts to public health grants will have a major impact on the many prevention and early intervention services carried out by councils. These include combating the nation's obesity problem, helping people to stop smoking and tackling alcohol and drug abuse.'

'Given that much of councils' public health budget goes to pay for NHS services like sexual health, public health nursing, drug and alcohol treatment and health checks, these are cuts to the NHS in all but name. And it will put further pressure on other NHS services.'



**'Devolving public health to local government was a positive step... However... the significant cuts to public health grants will have a major impact on the many prevention and early intervention services carried out by councils.'**

IZZI SECCOMBE

## DYING FOR A DRINK

**THERE WERE 8,697 ALCOHOL-RELATED DEATHS** in the UK in 2014, according to the latest ONS figures, 65 per cent of which were among males. Most deaths were in the 55-64 age range, although the overall death rate has continued to fall since its 2008 peak.

[www.ons.gov.uk](http://www.ons.gov.uk)



**Dr Steve Brinksmann joins recovery charity Swanswell as its now medical director.**

## BRINK OF SOMETHING NEW

**DDN'S OWN DR STEVE BRINKSMAN** has joined recovery charity Swanswell as its medical director, the organisation has announced. A GP for 25 years, he has worked extensively with drug and alcohol users throughout his career, and is also clinical lead for SMMGP. 'I'm delighted that Steve's joined the team,' said Swanswell chief executive Debbie Bannigan. 'His knowledge and experience will help to ensure Swanswell's clinical governance continues to exceed best practice standards and meet the expectations of our service users and commissioners.'

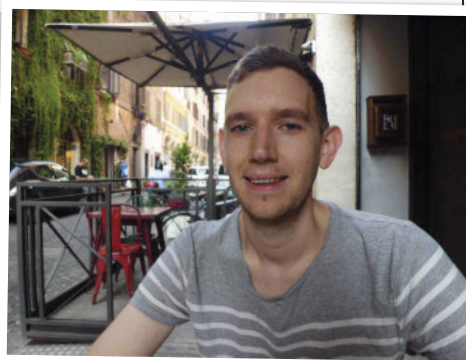
## SUPPLY LINES

**THE 'HEROIN DROUGHT' OF 2010-11** – which saw a significant drop in purity levels – was a 'catalyst for some users to tackle their addiction and enter treatment' according to a Home Office report. There were, however, no significant falls in overdose rates, with some areas reporting an increase 'as well as other side effects' as a result of additional adulterants in heroin and/or replacement substances. *Impact of the reduction in heroin supply between 2010 and 2011 at [www.gov.uk](http://www.gov.uk)*

## HIV HELP

**A NATIONAL CAMPAIGN** to oppose cuts to HIV services has been launched by a country-wide alliance of charities and professional bodies. The 'Support people with HIV: stop the cuts' campaign has written to health secretary Jeremy Hunt to demand adequate funding, effective commissioning and access to support for everyone living with HIV. 'At a time when rates of HIV are increasing, and stigma is as apparent as ever, we are seeing the start of an alarming trend of local authorities across the country scrapping HIV services,' said Terrence Higgins Trust membership officer Alex Sparrowhawk.

'The national campaign is about sounding the alarm to policy makers, councils, and the public – these essential services are under serious threat and we need your help.'



**'We are seeing the start of an alarming trend of local authorities across the country scrapping HIV services.'**

ALEX SPARROWHAWK

## QUALITY PARTNERS

**SMMGP HAS FORMALISED** its links with the National Substance Misuse Non-Medical Prescribing Forum in order to help 'uphold standards of quality as a hallmark of good clinical practice in the field of drug and alcohol treatment'. The partnership gives the organisations a joint membership of more than 8,000, and 'signals our commitment to continue to further our common goals, serve our membership and strengthen our leadership position in the field,' said SMMGP clinical lead Steve Brinksmann.

## LICENCE TO ILL

**ALMOST 90 PER CENT OF COUNCILS** would like to see a public health objective included in the Licensing Act to reduce the 'saturation of communities with pubs, clubs and off-licences', according to the LGA. At the moment local authorities are unable to veto new premises on public health grounds.

'Obviously councils are not seeking powers to refuse every application,' said LGA licensing spokesperson Tony Page, 'but it would certainly allow them to take a more balanced view in line with their other priorities such as creating vibrant and safe town centres and protecting people from harm.'

## PICTURE THIS

### The day's opening session heard a range of passionate presentations on the theme of getting your message across

I didn't know how long I'd had hep C. I could have contracted it at any time in 30 years of active drug use,' Phil Spalding of the Hep C Positive support group told delegates at *Get The Picture's* opening session. 'But the one thing that struck me when I first came out of rehab was that no one I came across professionally knew anything about it.'

This was 'no fault of theirs', he said, adding that there was also a great deal of fear around the subject. 'I thought, "Why is no one talking about this?"' He began doing voluntary work and attending 12-step groups but was keen to find out what he could do about his condition. 'I had it about as bad as you can have it, with a very high viral load. I was pretty much ill all the time, and I didn't want to die from something I

could do something about.'

He got in touch with the Hepatitis C Trust – 'who were great' – and they helped point him towards a treatment pathway. Once on this, he and a friend from rehab began offering each other mutual support, out of which grew a very small support network based in his home town.

However he still wanted to know 'what the big issue with talking about hep C was', he said. 'And we still have this issue where, if you have hep C, people will say, "Are you a drug addict?" Is that helpful? No, it's bollocks. If someone has hep C we call them a patient, not a service user or a drug addict. We're all patients, we all go to the doctor. As soon as I started to see myself as a patient then I started to feel more like part of the community.'



When he set up the support group one major issue he found he had to address was how to 'get people to perceive it as a group where you could come safely, and not get your purse nicked' he said. 'It was a real opportunity to educate people.'

The group also provided a vital chance to have informed discussions about treatment and therapy options, he stressed. 'People would say, "The treatment's terrible – my mate told me". I'd say, "When did your mate qualify as a doctor?" People didn't even know the difference between screening and testing.'

The first thing the group did was to make sure that it was inclusive, he told the conference, open to patients, professionals, family members, carers and friends – 'because our belief is that these issues affect us all' – and with no barriers based on where people lived.

The group was now also working closely with a partner organisation in France, he said. 'They have a shop in

'Even if people don't particularly care about the harm they're doing to themselves, you can get them to look at the harm they're doing to their community and their family.'

LANRE BABALOLA

independent for a purpose', he said, but the value of the organisation's work had led to it being commissioned. 'We'll come to your region,' he told delegates. 'We'll support, educate, use the local media and television. The best thing we've found you can do is to talk about it.'

Next up were two more support group representatives, Lanre Babalola and Lindsay Oliver of Bubic (Bringing Unity Back Into The Community). Based in north London, the group was mainly aimed at ex-crack users, explained Babalola, and provided peer support, group sessions, family and friends workshops, volunteering, outreach and more.

It used a wide range of techniques including drama and role-play, he said, as well as a variety of different therapy disciplines, taking aspects of each and tailoring them to the group's needs. Group and individual advice sessions included issues like relationships and co-

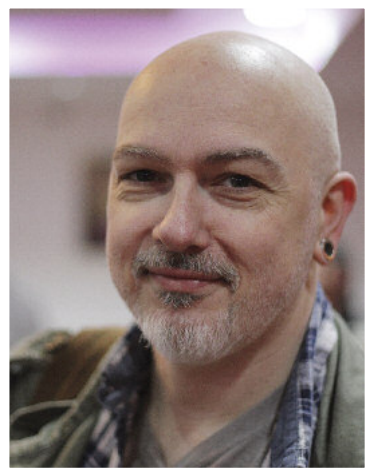
'Why should this thing be a secret? ...The best thing we've found you can do is to talk about it.'

PHIL SPALDING

Strasbourg, right in the centre – no one has to creep around – and we've got plans to do something similar here. Why should this thing be a secret?'

He'd been determined to hold on to his voluntary principles and 'stay





**'Let's make sure we've got a history for the next generation that's coming along.'**

**NIGEL BRUNSDON**

dependency, families, boundaries and self-awareness, with all new members invited to attend group sessions aimed at challenging unhelpful ways of thinking. 'Even if people don't particularly care about the harm they're doing to themselves, you can get them to look at the harm they're doing to their community and their family,' he said.

This was followed by a second phase of support that shifted the emphasis from drugs to improving self-awareness and self-esteem and developing emotional intelligence. 'As an ex-crack and heroin user, I know from personal experience that the most important step in life is the one you take when you start to give back,' he said, with the third phase designed to give service users the skills they needed to do that. This included opportunities for volunteering and working alongside members of the community, with Bubic gaining awarding centre status from Gateway Qualifications in late 2014.

'We like to make sure all our clients feel included,' said Oliver. 'Everything's accessible, even for people who've been disengaged from education for a long time. It helps people to maintain their motivation and their self-esteem.'

The organisation's assertive outreach work also enabled it to access any part of the community, said Babalola, providing information, guidance, support and signposting to relevant services. 'We walk on the street, we go and meet people – our own personal experiences have allowed us to recognise the importance of late-night outreach.'

Bubic also carried out inreach work in prisons, he said, with a particular focus on trying to 'encourage emotional intelligence and self-awareness' prior to release. 'People get "gate happy" and the risk is they'll go and use,' he said. 'But it doesn't have to be that way.'

**T**he next presentation was from Nigel Brunsdon of Injecting Advice, on the importance of photography in helping to get a message across. 'We've got people who've died,' he said. 'We've also got our own heroes, people who are doing

great things. We can use photography to highlight our achievements, celebrate the big personalities in our community, raise awareness of events and important issues – like the availability of naloxone – and promote change.

'But it has to be us doing it,' he stressed. 'No one is knocking down our door wanting to take pictures of harm reduction, recovery, anything. We have to do it ourselves.'

The media, when it did use photographs, wanted images of people 'overdosing in doorways,' he said. 'We need to capture the narrative, and not allow the media to dictate it. You don't need expensive equipment – everyone's got a mobile phone, so you've got a camera on you all the time.'

Henri Cartier-Bresson had once said that 'your first 10,000 photographs are your worst,' he pointed out. 'So keep taking photographs, and share them. Let's make sure we've got a history for the next generation that's coming along.'

**T**he session's final presentation was from three representatives of the Anyone's Child and Recovering Justice campaigns, Jane Slater, Fiona Gilbertson and Suzanne Sharkey. The latter campaign aimed to create a voice for policy

change, Gilbertson told the conference. 'The war on drugs was never a war on drugs. It was a war on people.'

When she had been a 16-year-old heroin user in Edinburgh, the police attitude had been to 'criminalise us' while the media attitude 'was that we should be left to die, or be put on islands,' she said. There had been no needle exchange facilities, and the three pharmacists in the city that had provided needles eventually stopped as a result of police pressure.

Edinburgh's reputation as an Aids capital in the 1980s came about as a 'direct result of bad policy,' she stated. 'My partner died of Aids. I said to him, "you don't deserve this". He said, "I'm a junkie. I deserve everything I get." That's what happens when you treat people this way.'

'Our stories have power, and they're not often heard,' she continued. 'Never underestimate the power of people to change policy.' Current policies were inadequate and were killing people, she said, and her organisation had been working closely with Transform to show the harms the war on drugs was causing 'to people like us and our families'. The war on drugs was not a 'fair fight' and never had been, she said. 'People like us all over the world are caught up in this.'

'I'm actually an ex-police officer,' Suzanne Sharkey told the session. 'I joined the police in Newcastle and was

doing my bit, or so I thought – getting drug users and dealers off the streets. I thought that if we got you all off the streets there'd be less drugs, less crime. But I was naïve. I wasn't helping the community, I was harming it.'

Her own drug use eventually led to her being arrested, she told delegates. 'But it wasn't the arrest that helped me, it was the people I met in recovery. We need to change policy, and we need your experiences, your voice. Because without reform people are going to continue to be stigmatised and marginalised.'

'We're wasting a hell of a lot of money on a counter-productive and futile policy,' agreed Jane Slater of the Anyone's Child campaign. 'I work for Transform and we tend to produce a lot of heavy, evidence-based texts. But what we need to do is tell the human stories.'

The campaign had been mounting events and trying to get media attention and engage with politicians, she said. 'We're also going international, because this is a global issue. Prohibition is not the solution. We urgently need a new approach.'

**'What we need to do is tell the human stories.'**

**JANE SLATER**





## GIVING VOICE

The morning's second session, chaired by Peter Hunter, allowed audience members to put their concerns to some of the sector's key players

The new drug strategy is one of my key priorities,' minister for preventing abuse, exploitation and crime, Karen Bradley, told delegates via video, and the government was looking for meaningful input to make sure it was implemented effectively.

'The government recognises that drug use is a complex, evolving issue,'

'We want to create a model that gives the service user voice an input into policy.'

KAREN BIGGS

she said. While it was 'dedicated to ensuring that fewer people use drugs in the first place,' the support was also in place for those who did, she said, with action needed at local, international and individual level. 'We need more targeted action for the most vulnerable', as there were strong links between substance misuse and other vulnerabilities.

This meant that effective partnership working was essential, and recovery-orientated systems of care needed to be far broader than 'just treatment' alone. 'I do not underestimate your vital role in peer support and motivating others in their recovery,' she told the audience.

Delegates then heard from Karen Biggs, chair of the Collective Voice

umbrella group of some of the sector's largest providers. Its aim was to ensure that the sector had a voice, she said, with the group already having input into Professor Dame Carol Black's benefits review and the new drug strategy.

The sector as a whole had made very good progress in understanding how the service user voice could have an impact, she stated. 'How do we develop a service user voice that can impact national decision-making? We want to create a model that gives the service user voice an input into policy influencing what goes into the drug strategy, not just how it's implemented in local services.'

However, there were no illusions about the current situation, she stated. There had been significant funding cuts across the country, and there would be more, 'And we aren't naïve enough to think that cuts in the general public sector aren't going to affect drug services – of course they are. But we're keen to see that they're proportionate, and that the harms are minimised and contained.'

It was also essential to make sure that services were responsive, she said, with evidence-based commissioning and delivery to address evolving challenges such as new psychoactive substances. 'And as the pressure on other services hits, we're going to see much higher presentation rates of people with complex needs. It's not hard to see that the risk of stigma will

'I do not underestimate your vital role in peer support and motivating others in their recovery.'

KAREN BRADLEY

increase as local authorities have to make tough decisions about the services they fund.'

The money for drug services was now the responsibility of local authorities, Rosanna O'Connor of Public Health England (PHE) reminded delegates. 'They're responsible for what happens in their own patch. The money transferred to them was a huge pot, but there are also huge pressures on local authorities, so it's not surprising if that funding begins to shrink. That's why making your voice heard is vital.'

The recent increase in drug-related deaths was also a 'massive concern', she said, and a major PHE work stream had been implemented around it. 'There's been something like a 64 per cent increase in heroin-related deaths over the last couple of years, but most of those people had not been in treatment for four or five years. I know some people think that people are being pushed out of treatment to meet recovery targets, but if you look at the







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



figures the increases in deaths aren't among the people in services – the people who have that safety net.'

One real concern was cuts to other associated services, however, such as wider social support. 'As that network that's wider than services themselves begins to fall away – and these are often services that are easy to cut – it's possible that that is having an impact.'

FDAP chief executive Carole Sharma then explained how her organisation – the professional body for the paid and unpaid drug sector workforce – was trying to improve quality and make sure everyone was working to an ethical framework and code of conduct. 'As service users, your voice is essential to that,' she said.

Many delegates expressed concern about custody of children and other parental issues, and O'Connor reassured them that there was an increased focus on substance-using parents across government departments. 'What this government is particularly interested in is improving the life chances of drug-using parents. I recognise that there is a huge amount of extra pressure on service users who have parental responsibility, and I think the way local

**'As service users, your voice is essential.'**

CAROLE SHARMA

services link with safeguarding and children's services is hugely important. When it comes to that, the voice of service users is much more important than mine.'

There was, however, a difference between being listened to and being heard, some delegates argued. 'It's about how meaningful it is,' said one, while another stated that 'it's all about recovery now – if you're not jumping through those hoops then you're really in trouble.'

'In the South West we've not had any consultation about cuts or the impact of cuts,' said a representative from Badsuf (Bournemouth Alcohol and Drug Service User Forum). 'If ever there was a time for service user consultation, it's now. Consultation and representation is meaningful only if it's genuinely listened to and acted upon.'

'That it's getting harder to have meaningful consultation and input because of the cuts is absolutely right,' agreed Karen Biggs. However, Chris Ford argued that the 'main concern' of Collective Voice – as a 'collection of eight of the biggest providers' – was 'keeping hold of the part of the sector they've got, because the NHS has been pushed out.'

'I think we collectively have to work at making sure that service users have a voice,' stressed O'Connor. 'It isn't Karen and her colleagues that have pushed the NHS out – that has been a decision of



## RECOVERY IN BLOOM

**'I came to a DDN conference and thought, "I could do that",'** Red Rose Recovery CEO Peter Yarwood told the conference's closing session. **'So I took that inspiration back to Lancashire and found people who believed in me.'**

Trying to get his life back together after 20 years dominated by drugs and prison, he became 'massively demotivated' after attempts to find work were thwarted by his criminal record. 'Society will stigmatise you, but I took that stumbling block and made it into a building block,' he told delegates.

Lancashire User Forum was now a limited company, he said, and in the last year alone its volunteers had contributed more than 15,000 hours of valuable work in the county. 'That's social, economic value that we're returning to the community. We focus our energies on what's positive, not what's wrong – I'm bigger than my treatment.' The organisation now had almost 30 employees, he said, 'and we've got a philanthropist who's investing not just money but providing technology as well.'

'You're more than people tell you,' said his colleague Steve Watson. 'It's about hope, not thinking, "I can't do it".'

'Red Rose Recovery saw something in me,' added another colleague, Mark. 'I was fresh out of treatment but they but they believed in me. If I'd stayed in the box I was told I had to, I would have gone crazy. Treatment is essential, but it won't keep you clean. It's about purpose, worth, belonging. Believe in each other.'

commissioners and policy makers, and it's at local level that service users need to have a voice. It's absolutely vital.'

One Coventry-based delegate stated that his organisation had 'moved past service user involvement now – we're about recovery visibility. We're part of the community, and we sit down with commissioners to shape services. The point is that we don't need anyone's permission. We just get up and make it happen.'

Just a 'tiny amount of the money that's being wasted on everything else'

could have a huge impact if it 'went to the right place', he told the panel. 'It would change all your statistics.'

On the question of the growing problem of gambling addiction, O'Connor told the conference that it was 'absolutely shocking how it's mushroomed in front of us, with advertising on every TV and billboard. But although it's a massive problem, the last thing we want to do at the moment is take any more money out of drug and alcohol treatment. So it's been pushed back to the industry to fund that treatment.'





## BIG BUSINESS

### ‘Don’t let anyone tell you that you don’t have valuable skills,’ *Big Issue* founder John Bird told delegates in the day’s powerful final session

‘Get money. It doesn’t matter how you get it, or where you get it from,’ *Big Issue* founder John Bird urged delegates in the day’s rousing final presentation. ‘Tell people whatever they want to hear. Get money – then bring about social change,’

‘I saw [the Body Shop Foundation’s]

Gordon Roddick on TV, saying how it was important not just to have a business but to put something back into the community, so I rang him up. He said, “Are you one of those people who crawl out of the woodwork when someone’s made a shedload of money?” I said, “Yes”.

The two became friends, and one

day in 1990 Roddick was walking down the street in New York when he was approached by a ‘huge bloke who said, “would you like to buy a copy of my street paper?” He explained how it worked – “I’m making money so I don’t have to go and steal.” Gordon thought this was brilliant.’

Roddick returned to the UK with the idea of launching a similar product in London, where at the time there were ‘about 10,000 people sleeping rough,’ said Bird. Many had become homeless through drink and drugs, or developed drink and drug problems while homeless.

The Body Shop Foundation decided to conduct a feasibility study, which involved getting in touch with the UK’s homeless organisations, of which there were ‘501 in London at that time,’ he said.

‘There is no one in the world who can be divided between the deserving poor and the undeserving poor,’ Bird told delegates. ‘But these homeless organisations were doing that. They all said, “Why would you give homeless

people the means of making their own money?” So the Body Shop went on to do something else.’

At the time Bird was running a print business, which was struggling financially, he told the conference. ‘So Gordon said to me, “Why don’t you do this street paper? You don’t cry over the poor.” If you’re going to get real about poverty, then get real and get it in your nostrils.’

Bird’s idea of a feasibility study was different to Roddick’s, he explained. ‘I went out and just talked to the police and people on the street. Most of them just told me to piss off, but some of them said, “Anything’s better than begging, stealing, breaking into cars or selling my arse”. And the police got behind me 100 per cent, because I would get to the people who were feeding their habits by coming into the West End and committing crime.’

The magazine launched in 1991, but immediately ran into a ‘huge problem’, he told delegates. ‘When we said to homeless people that they’d have to buy the paper to sell it they went nuts.



‘I’m always meeting people who define themselves by the failures of others – every last one of us has to stop and put effort into our own lives.’

JOHN BIRD





They said, "But we're homeless, we've always been given stuff for nothing". I said, "That's why you're still homeless. It's a way of walling you off, keeping you helpless, keeping you a child."

He then decided to approach some of the biggest and most intimidating rough sleepers and 'buy them off', he explained. 'So they became our police force, and it really took off. Everyone got involved – it was an absolute change. A hand up, not a hand out – not a moralistic telling off of people.'

And that ethos extended to those who got into real trouble, he said. One of the magazine's best vendors relapsed and robbed the safe from a *Big Issue* office to buy drugs, but was given his job back after leaving prison. 'What someone needs when they fall down is help.'

Bird was to make his maiden speech in the House of Lords the following day, he told the conference. 'I'm there to do our work, about how do we keep communities together, help people when they fall down, and turn social security into social opportunity, which is what it was intended for in the first place. It was about giving people succour and help, but all that changed under Thatcher.'

'The house I came from was hard working people who fell into poverty,' he continued, adding that he'd once told a service user meeting, 'I'm always meeting people who define themselves by the failures of others – every last one of us has to stop and put effort into our own

lives.' The way he'd survived homelessness and prison himself – 'and being beaten shitless by the police and my father' – had been to constantly pick himself up and have self-esteem, he stated.

He'd learned to read in a young offenders' institute, he said. 'I was educated by the prison system, doing a "short, sharp shock" at Oxford Detention Centre. Now young people go in bad and come out worse. I'm very, very hard on poverty – I hate to see poor people treated almost as if they're another species. And the way the government, the media, the public, even some charities, talk about the poor is as if they are another species.'

There were also too many impediments to getting people out of poverty, he warned. 'We need to give users, ex-users and others the chance to develop themselves as individuals. We have to have an intellectual revolution.'

Around ten years ago he'd had the idea to start a finance business, he said. It began as Social Brokers before becoming Big Issue Invest, and had so far invested money from high net worth individuals into 320 social enterprises. 'I call it "preventing the next generation of *Big Issue* sellers", he explained.

Existing alongside this was his concept of PECC, which stood for Prevention, Emergency, Coping and Cure, he told the conference. 'Ninety per cent of all social money invested in the world goes in when the shit has already hit the fan and you need to stabilise the situation – not into prevention, or cure.'

'I'm not an idealist,' he stated. 'I'm sure I'm going to be thrown out of the House of Lords. What we really need to do is understand people, give them help and encouragement and create social justice for those who fall on hard times and there's no one there for them.'

'There are transferable skills you learn as a homeless person – use them. We are all full of talent and skill. The skills you use to score and beg – use them. You learn skills and abilities – don't kid yourself that you haven't picked up enormous skills when you've been down that you can use on the way up. All you need is a hand up, not a hand out.'

## A HAND UP, NOT A HANDOUT



John Bird's rallying cry fell on receptive ears says **Mark Reid**, who was in the audience

**This year's conference was graced by not one, but two, parliamentarians.**

First there was Karen Bradley, a junior government minister – albeit by recorded video message with the Home Office insignia in the background. She delivered reassurances that the service user view is safe in her hands and will be seen in policy. No need for a video link for the next representative from Westminster. This time from the upper house, no less. Lord Bird MBE, to give him his full title. Better known to you and me as John Bird, the man behind the *Big Issue*.

I have to admit to a bit of a preconception about John Bird – which was pleasantly proved completely wrong, very quickly. From my reading of his newspaper, I had thought that he is so dedicated to the plight of the homeless that he might be left care-worn and even a little jaded. Not at all. Lord Bird was a hoot, as well as being crystal clear and often very moving about how to help the disadvantaged in society. His ability to be light and amusing about what he does, made his talk a great piece of stand-up at times. He had the crowd in the palm of his hand, even breaking into impromptu song.

To me, he showed how he can apply his philosophy to all people in recovery – any help given should be based on a seedcorn of effort and initiative on the part of those being helped.

'I'm not an idealist' he told us.

He doesn't hold up the poor and disadvantaged in a romanticised way; they have to prove their worth. He gave us an example which I liked – if someone comes to him full of self-pity and nothing else, then 'he might as well go down the pub' as there are probably plenty of others crying into their beer.

One service user asked if Bird could help him with some money for a project. His answer was an immediate yes; but a qualified yes. He was advised to contact *Big Issue* Invest and told make sure his idea was a good one and he'd put plenty of thought and effort into it.

I'm surprised he hasn't been approached to preside over *The Apprentice*. He'd be great. He reminded me of the crucial detail in 12-Step Recovery: 'If we are painstaking' and 'If we work for it'.

Bird is a man very sure of his approach without being heavy-handed. And his one-liners were excellent. He borrowed Ken Dodd's gag about the man who goes into a shop and asks where the camouflage jackets are. 'Good aren't they?' says the shopkeeper.

Lord Bird told us he was going off to make his maiden speech in the upper house the next day. While there, he intends to cast his eye over legislation he knows a thing or two about, like housing and employment.

They are Big Issues for everyone.

**Mark Reid is a peer worker at Path to Recovery**



## GET THE PICTURE

One of the day's lunchtime sessions heard delegates debate the current state of English drug policy

### STATE OF THE NATION

**T**he subtitle of this session is "have we lost our duty of care", and that's something that really worries me,'

Chris Ford told delegates. Many services now had a 'one size fits all' agenda, or 'to be more accurate, one size fits nobody,' she said. 'They're concerned about their PBRs or whatever. As the Archbishop of Canterbury said, the way a society is measured is by how we care for our most vulnerable.'

The 'deafening silence' around the

fact that drug-related deaths had risen by more than 60 per cent in two years was a 'real indictment', agreed Alex Boyt. 'Imagine if that was in any other part of society. I'm not anti-recovery, but I am worried that it pulls some people forward but leaves others behind. Service users in Camden, where I work, create newsletters that have now become just pages and pages of obituaries.'

Wales and Northern Ireland had actually seen death rates fall in the last two years, he pointed out, while

Scotland had experienced an increase and in England it varied according to region. 'Naloxone by itself is not going to reverse the trend.' When people arrived at services now they were 'shattered, tired, broken', he said. 'They need to be held by services, but increasingly they're subject to recovery-based criteria. One service manager said to me recently that, "These days we have to get them in and out before we even get to know them".'

Recovery also now meant so many different things to so many different people that 'it seems to me that when we use it we're not communicating properly', he argued. 'I think it's important that when you celebrate recovery you're aware that what works for you may not work for other people.'

Indicative of the overall problem was that one current target was for hepatitis C testing, he said. 'So you can say you've offered testing to 99 per cent of your clients, but only 1 per cent are treated, which is obscene.'

'Thirty years ago I started going to a drug service in Paddington, and my main feeling was fear,' Beryl Poole told the session. 'Now those elements of fear are creeping in again, and I never thought they would. You have drug workers talking to you about recovery with these fixed, rictus smiles. We used to diss the NTA but

now that we don't have them we miss them. Who's going to advocate on our behalf now?'

'A lot's been said about service user involvement having a voice, but it's lost its way,' said Steve Freer. 'In the days of the NTA it was statutory, but service users are feeling totally disillusioned now, and they're being crushed underfoot.'

On the key question of how to create a meaningful voice for service users it was vital that 'we should all be on the same side', said Ford, but one delegate argued that 'we have lost our voice. It's all being muddled by money, and we're losing our passion.'

Organisations had a vested interest in not promoting service user involvement, argued another. 'It's a bit of a monster once it's let out of the cage – they don't want service users to have that power. I'm a service user representative but I'm not listened to, not really. Once you let that monster out of the cage how do you control it, what do you do next?'

What it amounted to was a 'divide and conquer' process, said another delegate. 'What we have to do is be fighting this top-down inequality. There's too much arguing about the minutiae.' Poverty was by far the biggest driver of drug-related deaths, said Ford. 'In the 1980s, the most



### WHAT PRICE LIFE?

Services and commissioners are being squeezed hard financially, and the only way to maximise funding is to increase successful completions by pushing people through the system, Alex Boyt told DDN.

**T**here are no targets, no incentives, no money attached to keeping people alive and safe. The largest client group at risk of death are those not in services for a year or more, and numbers in services are going down while deaths are going up.

We need to ask ourselves why those most at risk are not accessing support, and the answer has to be that the help on offer is not the right kind. The policy environment forces services to focus on moving people forward and imposing ambition on the traumatised.

Until the treatment system remembers how to hold people safely, I worry that people will continue choosing to take their chances on the street.







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‘Thirty years ago I started going to a drug service and my main feeling was fear. Now those elements of fear are creeping in again, and I never thought they would.’ **BERYL POOLE**

‘As the Archbishop of Canterbury said, the way a society is measured is by how we care for our most vulnerable.’ **DR CHRIS FORD**



deaths were in the North East and the North West. It’s poverty.’

While there was undoubtedly a need for a social movement, it shouldn’t be based around drugs, argued Alistair Sinclair. ‘We need to be talking to people in mental health, in homelessness.’

‘When the service user voice has really been heard, it works well,’ stated Ford. ‘It’s a win-win situation. I think this the beginning of a rallying call. We have to get together – united we stand, divided we fall.’

## ADD YOUR VOICE

Making sure the service user voice is heard has never been more important.

**GET INVOLVED** by emailing [voice@drinkanddrugsnews.com](mailto:voice@drinkanddrugsnews.com) and tweeting with **#GetTheVoice**



## GREAT INTERVENTIONS

Throughout the conference, Philippe Bonnet gave practical training sessions on administering naloxone. Distributing kits made an important difference, he told *DDN*

Another year, another *DDN* SU conference in sunny Birmingham. This year, however, I was allowed to not only train people but give them take-home naloxone kits too!

The legislative changes made in October 2015 have made a real difference in kit distribution – to some parts of the country at least. Although I trained around 45 individuals last year, I could not provide them with kits there and then. This year everyone left with a kit.

This year was also a reminder of how blessed we are in Birmingham. To date, we have issued around 3,000 kits and we witness successful reversals on a monthly basis. My organisation’s national naloxone strategy, launched last year the day after the *DDN* conference, has had a tremendous impact. Naloxone sure saves lives.

*Phillippe Bonnet is an outreach worker and activist*



## GET THE PICTURE

**Body and soul: delegates enjoyed demonstrations on complimentary therapies and healthy eating**

## RELAX AND UNWIND

Therapists Lois Skilleter and colleague Sal Crosland gave free tasters of their energy-balancing treatments to delegates throughout the day. Lois explains some of the benefits

**W**hat an amazing day we had at the *DDN* conference! Sal and I did nine treatments each, and introduced several people to Indian head massage, hand massage/reflexology and reiki they were blown away. What a privilege to meet such lovely people and to share the love of therapies with them.

As the volunteer therapists, we offered 20-minute tasters of the treatments, all of which can be carried out with the client seated and fully clothed, and using the minimum of equipment – an important

consideration when we're coming by train from Yorkshire! A word of explanation: reflexology and reiki, and to an extent, Indian head massage, are energy-balancing therapies where the therapist facilitates the client doing their own healing – very empowering for them, and an example of what we can do for ourselves in the right circumstances.

Some of our clients had already experienced these therapies and were keen to have them again. We also had the privilege of introducing several people who had never had therapies before to their benefits, and of seeing them completely overwhelmed by the

relaxation and rebalancing which took place. Everyone left the room feeling better, and they had done it for themselves with our help.

In the modern world with all its stresses, I believe that so called 'alternative' therapies although as an article I read the other day pointed out, they have been around for a lot longer than 'conventional' medicine – offer a real help to people who are open to their possibilities. They are 'complementary' to medical treatment and while they can't always cure, they can help people to cope more effectively with symptoms and emotions. I have volunteered in a couple of hospices and although the patients knew our therapies wouldn't cure them, they so appreciated the relaxation and peace that they brought.

Therapies have few or no side effects, they empower the client and they help us to reconnect with our inner self. I've seen so many of my students and clients gain in confidence and positivity when practising or receiving therapies, and although it can never be guaranteed, physical symptoms often improve too. Experiencing this easy and accessible relaxation in a non-judgemental situation lends itself perfectly to service users in treatment or rehab, and I would advise anyone to give it a try if the opportunity arises.

**Lois is a holistic therapist and tutor and is always happy to discuss training or treatments. Contact her at [www.earttherealofyorkshire.co.uk](http://www.earttherealofyorkshire.co.uk)**



## FRUGAL FEAST

**A cookery demonstration by Hope North East gave delegates the opportunity to learn about cooking on a budget**

**'O**ur cooking on a budget demonstration went really well,' Miranda Yare, recovery support worker at Hope North East, told *DDN*. 'We spoke to a lot of people about our set menu, which showed how to cook a three-course meal for under £3 per head – winter veg soup, pasta carbonara and coconut rice pudding.

'Hope North East runs cooking on a budget every Monday, and we teach clients about where to source cheap fresh produce and easy cooking methods. We are looking to further the

initiative and roll it out into the communities around Middlesbrough.

'We all loved the conference. We found it very useful and loved networking with other services around the country.'

**CONGRATULATIONS TO MIRANDA,** who was also the lucky winner in *Ladbroke Insurance's* prize draw during the exhibition, winning a *Kindle*. *Ladbroke* are specialist insurance advisors for the third sector.







Read the reports, see the pictures:  
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## A FAMILY AFFAIR TOO

Families play an important part in recovery communities, say Adfam, who were at the conference to develop support networks. David Ader explains

At Adfam we have a huge amount of respect for the achievements of the recovery movement, which has done so much to make the voices of people with experience of drug and alcohol problems heard, and their achievements recognised.

The energy, enthusiasm and engagement generated by the likes of FAVOR UK's recovery walk, the UK Recovery Federation, Red Rose Recovery – and many, many more – has shown us all how focusing on strengths, hope and togetherness can be extraordinarily effective in challenging stigma, discrimination and negativity. Nowhere is this better illustrated than at the annual *DDN* service user involvement conference, where the passion and commitment on display is visible and contagious.

For us, the next step must be to build on these achievements, by making sure that families don't get left behind. Drugs and alcohol can be just as much of a struggle for family members as for their loved ones who use them, and family members who've moved on to a more positive place being able to celebrate that progression, or stand up and say 'I'm in recovery too!' is immensely important.

While families are of course delighted to see their loved ones embarking on a recovery journey, it can sometimes feel hard to be involved, with many feeling left behind. There are many family support groups and meetings around the country for families to get together

and talk about the issues they're facing – and the support they provide is absolutely crucial. But for family members affected by a loved one's drug or alcohol use, there isn't yet a comparable positive community movement with a sense of shared, national endeavour to get involved in.

That's why Adfam will be working over the next few months with a range of partners, including Alistair Sinclair of the UK Recovery Federation, to work out new approaches to involve family members in recovery communities and movements, and make sure their voices are heard in the national dialogue. We will build on the innovative work of Katrina Taylor of Red Rose Recovery, the Lancashire User Forum and others, to look at best practice for recovery groups to integrate carers and family members, and how to involve them in the group's activities and encourage both those with substance use problems and their families to recover together.

**If you'd like to get involved with this work, please get in touch by emailing [admin@adfam.org.uk](mailto:admin@adfam.org.uk). David Ader is policy and communications officer at Adfam**

Bristol's Rising Voices brought music and motivation to the event



## In fine voice

Coming into the exhibition hall for refreshment breaks, delegates were welcomed by a rousing chorus from Rising Voices, a weekly Bristol-based singing group for people in recovery from drug or alcohol addiction, and those who work or volunteer in treatment services.

'Since forming in November 2014, we have created a unique and transformative space for people to come together to sing, make positive connections with others, feel better, make friends and to be uplifted by the power of song,' says choir member Sophie.

'We have sung at community events all over Bristol, including the Bristol Recovery Festival in September 2015, the Rolls Royce Christmas carol service, and our own Bristol Drugs Project Christmas celebrations. We have between 15 and 20 regular members, and learn songs from all around the world by ear.'

Our thanks to Sophie, Nell, Rhea, Mandy, Alex, Jane, Michael, Martin, Pam, Nathan and Pat, and choir leader Issi Freeth-Hale.

## PACKING A PUNCH

For the second year in a row Phoenix Futures spent the *DDN* conference whipping up mocktails for delegates.

This year Emily, marketing officer, and Stuart, service user involvement manager, were supported by the service user council, who worked hard all day making sure everyone was hydrated and chatting to people while they made their tasty drinks.

'We all had a great day making mocktails at the *DDN* conference, said Emily. 'It was an even bigger success than last year and we made three great flavours – Tropical Punch, Phoenix Fruits and Berry

Madness – all packed with tasty fruit juices and fresh fruit. Mocktails are a great way for people to get one of their five-a-day as they are packed full of vitamins and minerals.

'I had a great day making mocktails for people – it was a brilliant way to get chatting and tell everyone all about Phoenix,' added Stuart. 'People really enjoyed their mocktails – I think the favourite was the Tropical Punch. It was great that people kept coming back for more.'





# THE NINTH NATIONAL SERVICE USER CONFERENCE

## ARE YOU INVOLVED?

Asking delegates from all over the country for a picture of service user involvement brought forth some distressing stories of groups being dissolved, dysfunctional partnerships – and frustratingly, fear of talking about the situation against a backdrop of threatened redundancies. Here members of the Nottingham team tell us about a system they believe is working well. We're relying on you to let us know what's happening in your area.



**LEE COLLINGHAM,**  
service user activist and advocate:

Nottingham city has that rare commodity so often missing these days within local drug commissioning teams – a full-time user involvement worker. Over the last decade these roles have gradually disappeared around the country despite, as is shown by the Nottingham model, user involvement being integral to successful drug and alcohol treatment – be it with an individual's care plan or the planning of what services need to provide, as well as assisting in delivering those specialist services.

Even companies like Tesco and Facebook talk and work with their customers, something that seems to have been lost in most areas within drug treatment in the light of funding cuts, localisation, and the demise of

'User involvement is integral to successful drug and alcohol treatment'

LEE COLLINGHAM

specialist commissioning teams and the NTA.

By working closely with service users, both providers and commissioners can better shape services to meet local needs and achieve successful outcomes.

**GLEN JARVIS,**  
service user involvement officer,  
Nottingham City Council Crime and  
Drugs Partnership:

The Crime and Drugs Partnership (CDP) has a long-standing commitment to involvement and consultation going back more than ten years. At that time the partnership commissioned mostly treatment services, with NHS funding, so our involvement and consultation structures were built upon guidance and duties around health-related legislation and the NHS constitution.

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Coventry Recovery Community believes that:

People seeking Recovery are best supported by people in Recovery.

Abstinence is a achievable goal for everyone.

Recovery is best supported by people in Recovery.







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Service user and carer involvement is embedded within treatment and support services. We expect that service users are listened to, involved and consulted on decisions about their treatment and support, and ensure that both they and carers are involved in the planning, development and delivery of services.

This commitment is to give opportunities for our service users and carers to be involved at all levels.

**At an individual level,** we want service users to be actively involved in their own treatment and support, specifically through their relationship with workers in devising care/support plans.

**At a service level,** they should be consulted and involved in the decisions about the running of those services. Meaningful involvement is a contractual obligation and services should be able to give evidence of measures they have used to obtain the views of the patients/clients about their treatment experience, the running of the service and any proposed changes to how that service is delivered.

**At a strategic level,** we are committed to involving people in the planning, evaluation and development of future provision. We run long-standing service user forums for those with issues around drug and alcohol use and mental health, which provides a continuous consultation function.

**At a policy level,** we work with Public Health England to promote good practice through regional forums for service users and carers. Some of our

service users attend national conferences and events and get involved in national strategy and policy.

We also undertake consultation on specific themes and issues with these groups and do joined-up consultation activities with partners in the CCG, local authority and public health.

All of this is enshrined in the treatment system charter, and the commissioners, in partnership with previous and existing service users, providers and wider stakeholders, have established a set of locally agreed values, which underpin local drug and alcohol treatment.

We believe that involvement means better services, better commissioning and better outcomes for people seeking help. All of these people need to remember that involvement isn't an optional extra or just a nice thing to do – it is a right.

*Details, including the charter, are in the service user and carer involvement section of the CDP website, [www.nottinghamcdp.com](http://www.nottinghamcdp.com)*

**HOW IS  
YOUR AREA  
DOING?  
LET US KNOW**

by emailing  
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## POST-ITS FROM PRACTICE



# TOO MUCH AT STAKE

**We're seeing the unwelcome return of the 'postcode lottery', says Dr Steve Brinksman**

**MY PRACTICE** has long had a reputation in Birmingham for working with people who use drugs and alcohol, and who are much more complex than those seen in most shared care practices. We were recently approached by the newly commissioned service to see if we would treat a man who – for a variety of reasons – wasn't engaging with the main drug service. This has happened before and no doubt will again; as while a commissioned service is designed to deliver a good level of service to the majority of its clients, by virtue of commissioning arrangements it has to work within defined parameters.

So what happens when a client falls out with a service, or a service falls out with a client? It is a fact of life that we don't see eye to eye with everyone and sometimes irreconcilable differences develop. In my experience, within drug and alcohol treatment this is frequently due to intransigence in both parties. However the service user can't fall back on or blame 'procedures', 'staff shortages' or 'we aren't commissioned to do that' statements.

Previously when drug and alcohol treatment was part of health services, a service user would usually be placed in an alternative treatment system, bearing in mind that access to NHS treatments should be fair, equitable and available to all. However since public health has moved into the realm of local government this seems to have changed.

All councils will commission drug and alcohol services but I suspect they are less willing to fund the 'square pegs' that may need to be sent to a different service. I have come across a number of clients now who simply fall through the cracks and, due to a breakdown in the relationship with the 'only show in town' are outside of treatment and, despite wanting help, they can no longer access it.

We are fortunate in Birmingham to have a number of highly skilled GP practices as well as the central service for drug and alcohol treatment, so it is usually possible to accommodate most clients who have a problem with one provider in an alternative service – albeit that a client may need to embrace change within themselves too, for the arrangement to work.

I worry about what may happen elsewhere in the country if this diversity isn't available, how many people are excluded from their local treatment provider (for whatever reason) and are simply not able to find an alternative? And what should we do about it?

*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.*





# Rebuilding Families at the National Specialist Family Service



**10%** of families enter the service with care of their children

**72%** leave with care of their children

Our residential family service in Sheffield is a unique service which caters for mums and dads to address their drug and alcohol problems, whilst living with their children in a safe and stable environment. Parents can be single parents or couples.

We provide the opportunity for parents to remain the primary carers for their children, whilst receiving appropriate guidance and support to help rebuild their families. Our programme has three key elements focusing on substance misuse issues, child development and parenting skills including the Triple P Positive Parenting Programme.

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*Experts in recovery for more than 40 years*



# THE NINTH NATIONAL SERVICE USER CONFERENCE



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

to everyone who supported *Get the Picture* – FDAP; main sponsors Martindale Pharma; Britannia Pharmaceuticals Ltd for supporting bursary places; PHE; chair Peter Hunter; our speakers – John Bird, Phil Spalding, Lanre Babalola, Lindsay Oliver, Nigel Brunson, Jane Slater, Suzanne Sharkey, Fiona Gilbertson, Carole Sharma, Karen Biggs, Rosanna O'Connor, Karen Bradley, Peter Yarwood and members of Red Rose Recovery, Chris Ford, Beryl Poole and Alex Boyt; Adfam, UKRF; exhibitors and service user groups; therapists Lois and Sal; naloxone trainer Philippe Bonnet; our conference programme steering group; our volunteers – Lee Collingham, Tidjane Gbane, Changes UK and Coventry Recovery Partnership; Paolo Sedazzari at Brand New Films; Paul Husband, [www.paulhusbandphotography.com](http://www.paulhusbandphotography.com); Dominic at [simplyphotobooths.co.uk](http://simplyphotobooths.co.uk); Rising Voices choir; Second City Suite; and, as always, our delegates who came along and made the day such a success.

## WE HOPE TO SEE YOU ALL NEXT YEAR!





# THE NINTH NATIONAL SERVICE USER CONFERENCE



## MEET OSCAR, THE DDN BABY!



Jason and Elizabeth met at a DDN conference and brought little Oscar to meet us at this year's event

**FOUR YEARS AGO** I was at the DDN conference, at the NEC in Birmingham, *Jason tells us*. I had a stand to promote my community interest company, iSore Media, which does film production and media training. I was busy networking, when a lovely lady called Elizabeth Holding from the



East Sussex Recovery Alliance walked past and caught my eye. At lunchtime we met again over a vegetable curry and cupid fired his arrow!

We kept in touch through text messages and eventually we got together and dated for a couple of years. We got married on 21 July 2014, which also happened to be my 'clean time' date – I'd been drug-free for six years. Elizabeth suggested it so that I'd never forget our anniversary, as it's tattooed on my arm!

We got married in Solihull Register Office, with a reception at the *Coach and Horses*, attended by half of Birmingham's recovery community.

We've been happily married for two years. We have our ups and downs like anyone else – more ups than downs – but the language of recovery is important to us, such as remembering to live with humility.

Thirteen months ago little Oscar Turner came into our lives and has made us so happy. He's become quite a Facebook celebrity!

DDN magazine has been getting out information about addiction all over the country for years. Who would have thought that they would have made two recovering addicts very happy indeed.

*iSore Media is at [www.isoremedia.org](http://www.isoremedia.org)*



Read all about it! [WWW.DRINKANDDRUGSNEWS.COM/CONFERENCE](http://WWW.DRINKANDDRUGSNEWS.COM/CONFERENCE)





## 40TH ANNUAL NDSAG CONFERENCE

Thursday 21st – Sunday 24th April 2016,  
Midland Hotel, Bradford, UK

Over the course of four days, the conference will offer a celebratory, retrospective, exploration into what we have learnt from the last 40 years; and a prospective crystal-ball gazing about what we might expect in the next 40.

**This extended residential conference will be available for the incredible price of £495. Non-residential attendance options will also be available.**

### THURSDAY 21ST APRIL: "Welcome to Bradford and New Directions."

Setting the scene for the conference with critical reflections on specific preoccupations.

### FRIDAY 22ND APRIL: "40 years – where has it left us and where are we going?"

In-depth reflections from eminent individuals on how the current alcohol policy, research and treatment worlds reflect the past and what they might suggest about the future.

### SATURDAY 23RD APRIL: "New Voices"

A space for new researchers and those who have not presented at New Directions before.

### SUNDAY 24TH APRIL: "Further New Directions?"

Asking critical questions for future policy, research and treatment considerations.

### CONFIRMED CONTRIBUTORS include:

**PROF. BRUCE ALEXANDER** (Simon Fraser University, Canada)

**PROF. KEITH HUMPHREYS** (Stanford University, USA)

**PROF. NICK HEATHER** (Northumbria University)

**PROF. RICHARD VELLEMAN** (University of Bath)

**PROF. DAVID BEST** (Sheffield Hallam University and Monash University, Australia)

**PROF. SARAH GALVANI** (Manchester Metropolitan University)

**DR GILLIAN TOBER** (Consultant Clinical Psychologist, Leeds and York Partnership NHS Foundation Trust)

**PROF. ROBIN DAVIDSON** (Consultant Clinical Psychologist, Belfast)

**LORNA TEMPLETON** (University of Bath)

**DR ANTONY MOSS** (London South Bank University)

### WIN A BURSARY TO ATTEND THE CONFERENCE!

Back at the 2016 conference for its fifth year is the Ron McKechnie Prize, created in memory of one of NDSAG's founding members. Submit a paper suitable for inclusion in the New Directions Journal and you could get free attendance at the 2016 conference (excluding travel). For details on how to enter the competition please email Andy Perkins ([andyperkins@f8c.co.uk](mailto:andyperkins@f8c.co.uk)).

Keep checking our website [www.newdirections.org.uk](http://www.newdirections.org.uk) for regular updates on the conference programme or contact **Andy Perkins** or **Jenni Turnbull** (Conference Administrators) by e-mailing [enquiries@f8c.co.uk](mailto:enquiries@f8c.co.uk)  
Booking forms are available on our website.

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From dependence to Independence

### 'TEN YEARS OF MOVING PEOPLE FROM DEPENDENCE TO INDEPENDENCE.'

Over these ten years we have grown steadily into a national company, with commissions across England and Wales and plans in place to further this expansion.

Within the last three years in particular, we have invested heavily in the development of new courses, transferring our experience, attributes and skills into the new fields of benefit dependency, rehabilitation and building better communities.

Intuitive Thinking Skills™ is our new company name, home of our easily recognised, respected and cutting edge programmes:

**Intuitive Recovery™** – peer-led education as a means to abstinence

**Skills-Tu Employment™** – challenging attitudinal dependence towards benefits

**Thinking Community™** – understanding and improving community engagement

**KIT training™** – workforce development

We have launched a new cutting edge website – [www.intuitivethinkingkills.com](http://www.intuitivethinkingkills.com). The site also includes an e-learner portal, through which we will be developing our online presence over the coming years.

These are exciting times for us and we would like to take this opportunity to thank our learners, commissioners and partners for all the support you have shown us over the years.



THE SPECIALISTS IN ATTITUDE CHANGE



## DDN FREE SUBSCRIPTIONS

DDN is a free magazine with copies available both in print and online. We work very hard to ensure our circulation is up to date, and that all copies are getting to the right people.

To help us do this we need you to quickly confirm your details are all correct.



Simply visit [www.drinkanddrugsnews.com/subscribe](http://www.drinkanddrugsnews.com/subscribe) and fill in the short online form to continue to receive your free magazine in 2016.

**THANK YOU!**

# DDN HELP

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# CHANGED LIVES



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**WE HAVE A NUMBER OF NEW VACANCIES IN WARWICKSHIRE AND MILTON KEYNES** including: Service Manager (School Health & Wellbeing), Recovery Worker, Hospital Liaison Nurse, School Special Needs Nurse, Family Brief Intervention Worker and School Staff Nurses.

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

You will share Compass' commitment to safeguarding children, young people and vulnerable adults. For more details visit:

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*Compass is committed to equal opportunities and is a safer recruitment employer.*

## Service Provider Engagement Event



Portsmouth City Council would like to notify potential service providers of our intention to publish a tender for an integrated substance misuse and supported housing service, w/c 11th April 2016.

We will be holding a supplier engagement event on the 15th April, which will detail the broad range of service provision, and provide an opportunity to network with other potential suppliers.

For more information contact [janet.byng@portsmouthcc.gov.uk](mailto:janet.byng@portsmouthcc.gov.uk)

## Alcohol Liaison Nurse Team Leader Position



We are looking for an experienced and motivated nurse with substance misuse or alcohol treatment service experience. Working in a busy team, you will have skills and experience in delivering training, conducting clinical audits and are able to provide supervision to staff.

Salary Scale: Band 7 £31,072-40,964 exclusive of Outer London area supplements 15% of basic salary (subject to a minimum payment of £3,483 and a maximum payment of £4,439). Hours of work: 37.5 hours per week (evening and Saturday rota as required).

**Please download an application pack to apply.**  
[www.haga.co.uk/alcohol-liaison-nurse-team-leader](http://www.haga.co.uk/alcohol-liaison-nurse-team-leader)



## Swanswell are recruiting...

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

- Substance Misuse Workers – Worcestershire
- AIRS workers – Somerset, Bridgewater and Yeovil (Ref 305) £19,000-£20,000
- AIRS Recovery Workers – Bristol, Keynsham and Patchway (Ref 308) £16,402
- Recovery Worker – Newbury (Ref 316) £22,665
- Substance Misuse Community Nurse – Newbury (Ref 317) £32,000
- Financial Accountant – Rugby (Ref 328) £24,000 (closing date 11/03/2016)
- AIRS workers – Bristol, Keynsham and Patchway (Ref 306) £19,000-£20,000
- AIRS Recovery Workers – Somerset, Bridgewater and Yeovil (Ref 307) £16,402
- Business Systems Officer – Rugby (Ref 335) £25,000 (closing date 13/03/2016)

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.

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