

DDN

Drink and Drugs News

November 2019

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ALCOHOL AWARENESS

Revolutionising
treatment
in East Kent

UNHEALTHY RELATIONSHIPS

Walking away
from drugs

JOURNEY THROUGH TIME

DDN IS FIFTEEN – WHAT A LONG STRANGE TRIP IT'S BEEN

PLUS – What can we do about the problem of inflexible prescribing regimes?

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PROUD TO WORK IN PARTNERSHIP



'I can't believe DDN has been working with – and supporting Adfam – for 15 years! We can always guarantee the magazine will present a balanced and sympathetic perspective.'

Vivienne Evans, chief executive of Adfam

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



'We loved becoming the new forum for debate'

FIFTEEN YEARS AGO we published our first issue of DDN.

I interviewed the drugs minister Caroline Flint, who talked about the new drug intervention programme (DIP) and the recently launched *Alcohol harm reduction strategy*. There was a lot happening – the Home Office was pumping money into the sector to 'break the cycle between drugs and crime'.

By our second issue we had a full letters page. Our new readers engaged with us fast and we loved becoming the new forum for debate. Ministers, service users, academics, policy makers – all joined in. We became more and more interested in our capacity to create a voice for fairer treatment and set up the annual DDN conference.

As a small, independent team we have often been very 'hand to mouth', particularly as the funding for the sector began to dry up. But we felt that where there's a will there's a way, and we have always been determined to keep DDN free of charge to readers.

Communications have changed radically and debate these days is often lurking on social media. But our readers are loyal, so onwards we go. Thank you for being part of our community. We hope you like our new design – make our day by getting in touch!

Claire Brown, editor

Keep in touch at
www.drinkanddrugsnews.com
and @DDNmagazine



MPs call for radical overhaul of 'clearly failing' drugs policy

Two select committee reports in two weeks have called for an overhaul of the UK's drug policy, with the Health and Social Care Committee stating that policy is 'clearly failing' and requires radical change and the Scottish Affairs Committee calling for the government's approach to be 'substantially reformed'.



The evidence is clear – the criminal justice approach does not work

Pete Wishart MP

With rates of drug-related deaths now at the 'scale of a public health emergency' a shift from a criminal justice to a health-based approach is urgently required, says the Health and Social Care Committee, adding

that significant investment needs to be directed into drug treatment as soon as possible. This would need to be accompanied by a centrally coordinated clinical audit to make sure that guidelines are being followed in the best interests of service users, it says.

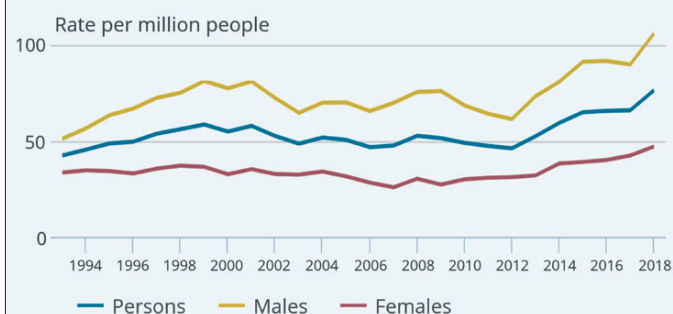
Both reports want to see responsibility for drugs policy moved from the Home Office to the Department of Health and Social Care, and both support decriminalisation for personal use and the introduction of consumption facilities. The Scottish Affairs Committee states that if legislation allowing for consumption rooms cannot be brought forward then the power to do so should be devolved to Scotland.

'UK drugs policy is clearly failing,' said Health and Social Care Committee chair Sarah Wollaston MP. 'Avoidable drug deaths are increasing year on year across the UK but there has been a failure to act on the evidence. Scotland is particularly hard hit with the highest death rate in Europe. Decriminalisation alone would not be sufficient. There needs to be a radical upgrade in treatment and holistic care for those who are dependent on drugs and this should begin without delay.'

'The evidence is clear – the criminal justice approach does not work,' added Scottish Affairs Committee chair Pete Wishart MP.

Reports at www.parliament.uk

Deaths related to drug misuse, England and Wales, 2018 registrations
www.ons.gov.uk



'Orange book' for alcohol

PHE IS WORKING to produce the first UK-wide set of clinical guidelines for alcohol treatment, the agency has announced. While the UK drug misuse treatment guidelines – widely known as the 'orange book' – have helped to ensure good practice in drug treatment, there has so far been no equivalent for alcohol. PHE will start work on the guidelines this month using an expert group of clinicians, professionals and service users, with the aim of publishing by the end of 2020.

The guidelines will:

- promote good practice
- improve service provision
- develop clear consensus
- provide reference points for inspection
- give guidance on managing pathways
- implement interventions recommended by NICE
- increase the number of people in the UK receiving effective treatment

Importation ring busted

THIRTEEN MEN HAVE BEEN ARRESTED as part of an investigation into what the NCA is calling the largest UK drugs importation operation yet discovered. They are thought to be part of the UK arm of a 'well-

established' organised crime group that used Dutch and British front companies to import heroin, cocaine and cannabis hidden in lorries carrying vegetables and juice. The group is responsible for importing more than 50 tonnes of drugs, says the agency, with six Dutch citizens also awaiting extradition to the UK. 'We suspect these men were involved in an industrial-scale operation – the biggest ever uncovered in the UK,' said NCA's regional head of investigations, Jayne Lloyd. 'By working closely with partners here and overseas, in particular the Dutch national police, we believe we have dismantled a well-established drug supply route.'

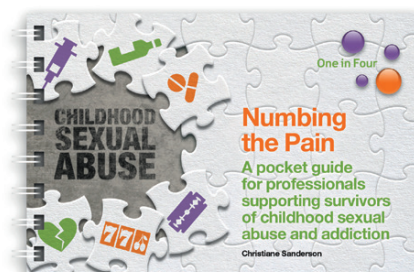
By working closely with partners... we believe we have dismantled a well-established drug supply route

The right support for survivors of sexual abuse

DRUG AND ALCOHOL SERVICES need to make sure they are informed enough to treat or signpost clients who are also survivors of sexual abuse, says the One in Four charity. The organisation has produced a film containing powerful first-person testimony, *Numbing the Pain: Survivors' Voices of Childhood Sexual Abuse and Addiction* (www.youtube.com/watch?v=KXmTVznOtE8&feature=youtu.be), as well as a pocket guide for professionals. While evidence shows that large numbers of people accessing substance treatment have experienced childhood abuse or trauma, services remain

largely ill equipped to offer the support they need or refer them to appropriate specialist help (DDN, May, page 10).

Guide available at www.ebay.co.uk/itm/Numbing-the-Pain-by-One-In-Four-and-Christiane-Sanderson/153544206259





Middlesbrough launches heroin-assisted treatment

A pilot heroin-assisted treatment (HAT) programme is being launched in Middlesbrough, the local police and crime commissioner (PCC) has announced. The programme will concentrate on up to 15 people with serious entrenched drug problems.

This treatment and recovery pilot is aimed at those for whom all other current methods have failed

Participants will visit a clinic twice a day where diamorphine will be administered under supervision. The aim is that with the need to 'constantly fund street heroin' removed, clients will be able to engage with health, housing, welfare and other agencies at the clinic and 'get their lives back on track'. The programme will be

available to people for whom all other treatment options have failed and who are 'causing most concern' to criminal justice, social care and health services. It has been organised and partially funded by Cleveland PCC Barry Coppinger, with further funding from Durham Tees Valley Community Rehabilitation Company and the Tees and Wear Prisons Group.

The scheme is designed in part to 'free up the substantial public resources' being used to address drug issues, the PCC's office states, as well as promote long-term recovery and reduce rates of drug-related deaths and acquisitive crime. The pilot will be independently evaluated with the aim of extending it for a second year with funding from the Proceeds of Crime Act (POCA).

'This treatment and recovery pilot is aimed at those for whom all other current methods have failed,' said clinical team lead Daniel Ahmed. 'They are on a cycle of offending, committing crime to raise funds for street heroin, being arrested and going to prison, being released and offending again. The cycle often only ends when they die, often in the street.'

Stain removal

AMNESTY INTERNATIONAL has called on Malaysia to abolish the death penalty for drugs offences. Executions are a 'stain' on the country's criminal justice system, says the NGO, with the use of torture to obtain confessions, an 'opaque' pardons process and other serious violations of the right to a fair trial. More than 70 per cent of those on death row – 930 people – are there for drugs offences, and more than half are foreign nationals. 'Malaysia has a golden chance to break with decades of cruelty,' said executive director of Amnesty International Malaysia, Shamini Darshni Kaliemuthu. 'Our research found a pattern of unfair trials and secretive hangings that itself spoke volumes.'

Fatally flawed: why Malaysia must abolish the death penalty at www.amnesty.org/en



Challenging times for prisons

DRUGS CONTINUE TO PRESENT

a 'significant challenge' to prisons, according to the prisons and probation ombudsman's annual report. While it is 'difficult to give an exact figure' for the number of drug-related deaths, the document states, there were 36 'other non-natural deaths' in 2018-19, most of which were drug-related, and a further 23 awaiting classification that are likely to prove the same.

Annual report 2018 – 19 at www.ppo.gov.uk

Lower limits for online slots

THERE IS 'NO JUSTIFICATION' for online slot machine style games to have staking levels above £2, says a report from the Gambling Related Harm All-Party Parliamentary Group (APPG). The document calls for the government to 'urgently introduce' new gambling legislation with a focus on harm prevention, and wants to see the use of credit cards banned by online gambling sites to prevent people using debt to finance their gambling. The sector also needs to urgently

adopt a 'more responsible' approach to advertising to protect vulnerable people and children, it continues, while the use of 'VIP' accounts and other inducements should be restricted. 'This report highlights the urgent need for a root and branch review of the regulation of online gambling,' said APPG chair Carolyn Harris MP.

See the December/January issue of DDN for a special eight-page supplement on gambling harms

Local News



SOWING SEEDS

Addaction's 'Roots to Recovery' gardening project is encouraging people to get involved in outdoor activities to help boost their mental health. As well as nurturing talents or interests people 'didn't know they had' this can also improve self-esteem, says founder Georgie McConnell.



**Change
Grow
Live**

HEP HIT

Change Grow Live's Richmond Integrated Recovery Service has achieved 'micro-elimination' of hep C with its onsite nurse-led clinic that removes the need for people to be seen in hospital. 'This is a marvellous achievement for the team at Change Grow Live Richmond,' said lead nurse Jennifer Hannon.



ROYAL RECOGNITION

The Cyfle Cymru peer mentoring academy – which helps people develop their own careers and education while supporting and guiding others – has received the Princess Royal Training Award from Princess Anne. The scheme's success was based on 'the talents and hard work of our peer mentors,' said programme director Lynn Bennoch. 'We're thrilled.'



When DDN launched way back in 2004 Tony Blair was prime minister, the NTA was just three years old, and the money was flowing into drug treatment. Today the sector, and the country, are very different places

2004 The year starts with cannabis being moved from class B to class C, a status it would manage to retain for a full five years before yo-yoing back up again. The government launches its *Alcohol harm reduction strategy for England*, which the *BMJ* quickly dismisses as the 'dampest of squibs'. Any government serious about addressing the issue would increase the price, the journal states – 'it's the one measure that will reliably reduce harm.'

2005 In a perhaps naïve attempt to usher in a culture of civilised, continental-style alcohol consumption, the provisions of the 2003 Licensing Act come into force, allowing theoretical 24-hour drinking and generating predictably apocalyptic headlines. The government re-classifies magic mushrooms to class A, and – not for the last time – Britons are identified as among Europe's biggest consumers of cocaine.

2006 The government warns drugs gangs to 'be afraid' as it launches the Serious Organised Crime Agency (SOCA), while – in a sign of how much times have changed – the sector expresses disappointment that this year's increase in the Pooled Treatment Budget is 'only' 28 per cent rather than the 40 per cent first promised. Scotland's ban on smoking in public places comes into force, with England, Wales and Northern Ireland following the next year.

2007 The government begins consulting on its next drug strategy, pledging to focus on 'educating the young and protecting the vulnerable', while almost 9,000 people fill in the NTA's user satisfaction survey, with effective care plans and 'being treated with respect' identified as key

positives. The RSA's *Drugs – facing facts* report calls for a shift from a criminal justice to a health-based approach, while the Independent Working Group on Drug Consumption Rooms recommends that UK pilot schemes be established – 12 years later not one will have been allowed.

2008 The global financial crisis hits, setting the scene for the austerity policies that would later see funding for treatment and other services slashed. The government's ten-year *Drugs: protecting families and communities* strategy launches, with offers of support to people who use drugs in return for 'responsibility'. Transform calls it a 'miserable regurgitation of past mistakes' while, depressingly, two thirds of respondents to a MORI poll believe that people infected with HIV through injecting drug use have 'only themselves to blame'. The abstinence v harm reduction wars continue, with Alliance policy officer Peter McDermott branding 'recovery' as 'jargon for state drugs apparatchiks'. DDN's first service user conference, *Nothing about us without us*, draws 600 delegates – three times the projected number.

2009 The Scottish Government announces its plans for MUP by stating that 'strong drink will no longer be sold for pocket money prices', heralding the beginnings of a legal battle with the industry that will drag on for the best part of a decade. Home secretary Alan Johnson sacks ACMD chair David Nutt for stating that alcohol is more harmful than ecstasy, LSD or cannabis and, in what will become something of a familiar scenario, the government also ignores the ACMD's recommendation to downgrade MDMA to class B.

2010 In another soon-to-be-familiar scenario the EMCDDA announces that the number of new drugs reported to it is the biggest ever. NHS figures show that Scotland's rate of chronic liver disease has tripled in the last 15 years, and the death toll in the first ever drug-related outbreak of anthrax – the result of contaminated heroin – reaches double figures. The *Drug strategy 2010* is published to a lukewarm response, with DrugScope questioning how its aims could

2006: The government warns drugs gangs to 'be afraid' as it launches the Serious Organised Crime Agency



ANGE TRIP IT'S BEEN

realistically – be delivered in the current economic climate.

2011 The government publishes its *Health and social care bill*, setting out plans to transfer responsibility for public health to local authorities and described by the King's Fund as 'the biggest shake-up of the NHS since its inception'. The country's 'heroin drought' continues, leading to warnings of increased overdose rates when supplies become more plentiful, and the Global Commission on Drug Policy – which includes ex-presidents and a former UN secretary general – calls for an end to the 'criminalisation, marginalisation and stigmatisation' of people who use drugs.

2012 New synthetic drugs are now being detected in the EU at the rate of one per week, say EMCDDA and Europol, while a UNAIDS document reveals 170,000 new HIV infections in Eastern Europe, mainly via contaminated injecting equipment. Colorado and Washington become the first US states to vote to legalise cannabis, while boss of the fledgling Public Health England (PHE), Duncan Selbie, promises to ensure that drug treatment is evidence-led and says that moving public health to local government is a 'stroke of genius'.

2013 PHE starts its work, officially taking over the NTA's responsibilities, while outgoing UKDPC chief Roger Howard warns that people still don't fully appreciate the 'profound reshaping of public spending' on the way. Signifying how the drugs landscape is changing, EMCDDA says the internet is becoming a 'game changer' for distribution and the National Aids Trust calls for appropriate support for people involved in the 'chemsex' scene.

2014 In contrast to the coming years, Scotland's drug-related death total falls by 9 per cent, although fatalities are rising south of the border. More than a third of services questioned for a DrugScope report say their funding has been cut, while the following year the organisation itself will go into liquidation, citing the worsening financial situation.

2015 The new majority Conservative government announces its 'landmark' blanket NPS ban – which will become the following year's controversial Psychoactive Substances Act – and its spending review reduces shrinking levels of local authority funding yet further. In what is to become a

2013: PHE starts its work, officially taking over the NTA's responsibilities

2017 The *Drug strategy 2017* is published as Lifeline shuts up shop after 50 years and the ACMD says funding cuts are now the biggest threat to treatment recovery outcomes and a 'catalyst for disaster'. The Welsh Government announces its own plans for minimum pricing, and the National Crime Agency (NCA) issues a warning about fentanyl use in the UK as America's opioid crisis sees overdose levels quadruple since the turn of the century.

2018 The NHS sets out its plan for England to be the first place in the world to eliminate hep C, while the Royal College of Physicians comes out for decriminalisation and Canada legalises cannabis for recreational use. Minimum pricing finally comes into force in Scotland and, worryingly, the NCA says modern slavery referrals of minors are up by two thirds, mainly because of county lines gangs.

2019 County lines activity is still on the up, as is crack use, and City Roads becomes the field's latest casualty. Prisons continue to struggle with rising NPS use and Release warns that councils are providing 'drastically insufficient' levels of naloxone. And 12 years after the RSA's call for a shift from a criminal justice to a health-based approach, and with government business consumed by Brexit, the Health and Social Care Committee calls for...a shift from a criminal justice to a health-based approach. Whatever happens, however, *DDN* will be there to report it – thanks for sticking with us. **DDN**

depressingly familiar announcement, Scotland and England both record their highest levels of drug-related deaths.

2016 The CMO revises recommended alcohol consumption levels, making them among the lowest in the world, while the bleak financial news keeps coming with 70 per cent of local directors of public health saying they expect their drug

and alcohol services to face cuts. Rodrigo Duterte goes on the presidential campaign trail in the Philippines promising to kill people who sell and use drugs, and wins, while people in the UK also go to the polls – to vote on something called Brexit.

ON THE RIGHT



With Alcohol Awareness Week this month, Claire Carlow tells us how Forward's alcohol pathway is revolutionising treatment in East Kent

When Forward took over the East Kent service in 2017 we started looking at where we could improve things. It soon became clear that one area was how we supported people whose primary substance was alcohol.

The previous treatment model lacked a specific structure so we decided to redesign the entire alcohol treatment pathway to have a more holistic approach. This included blending tailored psychosocial support for individuals and their families with clinical approaches for those who needed it.

We utilised a wide range of resources to design the pathway, including service user focus groups, feedback forms, national guidance and workshops with local staff. Once designed, we developed a comprehensive range of information guides and materials to enhance the new pathway and support both staff and service users. We also commissioned bespoke training by Kevin Flemen of KFx – all staff and volunteers, including those who might not end up directly involved in the delivery, were trained, and the new pathway was rolled out just over a year ago.

Each of our five local Hubs – Ashford, Canterbury, Dover and Folkestone, Thanet and Swale – has a designated team comprising specialist alcohol workers and peer mentors. We also have a specialist alcohol detox nurse who supports community detoxes across the region.

The alcohol pathway involves several stages. Clients are assessed and decide with their key worker what they want to achieve – whether it's reducing the amount they drink or total abstinence. Clients are then referred to one of two treatment pathways, depending on their level of drinking and eventual goal. The pathway for reducing drinking involves group sessions to understand how alcohol affects both the individual and their loved ones and clients then review whether they need further support, including whether abstinence may be a more suitable goal.

The abstinence pathway builds on this support but with additional interventions – these include a medical assessment, regular key working to address individual needs and specific structured groups to inform, plan and support abstinence. Each service now runs peer-led, abstinence-based support groups and links with local Alcoholics Anonymous groups, many of which now run meetings at our services. For clients who need it, medically assisted detox is available – service users are clinically monitored and attend structured treatment sessions, while their families are also given support to understand the challenges their loved one may face.

The previous treatment model lacked a specific structure so we decided to redesign the entire alcohol treatment pathway.

in all cases, but it's a huge improvement on where we were a year ago and shows the positive impact of added psychosocial support.

We're continually improving the pathway by asking staff and service users for feedback on what's working well and what can be improved. During the initial stages family work wasn't offered in Margate, but since it has we've come to realise that it's a crucial part of making the pathway a success. The family work element has come on leaps and bounds since.

The pathway has been well received – completions have increased and we've supported more than 1,000 people with alcohol issues in the past 12 months, while staff also enjoy working with clients who are more engaged in meaningful treatment.

One of the great – and unexpected – impacts of the pathway has been more clients being able to reduce down and stop drinking entirely without the need for medically assisted detox. Of course this isn't appropriate or safe

Claire Carlow is regional head of nursing for East Kent at The Forward Trust. For more information on Forward's alcohol pathway email Claire.Carlow@forwardtrust.org.uk.

Alcohol Awareness Week

Alcohol Awareness Week is a chance for the UK to get thinking about drinking. This year the theme is **Alcohol and me**, running from 11-17 November 2019. It's a week of awareness-raising, campaigning for change, and more.

'Alcohol and Me' – Get involved at alcoholchange.org.uk

PATH



People of all ages are affected by alcohol harm. People aged 55-64 are more likely to exceed the recommended weekly guidelines than any other age group, and **200,000 children** live with an alcohol dependent carer.

FINALLY FREE – RUTH’S STORY

In July last year, I walked out of my London flat with just a cushion, some cards and a cardholder – nothing else. I was in a bad way and wasn't really sure where I was going. I ended up in Margate with nowhere to stay except a relative's holiday cottage. I was at rock bottom and knew I needed help for my drinking, which was out of control.

It hadn't always been like this. I'd had a great career in media for over 20 years, but alcohol had become part of it – taking a client out for drinks or letting off steam with friends after a hard day. Without realising I ended up reliant on alcohol – at first in social situations, then a physical dependency.

Things finally came to a head this year – I was going through a particularly tough time in my personal life and my drinking escalated. At my worst, I was drinking about a litre of vodka a day. I tried to stop on my own which resulted in me being admitted to A&E with hallucinations. The doctor told me

I needed to drink, which shocked me – I didn't understand how dangerous it is to suddenly stop when you're physically dependent. So I went back to drinking (as instructed!) but without proper guidance and support I ended up drinking the same amount as before.

Fast forward to my journey to Margate. I'm still not quite sure how I managed to find the Hub – I didn't know the area that well and I was quite out of it. But I'm so glad I did. I was assessed that day and assigned a key worker, who has been absolutely brilliant. They enrolled me in their new alcohol pathway initiative, which involved several stages. The first was an intensive, group-based 'pre-detox' week, where we met on a daily basis to prepare ourselves for the realities – both physical and emotional – of stopping drinking.

The group was great – there's something about that kind of environment that really encourages you to open up and be vulnerable. You get the feeling that whatever surface-level differences you might have – age, gender,

social status or whatever – deep down you're all in the same boat and understand what challenges the others are going through. The next week I did a medically assisted detox lasting five days. I had to come to the Hub every morning, be breathalysed to make sure I wasn't drinking and collect my daily medication. I also had some medical tests to check things like liver function.

I had to move back to London not long after I completed the detox, but I know that the Hub is running an abstinence group to support the people who still live locally. Importantly, they've given me the tools to stay strong in my recovery, particularly making sure I link into the fellowship (Alcoholics Anonymous) in London, whose meetings I attend on a regular basis. They also taught me about the importance of a strong support network, being honest – even if it means admitting a slip-up – and being compassionate to others and yourself.

I've been sober ever since. It's not always plain sailing but I'm in such a better place. I have a new

'Before I stopped drinking, I was worried that being abstinent would take away my freedom. It's actually been the other way around.'

full-time job in retail and I've never taken a day off sick. My friends have been amazing, as has my new boss, who knows all about my recovery and is really supportive. I recently got promoted and to top it off I've started running a vintage pop-up in my spare time. Oh and I've lost two stone!

Before I stopped drinking, I was worried that being abstinent would take away my freedom. It's actually been the other way around. My life revolved around alcohol and everything needed to fit in around my drinking. Now I don't need to find ways to squeeze alcohol in – I'm free from it, and it feels great.

francescoch / iStock

BREAKING TIES

When prescribing regimes are preventing service users from moving on, should we be looking at new options? DDN reports

‘What makes me angry is that they’re treating every drug user as potentially stupid and can’t look after their own welfare, or potentially as a criminal because you’re going to divert your tablets.’

Marcus is talking about the frustrations of being back on supervised consumption. After giving a ‘clean’ sample at the drug service he was put straight onto a weekly pick-up of 6mg of buprenorphine, ‘which was brilliant’. But he ‘started to have a wobble’ about three months ago and began using a couple of times a week. He went back to the drug service and was honest with them: ‘I said this is happening, can I increase my dose?’

The answer was yes, but it was only when he reached the chemist that he realised he had been put back on supervised consumption, having to travel some distance each day to collect his buprenorphine. ‘I accept part of the blame for this – I should have read the script,’ he says. ‘But she should have gone through it with me, she didn’t say a word.’

‘I feel as though I’m being punished for using and being honest,’ he says. ‘She’s saying it’s for my own safety. I said, “I’m a 48-year-old man, I can look after my own safety and I’ve never given anyone any reason to believe I’m diverting tablets”. But no, their policy is, “start using again and you’re back on supervised until you can give two clean samples”, and that’s it.’

It makes it very difficult for him to move out of the area, he explains, and going back to the same place brings pitfalls that he had been able to avoid. He sees the same people every day, people ‘sorting deals out’ at the drug service and the chemist. It’s very hard to get away from. ‘I’m seeing people all the time – I know it sounds pathetic, but you only need the tiniest trigger with heroin.’

So what’s going wrong when a highly articulate person feels like they can’t communicate with their drug service? ‘I don’t know whether they have hard and fast rules or guidelines, but if they’re rules then they’re wrong, and if they’re guidelines they should be flexible,’ says Marcus. ‘I don’t feel like I’m invested in my own treatment at all. They are treating me, and that’s it.’

We talk constantly about the stabilising effect of prescribing in

‘Rebecca’ can’t tell her drug service the truth or she’ll lose her job and her family’s only source of income

helping service users to get back into work, but are we thinking enough about cases where it’s having exactly the opposite effect? Rebecca (not her real name) has been ‘using a bit’ on top of her script, but she can’t tell her drug service the truth about this because they’ll put her back on supervised consumption – and if this happens, she’ll lose her job and her family’s only source of income.

‘They’re putting you in a position where you can’t work,’ she says. ‘I’ve had people say to me in services, when I’ve gone in for treatment, “you need to think what your priorities are”. I’ve said I can’t come to a group every morning, I work full-time. My priorities? Well, a roof over my head to be perfectly honest with you.’

‘So you’re pushed out of treatment from day one. It makes life doubly difficult. They don’t expect you to be working and they make very few concessions for you.’

It was these issues among their own service users that made WDP look at flexible dosing regimes – they have just become the first state-funded treatment provider to offer a prolonged-release version of buprenorphine in England and Wales.

According to a study by Haight, Learned, Laffont *et al*, published in *The Lancet* (February 2019) taking buprenorphine through an injection every four weeks can offer a viable treatment option for those who find it difficult to attend treatment or keep to a regular daily dose – and will also be a good option for when there are children in the home who might be at risk of taking stored medication.

Findings comments on this study that ‘extended-release injections would seem to have their greatest potential among less stable patients – those unlikely to take daily doses and perhaps even less likely to regularly attend a pharmacy or clinic for consumption to be supervised.’ They also



Pict Rider / iStock

HOW'S IT GOING?

Feedback from the pilot's participants has shown reasons for optimism. But as always, every case is complex and it's still early days.

WHEN NICOLA, AGED 42, joined the trial she felt unsettled on a sublingual dose. Living at home with two daughters, she felt that the depot dose could make life easier and three weeks on she says she feels 'alright' and is not tempted to use on top. While she doesn't miss daily attendance, she has raised issues around support that management are addressing.

PAUL, AGED 35, also felt unsettled before the change in treatment, but has felt substantial improvement after a month. He lives with and works with his father and describes the change as 'brilliant'.

SIMON, AGED 29, lives in a shared house and has occasional work. On the new dose for three months, he says he feels better for it. He hasn't experienced withdrawals but smoked heroin twice when he had been drinking

A couple of months on David says he 'feels fine' and is glad not to be tied to the pharmacy every day

alcohol. He says he feels 'a better person' for the change of regime.

DAVID, AGED 43, lives in sheltered housing and was struggling before starting the new dose. Initially he was 'not 100 per cent', but a couple of months on he says he 'feels fine' and is glad not to be tied to the pharmacy every day.

Names have been changed to protect identities **DDN**

This has been a great example of partnership working... It will give service users greater autonomy to focus on other aspects of their lives

Dr Arun Dhandayudham



quote Professor Sir John Strang's comments that this could be a 'game-changer' in opiate addiction treatment.

A further study, published by Neale, Tompkins and Strang in the *Harm Reduction Journal* (April 2019), supports the idea that these prolonged-release formulations could be beneficial to patients 'who wanted to avoid thinking about drugs and drug-using associates, wished to evade the stigma of substance use, and desired "normality" and "recovery".'

Dr Arun Dhandayudham, WDP's joint CEO and medical director, and Tohel Ahmed, service manager of R3, WDP's service in Redbridge, had keenly followed the trials in other countries, such as the USA and Australia, and felt that this could help to expand treatment options. Encouraged by the reported success of subcutaneous buprenorphine injections (depots), they established a working group, including WDP staff, Redbridge commissioners and a local pharmacist. Together they developed clinical protocols to enable the new treatment to be prescribed.

Beginning with a pilot project in the London borough of Redbridge, they

recruited six service users to try the depot injections. The mixed-sex group of participants includes some who are employed or self-employed, and three of them have children.

The staff involved in the pilot have already noticed the benefits for participants in being able to carry on with their lives without being tied to visits to the chemist, with everything that that entails.

'Stigma is something our service users experience every day, from themselves and others,' says Dr Della Santhakumar, clinical lead at R3. 'This option gives a break from it and offers a taste of normality. This can be a very powerful tool psychologically to move forward in their recovery journey.'

The research goes on. WDP's Innovation and Research Unit is designing a project to evaluate the effectiveness of buprenorphine depots compared to traditional treatment regimens – but in the meantime the success of the pilot is leading to expansion of the programme to more service users, and across other locations.

'This has been a great example of partnership working,' says Dr Arun Dhandayudham. 'It will support good clinical outcomes and give service users greater autonomy to focus on other aspects of their lives.' **DDN**

This article has been produced with support from an educational grant provided by Camurus, which has not influenced the content in any way.

FAMILY MATTERS



The families of people who use substances are unforgivably overlooked when it comes to policy and service provision. With an election looming, Robert Stebbings gives Adfam's own five-point manifesto



We know from our latest research with YouGov that almost one in three adults in the UK have been negatively affected by the substance use of someone they know. That's a staggering figure, especially when we consider the huge range of harms we know can result – mental health problems, violence/abuse, relationship difficulties, financial strain, isolation and stigma.

That's why Adfam is launching our new manifesto, setting out five key points we'd like to see the government address to diminish these harms and provide families with the opportunity to thrive. We know they're ambitious, and rightly so. These families are sorely neglected in policy and provision – a significant proportion of the population who are hidden in plain sight and often suffer in silence.

1. Funding must be made available for every local authority to provide dedicated support services for those affected by a loved one's

substance misuse.

Current provision is very patchy. Effective support in every local area will enable families to improve their health and wellbeing, stay in work, participate in society and build and maintain positive relationships.

2. Family members who assume roles as kinship carers should be supported financially to ensure they are able to fulfil their responsibilities without fear of entering poverty.

Research by Grandparents Plus has found that 50 per cent of children living in kinship care do so due to parental substance misuse. Kinship carers must be given the same rights and benefits as foster carers to provide the financial support they desperately need and to safeguard the emotional wellbeing of them and the children in their care.

3. Money should be ring-fenced for children's social care services to identify and provide ongoing support for children affected by parental substance misuse to ensure

they are given opportunities to recover and thrive.

These children can experience neglect and physical and emotional abuse, which often leads to more serious mental health problems and other negative outcomes in the future. More funding will enable children's social care services to better identify these children and give them the support they need.

4. Central government money should be made available to start a national conversation to improve public understanding on the impact of substance misuse on others and tackle stigmatising attitudes.

Our research shows that 2m adults in the UK have experienced stigma or judgment as a result of a loved one's substance use and this can be a barrier to them speaking out or seeking support. A national conversation is needed to change the public's understanding and recognition of this issue.

5. Government should launch a public enquiry into how substance misuse contributes towards mental ill health and poverty in families.

Around 5.7m adults in the UK have experienced mental health problems such as anxiety or depression and 2.8m have experienced financial impacts such as debt as a result of someone else's substance use. The government needs to take action to understand how substance use contributes to a wide range of harms to families.

Over the coming months we'll be taking our manifesto to parliamentarians, seeking their support in turning these recommendations into practice.

We know from our latest research with YouGov that almost one in three adults in the UK have been negatively affected by the substance use of someone they know. That's a staggering figure...

Download the manifesto at adfam.org.uk or pick up a copy at Adfam's conference in December: bit.ly/adfam-2019-conference

Robert Stebbings is policy and communications officer at Adfam

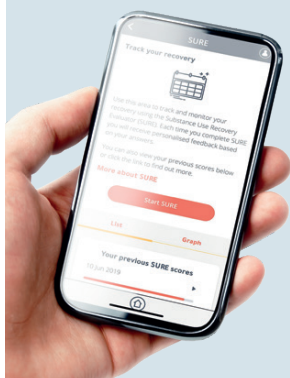


STAYING ON TRACK

A new app to help support people in their recovery has been launched by King's College London.

SURE RECOVERY allows people to track their progress towards personal goals, as well as providing feedback and monitoring their sleep. There is also a diary space, options to share artwork with the recovery community and information on things like naloxone.

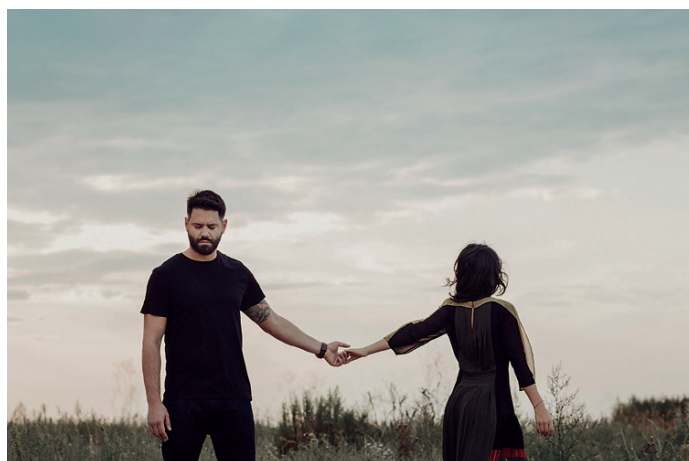
The app, which is free and available on both iOS and Android, has been funded by Action on Addiction, with additional funding from the NIHR Maudsley Biomedical Research Centre. 'We were developing tools and attracting interest from across the globe, but that interest was mostly from people wanting to monitor and assess their patients,' said project lead, Professor Jo Neale of King's College's National Addiction Centre. 'We knew that people in recovery wanted the tools in an app so that they could record and refer to their own scores in private. We believe it will be a really useful tool.'



END OF A RELATIONSHIP



Leaving drug use behind can feel like losing a lover. Christopher Robin looks at how to cope



Perhaps you need a new perspective, a new way of looking at your drug or alcohol use, I suggest to clients. Your connection with a drug is like a relationship – and relationships, as we know, come in many forms; some healthy, some unhealthy.

In a marriage, two people fall in love, decide to spend their lives together and make vows to love, honour and respect each other, forsaking all others for as long as they both live. These are huge promises that hold many challenges and changes, including the individual growth of each person.

The years pass, the love changes. The things that were once endearing may now be irritating. Desire diminishes, the ageing process takes each person in a different direction, yet both parties are reluctant to let go. They take comfort in the familiar, fear the unknown and create reasons to remain as they are – even though neither is happy. Put your substance of choice in place of a partner. Do these feelings and fears sound familiar?

Imagine this marriage now becomes undermining and destructive. Finally, one or both decide that separation and divorce is the only way forward. The separation is difficult and full of sadness. Sometimes the couple fight over belongings, only to collapse in tears and then wonder if they made the right decision. They remember the good times and wonder how it could have come to this. Sometimes they embrace, make love one more time, then feel guilty, confused and regretful. Could they have avoided divorce? Alas, they know things have gone too far.

Once you've made the decision to separate and divorce, the transition can feel difficult and dangerous. You may want to go back, to feel the familiarity. You might feel lonely and yearn for the one who made you feel so good. You might even go back for a night and indulge yourself, even though in the morning it's difficult to get away. If you decide 'never again', the loss is so great and the yearning almost overpowering, enticing you with selective memories. So how do you

The years pass, the love changes. Two people take comfort in the familiar, fear the unknown and create reasons to remain as they are – even though neither is happy

get through? How do you resist the yearning and craving?

At the end of any long and intense relationship, including substance misuse, you need to learn to deal with the loss and the accompanying changes. How do you spend your free time, what do you do at weekends, how do you sleep? You slowly and gradually build strength and resilience with help and support, and by doing things that perhaps you never thought you would.

It can be a long journey, yet every day can bring a lovely surprise. Just remember, some days you may have to look for it.

Christopher Robin is at Enigma Drug & Alcohol Consultancy, www.enigma-drugs-consultancy.co.uk

Change Grow Live wants its new strategy to come from staff and service users, says Mark Moody. DDN reports



IT'S ALL ABOUT YOU

I hate the word brand – it's more about personality,' Mark Moody, chief executive of Change, Grow, Live is explaining the thought behind the charity's new strategy. You might think we are notorious for being business-like, he says, but we haven't been too good at telling our story, 'describing who we really are'. Launching a new strategy right now is a 'deliberate and real' attempt to express the organisation's values.

As chief executive for two and a half years, Moody had 'a fair idea' about some things he wanted to

Change, Grow, Live's strategy

Doing things better...
'Let's do things with people, not to them.'

Working together...
'Our partnerships involve everyone.'

Telling our story...
'Everyone should know they'll be treated with respect and dignity.'

do. But more than 20 years in the sector, initially as a frontline worker, taught him that any new strategy had to come from the people who would be affected. 'The principle is not to do things to people, but do things with people,' he says. 'If you don't pay attention to what people want, you will fail.'

With 3,500 staff and 75,000 service users, this was going to be a major undertaking. A series of events were attended by more than 1,000 staff and hundreds of service users. 'We looked at what's good and bad about the organisation and the values came out of it,' he says. His role 'became almost administrative' as the strategy was written by staff and service users – 'The way we came up with it is illustrative of the way we work.'

One of the organisation's perceived strengths was the quality of its staff and one of the main dislikes was 'bureaucracy'. Where things like CQC should be 'a force for good', the strategy meetings highlighted a mindset of managing risk rather than meeting need, says Moody. The 'well-intentioned but flawed' national drug treatment monitoring system (NDTMS) was seen as 'a giant data set that's

recording more stuff about a person with a substance misuse problem than a person with cancer'.

We need to make the whole thing about people, not numbers, he says. Service users wanted to be seen 'as a person with a problem, rather than a problem on legs'. The refreshed strategy and values would involve everything and everybody across Change, Grow, Live's many and varied projects and services, especially service users.

'I'm passionate about service user involvement,' says Moody, who relies on feedback from an active service user council. 'The feelings and needs of our service users influence how our services are run,' he says, while acknowledging that service user involvement doesn't have 'the teeth it needs'.

'We're in the middle of a public health disaster with drug-related deaths,' he says. They're called hard to engage people, but they're not – it's the services that are hard to engage with.' He wants to reach the people 'in the middle' of their crisis and not just those who have come out the other side of treatment. The new strategy will depend on strong partnerships – internally, with service users, and across the sector.

'They're called hard to engage people, but they're not – it's the services that are hard to engage with'

He says that Change, Grow, Live's 'story' must involve local authorities, commissioners and everyone they work with, including service-user led organisations like Red Rose Recovery and Build on Belief, who are a vital part of the commissioning process – 'otherwise we would be robbing the community'.

Moody believes his role as chief executive should be about creating conditions for getting answers. 'I joined this organisation as a frontline worker and am no more likely to have a good idea now than then,' he says. 'Today there are potentially thousands of workers who have better ideas than I do – it's in my self-interest to listen.'

DDN
www.changegrowlive.org



HAVE YOUR SAY

Write to the editor and get it off your chest
claire@cjwellings.com

Of the one in four children
 who have seen drugs
 for sale on social media:

56%

saw drugs
 advertised
 on Snapchat

47%

saw drugs
 advertised
 on Facebook

55%

saw drugs
 advertised
 on Instagram

news.sky.com

They said what..?

Spotlight on the national media



takeover of our provincial towns is the opposite of clever, it has been utterly woeful and slow.

Sally Donovan, Guardian, 4 October

FOR YEARS NOW, TAXPAYERS have put up with being told what we can eat and drink. We've been reassured that each new wheeze by the public health lobby isn't the start of a slippery slope and that we should be paying the salaries and pensions of the people that push this puritanism on us. This elitism has infected civil society for far too long. This patronising attitude amounts to a simple message: you're too stupid to have a say in your life – and the state knows best.

Matt Kilcoyne, Spectator, 10 October

IT IS EASIER TO FIND FAULTS with prohibition than to design a better model. But there is now a compelling case to treat drug use as a public health problem, not a mess for the police to clear up. MPs are understandably cautious about decriminalisation of possession for personal use. The Commons [Health and Social Care] committee recommends only that government consult on the matter. It is the right question for politicians to be asking, and vital that they keep an open mind when looking for answers.

Guardian editorial, 23 October

NONE OF US ARE RATIONAL CREATURES, and many people continue to view problems with drugs as purely self-inflicted rather than a response to trauma or loss of hope. Those views matter as they are held by people who vote, so while evidence can influence a politician, that tends to be trumped by voters' views, no matter how illogical they are. We have all the information we need, but we lack the compassion and the courage needed to implement policies that protect rather than harm.

Ian Hamilton, Independent, 23 October

I HEAR A LOT ABOUT HOW 'CLEVER' the county lines drug organisations are. Clever is not the first word that comes to mind to describe luring, trapping and enslaving children, ruining their lives and trashing the lives of their families. Our response as a civil society to this mafia-style

People get up in arms about their sweet potatoes coming in plastic wrapping but then don't think twice about about snorting coke on the weekends.

PEOPLE GET UP IN ARMS about their sweet potatoes coming in plastic wrapping but then don't think twice about snorting coke on the weekends. It's easy to bash people for their moral inconsistencies but if you're an environmentalist fighting the good fight, you have to be tough on yourself. Recreational drug use isn't just a personal risk, it is contributing to the destruction of our planet.

Dan Burkitt, Metro, 12 October

So a quarter of young people have seen illegal drugs advertised on social media... I'm amazed that's all – perhaps the others just aren't very observant.

EVOLVING MARKETS

So a quarter of young people have seen illegal drugs advertised on social media (DDN, October, page 5). I'm amazed that's all – perhaps the others just aren't very observant. As is the case with so many other aspects of our lives – our jobs, our privacy, our politics – we're still only at the very beginning of seeing the impact of social media, and the internet in general, on drug sales and distribution. And it's not simply about advertising drugs for sale. Much of the popularity of drugs like Xanax among young people can be attributed to social media, particularly when it comes to certain rappers and other 'influencers'. Today's drug market is very different to that of ten years ago – in another ten it's going to be virtually unrecognisable.

Paul Vernon, by email

'More Than My Past' campaign (DDN, October, page 6). In my twenties and early thirties I was in active addiction and in and out of the criminal justice system. I haven't touched an illicit substance – or even a drink – in over a decade and yet the stigma is still very much there, especially when applying for a job. These days I'm lucky to have a good job and a supportive boss, but I've previously found to my cost that being upfront and honest about the past wasn't always in my best interest, to say the least. Perhaps social attitudes are finally changing, but it's going to take a very long time.

Alan Rickard, by email

MIDDLESBROUGH HEROIN

It's so sad to see lots of sensationalised media coverage. This is a controversial topic that is not helped by the misreporting seen from some media sources. On a lighter note the precedence is set for more local and governmental strategic interventions, development from evidence based research.

John Horton, via DDN Facebook page

DDN welcomes your Letters Please email the editor, claire@cjwellings.com, or post them to DDN, CJ Wellings Ltd, Romney House, School Road, Ashford, Kent TN27 0LT. Letters may be edited for space or clarity.



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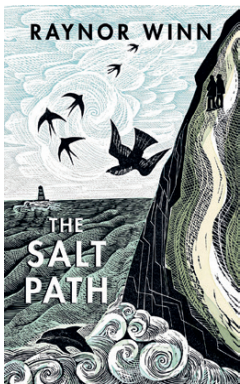
PAST HISTORY

I was heartened to read your account of The Forward Trust's

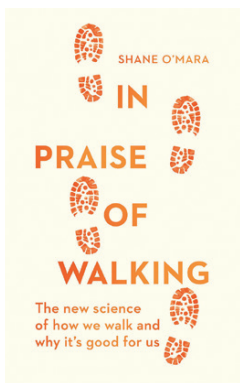
WALKING BACK TO HAPPINESS



Mark Reid on two books that consider the restorative power of walking



The Salt Path
by Raynor Winn,
Penguin, paperback, £9.99



In Praise of Walking
by Shane O'Mara,
Penguin, hardback, £16.99

IN THE SALT PATH, Ray(nor) Winn and Moth, her husband of 32 years, are devastated. They've lost the house and farm they'd owned for over two decades and where they'd brought up their children. They're evicted when they lose a legal battle and are liable for debts after an ill-advised investment with a once-close friend. Moth has also just been diagnosed with a life-shortening brain condition. And yet they set out to walk England's 630-mile South West Coast Path, with just £47 per week in tax credits to live on.

At first, and for a long stretch of the walk, Ray can't stop thinking of all they had to leave behind, and her sense of loss is colossal. Lost, they shout and argue about all their 'wrong decisions'. Gradually – despite being 'battered by the elements, hungry and cold' – they adjust, and going for a swim in the sea becomes 'an oasis of clarity, clear water, tide-rippled sand, free from time.' Moth feels much better and comes off the pregabalin prescribed for his aches and pains. They wonder if it's because they keep moving and ask, 'the huge wash of oxygen, can it somehow affect the brain?'

Shane O'Mara is a professor of neuroscience at Trinity College Dublin, and his *In Praise of Walking* takes us through the evolution and mechanics of walking, which he hails as 'an astounding neuro-musculoskeletal achievement'. Among the many mental health benefits established are those of a 2014 Stanford University study in which one cohort remained more-or-less immobile while another group walked briskly outdoors. The active ones showed a marked increase

in creativity and problem-solving when tested afterwards. Walking stimulates the body's molecular growth factors to produce new brain cells and the blood vessel network is enhanced as muscle use increases.

O'Mara's findings are paralleled in *The Salt Path* – he's not saying that walking cures brain disease, but it may make it more manageable, just as it eases Ray's harrowing thoughts. O'Mara calls it 'mindlessness' brought on by the body's walking rhythms, which are set by a 'central pattern generator' in the spinal cord. He describes how this can then take the walker into a state in which 'huge areas of ground are covered for what feels like minimal effort, with great enjoyment and feelings of control, of oneness, of immersion, of being in the zone'. Indeed, as Ray's psychological wounds slowly heal in *The Salt Path* she 'could feel the sky, the earth, the water and revel in being part of the elements'.

There are, though, frequent reminders along the way that they are homeless and poor.

They are often on the receiving end of other people's bigoted perceptions of homelessness. It's fine when they are assumed to be happy-go-lucky retired homeowners on a big adventure. But when they tell people, 'We're homeless, nowhere to go' they're met with contempt or fear. 'One man reached out and pulled his child towards him, his wife winced and looked away'. In their one encounter with the urban homeless, Ray and Moth know immediately they have no desire to join the street drinkers and the repetitive demands of addiction.

Among the many mental health benefits established are a marked increase in creativity and problem-solving... Walking stimulates the body's molecular growth factors to produce new brain cells and the blood vessel network is enhanced as muscle use increases.

'I wanted to run' writes Ray.

'Walk without expectation' says *In Praise of Walking*. *The Salt Path* echoes this: 'We walk until we stop walking and maybe on the way we find some kind of future'. The wisdom Ray and Moth are granted is a triumph of the spiritual over the material: from being bereft at losing the bricks-and-mortar of home, their epiphany is that they 'don't need to own a piece of land' to be content.



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