Drink and Drugs News
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# DDN


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## DOES VANCOUVER'S RESPONSE TO ITS OPIOID CRISIS SHOW US THE WAY?

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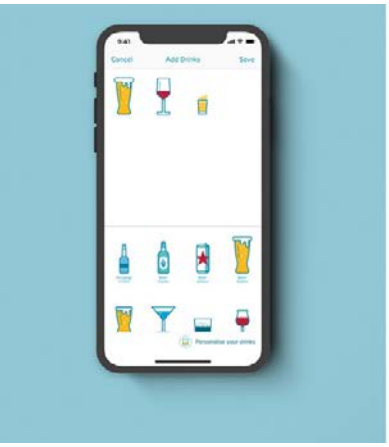


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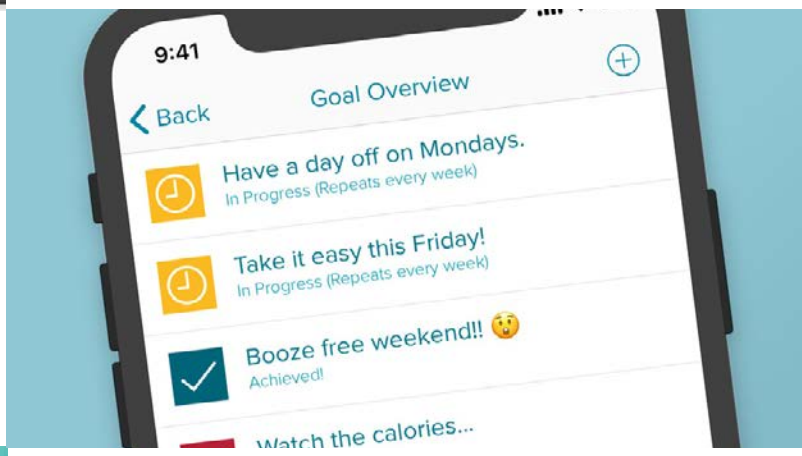


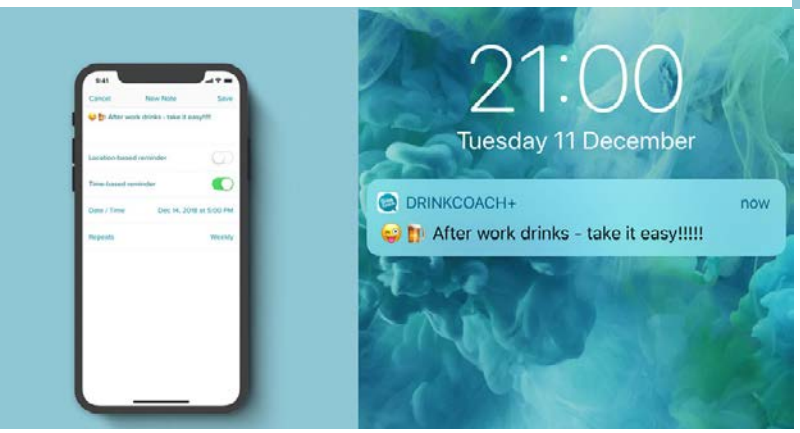


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***- The Guardian - Top Apps of the Week***

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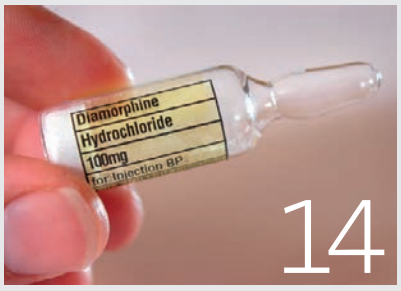


Radical action needed in Wales


## PROUD TO WORK IN PARTNERSHIP

'Our friends at DDN provide an invaluable space for news, debate, and commentary. Their broad readership, but particularly commitment to service users, really stretches writers (including ourselves) to produce inclusive and impactful articles.'

Natalie Davies, co-editor of Drug and Alcohol Findings

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## 'Why can't we reverse this shameful trend of DRDs?

**EACH YEAR** the cross-party parliamentary group meets to review the ONS data on drug-related deaths, and each time frustrations surface at the lack of progress (page 11). We have the evidence, we know the contributing factors – why can't we reverse this shameful trend?

Looking at the drug-related death rate in Wales as a 'national state of emergency' Martin Blakebrough says that nothing but a 'radical approach' will do (page 6). 'It is unacceptable that the UK continues to fail its most vulnerable people,' he says. Meanwhile our cover story (page 8) offers a perspective from Canada, where activism provoked political pragmatism to tackle their public health emergency. Jussi Grut draws a parallel with our situation in the UK.

The horrific rise in drug-related deaths has made access to diamorphine a 'sane, reasonable' option, says Nick Goldstein (page 14). But, he cautions, we have to think very carefully about the way we implement diamorphine programmes, so that they actually reach those who aren't currently in treatment and who make up a vast proportion of the DRD statistics.

We've talked about this for long enough. We have the knowledge and experience to avoid knee-jerk reactions and get it right.

**Claire Brown, editor**
*Keep in touch at www.drinkanddrugsnews.com and @DDNmagazine*


www.mungos.org

# Homeless people dying of preventable substance problems

At least 12,000 people experiencing homelessness went without drug and alcohol treatment in 2018, according to research by St Mungo's – a year that saw a 55 per cent increase in drug poisoning deaths among homeless people.

Of more than 700 deaths of people sleeping rough or in emergency accommodation in 2018, two in five were related to drug poisoning (*DDN*, October 2019, page 4) and more than half were either alcohol or drug-related. Around 60 per cent of people sleeping rough now have a drug or alcohol problem, says the charity, up from 50 per cent four years ago, while London has seen a 65 per cent increase in women with substance problems sleeping rough since 2014-15.

Alongside new data analysis, the report includes in-depth interviews and peer research, and is one of the most comprehensive looks at the links between rough sleeping and substance use in two decades. The charity has declared the situation a health crisis, with cuts in funding for treatment services leading to 'record numbers of people who are homeless living with, and dying of, preventable drug and alcohol problems'.

This is a neglected health crisis that requires rapid action

Howard Sinclair

The government needs to urgently join up health and housing in a new strategy to honour its commitment to end rough sleeping by 2024, the charity states, as well as increase funding for multi-disciplinary services and encourage the use of trauma informed approaches.

'This is a neglected health crisis that requires rapid action,' said St Mungo's chief executive Howard Sinclair. 'Our research shows that people who have already faced traumatic experiences throughout their lives are being turned away from life-saving treatment just when they need it most. Not only are hundreds of people dying from drug poisoning but even more are living in terrible conditions on the streets whilst tackling very serious ill health. Now is the moment for ministers to show they are serious about the commitment to join up health and housing to end rough sleeping once and for all.'

*Knocked back: Failing to support people sleeping rough with drug and alcohol problems is costing lives at mungos.org*

# Twice as many prisoners develop drug problems

**THE PROPORTION OF PRISONERS** who say they have developed a drug problem while in custody has doubled to almost 15 per cent in the last five years, according to a report from Reform. 'The presence of drugs, especially psychoactive substances, has a significant impact on levels of violence across the estate,' says *The prison system: priorities for investment*, with levels of prisoner-on-prisoner and prisoner-on-staff assaults increasing by 30 per cent since 2016. Among the report's recommendations are that the Ministry of Justice considers banning or reducing the use of short custodial sentences to help ease overcrowding. 'More prisoners are getting pulled in to the prison drug market, and there are fewer opportunities for them to use their time in prison to turn away from drugs and crime,' said Forward Trust chief executive Mike Trace. *Document at reform.uk*

There are fewer opportunities for [prisoners] to use their time in prison to turn away from drugs and crime

Mike Trace

# Act now to avoid fentanyl crisis

**FENTANYL AND ITS ANALOGUES present a 'significant ongoing risk' to public health in the UK, according to an ACMD report, with more needing to be done to mitigate it. While rates of registered deaths involving fentanyls have increased over the last ten years the number is still 'likely to be under-represented', says ACMD, as 'sufficiently detailed forensic analyses are not always carried out'.**

**Among the recommendations in *Misuse of fentanyl and fentanyl analogues* are systematic screening of all drug poisoning death toxicology samples to include analysis for fentanyl, and the commissioning of research to look at diversion and non-medical use of strong opioids. The government should also carry out a full review of international drug strategy approaches to fentanyl markets, particularly 'the US experience', and improve training for health professionals, it adds. *Report at www.gov.uk***

# Highest Northern Ireland drug death totals

**NORTHERN IRELAND** has recorded its highest level of drug-related deaths, according to the Northern Ireland Statistics and Research Agency (NISRA). There were 189 drug-related deaths registered in 2018, 39 per cent higher than 2017 and more than double the level of a decade ago.

More than 85 per cent of the drug fatalities were classed as drug misuse deaths, up from less than 60 per cent a decade ago. Men accounted for 70 per cent of the overall total, with half of the deaths involving three or more drugs – 115 mentioned an opioid on the death certificate and more than a fifth mentioned alcohol. A UK-wide summit on how best to work together to prevent drug-related deaths will take place in Glasgow on 27 February, the government has announced. 'People are dying from drugs every day across the UK, and this summit will bring us together to tackle the issue of drug misuse,' said event chair, crime minister Kit Malthouse.

# Gambling on credit cards banned

Gambling businesses will no longer be allowed to let customers use credit cards to gamble, the Gambling Commission has announced. The ban will apply to both online and offline gambling products, and will come into effect on 14 April, although people will still be able to buy lottery tickets or scratchcards in shops alongside other purchases.

The move follows a public consultation along with a Gambling Commission review of online gambling and a government review of gaming machines. According to banking trade association UK Finance, around 800,000 people use credit cards to gamble, while Gambling Commission research shows that more than a fifth of online gamblers who use their credit cards are classed as problem gamblers. More than 10m UK adults currently engage in some form of online gambling. All online gambling operators will also be compelled to participate in the GAMSTOP scheme by the end of March, the commission added, which allows customers to self-exclude from online operators with a single request rather than requesting each operator individually.

Sergey Nazarov/iStock

'The ban that we have announced today should minimise the risks of harm to consumers from gambling with money they do not have,' said Gambling Commission chief executive Neil McArthur. 'Research shows that 22 per cent of online gamblers using credit cards are problem gamblers, with even more suffering some form of gambling harm.'

> Around 800,000 people use credit cards to gamble, and of those more than a fifth are classed as problem gamblers

## Time to re-classify GHB, ACMD told

**THE HOME SECRETARY** has written to the ACMD requesting an 'urgent review' of the classification of GHB and related compounds following the case of Reynhard Sinaga, who is thought to have used the drug to carry out almost 140 rapes. In light of the case – and those of murderers Stephen Port and Gerald Motovu – the ACMD should consider the classification of GHB and GBL to reflect their potential harms, says Priti Patel in a letter to council chair Owen Bowden-Jones. While GBL is a class C substance, its use in industrial processes means it is legal to import, produce and supply. 'Given the extreme severity of these cases, and the potential for misuse, I request that the council urgently expedites the consideration of these substances,' the letter states.

## Scots sales down after minimum unit pricing

**THE VOLUME** of off-trade alcohol sales in Scotland dropped by 3.6 per cent in the year following the introduction of minimum unit pricing (MUP), according to NHS Health Scotland. The first analysis of sales over a full year since MUP came into force in May 2018 shows that the volume of pure alcohol sold per adult fell to 7.1 litres compared to 7.4 litres in the 12 months before implementation, while the volume sold in England and Wales increased from 6.3 to 6.5 litres. Sales of cider fell the most, at almost 19 per cent, while sales of spirits fell by just under 4 per cent. Sales trends in the North East and North West of England, meanwhile, were found to be largely the same as in the rest of England and Wales, meaning it was unlikely that large numbers of people were crossing the border to buy cheaper alcohol, the study states.

> The first analysis of sales over a full year since MUP came into force in May 2018 shows that off-trade alcohol sales in Scotland dropped by 3.6 per cent

*Evaluating the impact of minimum unit pricing (MUP) on sales-based consumption in Scotland at www.healthscotland.scot*

## Local News

**Special support**
Open Road has secured funding from the Tampon Tax Fun to deliver women-only workshops in Essex to support women leaving prison. 'With the right approach, vulnerable women can feel valued – sometimes for the first time in their lives – and can turn their lives around', said CEO Sarah Wright.

**Positive perceptions**
Cornish charity Harbour Housing, which supports people to recover from homelessness and addiction (*DDN*, October 2019, page 10), has been named Charity of the Year at the South West Business and Community Awards. The award demonstrated a 'positive shift in public opinion towards schemes like this being more widely accepted and understood,' said staff member Emily Hill.

**Stronger together**
Devon-based charity EDP will become a subsidiary of Humankind from April, the organisations have announced. 'EDP puts its service users at the heart of every decision,' said chief executive Penny Blackmore. 'Joining Humankind offers unrivalled opportunities to innovate our service design and delivery for the benefit of everyone accessing our support.'

# EMERGENCY MEASURES

Although Wales has largely escaped significant treatment budget cuts, drug deaths are still rising to alarming levels. Access, and evidence-based treatment, are key to tackling this public health emergency, says **Martin Blakebrough**

In 2017 Donald Trump labelled US drug addiction a national emergency, following a fourfold increase in drug-related deaths over just two decades. In Scotland, the rate of drug deaths relative to population and resources now mirrors the US crisis, and in England and Wales – while the situation may not be as alarming – the number of drug deaths are now at their highest level ever.

In Wales we have some of the worst affected areas in the UK for drug deaths. The number of people who have died in Wales as a result of drug misuse has increased by 84 per cent over the last decade. This is particularly distressing when we consider that in Wales, unlike England, drug treatment budgets have remained largely the same. In fact on many initiatives, such as the roll-out of naloxone, Wales has led the way.

Significant progress has also been made thanks to the Welsh Government's support of a collaborative and recovery-focused approach to housing and drug treatment packages, explored through initiatives such the Housing First scheme which has attempted to meet the specific and complex support needs of rough sleepers. The number of drug deaths among Wales' rough sleepers, in spite of these efforts, is frightening. Data published by the Office for National Statistics (ONS) estimated the number of deaths of homeless people in England and Wales in 2018 at 726. Of these, two in five were related to drug poisoning – a 55 per cent increase since 2017 (*DDN*, October 2019, page 4). The mean age of death for men was 45, and for women 43. In Wales, the ONS data estimates 34 people died.

Kaleidoscope believes this crisis should be seen as a national state of emergency. As the sixth-largest national economy in the world it is unacceptable that the UK continues to fail its most vulnerable people. And while it is heartening to see some progress being made, there is still plenty more that can and should be done to meet the needs of service users.

Increasingly, research into addiction intervention is providing evidence of access to treatment's critical importance, and the effectiveness of well-delivered, evidence-based treatment for drug misuse is now well established. Matt Jukes, chief constable of South Wales Police, has highlighted the issue in recent weeks and recognised the need to explore alternative intervention methods such as safe consumption rooms and heroin-assisted treatment. I echo this sentiment and am in no doubt that radical action is needed across Wales. People must have access to basic treatment options quickly and with ease, such as substitute prescribing within 24 hours.

To achieve this, I believe the Welsh Government must work either with area planning boards to fully understand the barriers that prevent this approach, or take bolder action and create a national prescribing service, with a clear charter of providing rapid access to services in a collaborative NHS and third sector initiative.

In Wales we need to look at safe places for people who will not engage with traditional treatment to inject their drugs. The current model, in which services knowingly provide clean needles and syringes to the homeless – who are certain therefore to consume their drugs in a public space and in a dangerous way – is nonsensical. As the updated 2017 guidelines advice considers, options of heroin prescribing may also need to be invested in.

> The Office for National Statistics estimates the number of deaths of homeless people in England and Wales in 2018 at 726. Of these, two in five were related to drug poisoning – a 55 per cent increase since 2017

However we navigate this crisis it is certain that bold steps are needed, as failing to provide rapid access to treatment services is costing lives. This is not acceptable, and the need for a proper focus on reducing drug deaths with a radical approach is now more urgent than ever.

*Martin Blakebrough is CEO of Kaleidoscope Project and ARCH Initiatives*


**2019: Tents used by homeless people outside an empty retail unit in Cardiff, city centre. Credit: Matthew Horwood/Alamy**

# A GLIMPSE OF THE



Canada's opioid crisis may be less reported than that in the US, but the effects have been devastating. Is this where we are headed, asks **Jussi Grut**, and if so what can we learn from the country's response?

British Columbia, the province in which Vancouver is the largest city, totalled 1,155 opioid related overdose deaths in 2018. This was the highest in Canada despite having a population less than half the size of Ontario, Canada's most populated province. Almost 400 of the British Columbia deaths occurred in the City of Vancouver, with most of these people residing in an area called the Downtown Eastside.

The Downtown Eastside of Vancouver is a place that can seem intimidating to outsiders, with people openly taking illicit drugs alongside makeshift markets where residents lay out their few possessions on blankets to sell for a bit of extra cash. These misconceptions about this relatively small community could not be further from the truth, but before I go into further detail some context needs to be provided about North America's battle with drug addiction as a whole.

While the opioid problem in the US continues to make headlines across the world, a similar but contrasting crisis is taking place above its northern border. Canada, a country that for many conjures images of snow-capped mountains, never-ending forests and a history of peace and inclusiveness, is the last place many outsiders would expect to have a drug problem comparable to that of the United States, but the country is struggling to deal with serious problems of addiction. The origins of the situations are different, despite having a very similar outcome.

The USA's problem started with the over-prescription of opiates such as OxyContin – with doctors reassured by pharmaceutical companies and medical societies that the risk of addiction with these pain drugs was very low – and was exacerbated by pharma companies promoting use of these drugs for non-cancer patients. After attempts by government to limit the amount of prescription opiates being distributed, without putting in place proper infrastructure to help those now addicted, the amount of readily available drugs accessible through diversion decreased. This effectively forced those who developed an addiction to turn to illicit sources such as street heroin, and deaths due to heroin-related overdose went up by 286 per cent between 2002 and 2013.


**Top left: Residents lay out their few possessions on blankets to sell for extra cash. Top: The Downtown Eastside in Vancouver is a place that can seem intimidating to outsiders, with people openly taking drugs. Above: Insite, Vancouver's first government sanctioned supervised consumption site. Credit: Jussi Grut and Insite, www.phs.ca**

# FUTURE?

While Canada had the second highest consumption of prescription opiates per head of population after the US, according to the 2015 *Canadian tobacco, alcohol and drugs survey*, only 2 per cent of those who used prescription opioids reported misusing them – this can be attributed to a universal healthcare system not geared to shareholder profits. Canada's problem is one that is much more complicated, with a range of factors which date back to the days of colonialism.

Extensive research carried out by psychologist Bruce Alexander of Simon Frasier University for his book *The Globalisation of Addiction* showed that a major cause of opioid addiction among the indigenous populations of Canada was the westernisation of communities through forced disconnection from land, culture and community in order for them to assimilate. This disconnection from their heritage, along with growing social and economic inequality between settlers and natives, created a catalyst for opioid addiction among Canada's indigenous communities.

Canada's problem, however, goes far wider than the indigenous population. Rising house prices in big cities are adding to a growing number of homeless who turn to drugs to try to find an escape from their difficult circumstances, and Canada's sub-zero winter temperatures mean many people move to the country's most western city, Vancouver, where it rarely snows and winters are comparatively mild.

The book *Fighting for Space* by journalist Travis Lupik, who has covered Vancouver's opioid crisis since its inception, tells the story of the activists who fought and broke the law by being the first to hand out clean syringes, unofficially open safe injection sites and form a drug users' union which later led to the creation of Insite, Vancouver's first government sanctioned supervised consumption site.

Made possible through an exemption from Canada's Controlled Drugs and Substances Act, Insite receives on average 700-800 visitors a day – since 2003 there have been more than 3.6m clients and 6,440 lives saved through overdose intervention on site. Insite serves not only as a metaphorical pillar of the Downtown Eastside community but also as part of the four-pillar drug strategy the City of Vancouver has put into place, the four pillars being harm reduction, prevention, treatment and enforcement.

Alongside offering safe spaces for people to take their drugs, Insite acts as a community space where people can socialise. There is no limit to how long clients can stay despite the high numbers of people using the service, many of whom may be homeless. Chill out rooms with complimentary juice and coffee allow clients to relax in what for many will be their only opportunity during the day to be in a comfortable indoor space, and this community-focused atmosphere is vital to the success of Insite and second-generation supervised injection sites which opened after the declaration of a public health emergency by the BC Centre for Disease Control in 2016.

This was in response to rising rates of drug overdose and deaths, partly caused by increasing use of fentanyl. The rise of fentanyl in North America points to a huge incoming problem for us in Europe. As was the case in the US, opioid prescriptions in the UK rose sharply between 1998 and 2016, which could potentially trigger a chain of events that could lead to more people reverting to illicit opioids, and increased fentanyl imports.

Lack of safe injection sites in the UK means we have a gaping hole in the services we provide for people struggling with addiction, leaving many with no choice but to consume illicit substances unsafely. The current system is designed to help those who are actively seeking to rehabilitate themselves, with counselling and needle exchange available to users alongside methadone treatment. However these services are only available as part of a recovery process, leaving many people trying to score outside of the system to prevent withdrawal symptoms.

The desire for immediate change is not shared among the whole community of people struggling with drug problems – safety nets need to be available to those who are not quite ready to seek the help of an establishment that has previously demonised and criminalised them for a problem that is out of their control, often stemming from the need for a coping mechanism to help deal with internalised trauma.

Rising house prices in big cities are adding to a growing number of homeless who turn to drugs to try to find an escape from their difficult circumstances, and Canada's sub-zero winter temperatures mean many people move to the country's most western city, Vancouver, where it rarely snows and winters are comparatively mild.

Without fast action, we will see a continuous upwards trajectory in deaths related to fentanyl all over the UK, especially in areas with growing economic inequality. By the time politicians act, the problem will already be out of control.

*Jussi Lynch Grut is a student and freelance journalist studying at the London College of Communication*

**HAVE YOUR SAY**
Write to the editor and get it off your chest
**claire@cjwellings.com**

## What is County Lines?

A network between an urban hub and a county location into which drugs (primarily heroin and crack cocaine) are supplied.

Operators of the network exploit young/vulnerable people to store/supply the drugs, and to move money around. Control of the victims often includes the use of intimidation, violence and weapons.

Ian Hamilton is right to point out that the government, media and police are way off the mark... These are distinct heroin and crack cocaine markets

### SHORT-TERM SOLUTIONS

The hypocrisy of middle-class cocaine users has undoubtedly been an issue for a long time, as they endlessly virtue-signal about their ethical food and clothes shopping while blithely using a product that leaves an endless trail of human and environmental destruction. However, Ian Hamilton is right to point out that the government, media and police are way off the mark when they accuse this cohort of fuelling county lines violence and gang-related knife crime (*DDN*, December/January, page 25). These are distinct heroin and crack cocaine markets, and indeed much street level gang violence may not even be related to drug turf wars at all, but rather pointless 'beefs' over postcode rivalries or who knows what.

As someone who works with young people it has become increasingly disturbing to see the lifestyles into which many of them are drawn – willingly or otherwise – and the often appalling outcomes. There are no quick fixes or easy solutions to this, and properly addressing the situation is going to require comprehensive, long-term, systemic change. However, I very much doubt that, even if the funding were available, there would be the political will to do anything beyond easy, headline-grabbing short-term initiatives. Hamilton is right when he says that these young people have been abandoned at a time when intervention is most needed. I fear things are going to get a lot worse before they get better.

*Paul Taylor, by email*

### SHAMEFUL SYSTEM

**Karen Biggs is absolutely right when she highlights the shameful and utterly self-defeating process of hauling vulnerable people in front of panels to justify why they need funding for residential rehab (*DDN*, December/January, page 6). As a professional who's worked in this sector for years, I still get an attack of nerves every time I'm in a situation like this so I can't begin to imagine what it must be like for someone who's probably never done anything like that before and isn't in a particularly good place to begin with. She's right – it's not how a national health service worthy of the name should be operating.**

***Name and address supplied***

**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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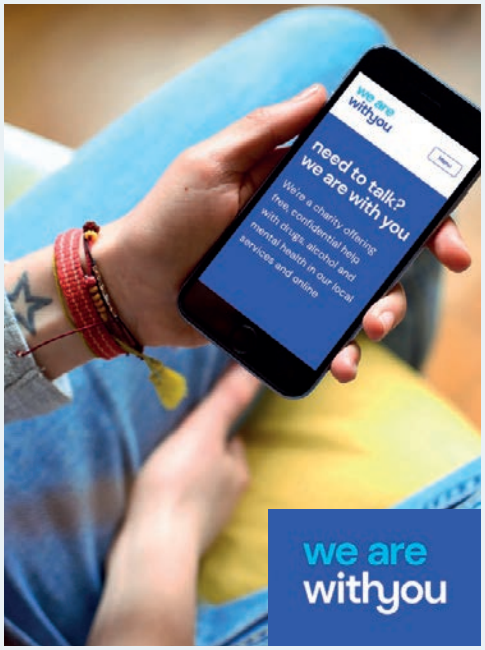
# ADDACTION BECOMES WE ARE WITH YOU




## What's behind the charity's name change?

**WE ARE WITH YOU** is the new name chosen by Addaction to reflect its 'inclusive, approachable and reassuring' ethos.

'Our research shows that language around addiction can itself be a huge barrier to people seeking help,' said acting CEO Laura Bunt. 'As We Are With You, we will use everyday language and focus on the help we offer, not the problem. Our new name also better reflects the ethos and history of our services and how we work with people as equal partners.

'At a time when millions of people are experiencing issues with drugs, alcohol and mental health and often going without help, we want to make it as easy as possible to take the first step in getting support.'

The charity was started in 1967 when Mollie Craven, whose son was addicted to heroin, had an article published in a newspaper. She described parents in her situation as a 'neglected and ignored group' and called for 'everyone interested in this agonising problem' to form an association. 'We can help each other, we can help with research into the problem and its origin and cure; we can cooperate with the new legislation; in many ways we can help each other's children where we cannot help our own,' she wrote.

The charity hopes that its new name 'will help to continue to champion Mollie's message of working in partnership to overcome problems with drugs, alcohol and mental health'.

The new name and a hand-drawn visual identity were created by Scottish-based studio Touch and the accompanying user-friendly website was designed in house – wearewithyou.org.uk will go live on 26 February.

# NO TIME TO LOSE

The 'substantial upward trend' in drug-related deaths was explored at the latest meeting of the Drugs, Alcohol and Justice Cross-Party Parliamentary Group, as **DDN** reports

The greatest increase in drug-related deaths was seen in the most deprived areas, explained Dr Ben Windsor-Shellard of the Office for National Statistics (ONS), with the North East of England experiencing a significantly higher rate than the rest of the country.

Scotland's annual increase of 27 per cent gave it the highest drug-related death rate in the EU, while drug-related deaths in Wales had increased by 84 per cent in the last decade. The 16 per cent increase in England and Wales – to a total of 4,359 deaths – represented the highest annual increase since records began.

There were statistics for alcohol-specific deaths too, but the ONS considered these to be a 'conservative estimate of the harms related to alcohol' as they only included health conditions where the death had been a direct consequence of alcohol misuse, such as alcoholic liver disease. While the overall death rate had remained stable in recent years, the figures showed – just as with the drug-related statistics – a clear impact of deprivation, with the death rate up to four times higher in areas where there was poor housing, unemployment and adverse childhood experiences.

'The number of lives lost is the highest on record, with the vast majority including opioids,' said Sunny Dhadley, representing the Naloxone Action Group (NAG). Naloxone was an easy-to-use medication in reversing an overdose, yet it was 'simply not reaching the people who need it the most'.

> 'We have the ONS figures every year and they go up and up... We have the same conversations, the same tragedies. What can we do differently?'

While data was very useful, we needed to look at all the strands that currently worked in isolation from each other – inequality, mental health, release from prison – and also align the drug strategy to work closely with commissioning.

Expanding peer-led initiatives could help to tackle stigma, prejudice and racism and he called for more meaningful service user involvement. Changing the situation was 'not just about funding' – 'we need to address pathways and functions across systems,' he said.

'I need to add that stigma is rife,' commented detective chief inspector Jason Kew, heroin and crack action area coordinator for South East England. 'I call on all of us to be leaders and change that narrative. Stigma kills.'

Lauren Tapp gave insight from her work at Health Poverty Action. She talked about the 60 per cent rise in drug deaths worldwide and urged the group to think about drugs as a global issue. 'There is an incredible amount of deaths that could have been prevented by access to harm reduction,' she said. 'Stigma, lack of access to services and criminalisation make negative experiences for people who use drugs.'

Globally, just as locally, 'we can't just think about the war on drugs in terms of drug poisonings – we need to think of it in the wider setting,' she said. 'How much money is going into enforcement compared to other drugs initiatives, such as harm reduction and naloxone? There are better places that money could be spent.'

The group's discussion reflected deep frustration with the lack of political will to change the situation. 'We had to do something ten years ago. We can't keep saying that year on year,' commented Dhadley.

'We have the ONS figures every year and they go up and up,' said Alex Boyt. 'We have the same conversations, the same tragedies. What can we do differently?'

'This graph [showing drug poisoning deaths] tells you everything that's wrong with drug policy in this country,' added Karen Tyrell, executive director at Humankind.

The group resolved to build on its connections with other parliamentary groups to push the agenda forward – beginning with a list of recommendations that members believed were realistic and achievable. **DDN**

## SUMMARY OF RECOMMENDATIONS

- **INVEST** in treatment, including mandating drug and alcohol misuse services within local authority budgets.
- **PROVIDE FINANCIAL SUPPORT** to local authorities to find individuals for whom traditional OST has failed and offer them heroin-assisted treatment.
- **SUPPORT** the use of medically supervised drug consumption rooms.
- **EXTEND** naloxone coverage.
- **EXPAND** outreach services.
- **EXPLORE** policy reform, such as decriminalisation of drug possession for personal use.


# NATIONAL FORUM FO

Delegates at the National Needle Exchange Forum's annual conference heard inspiring examples of taking harm reduction to the next level. **James Pierce** reports. Photography by **nigelbrunsdon.com**

More than 200 delegates from all over the UK returned to Birmingham for the National Needle Exchange Forum's (NNEF) annual meeting in December.

Perhaps the most important part of the day was the call to action to raise support for the inclusion of drug treatment services in the Health and Social Care Act, to ensure that local authorities provide at least a 'minimum package' of NSP and harm reduction services. There was significant support from attendees and the NNEF planning group agreed that this is something that the NNEF will be campaigning for in 2020.

The first speaker of the day was Jane Bailey of West Midlands Police, who spoke about trials of intranasal naloxone – the first time police officers in the UK have carried the kits. There have been at least two successful reversals of opiate overdoses, and the West Midlands force is planning to share the results nationally to help build the evidence base.

Next up was Stuart Smith, director of community services for the Hepatitis C Trust. He spoke about the move towards elimination of the virus and the importance of NSP and harm reduction services in achieving this. 'Unless we continue to provide good harm reduction services then we are never going to reach elimination,' he said.

There was rousing applause for Daniel Ahmed, clinical partner South Tees Hospitals NHS Foundation Trust, as he spoke about the heroin-assisted treatment (HAT) they are now providing in Middlesbrough (DDN, November 2019, page 5). He discussed the complex health needs of the ageing cohort in treatment services and the difficulty in selecting just 20 people to receive diamorphine treatment, when many more are failing to benefit from traditional treatment offers and are stuck in a cycle of using and criminality. The scheme appears to be successful and Daniel reported that 'we have just seen a complete shift in how people are living their lives'.

Claire Smiles presented an overview of her research into chemsex and issues around the knowledge and confidence of NSP staff in offering advice or even discussing the chemsex scene. Her research identified a significant knowledge gap, with some very poor and potentially dangerous advice offered by practitioners and discussions of pleasure and drug use being seen as challenging by some. However she also identified opportunities for services to think differently about how they offer intervention to the chemsex community and for a wider focus on inclusivity for LGBTQ communities.

Dr Magdalene Harris of the London School of Hygiene & Tropical Medicine followed, describing her research into injecting and risk, particularly from the types of 'water' that some people who inject might use, risking skin and soft tissue infections.


# OR ACTION

'Water' could mean 'tap water, bottled water, puddle water, surface water on cars, water from toilet cisterns, whisky, cider, coca cola, saliva, lemon juice', she stated.

Sunny Dhadley, representing Anyone's Child, spoke about his journey from a life of problem drug use to his work as a freelance consultant and his time developing a peer-led service in Wolverhampton. Current drug policy was 'unfair, immoral and unethical' and was 'harming far more people than it ever should', he said. Dr Steve Taylor, consultant at Birmingham Heartlands HIV Service, then offered an update on the new HIV testing taking place on an outreach basis targeting hard to reach communities.

'We've never had so many people on the streets in wheelchairs,' said Sue McCutcheon from Birmingham & Solihull Mental Health Foundation Trust, as she spoke about her work providing outreach healthcare to the city's homeless and rough sleeping populations.

Perhaps the most important part of the day was the call to action to raise support for the inclusion of drug treatment services in the Health and Social Care Act

She powerfully described the challenges of her work and the rise in infections and viruses among the people she treats, many of whom are using a variety of drugs but are not engaged with any drug treatment services.

*James Pierce is writing in a personal capacity as an NNEF member*


# They said what..?

## Spotlight on the national media

There might be a greater moral claim for considering the health effects of men's drinking on women.

THE MOTIVATIONS and makeup of the temperance movement are more complicated than their simplified legacy would suggest. Rather than a regressive movement consumed with moralist disdain for alcohol use, many of its most ardent supporters wanted alcohol banned for a much more practical reason: women's safety. Drunk men, they observed, were more likely to sexually assault women, more likely to beat their wives and children, and more likely to subject passing women to sexual harassment... While contemporary concerns about the health impacts of drinking focus on the damage done to the drinker – the impact, say, on his liver, brain, and heart – there might be a greater moral claim for considering the health effects of men's drinking on women. What is the price that women pay in enduring sexual violence, sexual harassment and domestic violence, for men's good time?
*Moira Donegan, Guardian, 3 January*

**APART FROM THE FACT that tightening controls on GHB would unlikely deter those who use it to date rape, doing so would again divert attention away from the more common chemical culprit in rape cases. Now would be an opportunistic moment for the home secretary to draw attention to the role alcohol plays in sexual assault – but given the long-standing and cosy relationship between the alcohol industry and government (both red and blue), that's unlikely. Until that relationship breaks down, sexual assaults facilitated by alcohol will continue.**
***Ian Hamilton, Independent, 8 January***

IF ALCOHOL had been discovered in the past year or two, it would be illegal. The safe limit, if you applied current food-standards criteria, would be one glass of wine a year. Would you take a new drug if you were told it would increase your risk of cancer, dementia and heart disease, or that it shortened your life? You wouldn't touch it. Yet over the past 50 years, alcohol has become entrenched in our lives.
*David Nutt, Mail, 4 January*

**WE NEED GPS, employers and policymakers pushing for change as much as we need the public to accept that addicts are not trying to be difficult. They are not trying to break the law. They are not trying to drain health service resources. They are trying to stay alive. At the end of the day, if we hate the idea of addiction so much because of its impact in society, then I believe the only way we can get rid of it is to show compassion to addicts. You might not be able to step in their shoes, but think about it – would anyone choose a life of fear and pain?**
***Lucy Nicol, Independent, 20 January***

# WE NEED TO TALK ABOUT DIAMORPHINE

The new diamorphine programmes may not be the holy grail that some think, says **Nick Goldstein**

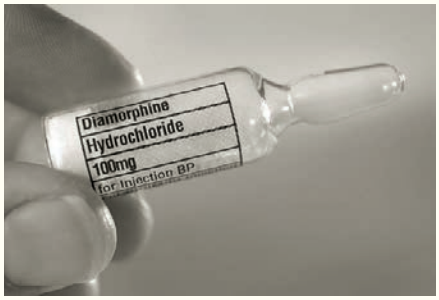
*Ivy Close Images*

As I'm sure many of you have noticed, diamorphine programmes have been in the news – both Durham (*DDN*, March 2017 page 4), and Glasgow (*DDN*, December/January, page 4) have announced they will start diamorphine programmes in the near future. But before we go any further it's only right that I declare a very personal interest – I spent the best part of 20 years in a diamorphine programme and without it I'm convinced I'd be dead or in a cell, and they're both too dark and claustrophobic for my taste. Certainly the fate of many of my peer group suggests diamorphine saved me. So, to use the modern parlance, diamorphine provision is a game I have 'skin' in.

Diamorphine hydrochloride is a full opiate agonist in its salt form, making it injectable. It's used as an analgesic for severe pain, especially in end-of-life care for cancer sufferers. Diamorphine was first synthesised by C.R. Alder-Wright in 1874 by acetylating morphine, but only went into mass production after it was rediscovered by Bayer pharmaceuticals 20 years later. Bayer gave diamorphine a trade name that we're all familiar with – heroin. However diamorphine has found another role over the years, as a maintenance tool for treating heroin addiction.

There is nothing new in prescribing diamorphine for addiction. Diamorphine was the mainstay of prescribing for decades under the 'British system' and was a successful frontline treatment until Dole and Nyswander's methadone model arrived in the UK and became the treatment 'norm' in the early 1970s. From then until now diamorphine programmes have withered on the vine for lack of political interest – by the time I left the programme around 2005 there were less than 500 diamorphine prescriptions in the UK, and although it's virtually impossible to guess current prescription numbers I'd bet they've fallen further.

So, these new diamorphine programmes are a boon, yes? Well, maybe and maybe not. As ever the devil will be in the detail, and there's enough detail regarding the future direction of diamorphine programmes already in the public domain to worry




Diamorphine hydrochloride is a full opiate agonist in its salt form, making it injectable. It's used as an analgesic for severe pain, especially in end-of-life care for cancer sufferers... It was the mainstay of prescribing for decades under the 'British system' and was a successful frontline treatment until Dole and Nyswander's methadone model arrived in the UK

me. It worries me because the one thing worse than no diamorphine prescribing is poor diamorphine prescribing that will limit future prescribing and, more importantly, fail its users.

What concerns most regarding the future direction of diamorphine programmes is their increasing medicalisation, and accessibility. The new programmes are following in the baleful path of the highly dubious RIOTT trial, and I'm not quite sure what the point of RIOTT was. At its inception there was already an evidence base proving diamorphine's efficacy in treatment, so if you're of a cynical disposition you might assume RIOTT was an attempt to kick the whole issue into the long grass.

Whether RIOTT was needed or not, it seems to have had a significant impact on the direction of diamorphine programmes. The worrying new direction of travel can be clearly seen in RIOTT's stated aims, which were trumpeted as 'a heroin prescribing programme with on-site supervised consumption'. This was a huge change from earlier programmes, and most definitely not a change for the better for service users. It turned a community/pharmacy-based approach into a medicalised, high-threshold service. It appears on-site consumption along with increased surveillance and control are the new way, and for many users it's the wrong way. I doubt I'd have survived long at RIOTT with its requirement for frequent attendance and rigid control protocols, which are one thing in a trial setting but quite another when used as the norm.

Of course if you were cynical you'd question why the change? Listening to the aims and aspirations of the new programmes could offer a clue. They cite cutting drug-related deaths, HIV and acquisitive crime – all laudable goals, but where does diamorphine fit into their aims?

Every service user is unique, with their own story and their own needs, but there's an understandable urge to create and label subsets of users – and the new diamorphine programmes seem to be confusing their subsets. In the past diamorphine programmes were aimed at an older user group who'd already struggled with methadone and other treatment options, but had the discipline to manage diamorphine usage in the community and craved stability and the opportunity to rebuild their lives.

If you want to cut deaths, HIV and crime you'd primarily address another subset – a much more chaotic, poly drug using high-risk group who are often homeless and with a high percentage of dual diagnosis. So, I presume they're the target cohort of the new programmes.

That's two very different groups of people, with very different sets of needs. Maybe the use of the medicalised RIOTT model will work with the chaotic, polydrug using cohort and maybe it won't. The problem is I'm not sure the providers of the new programmes have even considered this, never mind planned accordingly, and this would set their programmes up to fail.

Diamorphine is often misunderstood. It's not a wicked, dangerous drug and it's not a panacea or the holy grail of opiates. It's just another drug, but it's a drug that can give hope, a drug that can save users by making treatment viable when other options have failed. Every user should have the chance to access diamorphine maintenance if needed.

Diamorphine programmes need to be implemented carefully. There need to be clear aims and objectives, simple user protocols and highly skilled staff. None of this comes cheap, but it's cheaper than burying people. The horrific rise in drug-related deaths makes increasing access to diamorphine a sane, reasonable response, but some thought needs to go into extending programmes rather than the usual regressive knee jerk reactions that policy makers and treatment providers tend to favour.

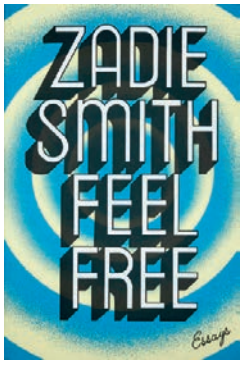
There's been too much needless death already. We need to get diamorphine provision right.

*Nick Goldstein is a service user*

# EXPRESS YOURSELF

**Mark Reid** on two titles that demonstrate writing's power to help bring about personal change


Coventry by Rachel Cusk, Faber & Faber, paperback




Feel Free by Zadie Smith, Penguin, paperback

**THESE ARE BOOKS OF ESSAYS** by two well-known British novelists – Rachel Cusk (The *Outline* Trilogy) and Zadie Smith (*White Teeth*, *On Beauty*). While both share an advocacy of writing as an expression of people's ability to change, these are not inward-looking diaries but represent self-activation and connection with the world. As Smith puts it when writing about her passions, 'life feels larger the more you engage with it'.

The authors offer lots of advice on how to write fiction and why it's good for us. They teach creative writing – Cusk does so because 'a desire to write is a desire to live more honestly through language', and this idea seems particularly suited to those in recovery. 'Finding your voice,' writes Cusk, is a 'therapeutic necessity, and for so many people a matter of urgency'.

Creative writing provides a 'non-alienating social space' where group members are guided to be imaginative and at their best. Cusk believes writing can release the 'true self'. She was brought up as a Catholic and tells of how, on a school trip to see the severed relic hand of a female martyr, girls were put in detention if they fainted on seeing it. Smith, in part as a result of her own upbringing, sees the notion of self differently. A sense of who she was proved 'impossible' for her to find, as she grew up 'neither black nor white but both'. And so writing fiction is 'far more of an escape from self than an exploration of it'. As Smith says, 'when you are not at home in yourself as a child, you don't experience yourself as "natural" or "inevitable" as many other people seem to do'.

These essays reveal many emotions. The Coventry of Cusk's title is the experience of passive aggressive behaviour by her parents who 'send her to Coventry' – refusing to speak to her for long periods. Crucially many of the subjects here are ones we can all have an opinion on and write about. Smith's tastes in food for example are refreshingly simple. She just likes to eat 'any old food – whatever's put in front of me foodwise gets a five-star review.' While Cusk's 'Driving as Metaphor' looks at how the decision to learn to drive makes people seem different to those who opt not to do so. Non-drivers 'seem saner and more efficient. They scatter and divide themselves less. They appear free. How did they know not to do it?'

The authors offer lots of advice on how to write fiction and why it's good for us. They teach creative writing – Cusk does so because 'a desire to write is a desire to live more honestly through language'


## BE INSPIRED!

Get creative at this year's **DDN Conference**, 'It's Not a Rehearsal!', on **Wednesday 18 March** at The Glee Club in **Birmingham**. Our programme takes an exciting new direction this year by including speakers and sessions to motivate and inspire you to **explore your creativity** and **enhance your wellbeing**, including looking at the power of creative writing. Programme details and booking information at **www.drinkanddrugsnews.com** – see you there!

# IT'S NOT A REHEARSAL

Different stages. We all have a part to play.
Talk, listen, ask, tell, celebrate, grieve

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