INSIDE – SPRING 2014 RESIDENTIAL TREATMENT DIRECTORY

DDN
Drink and Drugs News

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'I thought I was resilient... having travelled extensively over the last 12 years in some of the poorest parts of the planet. I didn't expect to get so emotionally involved...'

TOO CLOSE TO HOME

EXPERIENCING THE SCALE AND IMPACT OF ADDICTION IN CARDIFF

THE UK RECOVERY FESTIVAL

1st and 2nd July 2014 Central Hall, Westminster, London

Housing and employment are two of the biggest determinants to the success of an individual's recovery.

This two-day event provides a unique opportunity for treatment professionals to build contacts with social housing providers, private landlord associations, and some of the UK's biggest employers to help clients find the stable housing and opportunities for employment that their recovery needs.

DAY ONE, HOUSING

9.00am – 10.00am • Registration

10.00am – 11.20am • Opening session
Noreen Oliver, CEO of BAC O'Connor: Introduction and welcome.

Kris Hopkins, Housing Minister *(invited)*: Providing an overview and emphasising the government's commitment to supporting the housing sector in working with the recovery community.

Grainia Long, Chief Executive of CIH *(invited)*: Setting out the social housing sector's commitment to working with the recovery community and also the challenges faced.

Ron Dougan, Trent and Dove housing association: An example of best practice from a housing provider who works closely with the treatment sector.

11.20am – 1.00pm • Second session
Broadway Real Lettings: Presentation of an innovative scheme that engages with private landlords allowing them to rent to people in recovery without risk.

Jeremy Swain, Chief Executive of Thames Reach: The benefits system, and the challenges for people looking for long-term stable housing.

Karen Biggs, Chief Executive of Phoenix Futures: The view from the treatment sector.

1pm – 2pm • Lunch

2pm – 3pm • Expert panel
An expert panel comprising representatives from social housing, private providers, DWP and the treatment sector, examining the issues and opportunities around housing for people in recovery.

Close

DAY TWO, EMPLOYMENT

9.00am – 10.00am • Registration

10.00am – 11.20am • Opening session
Viv Evans OBE, CEO ADFAM: Introduction and welcome.

Esther McVey, Employment Minister *(invited)*: Providing an overview and emphasising the government's commitment to helping people in recovery back into the workplace.

Ben Wilmot, Head of Public Policy at the CIPD: The need for a written policy on drug and alcohol issues, and creating the right corporate culture to implement it.

Martin Blakeborough, Chief Executive of Kaleidoscope: How his organisation created an innovative 'one stop shop' service that helps people into employment, training and volunteering.

11.20am – 11.40am • Break

11.40am – 1.00pm
Business in the Community: Ban the box! On why asking for criminal record disclosure from the outset has a negative impact on both organisations and potential employees and how there is a better way.

Dan Farnham, East Coast Recovery: The role of social enterprise and the work that providers do with clients to ensure that they are 'work ready'.

The Lord Adebowale, Turning Point *(invited)*: The view from the treatment sector.

1pm – 2pm • lunch

2pm – 3pm • Expert panel
An expert panel comprising representatives from the recovery community, private employers, DWP and the treatment sector examining the issues and opportunities around employment for people in recovery.

3.30pm • Inspirational personal story:
An individual who has turned their life around and has made the most of the opportunities given to them when in recovery.

Full details and programme available from **www.recoveryfestival.org.uk**

THE RECOVERY FESTIVAL 2014
talent • ambition • opportunity

Recovery Partnership

recovery group uk

DrugScope

Substance Misuse Skills Consortium

DDN Drink and Drugs News

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ANSA
Association of Nurses in Substance Abuse

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SMMGP

Editorial – Claire Brown

No place like home

What's key to the problem on our doorstep?

We're very used to homelessness – used to seeing it, writing about it, treating people affected by it. We know it keeps the revolving doors to treatment and prison spinning, and we know that any regional recovery strategy stalls without acknowledging that housing has to be addressed. Despite all this, receiving pictures from Andrew McNeill (cover story) stopped me in my tracks. Here was a photographer who has captured the slums of New Delhi and former soldiers in Cambodia, struggling to come to terms with the situation on his doorstep in Cardiff. The pictures speak for themselves and are a stark reminder of the challenges we face to get people back in the running for the basics that we take for granted.

In more encouraging news, Trent and Dove Housing's chief executive thinks more social housing providers are changing their attitude to taking on people with addiction issues and putting resources into supporting tenants. Partnerships are key to this; the reciprocal relationship with a local treatment centre is giving confidence to both parties that clients will be supported while regaining that essential right to a roof. 'Go and speak to housing associations who have taken this approach,' he urges housing providers who are not convinced – and we hope they do.

This issue

FEATURES

REGULARS

THROUGHOUT THE MAGAZINE: COURSES, CONFERENCES, TENDERS
CENTRE PAGES: SPRING RESIDENTIAL TREATMENT DIRECTORY

NEWS IN BRIEF

CITY SERVICES

Drug and/or alcohol prevention work with staff and businesses in the City of London has been of 'limited scope and unknown efficacy', according to a service review report from the Corporation of London. The document recommends increased spending on 'prevention work with healthy or low-risk users' to avoid potential future problems. *The importance of providing proper support for employees with drug or alcohol issues is one of the themes of the forthcoming Recovery Festival. Details at www.recoveryfestival.org.uk*

PRICE PROPOSALS

The Welsh Government has launched a consultation on its public health white paper, *Listening to you – your health matters*, which includes proposals to introduce a minimum price per unit of alcohol and restrict the use of e-cigarettes in public places. 'The Welsh Government's view remains that introducing minimum unit pricing for alcohol would be entirely in accordance with prudent healthcare principles,' says the document. Meanwhile, the UK government has released its first report on the progress of the public health responsibility deal, which promised to reduce the number of alcohol units sold by 1bn per year. So far the reduction has been a quarter of that, says *Responsibility deal alcohol network: pledge to remove 1bn units of alcohol from the market by the end of 2015. Report at www.gov.uk; Wales consultation at wales.gov.uk. See news focus, page 6*

PBR PAYBACK

Payment by results (PBR) is holding back innovation in the public sector, according to a report from NCVO. Small and specialist organisations lack the reserves to cover the period until they're paid, says *Payment by results and the voluntary sector*, while the ability to hit targets can also be affected by failures in services outside the provider's control. 'Current PbR practice risks excluding the specialist charities we really need to involve in order to develop public services,' said NCVO chief executive Stuart Etherington. *Available at www.ncvo.org.uk*

NEW ERA

More people than ever are buying drugs online, according the findings of the *2014 global drug survey*, which questioned nearly 80,000 people from more than 40 countries. Cocaine was voted the worst value for money drug in the world, while MDMA was voted the best and alcohol remained 'the biggest cause of concern among friends and the biggest culprit in sending people to emergency department'. *www.globaldrugsurvey.com*

OST: more needs to be done to protect children

The safeguarding of children is not being sufficiently prioritised by professionals making decisions about drug treatment medications, says a new report from Adfam. Improved training is needed for treatment services, pharmacies, GPs and social workers to highlight the potential dangers, says *Medications in drug treatment: tackling the risks to children*.

The report looks at 20 serious case reviews from the last ten years involving the ingestion of treatment medications by children, and says that 'too many children are being put at risk' by insufficient safeguards. The 20 case reviews involved the ingestion of medication by 23 children, 17 of whom died. Their average age was two.

While some of the children died as a result of medications being stored inappropriately, there is also a 'rare but real' use of methadone as a pacifier for small children, says the document. Methadone was the cause of 15 of the deaths, and buprenorphine the cause of one. However, the review findings are 'not contributing to national learning on managing risk', says Adfam.

'Tragedies occur, and we can never eliminate risks completely,' says the report. 'But in conducting this research our thinking has always been: on a systemic level, are we doing all that we can to make sure these incidents don't keep happening? And based on our findings, the answer, so far, is no.'

Alongside improved analysis of the serious case reviews, the report calls for better national data collection on the number of parents allowed to take home OST medication and the number of children admitted to hospital as a result of ingesting them.

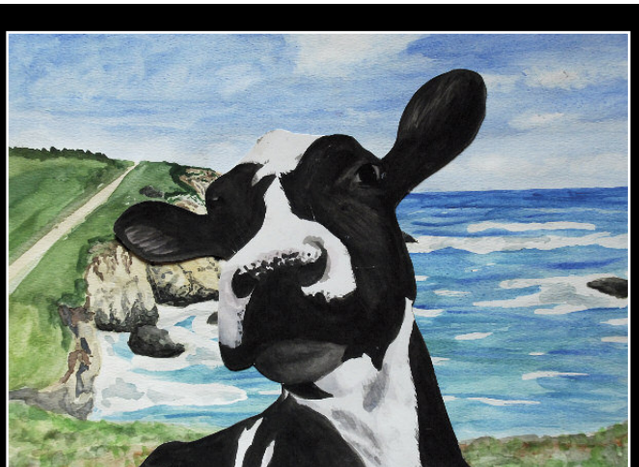
Around 60,000 people caring for children currently receive drug treatment prescriptions, and not all cases of ingestion reach serious case review level, Adfam points out, meaning the true extent of the risk remains unknown. Many of the case reviews found that professionals 'missed or minimised' risk factors during the families' contact with services and took an 'overly optimistic' view of progress on the part of parents, many of whom were able to 'manipulate or deceive services into believing they were making positive changes'.

The research uncovered a 'variety of unsafe storage practices', including keeping methadone in children's beakers or on bedside tables, as well as not disposing of containers properly. The report wants to see agreed safety plans and the provision of free lockable storage boxes for parents who take medication home, and a 're-emphasising' of the importance of safeguarding children in line with existing NICE guidance. Treatment agencies should also be represented on local safeguarding children boards, it stresses.

'Just one of these cases would be one case too many, but this research shows that they have happened with depressing regularity over the last decade,' said Adfam chief executive Vivienne Evans. 'The cases are frequent and similar enough that we should be much louder and more honest about the risks of methadone to children. We need a more proactive and nationally coordinated plan to tackle these risks, rather than waiting for every area in the country to experience a tragedy before anyone takes action.

'Medications and recovery aren't mutually exclusive and we're very supportive of substitution treatment,' she continued. 'However, safeguarding should be first and foremost in professionals' minds when working with parents who use drugs and alcohol, and the report suggests this isn't always the case.'

Report at www.adfam.org.uk



MOOVING IMAGES: a selection of artwork, music and writing from prisons, secure hospitals, children's homes and people on probation in the north west is being displayed at the Castlefield Gallery in Manchester from 9 May until 15 June. The work displayed in *Snail Porridge* has been selected by artist Bob and Roberta Smith from entries to the Koestler Awards, an annual prison arts scheme that has been running for more than half a century. 'Art has a serious purpose in criminal justice – it makes offenders pursue the discipline and truthfulness that are essential to building lives free from crime,' said Koestler Trust chief executive Tim Robertson. 'But lots of prison art is also great art, and this exhibition brings it into the heart of the contemporary art world.'

Local authorities 'not recognising impact' of alcohol

The impact of alcohol is not being recognised and prioritised by local authorities, according to a report from Alcohol Concern. The document looks at the health and wellbeing strategies, joint strategic needs assessments (JSNAs) and clinical commissioning group (CCG) strategies of 25 local authorities, including 15 ranked among the highest for alcohol-related harm.

The aim of the research was to see how much of a priority alcohol harm was for the 'newly empowered' local authorities, following the transfer of public health responsibility from primary care trusts last year. Many of the strategies had an over-reliance on hospital admissions data and were 'unlikely' to meet Public Health England's (PHE) definition of a 'comprehensive section on alcohol-related charm', said the charity.

The document calls for directors of public health to make sure that JSNAs prioritise alcohol harm and consider its impact on groups including women, victims of abuse, offenders and people with mental health problems. They should also make sure, in partnership with CCG chairs, that strategic processes consider clients' care pathways through treatment, with 'clear responsibility for each step', it says.

'Alcohol misuse has a huge impact on local authorities, not just at the hospital or doctor's,' said chief executive Eric Appleby. 'It ranges from health to crime and disorder, affects older people as well as young people and impacts on families and social services as well as the look and feel of the high street. It's vital that local authorities recognise all of these impacts in order to create joined-up strategies to address them. We need to see clear prioritisation for both treatment and prevention services – responsibility must not be allowed to fall between the gaps of local bodies' remits.'

'Alcohol misuse has a huge impact on local authorities, not just at the hospital or doctor's...'
ERIC APPLEBY

The charity has also branded David Beckham's decision to promote Diageo's Haig Club whisky 'incredibly disappointing'. 'Given David Beckham's other roles promoting sport and a healthy lifestyle to children, we believe this will send a confusing message to them about the dangers of alcohol and its impact on a healthy lifestyle, and we call on the star to rethink his association with this product,' said deputy chief executive, Emily Robinson.

An audit of alcohol-related harm in joint strategic needs assessments, joint health and wellbeing strategies and CCG commissioning plans at www.alcoholconcern.org.uk

NICE calls for more needle exchange support for steroid users

Needle and syringe programmes need to do more to support people who use image and performance-enhancing drugs, according to NICE (the National Institute for Health and Care Excellence). Despite an estimated 60,000 anabolic steroid users in the UK, it remains a 'grey area' for needle exchange services, says the institute.

NICE's updated guidance recommends that needle and syringe programmes and commissioners make sure that users of image and performance-enhancing drugs have access to all the equipment they need, as well as calling for effective area-wide strategies to meet the needs of young people.

'Needle and syringe programmes have been a huge success story in the UK – they are credited with helping stem the Aids epidemic in the '80s and '90s,' said director of NICE's centre for public health, Professor Mike Kelly. 'However, we are now seeing a completely different group of people injecting drugs. They do not see themselves as "drug addicts" – quite the contrary, they consider themselves to be fit and healthy people who take pride in their appearance. These services must continue to be configured in the most effective way to reach and support the people who need them the most, wherever they live, and protect their health as much as possible.'

Meanwhile, the Royal College of Psychiatrists' Faculty of Addiction Psychiatry is calling on the government to boost support to services treating people for gambling addiction. Although almost 500,000 people in the UK are estimated to have a gambling disorder, services are under-developed and remain funded almost exclusively by the gambling industry. The document wants to see the government 'recognise gambling disorder as a public health responsibility' to enable treatment to be provided by existing drug and alcohol services.

'Increasingly based on strong partnerships between the NHS and voluntary sector, community services have the experience and expertise to work towards helping people with a gambling disorder,' said the document's co-author Dr Henrietta Bowden-Jones. 'Extending treatment to the "third addiction" of gambling could deliver similar benefits, and would help ensure that care is joined-up, efficient, and seamless.'

NICE guidance on needle and syringe programmes (PH52) at guidance.nice.org.uk

Gambling: the hidden addiction at www.rcpsych.ac.uk

NEWS IN BRIEF

CRIMEA CRACKDOWN

Russia has banned methadone from clinics in Crimea, following its annexation of the region. The International and Eurasian networks of people who use drugs (INPUD and ENPUD) recently called on the international community to put pressure on Russia over the treatment of 800 substitution programme clients in Crimea (*DDN*, April, page 4). However, the head of Russia's Federal Drug Control Service (FSKN), Victor Ivanov, told the Russian news agency ITAR-TASS that methadone was 'not a cure' and that 'practically all methadone supplies in Ukraine were circulating on the secondary market and distributed as a narcotic drug in the absence of proper control… a source of criminal incomes'.

ENGAGING APPOINTMENT

Andrew Brown, formerly Mentor UK's director of programmes, has been announced as DrugScope's new director of policy, influence and engagement. 'With this excellent addition to the staff team we look forward to DrugScope building on our reputation for high quality, influential policy work, drawing on the best available evidence and the experiences and expertise of our members,' said chief executive Marcus Roberts.

STARK STATISTICS

Homicides linked to gangs and organised criminal groups account for 30 per cent of the overall total in the Americas, compared to less than one per cent in Asia, Europe and Oceania, says a report from the United Nations Office on Drugs and Crime (UNODC). More than 60,000 people are estimated to have been killed in drug-related violence in Mexico alone in the six years to 2012, according to Human Rights Watch. 'It is likely that changes in drug markets drive lethal violence, rather than violence being driven by overall levels of trafficking flows,' says *Global study on homicide 2013*. *Available at www.unodc.org*

REVOLUTIONARY DECISION

Red Army vodka, which is sold in a gun-shaped bottle, has been found to breach the Responsible Retailing Code of Northern Ireland for associating alcohol with violence and aggression, with the Portman Group's Independent Complaints Panel concluding that the name and packaging were 'inappropriate' for an alcoholic drink. 'Strict UK alcohol marketing rules specifically prohibit an alcoholic drink from being sold if it has any association with bravado, or with violent, aggressive, dangerous or anti-social behaviour,' said the group's chief executive Henry Ashworth.

NO SMOKE WITHOUT FIRE?

Is the Welsh Government right to propose a ban on the use of e-cigarettes in public places, or does it risk seriously undermining tobacco harm reduction?

E-cigarettes are marketed as a safer alternative to ordinary cigarettes and regarded by some as a key element of tobacco harm reduction. The campaigning charity Ash (Action on Smoking and Health) states that 'there is little real-world evidence of harm from e-cigarettes to date, especially in comparison to smoking,' and NICE supports the use of licensed nicotine-containing products as a harm reduction measure.

The Welsh Government's public health white paper, however (see news story, page 4), now proposes restricting the use of e-cigarettes in public places to address concerns that they 'normalise smoking' and 'undermine the enforcement' of the country's general ban on smoking in public places. 'E-cigarettes contain nicotine, which is highly addictive, and I want to minimise the risk of a new generation becoming addicted to this drug,' said health minister Mark Drakeford.

While Ash has welcomed the white paper consultation and attendant debate, the charity has also stated that it 'hasn't seen much evidence' that e-cigarettes are normalising smoking behaviour. 'I know a lot of people have expressed concerns, and as more and more products have come on the market inevitably there has been a rise in usage, but we've conducted surveys regularly since 2010 and among adults certainly there's no evidence of non-smokers being interested in using them, and among young people it's almost the same,' Ash spokesperson Amanda Sandford tells *DDN*.

Those young people who have expressed an interest in, or tried, e-cigarettes are 'nearly always' the same young people who have already tried smoking, the charity has found. 'The situation may change, of course, which is why we need to keep monitoring it, but so far it seems that there isn't the evidence to support the hypothesis that it's encouraging the take-up of smoking,' she says.

'So far it seems that there isn't the evidence to support the hypothesis that it's encouraging the take-up of smoking...'

AMANDA SANDFORD

What about the Welsh Government's argument that use of e-cigarettes in public places undermines enforcement of their smoking ban? 'Again, it would be interesting to see if they can provide examples of that,' she says. 'Obviously, there's a range of approaches to e-cigarettes but we don't think it's appropriate to have them regulated under the smoke-free legislation because that was designed to protect people from second-hand smoke, which it has done – compliance rates have been extremely high. These devices don't contain tobacco so there's no passive smoking issue – yes, they produce vapour but it's essentially water vapour with a small trace of nicotine and there's no evidence that we're aware of that that causes any harm at all.'

What the charity does support, she stresses, is regulation, and it has just responded to a consultation by the Committee on Advertising Practice on the marketing of e-cigarettes. 'We do think it's appropriate that there are restrictions on how the devices are marketed – they're mainly used as an aid to cutting down or quitting smoking and we think that it's appropriate that they be marketed in that way, rather than as a lifestyle product or something young people might want to use.'

Cancer Research UK, however, published a report last year, *The marketing of electronic cigarettes in the UK*, warning about the use of channels likely to appeal to young people, such as competitions and mobile phone apps. 'Arguably, some of these products are being marketed in an irresponsible way but the reason we think it's more appropriate to have them licensed as medicines is that that process would impose regulations on the product in any case,' Sandford states. 'If you have a product licensed as a medicine, companies would be able to market it but in a strictly controlled way, and there would have to be controls to make sure it wasn't directly aimed at young people.'

Co-author of the Cancer Research report, Professor Gerard Hastings, also pointed to what some see as a potentially wider problem – the general dangers associated with big tobacco companies moving into the e-cigarette market. 'From past experience we know they are deceitful, determined and deeply detrimental to public health. E-cigarettes could provide them with the cover they need to regain the powerful position they once had – in which case a Trojan horse will rapidly become a Trojan hearse,' he said.

'I think that is quite an important issue,' acknowledges Sandford. 'I've read reports from the US, for instance, that the industry could be using them as an alternative means of brand sharing. That wouldn't be permitted in this country, because we have a ban on tobacco advertising, but the tobacco companies often talk about harm reduction and there's not a lot of evidence that they're really serious about it – they're obviously interested in getting into the e-cigarette market because they can see the potential to make money.

'If they were all to say, "OK this is the way forward and we're going to abandon cigarette production and move wholesale into e-cigarette production" then we wouldn't have a problem with that,' she continues. 'But I don't think that's a very likely scenario in the foreseeable future, so we do need to be mindful of how the industry's approaching this and question quite vigorously what their motives are. If they are serious about harm reduction, are they going to move into alternative nicotine delivery devices and stop production of the product that we know kills people?'

Consultation at wales.gov.uk

The marketing of electronic cigarettes in the UK at www.cancerresearchuk.org

See comment, facing page.

COMMENT

QUICK, QUICK, SLOW...

The latest moves on UK tobacco control are leading us a merry dance, says **Neil McKeganey**

'The belief that plain packaging will reduce smoking prevalence is odd given that there has been hardly any research that has looked at the impact of such a policy on actual smoking behaviour.'

NEIL MCKEGANEY

IF YOU WANTED TO SUM UP THE CURRENT ADVICE ON TOBACCO CONTROL it would go something along the lines of tobacco plain packaging is good, so let's move ahead with it as soon as possible, e-cigarettes are bad so let's surround their use with increasingly restrictive controls. The Welsh Government is currently considering banning the use of e-cigarettes in enclosed public spaces, echoing the similar ban on smoking instituted in the UK in 2007.

While the ban on smoking in enclosed public spaces made sense given the evidence of the health harms associated with second hand smoke, the proposed ban on e-cigarettes is based on little more than the largely undocumented fear that e-cigarettes might 're-normalise smoking', particularly among young people.

It is striking that many of those in public health who are now cautioning against e-cigarettes are the self same experts who had previously supported harm reduction in relation to illegal drug use. Over the last 20 years they supported the development of needle and syringe exchange services, substitute prescribing and a host of other harm reduction initiatives aimed at injecting drug users and others on the grounds that these initiatives might enable the UK to avoid an epidemic of HIV infection among injecting drug users, and largely ignoring the criticism that those interventions might serve to normalise an illegal activity.

The situation in relation to e-cigarettes could hardly be more different. E-cigarettes may well be the single most significant development in harm reduction for smokers but the trouble is they look like cigarettes and that, it seems, is enough to surround their use with restrictive control.

In stark contrast to the worries that public health advocates have expressed in relation to e-cigarettes, there is the unbridled enthusiasm for tobacco plain packaging. Packaging tobacco products in plain or standardised form was instituted in Australia in 2011, and in 2013 the UK government asked Sir Cyril Chantler to review the evidence on plain packaging with a view to considering whether similar legislation should be instituted within the UK. In 2013 an influential group of the UK's leading tobacco control researchers expressed their frustration that the government had not already instituted laws governing plain packaging in a paper in the *British Medical Journal* with the title 'UK government's delay on plain tobacco packaging: how much evidence is enough?'

A further indication of the level of academic support for plain packaging can be gauged from recent research which involved asking 33 'internationally renowned' tobacco control experts to estimate what they thought would be the magnitude of the impact of plain packaging on the prevalence of smoking among adults and children. All of the experts consulted were supportive of plain packaging, believing that this would result on average in a 1 per cent reduction in adults smoking and a 3 per cent reduction in children smoking.

In April the results of the government review were published, with Sir Cyril Chantler clearly persuaded of the benefits of plain packaging: 'Having reviewed the evidence, it is in my view highly likely that standardised packaging would serve to reduce the rate of children taking up smoking.' Speaking to parliament, Jane Ellison, parliamentary under secretary for public health, announced that she was 'minded to proceed with introducing regulations to provide for standardised packaging' and that she wanted to 'move forward as swiftly as possible'.

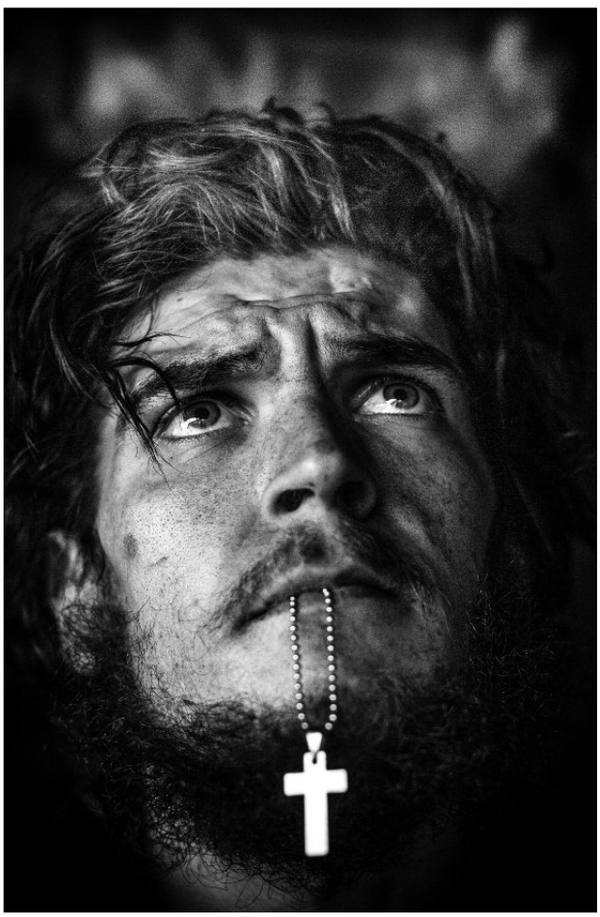
The belief that plain packaging will reduce smoking prevalence is odd given that there has been hardly any research that has looked at the impact of such a policy on actual smoking behaviour. Researchers have looked at the relative attractiveness of plain and branded cigarettes packages, the salience of health warnings on plain and branded packs, and the degree to which smokers infer information about the harm and strength of tobacco on the basis of pack design and colour. What they have not done is to measure how much the prevalence of smoking and the number of cigarettes smoked actually reduces once cigarettes are packaged in plain form.

The lack of evidence that plain packaging reduces smoking prevalence was conceded recently when the Mexican government asked the Australian government for the evidence on which they had based their plain package policy. The health minister, Nicola Roxon, responded: 'Well this is a world first. The sort of proof they're looking for does not exist.' Cyril Chantler also seemed to concede the lack of evidence on the impact of smoking prevalence in his review when he commented: 'Although I have not seen evidence that allows me to quantify the size of the likely impact of standardised packaging, I am satisfied that the body of evidence shows that standardised packaging in conjunction with the current tobacco control regime is very likely to lead to a modest but important reduction over time on the uptake and prevalence of smoking.'

So why are the public health advocates who supported harm reduction measures in relation to illegal drug use so enthusiastic over plain packaging and yet so cautious over e-cigarettes? The difference here is that when harm reduction measures were being considered in relation to illegal drug users it was the greater fear over the possible spread of HIV that led to the enthusiasm for developing needle exchanges and other interventions. In relation to tobacco, there is no fear greater than that over smoking-related health harm, and no priority greater than the priority of subjecting tobacco to increasingly restrictive control.

As a result, the harm reduction inclined public health advocates find themselves urging the government to get on and implement tobacco plain packaging while worrying darkly that e-cigarettes might re-normalise smoking and advocating that their use should be subject to increasingly restrictive control.

Neil McKeganey is director of the Centre for Drug Misuse Research, Glasgow



TOO CLOSE

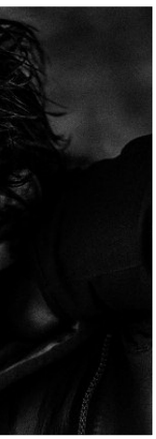
As a well-travelled photographer, **Andrew McNeill** was used to seeing scenes of despair. But when he set out to photograph people affected by addiction in his home town of Cardiff, nothing prepared him for the scale and impact of the deprivation on his doorstep

I had no idea just how bad the heroin problem in Cardiff was until I started volunteering at the Huggard centre for the homeless, which is not far from where I grew up. My view on heroin addiction was very limited until I delved into these uncharted waters. But to get into a user's mind I had to throw away any prejudices I had about the drug.

I am not a heroin addict and never have been, so to get into the minds of these troubled souls I decided to hit the streets with them. I needed to get very close to get the best results; I'd walk to where they hung out, buy them beer (never drugs) listen to their stories and their problems, drink tea with them and buy them food. Sometimes I'd come away feeling quite depressed. The stories were harrowing – tales of rape, sexual abuse and domestic violence.

Once I had started to gain their trust, I had crossed the line into their world. I have photographed in some of the worst slums in Asia but this had a different feel to it – it was in my hometown, a place I love so dearly. I went through some immense highs and massive lows when meeting these people. We shared the same culture and the same feel for our country. I thought I was resilient in nature, having travelled extensively over the last 12 years in some of the poorest parts of the planet. I didn't expect to get so emotionally involved with them but I couldn't help it. After all, they are people just like you and me.

I became friendly with Mike. He has had problems with drink and drug



E TO HOME

addiction most of his adult life, nomadically moving around the city to various shelters and has extensive knowledge of the heroin street trade around the city. He offered to help me locate the people I needed to photograph, accompanied by his friend Ross.

I sometimes struggled with the fallible reality of it all. The world I was in seemed so strange and I began to look at my city in a totally different way.

One night while out walking, I met Lisa. She was the type of girl you'd never look at twice in the street. She looked vulnerable, sullen and at the point of starvation. She was from the Welsh valleys, an abusive home, and she'd decided to head for Cardiff where a life on the streets followed. Lisa was gang-raped a short while ago and the effect has obviously taken its toll. She drinks heavily and shoots heroin on the steps of the city's courthouse most nights. Her eyes are empty and her stare is blank. She has been a self-harmer for many years and it keeps getting worse, the pain etched on her face.

One thing that has struck me is the amount of mentally ill people that walk our streets. Being homeless and addicted to drugs often leads to mental afflictions and other issues. I'd often arrange times and places to meet a lot of these people but it never worked out. They'd never show up, and I grew accustomed to it.

See more of Andrew McNeill's work at www.andrewmcneillphotography.com

Jayne's story

'I COME FROM A SAFE, QUIET AND BACKWARD VILLAGE called Cwmgors. I had been for a night out at the local pub called TJ's. As I was walking home I vaguely remember feeling a sharp pain to the back of my head.

'I woke to find myself tied to a chair with a severe headache and I realised I must have been hit across the head and lost consciousness. As my sight began to focus I realised I was in a dark and dirty room with an old mattress on the floor. I was tied to the chair by my hands and feet and I had blood dripping from my head and hands, I could hear moaning and screaming and foreign voices and I had no idea who they belonged to as I didn't recognise any of them. I would later realise they were either Polish or Romanian.

'Two men then came into the room carrying a syringe, which contained a dark-coloured liquid, and the other a long rope. I tried as best I could to fight them off but I was tied and it was of little use. There was a sharp pain in my arm and suddenly I felt very drowsy and weak. I vomited everywhere as I felt I was on a rollercoaster. They started to undress me, opening my shirt and touching me. They undid my jeans and I could feel their hands everywhere. I tried screaming through my gag but I was floating on the drugs they had injected into me. They started beating me around the head and they knocked out some of my teeth. A few hours later when I came round, they came back in and injected me again.

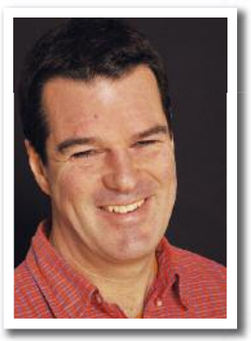
'This ordeal went on for two or three months. They fed me at times, but not much. I watched as other girls were brought into the room. I had no idea where they were from, as most of the time they kept injecting me. Some of the girls looked like they had lost the will to fight back and the same thing was happening to me. I kept thinking of my son and how much I wanted to be with him again.

'What I eventually learned was that these men were kidnapping girls and controlling them with heroin in order for them to work in brothels around the country. They were sex traffickers.

'It was pure luck that I got away. One night, all the girls were busy with clients and they had forgotten to inject me. After a few hours of rocking my body and hands back and forth, one of the ties on my hand had loosened itself and I managed to untie the rest of my body. I found a window, which I managed to open, and I just jumped, not caring if I broke every bone in my legs. I literally staggered for a few miles to a house where I managed to call for help.'

PURPOSE

A sense of



Acceptance and Commitment Therapy (ACT) is a perfect match for the recovery model, says **Mark Webster**

ACCEPTANCE AND COMMITMENT THERAPY, known as ACT, is the first evidence-based treatment for addiction that shares the same philosophy as the recovery model. It is also perfectly compatible with the 12 steps. ACT is founded on the idea that treatment is about building a life of meaning and purpose.

ACT is a modern form of CBT (cognitive behavioural therapy) that has been around for just over a decade (Hayes et al, 1999). It is part of the new wave of treatments based on acceptance and mindfulness that have been growing in popularity over the last 25 years, and is a principle-based therapy rather than being driven by treatment protocols. This means that it is suitable for more complex conditions such as addiction, where the client needs to learn only six basic principles: acceptance, defusion, mindfulness, taking perspective, values, and commitment.

ACCEPTANCE

When repeating a behaviour leads to increased problems over the long term then the best solution is to let go of it. Addiction is one example, but also more normal behaviours like avoidance can become problematic, for instance social anxiety. Acceptance means letting go of behaviours that do not work.

DEFUSION

All people get caught up in thoughts that are not necessarily true, for instance thoughts about the world – 'if I go to the meeting nobody will talk to me' – or thoughts about ourselves, such as 'I am stupid.' When people buy into their thoughts, ACT calls that being fused and it often produces behaviour that leads away from values. Defusion is about learning to stand back from these thoughts, and choose behaviour that is towards your values.

MINDFULNESS

In ACT the mindfulness component is about learning to be present in the here and now. By noticing the reality of the situation people are better able to choose the behaviours that will work in the current context.

TAKING PERSPECTIVE

All people get caught up in their lives and lose perspective. Taking perspective is about learning to stand back and see the bigger picture. From this 'observer' perspective it is usually easier to see the right moves and make the right decisions.

VALUES

This describes what is important and meaningful to you as an individual. It is the direction you want your life to go in so that it has purpose and feels satisfying. This is not the same as trying to be happy, rather describing the types of activities that feel right at a deeper level – for example family, work, recreation.

COMMITMENT

Committed action is at the heart of ACT. Instead of trying to feel better, ACT emphasises carrying on with your values even when it feels uncomfortable. For example if you feel anxious about going to a meeting then go, and take the anxiety with you so long as this is important to your values.

The six components are fluid and summed up in a metaphor called the passengers on the bus:

Imagine that your life is like a bus and you are the driver. On the front of the bus is the route you want to take (valued direction). As you start the bus up a bunch of unruly passengers get on board and start making a noise (your thoughts and feelings). As you set off some of them come down and start harassing you, so you start telling them to sit down. But they don't, so you stop the bus and try to make them.

ACT uses lots of metaphors like this to help people understand that it can be futile to struggle with unwanted thoughts and feelings, and that when you do it can bring your life to a halt. The alternative is to live with them and learn to drive the bus.

There is an extensive evidence base for ACT across many conditions, as well as a specific evidence base in addiction. More than 50 randomised control trials (RCT) have been published and six of these are in addiction. The overall evidence base has been independently reviewed and compares favourably to CBT (Öst, 2008). In the United States the model has been evaluated by the Substance Abuse and Mental Health Services Administration (SAMHSA) and approved as a recognised treatment for addiction. There is evidence for use in residential rehabilitation, with methadone maintenance and for recovery across alcohol, opiate, stimulant and cannabis use.

For groups, a very simplified version called the ACT Matrix has been developed by myself and Dr Kevin Polk and used throughout the addiction services in Portsmouth. Over the last five years groups have been run across multiple agencies – the hospital, family centre, probation, community drug team and beyond. In that period attendance and outcomes have improved more than 100 per cent year on year. The matrix is also being used as a model for rehab at the Addiction Recovery Centre (ARC), and has been developed into a model of peer recovery.

'There is an extensive evidence base for ACT across many conditions, and also a specific evidence base in addiction.'

ACT is compatible with the 12 steps and a perfect fit for the recovery model. It is easy to use through the matrix format, yet highly evidence based. While relatively new, it is now established in the UK within the mainstream treatment agencies, in rehab and in peer recovery. It is a simple model, which can join up the treatment journey for the client and deliver reliable results.

Mark Webster is a registered psychotherapist. Fully referenced version available at www.drinkanddrugsnews.com

POTENT STRUGGLE

Working with an aid project in Uganda brought **Martin Blakebrough** face to face with the optimism of community growth and achievement – undermined by a stark reminder of the destructive effects of alcohol

WALES HAS A LONG ASSOCIATION WITH UGANDA mainly due to the connection between Mbale and Pontypridd brought about by the community link programme Pont. The success of the project has been recognised by the Welsh Government, who now send leaders in public service on placements in Mbale.

I was fortunate to be selected for the programme and worked with the Uganda Women Concern Ministry for eight weeks. The project's primary mission is to support women in rural communities and it was started in the early 1990s by Edith Wakumire, who was herself an orphan and whose work with women has been recognised by the UN.

There is a very serious need to invest in women in Uganda, not only to further their economic empowerment, but also because women will then invest in their families. Through microfinance schemes I was able to see women funding nurseries, building a secondary school and paying school fees for their children. Women are the real workers in Uganda and through better farming, can lift themselves and their families from subsistence to living a life of aspiration. To see a community of women buying 23 cows was a sign of real progress. The Welsh government is investing in schemes from tree planting to coffee co-ops, and Pont's vision in partnership with the government is ensuring support is targeted effectively and making a real difference.

Yet there is a problem that seems to be under everyone's radar, and that is addiction. Our UK government may be promoting bingo but as in the UK, gambling is a real problem for male Ugandans. The other addiction that we share with Uganda is alcohol. The focus on regeneration is vital, but families are being crippled by alcohol abuse.

A study by US Broadcaster CNN puts Uganda as the leading African country in terms of alcohol consumption and eighth in the world. According to CNN: 'Uganda leads its African neighbours for alcohol intake, largely thanks to a rampant trade in illegally made rotgut and a winning formula of booze made from bananas.

'High on the menu is a potent liquor called waragi, also known as war gin because it was once used to fortify troops. Though drinking too much inevitably leads to surrender.'

The Ugandan *Daily Monitor* also notes: 'Intake of colossal amounts of potent gins and other forms of crude liquor in mostly poverty-stricken rural communities and urban slums has raised health alarms amid declining productivity by affected youth.'

I witnessed for myself the destruction that alcohol was causing to rural communities. I was taken round villages and many gardens laid testimony to the waste in human lives, with graves of men dying far too young. HIV/Aids is still a major problem but many more people that I spoke and met talked about those they are losing due to deaths from alcohol. The problem in Uganda is not just men drinking; there is an increased uptake of drinking by women, which has led some children to be left in an appalling situation without food, education or any real love.

'Women are the real workers in Uganda and through better farming, can lift themselves and their families from subsistence farming to living a life of aspiration...'

The response to alcohol abuse of course would be different to that provided by agencies such as Kaleidoscope, but to ignore the problem means that communities will be plunged into depression. The need for training and support from agencies to respond to this killer problem is ever more pressing.

Working with women in Uganda I also saw how the death of a husband, in itself traumatic, was compounded by that death placing the family in danger. Women often do not inherit property and in some cases, family members of the dead husband come in, seize their land and make their vulnerable family homeless. I was fortunate enough to be involved in supporting one such family to build a new home on land donated by the church community, but these cases are sadly not the norm.

Uganda is an amazing country to visit and work in. There are many inspiring people and I am most grateful for the friendship of so many I met. As with many poor countries, there are people struggling with crippling poverty. Sadly, for some the poverty is so harsh they look for a way of escaping their reality and turn to drugs such as alcohol. It means that the support we give must be both economic and social. I hope I can help in a little way and that government can remember that support for people to move out of poverty comes in many forms.

Martin Blakebrough is the CEO of Kaleidoscope and was in Uganda as a guest of Pont from 2 January to 28 February. For more information about Pont visit http://pont-mbale.org.uk

Kaleidoscope's conference, 'From harm reduction to mindfulness' is on 14 May in Newport, Gwent. Details at www.kaleidoscopeproject.org.uk

EXPERTS

Participants in the Staying Safe hepatitis C prevention project gave invaluable insight into life-saving protective practices. The findings could be used to make harm reduction messages much more relevant, say **Magdalena Harris** and **Tim Rhodes**

The Staying Safe study is a hepatitis C prevention project with a difference. Instead of focusing on risk practices and transmission events, such as the sharing of needles and syringes, we were interested in how protective practices arose and were maintained over time. Here, people who had been injecting for the long-term and who did not have hepatitis C were the experts – or the 'cases', with those who had hepatitis C also interviewed as 'controls'.

Our 37 participants (ten women, 27 men) were recruited through drug services and drug user networks in South East and north London. Twenty-two were hepatitis C negative, and 15 hep C antibody positive. Twenty-five primarily used heroin, with 12 preferring a crack and heroin mix. All but two were also on an opiate substitution treatment (OST) programme, with the majority receiving methadone (31) and four Subutex.

In order to understand the protective factors that helped some people avoid hepatitis C we chose a broader approach than one that focused purely on injecting practices, and conducted interviews where we invited participants to talk about their lives – from birth to the present date – in a way which was meaningful for them. The process included developing a life history timeline, which helped to jog people's memories about significant events, but more importantly allowed us to explore the interconnection between people's protective and risk practices and what was going on in their lives at the time.

We identified a range of protective practices – such as not sharing needles and syringes – which was unsurprising in itself. What was interesting however, was that these protective practices were not generally related to hepatitis C or HIV avoidance, but to more immediate meaningful concerns such as looking after veins, avoiding withdrawal, having a quiet private place to concentrate on injecting, and the pleasure of being able to relax and enjoy the hit. They were also concerned about maintaining social relationships, image management (presenting as a 'non-user' to avoid stigma and police attention), controlling quality of the drug mix and preventing dirty hits. Hepatitis C and/or HIV prevention was a concern for some, but for many was not a priority.

For people who inject regularly, veins are precious and minimising the pain and length of injection time was a primary concern, and one of the main reasons for using new needles. Half of the participants began injecting before hepatitis C had been named and when they also knew little about HIV, or did not see it as a relevant risk. For many, an early motivation to use new works (needle and syringes) was because they were sharp and would therefore cause less vein damage.

A number of the participants had transitioned to groin injecting, however many were fearful of making this move and expressed a desire for help and advice about maintaining and finding other veins to use. Very little help was forthcoming however, with participants who had sought advice encouraged to stop injecting. This only served to increase their frustration and disengagement from services.

It has been well documented that the most risky injecting practices take place when people are in withdrawal or quickly trying to avoid its onset. It was no surprise, therefore, to find that strategies participants used to avoid withdrawal also helped them avoid hepatitis C. The majority of participants were on a methadone script and, for those who could, stockpiling methadone was key to protecting against withdrawal, as well as allowing them to help out others in need.

WHAT ABOUT RISK?

Fifteen of our 37 participants were hepatitis C antibody positive, and even those who were negative did not necessarily maintain protective practices all of the time. The facilitators of risk that came up ranged from the personal (such as inability to prepare and administer drugs) to the situational (such as missing an OST dose or having limited money) to the structural (such as being affected by policing, or lack of accommodation and benefits).

Misunderstandings about hep C transmission were apparent in many participants' narratives and could place them at risk. Most were in long-term heterosexual relationships and, as with many long-term couples, condoms were infrequently used. Sharing works and other injecting equipment between couples was often framed in terms of a 'risk equivalence' – ie, the belief that there was just as much risk catching hep C through unprotected sex as through sharing injecting equipment.

'The pleasure of injecting and drug use in general seems to be the elephant in the room in drug services, where the preferred rhetoric is one of "misuse", "harm" and "recovery".'

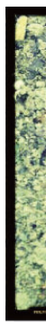
The risk of heterosexual transmission of hep C is very low, unlike the risk of transmission through injecting equipment. While there are a number of reasons that people may choose to share injecting equipment with their sexual partners (such as an expression of trust and intimacy) participants' frequent references to a 'risk equivalence' between injecting and sexual practices, indicates that – given other information – they may have rethought their sharing practices.

While participants had access to services providing free sterile needle and syringes, there was no or little provision out of hours and no peer-operated exchanges in the area. The primary providers of needles and syringes for London users were pharmacies and drug and alcohol services, but participants were inhibited from using them by fears about confidentiality and being cut off their script.

RECOMMENDATIONS FOR PRACTICE

Interventions advising people on changing their injecting practices have had limited success in the past. They need to be coupled with interventions that acknowledge the important social dynamics of injecting and the role of social networks, environments and services in helping to facilitate protective practices.

Fundamental is the removal of barriers to sterile needle and syringe access. Peer workers could have an important role in making needle exchange at drug and alcohol services more accessible, particularly if accompanied by transparent



BY EXPERIENCE

policies on client confidentiality and systems to keep the exchange separate from the domain of client case workers/prescribers. Ideally, this would be accompanied by the widespread introduction of injecting equipment vending machines for after-hours access.

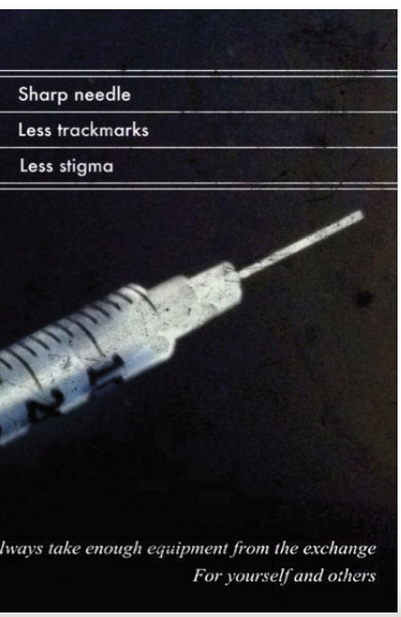
The current UK policy emphasis on 'recovery' – often interpreted as abstinence-based – creates additional barriers for people who inject drugs to fully engage with services. Participants demonstrated a need for non-stigmatising practical advice about vein care, venous access and caring for soft tissue infections. This is important for reducing transitions to groin injecting and associated problems such as unresolved ulcers and limb amputation. Concerns about confidentiality and punitive OST policies can inhibit people from disclosing current injecting and receiving the help they need.

Participants were only able to self-regulate and keep methadone back as a safeguard for themselves and others if they were receiving take-home doses. This important harm reduction resource can only be facilitated by less punitive and restrictive methadone dosing protocols.

While this is a controversial recommendation in the current policy environment, it is backed by research demonstrating that the adoption of more flexible dosing regimens has better outcomes than supervised consumption – resulting in improved treatment retention rates, increased involvement and trust in services, improved reported quality of life and no demonstrated increases in criminal activity or illicit drug use.

The fear of losing children to social services, coupled with concerns about confidentiality, can inhibit people who use drugs, particularly women, from accessing services, and the trauma of having children removed often exacerbates risky practices. There is a need for service provision to be responsive to these issues; COUNTERfit, a Toronto harm reduction programme, provides an example of how this could be put into practice.

For couples who use together, there is a need for straightforward information on the relative risks of unprotected sex and sharing injecting equipment. Hepatitis C prevention materials which 'add on' safe sex information can do more harm than good, perpetuating 'risk equivalence' beliefs. Couple-based interventions can include practical tips such as strategies to keep equipment separate and distinctive.



INNOVATIVE MESSAGES

Getting a quick hit is pleasurable, and there is often nothing more desperation-inducing for a person who injects than poking around for a vein, ever conscious of the risk of the mix coagulating and becoming unusable. The pleasure of injecting and drug use in general seems to be the elephant in the room in drug services, where the preferred rhetoric is one of 'misuse', 'harm' and 'recovery'. While people accessing drug services are often experiencing substantial personal, social and/or economic problems to do with their drug use, this does not negate the pleasurable experience of use for some, and the pragmatic concerns that people who inject have regarding the maintenance of their veins.

Hepatitis C prevention could learn from the success of HIV prevention messages aimed at MSM (men who have sex with men), which actively engage with notions of pleasure. This would involve a move away from an emphasis on risk (*ie* 'do not share') to one emphasising the pleasure and utility of using new works (*ie* getting a quicker hit, less vein damage and scarring).

It has been a highlight for us to see this suggestion taken up in harm reduction workforce training and by organisations such as the Irish Needle Exchange Forum, who produced a series of harm reduction posters based on these messages. While using new works is not completely sufficient in HCV transmission avoidance, these messages have the potential to resonate with people who inject and who are jaded or confused by HCV prevention messages, and may provide a hook for other protective interventions.

We believe that harm reduction initiatives which acknowledge the pleasures and pragmatics of drug use are more likely to reach long-term users than those that frame drug use as 'problematic' and imbued with risk. This can be a challenge in the current policy environment where services face pressure to provide 'results' in regard to transitions away from drug injecting, and ultimately transitions off OST.

Innovative service provision and harm reduction messaging are particularly important in an environment where people who inject are increasingly facing challenges not only in regard to their drug use, but also benefit and accommodation provision. Responsive service provision can not only help to prevent drug-related harms, but help to address the trauma faced by people who have had their children taken and the destructive patterns of drug use that can result.

Magdalena Harris and Tim Rhodes are based at the Centre for Research on Drugs and Health Behaviour, London School of Hygiene and Tropical Medicine. To find out more about the Staying Safe project, email magdalena.harris@lshtm.ac.uk. Here she talks about the Staying Safe project in an Exchange Supplies video: www.youtube.com/watch?v=PsWn0_gOT4Q. For a fully referenced version of this article, with case studies, visit www.drinkanddrugsnews.com

Housing association chief executive Ron Dougan tells **David Gilliver** about the close links his organisation has established with the treatment sector, and how he's been persuading other housing providers to do the same

Hom

'I think it's starting to change,' says Trent and Dove Housing chief executive Ron Dougan on the reluctance of some social housing providers to take on tenants with addiction issues. 'There are really good housing associations who invest – both in terms of time and staffing resource – to help people who've gone through the recovery process.'

He's been head of the Burton-upon-Trent-based organisation since it was established in 2001 to take on the transfer of more than 5,500 properties from East Staffordshire Borough Council, where he served as director of housing.

A 30-year veteran of the sector – he helped set up a residents' association while a council tenant in Liverpool, and worked his way up from there – he's the first to admit that he had doubts about the client group.

'I was quite reluctant, to be honest,' he says. 'As chief exec of a housing association you want to make sure that tenants are going to fit into the community and not cause problems, so I took some convincing. But my own staff were very keen to convince me.'

The clincher, however, was visiting the nearby BAC O'Connor centre to see for himself. 'I spent some time there, and what I saw and heard convinced me absolutely to work with BAC. It was the right thing to do, and more than ten years later I'm more convinced than ever.'

While access to decent housing is one of the vital elements of getting people back on their feet, it's also something that can be overlooked or under-prioritised. 'It's absolutely vital if the great work on recovery is going to be continued,' he says. 'If people don't have decent housing at the end of it then the danger is that they fall back into the old ways, and you can understand that.'

Giving people a new place to live can also mean they can avoid going back to old neighbourhoods with their potential problems, pressures and temptations. 'We've got a small independent living team, and when someone goes into BAC that's when the relationship starts,' he says. 'We work with them right up until the time they're ready to move out and during that period we build up a relationship and discuss all of those sort of issues – where is it best for them not to be, so they don't go back into situations that aren't going to help them. When they come out, BAC continue to give them support until they no longer need it.'

The partnership with BAC began more than 10 years ago when Trent and Dove's independent living team were given the brief to work with 'any agency that helped to support tenants or local people with any needs above the norm'. People with addiction problems were 'one particular client group that we knew needed extra support', he says. 'They were going into our properties anyway, and some who hadn't been through BAC were causing problems on the estates, which isn't good for anyone. That's how it all started.'

The outcomes however, have surprised the organisation. 'While you might expect that the tenancies of people coming through with problems – or former

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'Come and see the work that goes on, and the inspirational impact that organisations like BAC can have. That's what convinced me, and I'm sure it would convince others.'

problems – potentially wouldn't be as successful as those coming through the door without those problems, that's not the case,' he stresses.

The organisation keeps statistics on successful tenancies – meaning the tenant wasn't evicted for rent arrears or anti-social behaviour – and there's a higher rate of successful tenancies for ex-BAC clients than people coming through ordinary routes, 'a really important message,' he says. 'These aren't people who are going to come into your area and start causing problems – they're people who have had problems in the past and come out the other end and can be a real asset to the community. That's what I try to get across to other housing associations.'

He's helped in that by former clients and members of service user group RIOT (Recovery Is Out There), who accompany him on presentations, while Trent and Dove also actively supports RIOT's radio station. 'A lot of the clients are just absolutely inspirational,' he says. 'They'll go out to local schools and talk about the dangers of addiction and go into prisons to tell people there's a way to get off drugs and stay off, and they can say that in a way that I never could. They've been through it so they're living proof.'

Were there any initial concerns from other Trent and Dove tenants, though? 'I think in the very beginning there were, and it's understandable,' he says. 'People hear stories about crime and anti-social behaviour and that sort of thing, and initially they don't know the people coming in so it's understandable if they're a bit apprehensive. But once they saw the people and got to know them, it really turned around. The community here is very supportive of both the work BAC does and the people who come out of BAC. Part of that I think is Noreen [Oliver, BAC chief executive] being so well-known and high profile, and she doesn't make any secret of the fact that the reason she's doing the job is because she was in that position herself at one time.'

A key element of success is to house people as quickly as possible once they leave BAC, he stresses, while BAC also has its own small unit for semi-independent living. 'It's a sort of halfway house. While clients are in there they get in-depth guidance on budgeting and all the things you need to do to have a successful tenancy', and there's ongoing support for clients who have moved into Trent and Dove properties.

Trent and Dove has now housed well over 100 ex-BAC clients, with all but around 2-3 per cent having successful tenancies. 'Those I speak to are really proud to be Trent and Dove tenants, but obviously I don't get to meet them all,' he says. 'The important thing is that they're independent and stand on their own two feet, so the successes we don't really get to hear about. Quite a few have moved on to other tenancies, some outside the area, and some have gone on to buy their own properties, which we see as a fantastic success. We don't necessarily want people to stay in our tenancies for ever.'

Trent and Dove also works with other treatment agencies, although the 'main one by far is BAC', he says. The organisation is also closely involved in work with Langan's café – even sharing a chairman – a local social enterprise set up by BAC. 'The recovery process is fantastic but if you don't have housing and employment at the end of it it's not going to help the continuation of that recovery. It's a beautiful building, they serve fantastic food and there's a real buzz in there – it's really popular with the local community. The chef, the kitchen staff and all the waiters are people who've gone through BAC and the idea is that they get the experience to put on their CV to get a permanent job – it's a springboard.'

Some ex-BAC clients have even gone on to serve on Trent and Dove's board, he points out. 'We have a board of 12 – six independent professionals and six of our tenants, and we have a governance training qualification with Derby University that any tenant who wants to stand for a board position has to go through. We've had a number of people through BAC who've graduated on the governance training and have gone on to serve on the board, which I think is probably unknown. That's really good. It's more than just about housing, it's about taking a valuable and important role and stake in the organisation.'

Trent and Dove works closely with the local authority as well as more than 100 other statutory and voluntary agencies that provide support for 'a myriad of different services and needs, from mental health to mobility to alcohol, the whole gamut' he says. 'The independent living team are central – it's not just a job to them, they're really passionate about what they do and I think that passion is recognised by the other agencies. It's a fantastic thing for the local community.'

How much of an impact have the funding cuts and welfare reform of the last few years had, however? 'It is a challenge, but what we try to do is think of new ways of working so we can continue to provide the vital services to those who need them,' he says. 'It's not easy but you just have to find new ways to do it.'

Ten years on, other local housing associations are now 'more than happy' to take on people with substance issues, he points out. 'We were the first. By showing it was a success, the others are happy to take on people who've been through that route.'

So what would he say to any housing providers that were still reluctant? 'The first thing I'd say is go and speak to housing associations who have taken this approach. If any housing association wanted to come and see the work on the ground we'd be pleased for them to do it – one of the things we've been doing with BAC is helping them persuade other councils outside of East Staffordshire to take this approach.

'Come and see the work that goes on, and the inspirational impact that organisations like BAC can have. That's what convinced me, and I'm sure it would convince others.'

Ron Dougan will be speaking about the vital role of housing in recovery at the Recovery Festival, which takes place in London on 1-2 July. Details at www.recoveryfestival.org.uk

MEDIA SAVVY

WHO'S BEEN SAYING WHAT..?

The sad fact is that when any drug is found to be fun – for partying, for pleasure or even for spirituality – it gets stamped on and made illegal. Once that happens, research is made incredibly difficult and the potential of the drug is ignored.
Sue Blackmore, *Guardian*, 4 April

Ninety-four per cent of the *Guardian/Mixmag* [Global Drug Survey's] UK respondents were white and 65 per cent were men, which doesn't really represent UK drug culture at all. It doesn't make the survey worthless – a big self-selecting sample is still a big sample – but any conclusions have to be taken with a serious pinch of salt. In particular, I suspect people who buy drugs online are much more likely to fill in online surveys than the average drug user. Ultimately, the story isn't a survey of 'UK drug users' but a survey of 'middle-class white men who read the *Guardian* and fill out online surveys'.
Willard Foxton, *Telegraph*, 14 April

As recently as 1960, Scotland had one of the lowest liver cirrhosis death rates in western Europe and now we have one of the highest. The transformation of the alcohol environment over the past few decades has been nothing short of spectacular... Asking people to exercise restraint in their drinking behaviour, in an environment that promotes both access and excess, is an approach that will always be limited in its ability to effect meaningful change.
Dr Evelyn Gillan, *Scotsman*, 10 April

Last week the Treasury revealed a quarter of tax revenue goes on social security excluding pensions... In the perverse, morally inverted world of modern welfare, reckless fecundity brings the reward of a home beyond the dreams of average Britons.
Express editorial, 7 April

If the NHS was run like a proper business, it would have filed for bankruptcy years ago and gone the way of other inefficient, loss-making state monoliths such as British Leyland and the National Coal Board. Every incoming government enters office with a promise to rescue the health service... But each reorganisation simply serves to make things worse.
Richard Littlejohn, *Mail*, 11 April

Cartels are the public demon so many of us love to hate. But a public focus on them essentially deflects attention from the way in which other players – like the US government – are not only complicit, but even run the show.
Gabriel Matthew Schivone, *Guardian*, 10 April

Risk, you see – the 'risk' cannabis could send you mad, or give you brain damage – is not something the young understand well. The young, remember, are invincible. Risks are for other people.
Martha Gill, *Telegraph*, 16 April

Once again, while myopic politicians preach tired sermons pioneered by President Richard Nixon about defeating the scourge of narcotics, there is a safer and more sensible alternative if only they displayed a little courage.
Ian Birrell, *Guardian*, 26 April

LETTERS

'Something about 12 step fellowships seems to bring out the worst type of prejudices in a minority of members of the treatment community...'

PEDDLING QUACKERY

I write in response to the article about homeopathy-based treatment in your recent edition (*DDN*, April, page 16). At a time when tough decisions are being made about financing services in our sector, it is alarming to hear that commissioned services are continuing to entertain pseudo-science, when other frontline services offering legitimate evidence-based treatments are under threat.

As a manager in Wales it is reassuring that public money on this side of the border is being scrutinised to prevent this kind of nonsense; only interventions endorsed by NICE will receive public funding. I hope that progressive services and boroughs in England will properly consider the evidence (and of course the study design and quality of that evidence) before offering vulnerable service users potentially damaging treatment options that are based on thin air.

For a summary of the evidence relating to homeopathy, your readers – and hopefully the 'progressive commissioners' in South East England – might want to consider the two articles below. Googling homeopathy; pseudo-science or quackery will uncover many others.
http://bit.ly/1lt122F (The Guardian);
http://ind.pn/1hhLOw5 (The Independent)
James Varty, by email

UNFAIR ATTACK

Stanton Peele's deeply critical article (*DDN*, April, page 8) about 12-step mutual aid groups accuses them of denying the reality of recovery and driving out other more effective approaches.

It saddens me that treatment professionals continue to seek out ways to attack organisations that abide by a tradition of having no opinion on outside issues and themselves refrain from commenting on other approaches or modes of treatment. Something about 12-step fellowships seems to bring out the worst type of prejudices in a minority of members of the treatment community.

The fact remains that NA currently has 62,000 meetings and AA 114,000 meetings worldwide and they want nothing more from society than to be allowed to exist. They don't cost the taxpayer a penny, refuse any outside financial contributions and save tens of thousands of lives.

PHE has recently published guidance encouraging treatment providers to take a more proactive approach to facilitating access to mutual aid for service users (including SMART Recovery and 12-step). This guidance was based on a review of the hundreds of published scientific studies on the efficacy of these groups and a helpful summary is available on their website.

My own organisation, the Bridge Project, has been using these techniques for some time and we can testify to the benefits of hosting mutual aid group meetings on our premises and employing volunteers who take clients to meetings. There is still plenty of demand for our other services, such as opiate substitution therapy and psychosocial interventions – we just believe in giving our clients choices.
Jon Royle, chief executive, Bridge, Bradford, www.bridge-bradford.org.uk

MISPLACED ELOQUENCE

I write in response to Stanford Peel's eloquent but emotive piece in which he raises questions about the integrity of AA and 12-step facilitation (TSF) approaches to overcoming addiction.

I have worked in the substance use and mental health field since 1986, when Henck

van Bilsen's paper *Heroin addiction: morals revisited* was something of a lodestar where I first worked. As good as (I thought) we were at providing an alternative to a regressive norm in residential treatment, we too had problems with our approach. If AA and TSF can be characterised as overly dogmatic and prescriptive, the alternatives can sometimes appear dangerously vague or ill-defined in practice – especially with good intentions but little training.

To say that practice was sharp in many of the residential treatment services of the time would be something of an understatement. There are countless first and second-hand stories of shaming and shameful practices, informed by many approaches – often with little underlying theoretical rigour and certainly without much competence. These were generously funded by a state only beginning to become concerned about the complex causal and maintenance factors in drug use and associated problems – many of which we continue to learn about, hopefully adapting our views as we go.

Bad advice, on psychiatric medication for example, is not solely the purview of AA or fellowship groups. Many people's experience of psychiatric medication is the embodiment of trial and error learning. Some principles espoused by AA do appear to undermine personal resourcefulness and self-efficacy. Many fellowship members, on the other hand, are among the most resourceful you could hope to meet and provide something of a model for people who are beginning to think about making changes for the first or 21st time.

Moreover AA and other fellowship groups are notable for their accessibility on all counts, where many centrally funded services simply fail at 5pm – although recent years have seen considerable improvements in operating hours.

An ambivalent subscriber to *DDN* initially, it seems like a good proxy for how views in the substance use field have become more inclusive over time. Likewise AA – at least in my experience – has become increasingly pragmatic and leaves Stanton's account of steps 3, 5, 6 and 7 looking somewhat hackneyed. Add to this the profusion of services and providers working more pluralistically and practising in person-centred ways, like Motivational Interviewing (MI) or the steady growth of SMART groups, and the picture becomes more nuanced than Stanton would have us believe.

If our shared goal is to support individuals by meeting them 'where they are' and when they most need support, I am certainly keen to hear about ways of doing this better. In my view Stanton veers dangerously close to the line of self-promotion while accusing AA and TSF groups of doing just the same.

The prospectus offered by his curious UK drugs worker, 'A' (whom I hope reads *DDN* and may be given to join the discussion) is seductive but faulty. There is very little that's 'handy and convincing' in the drugs field. I, for one, am curious about Stanton's perfect method, but not at the cost of overlooking the good works of fellowships of all hues – and their members – over time.

Richard Craven, lecturer, University of Abertay Dundee

RESPECT WHAT WORKS

I work in a 12-step treatment centre and am a 12-stepper myself, and I don't agree with Stanton Peele's critique of the 12-step programme. Firstly, the 12 steps form a spiritual, not religious programme. I feel that I have been empowered by the programme, it has given me the ability to recognise and make choices that I never knew that I had before.

The language of the steps can be off-putting to newcomers, but when examined in detail they are all about increasing people's power and choice. An acknowledgement of powerlessness over one's addictions gives power and choice over all other aspects of one's life.

Step 3 is really about letting go of control. As a using addict I wanted to control every aspect of the world around me; in recovery I realise that all I truly is control is myself, my actions and the way I respond to events. For example, if I go for an interview, I might prepare properly, I might answer all the questions to the best of my ability and yet the result of that interview is out of my hands. Step 3 allows me to recognise what I can do and let go of what I cannot do.

Steps 6 and 7 have, contrary to what Stanton Peele suggests, given me a deep level of self-knowledge and self-acceptance. I know, through working these steps, who I have been, who I am and who I can become if I choose to.

Far from driving other therapies out, most of the 12-step treatment centres I have come across embrace other therapies. One of the spiritual principles that all 12-step fellowships adopt is that of 'open-mindedness'. Most fellowships encourage members to explore and find the things that work for them as individuals.

Stanton Peele confuses the programme with those who try to practise it. Of course there are people, and even groups of people, within the fellowships who are so scared of relapsing that they become dogmatic and rigid in their views – but the fellowships do not encourage this. Twelve-step fellowships embrace individual freedom, freedom of thought and practice to the extent that they accept and embrace members of widely differing views, knowing that they will change when, and if, they are ready to.

WHAT YOU'RE SAYING

on Twitter @DDNMagazine

serenity @unclean99 13 Apr
@getintorecovery @DDNMagazine most of the people blowing trumpet for recovery don't recognise 'whole spectrum' sadly.

serenity @unclean99 13 Apr
@HantsHOMER_CRI @DDNMagazine unfortunately many, including @UKRWCharity, claim to embrace wider definitions but only pay lip service.

Dr Russell Newcombe @TheNewImpostor 12 Apr
@ScottybooSb @DDNMagazine @HantsHOMER_CRI @UKRWCharity can anyone tell me what drug services recovery does NOT cover?

John E @getintorecovery 12 Apr
@DDNMagazine The Stanton article is likely to do more damage across the whole spectrum of recovery rather than open genuine debate.

Lou @HantsHOMER_CRI 12 Apr
@UKRWCharity @ScottybooSb @DDNMagazine Recovery means different things to different people.

James Morris @jamesmorris24 11 Apr
Credit to @DDNMagazine for publishing @speele5's bolshy critique of #AA and #12step #Recovery

Kerry Stewart @Whiterosekitten 11 Apr
@DDNMagazine maybe they should speak to the many 1000s of recovered addicts across the world and ask what other measures they tried before.

Kerry Stewart @Whiterosekitten 11 Apr
@DDNMagazine I don't meet many whose first option was 12 step total abstinence. We arrived when all else failed.

UK Recovery Walk @UKRWCharity 10 Apr
No one knows who, when, or how we will recover so everyone should be given every chance! @ScottybooSb @HantsHOMER_CRI @DDNMagazine

scott bell @ScottybooSb 10 Apr
@HantsHOMER_CRI @UKRWCharity @DDNMagazine Recovery is so much more than two sides of one coin.

Broadway Lodge @Broadway_Lodge 9 Apr
@DDNMagazine 98% UK money for community programmes, 2% spent on rehab. 12-step rehabs don't account for all 2% but get excellent results!

Buxton & T @DoddNeil 9 Apr
@DDNMagazine Well done for the Stanton Peele piece. There is a fear of daring to question 12 steps.

Chy-Colom @ChyColom 8 Apr
@speele5 @DDNMagazine well it's a discussion point and gone are the days of one size fits all. There are many ways people can recover.

Peter Hutt @PeterHutt2 7 Apr
@speele5 @DDNMagazine AA has worked for 75yrs and attacking its values to sell books is not healthy. Alternatives work. AA RECOGNISES THAT.

I have talked about my own experience, but I have also seen others benefit greatly from the programme and the support that the fellowships give. I would not say that the 12 steps are the only way, but they are very effective for some people.
Marc Meyer, by email

A FIRST STEP

One can agree with Stanton Peele that there is much to criticise in the original concept of the 12 steps, but how many of today's groups actually run on the 1935 model? Observers report that practices vary considerably from one group to another.

Because the majority of residential rehabs do nothing to flush out of an addict's body the store of drug metabolites and toxic residues built up by prolonged addiction, leakage of these back into the blood stream is the main cause of restimulation of desire and return to usage. So it is at the time of such an unfortunate relapse that the fellowship of a 12-step group provides the support a wavering member needs to stay on the track towards full recovery.

The missing factors in most rehabilitation procedures are an understanding of the real reason why individuals become addicts – plus trained knowledge of effective and decades-proven addiction recovery techniques.

The beauty of such training is that, in addition to allowing an addict to cure him or herself of alcohol, cannabis, cocaine, crack, heroin, methadone and other already known addictions, it provides an immediate response to the 'legal highs' increasingly available and preferred because they avoid legal penalties.
Kenneth Eckersley, CEO Addiction Recovery Training Services (ARTS)

REAL EVIDENCE

I have read your magazine for many years, but never felt the need to write until I read the Stanton Peele article. Anyone can produce stats to debunk anything – look at how the tobacco industry claimed smoking was good for you and buried the research stating otherwise.

My evidence may be anecdotal, but I am like an awful lot of other people who have recovered, and am still recovering, from chronic drug and alcohol use and live a good life far beyond just stopping drinking and using.

For him to suggest that people should just sit and wait to 'grow out of addiction' places a death sentence on the likes of me and condemns my family to a living hell. Twelve step is not for everyone, I know, but it works for me when all his other suggested methods failed.
Keith Loughran, director, Xroads Recovery, Wirral

MISDIRECTED RESENTMENT

Reading 'A Step Too Far?', one can't help but notice the absence of any reference regarding the value of 12-step fellowship meetings, which are actually the core of the 12-step tradition, rather than 12-step facilitation within a treatment context.

Literally millions of individuals worldwide have saved their own lives and found renewed meaning and purpose, as well as restored self-esteem and confidence, by attending fellowship meetings that are mutually self-supportive, regardless of personal awareness or understanding of the mechanics of working the 12 steps.

It is not a requirement that individuals become missionaries; rather, there is a simple invitation to embrace abstinence and apply a time-tested structure to their lives that allows a person to recover from active addiction through their own self-effort, whether or not they actually work the steps.

Attendance at meetings is very often sufficient for someone to at least arrest active addiction and begin to recover by way of meeting attendance and identification with peers.

It sounds to me – reading between the lines – that Mr Peele is in breach of the universal medical ethic – 'above all do no harm' – given that he is expressing his own personal opinion, which might negatively influence someone who would benefit from embracing abstinence-based recovery within the framework of the 12 steps.

There is a verse in the Bhagavad Gita: 'The wise person does not disturb the mind of the unwise… rather, they help them accept their lot in life…' The philosopher Epictetus indicated that we are not responsible for what life presents, although we are responsible for how we react and we therefore need to draw from within ourselves the means to overcome contemporary problems by way of personal self-discipline within communal support.

Fellowship meetings provide the framework for such support and will survive far, far beyond the period when Mr Peele's personal opinion, misdirected resentment and misunderstanding has faded into nothingness.
John Graham, by email

We welcome your letters…

Please email them to the editor, claire@cjwellings.com or post them to the address on page 3.
Letters may be edited for space or clarity – please limit submissions to 350 words.

WHAT YOU'RE SAYING

On DDN Magazine Facebook page

Francis de Aguilar, 9 April
I am disappointed that this was the front page of the most recent issue and was presented in such a way as to appear to be the view of the magazine. Mr Peele represents a minority view at best, and the 12-step fellowships are indubitably the most widely used and most successful recovery resource available worldwide.

The recovery movement is just begging to gain a foothold in the UK and this is a good thing. Practitioners are finally beginning to acknowledge that 'peer support' is a significant factor and they are taking steps to facilitate this and support it. To headline Mr Peele's misguided efforts and rhetoric is, in my view, irresponsible. By all means publish, but front page? In this manner? For shame, DDN, for shame.

Mark BigTed Cullen, 9 April
Must admit I was quite aghast at Mr Peele's views and opinions. Surely any programme, therapy or institution that helps people to recover should be celebrated not slated. The fact that so many, 100s if not 1000s, models of recovery are being rolled out suggests there is no definitive answer to addiction. I'm tempted to suggest that I believe Mr Peele may be suffering from a form of denial… but I won't.

On the DDN website, www.drinkanddrugsnews.com

Bob Gambell, 24 April
The article Mind the steps? is the most irresponsible piece of writing that I have ever come across in the treatment field. I was shocked to read such negative and judgmental words. Surely any approach that results in recovery and a purposeful life should be respected. The 12-steps have helped many thousands of men and women of all races, creeds and colours globally break the chains of addiction. Of course the 12-steps are not for all and recovery is a personal experience, as active addiction is a personal experience.

It is also frustrating when 12-step meetings are confused with the programme. The programme is in the book Alcoholics Anonymous, the meetings provide fellowship, 'take what you need and leave the rest.' As far as statistics go, to even attempt to talk about figures and statistics for anonymous meetings has always seemed to me quite bizarre.

The 12-step programmes have, as far as I am concerned, a 100 per cent success rate, and this is because if everyone else gets up and leaves and drinks or uses into tragedy as sadly happened to Mr Hoffman, but I am still there, then surely it follows that for a personal programme of recovery it has been 100 per cent successful with regard to myself.

Janet, 24 April
Absolutely upsetting article that tugged at my heart. The 12-step fellowships save lives, instil hope and encourage responsibility. There are thousands of meetings where attendees help each other to stay away from their substance of choice one day at a time and lead fulfilling lives. The writer of this article does not understand the approach and I am surprised you printed this on your front cover. I suggest he does some research with his feet and attend at least three conventions before he judges.

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12-May-14	Using the drugs wheel	Aberdeen PM
14-May-14	An interactive road to recovery	Inverness PM
19-May-14	An interactive road to recovery	Perth AM | PM
22-May-14	Psychostimulants: New trends in stimulant drug use	Glasgow AM | PM
23-May-14	Sleep management techniques	Edinburgh PM
30-May-14	Risk taking behaviour and drug use	Aberdeen PM
02-Jun-14	Using the drugs wheel	Stirling PM
02-Jun-14	Psychostimulants: New trends in stimulant drug use	Stirling AM
03-Jun-14	Psychostimulants: New trends in stimulant drug use	Inverness AM | PM
04-Jun-14	Risk taking behaviour and drug use	Glasgow AM | PM
06-Jun-14	Taking the lead: peer led approaches for young people	Edinburgh Full Day
11-Jun-14	Cannabis and its use	Glasgow AM | PM
16-Jun-14	Using the drugs wheel	Edinburgh PM
18-Jun-14	Sleep management techniques	Glasgow AM | PM
20-Jun-14	Cannabis and its use	Edinburgh AM | PM
26-Jun-14	Risk taking behaviour and drug use	Inverness PM
26-Jun-14	An interactive road to recovery	Stirling AM
27-Jun-14	Psychostimulants: New trends in stimulant drug use	Aberdeen AM | PM

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The event will be held on WEDNESDAY 2nd JULY 2014 from 10:00 to 13.30 at The Essex Records Office, Wharf Road, Chelmsford, Essex CM2 6YT

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To register your interest in this opportunity and book a place on the pre-tender market engagement event, please follow the instructions below:

1. Send an email with your organisation name in the subject title field to ***email2workspace-prod+ECC+WS360209608+u3vk@ansmtp.ariba.com*** asking to be invited to this event. Please also provide your contact name and Supplier ID/User ANID from your Ariba registration details (if registered) and the names of the attendees you would like to come to the market engagement event.

2. If you have more than one registered user on Ariba, provide the name(s) of each registered user in your request as it may not be possible to include additional users at a later stage.

3. If you are not registered in Ariba at all, go to ***http://ecc.supplier.ariba.com/ad/register/SSOActions?type=full*** and follow the instructions to register then follow steps 1 and 2 above.

If you have any queries with regard to this event please contact Amy Traynor on 03330 136 254

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