

hull
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Hull Drug Strategy Team

newsletter



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ONE HULL
Creating a better City

ONE HULL is Hull's Local Strategic Partnership (LSP), which brings together public, private, voluntary and community sectors to create a better city.

TACKLING DRUGS CHANGING LIVES

Training Packages Provided by Compass Outreach

Basic Drug Awareness Duration: 2 hours

Basic information and advice on signs and symptoms and drugs facts to assist staff/volunteers who may work collaboratively with people who have substance misuse issues.

This course is best suited for voluntary groups.

Detailed Drug Awareness Duration: 3 hours

A comprehensive overview of the signs, symptoms and effects of specific drugs - to assist professionals in reducing risks and be able to analyse and respond to the treatment needs of service users. It also provides information on the treatment systems involved for clients in Hull.

This course is for professionals as it covers in depth pharmacology.

Basic Life Support & Overdose Prevention

Duration: 2 hours

This is available to families, carers and professionals who come in to contact with illicit drug users who may be at risk of drug related overdose.

Harm Reduction Duration: 3 hours

Improve knowledge, understanding and ability in assessing risks. Providing harm reduction advice and support to clients. This course is for both professionals and voluntary groups, and also covers the treatment system in Hull.

Hepatitis Training Duration: 1 hours

To improve knowledge and understanding regarding Hepatitis and the screening and treatment available. This course is suitable for professionals.

All of these courses can be tailored to your needs.

Compass Outreach Team also offer bespoke training packages. If there is a particular topic you would like to receive training on please let us know. There is no charge for training.

Contact details: tel: 01482 221 551 Email: kay.brady@compass-uk.org

Spotlight on a Service

HMP Hull Family Support Centre

The centre at HMP Hull provides visitors with the opportunity to access a range of local services for help, information and support, including:

- **Drug services** - CDP Carer's Service hold weekly drop-ins
- **Welfare Support** - support & advice to those living in their own homes, the service also signpost drug support/ information
- **Homestart** - support for families with children under the age of 5
- **Together Women** - support and help for women offenders or those at risk of offending
- **Housing services**
- **Education, training and employment**
- **Healthcare services**
- **Legal and financial services**
- **Family and relationship support**, including Barnardos Family Intervention Project which works with families using a Think Family approach



Services and support within the centre link with other services in the community.

It is hoped that further organisations will offer support within the centre in the near future, including Job Centre Plus and Access for Change - who work with people regarding alcohol use.

A crèche is also being built to make accessing services easier for those with children and this will be running from November this year.

The centre is predominantly accessed by families of prisoners, but is available to anyone in the community.

Over 30,000 people pass through the Family Centre each year.

- For further information or to run sessions/ display information within the centre, please contact Gary Swales: 282685 or gary.swales@hmps.gsi.gov.uk

Good news from the Minerva Project at HMP Hull, which has just completed its 1st Quarter:

- the project has signed up 92 ex offenders as Minerva Volunteers.
- 91% of those engaged have reached their 12 weeks non-return to prison.
- 5 Minerva Volunteers joined at the start of the Social Enterprise, in April, and have completed their 12 weeks education and training. 1 of which has now started his own PAT Testing business, and 1 volunteer has gained full-time employment.

The main pathways that ex-offender groups state assist in non-return to the prison system are accommodation, benefit advice and employment.

Recovery Case Study

This is Sarah's story, she is a recovering addict from Hull.....

My past

I first started drinking at the age of 11 and started taking drugs at 12, which led to 14 years of substance misuse. I first started using the services in Hull from age 16, up until 2009 when I was 25. Extreme panic attacks and anxiety made things worse and I hit rock bottom. My councillor and drug and alcohol worker suggested detox and rehab. I kept to my appointments, but a lot of the time thinking 'why do I bother?'. I was ready to take my own life, until I got a phone call with a date for detox. I was so happy and it showed me never to give up hope and keep fighting.

Detox and rehab

I did a 5 week detox in Plymouth - it was hard but I really wanted it so the times when I wanted to walk and take the easy option, I stuck with it and at the end of the 5 weeks I felt amazing. I'd made some friends and had major benefits from everything I did there.

I then went to an all women's rehab in Plymouth. It was a massive change from detox. Detox was hectic, a buzz, lots of comings and goings – a lot like using life. Rehab seemed so boring, it was slow, so much sitting around. Later I found this was a part of the process. The first week I was ringing my care manager asking to be moved to another rehab. Fortunately they said no and they would reassess the situation in a month. The third week in everything started to click into place and I made good friends and really got into my treatment. I did so many amazing things and apart from all the serious side there was a fun side too. It really helped my inner child doing activities. I also went sailing for 4 days which was life-changing. For my panic attacks and anxiety I learned Emotional Freedom Technique which changed that around and I did Eye Movement Desensitization and Reprocessing (EMDR) for past sexual abuse issues, and the memories don't seem the same anymore. I had a great councillor and great peer support.

Where I am now

I did 8 and a half months in rehab and I am now living in drug and alcohol free supported housing in a beautiful village.

I do voluntary work in an animal charity shop and help look after horses. Trying new things gives me confidence and I get to meet new people. I just went out and got this voluntary work as my life now is 'if I want something, go get it!'. All the energy I once used on drinking, taking drugs, getting them, I can now use on creating something new for my life.

I am a published poet – I have 17 published in books and have written for lots of newsletters. I have been clean and sober for 1 year and 2 months now and would never give that up for anything.

I feel like a new person. I feel blessed.

I am something, someone, a mother, a daughter, a friend.

It's so true - 'you get out what you put in'.

If it wasn't for the services in Hull sticking with me, and me sticking with them and having faith, I don't believe I would be here today. They helped me save my life when I had lost all hope and hit rock bottom. I had their support all the way and that counts for a lot. If you have that bit of willpower and are willing to use your strength to make changes, it's hard and seems a really long process, but I know it's worth it. It was worth every tear – it's about sticking with it. I did, now I have pure happiness that's worth more than any drink or drug could offer me.

A big thank you to Sarah for sharing her story.

- To hear more people's recovery stories, the Hull Recovery DVD is now available to view on CHCP web pages and via the Hull City Council drugs web pages.
- Also, look out for the 'Road to Recovery' article in August's Hull in Print.
- If you work with people who may be using drugs - you can help them on their road to recovery by referring to CDP for help, support, advice and treatment on 225 868.

Drug Misuse Declared; findings from the 2009/10 British Crime Survey

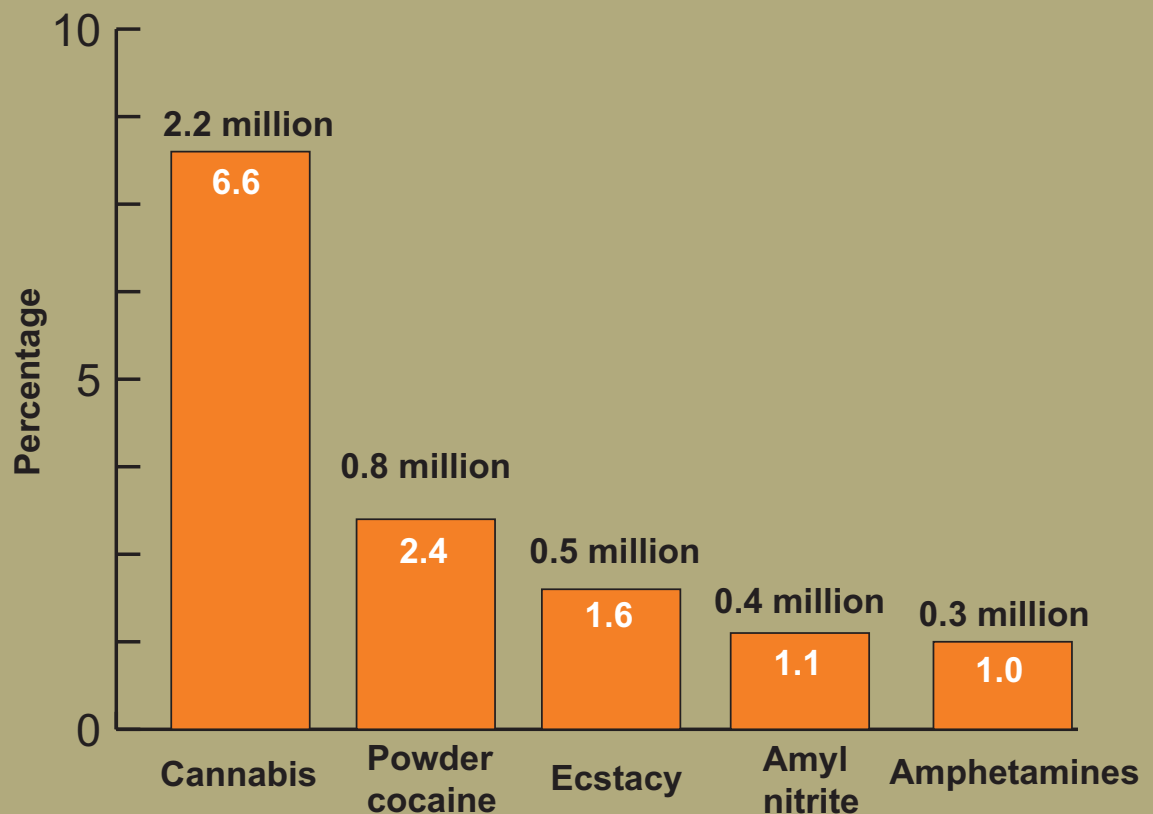
The report has been published on the Home Office web site:

<http://rds.homeoffice.gov.uk/rds/pdfs10/hosb1310.pdf>

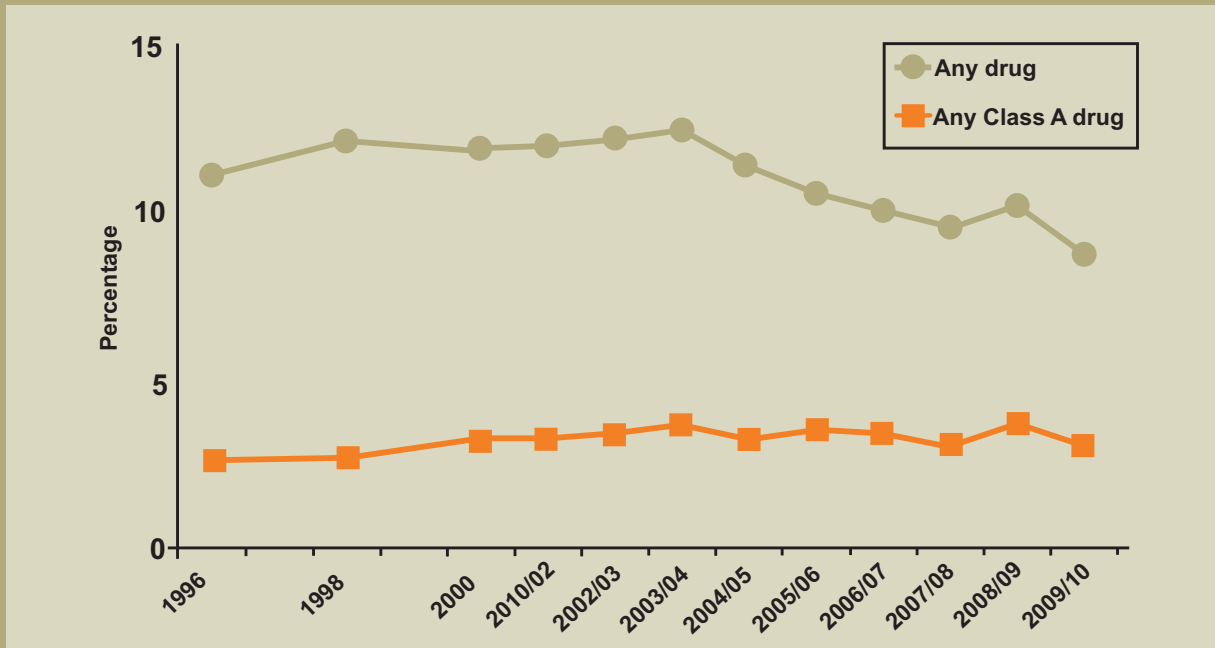
Here is some key information reported:

- The 2009/10 BCS estimates that 8.6 per cent of adults had used illicit drugs (almost three million people) and that 3.1 per cent had used a Class A drug in the last year (around a million people).
- As in previous years, cannabis was the most commonly used type of drug in the last year, followed by powder cocaine.
- Last year use of any illicit drug by 16 to 59 year olds is at its lowest level since measurement began, falling from 11.1 per cent in the 1996 BCS (and from 10.1% in 2008/09) to 8.6 per cent in the 2009/10 BCS, mainly due to successive declines in the use of cannabis since 2003/04.

Proportion of 16 to 59 year olds reporting the use of the most prevalent drugs in the year 2009/10 BCS



Proportion of 16 to 59 year olds reporting the use of any drug or any class A drug during the last year, 1996 to 2009/10 BCS



**Summary of trends in last year drug use among 16 to 59 year olds
Between 1996 and 2009/10:**

Increase	Decrease	No statistically significant change
<ul style="list-style-type: none"> • Any cocaine • Cocaine powder • Crack cocaine 	<ul style="list-style-type: none"> • Any drug • Any stimulant drug • Hallucinogens • LSD • Magic mushrooms • Amphetamines • Cannabis 	<ul style="list-style-type: none"> • Any Class A drug • Opiates • Ecstasy • Heroin • Methadone • Tranquillisers • Anabolic steroids • Amyl nitrite • Glues

Between 2008/09 and 2009/10:

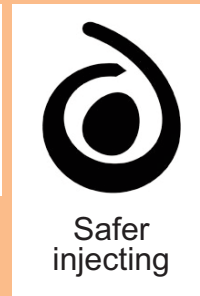
Increase	Decrease	No statistically significant change
None	<ul style="list-style-type: none"> • Any drug • Any Class A drug • Any stimulant drug • Any cocaine • Any amphetamines • Powder cocaine • Amphetamines • Cannabis • Tranquillisers • Amyl nitrite 	<ul style="list-style-type: none"> • Hallucinogens • Opiates • Crack cocaine • Ecstasy • LSD • Magic mushrooms • Heroin • Methadone • Methamphetamine • Anabolic steroids • Ketamine • Glues



Harm Reduction

Free harm reduction resources are available via Harmreductionworks.org.uk

The DVDs, posters, leaflets and other resources help raise awareness of the health risks associated with overdose, blood-borne viruses, injecting and crack cocaine.



Naphyrone or NRG-1

It's been described as...“The replacement for mephedrone” and “A brand new designer research chemicalfar stronger than cocaine, amphetamine, MDMA”

It is usually sold as a white crystalline powder, and produces psycho-stimulant effects.

Web Sale Increases

Since mephedrone became illegal, websites that had previously offered sales of mephedrone have switched to products purported to be naphyrone and other alternatives.

The Law

Naphyrone and its related compounds are Class B drugs, from 23rd July, following recommendations from the Advisory Council on the Misuse of Drugs (ACMD).

Harms & High/ Variable Potency

Currently very little safety or toxicity data is available for naphyrone, but its high potency by comparison with previous cathinones or MDMA (ecstasy) suggests that its use is likely to be associated with a higher risk of accidental overdose. It is apparent that some suppliers are aware of this and recommend a dose as small as 0.02g, by comparison with the 5-10 times higher doses associated with MDMA or mephedrone.

Predicted harmful effects of naphyrone include adverse effects on the heart and blood vessels, hyperthermia, dependence liability, and psychiatric effects including psychosis and anxiety. In extreme cases amphetamine-like drugs can cause death due to cardiovascular collapse or heat shock.

Test purchasing showed inconsistencies in potency meaning increased risk of overdose.

See ACMD Report on Cathinones, March 2010 and the Advisory Council on the Misuse of Drugs Naphyrone Report 2010 - found on the Home Office web site, for more information.

Hidden Harm

A Hidden Harm conference was held in London on 22nd June, where reports were given from the latest research findings into the area of hidden harm.

Research findings included:

- Working directly with those concerned (families) about someone else's substance misuse problems can help a user engage in treatment. It was a 'myth' that family members could not influence people to change, with relapse much less common when family was involved in treatment.
- What is needed are local systems of support and reintegration for drug users and their families that are in place right from the start of recovery and treatment.
- The sector is not bad at recognising when there is harm or neglect, but it needs to look at the threshold for children who could be supported before they get to that stage.
- Frontline workers need up to date knowledge of what to do when confronted with someone who needs support.
- There are opportunities for shared ownership of the problem and for earlier interventions - to prevent the deterioration of family life and to buttress parents for when things get tough.

Further conference/ research information is available at:

http://www.kca.org.uk/pages/hidden_harm_conference_2010.html

A range of support is available to families in Hull through:

- The Parenting Team (offering help and courses such as Strengthening Families, Strengthening Communities and Triple P) Tel: 01482 613426
- Barnardos Family Intervention Project (Offers support to families from a range of services which responds to the needs of different family members, from living skills support to providing meaningful activities for parents/ children, to supporting children in education.) Tel: 01482 320049

Emergency duty team - In all cases of emergency outside of normal office hours please contact the emergency duty team - Tel: 01482 788 080.

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Drug Strategy Team (DST):

Vicky Harris: *Head of Drug Strategy and Offender Management*

Diane Harvatt: *Reducing Reoffending Manager*

Paul Robinson: *Contracts Manager*

Andrew Major: *Performance Officer*

Anna Pilgrim: *Review and Community Development Coordinator*

Nicola Harris: *Admin Assistant*

DST main telephone number: **01482 612 327**

The team would be particularly interested to hear from community/voluntary groups and professionals regarding any drug related work or initiatives. If you would like to include information in future editions please contact Anna on **01482 612 816**.