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About DrugScope and the Recovery Partnership

DrugScope is the national membership organisation for the drug and alcohol field and the UK's leading independent centre of expertise on drugs and drug use. We represent around 400 member organisations involved in drug and alcohol treatment and supporting recovery, young people's services, drug education, criminal justice and related services, such as mental health and homelessness.

DrugScope is a registered charity (number: 255030). Further information is available at www.drugscope.org.uk

The Recovery Partnership was formed by DrugScope, the Recovery Group UK and the Substance Misuse Skills Consortium in May 2011 to provide a new collective voice and channel for communication to ministers and the Government on the achievement of the ambitions in the Drug Strategy. Building on the important work of sector membership, umbrella organisations and other groups, the Recovery Partnership is able to draw on a broad range of organisations, interest groups and service user groups and voices.

More information is available at <http://www.drugscope.org.uk/partnersandprojects/Recovery+Partnership>

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Contents

Introduction from Marcus Roberts, DrugScope Chief Executive	4
1. Localism and the new policy landscape	5
2. Communicating the benefits of drug and alcohol treatment	8
3. Engaging your local decision makers	18
4. Building successful community relations	26
5. Engaging your local media	32

Introduction from Marcus Roberts, DrugScope Chief Executive

Now, more than ever before, drug and alcohol services need to make friends and influence people. Over the last few years, we have seen big changes in policy and funding structures. Local decision makers - some of them in new roles - have much more say over how public money is spent. This is at a time when local budgets are being cut and there is a need for these decision makers to respond to their community's concerns and priorities.

At a national level, we have seen a consistently high level of interest in drug and alcohol services from successive governments. This is because politicians have been persuaded by the build up of evidence that our sector can save lives, improve health, cut crime and tackle social exclusion. Investment in drug and alcohol services is also cost effective, saving a much bigger outlay of public money further down the line.

Until recently, a central budget was set aside for drug treatment. Since April 2013, this has been absorbed into a general public health budget, with former drug and alcohol money comprising as much as a third of the pot of money available to local Directors of Public Health. However, drugs and alcohol is now just one of over 20 public health responsibilities. Of course, the work of drug and alcohol services contributes to many other public health outcomes - but the onus is on us to ensure that those connections are made.

Similarly, elected Police and Crime Commissioners will be balancing competing demands and priorities. We need to be actively reminding them of the huge impact that our work can have in cutting crime and improving community safety.

Drug and alcohol services may not top the list of priorities in the community or for decision makers with responsibilities for broad areas like public health or community safety. Local politicians, broadcasters and newspapers may hold misperceptions and prejudices about our services and the people that they work with. This can create or reinforce barriers to community support.

Localism creates opportunities, but also, in a period of austerity, a real and present risk of disinvestment. While DrugScope's *State of the Sector 2013* survey for the Recovery Partnership did not pick up evidence of widespread disinvestment to date, it did show that there are grounds for real concern going forward, with around a third of services reporting a decrease in their funding; decreases in numbers of paid frontline staff and greater use of volunteers; and barriers to accessing 'recovery capital' - things like housing, employment and mental health services.

With local authorities and other budget holders facing deep cuts to their budgets, it will not help our cause locally if we are not seen to be responding flexibly and creatively at a time that is challenging for many sectors and services. We need to be highlighting all the innovative work that is going on in communities. As a sector we have a proud history of adaptation and resilience; of achieving a great deal for people with limited resources. But this is only possible up to a point and we need to campaign to ensure sufficient investment in every local area, to ensure people who need help have access to world class services and to enable us to 'build recovery in communities'.

We have plenty to work with. First, we have an impressive 'evidence base' that amply demonstrates the positive impact of our services. Second, we have a rich reserve of 'narrative evidence' - including the personal stories and testimonies of service users - and we know how effective this can be in winning hearts and minds. Thirdly, the community may be more supportive than we realise. A survey of the general public conducted by ICM for DrugScope in 2009 found that nine out of ten people believed that "people who have become addicted to drugs need help and support to get their lives back on track" and over three quarters said that investment in drug treatment is "a sensible use of government money." It is important that we mobilise these resources in response to the challenges of the times. This guide will help you to do that.

Marcus Roberts, Chief Executive, DrugScope

1. Localism and the new policy landscape

The government's drive for localism has seen the transfer of power, authority and resources from central to local government and other local public agencies. There have been profound implications for the drug and alcohol sector. Here is a brief reminder of some of the new roles, structures and organisations it has created.

Public Health England (PHE)

The National Treatment Agency (NTA), a special NHS authority established to increase the availability, capacity and effectiveness of drug treatment in England, was abolished as a separate organisation under the NHS reforms. Its critical functions were transferred to Public Health England (PHE), the new public health service, from 1 April 2013. PHE has 15 local centres and 4 regions: north of England, south of England, Midlands and east of England, and London.

Health and Wellbeing Boards (HWBs)

HWBs have responsibility for the overall strategic direction for improving health and well-being in their area and 'to bring together NHS and local government efforts to meet the local population's needs as effectively as possible'.

Each board has a minimum statutory membership of at least one local elected representative, the Director of Public Health, the Director of Children's Services, the Director of Adult Social Services, a representative of the local Healthwatch and a representative of each relevant Clinical Commissioning Group. Other partners such as Police and Crime Commissioners, criminal justice agencies, youth justice services, housing services, schools and the Voluntary, Community and Social Enterprise sector (VCSE) may also be sought by the HWB.

HWBs assess the needs of the local population through Joint Strategic Needs Assessments (JSNAs), a local assessment of health and social care needs that could be met by the local authority and the Director of Public Health, CCGs and/or NHS England. HWBs then develop a Joint Health and Wellbeing Strategy (JHWS), which is the plan to meet needs identified in the JSNA.

Directors of Public Health (DsPH)

DsPH are responsible for the local authority's ring-fenced public health budget. Every local authority with public health responsibilities is required to appoint a specialist DsPH who is accountable for these responsibilities. DsPH are required to be active members of HWBs, advising on JSNAs and JHWSs; to commission appropriate services accordingly; to manage local public health services with responsibility and accountability for their effectiveness, availability and value for money; to play a full part in action to meet the needs of vulnerable children; and to contribute to and influence the work of NHS commissioners 'ensuring a whole system approach across the public sector'.

The DsPH are responsible for local budgets for drug and alcohol services within the public health budget and are also expected to work with local criminal justice partners and Police and Crime Commissioners (see below) to improve community safety.

Clinical Commissioning Groups (CCGs)

Primary Care Trusts (PCTs) have been replaced by CCGs, comprised of GP practices. CCGs are responsible for commissioning health and care services for the local population, and required to produce a commissioning plan at the beginning of each financial year. According to the King's Fund, CCGs now control around two thirds of the NHS budget, with a legal duty to support quality improvement in general practice.

CCGs are statutory members of HWBs. Relevant duties of CCGs include improving access to services and reducing health inequalities among the population; promoting patient involvement and control over treatment; including specific reference to reducing inequalities and improving outcomes for excluded groups in their annual commissioning plans; and co-operating with partners including policy, prison and probation services and participating in the development and implementation of local crime and disorder strategies.

CCGs have the power to contract other bodies to provide services, including voluntary organisations, and to make grants and loans to voluntary organisations which deliver services in line with the aims and priorities of the CCG commissioning plan.

Healthwatch

Healthwatch England supports the network of over 150 community-focused local Healthwatch organisations. Healthwatch is the national consumer champion in health and care and has a unique power to advise the Secretary of State for Health, NHS England, the Care Quality Commission, Monitor and English local authorities. Local Healthwatch representatives sit on the HWB, to put forward the views and experiences of patients, carers and other service users in the area.

NHS England

NHS England has taken on many of the functions of the former primary care trusts (PCTs) with regard to the commissioning of primary care health services, as well as some nationally-based functions previously undertaken by the Department of Health. NHS England commissions substance misuse treatment for prisoners in both the adult and youth estates. Health and Justice services are commissioned by 10 Health and Justice host area teams on behalf of the 27 area teams across England.

Regional Voices is an organisation bringing together nine regional networks that champion the work of the voluntary and community sector to improve health, well-being and care across England.

Each network has developed a regional Who's Who guide to help voluntary and community sector organisations make contact with people in the new health and care structures. The guide provides details for:

- Directors of Public Health
- Clinical Commissioning Groups;
- Health and Wellbeing Boards;
- Local Healthwatch organisations; and
- Commissioning Support Units.

Click the link below to access your regional guide:

<http://www.regionalvoices.org/whoswho>

Police and Crime Commissioners (PCCs)

Elected PCCs were introduced by the Police Reform and Social Responsibility Act 2011 to replace police authorities. There is now one PCC per police force area, excluding London (where the PCC responsibility rests with the Mayor, but is delegated to the Deputy Mayor for Policing and Crime and managed through the Mayor's Office for Police and Crime, or MOPAC).

PCCs are responsible for:

- developing a 5-year Police and Crime Plan, in consultation with the public, setting out strategic policing priorities;
- holding the Chief Constable to account for the force's delivery and outcomes (with a power to appoint and dismiss Chief Constables);
- encouraging joined-up working to achieve the objectives set out in the Police and Crime Plan, with PCCs and Community Safety Partnerships having a reciprocal duty to cooperate and have regard to each other's priorities;
- ensuring value for money through the setting of the annual police budget.

In 2013-14, PCCs had a separate Community Safety Fund (CSF) for crime reduction. This incorporated the Home Office component of the former Drug Intervention Programme (DIP) funding and local authority community safety funds. The CSF has not been 'ring-fenced' and from April 2014 there is no longer a separate CSF 'pot' but rather a single PCC budget for policing and community safety.

While many PCCs have indicated a strong commitment to crime reduction investment (including support for VCSE), there is no guarantee this support will continue in all local areas, given pressures and the need to take account of public priorities.

You can find your local PCC by visiting the website of the Association of Police and Crime Commissioners. On the right hand side of the homepage is a map search tool: <http://apccs.police.uk/>

Public Health England JSNA and return on investment resources

Each year, Public Health England (PHE) releases a range of tools to help local areas develop JSNAs and joint health and wellbeing strategies and to communicate the benefits of investing in alcohol and drug treatment locally.

The alcohol and drug JSNA support packs include:

- a data pack containing key local adult and young people's substance misuse information, such as prevalence estimates, numbers in treatment and a range of treatment and recovery outcomes*
- a series of good practice evidence-based prompts to help local areas assess need, plan and commission effective services and interventions

Other PHE alcohol and drug return on investment resources:

- a *Why invest?* slide pack summarising the costs and benefits of alcohol and drug treatment to society and updated annually
- a value for money tool demonstrating the crime and health benefits resulting from local investment in drug treatment*
- reports for Police and Crime Commissioners summarising the impact of drug and alcohol treatment in relation to reduced reoffending at a police force and local authority level*

Additional return on investment products and support will be available later this year from PHE.

**Tailored packs are distributed to local areas. They can also be downloaded from NDTMS.net and further information on how to obtain them is [here](#).*

2. Communicating the benefits of drug and alcohol treatment

In this section:

- how to form key messages specific to your organisation and your local area;
- how to use the wealth of 'big picture' data that exists to complement these;
- how to communicate the lived experience of your service users;
- how to demonstrate your organisation's impact.

We know that drug and alcohol users are not always viewed sympathetically by the general public, including people who work in a range of professions dealing directly with this client group – those who work in local councils, JobCentres, doctors' surgeries or housing associations can hold stigmatising attitudes too.

The UK Drug Policy Commission (UKDPC) carried out a large UK-wide survey of public attitudes to drug users in early 2010, in a piece of work which was modelled on an annual survey on public attitudes to people living with mental health problems. The UKDPC survey found that 22% thought that 'people with drug dependence don't deserve our sympathy' and 58% of people thought that 'a lack of self-discipline and willpower is one of the main causes of drug dependence'. (*UKDPC, Getting serious about stigma*, survey of 3,000 adults living in private households across the UK in April 2010).

However, DrugScope research the previous year (July 2009, ICM, poll of over 1000 randomly selected adults) was more encouraging. It showed that 1 in 5 adults in the UK have either personal or indirect personal experience of drug addiction in their own family or circle of friends. Eighty per cent of those surveyed agreed that "people can become addicted to drugs because of other problems in their lives" and there was overwhelming support for drug treatment, with 88 per cent of respondents agreeing that "people who have become addicted to drugs need help and support to get their lives back on track" and 77 per cent agreeing that investment in drug treatment is "a sensible use of government money."

We need to be conscious that there are mixed attitudes towards people with drug and alcohol problems: we cannot assume that audiences are on our side. This is why we need to use powerful messages about the achievements of drug and alcohol treatment and the benefits it brings to individuals, their families and communities in all our communications.

It's also important to remember that the people you are communicating with might not know a lot about drugs, alcohol or the treatment that is offered to help overcome dependence on them. Try and avoid using sector-specific jargon wherever possible.

Key messages

These are core to all your communications. Think about what you want your various audiences to remember about your service and its work from your interactions with them. Have a selection that you return to – and remember, different key messages will suit different audiences. Pick and choose accordingly.

Your key messages should be used across all your communications, whether you are putting together your annual report, writing copy for your website or giving a presentation to members of your Health and Wellbeing Board.

Here are some ways you could form a persuasive set of key messages.

Be specific about your organisation and its work

These are the most important set of key messages in your communications toolbox. They are unique to your service, your clients, your work and your vision. Some ideas are provided below.

Specific figures about your organisation's work make it real for your audience:

- [Name of service] provides support to over 250 local people with drug and alcohol problems each year.
- In 2013, 70 per cent of our clients left us free of dependency.
- We have supported 38 people to gain work experience at local businesses and charities in the last 12 months, helping them put something back into the community.
- In 2013 we worked with our partners, XYZ Housing Association, to help move 14 people from insecure accommodation to support their recovery.

Your organisation's specific mission and values should also form part of your key messages:

- [Name of service] exists to help the people of [town/city/county] recover from dependency on drugs and alcohol.
- We believe that everyone has the ability to change.
- Everyone's path to recovery is as individual as they are.

Use local statistics to build your case

Your Joint Strategic Needs Assessments (JSNAs) provide an important source of information about local substance misuse trends and issues. These are not gathered in a single place on the internet, but if you haven't already got a copy you should be able to find it using a search engine like Google.

The [Public Health Outcomes Framework website](#) allows you to find data that is tailored to the PHE regions.

There is regional information about drug use by region in the annual '[Crime Survey for England and Wales: Drug misuse declared](#)', including information about levels of use of particular drugs in different parts of the country.

The [National Drug Treatment Monitoring System \(NDTMS\)](#) provides regional data on drug treatment services and their performance.

There are a number of reports on particular issues that provide regional data. A particularly useful set of statistics is provided in '[Estimates of the Prevalence of Opiate Use and/or Crack Cocaine Use, 2011/12](#)'.

You can find estimations for how much has been spent on drug and alcohol services (2013/14) in your local authority using [these Excel spreadsheets](#) published by the Department for Communities and Local Government.

Present the big picture on treatment and the risks of disinvesting

There are lots of data and information available to provide context for the work of the sector and the benefits it brings, as well as the costs to society of drug and alcohol harms. You could look at some of the following documents for more information.

Drug and alcohol treatment brings cost benefits to society:

- Every £1 spent on drug treatment saves £2.50 in costs to society

Source: Drug Treatment Outcomes Research Study 2009

- Every £1 spent on young people's drug and alcohol treatment saves £2 immediately, reducing the costs of crime and health problems within just 2 years.
- In the long term, every £1 spent on young people's drug and alcohol treatment saves between £4.50 and £8.50 in costs associated with crime, health, education, employment and adult substance misuse services.

Source: DfE, Specialist drug and alcohol services for young people: a cost benefit analysis, 2011

- For every £1 invested in specialist alcohol treatment, it is estimated that £5 is saved on health, welfare and crime costs.

Source: Alcohol Concern, 15:15 – *The case for better access to treatment for alcohol dependence in England*, 2013

Stopping people using drugs can save money by:

- Reducing the crime associated with drug use: estimated at £445,000 over the lifetime of someone who takes drugs.
- Reducing the costs to the NHS: the cost of providing health services to someone who injects drugs costs an estimated £35,000 or more over their lifetime.
- Preventing the transmission (and subsequent treatment costs) of blood-borne viruses.
- Reducing the number of attendances at accident and emergency departments (and subsequent hospital bed-days) for injection-site infections.

Source: NICE Local government briefings: *Tackling drug use*, 2014

Drug treatment reduces crime:

- A typical dependent heroin user spends around £1,400 on drugs each month, two and a half times the average mortgage.
- Heroin, cocaine or crack users commit up to half of all acquisitive crimes (shoplifting, burglary, robbery, car crime, fraud and drug dealing).
- The moment users start treatment, less crime is committed.
- Drug treatment prevented an estimated 4.9 million offences in 2010-11 including 100,000 burglaries and robberies, 75,000 car thefts and break ins, 1,100,000 shoplifting thefts, 350,000 acts of prostitution and 25,000 bag snatches.
- It has been estimated that every £100 invested in drug treatment prevents a crime.

Source: National Treatment Agency (2012), *Treat addiction, cut crime*. This resource includes detailed breakdowns of impact on particular crimes and cost-benefits.

Alcohol-related harm costs us all:

- There are an estimated 1.6 million people in England who are dependent on alcohol.
- According to the Government's 2012 alcohol strategy, in every community of 100,000 people, each year 3,000 people show some signs of alcohol dependence.
- It is estimated that alcohol-related harm costs society £21 billion annually.
- The cost of alcohol-related harm to the NHS in England every year is £3.5 billion.
- Only 6 per cent of people in England dependent on alcohol receive treatment – compared to 23 per cent in Italy.
- For every £1 invested in specialist alcohol treatment, it is estimated that £5 is saved on health, welfare and crime costs.

Source: Alcohol Concern, *15:15 – The case for better access to treatment for alcohol dependence in England*, 2013

Drinking too much alcohol is a significant cause of preventable death:

- Excessive alcohol consumption caused 1.4% of deaths in England and Wales in 2012 and has caused over 5,000 deaths in England and Wales in each of the last ten years.
- In 2012 there were 8,400 alcohol-related deaths in the UK.
- Alcoholic liver disease was responsible for the majority of alcohol-related deaths. In 2012 it accounted for 63% of deaths, 18% higher than the number of deaths in 2002.

Source: ONS, *Alcohol related deaths in England and Wales*, 2014

Telling stories: People

Storytelling is one of the most powerful tools of persuasion. Stories have impact. They stick in people's minds; they are more personal than statistics.

In the drug and alcohol sector, there are lots of stories. Each client has a past which affects his or her present. They all bring their unique experiences, struggles and successes to their treatment journey. They are all hopeful of a future after treatment.

Telling these stories ensures that 'treatment outcomes' are more than just numbers in a chart – they are real people, with families and friends, whose lives have been affected not just by drug and alcohol use, but by their engagement in treatment.

Blenheim's Recovery Stories

Blenheim has been using stories as a way of marking its 50th birthday in 2014.

50 people who have been helped by Blenheim services are telling their stories, which are being uploaded onto a blog: <http://blenheim50.wordpress.com/>

Charlie's Story

Being taken into care when I was 13 was the happiest time of my life. After 3 years of being sexually abused by my step dad, it was a relief to just feel safe. I only met my real dad a few times when mum took us to see him in prison before she remarried.

Looking back now I suppose I just followed in the family footsteps, with what I was familiar with – sex, drugs and prison. The drugs went hand-in-hand with being a sex worker and the times in prison reminded me of being in care; the good times when I felt safe again and could sleep at night.

It was 4 years ago when I was referred to Blenheim's project in London. I was really resistant to the programme at first. I'd given up on trusting professionals and myself. They introduced me to a women's project though and for the first time outside of the care home and prison, I felt 'at home'.

Blenheim has helped me to have the confidence to believe in myself. I now have a voluntary work placement and I finally got the courage to get in touch with my brother.

They say life begins at 40. Mine began at 50.

John Jolly, Chief Executive of Blenheim, explains the thinking behind the project:

"We decided to do the 50 stories to mark Blenheim's 50th year because Blenheim is about the people we help. There was a need to show a wider audience what Blenheim does and the impact we have on people's lives. In February 2013, Blenheim committed to actively campaign on behalf of people stigmatised by alcohol and drug use by presenting people with drug and alcohol problems in a more positive light, rather than characterising them by their drug of choice and how they consume it.

"The recovery stories are the journeys of people struggling with drugs and alcohol and how Blenheim have helped them along the way to a better future. Names have been changed and we have used stock photos for the images - whether this was reassuring for the storytellers we honestly don't know, but we are fiercely protective of people's privacy. I think the stories are in some ways more powerful by being anonymised.

“Sourcing the 50 storytellers has been hard, but we now have a system in place which makes it easier. Managers at our services identify people prepared to tell their story and this is then sent in an anonymised form to a writer who turns it into a Blenheim Recovery Story without losing the voice of the story’s ‘owner’.

“We have been using the stories to inspire both those who use our services and workers. As Chief Executive I do not know the story I will read each Monday morning. But I do know that I never fail to be deeply moved and often tearful. They are stories to inspire, they are the stories that remind us to feel, hear and see the often difficult lives people have and realise that there is always hope and the possibility of a better future. In the future we will be using them to fundraise, although they seem to have a life of their own. Blenheim will be forever grateful to the brave people who let us tell their stories.”

Telling stories allows you to create empathy. It may also help explain why the people you are working with started using drugs or alcohol. Not being able to understand this is often a major barrier to more positive or compassionate attitudes to people with dependency problems.

Telling stories also helps people understand what it is that drug and alcohol treatment can achieve and what recovery means for people working towards it. It helps you explain how important your work is – and why it should continue to be invested in.

How to find stories

It should be quite easy for you and your colleagues to identify people who use your services and have strong stories to tell. Make collecting service user stories an ongoing, organisation-wide activity. Remind colleagues at regular intervals to suggest people who may be prepared to support the organisations’ work in this way.

How to use stories

You can boost the appeal of your communications by using stories in a number of ways. You might consider adding a selection of client stories to:

- your website;
- your publications, including annual reports and leaflets;
- presentations to local stakeholders.

You will also find client stories will be effective in:

- media work;
- fundraising work.

How to obtain informed consent

You need to explore the issue of consent with any service user interested in telling their story to make sure they fully understand the potential implications of doing so.

The web has completely changed how we view and store information. Information can be visible online for many years as search engines can cache and display material, even after the original web pages have been taken down. If service users are thinking about providing their testimony for you to use in fundraising, media or organisational literature, they should be aware of this and think about what impact this could have on future relationships or job applications, for example.

There are moves to try and protect the individual’s right to privacy when it comes to online information. In May 2014, the Court of Justice of the European Union made an important ruling known as ‘the right to be forgotten’.

You can now request that old, inaccurate or irrelevant data is removed from search engine results and your request has to be considered by the search engine provider. Decisions on whether information should be removed will depend on whether the impact on the individual's privacy is greater than the public's right to find it.

A factsheet on the ruling can be found [here](#) (PDF). Google and other search providers have now implemented it (Google's request form can be found [here](#), for example).

Ensure that the service user:

- understands why you are looking for client stories;
- understands to what use this information will be put;
- has thought through how being featured on a website, in a publication or in the media might affect them (and their family) not just now, but in the future.

People should be aware that:

- they can remain anonymous if they prefer;
- they can withdraw permission for continued use of their story at any time and for any reason and that this will not impact on their use of or access to services;
- they will be contacted on a regular basis to check they are happy for their story to continue to be used;
- their story will be used for no longer than, for example, three years, less if they prefer/leave treatment etc;
- their information will be stored securely.

How to present stories

Before starting interviews with your service users, think about how your organisation wants to use the information. Do you only want a written record of your clients' stories? Most smartphones have the capacity to record audio and video – is this something you would like to feature on your website, or use at conferences and in presentations?

Written testimony examples

Addaction: [Tracey's story](#)

Blenheim: [Charlie's story](#)

Advantages:

- names and details can be changed for complete anonymity;
- the service user can read back and have control over copy;
- very cheap to produce.

Cons:

- may appear flat;
- may lack authenticity.

Audio testimony examples

Phoenix, [Recovery Conversations](#)

Addaction, [Recovery is Beautiful](#) [This is a video that uses voiceover only: service users do not appear on film]

Advantages:

- can be emotive and impactful;
- bridges the gap between full exposure on video and written testimony;
- if done using staff phones, can be inexpensive.

Cons:

- anonymity may be compromised;
- if lacking accompanying visuals, can be difficult to use effectively.

Video testimony examples

Alcohol & Drugs Service (Grimsby), [Darren's Recovery Story](#)
Swanswell, Swanswell success story: [Barry](#)

Advantages:

- can be emotive and impactful;
- brings to life the work your organisation is doing;
- can be powerful in anti-stigma work;
- if done using staff phones or cameras, can be inexpensive.

Cons:

- if appearing on film, exposes service users completely;
- if done professionally, can be expensive.

How to get a good story down

Here are some tips to make sure you get the best out of an interview:

- it's always better to meet face to face;
- even if you're not intending to use audio or video, consider recording the interview to type up later – it frees you up to have a more natural conversation. Make sure you ask permission first;
- assure your interviewee that they can stop the interview at any time if they feel upset;
- avoid closed questions, where the interviewee can just answer 'yes' or 'no' - use open questions that invite reflection and more detailed responses;
- listen actively and prompt for further information on interesting points;
- make sure that you understand everything and ask for clarity if you're unsure.

To try and get as complete a picture as possible, you could cover the following:

- a brief biography;
- his/her drug and/or alcohol history;
- his/her treatment journey so far;
- his/her current circumstances (in treatment, in recovery, on maintenance etc);
- how your organisation has helped him/her;
- his/her future aspirations.

Don't forget to ask if there is anything else they would like to include and to take all their contact details.

Telling stories: Organisations

Telling your service users' stories and crucially, how they have been helped by your organisation, provides you with compelling evidence of the value of your work on an individual level. But in the new commissioning environment, organisations also need to demonstrate their impact on a wider, community level – and their cost-effectiveness. Collating and presenting data on outcomes and cost savings can be done quite simply, but provides strong evidence of the high impact of your organisation's work.

"We're investing a lot of time and effort in demonstrating the impact of services locally. Whereas before we could produce a national report, make some really grand statements about the impact we're having on populations across the country, we're now honing that down very locally. It asks you to collect different information, asks you to think about yourselves in a different way, it gets you to recognise that you are an important part of public health but in some people's eyes not as important as other agendas.

"The localism issue is tricky. We can't argue with it on an intellectual basis but it makes the whole decision making process quite politicised. If local commissioners in areas don't want to fund drug and alcohol services, they don't have to."

Karen Biggs, Chief Executive, Phoenix Futures
Interviewed for *State of the Sector 2013*

Do an audit of the data you already collect at your service. Are you missing anything? Do you routinely collect information from your service users about their progress towards other elements of recovery capital – housing status, employment prospects, physical and mental wellbeing? What does the treatment offered by your service help people to do – or not do?

You could consider using unit costs to draw up an estimation of savings that your work provides to the public purse. If you have the right data to hand, this can be very eye-catching for commissioners seeking to stretch every last penny.

[This unit cost database](#), produced by New Economy Manchester using national data, provides information on a number of unit costs across a range of areas including health, crime and social services. The information is fully referenced and regularly updated and allows you to provide estimated savings on a host of key areas – for example, A+E visits, ambulance call outs, arrests. Of course, you may already collect information through TOPs about some of these factors.

Using a combination of local statistics drawn from some of the sources listed in section one, your own data and comparative cost-saving information, you can build a persuasive picture that evidences need at a community level and demonstrates the efficacy and impact of spending money on the work your organisation does.

Brighton Housing Trust (BHT) Hostel Alcohol Nurse

The BHT Hostel Alcohol Nurse service, run in partnership by BHT, CRI and Sussex Partnership NHS Foundation Trust, works with the most long term and chaotic alcohol dependent hostel residents who are not engaged in treatment or repeatedly engaging and not achieving positive outcomes. The nurse provides creative and flexible interventions to individuals while working closely with all other workers and teams, ensuring joined up delivery. The value of the service became very clear when a simple cost saving exercise was carried out.

Services used in the six months prior to the intervention	In the six months prior to the intervention	In the six months post intervention	Difference	Unit cost	Saving
Emergency call-outs (data available for 26 clients)	143	53 (23 due to one client)	90	£445 (Source: PCT)	£40,050
Presentation at A&E (data available for 29 clients)	152	44 (17 due to one client)	108	£111 (Source: Curtis 2009 SIPS Project)	£11,988
Hospital admissions	62	11	51	£1,600 (Source: Curtis 2009 SIPS Project)	£81,600
Long term hospital admissions	200	10	190	£569 (Source: NHS)	£108,110
Sexual health/ pregnancy	0 of 8 female clients using contraception.	4 have children in care.	All 8 using contraception and engaged with sexual health.	Not known.	
Total actual savings					£241,748

This information has been reproduced with kind permission of Bristol Housing Trust.

3. Engaging your local decision makers

In this section...

- mapping your key stakeholders;
- keeping external timescales in mind;
- template invitation letter for a stakeholder visit;
- using hyperlocal social media;
- case study from Phoenix Futures in Barnsley.

You've got expertise

“Ensuring the involvement of vulnerable people and those with complex multiple health and social care needs will be a challenge. Although these groups may be small in volume, they are more likely to suffer from poor health and wellbeing and have the worst life chances. Therefore, their involvement is vital to shape integrated services to improve their health and wellbeing.”

Source: Operating Principles for Joint Strategic Needs Assessments (JSNAs) and Joint Health and Wellbeing Strategies (JHWSs): Enabling joint decision-making for improved health and wellbeing.

<http://www.nhsconfed.org/~media/Confederation/Files/Publications/Documents/operating-principles-jsnas.pdf>

“The police and crime plan should be informed by a comprehensive understanding of local needs, resources and priorities and consider the views of the public, partners and other stakeholders. This evidence base will be important not only in determining the police and crime objectives, but also in setting the framework for any performance targets or community safety grants agreed.”

Source: APACE (Association of Police Authority Chief Executives) Police and Crime Plans: Guidance and Practice Advice, 2012

https://www.derbyshire.gov.uk/images/Police%20and%20crime%20plans%20APACE%20guidance_tcm44-217533.pdf

We have already established that as a sector, drug and alcohol treatment needs to make friends and influence people at a local level. Continued investment is not a given. Contributing effectively to your local Joint Strategic Needs Assessment, Joint Health and Wellbeing Strategies and Police and Crime Plans is vital to ensure continued access to and availability of services to your client groups – as well as the continued funding for your organisation to provide those services.

The good news is that your local stakeholders and decision makers should be as keen to hear from you as you are to talk to them. The driving principle behind the recent changes to the way commissioning takes place is that local communities should receive the services that they need the most. To make sure that happens, local decision makers need to hear from those who work in those communities and draw on their – your – expertise.

Who do you want to influence?

It's advisable to develop a strategic approach to influencing the local decision makers who control the funding received by, and commissioning decisions taken about, the services your organisation provides.

Conducting a brief stakeholder analysis will allow you to clearly identify those individuals and organisations who have influence over your work.

This is just one way to do this – there are other techniques you could explore if this does not seem right for you.

Who's on your hit list?

Firstly, ideally with other members of your team, brainstorm a list of key stakeholders.

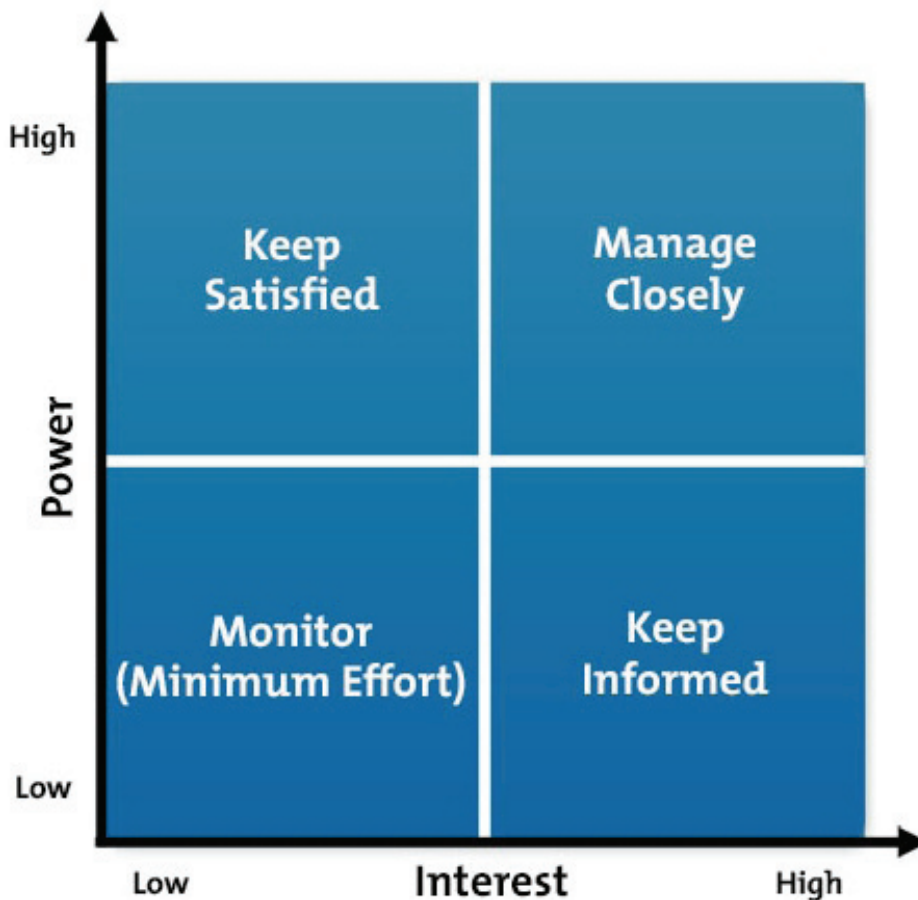
Your list will probably include:

- Director of Public Health
- Chair of Health and Wellbeing Board (HWB)
- VCS representative on HWB
- Chair of relevant sub-group(s) of HWB
- Clinical Commissioning Group and relevant sub-group(s)
- Commissioning Support Unit
- NHS England Area Team
- Local Healthwatch
- Police and Crime Commissioner

You may now have a long list of people and organisations who can take decisions that impact on your work. Some of these may directly hold the power to, for example, fund your service or not. Some may be interested in what you are doing, others may not.

The next step is to map out your stakeholders and categorise them by their level of impact over your work and by their interest in your work. This will help you to prioritise who to target.

Power/Interest Grid for Stakeholder Prioritisation



Source: http://www.mindtools.com/pages/article/newPPM_07.htm

Someone's position on the grid shows you the actions you should take with them:

- High power, interested people: these are the people you must fully engage and make the greatest efforts to satisfy.
- High power, less interested people: put enough work in with these people to keep them satisfied, but you should not bombard them with information or communications.
- Low power, interested people: keep these people adequately informed, and talk to them to ensure that no major issues are arising.
- Low power, less interested people: again, monitor these people, but do not bore them with excessive communication.

Getting to know your stakeholders

You now need to know more about your key stakeholders, including how best to engage and communicate with them.

With your team, make a note of who you already know from your stakeholder list. Does anyone on your team have personal contact with any of the stakeholders already? If you've got established relationships, use them whenever you can – this saves legwork.

Next, note down what you know about the people on your list. What are their areas of interest? If you don't know, try and find out – speak to colleagues, look at minutes and records of meetings where they have spoken, find out what previous jobs people have held. Has your local Director of Public Health got a lot or a little experience of drug and alcohol issues? Has the Chair of the Health and Wellbeing Board previously held a role in the substance use field – could s/he be a strong ally? Is your local Police and Crime Commissioner someone who has made public commitments to addressing problem drinking, or drug misuse – and can you offer to help them achieve this? This is politics with a small 'p' – it's all about people and the promises they've made.

Key questions that can help you understand your stakeholders are:

- What information do they want or need from you?
- How do they want to receive information from you?
- What is the best way of communicating your message to them?
- What are their targets? What can you do to help them achieve these?
- What is their current opinion of your work? Is it based on good information?
- Who influences their opinions generally, and who influences their opinion of you?
- Do some of their influencers therefore become important stakeholders in their own right?
- Who else might be influenced by their opinions? Do these people become stakeholders in their own right?

One of the simplest way to answer these questions is to talk to your stakeholders directly – people are often quite open about their views, and asking people's opinions is often the first step in building a successful relationship with them.

Timing

The timescales for renewing and revising JSNAs and Police and Crime Plans are not centrally controlled – after all, they are local documents which should respond to the local environment.

Find the JSNA on your local council website and establish its current status. The commissioning cycle will vary and both JSNAs and JHWSs are ongoing processes. Will your local Health and Wellbeing Board be refreshing the whole document at the next review, or focusing on one theme? The HWB should be transparent about timing cycles to give local partners and communities the opportunity to influence the process.

Similarly, visit your local Police and Crime Commissioner's website to access the existing Police and Crime Plan. Find out what the status is of the current version and when it is next likely to be refreshed. The PCC will also want to be transparent about the cycle of reviews to ensure that they receive input from as broad a range of stakeholders as possible.

What are your routes to influencing the local strategies that matter?

"The input of the voluntary and community sectors [to JSNAs] is vital to understanding community needs and assets, including for vulnerable groups. They can usefully feed into all aspects of the commissioning cycle, providing commissioning support and delivering services."

Source: Operating Principles for Joint Strategic Needs Assessments (JSNAs) and Joint Health and Wellbeing Strategies (JHWSs): Enabling joint decision-making for improved health and wellbeing.

Health and Wellbeing Boards and Police and Crime Commissioners have all developed different ways of developing and determining their local agenda. However, every HWB and PCC should have adopted ways of engaging with the voluntary and community sector and other providers of services in their local area.

Look on the website of your Health and Wellbeing Board and PCC or contact them directly to find out what mechanisms are open to you for getting involved in decisions about health and social care services and police and crime plans.

Can you:

- attend open forums?
- apply to join a sub-group of the HWB?
- feed into an online consultation?
- apply to put an item on the agenda of meetings?
- attend a pre-meeting with designated Board members or the PCC?

Case study

The voluntary sector in Norfolk has developed a particularly strong model of voluntary and community sector input to the work of the Health and Wellbeing Board. [Regional Voices](#) have highlighted the way that Voluntary Norfolk, the infrastructure organisation for VCS organisations in the county, was able to shape the direction of the HWB by running a [workshop](#) exploring the impact of welfare reform on health and wellbeing. The event was supported and attended by the Director of Public Health, led to a discussion at the next meeting of the HWB and played a role in influencing decisions taken by the Board.

This [end of year report](#) (2013/14) to Norfolk HWB on the activities of the Voluntary Sector Engagement Project provides an insight into how both the VCS organisations and the HWB have benefited from closer working. From the conclusion of the report:

“The [Voluntary Sector Engagement Project] provides an effective link for the Health and Wellbeing Board and its partner organisations to the voluntary sector. This gives added value to Board activity because it benefits from the expertise, front-line knowledge and understanding of a sector working closely with vulnerable individuals and communities most at risk of inequality.”

DrugScope’s survey for State of the Sector 2013 indicated that the drug and alcohol sector’s engagement with PCCs during 2013 was slightly less common than with Health and Wellbeing Boards. While engagement with public health structures may appear to be a higher priority, the strategic importance of successful engagement with the criminal justice sector should not be underestimated.

“There is a danger for the sector in framing itself as merely a health issue. The biggest motivator for government to fund us, local or national, is that it makes them feel safer in their beds at night – recovery helps community safety.”

Karen Biggs, Chief Executive, Phoenix Futures

Building relationships: some practical ideas

Inviting local officials to visit

Building a relationship with a local official should be done over the long term, allowing the relationship to develop over time – not crammed into the month before the JSNA or Police and Crime Plan is reviewed.

As a first step, it is a good idea to invite him or her to visit your service, meet your staff and – most importantly – your service users.

It's probably best to send a written invitation, which could be followed up if necessary by email or phone. Here is a template that you could work from.

[Your organisation's logo and address here]

[e.g. Director of Public Health's name and address here]

[Date]

Dear [Director of Public Health name here],

I'm writing to introduce the work of [organisation], which has been helping people affected by drug and alcohol dependency in [town or area] since [date].

[Organisation] offers a range of services to support those affected by substance use, including [insert what kind of treatment, activities, advice and support services you offer service users / families].

We work closely with local partner organisations [e.g. housing association] and [e.g. employment and training organisation] to ensure that people recovering from drug and alcohol dependency in [town or area] are supported into housing and employment.

We have a long record of strong partnership working with the local authority and other stakeholders. Our work with [name other local stakeholders you have contact with here] has helped improve outcomes in [town or area] for people in recovery, for example [insert a brief, local case study or statistics demonstrating your impact].

We would like to invite you to visit [organisation] to see the work that we do, meet the staff team and, most importantly, our service users. Our team is committed to working with you and your colleagues to ensure that the voice of people with substance use problems in [town or area] is heard and their needs are met, leading to improved public health outcomes for the whole community.

Please get in touch with us at the above address, by email at [address] or by phone on [number]. We look forward to welcoming you to [organisation] very soon.

Yours sincerely,

[Name, job title and organisation]

Sample letter adapted from [Homeless Link's Speak out: a guide to local influencing](#) with thanks.

Prepare your staff and service users for the meeting

First hand, personal contact with the people who operate and use drug and alcohol treatment services will make an impact on your local policymakers, putting your work in context and giving it a human face. But don't forget that your staff and service users need to be prepared too.

If you manage to secure a visit by a local official, inform both staff and service users about the event. Everyone in the service should be aware when the visit is taking place and who will be coming; service users should be given the option of not attending that day if they prefer.

Identify service users and staff who are happy to meet and speak to the official. Make sure they are briefed as to the purpose of the visit. Try and ensure that the official gets to meet people with a range of experiences and stories and encourage service users to speak about the support they have been receiving from your service.

Take time to explain how people find their way to your service and what the treatment process might be like. Remember that not all your local officials will be knowledgeable about drug and alcohol dependency or their treatment, so be prepared to explain your work and its impact. Discuss any current challenges you are facing as well: it's important not to gloss over problems just for the sake of saving face, as these are the people who might be able to help you resolve them.

If staff and service users are happy with the idea, why not invite the official to sit in on a meeting, group session or advice surgery? As long as you have obtained the consent of those involved and emphasised the confidential nature of the work, this is one of the best ways of bringing your work to life.

After the meeting...

Write to the individual to thank them for their time after a visit. This gives you an opportunity to reiterate any issues you raised and confirm any actions or future meetings you discussed.

...and then keep in touch

Make sure that you keep up regular contact after any visit, to develop the relationship further. For example, make sure they receive any press releases you send out and copies of any positive press coverage achieved, and put them on the mailing list for your annual report, or any other regular publications.

Don't be afraid to ask local officials back to the service, perhaps once a year – and definitely invite new stakeholders on their appointment. Ask if they have colleagues from within or beyond their immediate team who they feel would benefit from a similar visit, too.

Invite all the local officials on your influencing list to any community / fundraising events you hold [See 'Successful community relations' section], or the opening of any new services - and be sure to mention if you believe you may get press interest [See 'Engaging local media' section]. If there is a chance of a positive photo opportunity, this might just increase the likelihood of attendance.

Join in the conversation on social media

There will undoubtedly be blogs, Twitter feeds and Facebook groups that are local to the area in which your organisation is based. Get online and follow these – because it's highly likely that your local councillor, PCC and DoPH are too.

Accessing this kind of hyperlocal information and opinion can be useful, as it can give you a flavour of the issues that matter to the local population - and consequently to the local officials and to an even greater extent, elected representatives.

Check and see whether any of your local officials use social media in their official capacities – for example, if they write a blog or are on Twitter, follow them. Don't be afraid to start a conversation, particularly if they cover issues that are relevant to you and your service users. The informal nature of social media could lead to the development of connections and relationships which might be harder to form in the real world.

Phoenix in Barnsley

Claire Goodhind, Service Manager, Criminal Justice Recovery Navigation Team talks about their [Criminal Justice Assessment and Diversion Project](#) and how engagement with their local PCC made things happen.

“We worked with our local PCC for over a year - we’re fortunate in that the Police and Crime Plan for our area has continued to fund the Drug Intervention Programme services that Phoenix in Barnsley are providing. Last year, we became aware that some additional grants were available and decided to put in a bid. We are aware that offenders experience significant health inequalities, particularly mental health and learning disabilities in addition to substance misuse. We proposed a pilot scheme to screen for these issues, with a view to diverting them away from the criminal justice system.

“We were successful in our bid, and rolled out mental health and learning disability training to both Phoenix and Probation staff. Four months into the pilot, in August 2013, the PCC came to visit our service. He spent about an hour with staff, discussing the work that we do with offenders. The visit was arranged through his office; they approached us. It was part of the funding agreement that both Phoenix and the PCC’s office would promote the partnership and the visit provided the opportunity to do this, with updates on social media and our websites.

“We were delighted when we learned that Phoenix Futures in Barnsley had been awarded a High Sheriff’s award. Lady Ruby Sykes, the High Sheriff for South Yorkshire, visited our Widening Horizons Service in December 2013, thanks to a recommendation from the magistrate’s representative. Lady Sykes met service users in a group setting and heard them talk about their experiences of recovery and future goals.

“We’re delighted for the recognition this brings our work locally and across South Yorkshire. It’s also a great opportunity for positive local media coverage. Our relationship with our local media is – as is often the case in this sector – hit and miss, so to get the chance for a purely positive piece of coverage is great.”



Photo courtesy of Phoenix in Barnsley. Staff and service users meet with Lady Ruby Sykes, High Sheriff for South Yorkshire.

4. Building successful community relations

In this section...

- ideas for positive engagement with your community;
- what to do if things go wrong.

As for any business or charity, embedding your service within the community it serves could be crucial for its long-term success. It might also involve hosting events or starting projects in new and diverse areas, but the potential pay-off is huge. Successful community relations can challenge stigma and increase 'buy-in' where it matters most - locally. Changing attitudes, even one person at a time, can lead to a snowball effect that ends in local people feeling proud of your service and the work it does, instead of threatened or afraid.

Community events or activities don't just improve attitudes towards services and reduce stigma, they can also serve as effective fundraisers and offer great opportunities for your service users. There are a whole multitude of different ways you might try to put your service on the map, locally, so try to think about what best suits your combination of service users, staff, and local community. In this section we'll suggest just a few of the different ideas and approaches you could use, and point to examples and case studies of what a few services have already done.

If you do try events or activities like these, remember that they will also serve as opportunities to raise your profile - have a look at the section later in this document on engaging with your local media to see how to make the most of it.

Of course not everybody in your community will always be sympathetic to your service and its users - or at least not straight away. So there's also information on how to cope with opposition from some people in your community, and how you might take steps to minimise it, including planning guidance that could help avoid conflict from the start.

Raise money and profile by doing something out of the ordinary

Community events can raise funds, increase your profile, promote good relationships with the community and inspire service users all at the same time. Some treatment services have run spectacular events, but remember that even the smallest events can still be worthwhile and eye-catching - opportunities come both big and small.

Phoenix Futures' '[Voyage of Recovery](#)' definitely fits into the 'big' category. Starting in August 2012, 12 crews of service users took turns to sail a 90 year old ship 1,500 nautical miles around the UK coast. This fantastic journey helped build service users' confidence and skills, and provide them with great experiences as part of what Phoenix calls their 'active recovery'. It wasn't just a great experience for those who took part, but also a powerful and positive advert to the wider community about the capability of people in recovery. To get the message out about this really positive achievement, to as many people as possible, Phoenix Futures produced a well rounded digital communications effort. You don't necessarily need a high level of IT skills or large financial resources to do this - Phoenix were able to raise £50,000 using a [JustGiving](#) page which is free and simple to set up. They created a blog using [Tumblr](#) - also free and user-friendly - and featured promotional videos. Many modern phones and digital cameras are capable of producing good quality video, and it's free to upload to [YouTube](#), so with little or no expenditure you can create a professional looking website or blog and fundraising page - and then make sure that as many people as possible see it by putting the word out on [Facebook](#) and [Twitter](#).

If sailing around the country sounds a bit ambitious, remember that the same formula of raising funds, providing positive experiences for service users, reducing stigma and raising your profile in the community can be achieved through smaller events like community open days, or sports tournaments. One domestic violence service in Liverpool [hit the headlines](#) while also networking with local police and homelessness organisations by staging a

football tournament, while a rehab near Reading held an [open day](#) to promote their work, with a wide range of village fete type activities on offer including a hog roast, homemade cakes, a coconut shy, face-painting and a bouncy castle.

UK Recovery Walks

If you're not yet ready to organise an event from scratch, why not try participating in the [UK Recovery Walk](#)? These well-attended annual events celebrate the achievements of people in recovery while raising awareness of addiction. You can even bid for the next walk to come to your city - 2014's walk was held in September in Greater Manchester.

Arts and culture

If you provide arts focussed activities to your service users and/or have talented staff, you could work towards an exhibition or concert. Artistic and cultural activities can help your service users express themselves and encourage the local community to see your clients in a more rounded way. Adfam, the family drug and alcohol charity, recently held an [exhibition](#) of portrait photographs of families affected by drug and alcohol use; they also hold an annual carol concert, which is a successful fundraising vehicle and profile raiser. Another example comes from Phoenix Futures, whose 'Re:cover' project encouraged service users to develop their musical talents and form bands, including a gig for the winners at 'The Brink', an alcohol-free bar and social enterprise managed by Action on Addiction. Or you could encourage your service users to make films, and consider entering them in the [Recovery Street Film Festival](#).

Business partners

Getting the support from a local business or the local branch of big business can be really useful in raising profile as well as pounds, and many businesses will be keen to help local charities as part of their corporate social responsibility - and it helps raise their profile too. Have a look at the [Sainsbury's](#) or [Waitrose Local Charity](#) schemes, or consider applying to be 'Charity of the Year' for a company near you - some treatment agencies and organisations from related fields have had remarkable successes. Blenheim CDP recently announced the support of [Complete IT](#), Action on Addiction have linked up with [100 Women in Hedge Funds](#), and Shelter are getting policy support from [KPMG](#).

To find companies you might be able to link with, keep an eye on local media coverage, attend any events you can find which might put you in touch with local business owners, and make direct approaches. For an example of this type of event, see this [local newspaper's coverage](#) of a business networking event in Essex, where local homelessness and domestic violence charities were each given £5,000.

Social enterprise / work readying

Social enterprises and work readying schemes can be a really positive opportunity for the community to see that people in recovery are able to contribute and are employable. It could be a real challenge setting up a social enterprise - which could be anything from a [painting and decorating firm](#), a [gardening project](#), a [café](#) or an [alcohol-free bar](#) - but the potential benefits are huge.



Photo courtesy of Langan's Tea Rooms

Langan's Tea Rooms, O'Connor Charitable Trust, Burton-on-Trent

Langan's Tea Rooms in Burton-on-Trent are owned by the O'Connor Charitable Trust and run as a social enterprise. Revenue is put back into community services to provide education, training and employment for individuals who have undergone rehabilitation at BAC O'Connor centres in Staffordshire; the Tea Rooms are also staffed by graduates of the centres.

With consistently high ratings on the reviews site TripAdvisor, Langan's has quickly carved out a niche for itself since it opened in September 2011, offering customers freshly prepared breakfasts, lunches, including Sunday lunch, and traditional afternoon teas. There are conference facilities for hire on site and a catering service is also available.

Visiting the Tea Rooms in August 2013, comedian Russell Brand told the [Burton Mail](#): "There is a dream that a lot of people who have got clean have about how they can get back into the community and to be in a position where they have pride. A lot of people speculate about it, but it's happening right here. It's amazing."

Spitalfields Crypt Trust (SCT)

Spitalfields Crypt Trust (SCT), a drug and alcohol charity in East London, runs three social enterprises. One of them is [Paper & Cup](#), a café and bookshop that has just opened its second branch. Brent Clark, who manages special projects for SCT, explains how Paper & Cup got started.

"Our painting and decorating social enterprise was going well, but it was mainly attracting men who'd previously held jobs in construction. We wanted to create opportunities for others, which is how we came up with the idea of a bookshop and café.

"Initially, some of SCT's trustees were concerned about the financial risk. We worked hard to convince them that the vision for Paper & Cup was of a professional, high quality business, serving excellent coffee - not a charity shop. We knew it needed to look and feel 'top notch' for both the public and service users to really love it.

"At first, customers wouldn't have known it was run by a charity. We weren't hiding the connection, but we weren't broadcasting it either. It helped bypass stigma during the set up period and helped service users to feel professional. Now there is a bit of info about SCT and the work we do, in the form of small booklets available at the coffee shop; customers are often surprised to learn about it. Customers' ideas about addiction and drug and alcohol users are challenged when they realise the coffee shop they go to every day is staffed by people with this experience.



Photo courtesy of Spitalfields Crypt Trust.

“Employees work two days a week for a year, getting customer service training and specific barista training. They are then able to earn £100 a week on the permitted work scheme without losing their benefits for up to twelve months. Some are now full time employees. We’ve opened a second coffee shop in Bow, and SCT are working with Pret-a-Manger to send Paper & Cup graduates to a Pret scheme, which takes people who’ve experienced disadvantage and helps train them for paid employment.

“Setting it up wasn’t cheap, but funding was obtained with the help of State Street Bank and Barclays, who helped cover the £30,000 cost. Financially, running it has been a struggle: two years in and we’re just achieving modest profits. But the venture has achieved success in its social aims, with anti-stigma work and aftercare. SCT and Paper & Cup have recently been successful in applying for a grant from Comic Relief to launch a recovery café once a week at the venue, when it will remain open to the public with subsidised coffee. This will hopefully lead to even better community engagement and stigma reduction.”

When it goes wrong: coping with community opposition

Being proactive

Clearly it is best to avoid community opposition in the first place. Partly this is about embedding your service within its community – by making sure it is a visible presence for positive reasons, perhaps for some of the activities discussed earlier in this section.

You can also anticipate and head off some negative issues before they arise. This may involve thinking creatively. For example, you could approach your local street sweeping teams to investigate whether there is an issue with drug litter and if so, discuss it with service users and organise a litter pick up. You could develop a relationship with the Neighbourhood Policing Team (find yours at <http://www.police.uk>) and ask for information about any locations or individuals causing concern.

Opening the doors

Opening a new service is often a flashpoint for community opposition – local residents and business owners objecting to plans for a new drug and alcohol treatment service. While 88 per cent of respondents to a DrugScope survey agreed that “people who have become addicted to drugs need help and support to get their lives back on track,” communities do not always want that help and support to be provided round the corner from where they live and work.

DrugScope, with the support of the NTA, produced a resource in 2012 called *Planning for drug and alcohol treatment services*. As well as practical advice on planning issues, the document also contains information and suggestions on community engagement around the opening of new services.

Community involvement is usually key to the success of any planning application for a drug and alcohol treatment service. A planning application for such a new build or change of use may lead to concerns from local residents. Many councils will require the planning application to be accompanied by consultation statements, which detail how the public consultation process has been carried out. Your planning authority will inform you of how this process works but you must seriously undertake such an exercise and plan it with your programme for submission of the planning application.

You should enter into a dialogue with the local community as soon as you have identified the area for locating a new service. Take every opportunity to explain the nature of the service, including organising public meetings and using existing community meetings forums to answer questions and concerns. You will need to be open and clear about exactly what services will be provided.

Be prepared to explain how and by whom it will be used and what benefits the development will provide to the local community as a whole. Identify key local leaders and groups and take the time to show them other drug and alcohol treatment facilities in similar areas.

Planning for drug and alcohol treatment services: a brief guide to planning considerations, DrugScope, 2012

This case study illustrates how one organisation successfully handled opposition from the community when it was planning to open a service.

Case study: handling community opposition

Hillingdon PCT proposed siting a drug treatment centre in Uxbridge, which was vehemently opposed by nearby residents, who were worried for their safety. Local traders, councillors, and a nearby school, all protested.

Thanks to effective communications with the community and sensitive handling of local issues, the service provider (Blenheim CDP) stemmed local concern and eventually achieved positive media coverage.

Service Manager Liz Barter described what was done to manage community relations:

"We held an initial consultation event where feelings were very hostile. We learned from that it was important to plan, structure and organise the following meeting in such a way as to allow residents to put their concerns across one at a time, and in a way that enabled us to separate out other issues of grievance in the community that were not related to the service."

"We hand delivered invitations to residents and businesses inviting them to a consultation event. There were seats, handouts, a Chair and a panel to take questions. We prepared responses to questions we had heard were being raised. On the panel was myself (service manager) to answer operational questions, the DRM, Probation's Assistant Chief Officer, and the Met Police CI Safer Neighbourhoods."

"We closely monitored everything going on outside the building while the service was open and logged EVERYTHING so we could respond to any allegations. On one occasion a worker from the local nursery called me to say that a cigarette had been flicked over the fence – I investigated and a service user rep was supported to write a letter of apology on behalf of the clients."

"We were awarded planning for one year, subject to conditions (like strict opening times), so the impact on the local businesses etc could be assessed. A further public consultation was held to ask residents their views on the centre's application to remain permanently."

"It was suggested that clients were involved in the consultation, but given that all were actively receiving treatment, and that local feelings were so hostile this felt exploitative and was decided against. Had we had access to a former service user who could have been supported appropriately we would have considered this, within careful parameters."

What worked:

- A structured, planned meeting
- Preparing responses
- A commitment to closely monitor activity outside the building
- Building positive informal links with neighbouring businesses
- The offer of regular meetings – even if they were poorly attended
- The support of local police

What didn't work:

- Submitting the planning application in the school holidays (when it was argued school and nurseries would not respond and residents would be away)
- Responding to residents' concerns on an ad hoc basis (prior to the consultation meeting)

These two pieces of media coverage show the changing attitudes to the opening of the service:

Get West London (November 2008)

Uxbridge drug rehab centre granted temporary licence

A temporary twelve month license has been approved for a controversial drugs rehabilitation centre in Uxbridge. The conditional approval was granted last night (Tuesday) by Hillingdon Council at a planning meeting which was attended by dozens of concerned residents.

The residents [...] gave a strong and passionate argument for why the drugs centre on Belmont Road, Uxbridge, should not be given planning permission. Planners showed visible discomfort at having to make a legal decision on a matter they seemed morally opposed to.

Get West London (August 2009)

Drugs rehab centre is a surprise success

It is one year since residents were shocked to discover a drugs rehabilitation centre was being proposed on their doorstep- but it has been a surprise success. [...]

Now one year on, fears of regular police calls and increased break-ins around the area have proved unfounded, and the PCT are hoping to increase their one year planning permission to a further three years.

Note: This case study was adapted from work carried out by the NTA.

5. Engaging your local media

In this section...

- finding your local media;
- proactive media work;
- writing a press release;
- top tips for interviews;
- reactive media work.

First steps

You need to ascertain who holds primary responsibility for leading on communications at your organisation. It may well lie elsewhere – with a press office at your NHS partnership or your service’s head office, for example. If so, ask for their support. If the responsibility lies within your organisation, it’s best to designate one staff member to take the lead on media work.

Before jumping in, get your objectives straight: why do you want to raise your media profile? What’s in it for you? Successful media work could help you improve community relations, for example, or draw more clients into treatment. In the long term, it could help you to raise your profile with commissioners and key stakeholders.

Identify your target media. Successful engagement with local media outlets can be invaluable in promoting a positive image of your work to the community. Start to look out for opportunities. There are two kinds of media engagement – proactive, where you promote a story actively to the media, or reactive, where you respond to a story that’s prompted by something external.

What does your local media look like?

The first thing to say is that there’s a lot of it about! Approached in the right way, there are significant opportunities for drug and alcohol services to tell their stories. There are acres of print, online space and hours of airtime to fill with local stories. And it remains the case that local media are usually more receptive to ‘good news’ than national media.

Print and local media websites

According to the [Newspaper Society](#), there are 1,100 local newspapers and 1,700 associated websites in the UK. Some 30 million people read local print newspapers a week (that’s 58 per cent of the British adult population) and there are 79 million unique users of local media websites each month.

You can search for local newspapers and local media websites for free using the [Joint Industry Committee for Regional Media Research Jic-In-A-Box database](#).

Broadcast media

As for broadcast media, the BBC English Regions (comprised of 15 separate regions) produces regional television and local radio output across the country (more [here](#)).

There are 40 local BBC radio stations: you can find links to their websites [here](#). Figures from Radio Joint Audience Research (RAJAR), the official body measuring radio audiences in the UK, showed that in the last quarter of 2013, 18 per cent of the adult population listened to their local BBC station for at least five minutes in an average week.

There are also around 300 licensed local commercial stations in the UK and these attract lots of listeners. **RAJAR** data shows that 52 per cent of the population listened to a local commercial station in the last quarter of 2013.

You should also check whether you have a local community radio (or even TV) station. These are small-scale operators, run largely by volunteers, which work on a not-for-profit basis serving specific communities or local areas. Given their community focus and not-for-profit nature, you may find that these stations are particularly receptive to being approached. According to Ofgem, there were 198 community radio stations broadcasting at the end of May 2012. You can search the Community Media Association's **database** by postcode to see if there are any operating near you.

Getting to know you...

Once you've worked out what your local media landscape looks like, get to know it – well. Knowing your local newspapers, radio stations and TV news programmes and the sort of stories they're running will help you make the right kind of pitch. Can your service provide the same sort of story?

Proactive media work

Proactive media work, when you promote a story actively to the media, takes a bit of planning. Think ahead and try and identify anything that's upcoming at your service that you could turn into a story for local journalists. Anything that gives 'new' information to the public – about a fundraising event, a new service opening or an issue affecting your service users – would be classed as news.

If you don't have anything 'newsy' but still want to bring attention to ongoing work carried out by your organisation, you might want to consider preparing a feature idea. This could be pitched to one journalist only, allowing them exclusive access to the information. A feature might look at one person's successful journey through treatment, for example.

Before undertaking any proactive media work, identify your key spokespeople – the staff members who are going to undertake any interviews. They should be credible and confident. It might not always be your chief executive!

Writing a press release

A press release is a standard format for providing news to journalists - nothing more complicated than that. It is simply a way of bringing information together which will enable journalists to assess quickly whether they are interested in following up the story. As such, press releases should be clear, concise and to the point. Here are some tips on how to put one together.

Format

- As a guide on length, it's good to keep it to one page in Word, two at most.
- Use email to send your press release and copy the text into the body of the email (rather than sending it as an attachment).
- Put all your email addresses in the BCC (blind copy) box and put your own email address in the 'To' box so that journalists don't know who else is on your mailing list.

Timing

Think about when you want coverage to appear and make that clear to journalists receiving the release.

If your release is about an event, for example, it is always a good idea to give sufficient notice to the media so that editors can plan ahead and allocate staff to cover it.

Sending out a press release a week to ten days in advance of an event should give journalists enough time to slot it into their diaries. You also need to consider journalists' copy deadlines, for print journalists these can be surprisingly early whereas, broadcast deadlines are generally more flexible.

There are two terms you can use to indicate to journalists when they can use the information you are providing.

- **Embargoed until [TIME AND DATE IN THE FUTURE]**
Use this if you do not want the information used by the media until a specific time and date i.e. if you have an event coming up (such as the launch of a new service), you should send your press release out 'under embargo'. This means that you can brief the journalist, but they cannot print anything about it until the embargo date and time specified has passed.
- **For immediate release [TODAY'S DATE]**
Use this if the story is not limited by a specific time or date, simply write 'For immediate release', putting today's date instead of an embargo.

Style

When you write the release, you should take an objective tone – don't try to 'oversell' the story, just report it. A concise and journalistic style is best, with short, punchy sentences. Your press release must be attention grabbing, for the journalist first of all but secondly to his or her audience. Does it break the 'so what?' barrier?

Imagine you are reading about your service or organisation for the first time, knowing nothing about it and what it does. Do not use sector jargon in press releases.

Keep in mind that the people reading it may not know a lot about drug and alcohol dependency – or feel particularly positively towards your service users. The work of your staff and service users to help people recover from difficult problems should be central to any good news story you are trying to obtain coverage for.

Structure of the release

- **Write 'Press release' in large print** at the top.
- **Make your timing clear at the top:** either 'Embargoed until [TIME AND DATE]' or 'For immediate release [TODAY'S DATE]'
- **Headline (Title)** - Your headline should give the essence of what the press release is about. It should be short and simple. It should convey the key point raised in the opening paragraph clearly.
- **Opening paragraph** - Your first paragraph is the most important part of the press release. It must show why your story is relevant and newsworthy. The aim is to get your audience interested in reading more. However, you should bear in mind that many journalists won't read past this point, so you must include the key details of your story by answering the Five W's: **Who, What, Why, Where** and **When**
- **The second paragraph** - This is where your message should fully develop but remember to keep sentences short and punchy.
- **Quotes** - The quote is the part of the press release that may be replicated in full in the published article, therefore it must summarise and stress your key messages. It should be attributed to a relevant spokesperson and should sound like a comment that someone would say not write.
- **Any following paragraphs** - The most important information should be written in your earliest paragraphs. Press releases should contain as much information as possible but you should not swamp the reader with detail. Stand back and objectively consider the most important information to convey. Journalists can and will ask you for any further information they require.
- **Ends** - Once you have finished the body of the text, write *****Ends***** to clearly indicate to the journalist what information can and cannot be quoted.
- **Contact details** – This should be a named contact, with an email address, office telephone number and wherever possible, a mobile number.

- **Notes to editors** - The press release should conclude with a 'notes to editors' section that includes relevant background information on the subject of the press release and details about the organisation.

Reactive media work

Good reactive work, where you respond to a story that's prompted by something external can be just as important as your proactive media activity. In this situation, journalists might call your service if they're covering a local story about substance misuse.

The first and most important rule is.... **you don't have to respond immediately on the phone**. Take down the details, find out the journalist's deadline and say you'll get back to them. This is perfectly acceptable – you should never feel pressured into giving a statement on the phone.

If it's appropriate for you to do so (but again – remember it's your choice!), respond with a statement or comment for their piece that puts across your organisation's perspective on the news. Try and incorporate at least one of your key messages in your statement – not necessarily word for word, but in essence.

Sometimes, being reactive is actually about using proactive methods. If there's a story in your local press that misrepresents drug users or drug issues, draft a brief letter for publication to put across an alternative viewpoint. Or call the journalist and suggest how the story might have been done differently. Then offer them the opportunity to come to your service and interview your spokespeople if appropriate.

If there's a story in your local press – or a story in national press that you think has local implications - you might choose to send out a press release in response. Local media will always be keen to find the local angle on a strong national story, so this piggyback approach can be very effective.

The Media Trust has some very helpful factsheets and guides available for free download:

[Generating local media coverage](#)

[Tips on writing a press release](#)

Top tips for interviews

- **Do** ask what the first question will be, especially for broadcast interviews.
- **Do** prepare – learn relevant facts or figures and be clear on the three key messages you want to get across.
- **Do** use real life examples from your experience working in drug and alcohol treatment to illustrate the points you're making.
- **Do** correct inaccuracies.
- **Do** try and anticipate and prepare for difficult questions.
- **Don't** use jargon or acronyms. For example, when we are briefing journalists at DrugScope, instead of referring to the Advisory Council on the Misuse of Drugs, we might talk about "the government's drug advisors."
- **Don't** wing it! There is nothing wrong with saying, "I don't know the answer to that question, I'll get back to you on that" – as long as you do get back to them with the information in a timely manner.
- **Don't** say anything to a journalist that you would not want them to use – nothing is off the record.
- **Don't** say 'no comment'; it looks as though you are concealing something.

‘Case studies’

What are ‘case studies’? It’s a short-hand way journalists refer to ‘people with first-hand experience’.

Often, journalists will only tell a story if the human interest angle is there, and for that, they need access to people who will tell their stories. If you have a head office communications professional, discuss with them what the organisation’s overall policy is on putting clients forward for media work.

Providing media access to case studies in the drug and alcohol field is, of course, fraught with difficulty. Some people may have – justifiable – fears of discrimination and stigmatisation if they are identified as having or being in recovery from drug and/or alcohol problems. And while individuals in recovery may be happy to be identified, family members may not be.

However, the stories of real people in recovery can be invaluable to the promotion of your organisation’s work to the wider public, as well as, more broadly, to helping reduce the stigma faced by people with experience of drug and alcohol problems. Done carefully, ensuring that the client is aware of the potential implications of speaking out and making sure everyone involved clear is about the boundaries, it can be an empowering experience for people in recovery.

See the section ‘Telling stories: People’ on page 13 for how to get stories from your service users. Some points to think about if you are putting someone up to speak to the media:

- are they fully aware of the implications of media exposure and material about them being online? (See earlier section for more information about this).
- are their families aware they are planning to be interviewed and what do they think?
- are you and the service user clear on the context in which the journalist intends to use the material?
- can a pseudonym be used or, if filmed, can a back of the head or over-the-shoulder shot be used to preserve anonymity if preferred?

Service users need to be asked every time whether they would like to take part – never assume that because someone has said yes once, they will do so again.

If the interview is done over the phone, don’t provide the journalist with direct contact details for the service user as they may store this information for future reference – you need to remain the ‘broker’ of any arrangements. Instead, organise a time for the service user to speak to the journalist from your organisation, so that you can also be present for the call. If a service user is being filmed, make sure you are present too – to provide moral support and ensure that you and the service user are happy with the way the interview is conducted.

Keep good notes, not only of your service user’s story, but how, when and where it has been used. Get in touch with the service user after the interview and broadcast/publication, firstly to make sure they have seen the coverage and are happy with it of course, but also to see how they found the experience and whether there were any problems or things that could be done better next time.

Making the Case

Everyone is aware that the policy landscape we work in has changed significantly over the past few years. In addition, we are all being asked to do more with less. To reduce the risk of disinvestment, we must demonstrate the community-wide benefits of drug and alcohol treatment. We also have new audiences to convince, while keeping longstanding stakeholders onside.

DrugScope and the Recovery Partnership hope that you will find this resource helpful. The guide will be added to and we would welcome your suggestions for other areas or issues to cover. Please send your feedback to ruthg@drugscope.org.uk

If you would be interested in DrugScope providing bespoke training or consultancy support to enable you or your service(s) to make the case for drug and alcohol services locally, then please contact ruthg@drugscope.org.uk

Making the Case checklist

Communicating the benefits of drug and alcohol treatment:

- Develop a set of key messages that are specific to your organisation and its work;
- Think about which messages to use with which audiences;
- Use local and national statistics to build your case;
- Storytelling is a powerful tool: carefully construct a bank of client stories to draw on;
- Develop a narrative for your organisation's work.

Engaging your local decision makers:

- Be strategic: map out your stakeholders and their level of influence over your work;
- Develop existing relationships and contacts;
- Ask questions to make sure you give stakeholders what they want/need;
- Explore a variety of routes to influencing, including both official and unofficial channels;
- Get the timing right.

Building successful community relations:

- Provide positive activities and events with and for the community, challenging stigma, raising the service profile and offering fundraising opportunities;
- Think about unusual partnerships or activities that could be mutually beneficial;
- Engaging your service users in community activities increases their social integration, raising their recovery capital;
- If opening a new service, run an open and positive campaign to persuade local residents and businesses of the value of your work.

Engaging your local media

- Get to know your local media, what it looks like and what it covers;
- Find opportunities and exploit them – build profile and challenge stigma;
- Don't be afraid to respond to misleading or inaccurate media coverage – you can turn this into an opportunity;
- Explore options for telling client recovery stories in local media.

