Czech-ing out Prague with Elevate David Barbour, Communications Officer, SCSN & ABI Practitioner with Glasgow Council on Alcohol

From September 24-28 this year, I was fortunate enough to be given the opportunity to visit Prague through <u>Elevate</u>, a Public Social Partnership (PSP) working to get people in recovery from substance use back into employment.

Each year, Elevate sends a mixture of staff and

participants abroad through the ERASMUS exchange programme. This year, five participants in the Elevate employability programme went to Prague for three weeks on work placements, working in varied positions such as doing handyman work at a Rock Opera, to more conventional places of work like children's nurseries and community projects. These placements provide the participants with a rich and unique experience of not just working, but working in and learning about other other countries and cultures, with the trips sometimes being participants first time out of the UK. It's a fantastic additional part of the work that Elevate does for people in recovery, helping them to boost their CV still further so that they can re-enter the job market back home and build still further on their recovery.

When I tried to write this blog, I was running at four pages and not even half way through! We learned and experienced so much in a short space of time. So here is my attempt at a condensed summary of the overall experience of the staff team and a bit of learning that came from the experience!

Drugs and Alcohol

The staff team visited a range of drug and alcohol services over the four days. On day one we stopped off at a service right in the heart of the city. Simply called the Drop-in Centre, it was fairly similar to the main Drug Crisis Centre in Glasgow, although clearly working on a much smaller budget and with premises to match. The centre provided a first stop for those with non-related drug issues (though the service manager did say that alcohol



was by far the biggest problem in the Czech Republic – so much like back home!).

The service was the first drug service to open in Prague as the city began to get to grips with a drug problem that had been denied by Soviet propaganda prior to the Velvet Revolution in 1989. We just happened to be in the city shortly before the 30th anniversary! Whilst alcohol is the biggest problem in the Czech Republic, we were informed that the drugs problem was roughly 50/50 split between opiates and methamphetamines (mainly a drug called Pervitin, used by soldiers in WWII) – so quite a different split to Scotland, where the drug problem mainly features opiates and benzodiazepines.



Like most of the drug services we visited, this was a person centred harm reduction service that sought to work with people to establish their goals and support them toward reaching them, however small they may be. They provided needle exchange and testing for blood borne viruses.

So far so similar, but one striking difference to services in Scotland was that the staff insisted that service users be addressed by their titles and that staff should be so addressed in turn, e.g. Mr or Mrs so and so. They believed it was better that staff shouldn't befriend people and make it feel like a place they wanted to stay in long term – but rather have a professional distance. This also stretched to using the polite form of the word 'you' (most European languages having both formal and informal versions).

Furthermore, the service manager didn't feel that it was best that those with lived experience of drug and alcohol problems should be working in the sector, a major diversion from how things are done in Scotland – with people with lived experience now sitting on the new Drug Deaths Taskforce. He said, 'Just because someone has done a lot of orienteering, doesn't mean they know how to make a compass.' Of course, it took a lot of grass roots work and campaigning in Scotland to change that view, so it seems the Czech Republic maybe has a ways to go on realising that whilst it is true that experts are fundamentally important in this field, people with lived experience of drug problems have a valuable role to play in developing strategies and pathways to recovery.

As we visited more drug and alcohol services throughout the week, this reticence towards people with lived experience working in services was often repeated – but by and large we were really impressed with the work the services were doing, with most of their interventions being pretty much exactly what we do here in terms of needle exchange, opiate substitution therapy, blood borne virus testing and an evidence and reality based blend of harm reduction along with abstinence based approaches. One of the services, similar to the drop in service was the exception to this rule, managed by a guy who had had his own issues with drugs previously.

One of the most interesting drug and alcohol services we visited was Sananim. Sananim provide a range of services across different branches. Having started out as a treatment service, they branched out into through/aftercare and employability. We had a lunch in a small social enterprise café entirely owned and operated by Sananim where they employed people in recovery, who often had criminal records, in order to help them develop new skills, build on their CV and earn some of their own money for the first time in perhaps a very long time!

The place was a real surprise to us. It wasn't dank and dreary, but rather a vibrant café with a hipster vibe in the middle of town. The staff were great and the food was excellent! It was surprising and perhaps disappointing to learn that no government grants were available to the café, and that it relied solely on funding from donations.

The service manager spoke passionately about the ability of people to turn around their lives, saying that the service focussed not on what people had done in the past but what they could do in the future. She said, 'If you say the word addiction, it

means something that's permanent, or so people think. People think there is always a likelihood of relapse. Employers' stigma is a big problem.'

Homelessness

On our second day we visited Prague's answer to the Big Issue, a magazine called 'New Space'. Presently, there are an estimated 100,000 homeless people in Prague but only 70-80 vendors. Similar to the Big Issue in Scotland, vendors have their own pitch. They are in charge of the number of magazines they order and will sell, with 50% of the price going to the vendor and the other 50% to the service. Effectively then, the vendors are their own boss, which provides them with the opportunity to develop skills they might use to eventually get employment.



The homelessness situation in Prague is complicated by almost zero social housing, with most of it having been sold off after the revolution. The majority of people that 'New Space' work with was previously those aged 50+ who had become homeless after losing their jobs due to the major economic and political changes of the time, but these days there is a mix of the older clients and many aged 30-40, including those who aren't necessarily homeless but struggling with large debts, often due to high interest loans.

The service works with people to get them back on their feet, providing them with support to get an ID card (necessary to access most healthcare, aside from emergency health care), social insurance, health insurance and runs workshops on such things as CV skills and practical things like woodwork or social media.

An interesting point was that those with addiction issues were mostly people with alcohol problems, as drug users tend to need money faster and mostly stick to acquisitive crime.

On our final day we also had a tour round a Salvation Army hostel. This provided a drop in for homeless people during the day where they could receive food and drink, or just socialise and come in off the streets, as well as 15 emergency beds for people for the night on a first come, first served basis, with 5 extra beds reserved for those in employment but homeless. Aside from this they also had a long stay Refuge Centre, where people stayed for many months who required more intensive support.

The service actively tried to remain as low threshold as possible, even allowing people to use the service if they had low levels of alcohol or drugs in their system – so long as they didn't cause any trouble – even allowing people to keep drug injecting paraphernalia in lockers. Using drugs on the premises however would result in a one week ban from the service, though bans could sometimes be longer depending on the number and severity of offences.

One very notable thing we learned from the visit was that nobody in the Czech Republic other than medical doctors are allowed to administer Naloxone, the lifesaving opiate agonist that we have been working hard in Scotland to make as available to any first responder as possible – as well as training staff in drug and alcohol services across the country. I couldn't help but feel this was something that ought to be changed very quickly!

Employability and Criminal/Community Justice

Interspersed in our days were some trips to employability and community/criminal justice services.

This took in a visit to a great project called Rubicon who work with both current and ex-offenders inside and outside of prison. The focus of their work is on social integration, with ex-offenders working in a community garden and mingling with the local community who use it for events and just for their kids to play, as well as for growing food! They work with prisoners prior to and for six months after their release and mainly with prisoners whose sentences are onetwo years.



Whilst the Czech Republic as a whole had a re-offending rate of 70%, Rubicons' clients had only a 10% re-offending rate – more evidence as if it was ever needed that if you give people a second chance and promote their integration back into society, making them feel wanted and valued, then they are less likely to commit crime.

We were delighted to hear that the local community integrated well with the Rubicon clients and that the staff believed this was really helping to change attitudes to people who have been in prison. One staff member said, 'People meet our clients and realise that every person is different and that there isn't just a stereotype of what a criminal is.'

She told a heartwarming story of a man who had killed his wife and partner in a rage following an extra marital affair and been in prison for 10 years. When he was released he started cleaning graffiti off of the Charles Bridge (oldest Bridge in Prague and major tourist attraction) that had been vandalised by tourists. Eventually, this made it into the newspapers and he told his story about how he felt he'd been given a second chance and this was his way of trying to give something back to the community.

I'm getting to the end now, I promise! Lastly, I wanted to give mention to a visit we paid to an organisation called 'Business For Society'. This is an alliance of responsible and sustainable companies, driving a responsibility and sustainability agenda across the Czech Republic. Their priorities are:

- A sustainable labour market
- Sustainable enterprising

• Sustainable communities (including skills based volunteering)

This organisation is a charity but works closely with the government. They run a national programme whereby companies' staff are given time to come and do a period of voluntary work in local communities as part of the idea that businesses should give something back to their communities – doing lots of physical and skills based volunteering.

They emphasised the importance of using local approaches because each area of the Republic has its' own issues and they look to sensitively apply and develop local interventions that are best suited to different regions – so a lot in common with the ideas of the SCSN and our partners!

Like SCSN they are also very big on work/life balance and accessibility – with companies encouraged to sign up to a pledge that takes cognisance of issues faced by women, LGBT and disabled people in the work place.

Among a number of interesting projects they run is a 'New Job, New Life', which works with care experienced and under privileged young people to support them into employment and provide stability, with companies working with the young people to develop their skills and provide mentoring support. Other interesting projects included working with companies so that they better understand the needs of care givers who are in employment – with one million care givers in the Czech Republic and the needs of these employees not well understood.

I could go on for another few pages yet, but I ought to draw this to a close.

The trip was clearly an illuminating and fantastic experience for myself and the other staff members who went. We even managed to squeeze in time to visit the Elevate participants and hear how rewarding they felt their work placements and the whole cultural experience had been.

My overriding thought as I left was that Scotland is probably a bit ahead of the Czech Republic in terms of our various interventions and strategies on drugs and alcohol – but in terms of some of the work going on, especially in employability and community justice, there was much the same kind of thing happening.

There were some examples of excellent and slightly different practice to what we do here on these topics, and those were great to hear! So maybe there are some ideas that people might have from reading this that could be implemented in Scotland!

Right throughout the trip though, what we kept hearing about were examples of how these different services collaborated and spoke to each other – and of course collaboration and joint working are certainly priorities in Scotland.

I hope you've at least found this essay – sorry blog! – interesting, if not perhaps useful – and I'd certainly encourage anyone to visit this beautiful city.

