The Risk and Resilience Newsletter

July 2026 • Issue 01 • *Big ideas, fast updates, clear actions*

Welcome to our new newsletter!

From this month we will be providing you with updates in our field as well as what is going on at Risk and Resilience. **Sign up for future versions to be sent straight to your inbox here.**

Wellbeing Tip!

Try **Box Breathing** for simple stress-relief using four easy steps: inhaling, holding the breath, exhaling, and holding again, each lasting for a count of four seconds. How do you feel afterwards?

Resources

Check out our new resource page! Throughout August we will be adding more and more!

Frontline Plus

Alongside our new newsletter, we have our new monthly podcast. Listen now on Apple, Spotify and YouTube.

Did you know?

1.2% of adults in England have an ADHD diagnosis, international prevalence data estimates it affects 3-5% of people. Source: BBC news

What's in the news?

A city of Harm Reduction?

Bristol are aiming to become the UK's first official city of harm reduction. How will this work? Who will support it? Who will fight it? Find out more here.

Does the 2026 Sentencing Act work?

The new Act is starting to be rolled out across the criminal justice system. Will this help create a more caring system? Find out more here.

96%

TILT

Of respondents find our **TILT E-Learning** courses more effective than classic E-Learning courses. Have you tried our FREE intro to Trauma Informed Practice yet? Sign up here.

Spotlight Training Courses

- ❑ Neurodiversity and Substance Use
- ❑ Ketamine...2026 updates
- ❑ Emerging Drug Trends

Contact us for more details.

This Month's Focus: Neurodiversity and Substance Use

Many of the people accessing substance use, homelessness and mental health services are navigating far more than the challenges that first bring them through the door. For some, there is an underlying neurodivergence that has never been recognised, understood or accommodated. Others may have an acquired neurodiversity following a brain injury, stroke or neurological condition. When these differences go unnoticed, it becomes easy to misunderstand behaviour, communication or engagement, and the reasons someone may be using substances can be oversimplified or missed altogether.

Frontline practitioners are often the first to spot that something isn't quite fitting the usual picture. Yet, under pressure, it's easy to interpret missed appointments, impulsive decisions, communication differences or inconsistent engagement as a lack of motivation or willingness to change. Looking through a neurodiversity-informed lens encourages us to ask a different question: ***What is this person experiencing, and what function might their substance use be serving?***

For some people, substances may help with concentration, emotional regulation, sensory overload, masking, sleep, confidence or simply getting through the day. Understanding this allows us to respond with greater curiosity, accuracy and compassion.

Simple changes to communication, environments, appointment structures and expectations can make an enormous difference. When staff understand the overlap between neurodiversity, trauma, homelessness, mental health and substance use, they're better equipped to avoid assumptions about **"non-engagement", "resistance" or "chaotic behaviour"** and instead create opportunities for meaningful connection.

New Training: Neurodiversity and Substance Use

Our new course combines current evidence with real frontline experience to help practitioners recognise, understand and respond more effectively to neurodivergent people who use substances.

Rather than creating specialists, the course builds confidence through practical strategies, reflection and realistic case studies that participants can apply immediately in their own practice.

Ideal for professionals working in substance use, homelessness, housing, mental health, criminal justice and wider support services, the training is available as a full-day or adapted half-day session and can be delivered either online or face to face.

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