

swanswell

drugs

?

be well

stay well

Section A

QA1. Are there other key aspects of reducing drug use that you feel should be addressed?

Yes

Please outline any suggestions below

We believe a holistic approach to reducing drug and alcohol use should be taken, which includes physical and mental wellbeing, family/carer engagement, education, employment and issues that impact on self esteem. We have run self esteem workshops for some of our female service users and this has had a significant impact on their treatment outcomes, for example, improving opportunities to access employment and further education.

Our recovery model of work commences with the premise that the service user knows what they want to achieve and we support them to achieve their goals, working with their families and carers, wherever possible.

There needs to be more voluntary services that will specifically work with and support service users accessing treatment. Access to treatment needs to be provided in a variety of ways so that more hard to reach groups can be involved, for example, through the use of new media – most homes have a computer or TV which are a great way to reach people who wouldn't usually engage with treatment services.

There should be improvements and developments to achieve better housing. From our experience, some service users feel trapped in areas where drug dealers and users know them. Giving service users a greater choice in the area where they live would help to address this.

It's important to offer family interventions and, specifically, interventions that support carers as this will assist them to support those in treatment. We know that carers' involvement is important and that they get support for themselves too. Carers who we've worked with have told us that sometimes it's as simple as understanding what to expect, for example, when someone is detoxing. We need to harness this amazing group of people effectively for better treatment outcomes.

Supporting service users to *sustain* the changes they've made to their drug use can be done successfully through good exit planning and community engagement. There's a lot of good services out there but they may not know about them. It's our job to make the connections work.

QA2: Which areas would you like to see prioritised?

Please select as many as apply

- Greater ambition for individual recovery whilst ensuring the crime reduction impact of treatment.
- Actions to tackle drugs should be part of building the "Big Society".
- A more holistic approach, with drugs issues being assessed and tackled alongside other issues such as alcohol abuse, child protection, mental health, employment and housing.

- Budgets and responsibility devolved wherever possible, with commissioning of services at a local level.
- Budgets and funding streams simplified and outcome based.
- The financial costs of drug misuse reduced.
- None of them.

QA3: What do you think has worked well in previous approaches to tackling drug misuse?

The following has worked well and had a positive effect on tackling drug misuse:

- harm reduction initiatives/programmes
- the 10 year drug strategy which made services more accessible and to some degree reduced stigma. It also professionalised services provided
- specialist services that target specific under-represented and marginalised groups – this went some way to connecting hard to reach groups into treatment but technological developments that can improve access have been underused in the treatment field
- needle exchange services in a wide range of localities
- asking service users how we can improve what we do - they are our customer
- instant access at the right time for the service user

QA4: What do you think has NOT worked so well in previous approaches to tackling drug misuse?

The following things have not worked so well, or could be improved:

- short and/or pressurised detoxes. Detox planning with the service user and carers is important for successful outcomes
- funding for specialist services being withdrawn or reduced
- Drug Rehabilitation Requirements (DRRs) – whilst everyone believes DRR is a good idea it is not implemented thoroughly enough. We have developed evidence based criminal justice interventions to address the links between drug use and offending
- little consideration of service users' carers/families in their treatment journey

- maintenance scripting – service users are often parked or park themselves and treatment services have not been good at challenging this

Section B

QB1: What are the most effective ways of preventing drug or alcohol misuse?

A lot of the time, reaching people at a younger age and involving a strong support network can be effective ways of preventing drug or alcohol misuse. For example:

- youth clubs – it's important resources are given and that clubs are made attractive for young people to attend
- more targeted family support teams
- community wardens in specific areas that get to know and talk to the community
- schools to be more proactive in identifying issues
- health visitors to visit beyond current age
- more mentors or properly trained peer mentors in schools – get the message across in a way that connects with young people more effectively
- confidential counselling service in schools for children to access
- a greater sense of community and responsibility for it. Support should be given to the community to start their own support/community group. Skills provided in form of arranging and chairing meetings etc. The support can then be withdrawn once established
- develop peer mentoring in a range of existing community groups where young people come together already and build on those relationships – for example, local football clubs
- volunteer group could be encouraged and assisted to get involved in youth schemes in the local area

Other effective ways for older age groups include:

- getting the harm reduction message across in a variety of ways and using different methods – from phone apps to social networking sites
- being available with advice and information when people want to ask questions or seek help – either through instant access to a worker or via the internet/web site

QB2: Who (which agencies, organisations and individuals) are best able to prevent drug or alcohol misuse?

- ex-service users
- substance misuse workers
- schools – teachers, mentors, peer mentors, pupils
- criminal justice partners
- parents – (e.g. Parent Partnership running workshops around substance misuse). This increases understanding of drug and alcohol misuse issues
- carers – they can offer so much in terms of prevention but need support themselves and skills to support the person with substance misuse issues
- Arrest Referrals Workers (ARW) – currently only work with those 18 and under
- any organisation who has contact with the public. It should remain everyone's business
- the Transport Agency - build compulsory alcohol and drug awareness modules into the driving test, for example
- sports and social clubs

QB3: Which groups (in terms of age, location or vulnerability) should prevention programmes particularly focus on?

There should be a focus on young people from all backgrounds, as educating and supporting young people can significantly reduce the need for further, more costly interventions in the future. Our suggested age for prevention programmes is 12 years and over, although appropriately focussed material could be available for younger children. Education for children should be backed up by information and education for parents, along the lines of ‘Triple P’ or similar. This is a key point as adult role models are an important source of information.

Cases of early onset dementia related to hazardous alcohol use are increasing, with research showing that 12.5% of cases of dementia in people under 65 in the UK are alcohol-related. This poses a significant and growing cost to health and social care whilst untreated. Changing patterns of binge drinking over the last few years has meant the people with alcohol-related early onset dementia are presenting at increasingly younger ages and in larger numbers. But outcomes for those with the condition can be improved if they receive an appropriate diagnosis and interventions early enough. We need to work with this group to prevent increased harm to their health and unnecessary costs to the health and social care sector.

QB4: Which drugs (including alcohol) should prevention programmes focus on?

- Those that cause the most harm
- Those that are most widely used
- All drugs

Please explain your view below

Programmes should look at all drugs, including alcohol, and at lowering risk as rather than concentrating solely on prevention. Information should be factual and evidence based, avoiding ‘scare tactics’ or concentrating on the ‘evil’ of drugs. An overall focus on healthy lifestyles and promotion of other pastimes, sports or hobbies may assist in steering people away from recreational drug use.

Information needs to be available in a wide range of formats and presented in different ways to engage different groups. It needs to be easily accessible when it’s needed.

QB5: How can parents best be supported to prevent young people from misusing drugs or alcohol?

Parents can be an important source of information to young people but need to inform and educate in a non-judgmental way. Information for parents needs to be balanced and factual. Support for parents needs to be realistic and accessible. Website resources aimed at parents could help them become ‘ambassadors’ or sources of information and support for other parents. We use websites like Netmums, an online coffee house for parents with over 756,000 members, to get the message across. The potential parenting audience is massive and we’re working to expand our advice and information service across a variety of social networking sites. It’s very important for parents to ‘practise what they preach’, particularly if information about alcohol or cannabis use is to be taken seriously by children. Again, availability and access to relevant support and information *at the time it is needed* is important

Swanswell service users’ response

- There’s a stigma attached to drugs at a young age and an embarrassment of needing help.
- Most people don’t realise they have a problem until they reach their 20s.

- Going into prison could be seen as a rehab process and a method of feeling or gaining control again.
- There is a lack of awareness of available youth services for drugs, alcohol, smoking and sexual health.
- Drug and alcohol use may not be seen as a problem at the time if peers are engaging in the same behaviour.
- There is a lack of awareness of services or having someone to talk to.

We suggest:

- Create information and guidance, 1:1 support and group support for peers and family members of a young person involved in drugs and alcohol whether their use is considered problematic or not.
- Include information about where people can get support in any prevention work undertaken.
- Raise awareness via: user led workshops, social marketing and advertising, using interactive technology, games and training.

QB6: How can communities play a more effective role in preventing drug or alcohol misuse?

Children need a wider range of facilities for sports, hobbies, youth clubs etc that are accessible and affordable. We are developing a model to enable drug/alcohol peer support to be delivered through a range of existing community based groups which bring young people together already (e.g. for football or music). We are talking with groups of young people in different parts of the country about how best to do this.

There should be more work in schools and colleges around life skills and aspirations. It's important to give young people information about inspiring and realistic career paths. They need to have goals that are achievable, to improve confidence and self esteem.

QB7: Are there any particular examples of prevention activity that you would like to see used more widely?

We would like to see prevention activity that includes raising self esteem and recognising achievement. This could include contributions to community or environmental schemes. We have run evaluated self esteem workshops with some of our female service users which have had an enormously positive influence on what they went on to achieve. Due to its success, we're looking at ways of intending this further.

Activities need to be culturally aware and varied. For instance, not all young people are interested in 'urban' music and, in fact, consistently using this style to communicate messages can perpetuate a perceived link between certain communities and drug use. More variety should be introduced!

We've developed a structured programme designed to be used with offenders in the criminal justice system - it's an evidenced and effective intervention with a captive audience.

We also believe in taking a holistic approach to the reduction of alcohol related hospital admissions. As part of the national Total Place initiative, we deliver a service that brings together a multi-disciplinary team of professionals to work with people who've are being admitted to hospital because of their alcohol use.

QB8: What barriers are there to improving drug and alcohol prevention?

There needs to be more focus on effective ways of preventing the harm caused by drug and alcohol use (e.g. harm to health, relationships, careers and communities).

Focussing on a prohibition agenda continues to criminalise 'taboo' drug use and this in turn can attract some young people to this role. Drugs and alcohol need to be discussed factually and objectively. As substance misuse workers, we already know the negatives of misuse outweigh the positives for most people – this is what we should be building on. When young people see drug use as 'boring', 'unhealthy' or a 'waste of time' then their use will decrease.

Peer group pressure is a recognised barrier to preventing drug and alcohol misuse. It's important that services work through more peer groups to change this, particularly with young people.

Section C

QC1: When does drug use become problematic?

Problematic drug use can start at a very early age. We conducted a recent research project, asking young adults in adult substance misuse treatment to look back at their younger selves and tell us what might have prevented their substance use becoming problematic later in their lives. They told us that they had no one that they related to and trusted to discuss what was going on for them when they were young. They also told us that because their peer group generally reinforced the drinking/drug taking behaviour they didn't realise it was a problem until much later when the problem was much worse. They also told us that there was a lack of easily accessible information that they could relate to.

We feel that drug use becomes problematic when it starts to negatively impact on areas such as: family/relationships, offending, mental/physical health, employment, self esteem, hygiene, finances, poverty, quality of life, child protection.

It also becomes problematic when it poses a risk to the public, affects the community and impacts on public funds (e.g. NHS and Criminal Justice funds).

QC2: Do you think the Criminal Justice System should do anything differently when dealing with drug-misusing offenders?

Criminal justice services are well placed for the delivery of behaviour change interventions to reduce recidivism rates related to alcohol or drug related offences. Offender managers need to be more skilled in screening for drug and alcohol use and appropriate on referral/ joint working.

Structured behaviour change interventions where attendance is mandatory works and this could be offered more widely. More funding should be given to aftercare/housing rather than prisons. Although there will always be a need for prison, improvements to the current system would help to eradicate problematic drug use. Then a continued focus on prisons would be used to support rehabilitation.

Better communication between the prisons and drug services is crucial. We recognise that release from prison is often a key time for service users – it's a time they may be feeling motivated to change but also a time when they're vulnerable and at risk from potential overdose.

Funding should be given to conservation projects and other projects to promote inclusion and occupation. If offenders are given unpaid but worthwhile work projects to do, this would give them a sense of worth and achievement.

Swanswell service users' response

- Being offered a drug rehabilitation order or a custodial sentence is a bit of a cop out because you would automatically go for the order to escape going to prison.
- You need to be ready for treatment else you won't engage.

QC3: Do you have a view on what factors the Government should take into consideration when deciding to invoke a temporary ban on a new substance?

Yes

No

○ Don't know

Please explain your views below

It's important that evidence based facts are used to support claims or bans, with good control of the delivery of the message, as misinformation creates frenzy and hype. Advisory information should be given on substances that are unknown risks. People can then choose to make an informed decision in the same way we do with alcohol, cigarettes and even the food we eat.

QC4: What forms of community based accommodation do you think should be considered to rehabilitate drug offenders?

It's important that the housing providers are realistic, clear, safe and supportive in their approach to drug and alcohol users. For example, stipulating no drug use or paraphernalia on site for intravenous (IV) drug users is likely to result in further potentially risky situations for the service user, so this needs to be taken into consideration.

In the same way, when service users lose their tenancy because of their drug use, this create more risk and makes individuals more vulnerable. Housing should be provided in different forms in correlation to where a person's at in their treatment – like stepping stones to independent living.

Accommodation that allows ease of access to support and other community based services and links in well with existing treatment delivery and floating support services is likely to support service users to achieve rehabilitation.

Swanswell service users' response

- Housing is a problem, hostels are not ideal and poor quality housing seems to be the only option.
- Supported housing would be beneficial and then routes to own affordable housing.

QC5: Where do you think we most need to target enforcement efforts to reduce the supply of drugs?

It's important to target supply streams where a large proportion of drugs are supplied from (e.g. Afghanistan).

QC6: What else do you think we can do to keep one step ahead of the changing drugs markets?

We need to work closely with the security services here and globally.

We believe that information and knowledge are key. It's important to recognise that people will always take drugs (in some form or another) but that we need to help them to make *informed* choices. Looking at legalisation or decriminalisation of some drugs is one option that could be explored.

QC7: Which partners – in the public, voluntary and community sectors - would you like to see work together to reduce drug related reoffending in your local area?

The problems associated with an individual's substance misuse are multi-faceted and, as such, require a broad range of agencies working together to tackle these problems. Given that boredom is often cited as a trigger for an individual's use, agencies providing activities and access to work need to be included.

We're also aware that those with mental health issues are significantly represented in this client group, so there is a need to provide easier access to mental health services. This has historically proven extremely difficult as a history of substance misuse often acts as a barrier to entry.

There also needs to be more work done in prison for those about to be discharged so that they are linked into local services including housing. The agencies that need to be involved include:

- Community Mental Health Teams (CMHT)
- benefit agencies
- Drug Intervention Programme (DIP)
- Mind
- housing providers
- job centres
- NACRO – probation service
- social services
- Citizens Advice Bureau (CAB)
- ANAWIM Women's Information Network
- Debtline
- rent guarantee scheme
- prisoner advice service
- Patient Advice and Liaison Services (PALS)
- BVSC Centre for Voluntary Action
- Police
- Swanswell
- Turning Point
- Counselling, Assessment, Referral, Advice and Throughcare (CARAT) teams
- medical personnel in prisons
- business leaders
- work directions
- Cross Match
- colleges and other education facilities
- British Medical Association
- Judicial system
- Howard League for prison reform

QC8: What results should be paid for or funded?

Those outcomes that result in the greatest benefit should be funded rather than the activities associated with them. So the provision of accommodation should be funded rather than the completion of housing forms, assessments etc that lead to this. Many of those with substance misuse issues are homeless at the point of discharge from prison and may have to wait several weeks to claim benefits. A fast tracking benefits service would be of real benefit. The provision of jobs should be funded by incentivising local businesses to take those with a criminal history. This could be developed further through social enterprise schemes delivered through treatment services.

Accommodation, benefits, treatment incentivise companies to employ those with a forensic history, education/employment, working with individuals with mental health problems.

QC9: What measures do you think should be taken to reduce drug supply in prison?

It's important to look at alternatives to prison for drug-related offences, where this is a viable option. For those in prison, having more education, training and worthwhile activities will help to relieve boredom and reduce the likelihood of drug use in prison.

Anyone testing positive for opiates in prison should be encouraged to go on a Naltrexone script.

To reduce the supply of drugs in prison, X-ray examinations of prisoners and visitors could be carried out at point of entry.

Swanswell service users' response

- Educating prison officers
- You can't completely eradicate it, too much money is involved

QC10 (if applicable): What impact would the measures suggested have on:

- **a) offenders?**

If offenders are keyed into services at the point of discharge (e.g. housing, benefits and employment services) they are more likely to integrate into their local communities and less likely to commit crime. This is often the response to poor life chances and boredom.

Prison should provide the opportunity to address the causes, making people less likely to reoffend. There are different ways to deliver education and harm reduction messages (e.g. through ex service users).

Depending on the crime, there should be a move away from short sentences towards community sentencing.

- **b) your local community?**

Communities need to have an understanding of the prison system and what's being done to keep communities safe. More involvement in prisons would develop a greater understanding of reparative justice.

Section D

QD1: Thinking about the current treatment system, what works well and should be retained?

Offering the chance to recover whilst supporting what the service user wants to do is an excellent way of helping them to make positive changes to their lifestyle. We believe in taking a holistic approach to support. From our experience, the combination of substance misuse worker and support worker provides a holistic package of support.

We also feel that substance misuse workers should be challenging maintenance prescribing, whilst recognising that a move away from it may take time. The goal is to support service users to move through treatment into recovery.

It's important that the service is as accessible as possible for the people who need it. Offering appointments to service users in their local area has a big impact. Offering appointments outside of 9am – 5pm also works well, and our service users tell us it helps them fit appointments around work, family or other commitments.

It's vital that we have skilled, professional substance misuse workers delivering services. We believe in having the right people with the right skills working with our service users.

Swanswell service users' response

- Support from a worker
- The speed of accessing treatment (it used to take up to two years)
- There should be more service user involvement and it should be available at all agencies
- Keep everything, just make them work closer together

QD2: Thinking about the current treatment system, what is in need of improvement and how might it need to change to promote recovery?

Improvements are needed to detox provisions. For example, more opportunity for service users to access detox, more detox facilities to reduce waiting times, community detox, and support after someone has detoxed. Involving families in the detox and treatment process more would help promote recovery.

Blood borne virus screening and vaccination uptake could be improved. Dry blood screening could be adopted, so the process is quicker and easier to perform.

Service users need to be encouraged to involve families and carers at the start of their treatment.

There could also be improvements to services for people with dual diagnosis. Services need to join up more effectively and have clear care pathways in place with ownership in each organisation and understanding of roles and responsibilities.

Having a named member of staff as the contact for each partner agency could also help. So if organisations had queries about Swanswell services, they would have a named contact responsible for ensuring current literature and referral information is available.

Other improvements include:

- offering more group work in communities

- providing services for service users with children (i.e. crèches)

Swanswell service users' response

- Agencies should be linked together rather than separate providers competing.
- There should be a one-stop approach to speed up referrals and access to housing, employment and structured rehab.
- Positive role models (ex service users) are needed in treatment and in the media.
- People need to know how to access treatment; often someone is arrested before they find out how to get treatment. Most people find out about treatment by word of mouth.
- It's ultimately the responsibility of the individual as they only get out of treatment what they put in.
- Services should do more drug testing and checking on individuals that they are complying with treatment (though some people view this as punitive)
- There needs to be access to services on evenings and weekends.
- There isn't enough aftercare and support when people come off medication and complete treatment.
- There isn't enough peer support or service user involvement groups.
- There should be free access to support groups and health/sporting activities.
- There can be cultural barriers to accessing treatment.
- There can be fears of confidentiality and family/community finding out.
- There can be barriers of accessibility.
- Drug and alcohol services should work alongside services that are already established in the community.

QD3: Are there situations in which drug and alcohol services might be more usefully brought together or are there situations where it is more useful for them to be operated separately?

Bringing drug and alcohol services together can benefit service users by having their needs met in one location, which reduces the time spent on travel and repetition of information.

Both services use the same models of interventions so why not combine them – its more efficient and cost effective.

It would also ensure services work together to give a greater knowledge of the issues service users face.

It would be useful to have aftercare services that cater for both alcohol and drugs that required abstinence. Most day care allows for ongoing drug use which often deters those who are abstinent (e.g. Norman Imlah day care caters for alcohol abstinence only).

Swanswell service users' response

- They should all be linked together to make referral easier.
- It was common to swap one addiction for another, e.g. when someone's drug use goes down his or her alcohol use can increase.

QD4: Should there be a greater focus on treating people who use substances other than heroin or crack cocaine, such as powder cocaine and so called legal highs?

- Yes
- No

Please explain your response below

Not necessarily a greater focus but there needs to be more emphasis on education (e.g. more facilities to dispense information). Some training could be given to current substance misuse workers to enable them to deliver brief interventions for powder cocaine and 'legal highs'.

Advertising may need to target groups using cocaine, ecstasy and legal highs, as in some cases they may be different groups from those with whom services like Swanswell are currently working.

Swanswell service users' response

- There is a perception that people who use powdered cocaine could probably afford to pay for treatment rather than the average crack user.
- There was recognition that there needed to be investment in treatment for stimulant users.

QD5: Should treating addiction to legal substances, such as prescribed and over-the-counter medicines, be a higher priority?

- Yes
- No
- Don't know

Please explain your response below

We believe it should be treated in the same way as any drug addiction, legal or otherwise.

It would be beneficial if drug treatment services linked in with GPs to provide some kind of intervention for prescribed and over-the-counter medicines.

Swanswell service users' response

- They should have the same priority, drugs are drugs.

QD6: What role should the Public Health Service have in preventing people using drugs in the first place and how can this link in to other preventative work?

Educating people in the effects of drug use is vital to preventing people using drugs. This should start with targeting young people, as educating people early on can significantly reduce the need for further, more costly interventions in the future.

Some examples of preventative initiatives include:

- more information given to schools and teachers about the effects of drugs, so they can better educate children and young people
- more advertising around the effects of drug use (e.g. posters in clubs)
- services could provide outreach work at bars and clubs
- clear lines of communication between other services including single points of contact in order to relay information effectively

Supporting the development of Healthy Living in communities and reducing inequalities in health.

QD7: We want to ensure that we continue to build the skills of the drug treatment and rehabilitation sector to ensure that they are able to meet the needs of those seeking treatment. What more can we do to support this?

We feel there is a need for a more ‘joined up’ approach between organisations providing different services to the same service users, so that substance misuse workers are fully aware of what is being delivered and where they can signpost service users to the most appropriate services. More clarity around separate roles of agencies needs to be established, for example mental health services may not necessarily be clear on the role of substance misuse agencies.

Professional standards need to be continually reviewed. We feel that best practice should be shared more effectively at a national level so that different areas of the UK are all using similar approaches that have a proven evidence base to show they’re effective. This will also benefit service users who may be in treatment and need to move to other parts of the UK, giving them improved treatment continuity when they move to their new locations.

Swanswell service users’ response

- It is easier to speak to someone with personal experience of drug treatment so more mentors and employees with this background.
- Workers with an ability to assess someone and know where they are coming from.
- A worker who can communicate well, on your level.
- Workers with knowledge of psychological approaches, housing, benefits, etc.

QD8: Treatment is only one aspect contributing to abstinence and recovery. What actions can be taken to better link treatment services in to wider support such as housing, employment and supporting offenders?

At Swanswell, we deliver both drug/alcohol treatment and floating support for people with substance misuse issues. This ensures that substance misuse workers and support workers work alongside one another, communicating effectively and working together to address all of the service user’s needs. This is an effective and efficient model which our service users tell us works well.

It may be beneficial to have more ‘Link Worker’ roles, responsible for proactively engaging with prison in-reach teams. They would also have direct contact with service users whilst in prison, to assess their needs and ensure they are signposted to appropriate services on their release.

It would also be useful to develop a central database of agencies involved in supporting people with substance misuse issues (e.g. housing, treatment, employment, probation services etc). With the service user’s consent, relevant organisations involved in their treatment journey could access the database. The benefits would be a reduction in lengthy referral processes, improved understanding of

what service users might need from different services, and quicker and more efficient sharing of information processes (e.g. regarding risk).

The most important factor is for organisations to develop and continually improve the way they work together to strengthen inter-agency links for the benefit of service users.

Swanswell service users' response

- Tackle stigma in society.
- Link services together.
- More aftercare and peer support.

QD9: How do you believe that commissioners should be held to account for ensuring that outcomes of community-based treatments, for the promotion of reintegration and recovery, as well as reduced health harms, are delivered?

There are a number of ways commissioners could ensure and demonstrate accountability, such as:

- consulting best practice guidelines that are available nationally when making decisions
- demonstrating they have used a sound evidence base when making decisions on funding, procurement etc
- using test and learn pilots more frequently to ensure long term commissioning decisions are based on what works
- ensuring service users are consulted in a meaningful way so they have more say in service delivery. It should be evidenced that their views have been taken into account, as opposed to tokenistic engagement
- having Key Performance Indicators (KPIs) in place to manage commissioners' performance. These would be set around how effective their decisions have been and how services they have commissioned perform. Commissioners could have regular performance reviews and supervisions, much the same as a substance misuse worker would have
- giving more clarity of the role of commissioners to frontline workers
- ensuring individuals and organisations have recourse to voice their concerns about commissioning decisions beyond 'commissioning levels' at local and national levels, as appropriate

Section E

QE1: What interventions can be provided to better support the recovery and reintegration of drug and alcohol dependent offenders returning to communities from prison?

There needs to be more link workers available to work with clients from prison and then in the community. They must have appropriate resources available to them to be able to support offenders in accessing a range of services, not simply drug treatment (e.g. housing, detox, training etc).

There should be more interventions available focusing on the social aspect of reintegration. Relationship breakdown could be an ongoing trigger for drug use or offending behaviour. So ensuring the service user has a strong support network in place can support their reintegration into the community and help prevent relapse and reoffending.

Apprenticeships should be offered to clients with offending history as a route to gaining new skills and improving employment prospects. For those service users who want to pursue self-employment, more funding should be given to help offenders who have skills to pursue this route.

Services across the board need a better understanding of substance misuse in general in order for interventions to be effective.

It's important that offenders are supported to access appropriate services that can help them to reintegrate into the community upon release from prison. For example, ensuring they know how to access drug treatment, support services and substitute prescribing on release, if needed. In addition, making work placements and training courses available to offenders on release from prison will ensure they're able to keep occupied. Alternatively they should be able to go straight into structured day care programmes.

Swanswell service users' response

- Access to voluntary work and routes into paid work.
- Access to housing.
- Structured day care programmes.

QE2: What interventions could be provided to address any issues commonly facing people dependent on drugs or alcohol in relation to housing?

People with drug and alcohol issues should be given more priority status than they are at present (e.g. more points on home finder etc).

They should also have better transfer opportunities available to them. For example, encouraging Registered Social Landlords (RSLs) need to develop links with one another would enable more transfer opportunities to be facilitated.

There are also issues around wet house/dry house accommodation for people with alcohol misuse issues. There needs to be more specialist support, looking at a 12 week programme with follow up support once a property is identified at the end of the programme.

Other effective interventions include:

- motivational interviewing
- cognitive behaviour therapy

- brief interventions on alcohol
- brief interventions on cocaine
- relapse prevention interventions

Swanswell service users' response

- To meet with housing support prior to release so that there is somewhere to live set up.
- More dedicated hostels and supported housing for offenders.

QE3: How might drug, alcohol and mental health services be more effective in working together to meet the needs of drug or alcohol dependent service users with mental health conditions?

Joint working is crucial – there must be clear care pathways and screening processes to establish primary presentation so that the service user doesn't fall between the services.

It's important to ensure substance misuse workers understand and can screen for mental health problems and that mental health staff can screen for substance misuse issues. There must be a clear process for joint working and sharing of information, where necessary.

Mental health services should remove the barriers for people who are still using drugs or alcohol – insisting on abstinence is not always a realistic approach. Instead, it could be agreed that service users who are still using drugs or alcohol cannot attend appointments whilst intoxicated.

Drug, alcohol and mental health services need to have more familiarity with each other's roles and referral routes (i.e. who provides what services). Communication and links across different services should be developed and continually improved.

For service users with a dual diagnosis, it may be beneficial for all the services working together to meet their needs to be located under one roof. Providing a 'one stop shop' for service users would improve accessibility and potentially increase uptake of services. There should also be more dual diagnosis training for workers from drug services and mental health services.

Service user comments and experiences are a powerful tool for highlighting issues with treatment services. We suggest that service users could tell their stories and give their experiences of dual diagnosis (e.g. a service user talking about how they are self medicating with substances because they cannot access mental health services is a real-life demonstration of the difficulties dual diagnosis clients can face).

It's important that services work closely together to ensure drug dependent service users have access to appropriate mental health support. Providing joined up services that focus on recovery is essential.

It may also be beneficial to have multi-disciplinary teams, so that there are mental health workers in all drug services, and more outreach services to reach service users who are vulnerable.

Swanswell service users' response

- Better collaboration.
- Inter-connected providers or a single provider.
- There are problems moving from one agency to another, being reassessed, having to go to a new provider can be problematic and people don't engage.
- Some services cannot refer to others because of funding issues.

QE4: Do appropriate opportunities exist for the acquisition of skills and training for this group?

There are a number of resources and opportunities available to help this group acquire skills and training, both internally at Swanswell and through other agencies such as training provided by Eespro. An example of what we offer at Swanswell includes:

- training service users to deliver complementary therapies as a social enterprise . We want to explore a range of opportunities to further develop social enterprises
- our Film Making Project where service users can take part in producing a short film about their treatment journey
- participating in media work (our service users take part in radio and video interviews about their experiences, if they want to)
- taking part in Naloxone training to learn what to do in the event of an overdose (our service users have already saved three lives through this training)

There are also opportunities for this group to access training opportunities through other agencies or training providers. We feel that this does depend to some extent on the skills the service user wishes to acquire. In some cases, service users learn skills that they have no interest in acquiring or implementing. Therefore, more work needs to be done around the appropriateness of skills before sending people on courses.

Some of the opportunities to access training and to develop skills will depend on where the service user is at in their treatment journey. For less stable service users, it may be more appropriate to introduce training and development opportunities that are linked into treatment care plans (e.g. basic skills course and IT with recognised qualifications through drug services).

The recession has also had an impact on reducing the number of employment opportunities that are available, notably in the manufacturing and construction industries.

We are aware that some of the external resources are facing cut backs or closure due to limited funding. We feel this will have a negative impact on the service users' prospects for reintegration into the community and becoming economically independent. These training opportunities are an invaluable part of their road to recovery, keeping people occupied with positive activities and restoring self confidence.

Training opportunities need to be better publicised. There should also be more information readily available about accessing work with a criminal record, perhaps with short courses available about disclosing criminal records and spent/ unspent crimes.

QE5: Should we be making more of the potential to use the benefit system to offer claimants a choice between:

- **a) some form of financial benefit sanction, if they do not take action to address their drug or alcohol dependency; or**
- **b) additional support to take such steps, by tailoring the requirements placed upon them as a condition of benefit receipt to assist their recovery (for example temporarily removing the need to seek employment whilst undergoing treatment).**

We believe a high percentage of drug and alcohol misusers would make better progress if some form of financial sanction was taken to motivate them to address their dependency. One of our team members has been involved in a pilot project of this in Walsall, and the results supported this viewpoint. However, for some, coercion may affect their willingness to fully engage.

In certain circumstances, it may be more appropriate to tailor requirements – if a service user has mental health problems, being under pressure to seek work may cause deterioration in their health.

A) Benefit sanctions could possibly lead to increased criminal activity. Instead, the service user could be offered benefit *options* (e.g. they may continue on benefits without looking for employment for a limited period of time, but must access some form of relevant training or structured day care appropriate to their individual needs). If the service user chooses not to accept these options then benefits would be reviewed.

B) Removing the need to access employment would be beneficial; however, it could lead to ambivalence to change and avoidance of personal issues. We suggest that benefits could be tied into accessing treatment by choice, but that this would need to be maintenance-based treatment supporting movement towards recovery. It would also need to involve joint working with benefits agencies and could possibly tie into the training initiatives. For service users moving successfully through treatment, tier 4 services must be improved.

If benefits are sanctioned then it could lead to an increase in crime and costs to the community, affecting children and families of service users in drug treatment. We believe a supportive approach is a better option, if applied fairly, helping those who wish to be in treatment and want to move on with their lives. Benefit agency staff need to have a more developed understanding of people with drug misuse issues and their needs.

Overall, we feel that the two options (detailed as A and B) could be effective depending on the service user, the quality of assessment and the coordination of the whole provision.

Benefit sanctions across the board may penalise clients that are trying hard and haven't had the opportunities. Instead, we should provide more work-based placements for service users who've never worked and don't have any relevant skills/experience to enter the job market. Large organisations should do entry level placements that service users can access.

QE6: What if anything could Jobcentre Plus do differently in engaging with this client group to better support recovery?

We feel that the Jobcentre staff as a whole could be given more information so they're better able to signpost claimants who need help with substance misuse to services. We feel that workers in the substance misuse field are best placed to support the client with interaction with the Jobcentre, as opposed to having more specialist advisors and outreach, which isn't as effective. However, substance misuse workers could support the work of the Jobcentre staff in an educative role, through training, workshops, interactive projects or use of named link workers.

It would also be useful to have onsite substance misuse workers at Jobcentres or access to support remotely, so that people access treatment voluntary. This could be in a supportive way, rather than using coercion by the benefits agency. This will allow greater understanding of the needs of service users.

It's important that awareness of the issues around drug misuse is raised within Jobcentre staff. All job centre workers should be offered drug awareness training, so that they have a better understanding of the lifestyles of this service user group. The Jobcentre could also work more closely with drug treatment agencies in order to understand how the benefit system can be more useful and encourage

the service user to develop skills and reintegrate into the community.

Training Jobcentre staff to have a good understanding of drug misuse and offending behaviour or having a substance misuse worker working in partnership with the Jobcentre staff would ensure service users are given the best advice possible and supported with their substance misuse needs.

QE7: In your experience, what interventions are most effective in helping this group find employment?

In our experience, there isn't a single, direct intervention that works for all service users. However, there are a number of interventions we have found effective. Structured Interventions such as the Zephyr Project, which allow the client to develop skills around attendance and punctuality, are an important first step in building up a client's confidence. This in turn may lead to a return to employment in the long term.

Having large organisations on board such as City Councils, Cadburys, British Gas, Severn Trent could offer some form of short term voluntary opportunities that can give service users a glimmer of hope that employment can be accessed. In addition, long term contracted employment opportunities offered to those service users who are moving through recovery and showing that they are changing and wish to reintegrate into the community. Also see response to E5.

It's important to use resources that help service users to build on their motivations and aspirations, as well as putting into place the relevant training for further development of the skills they have already, and opportunities for exploring any other interests they may have.

Another intervention that is very effective when the service user has not been in employment for a long period of time is providing opportunities for voluntary work. This helps the individual to build on their confidence and provides interaction with other people. It allows people to gain valuable experience, get used to a routine and progress back into work (both the work environment and work attitudes).

It's also important to provide good support to address other issues such as drug and/or alcohol dependency, so the service user can focus on employment. This group often faces marginalisation so staff must be non-judgmental and should understand the difficulties that they face.

Swanswell service users' response

- There is a stigma in society against drug addicts and personal experience of not getting employment when someone's history is known.

QE8: What particular barriers do this group face when working or looking for employment, and what could be done to address these?

One of the key barriers is that this group is often stigmatised as being unreliable or untrustworthy. Some ideas to address this include:

- getting our service users to publicise themselves positively through their successes in treatment
- providing more apprenticeships
- employers being given financial incentives to employ this client group
- substance misuse workers to act in an educative role, raising awareness with prospective employers
- creating more social enterprise opportunities

The service user group may also face barriers around a lack of education, formal qualifications, previous experience or access to satisfactory references. They may also face the difficulty of low self esteem and worth.

Some service users will experience a lack of psychological support (e.g. relevant and specific counselling to address past trauma that prevents forward movement).

A barrier that is quite common amongst this group when seeking employment is having a previous offending history or recent involvement in criminal activity. This can alter the way an employer responds to a candidate, as they would need to take into consideration the level of risk the individual poses to other staff members and the organisation's reputation. This could be addressed by holding workshops for employers and service users to enable both groups to overcome the stigma they have towards each other. Voluntary and work placements held by employers may be effective in bridging the gap between the two groups, as well as any schemes that are set up by the government (i.e. jobcentres, careers advice etc).

If service users aren't given opportunities to access services outside of 9am – 5pm, this also limits their employment and training opportunities as they're unable to fit attending drug treatment appointments around work or learning commitments.

Swanswell service users' response

- Stigma.
- Some employers won't take you.
- Employers should look at how stable you are and the length of time that you have been clean.

QE9: Based on your experience, how effective are whole family interventions as a way of tackling the harms of substance misuse?

We feel that engaging with the whole family holistically offers the opportunity to address issues that could impact greatly on the service user's ability to move towards recovery. Access to family support and the quality of support available needs to be greatly improved and developed and joint working with existing agencies should be addressed. Childcare is a huge problem that prevents service users from accessing other external support, so improvements should be made.

Family engagement in the service user's treatment helps to make treatment more effective. When a service user has built up the confidence and motivation and is psychologically ready to address their dependency, family involvement can be a driving force to continue working towards building a new start for themselves.

Overall, family engagement is very effective but there must be an appropriate support package in place first. A lot of preventative work is not done due to a lack of resources within social care and health.

Swanswell service users' response

- The support of the family can be very helpful.
- The support of the family can be supportive initially but then counterproductive over time as they expect you to improve quickly. There is no knowledge of the cycle of change and how long it can take.
- The support of the family can be damaging as they intervene with the best of intentions but due to lack of knowledge and understanding do more harm than good.

QE10: Is enough done to harness the recovery capital of families, partners and friends of people addicted to drugs or alcohol?

We feel that more could be done to harness the recovery capital of families, partners and friends of people addicted to drugs or alcohol. In particular, treatment tends to focus on individuals but we feel that additional support by or education of their family and friends may be helpful to the person in treatment. However, our substance misuse workers have a good understanding of services that provide support for families and friends, that they refer in to. We also feel that there needs to be more family mediation services for the over 25s.

To harness recovery capital, overall improvement in existing services and community support is needed and must be readily and easily accessible. For instance, if service users live in extremely unsuitable environments, surrounded by peer group, crippled by debts, experiencing a lack of employment prospects, these needs should be addressed holistically.

An identifiable package of support must be in place for this to succeed. For instance, employment may only offer minimum wage, which creates a barrier to change because families often require more. Therefore, for service users to improve their financial situation there must be opportunities for them to gain relevant skills and qualifications, in order to give them development opportunities and prospects to earn more than the minimum wage.

There are a number of services in the UK that provide a level of support for families of service users. However, more action is required to make the system more inclusive of family members and to further explore the impact a loved one's dependency can have on the rest of the family. It's vital to provide correct information and knowledge to enable the family member to support their loved one in a way that is effective and works in line with their treatment and any other involvement they may have. Improvements need to be made to the level and quality of support services, as families can feel alone in trying to resolve any issues that arise in relation to the family member.

Swanswell service users' response

- There should be awareness and education available to family members.
- Society in general should be better educated regarding addictions.

QE11: Do drug and alcohol services adequately take into account the needs of those clients who have children?

On the whole, we feel that most drug and alcohol services do adequately take into account the needs of those service users who have children. Although we acknowledge that there needs to be a balance (so that children are not brought into an environment that is unsuitable for them), we're pleased to be able to support clients with childcare commitments, by seeing clients in surgery settings, or at Swanswell clinic if necessary. The flexible opening times we offer helps to support this.

It may be useful for service to provide a crèche to help clients with childcare when they attend their appointments.

Safeguarding training is a priority for our staff. It should be noted that Social Care and Health (SC&H) involvement can often isolate our service users further within their family, whilst intervention takes place, rather than working with the family as a whole and trying to keep them together. It's important that substance misuse workers play an active role in mediation and education, to allow our service users ongoing supervised contact with children, where appropriate, and whilst they are engaging in treatment.

To ensure that children of service users receive all the support and care they need, all service users coming into treatment should be offered a SC&H referral as a support option, that could possibly identify, address or prevent risk. A social worker could be allocated to the drug service, or increased and more in-depth co-working would improve the quality of service provided and give a better understanding to external services of the problems faced by families whose parent(s) use drugs. Multi-disciplinary treatment services that bring together all the services that can help meet the service user's individual needs are an option that should be considered.

Swanswell service users' response

- It can be difficult to organise your day if you have to pick up your medication on a daily basis and juggle other commitments.
- The children may be curious as to why you need to go to the pharmacy each day.
- You can't obviously take the children to the service or into your appointment.
- There is no crèche facility where you get treatment.
- There is paranoia that something you say may go against you. For example 'how you are feeling'.

QE12: What problems do agencies working with drug or alcohol dependent parents face in trying to protect their children from harm, and what might be done to address any such issues?

Service users may mistrust their worker and feel that they will contact Social Care and Health (SC&H) when they disclose they have children. This mistrust of the worker is also related to mistrust of SC&H, and a feeling that child protection proceedings will be instigated and the child will possibly be removed if they are involved in drug treatment. The result is that clients may not disclose that they have children, particularly if there are any difficulties or concerns.

To address this issue, the worker needs to dispel this myth. They should fully explain the worker's role, when the service user first comes into the service. They should explain that drug services do not automatically refer into SC&H, and would aim to discuss any concerns with the client first.

Substance misuse workers should raise awareness that SC&H can provide support. They should also explain the CAFF process, which may promote a better understanding and client involvement. For example, Swanswell recently held a workshop on this subject with our service user group., which proved very helpful to our service users. Multi-agency training should also be encouraged to exchange ideas and information between substance misuse and non-substance misuse agencies.

Other problems that arise include:

- lack of time available when seeing clients
- difficulty in accessing external counselling support, as these services very rarely work with clients who use substances
- encouraging parents to understand and admit that their behaviours may cause problems for their children. Parents may be reluctant to discuss this because of fear they will be seen as unfit parents

It would be very beneficial if services offered family/group work.

Swanswell service users' response

- People are scared to come into treatment and other agencies finding out.
- 'Social services use addiction against you as soon as they hear the word'.

- Social services may have little knowledge of drugs and alcohol.
- Drug and alcohol services need to work closer with other agencies. Other agencies need to be trained better.

There's a concern that making it harder for service users with a drug or alcohol issue to receive sickness benefit will lead to increased crime rates – it's hard enough for people to live on benefits and not commit crime.

There were concerns expressed over the wording of the questions asked in this paper, that they were not in plain English. Therefore not all service users can answer them.