



WE HEARD YOU:

Analysis of the Service Users' Feedback
of the Adult Substance Misuse Services in
South Gloucestershire

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Introduction

Commissioning is a process of meeting local needs through securing good quality provisions. It is a cyclical process that is informed by local priorities, demonstrated by value for money and positive outcomes for service users.

A qualitative analysis on service users' feedback of the adult Substance Misuse Services in South Gloucestershire has been undertaken to

understand the service users' stories behind their recovery journey and to determine their level of engagement with the treatment system¹. The process was facilitated by John Teller of Community Mentors who engaged with service users, family members, and carers, in order to support the commissioning governance and performance management framework of the local

treatment system. As such, service users' engagement is considered an integral structure within the local treatment system.

Often, service users' feedback is appraised on a piecemeal basis, a process in which the thematic patterns across the system can be missed. Therefore, this report seeks to provide a systematic analysis of service users' feedback, which is particular-

ly vital in assisting the Drug and Alcohol Action Team (DAAT) with the re-commissioning process in 2016.

In addition, the analysis of service users' feedback also seeks to operationalise the following aims and objectives for the Council, the DAAT, service providers, and service users.

¹The service users' feedback, published through the Rolling Comments, was collected on a monthly basis. The service users were proactively encouraged to give feedback about their experience of accessing the local treatment, either good or bad, for the DAAT and service providers' actions.

For South Gloucestershire Council

- Meeting the legal requirement under the Local Government and Public Involvement in Health Act 2007, which requires each local authority to promote and support the involvement of people in commissioning, and to scrutinise local care services
- Ensuring that the council as a whole works towards meeting the local needs of service users, their families and carers and the local communities
- Embracing freedom to shape the local treatment system in line with the Localism Agenda under the Localism Act 2011, and ensuring that it is appropriate in the context and for the population of South Gloucestershire

For the DAAT

- Continual promotion of service user involvement in designing and monitoring the delivery of services
- Reshaping the demand and supply of the service in strategic commissioning, from 'what is offered' to 'what is wanted'. By doing so, it bridges the gap between the priorities for service developments and service users' involvement²
- Enhancing quantitative evidence from the National Drug Treatment Monitoring System (NDTMS), through the provision of soft intelligence and putting context into the hard evidence.

For Service Providers

- Supporting the local quality assurance process, in line with the existing Service Level Agreements (SLAs), which predicates that service

users' feedback must be actively sought, with support from an independent advocate about the service provided

- Embracing a culture of transparency, openness, and willingness to learn from feedback

For Service Users

- Providing opportunities for service users, their families, and carers to influence the changing landscape of commissioning decisions
- Fostering a sense of ownership and trust of service users towards their recovery journey within the treatment system. Their involvement is therefore seen as a means of empowering them to make choices and have control over their lives
- Legitimising unpopular decisions, particularly during the recommissioning exercise, based on the lived experiences and knowledge of the beneficiaries of the local treatment system³
- Facilitating meaningful involvement, which has been found to exert a self-nurturing and cumulative effect, through empathetic listening⁴. In doing so, it humanises substance misuse treatment and improves service quality and health outcomes⁵

The engagement with the service user has been put on hold because the Community Mentor services ceased in April 2015. It is recommended that such a service be reinvigorated, considering its benefits in eliciting the frankest response from the service users and their families. Being an independent entity also means that the service is impartial and thereby prevents conflict of interests, and provides assurance to those who are initially reluctant to come forward.


²Schulte, S., Moring, J., Meier, P.S., and Barrowclough, C. (2007) User Involvement and Desired Service Developments in Drug Treatment: Service User and Provider Views. *Drugs: Education, Prevention & Policy* 14 (3) 277 - 287.

³Mauger, S., Deuchars, G., Sexton, S., and Schehrer, S. (2010) *Involving Users in Commissioning Services*. York: Joseph Rowntree Foundation.

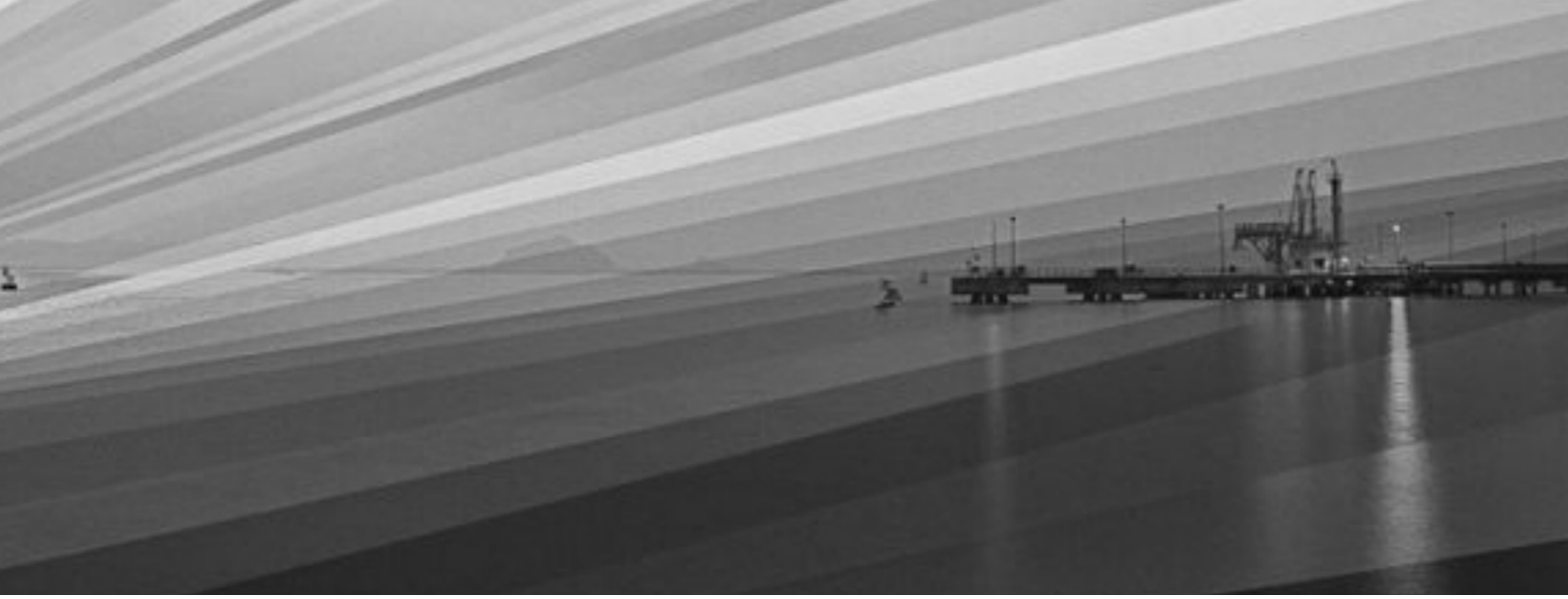
⁴Patterson, S., Crawford, M., Weaver, T., Rutter, D., Agath, K., Albert, E., Hunt, A., and Jones, V.

(2007) *User Involvement in Efforts to Improve the Quality of Drug Misuse Services: Factors that Promote and Hinder Successful Working*. London: Department of Health.

⁵Rance, J. and Treloar, C. (2015) We are People Too: Consumer Participation and the Potential Transformation of Therapeutic Relations Within Drug Treatment. *International Journal of Drug Policy* 26(1) 30 - 36.

An aerial photograph of a coastline, showing a dark, rocky shore on the left and a sandy beach on the right. A person is visible on the beach, walking along the water's edge. The image is overlaid with a series of diagonal, semi-transparent grey bands that create a sense of depth and movement. The overall tone is monochromatic, with shades of grey and black.

To avoid a blame culture, the analysis below should be read with a solution-focused view, with the optimal care for the service users being the focus of the discussion.



Methods

The analysis of service users' feedback was undertaken based on a written medium called the 'Rolling Comments'. The feedback was captured between April 2013 and March 2015, which gives two years' worth of intelligence on the local treatment system, based on service users' viewpoints.

Through qualitative interviews between John Teller and the service users and families, we are able to learn from the narrative of life history of the service users, particularly on issues that have directly affected their recovery journey. The interview process combined two qualitative methods: one-to-one, and semi-structured group interviews, with the aim of generating theories through an inductive, organic process. The feedback was transcribed into Rolling Comments, and the documents were made available to

service users and service providers for accuracy and transparency purposes.

As the nature of the analysis is qualitative, it is focused on the variety of viewpoints and interpretations of the users' experience in accessing the local substance misuse services ('what is happening behind the scene') rather than quantity ('how many service users mentioned X issue').

The thematic analysis of the responses was undertaken via NVivo. The process involves systematic reading, re-reading, sifting, sorting, and coding data into categories, themes and sub-themes.

Ten themes emerged from this process, ranging from the need to re-configure the services towards preventative services and the need to

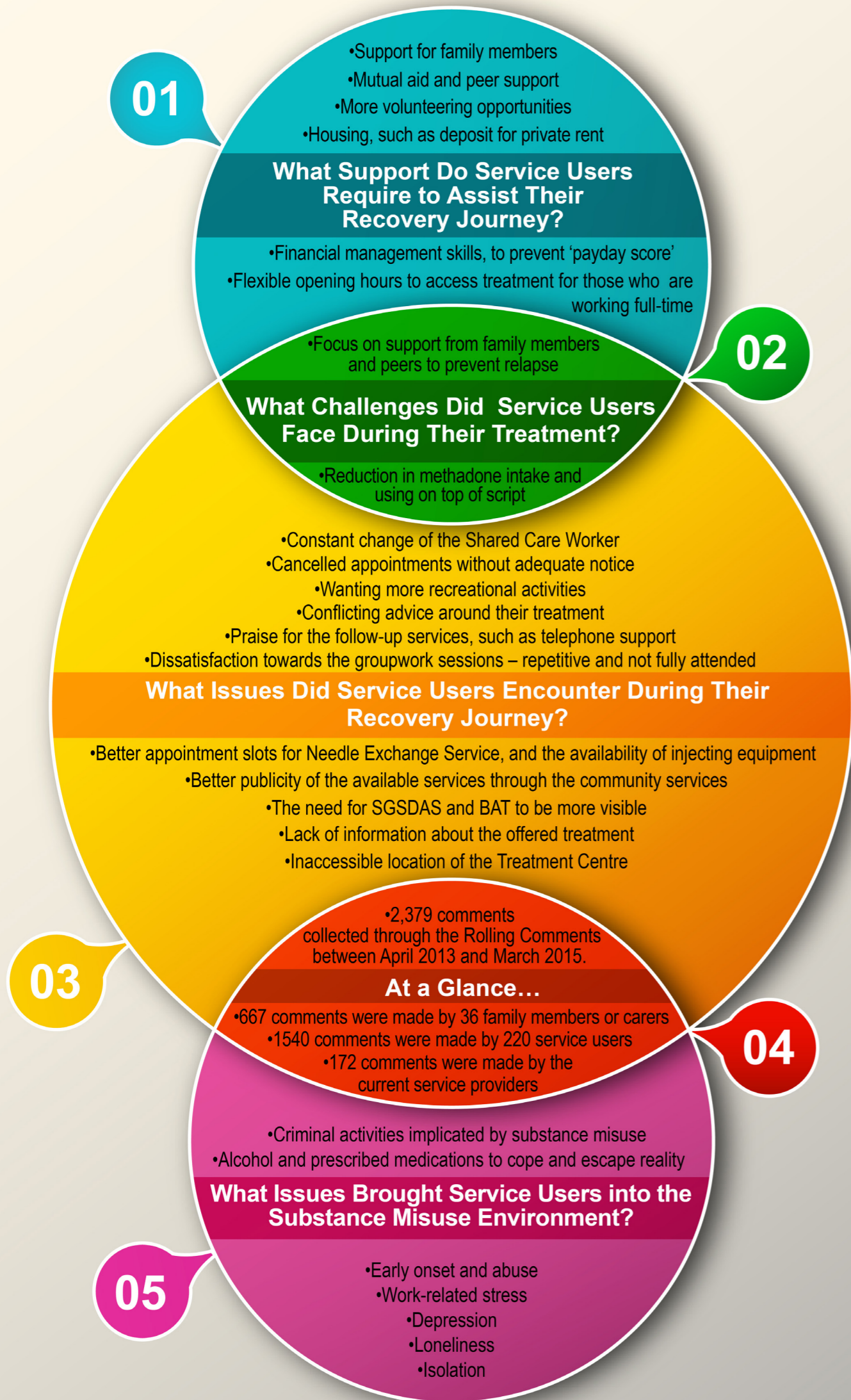
redesign the groupwork sessions, to the accessibility of the treatment centre. With over 25 sub-themes, the analysis allows us to explore issues concerning service users about which we previously had limited knowledge.

Given the extensive range of findings, a particular focus was on the narra-

tives that prompted the potential service re-configuration as part of the forthcoming recommissioning exercise in 2016.

Comments relating to the following issues have been deemed to be outside of the remit of the DAAT, and therefore have been excluded from the analysis:

- Complaints relating to service providers in the neighbouring local authority
- Complaints relating to residential rehabilitation funded by the neighbouring local authority
- Police powers, such as arrests
- Disagreement over the welfare reforms of the national government
- Disagreement over the recovery agenda of the national government
- The limited level of funding allocation for the substance misuse services
- Issues relating to children and young people
- Services that are not being commissioned by the DAAT, such as the young carers' support network



Recommendations

To maintain the role of an independent entity to champion the voice of service users in commissioning and service delivery

- Following a short hiatus since April 2015, the DAAT is investigating how they should resume the engagement process with service users through an independent party, considering its benefits in eliciting honest responses from service users and their families about the local service provisions.

To reconfigure the local substance misuse services from specialist services towards preventive services

- Service users support the redesign of substance misuse services from specialist to preventative services. One way to do this would include targeting 'anchor' substances, such as prescribed medications and alcohol, which can prevent avoidable access to specialist services and embed the preventative agenda of the national government.

To maintain criminal justice engagement as part of local pathways

- Maintain and strengthen criminal justice pathways, as part of an integrated service, as there will be service users who come from a criminal justice background as a consequence of their substance misuse.

To address the co-existing mental health issues of service users

- Emphasis on mental health and emotional wellbeing issues of service users that can be addressed in parallel with substance misuse, which include loneliness, isolation, work-related stress, and depression.
- Educate service users on what constitutes 'mental health', which will enable them to articulate their mental health problem and seek appropriate help.
- For those who are aware of their mental health issues, encourage them to be open about their issues and overcome the perception that they may be judged for accessing treatment.

To redesign the future model of the treatment centre

- Following service users' criticisms about the location and accessibility of the current Treatment Centre, the recommissioning process provides an opportunity to re-think what the future treatment centre may look like, and the potential of bringing the services closer to where the service users live.

- Improve the presence from other service providers at the Treatment Centre, such as the South Gloucestershire Specialist Drug and Alcohol Services (SGSDAS), and Battle Against Tranquilisers (BAT).

To ensure the availability of more recreational activities

- Service users expressed their desire to have more recreational activities to fill their time as part of their recovery journey.

To improve the level of current services, ranging from increasing the availability of appointments and information on available services, to reconsidering the delivery of groupwork sessions and the use of drug testing and financial incentives to motivate service users to stop using on top of their prescriptions

- Improve the availability of Needle Exchange Services, along with the availability of a range of injecting equipment.
- Provide more information about the availability of services within the local treatment system to service users, to ensure that they are aware of services that are currently being provided.
- Clarify the role of residential rehabilitation, to facilitate an understanding that service users are required to attend community treatment first before being considered for the more complex interventions in order to be fully prepared and therefore be more likely to achieve sustained recovery.
- Improve engagement with service users by preventing conflicting advice, giving adequate notice for appointment cancellation, and addressing the high staff turnover, which can prevent service users from building a good relationship with their keyworkers.
- Reform the concept of groupwork, as service users found that the sessions were repetitive, not fully attended, and not relevant to their need.
- Continue to provide follow-up services, such as telephone support for those who have recently left the treatment system, as part of the continuity of care, particularly for those who require extra support post treatment.
- Because some opiate and crack users have a long history of using drugs, consider the use of drug testing and financial incentives to challenge their cravings, to prevent them from using on top of their script and to increase their motivation to stay in treatment.

- Emphasise that service users do not have to be on the course of methadone for a long period of time, which is in line with the recovery agenda.

To enable better publicity through the community services and improve cross-border visibility

- Engage with community services such as Job Centres and SMART Recovery, which are often seen as the referral sources of the local substance misuse system.
- Improve cross-border publicity, as some service users were more aware of the existence of the services in the neighbouring authorities compared to South Gloucestershire.
- Better publicity on Family Also Matters (FAM), as the availability of the service is not featured on the main substance misuse services leaflets.

To improve the service users' resilient factors via mutual aid and peer support

- Improve resilience factors of the service users by linking them to mutual aid, employing former service users, and encouraging them to become recovery mentors.

To enrich the service users' recovery capital via housing initiatives, flexible opening hours, availability of voluntary work, and financial management skills

- Ensure that the Access Scheme (previously known as the Deposit Bond Scheme) is widely publicised to ensure that service users are aware of the facility, particularly when the uptake of the scheme is low.
- Continue to offer and consider extending flexible opening hours for service users who are in full-time employment, particularly those who do not want to disclose their drug using to their employers.
- For service users who were unemployed, voluntary work is often seen as an in-road towards full time employment. Channel shifting the service users to volunteering first before employment may help to address the issues of low self-confidence and self-esteem before they apply for part-time and full-time roles.
- Consider providing financial management skills, particularly to prevent 'payday score'.

What Issues Brought the Service Users into the Substance Misuse Environment?

Early Onset and Abuse

Some of the service users stated that they were involved in drug and alcohol misuse at an early age, as early as eight years old. The majority of them started using drugs and alcohol elsewhere, before migrating into the South Gloucestershire area.

[At eight years old] I sank further into depression and fear and started to drink heavily.

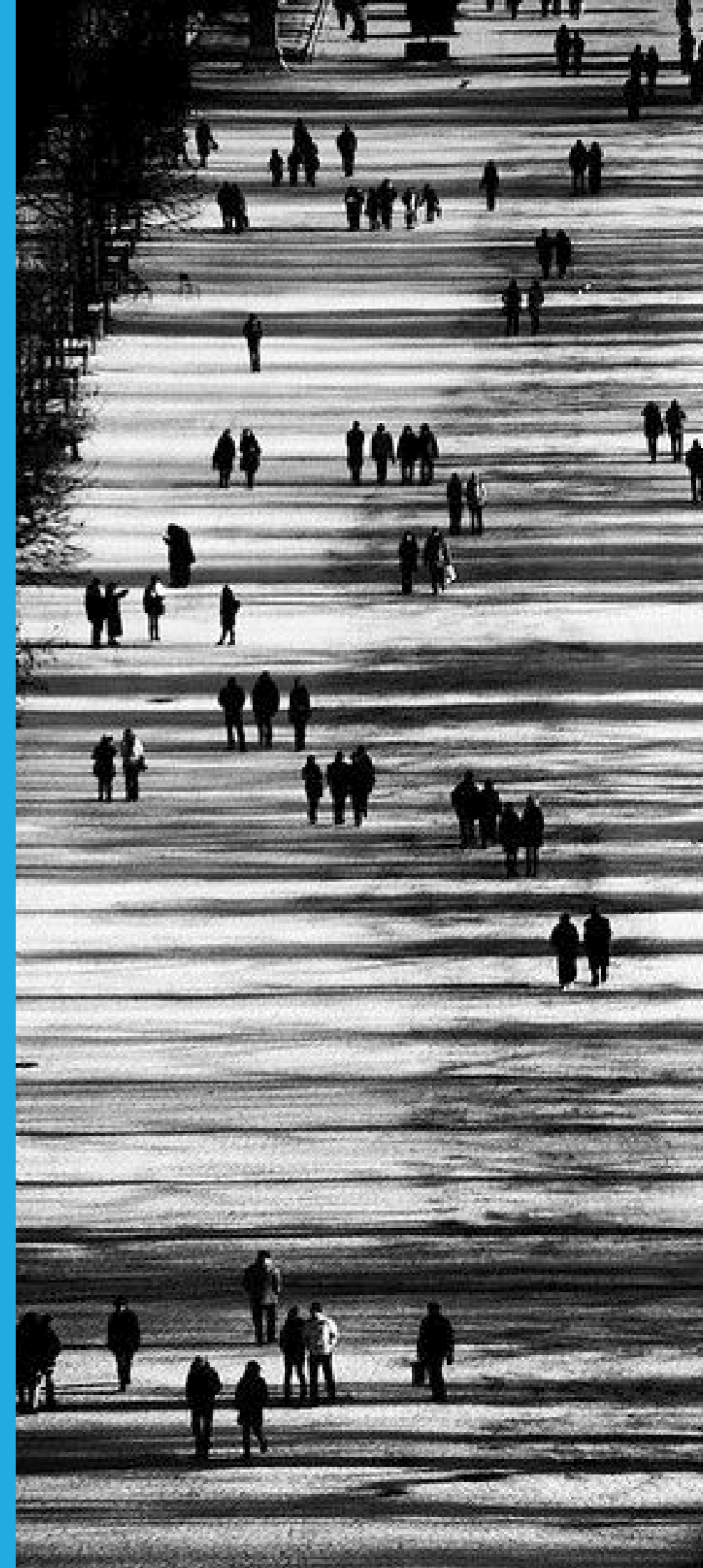
My father was an army officer [and my] mother [was] depressive. [At] eight, I was put into care and identified as a problem child with anger management problems.

I am 44 years of age and I have been in active addiction with various drugs from the age of 13.

Furthermore, there was a tendency that the early onset service users had the violence and abuse experiences, as demonstrated by the following comments:

[I was] an addict from age [nine]...smoking pot and then on to heroin. [Life could not] get any better...having been brought up through violence and abuse [I] took to drugs to wipe out the horrible memory.

[I] felt that stigma was [my] middle name, from a snotty-nosed care brat [as] an excuse to be abused at nine...to a filthy lazy scrounger [and] a diseased druggie who [does not] feel deserving of care or treatment.



Alcohol and Prescribed Medications

Many service users admitted taking alcohol and prescribed medications as a way of coping and escaping reality.

For alcohol,

At 16, [a service user] was playing football for [a football team]. She had a hectic training schedule, which was always followed by heavy drinking sessions, and after a while, she was even drinking before training.

To his frustration, things began to go wrong [for a service user] and because of this, he drank more. Not realising it was his drinking that caused his problems in the first place, when [he] drank, he became incredibly angry, so much so he used to purposely go out looking for people to fight.

For prescribed medications,

I can remember coming downstairs one morning to find [a service user who she was a carer for] with a handful of white pills. He quickly put them in his mouth and turned away from me. I asked what they were and he replied, "They are for my anxiety, you know that". When speaking to one of his daughters, I casually [mentioned] it and she informed me that it was the drug known as Valium and [the service user] had been prescribed it when he was 18 years old for a shoulder injury. That was 46 years ago.

The reason [why John Teller] asked to speak to [a service user] was the highlight around pills and [medications] and the control it has over people who abuse them to get the satisfaction... it [does not]!

[At] first I was put off by the phone call, as I was told that all use is abuse. But, in my eyes recreational use is abuse, daily use for a purpose is self-medication.

The commentaries above reinforce the importance of a preventive approach in the Public Health agenda. Early intervention can help to prevent service users situations becoming more complex and having to access specialist services.

As such, the movement from specialist to preventive services as part of the recommissioning process is timely, to reduce complex dependencies on the local health system and to support the preventative agenda of the national government.

Furthermore, service users agreed that more could be done by the local treatment system to support the preventive agenda, as demonstrated by the following feedback:

Hospitals and prisons are clogged up with people getting [inappropriate] treatment.

[M]any points there were opportunities where my problems could and should have been identified.

Criminal Justice

Separately, there were a sizeable number of service users who had been through the criminal justice system as a result of their substance misuse issues For example,

[A service user] left home in his teens and began a one-man crime wave on his own from stealing to robbing [people's] homes to [fund] his drug [habit].

Due to the stress, ... [a service user] started to use crack and heroin every day after work and eventually things came to a head. [She was subsequently] arrested and [ended up] in prison...

These narratives shows the importance of maintaining engagement with Safer and Stronger Communities and other-partner organisations around criminal justice. The criminal justice pathways into local substance misuse services remain

relevant for the forthcoming recommissioning exercise, as part of an integrated service that recognises that substance misuse can lead to criminal activity.

Mental Health Needs

Some service users also stated that they felt that their substance misuse stemmed from their mental health issues. In particular, some of them mentioned feeling lonely and isolated:

[A service user] felt very isolated and felt there was a lack of support or if there was support she [did not] know where to access.

[I had] high-powered positions such as [a managerial position] and [a director position], which in turn led to higher use to be able to cope, and that coping tool became the tool of self-destruction.

Others mentioned stress from work and depression, which led them into substance addiction.

Although I loved the job, the stress was overwhelming; my use of speed, weed and drink grew, and with it again my performance and [responsibility] at work was out of control.

[A service user] had worked for [a public sector organisation] up to this time but after having so much time off with depression he was asked to leave.

I suffered from paranoia and depression whilst in active addiction and found myself sectioned. But, what about mental health issues? Others may be uncomfortable around this subject and not wish to discuss or listen to something they view as different from their chemical [dependency].

Interestingly, some of the service users stated that they did not understand what constitutes having a mental health issue, which made it more difficult for them to articulate their issues and seek appropriate help.

Nobody told me what depression is. I was depressed but [I did not] know it.

Those who were aware of their mental health issues were reluctant to speak about it, due to fear of being judged by others for being in the service. A service user explained this.

I know that having depression on my medical notes would prevent me from attaining the positions and life goals I had set for myself. I am not blind to the fact that hiding my problems in this way has, in the long run, done more damage to my mental health. My feelings in regards to how to engage more people in similar situations is to break down the barriers and stigma surrounding mental health, to educate medical professionals and teachers on how to spot and intercede at the start of a [person's] journey down this road. After all prevention is better than cure.

The comments made by the service users above stress the importance of tackling substance misuse, mental health, and emotional wellbeing in tandem, with one service user suggesting that mental health support should be continually provided, even after leaving substance misuse treatment.

In addition, such an approach can be used as a lever to increase the visibility of other public health initiatives, such as sexual health and smoking cessation, and framing substance misuse interventions as health interventions to de-stigmatise substance misuse addiction.

What Issues Did the Service Users Encounter During Their Recovery Journey?

Accessibility of the Treatment Centre

The majority of service users who commented were dissatisfied with the accessibility of the Treatment Centre in Warmley. In particular,

[A service user] finds it hard to get to Warmley... [the service user] lives in Patchway and [it is too] far to walk and there are no [direct buses]. [The service user] would have to catch two buses [to visit the Treatment Centre].

[When] you go to Warmley, you get your bus [fare] refunded if you have the ticket but this does not help you if you [do not have] money in the first place to get the bus.

At the same time, the issue also impacted on service users who were in full-time employment:

[A service user used] to go to Warmley to do group sessions on a Friday afternoon but [the service user is now working] so [the service user] cannot [visit the treatment centre anymore].

[Perhaps] bus passes might be better so you can use them for your next appointment. [I] am working...[I] have to go to Warmley out of hours to see my shared care worker... it would be better if [I] could do it over the phone [as] it would save on traveling.

The South Gloucestershire DAAT plan to remodel substance misuse services in the recommissioning towards a primary

care setting. Such a service model should, to a certain extent, address the accessibility issues above by moving services closer to where the service users live and enabling better engagement for what is considered to be a difficult cohort to reach⁶.

Moreover, some service users also suggested that there needs to be greater visibility of other service providers at the Treatment Centre, such as the South Gloucestershire Specialist Drug and Alcohol Services (SGS-DAS), and Battle Against Tranquilisers (BAT), as part of an integrated service.

More Recreational Activities

Service users also expressed their wish to have more recreational activities to fill their time when they visit the Treatment Centre.

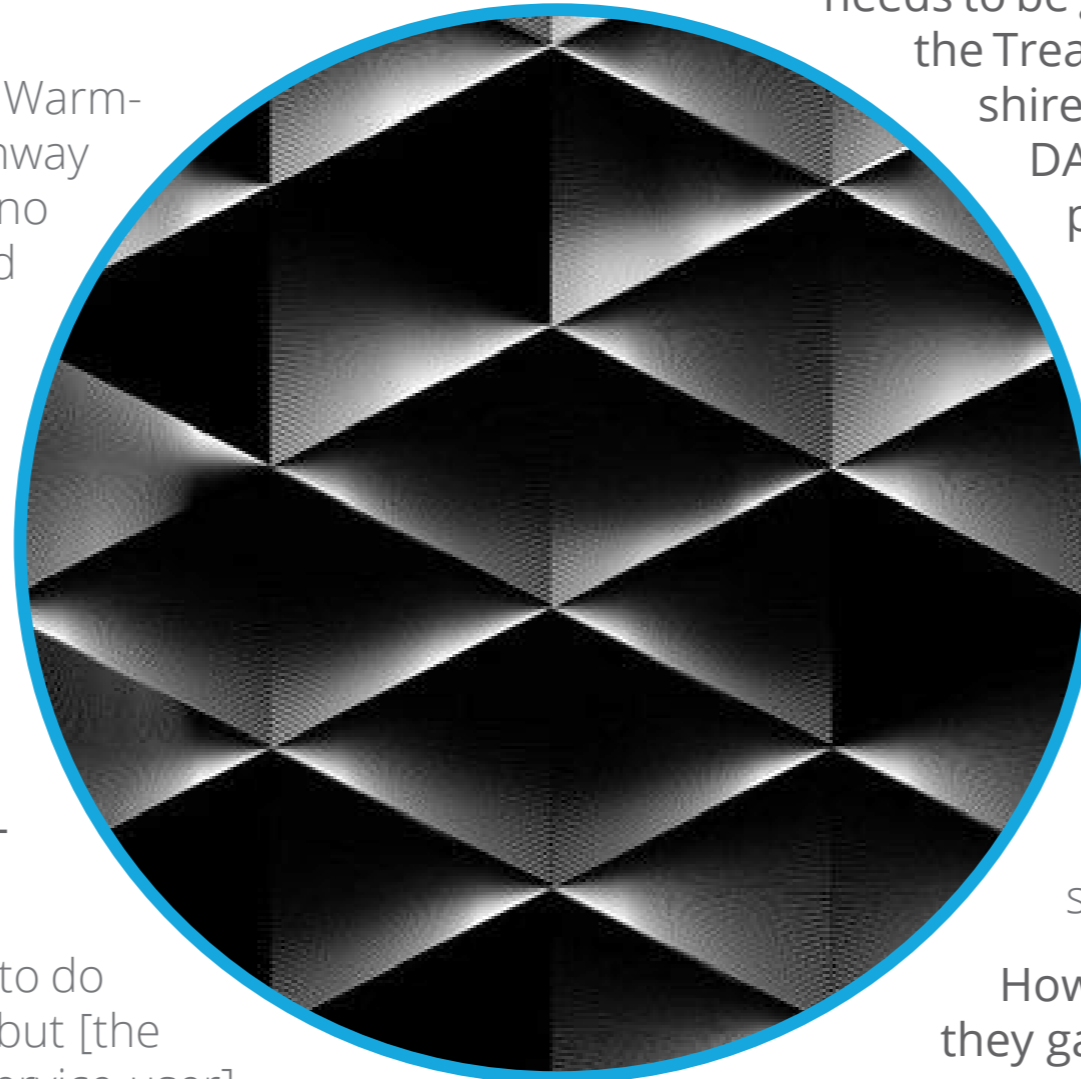
In all the years of using the service on and off, I have never known any activities [such as] confidence building activities...

I believe that activities and voluntary work should be more supported and valued.

However, when such activities were provided, they garnered positive feedback from the users:

Music Mondays has been running for a while now and the group has grown nicely.

[I] would just like to say a big 'well done' to the people who have started the new groups at [the Treatment Centre] like music and creative arts, and the cycle workshop. [It is] great that these people have taken the time to do this and help other people.



⁶ Ashton, M. and Witton, J. (2004) Manners Matter: The Power of the Welcoming Reminder, available at: http://findings.org.uk/docs/Ashton_M_36.pdf (last accessed: 2nd October 2015).

Needle Exchange Services

With regard to needle exchange services, service users pointed out the need to improve the amount of available appointment slots and the availability of a range of injecting equipment.

[A service user] had problems getting the needle exchange to come out at a time that suited him... [he suggested that] someone [should always be] free to see people with clean [needles] when they need [the equipment].

[A service user] has gone down to [Warmley] to pick up needles when [he has been] there, but the people who do the needle exchange [are not always] there, [and] some of the staff [will not] do it.

Availability of Information About the Offered Treatment

Some service users commented that they wished that they had received more information about available treatment, even though that treatment might not have been perceived to be relevant to them at the time. This was seen from their experience going through detox, and the lack of information about the ACER unit:

Some individuals see a Detox as a quick fix and a chance to get physically well under the misconception that they can return to drinking [or] using again...

It was also been considered useful for service users to receive clarification around the pathways into residential rehabilitation, as they are required to have accessed the community treatment first before considering the residential rehabilitation route and this would manage service user expectations better.

The Danger of Mixed Messages

Sometimes, service users felt that they were given conflicting advice around their treatment, which could have been avoided:

[It] seems that there are [different] rules about taking your [script] home, depending on [which] shared care worker you have. Some say, you must not be using but he knows people that are using that do...

To cut a long story short, what [a service user] was told by these [two] nurses at the ACER Unit was totally different from what his key worker had led him to believe. [A]fter making [a lot] of arrangements to stay in there for [two] weeks he was called the day before he was due to be admitted...

[A service user is] very concerned that, following referral to a SMART Group, she was then phoned by another member of the staff and told that she should not have been referred there without, first, completing a [four] week drug and alcohol awareness course.

Some service users also mentioned that their appointment was cancelled without adequate prior notice being given to them:

[A service user] feedback that he [was not] informed when his keyworker was off sick and this caused problems with his script.

I was extremely upset after receiving this call, as I had arranged everything with my son and family to go away for [two] weeks, and was now being told that I [was not] ready and therefore [they could not] switch my medication.

Finally, the constant changing of their shared care workers meant that it could be hard to build a good relationship with their key workers:



[A service user] has had a lot of different shared care workers in the last year about [four or five times] so it is hard to build up a good relationship as they keep changing all the time, just as [you] get used to one and they get to know you, another one starts.

Trying to address staff turnover to improve consistency of worker for service users is therefore seen as important in building up trusting relationships which can help service users in their recovery.

The Need to Redesign Groupwork

When service users were asked about their experience of group work, the majority expressed dissatisfaction towards group work sessions, as they seemed to be repetitive:

[A service user] has done a lot of the group sessions at [Warmley] but [does not] go any more as [he/she] feels that they just repeat themselves.

The users also felt that the group work sessions were not adequately attended which detracted from the group work experience:

[A service user] does not think [many] people turn up to his group session... sometimes only [two] or [three] people.

Not a lot of people bother going to the group sessions and I have been the only one there; sometimes no more than [three] or [four] on a good week.

These comments suggest that group work should be redesigned as part of the recommissioning exercise, as they were viewed to be no longer relevant nor beneficial from some service users' viewpoints.

Ensure Greater Publicity

Service users asserted that greater publicity around local substance misuse services would be beneficial, especially through community services such as Job Centres. Those attending SMART Recovery Groups should also be informed of services on offer.

[A service user] went to the [J]ob [C]entre and was shocked at the

lack of help available in [his] situation.

Some of the people attending our SMART group have not been in service with us, but are living in dry houses in the area, and through SMART have found out about our Work Activities Group, which has helped them find training, put together CVs, get advice about disclosing convictions, [and] find voluntary work.

Ongoing engagement with GPs has proven to be fruitful as a referral pathway into the local treatment system, demonstrated by signposting from the GP surgeries to the single point of contact:

At this time, [a service user's] GP suggested that they both attend the DHI in Warmley. Through the DHI [the service user] found out that there was additional support for her through FAM (Family Also Matters). She attended four 1:1s, which led to her joining the group therapy that they weekly supply. She found them beneficial and has regularly attended for years.

A small number of service users also mentioned the need for cross-border publicity, as they were more aware of the existence of the services in neighbouring authorities compared to South Gloucestershire.

Praise for the Follow-up Services

The follow-up services, such as the telephone support by BAT, received high praises from the service users and some service users stated that this should be developed further:

A follow-up (even a telephone call) after my release to see how I was coping mentally with situations around me without alcohol would have been greatly appreciated.

Telephone assistance to those in recovery (as currently supplied by BAT) seems a great idea.

What Challenges Did the Service Users Faced During Their Treatment?

Challenge around Methadone and Using On Top of Their Script

It is noted that a large portion of service users who participated in the rolling comments were heroin users who were on a methadone prescription at the time of participating. Some of those service users also had a long running drug-using history, with a few exceeding 20 years.⁷

This cohort of users talked about the challenges they faced in reducing their methadone intake, particularly how reductions could leave them feeling uncomfortable and also suffering from sleeping difficulties. As a short-term solution, some of them resorted to using other drugs, notably crack cocaine and cannabis, to supplement the reduction in methadone dosage:

[A service user] is still on 35ml of methadone and is still using daily heroin and crack.

[A service user is] on 50ml of methadone and has been using heroin and crack whenever he can afford it.

[A service user] is on 50ml of methadone but would like to get on to Subtext. [The service user is] still using about [two to three] times...[and] using less every day so moving in the right direction.

Some of them felt that the reduction of methadone was carried out too quickly:

People are forced to reduce too quickly and it just [does not] work. [Everybody] is different [and] they should be allowed to reduce in their own time or they just end up using again, so what was the point? [People] should be given enough methadone at the start [particularly when you are] given 30ml of methadone a day [when] you need 60ml.

To challenge their use of drugs on top of their prescriptions, the service users suggested more drug testing and financial incen-

tives to be provided, which are proven to challenge cravings and increase the motivation to stay on treatment.⁸

It is reassuring that a large proportion of the service users wanted to reduce their methadone intake and recover from their addiction. However, a few service users commented that they had not been informed that they did not have to stay on methadone forever:

[I am] currently on 5.4 ml [of methadone] and want to come down more and feel let down by the people involved.

Regardless of the time service users spend in treatment, achieving abstinence from their presenting substances significantly increases their chances of successfully completing, particularly when it has been demonstrated that the users who use on top and successfully complete are much more likely to re-present than those not using at treatment exit.

Emphasising Resilient Factors

Service users also explained that resilience factors, such as support from family members and their peers, helped to prevent them from relapsing.

They commented that their chances of recovery can also be aided by linking to a recovery community, or employing former service users (those who have successfully completed treatment) or asking them to volunteer as recovery mentors and coaches. They can also promote mutual aid and other models of peer support and act as visible recovery for other service users.⁹

In addition, it is also important to continue to encourage service users to attend SMART Recovery Groups or other mutual aid groups to challenge behaviours such as using on top of prescription.

⁷ This is supported by the NDTMS figures where six out of ten opiate clients (60.1%) have been in the treatment system for more than two years. Source: Diagnostic Outcomes Monitoring Executive Summary (DOMES), Quarter 1 Performance of South Gloucestershire 2015/2016, Public Health England (2015). In line with the recovery agenda, a proportion of the opiate service users who have been in treatment for more than two years should be segmented and their needs identified, to ensure that they are able to complete their treatment successfully.

⁸ Kellogg, S. H., Burns, M., Coleman, P., Stitzer, M., Wale, J. B., and Kreek, M. J. (2005) Something of Value: The Introduction of Contingency Management Interventions into the New York City Health and Hospital Addiction Treatment Service. *Journal of Substance Abuse Treatment* 28 57 – 65.

⁹ Strang, J. (2012) *Medications in Recovery: Re-orientating Drug Dependence Treatment*. London: National Treatment Agency for Substance Misuse.



What Support Do the Service Users Require to Assist Their Recovery Journey?

Housing

Some service users were homeless or sofa surfing, which made their recovery journey more challenging compared to those who had stable accommodations. A service user commented:

[A service user is] not ready to give up yet and [does not] think he could [recover since] he is homeless at the moment...the person is [sofa surfing] with [is taking drug] and they chip in with each other to score.

There was also a comment made around the fact that the service user was unable to afford a deposit necessary for private renting. In this instance, it would be suggested that the Access Scheme (previously known as the Deposit Bond Scheme) should be more widely publicised to ensure that the service users are aware of the facility, particularly when the uptake of the scheme is low.¹⁰

Employment

Being in full-time employment is proven to increase the rate of abstinence in service users. In South Gloucestershire, those who were not on benefits were twice as likely to complete their treatment successfully compared to those who were on benefits.¹¹

[A service user] has had a drug problem for almost 20 [years] but has managed to hold down a full time job.

[A service user] has been working for about a year now and has come down on his methadone from 100 to 70 ml.

On the other hand, there needs to be some more support for service users for those who are in full-time employment, particularly those who do not want to disclose their drug using to their employers:

[A service user] [does not] want to start reducing and find that he starts feeling it as he [cannot] afford to have time off work...he has only just started and wants to make a good impression.

¹⁰ Ismail, N. (2015) South Gloucestershire Substance Misuse Needs Assessment. South Gloucestershire: South Gloucestershire Council.

¹¹ See n.10 above.

[A service user] has a job at the moment but has worried what side effects he might have and how that will affect him working.

Support can also include flexible opening hours to access treatment or more publicity that this flexibility can be offered:

[A service user's employer] was not aware of his [drug using] situation so he had to either be late for work so he could collect his medication, or go without his medication until he finished work. He ended up scoring and taking heroin on top of his script just so he could get through the day and consequently he could never give a clean urine test.

[A service user] was on weekly pick up at her last surgery and has now been put on daily. [S]he works and is now worried that she [will] lose her job because the chemist nearest to her does not open until 9am, and this is what time she has to be at work.

Service users who were unemployed voiced that voluntary work is often seen as an in-road towards full time employment:

... [D]ivert your renewed energies into voluntary work or try for paid employment.

Voluntary work was quite key in this, both as a way of settling into structured timekeeping, responsibility, and commitment, socialising and assisting others and giving something back to this arena of addiction. I have followed this advice [and] have two voluntary posts, one within addiction circles and one outside - balance is important - and yes, [I am] finding I have purpose, schedules, commitments, and [I] am able to assist others and contribute to society.

Encouraging the service users to consider volunteering activities may also help to address issues of low self-confidence and self-esteem before they apply for part-time and full-time roles, apart from increasing work skills and enhancing employability.

Financial Management

Some service users explained that financial management skills are critical to support their recovery journey, particularly to prevent the situation of the 'payday score'.

Mutual Aid and Peer Support

Service users commented that access to mutual aid and having peer support are beneficial to encourage them to remain abstinent and successfully recover from their addiction. As per one comment,

[A service user] who follows the fellowship of [Narcotic Anonymous], which has helped her stay clean up until recently, stresses that at any point in recovery if you take your eye off the ball you are in trouble, which resulted in [her] relapsing on alcohol...

Support from former service users is also seen to be beneficial, as the current users are able to relate to the former users' journeys and they act as visible recovery:

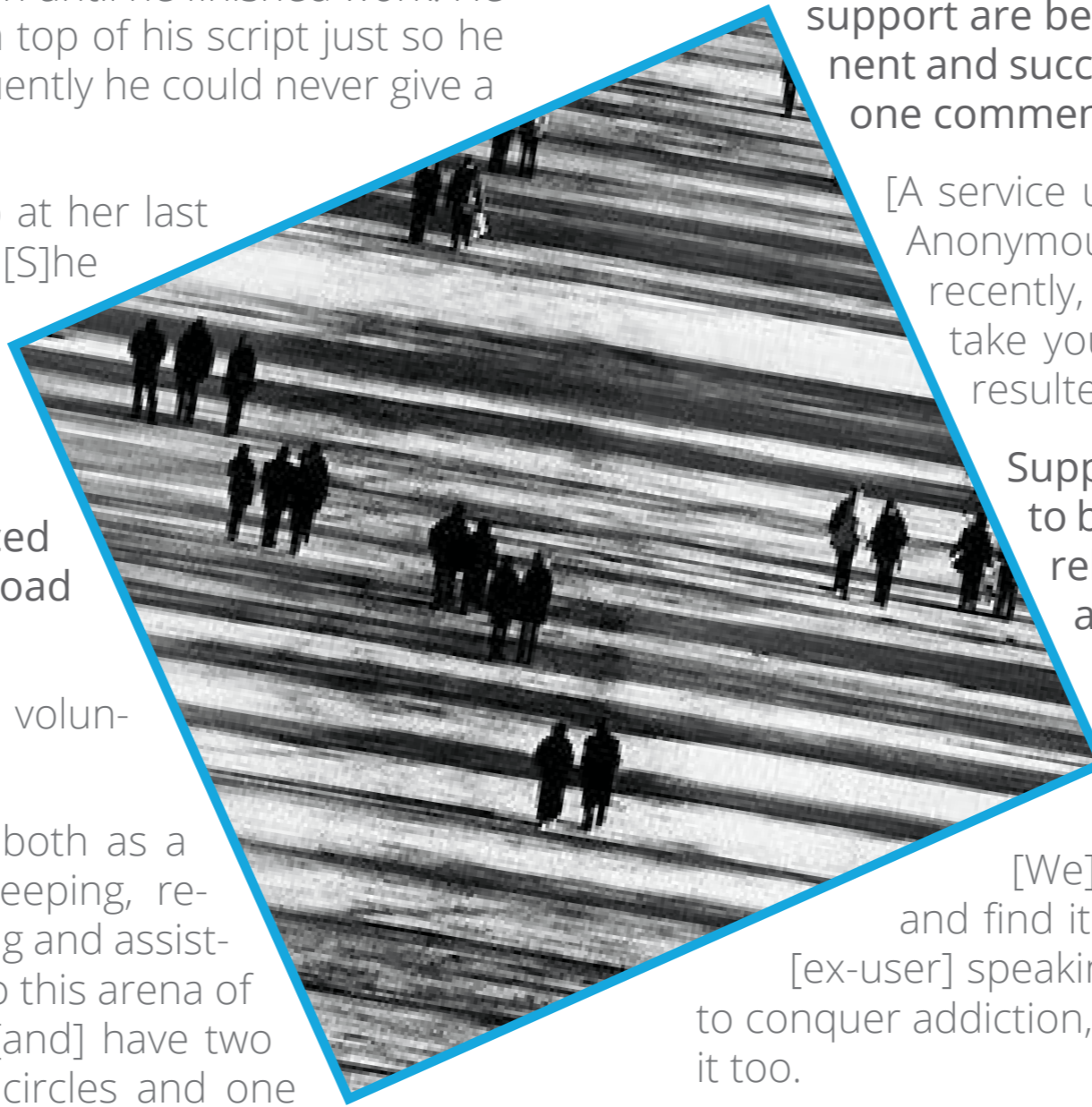
As [users], we relate better to those who have personal experience of what addiction is like and how to come to terms with it.

[We] are generally suspicious people by nature and find it difficult to trust, so when [we] hear another [ex-user] speaking about [their] success and failures in trying to conquer addiction, it gives [us] a way and hope that [we] can do it too.

Support for Family Members

Some service users also thought that the Family Also Matters (FAM) service was not well publicised. For instance,

Leaflets on drug/alcohol [do not] have a section for families.



Out of Scope Issues

The narratives that are related to the following have been considered as out-of-scope, and therefore they have been excluded from the analysis:

- Complaints relating to service providers in the neighbouring local authority
- Complaints relating to residential rehabilitation funded by the neighbouring local authority
- Police powers, such as arrests.
- Disagreement over the welfare reforms of the national government
- Disagreement over the recovery agenda of the national government
- The limited level of funding allocation for substance misuse services
- Issues relating to children and young people
- Services that are not being commissioned by the DAAT, such as the young carers' support network

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