Final Report

Nottinghamshire County Substance Misuse Consultation

December 2013

Introduction

The aim of the consultation was to consult with a wide a range of stakeholders and the public from across the county in order to fully understand views and opinions about; the current treatment system, the concept of recovery and a proposed model of delivery for a new recovery-orientated substance misuse system.

1.0 Consultation Methods

A number of methods were used as part of the consultation process.

1.1 Stakeholder Consultation Events

Four stakeholder consultation events took place across the County with 121 individuals attending. When registered at an event all participants were sent an email containing a copy of:

- *Mark's Family* – to help illustrate the inter-relationships and complexities of substance misuse on a family and to "keep it real" (Appendix 1)
- *Substance Misuse Facts* – highlighting the activity in the current system (Appendix 2)

Hard copies were available on each table during the events themselves. Each table was facilitated by a member of either Nottinghamshire County Council's (NCC) Public Health Directorate or the Police and Crime Commissioner's (PCC) office. A Scribe recorded on a flipchart comments, and encouraged participants to capture extra thoughts/questions on the post-it notes; these would be captured in the final analysis.

In addition a member of NCC's procurement team moved around each of the tables to answer any specific procurement questions.

The purpose of the group work was to answer 3 questions:

- Identify any advantages of the proposed model
- Identify any barriers of the proposed model
- What does success look like?

1.2 Focus groups and interviews

Thirteen focus groups were held across the County 8 were with current and ex-service users and five with family members or those affected by another's substance misuse.

In addition five sessions with service users were held within their usual clinic setting. Each focus group and face to face interviews were facilitated by at least one member of the NCC Public Health Substance Misuse Commissioning Team.

Facilitators gave an overview of the reason for the consultation and the proposed model of delivery . Participants were asked to comment on the following questions:

- What do you think works in helping people reduce and stop their drug and/or alcohol use?
- What do you think doesn't work in helping people reduce and stop their drug and/or alcohol use?
- Of the drug and alcohol treatment and recovery services that you know about, what do you think works well? What could be improved?
- In your experience, do you think the proposed model would meet the needs of drug and alcohol users? If not, why not? Is there anything missing?
- What does successful drug and alcohol treatment and recovery look like to you?
- Any other comments or feedback?

Direct quotes from these events are identified within the document as SHTC

1.3 Questionnaires

A questionnaire was developed, this was advertised on the Substance Misuse consultation website and a link provided to 'Survey Monkey' a web based survey (questionnaire enclosed as Appendix 3). 120 online responses were received.

In response to feedback throughout the consultation period, a simplified version of the consultation questionnaire was developed. *(*Appendix 4*)* Questions mirrored those asked at the focus groups and interviews. All current service providers distributed the questionnaires within their services, and made it available to their clients. In some cases workers supported clients to complete the questionnaire, in other cases clients completed it individually. A freepost address was made available to receive responses. 45 questionnaires were received.

1.4 Textual data collection: emails and letters

An email address was established and this was published alongside a freepost postal address on the consultation website. This was to enable individuals to respond directly and record their experiences and views in addition to the specific questions asked via one of the other consultation methods. Participants attending any of the other events were also given the details to enable them to send any additional beliefs, views and beliefs post-event. The consultation email received 14 responses.

1.5 Other responses

In addition to this, 8 letters were also received.

2.0 Reflexivity

Bias or the potential distortion of the consultation outcomes, has been considered by those leading the consultation and analysing the responses. This is a particularly critical issue for this consultation as the "interviewers and facilitators" were staff from within the Public Health Directorate and the PCC's office. Through the process of collecting the responses efforts were made to establish strong relationships with those being interviewed (and the focus group/stakeholder event participants) in order to delve deeply into the subject matter and extract respondents beliefs.

Bias was minimised throughout this process by acknowledging that the roles of the interviewers/facilitators could influence the outcomes of the consultation. Reflexivity is one way that addresses the distortions or preconceptions the interviewers and facilitators may unwittingly introduce into the methods used to gather the responses. This was minimised within this consultation process by:

- Multiple interviewers and facilitators were used, this lead to the discussions that provided some context to the differing beliefs, values, perspectives and assumptions of those involved
- Use of reflective practice where those involved reflected upon what is happening in terms of one's own values and interests
- Triangulation a method used by qualitative researchers to check and establish validity in their studies by analysing a research question from multiple perspectives. For this process several different members of staff were involved in the analysis process. This consisted of a small team where each team member examined an aspect of the consultation. The findings from each were then compared to develop a broader and deeper understanding of how the different individuals view the issue. If the findings from the different evaluators arrive at the same conclusion, then confidence in the findings was reinforced.

3.0 Analysis

Thematic analysis was the theoretical framework used to analyse the responses. Thematic analysis is a method used for identifying, analysing, and reporting patterns (themes) within data. It organises and describes your data set in (rich) detail.

Each consultation method was analysed separately, and emerging themes collated to produce the overall consultation themes.

4.0 Results

No comparisons or weighting of emergent themes from each method analysed was made, however not surprisingly Theme 1 - Those affected by another's substance misuse, was the dominant theme identified within the service user and carer interviews and focus groups and the on-line survey responses received.

THEME 1:

Those affected by another's substance misuse

A strong feeling was expressed that support for those affected by another's substance misuse should have been included within the project scope. Very few of those accessing currently commissioned services would be Fair Access to Care (FACS) eligible as a carer and so would be left without a service. Of the few who would be FACS eligible, a personal budget is either not the (emotional) support they require or is not enough on its own.

"…. often the addict will not accept help but it has to be there, standing by from the family. However Nottinghamshire, is not prepared it seems to even consider putting this into its strategy" (TDTC30)

Those affected by another's substance misuse need support in their own right:

It was felt strongly that this group (including grandparents who look after their grandchildren due to the parent's substance misuse) need support in their own right regardless of whether the substance misuser is in treatment or not;

"…if the user is not in treatment then families need support even more" (SUTP019)
"…it is these people who pick up the pieces" (SUTP027)
"…I have learnt I need to recover too" (SUTP059)

There is a great deal of shame, stigma and isolation associated with being a family member/loved one of a substance misuser and support is needed to help with this. These emotions and difficulties remain present whether the substance misuser is in treatment or not;

"…many parents see their loved ones drug use as their (the parents) failure" (SUTP002)
"…the feelings of helplessness, anxiety, depression and grief were terrible" (SUTP085)
"…stigma, isolation and the daily emotional and practical upheaval they are faced with" (SUTP125),
"…often taking on the drug abusers child/children with no state support or support from elsewhere either financially or emotionally" (SUTP101)

Very emotive language was used to express this, with accounts of the emotional "*torture*" they have to endure as a result of having a substance misuser in the family.

It was felt that there is a different skill set required for working with this group in their own right when compared to including them in a substance misuser's treatment journey.

Investing in support services for those affected by another's substance misuse reduces the burden on other health and social care services was highlighted. Responses referred to the higher financial burden on wider health and social care services if these services were not invested in;

"…families need support to enable them to effectively manage this, otherwise placing children within local authority care has the potential to cost society thousands" (SHTP125)
"…without the help and support I would still be taking anti-depressants. Knowing I can rely on (the service) I do not feel I need to take antidepressants" (SUTP105)
"…if more complimentary therapies and respite opportunities were available, we would be less likely to go the GP for prescribed meds…" (SUJP003)
"…I really don't know how I would have coped without (the service). I would have probably been off sick from work with stress, taken antidepressants, the list is endless" (SUTP028)

"…families are a key resource, they are a free resource and without them supporting a service user before, through and after treatment will have a huge impact on every other health and social care agenda. We should be investing in our local communities, rebuilding family ties whether or not a service user is in treatment. The family has not asked to be in this position so why should they be penalised by offering the minimum of support?" (SHTP062)

Those affected by another's substance misuse do not generally access other Local Authority carer services. In particular, most of those currently supported by services would not be FACS eligible and so would be left without a service. Of the few who would be FACS eligible, a personal budget is either not the support they require or is not enough on its own.

Where generic non-FACS eligible services for carers exist, it was felt that families and loved ones of substance misusers have different needs to other "carers" (*…" generic services are not equipped to support this client group effectively" (SHTP125))* and that "*…there is a lot of evidence base to support the fact that families do not access generic carer services due to the fact of stigma and shame" (SHTP124).*

It was indicated however that a more integrated approach could be beneficial for some;

"…if generic services are to commission work from specific family services that are specialists in drugs and alcohol then I fell this may be beneficial, as it could mean we could still have the high quality of support plus the option of a small personal budget which for me would have been very beneficial to spend on a range of holistic therapies which I have found dramatically improved my physical and mental health alongside the support I get – but one would not suffice without the other" (SUTP059)

THEME 2:

Treatment and Recovery

Defining recovery and aspiration of abstinence and the need for defining what is meant by 'recovery in Nottinghamshire' was raised with responses indicating widely differing opinions;

*"…abstinence - of **all** substances…" (SUJP006)*
"…no mention of things like 'moderated drinking' – rather that free from all substances" (SHTC20)
"…not using on top of my script…" (SUJP008)
"…being fit and healthy…" (SUJP009)
"…stopping drinking and drugs isn't the only answer…it's the relearning of life after…" (SUJP010)
"…sorting my head out…" (SUJP011)

Whilst there was an acknowledgement that treatment and recovery should be closely linked, this view wasn't shared by all, with concerns expressed that barriers could be developed between

services and service users if too much emphasis is place on recovery it could '*dilute treatment*', and whether it is realistic to have a seamless treatment and recovery system;

"…can't be in recovery and treatment at the same time" (SHTC03)

This difference in opinion also concerned the models aspiration that service users should be drug free or abstinent at discharge, mixed views were given around this issue with some very clear advocates of an abstinence based approach, whilst others were concerned that this is too prescriptive and 'one size doesn't fit all'.

Overall however, it was felt that the current system could do more in terms of an aspiration of recovery (however defined) for service users;

"…I feel as a worker it is definitely (currently) too treatment focussed and have come into contact with many service users and those in recovery who have done so in their own way…they didn't have the aspirations for her she had herself and now she has been clean for many years – although things have changed I still come into contact with this happening on a daily basis. There are far too may treatment staff and not enough recovery staff – I feel recovery should start the minute someone walks through the door…sometimes staff become complacent with working with the client group…they think they know best from what they have seen" (SHTP059)
"…treatment services hold us back, we're not encouraged enough to move on…" (SUJP012)
"…being left with just a script and no support does not help!" (SUJP013)
"…Once in treatment, I couldn't get out" (SUJP014)
"…we need time limited goals, not just hanging around in treatment" (SUJP015)

But with reasonable and realistic recovery goals owned by the service user (*"…recovery comes when I'm ready, not when a worker says I'm ready" (SUJP016))* and delivered within a holistic approach;

"…things to help us get back to normal and learn a life without being on drugs, things like courses, volunteering and job opportunities are important" (SUJP017)
"…access to subsidised gym passes…healthy, body healthy mind!" (SUJP018)

It was thought that other addictions should be treated at the same time, not just the substance misuse.

Having a system that is flexible will be essential to recognise and meet the demands of changing substance use. Ensuring that provision should also be available for those who are dependent on prescribed medication was also highlighted

The therapeutic relationship with the keyworker was viewed as important. There was particular support for having substance misuse workers who understood what the substance misuser was going through;

"…there should be more workers who have been through what we have been through" (SUJP019)
"…workers who have "been there and done that" have credibility and experience" (SUJP020)
"…a good worker who encourages us, not pushes us, listens and understands" (SUJP021)
"…having a worker who you can relate to and rely on" (SUJP022)

"…I would have no confidence seeing someone who has had no personal experience in this field" (TP0155)

It was felt that developing a therapeutic relationship was only possible where the service user's worker remains constant and where that worker had enough time to do in-depth and meaningful work;

"…consistent case worker/key worker who has the time to see them regularly and for at least 45 minutes" (SUTP148)
"…having to see lots of workers sets you back" (SUJP023)
"…in my experience of what my deceased partner went through, change in the support and staff caused him excessive stress and loss in the belief that he would ever recover." (SUTP052)
"…I hardly ever see my worker, we should have more appointments, at least every week or two" (SUJP024)
"…I wish my worker had longer to see me" (SUJP025)

Alongside key working, the role of mutual aid groups was raised, and the importance of ensuring that they are 'visible', at all stages of the service users journey.

"…group and peer support is absolutely essential in the new system …" (SUJP035)
"…we need more mutual aid opportunities, but only if they are local…" (SUJP036)
"…there needs to be a stronger focus on peer support…and it's not just about AA and NA…" (SUJP037)

Positive experiences of mutual aid, group work and peer support were expressed;

"…I have come to realise I am not alone" (SUTP085)
"…Group support works well. Feel less isolated. And can give coping strategies" (SUTP149)
"…Group support for families where one can talk freely to others without being judged" (SUTP151)
"…what works is a group or groups that you can attend regularly even if you don't feel in control if yourself on that day, as it gives you the push and purpose to make an effort…" (SUJP037)
"…groups give you ideas of different ways to help yourself, plus gives you a huge lift when you see other people doing well…" (SUJP038)
"…group work should be meaningful and constructive and include things like relapse prevention, life skills and qualifications…" (SUJP039)
"…group work fills your time positively…" (SUJP040)

Knowing that you are not alone and having the opportunity to share experiences with others and thus reducing the stigma and isolation felt were identified as invaluable.

It was felt that family members and loved ones should be more involved in a substance misusers' treatment and recovery journey and that this would result in better outcomes for the substance misuser;

"…support for users and their families from the beginning so they can take the journey to recovery together" (SHJP002)

but only where it is appropriate*;*

"…families should have the right to determine the level of involvement they have with their loved ones recovery journey without pressure from other services – this right should be safeguarded" (SHTP108)

There was confusion expressed around what role they are expected to have in the treatment/recovery journey, as this doesn't appear to be consistent currently. There also appeared to be an element that when they are expected to be involved they don't always feel prepared:

"…families need information such as what to expect with a home detox" (SHTC09)

The integration of the drug and alcohol pathways was welcomed (also recognising poly-drug use), as was the inclusion of other system functions (i.e. residential rehabilitation services, supported accommodation services and pharmacy services).

There were mixed feelings about whether services should operate "under one roof". It was felt by many that access to all services in one location would be a positive thing;

"…if all services are located under one roof in one building, both clients have improved accessibility to services meaning success of abstinence is heightened and practitioners work more as a team when working under one roof" (SHTP036)

"…multi-disciplinary teams are an asset and opportunity to share good practice, look at how a service user can be supported holistically and from treatment to recovery in a safe and controlled manner, preventing disengagement. Multi-disciplinary teams have broken down previous barriers of professionals hiding behind confidentiality…all services need to be client focussed rather than service focussed" (SHTP178)

Whilst at the same time others felt this could potentially "*stifle innovation" (SHTC09*). Concern was expressed that perhaps mixing chaotic users with stable users wouldn't be a good idea.

There was a very strong feeling that the existing centres where substance misusers attend for their treatment are not an appropriate setting for the delivery of services for families and loved ones;

"*…I certainly would not have gone into a recovery centre to be faced with my worst fears, his friends and dealers" (SUTP059)*

"…as a family member, I feel intimidated going into the recovery centre where other users are…families should have their own recovery centre…" (SUJP005)

"…families should also have recovery centres of their own as they do not want or need to be confronted by their loved ones dealer when accessing support for themselves. They also may not want their loved one to know that they are receiving support" (SUTP108)

Ensuring that robust pathways exist between prisons was discussed, with the model criticised for viewing prison as an exit point, when this should be seen as just another setting in which to receive treatment.

The role of the criminal justice system in its widest sense was discussed, with opinions expressed around what the role of the police should be. Decriminalising users was a recurring sub-theme with thoughts that users should be supported into treatment by the police, and other criminal sanctions (i.e. cautioning) rather than arresting should be considered.

"…they are condemned as criminals, but they are in fact suffering a terrible disease. Yes, they commit petty crime…" (TDTC30)

The importance of having a system that provides stability was felt to be important, with supported access to stable housing and sustained tenancies, employment and education. Concern however was expressed that the lack of suitable housing stock and the implications of the 'bedroom tax' would have a detrimental effect on achieving and sustaining recovery.

"…(they) get put into high crime, run down areas which makes sustaining recovery more difficult" (SHTC11)

It was also felt that the current system could work more closely with other supporting agencies, particularly mental health services.

"…services need to talk to each other more, the right hand doesn't know what the left is doing!" (SUJP033)

"…there's lack of communication between services and lots of repetition" (SUJP034)

"…better links with mental health services needed – waiting times are too long and sometimes the services are not very good" (SUJP035)

Stigma was something that was raised, with the view that by using different buildings within a community could reduce the stigma of being seen going to the substance misuse clinic. Use of GP surgeries as central hubs of activity was suggested. Wherever services are delivered from, they should be welcoming environments;

"… the welcoming nature of the setting is absolutely vital, whether you are a user or a carer…" (SUJP031)

"…a place where you are made to feel welcome and not be discriminated, judged or looked down on…" (SUJP032)

THEME 3:

Access to services

This theme was concerned with both the geographical location of service provision and how individuals access services.

Locally based services which are easily accessible and sensitive to local need was a very strong message, particularly from Bassetlaw representatives. People didn't want to see any reduction in

current access points and neither did they want number of future access points restricted by district, with people generally wanting more provision than is currently provided:

"…local services for local towns" (SHTC01)
"…l*ocally based and accessible and lots of* them" (SHTC25)
"…access into services should be quick, include out of hours, local and have the option of home visits" (SUJP027)

The rural geography of Nottinghamshire was something that people felt needed to be taken into account and concern was expressed that rural communities would either lose current access points if provision was to be centralised and become the "poor relation". Ensuring that people can physically access the provision in rural areas is important, and that perhaps outreach provision should be more readily available:

"*…some bus services in the villages are only once or twice a day" (TDTC43)*
"…very local access is vital as sufferers will find travelling to sites a reason to give up" (TP052)
"…if we have anything but localised treatment points they will be worse than useless because addicts don't have the money to travel. They spend it on drugs" (TDTC08)
"…I think services based in GP surgeries are good as no-one knows what I am attending for, I can be anonymous…" (SUJP026)

Access to the treatment/recovery system was concerned with the speed at which people access the system was viewed as important, and not having to wait too long to be seen initially:
"…small window of opportunity …… need to be picked up quickly" (SHTC09)

As was the availability of provision, with suggestions that daily access should be available including at the weekend.

"…more flexible and out of hour appointment times are needed, some of us work you know!" (SUJP028)

Gaps were identified in managing crisis when occurring out of hours, it was suggested that links could be made with mutual aid groups to provide this support.

It was raised that the boundary/cross border issues may become significant unless arrangements are put in place between neighbouring Councils, especially in relation to registered GP practice populations

Positive responses were received around self-referral, and the roles of other agencies and/or professionals in facilitating this was mentioned. It was felt there was a role for pharmacists to act as "sign posters" and that GP's shouldn't be seen as the only route in, it was also suggested that GP's need educating in making appropriate referrals.

"…what services are out there need to be advertised more…" (SHJP029)

"…GP's and treatment services don't advertise what support there is for families as much as they should do" (SUJP030)

Those affected by another's substance misuse are often the access point for users into treatment. It was felt that families and loved ones educated in substance misuse issues are a route into (and back into) treatment/recovery for the substance misuser;

"…service users may be brought into treatment through education and input from a family member. There are always times when a service user will not enter into treatment and therefore the family play an immense part in that recovery journey, often being instrumental in bringing the service user to a place of wanting treatment" (SHTP034)
"…it was because of my mam that I got into treatment…" (SUJP004)
"…Hopefully with the one-to-one support I am getting my brother will access treatment at some point now I have the knowledge to pass on of how he is to access it" (SUTP042)

"Families are often the first ones to recognise when a service users is struggling or relapsed and can be quick to respond and help them to re-engage" (SHTP062)

THEME 4:

Concerns

A number of concerns were raised in relation to the proposed model and the consultation process itself. There appeared to be a lack of clarity about the decision-making process so far and the factors underpinning this. Local organisations were concerned that not all district councils are represented on the Health and Wellbeing board or the public health committee.

As with any proposed change it is inevitable that there will be difficulties, with a real fear that local services will be disrupted or cease to exist at all and the affect this will have on service users. This was more acutely felt in Bassetlaw:

" …… concerns that they will lose their providers who have built up trust with clients that has taken years to build up ….." (TCSH11)

"….. the skills learnt over a decade are paramount to keeping the community together especially in tough times" (TDTC24)

The consultation process itself attracted a number of comments. These were centred mainly on the consultation document itself and the language used, it was felt it was difficult to understand, therefore minimising the opportunity for people to engage fully, thus reducing local involvement in decision making. People felt they didn't really know enough about how things worked currently and how the proposed model would differ to make an informed choice. In addition concerns were raised around the timescales involved:

" *we still believe the overall process has been rushed and that there should have been further information available about the merits of existing models and a through cost benefit analysis of existing and proposed models*" (TDTC44)
"…not enough detail to know if the proposal will work or not" (SUJP033)
"…the proposal is not clear enough, needs to be written in plain English" (SUJP034)
"…I don't want to tender to go to national, private organisations who are more bothered about profits" (SUTC00)

Concerns were raised in relation to the use of payment by results, especially for complex substance misusers.

Appendix 1

Mark's family

Mark and Hayley Morris live in a private rented house. They both have a history of dependence.

Mark

Mark started using drugs at an early age. As with many young people he struggled with school and family pressures and turned to cannabis and alcohol to relieve his boredom and failure to achieve. He quickly progressed through the drug using spectrum and for a time was injecting.

Mark has been in and out of treatment with varying degrees of success, during his last inpatient episode he met Hayley, who he lives with. They have two children. He is now engaged with community services.

Mark is currently engaged in methadone maintenance treatment receiving 80mls a day. There is some suspicion that he isn't using it all and is selling a proportion of it. He occasionally uses cocaine. This was previously a big problem for him but he has managed to bring his use down considerably. During the period when he was using both opiates and cocaine chaotically, he was arrested many times for acquisitive crime related offences and has a significant criminal history. During this time he became hepatitis c positive. Mark is a likeable man, who is bright and occasionally ambitious. He is currently undertaking literacy and numeracy courses, as he feels that the only way out of his current situation is to get clean and get a job. Mark drinks heavily at the weekends but doesn't see this as a problem.

Hayley

Hayley is of African Caribbean origin and met Mark in a treatment unit seven years ago. She is originally from Manchester. Mark and Hayley have two children, Tom who is six years old and Lucy who is four years old. Tom is at school and Lucy is due to start in reception in September. They are looked after by Mark's mother while Hayley is at work.

Hayley started using when she met an older drug using man whilst still at school and had a daughter, Chloe who is now 15. Before that she was doing well and achieving normally. Hayley has stopped using opiates since she left treatment seven years ago, however smokes cannabis every day.

She is volunteering for the local community drug treatment service and would like to progress into paid work. She struggles with the fact Mark is still using, but pleased he is on a 'script' and not using illicitly. She feels she can cope as long as this remains the case because previously Mark used all the money available to them to fund his habit. They have a number of debts because of this and are currently in rent arrears.

Hayley suffered with significant episodes of post natal depression following the birth of both Tom and Lucy. She suffers from a low mood from time to time and this affects her ability to care for the children.

Chloe

Chloe is Hayley's 15 year old daughter. She dropped out of school, earlier this year saying it was boring and she wasn't getting on with her teachers. Chloe has had a challenging up bringing living with her mother Hayley during her childhood, whilst she was using. She was often left alone for long periods whilst Hayley was either earning money or scoring. Hayley often had friends around the house that were also using and it was during this time that Chloe was sexually abused at an early age.

Whilst Chloe has a reasonable relationship with Mark and Hayley, she doesn't like living at home as she feels she is treated 'like a child', so often stays with friends sleeping on the sofa. She has an older boyfriend who is using drugs and has just found out she is pregnant. She has recently been arrested a few times for shoplifting and soliciting and has recently engaged with the Targeted Support Team. Mark and Hayley are not aware of the boyfriend, the extent of her drinking and drug use or the sex work and at times use her to babysit Tom and Lucy on occasions. During one of these occasions Lucy was said to have fallen down the stairs and broke her arm.

Sue

Sue is Mark's mother and lives in the same town. She is a 58 year old widow. Sue has problems with her memory and this is becoming increasingly obvious. Most days she drinks a couple of bottles of wine, saying it calms her nerves.

Mark is becoming concerned about this as his mother has been to hospital quite a few times recently having fallen at home and a couple of times whilst out shopping. She is covered in bruises and she says this is because of the falls.

Sue has a significant amount of money as a result of her husband's life insurance following his death. She lives off this money but has recently become anxious about money saying it won't last her until she dies and asking who will care for her then.

Sue looks after Tom and Lucy from time to time and has a good relationship with Chloe who spends time with her.

Tom and Lucy

Tom and Lucy are six and four and are mixed race children. Tom sometimes comes home from school having been in a fight as other children tease him about his heritage. The school say it's not a problem – just children being children.

Lucy is recovering from a broken arm having fallen downstairs whilst being looked after by Chloe. She has become withdrawn since this and wants to be with her mother, getting upset when Hayley leaves for work.

Gareth

Gareth is Marks best friend since childhood. They both dropped out of school at the same time and started using together. Gareth is currently homeless and askes to stay at Marks from time to time. Hayley doesn't like this as Gareth can become aggressive when drinking heavily which is most of the time. His drug use is escalating and he has begun injecting again recently. His situation is worsening and he often cannot afford the bags he wants, his increasing use of benzodiazepines appears to be adding to his aggression. He has also confided in mark that he is also injecting steroids in an attempt to counter weight loss. Mark hasn't told Hayley this.

Gareth currently has a number of infected injection sites, a couple of which have become abscesses. His mood swings are becoming increasingly unpredictable. He has a significant criminal history and has been subject to a Drug Treatment Requirement order in the past. He is not currently engaged in treatment. Mark and Hayley have been having increasing arguments recently about Gareth coming round to the house. Mark understands Hayley's concerns but doesn't want to let his friend down.

Natalie

Natalie is Mark and Hayley's neighbour, the only one they have a close relationship with. She is ten years older than Hayley and they have become good friends over the last two years.

Natalie lives alone having divorced her husband fifteen years ago after suffering violence and abuse due to his drunken rages after he lost his job. Natalie is teetotal and tends to disapprove of drinking in any form. She has a son who visits occasionally out of duty but views his mother as being at fault for abandoning his father, and for his later death from liver failure.

Natalie is concerned about Hayley's wellbeing of late and is particularly concerned about Chloe. Her loyalties are being tested as she feels Chloe is out of control and believes something must be done. She is also becoming increasingly frustrated at mark's reluctance (in her eyes) to do the right thing by his family. Hayley is becoming increasingly dependent on Natalie's advice.

Peter

Peter lives next door to Sue (Mark's mother) he is a 29 year old office manager, he is described as intelligent and hardworking. Peter has been a member of the local gym for a few years now, enjoying weight training and meeting his friends; however over the last 12 months due to work pressures he hasn't been able to go as much. He was getting frustrated because he had reached a plateau with his training, not noticing any visible improvements in his body shape. After discussing with his friends and searching the internet, he began taking steroids, initially orally, but in the last six months has been injecting. He buys the steroids from the internet and uses his local pharmacy to get clean injecting equipment.

He currently lives alone following the breakdown of his last relationship due to his violent mood swings; he has recently accepted that this could be due to his steroid use, but doesn't want to stop using as he is currently happy with his body shape.

Peter doesn't view himself as either 'addicted' or a 'drug user', because he works, has his own home and could stop if he wanted to. He is nothing like his neighbour's son, Mark or his girlfriend Hayley.

Mark's family is taken from the concept initially developed by Denbighshire Local Authority and adapted for use in Nottinghamshire.1

Appendix 2

Substance Misuse in Nottinghamshire

Key Facts about the Current Substance Misuse System (as at 31.3.13)

- 95-98 % of clients waiting for drug treatment wait no more than 3 weeks
- 93-95% of clients waiting for alcohol treatment wait no more than 3 weeks

- Numbers in drug treatment for the whole County are 2778. District breakdown is:
  - Mansfield - 735
  - Ashfield - 485
  - Newark and Sherwood - 314
  - Bassetlaw - 596
  - Broxtowe - 295
  - Gedling - 217
  - Rushcliffe – 136

- Current drug treatment successful discharge rates are 13.1% - i.e. discharges are at the rate of approximately 364 individuals at any one time/reporting period (measured as those individuals who have been successfully discharged drug-free and not re-presented to services within 6 months).

- As a further breakdown, for opiate users the successful discharge rate is 8.2% (approximately 203 individuals out of 2472) and for non-opiate users it is 50.7% (approximately 155 individuals out of 306).

- Re-presentation rates are 22% (approximately 81 individuals out of the 364 successful discharges). Re-presentations are measured as those individuals who are successfully discharged from treatment drug-free but then return to services within 6 months of that discharge.

- 23% of those in drug treatment are also in the criminal justice system (approximately 639 individuals).

- Average length of time in drug treatment is 4 years. For those also in the criminal justice system, it is 2.7 years

- A significant proportion of those in drug treatment have been in for 4 years or more – 42.4% (approximately 1178 individuals):
  - 4 – 6 years: 14.3% (397 individuals)

6 years plus: 28.1% (781 individuals)

- Numbers in alcohol treatment for the whole County are 1781. Planned alcohol treatment exits across the county are 1104 (62% planned exit rate).

- Length of time in alcohol treatment:
  <= 1 week – 2% (approximately 35 individuals)
  8 days – 30 days – 9% (approximately 160 individuals)
  31-180 days – 53% (approximately 944 individuals)
  181 – 365 – 23% (approximately 410 individuals)
  More than 1 year – 14% (approximately 248 individuals)

Community Pharmacy Needle and Syringe Programme (NSP)

(Based on activity data for 19 pharmacies in 2012/13. There is no pharmacy based NSP in Bassetlaw)

Total clients*	4741
Estimated number in structured treatment	861
Main drug	
Stimulants	467
Opiates	599
Performance enhancing	970
Heroin and crack	929

District Level Summary

Breakdown by District – number of pharmacies providing NSP

District	Number of pharmacies
Broxtowe	4
Gedling	3
Rushcliffe	3
Mansfield	4
Ashfield	3
Newark and Sherwood	2

***Data is captured as recorded by each pharmacy, clients could visit more than one pharmacy

Activity Summary

Activity by Strategic Community Safety Partnership area

	Mansfield and Ashfield (number and % of total)	**South Nottinghamshire** (number and % of total)	**Newark and Sherwood** (number and % of total)	**Notts Total**
Total clients	3361 (71%)	1029 (22%)	351 (7%)	4741
Estimate in structured treatment	646 (75%)	135 (16%)	80 (9%)	861
Main Drug				
Stimulants	407 (87%)	28 (6%)	80 (7%)	467
Opiates	442 (74%)	87 (15%)	32 (12%)	599
Performance Enhancing	476 (49%)	387 (40%)	70 (11%)	970
Heroin & Crack	759 (82%)	92 (10%)	107 (11.5%)	929

Appendix 3

A proposed new model for an Adult Community Substance Misuse Treatment and Recovery System in Nottinghamshire

Consultation Response Form

The closing date for response is Friday 20th September 2013

Do you agree or disagree this proposed model is a significant improvement from the current model? Please tick which box indicates how you feel about each of the following statements			
Do you agree or disagree the proposed model is a significant improvement from the current model	Agree	Disagree	Don't know
Do you agree or disagree the proposed model addresses the problems in the current model	Agree	Disagree	Don't know
Do you agree or disagree the proposed model meets National standards or is based on best practice	Agree	Disagree	Don't know
Do you agree or disagree the proposed model will provide ready access to substance misuse treatment	Agree	Disagree	Don't know
Do you agree or disagree the proposed model will improve the integration of substance misuse treatment as a holistic model	Agree	Disagree	Don't know
Do you agree or disagree the proposed model will improve recovery and treatment outcomes	Agree	Disagree	Don't know
Do you agree or disagree the proposed model is a more efficient and effective use of resources	Agree	Disagree	Don't know
Do you agree or disagree the proposed model will give users and referrers a clearer understanding of service provision and how to access it	Agree	Disagree	Don't know
Do you agree or disagree the proposed model will improve working practices for staff involved in delivery	Agree	Disagree	Don't know
Do you agree or disagree the proposed model will increase confidence in substance misuse recovery and treatment provision	Agree	Disagree	Don't know
Please use this box to tell us about any comments or suggestions you have for the proposed new model: **Do you have any other comments on a particular part of the model?**			

If you believe the current recovery and treatment model does not need changing , please use this box to tell us what works well:

Which district of Nottinghamshire do you live/work?
If you are responding on behalf of an organisation, please state:

☐ Ashfield
☐ Bassetlaw
☐ Broxtowe
☐ Gedling
☐ Mansfield
☐ Newark & Sherwood
☐ Rushcliffe
☐ Prefer not to say

Appendix 4

Consultation on a proposed new model for an Adult Community Substance Misuse Treatment & Recovery System

Nottinghamshire County Council is consulting on its proposals for a new Adult Community Substance Misuse Treatment & Recovery System.
Now is your opportunity to get involved.

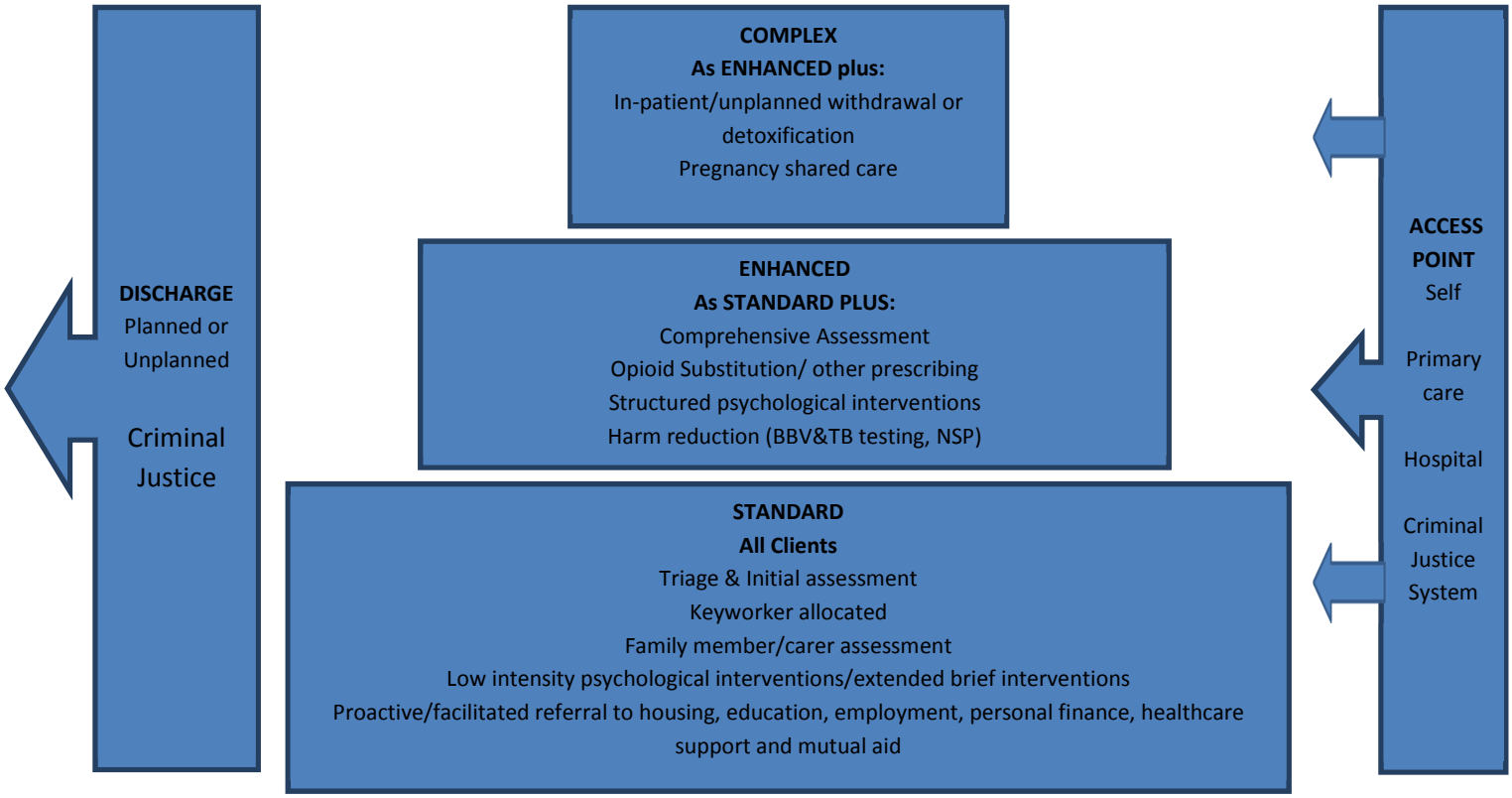
There are approximately 4600 people in Nottinghamshire who currently receive support for their substance misuse issues. However, substance misuse trends are changing and we believe services can be provided more effectively.

We want to redesign the entire system to make sure that services respond to what people need, are more focused on recovery and are available to anyone with substance misuse issues no matter where they live in Nottinghamshire.

Our proposal

Our model is based upon a 'stepped care approach'. You can enter the system at any point based upon your needs, and can move up or down a step as needs change in response to treatment and recovery interventions.

Diagram 1. Proposed Nottinghamshire stepped care model



What benefits can be expected if this model is implemented?

There are a number of benefits that will take effect from April 2014 if this model is agreed:

- A model with the Recovery at its core
- A consistent approach to treatment and recovery service provision and delivery across all seven districts of Nottinghamshire
- A consistent approach to treatment and recovery outcome monitoring
- Equity of treatment and recovery provision regardless of whether an alcohol or drug user
- A consistent approach to commissioning
- Clarity regarding financial efficiency and value for money

Responses

We want as many people as possible to take part in this consultation. You can let us know your views in several ways:

Visit our webpage at: www.nottinghamshire.gov.uk/substancemisuse and complete the online survey

Complete a paper copy of the survey and send by post to:

Jade Poyser
Public Health Nottinghamshire County
Meadow House
Littleworth
Mansfield
Nottinghamshire
NG18 2TB

By telephone: 01623 433037

Or by sending an email to: substancemisuse.consultation@nottscc.gov.uk

The deadline for feedback of your comments is Friday 20th September 2013.

We will consider every response received and produce a summary report when the process has been completed that will include an update on the recovery and treatment reconfiguration model and any changes arising from the consultation.