

Regional Drug and Alcohol Service User Network response to the

Drug & Alcohol Commissioning Framework 2013/14

This response was developed at a consultation attended by drug and alcohol service users, experiential experts and service user representatives. A list of names can be found in Appendix 1.

1. Hidden Harm:

- There is a huge Issue for females to look for help if they have a drug problem, there is the perception that their children will be taken away immediately - higher risk of overdose during pregnancy, but females unlikely to ask for help during pregnancy in case baby is taken away.
- Women using benzos are scared to disclose and workers don't understand implications so even if there is disclosure workers don't know what to do or say.
- Pregnant women will not tell the truth about substance misuse because they are scared of the consequences (i.e. that they may be reported to social services)
- There is poor misunderstanding on both sides (service user and worker) so no disclosure.
- There are major implications for workforce development especially maternity services and social services.
- There needs to be more training in harm reduction so workers don't assume that abstaining is the only option.
- Could a group of female substance users look at this area? It would need to be done sensitively as women are reluctant to be seen to be involved with anything to do with drug services.
- There is a need to support parents before it gets to a crisis point but social services don't want to know unless it has already become a problem.
- Legislation that worker must inform of risks to children regardless of confidentiality and against client's wishes is a barrier to disclosure – seeking help.
- Each case should be judged individually, at the moment everyone is treated the same.
- There is a need for more consistent access to services so people don't have to move to get the services they need (i.e. leaving family behind).
- There is a need for enhanced training for social workers.
- Taking someone's children away but not providing support can worsen substance misuse.
- A&E staff lack awareness of UNOCINI and Social Services staff need addiction training. Addiction workers need social work training (in family and child care). The UNOCINI forms are a poor process, often filled in after client has left, not filled out properly and may not reflect what client has said.
- Who would be responsible for a review of what training social workers get? More senior user input in social workers training could make a difference.

2. Substance Misuse Liaison services:

- In terms of the Service Aims and the Role and Functions that are outlined there would need to a broader range of workers who address drugs as well as alcohol. They also need to work longer hours including night time and weekends.

3. Low Threshold Services:

- Why aren't vulnerable groups listed, like they are in NSD? It should be included.
- Addict's index has been used and it does not reflect reality, most people (including GP's) don't know about it.
- Injecting drug users, especially women, are not sufficiently recognised as a priority for services (not just NSES). There is a risk local areas may not prioritise.
- Dual diagnosis sufferers should be prioritised in low threshold services as these are the services they are most likely to access.
- We need to identify what are the primary needs of those who could be targeted by LT services.
- Need to sell benefits of outreach services (much cheaper than HCV Treatment).
- Anecdotal evidence that IDU is becoming more mainstream – young, working class males.
- Need to reach people who don't access services.

4. Community Bases Treatment and Support:

- CM Schemes are a good idea – have been successful elsewhere (given vouchers for fast food restaurants to attend OST appointments). Voluntary/Community treatment services should work on harm reduction principles when needed, not just abstinence principles.

5. Inpatient and Residential Rehabilitation Provision:

- We need a specific female only residential rehabilitation. There should not be a gap in services between detox and rehab. If the number of locations of units is reduced it makes family access difficult which could impede recovery and adversely affect families/children.

6. Service User and Family involvement:

- In some areas the only support for service users is AA. There is a need for more generic support groups. Services shouldn't be developed without service user input and service users need support to build their confidence.
- Families may be reluctant to be involved with services in case it appears they are accepting blame for the service user's addiction.
- They are not strong enough to say "each area should demonstrate effective service user involvement".
- We need to indicate what effective service user involvement would look like, effective service user involvement may require additional resources from organisations providing services.

- Could a benchmarking system be developed and lobbied for and monitored?
- It would be useful to collate information on local service user involvement so ideas and good practice can be shared.
- Documents can be written in a way that makes them hard to read and understand if you don't work in that area and are unfamiliar with terms/jargon.
- Service users may need a lot of resources (staff time for support) to enable them to help shape services.
- We need to champion service user involvement and demonstrate the benefits of it.
- We need increased resources to support service user involvement.
- Develop a "ladder of involvement" for services to work up (Local Commissioning Priority).
- Separate "service user" and "family involvement".
- Family involvement should be intrinsic to services. Families need their own support. Social services should be able to provide this support.
- There are issues around how benefits can be accessed by carers/grandparents who are looking after children while their parents are in treatment.
- P.73 – we need targets in the local commissioning priorities.

7. Workforce Development:

- P.75 - template does not include a section on service users and family involvement (topic to be identified by Region Service User Network group).
- What training/support is there for people leaving treatment and entering/re-entering employment? This should be a section in drug and alcohol guidelines.
- Owen will send guidelines around.
- Need to have service user input into courses from start to finish as a principle.
- Managers role needs to be explained.

8. General comments

- There are gaps – Dual diagnosis especially in relation to stimulants/mephedrone.

Appendix 1

Contributors

1. Nichola Keegan
2. Jim Mageean
3. Chris Boyd
4. Chris Rintoul
5. Iain Cameron
6. Kate Harrison
7. Kim McGarry
8. Joanne Brannigan
9. Stephen Patterson
10. Kathy Henry
11. Hayley Millar