

Recovery and Reintegration: Voices of Service Users and Carers



Background

In December 2022 the Government announced dedicated funding for 3 years to deliver the new 10-year drugs strategy 'From Harm to Hope' to cut crime and save lives. The strategy takes a whole systems approach to reducing drug use; cutting off the supply of drugs, preventing and reducing drug and alcohol use and developing a world-class treatment and recovery system for those battling drug/alcohol use.

Hertfordshire County Council received funding from the Office of Health Improvement and Disparities (OHID) to address aims relating to treatment and recovery. There are various programmes of work being undertaken by the Council, however the specific aim of this report was to hear from service users who have accessed drug and alcohol services, as well as carers, with regards to their recovery and reintegration and to gain insights on the following:

- The ease of access to drug and alcohol services, and establishing what barriers there are/were to accessing support.
- Understanding what could further help individuals moving on or away from drug and alcohol service support.
- Gather feedback to understand if there are any opportunities to improve moving from one organisation to another or joint working arrangements.

Methodology

A collaborative approach was undertaken, with Public Health at Hertfordshire County Council, Healthwatch Hertfordshire, Viewpoint and Carers in Hertfordshire working in partnership to hear from people with a lived experience of using drug and alcohol services.

Focus groups and one-to-one interviews were conducted and facilitated by independent representatives from Viewpoint and Carers in Hertfordshire. The Living Room, CGL and DrugLink supported with the recruitment process and enabled focus groups to be held within their services. This engagement was then transcribed and thematically analysed by Healthwatch Hertfordshire to identify key themes.

Between August and October 2023, we engaged with 75 service users through 11 focus groups and two one-to-one interviews, and engaged with 22 carers through two focus groups and 13 one-to-one interviews. Given the sensitivity of the topic and the importance of retaining anonymity, demographics were not collected from participants.

We would like to extend our thanks to the organisations and people involved in supporting this report.

Key Findings

Awareness of Drug and Alcohol Services

Respondents discovered local drug and alcohol services through a variety of routes. The most common routes included GP services, word of mouth and court proceedings. Other routes included:

- Social services
- Night shelter
- Hertfordshire County Council
- Hospital
- Police
- Women's refuge
- Place of work
- Internet search

Across the focus groups and interviews, respondents made it very clear that prior to this they were not aware what drug and alcohol services existed, and this often prevented them accessing support more promptly.

"It wasn't necessarily a barrier in terms of my commitment, it was finding or accessing the services. I found that really, really difficult." [Service User]

Respondents stressed that without external agencies and services signposting them to local drug and alcohol services, they would have never known this support existed – highlighting the importance of external organisations playing an active role in helping people who present with drug and/or alcohol dependency. Respondents called for greater promotion, awareness and advertisement of local provision, with some suggesting providing information leaflets about drug and alcohol services in a range of environments – including health and community settings – to help reach people who may need support.

"I think if there is a leaflet in the most usual places, probably the library or the community notice board, saying if you or your family need help, there is help available in all of these organisations, a list in one place, just so it can act as a signpost. So yeah, I think my only suggestion is that all these help groups could be in one leaflet through Hertfordshire, I think it would help a lot." [Carer]

As mentioned, most respondents were informed about drug and alcohol services via their GP practice. Some respondents who had contacted their GP practice said they were not given enough signposting information or support, while others had a more positive experience, sharing that their GP was knowledgeable of local drug and alcohol services and provided them with a referral and/or useful information, support and advice.

A large number of respondents discovered drug and alcohol services through word of mouth. Examples included through friends, family members and attending Alcoholic Anonymous (AA) or Cocaine Anonymous (CA) meetings.

"I found out through a friend, I just messaged him one day about how I was feeling and he recommended that I come here." [Service User]

Barriers to Accessing Drug and Alcohol Services

Location, Travel and Transport

The most common practical barrier respondents faced in accessing drug and alcohol services was travel. Many respondents are reliant on public transport because they cannot or do not drive, and expressed their difficulties in physically getting to service provisions.

A few respondents also said they wanted to attend a specific drug and alcohol service but were not able to due to the location of the facility and/or the difficulties they would face travelling there – limiting their choice and options.

“Somebody like my son who has no ability to get anywhere and he’s got no transport, it’s impossible.” [Carer]

In addition, respondents commented that the cost of fuel or public transport can be difficult to fund, especially when they are expected to attend the service multiple times a week. This is particularly problematic for service users who are on a low income, of which many respondents said they were.

“The price of taxis has increased by three times, I live nearby but it’s still expensive.” [Service User]

Other respondents said they are reliant on their parents to take them to drug and alcohol services. Carers also reflected that their loved one is dependent on their support to get to the service and without them, their loved one would face significant difficulties in accessing support, or would not be able to get help at all.

“There is a problem with people being in accommodation that is too far from the services they can access. Unless I picked him up and could take him, he could not travel independently.” [Carer]

Many respondents suggested that drug and alcohol services should be made more physically accessible and in an ideal world, they would like to see drug and alcohol facilities in every district across the county. They also suggested that people accessing drug and alcohol services should be supported with their travel costs. Respondents also said that reimbursement is not the easy solution, as people still need money in the first place.

“You used to be able to bring a train ticket and they would give you the fare back, but the fact is you’ve got to get the money in the first place to get that train ticket and then a lot of people can’t afford it.” [Service User]

Employment

Another common barrier for respondents was employment. Many shared that they could not initially access drug and alcohol services because of their working hours, with some respondents saying they had no choice but to quit their job in order to access support. Other respondents are not currently in

employment but anticipated that having a job would be a significant barrier to accessing drug and alcohol services, and could be factor preventing people from getting the help they need.

“If I was working at the moment it would be very unlikely I would be able to come to something like this.” [Service User]

Respondents were positive about drug and alcohol services which offered support in the evening to accommodate their working hours. However, a large number of respondents suggested that it would be beneficial if drug and alcohol services could do more to offer greater flexibility in terms of their opening hours, so that people with work and/or other responsibilities are able to access support.

Respondents also suggested that drug and alcohol services who do offer evening support could do more to promote this, as some respondents were not aware this existed.

“He wasn’t able to access what they were offering during the day and by the time he got back it was the evening. Personally when I was looking at the service making some enquiries and everything they did was during the day and I thought well how does that work for someone who is working? Can’t they do evenings? So my personal view is that we need something that is more accessible on the weekends and evenings.” [Carer]

Stigma and Shame

Although not a practical barrier, feelings of shame, stigma and embarrassment was often a key factor preventing respondents from initially accessing drug and alcohol services. Likewise, some respondents reflected that they, or their loved one, did not have the motivation to access support or the willingness to accept they needed help with their drug and/or alcohol use. Many shared that they were in denial which stopped them from seeking support and for some, this prevented them from getting help for several years.

“I was in denial about my drink. I thought you’ve got the problem with me drinking, not me having the problem.” [Service User]

Some respondents had misconceptions about how drug and alcohol services operate, and suggested there needs to be more information about how drug and alcohol services are run, and the diversity of people that attend. More generally, service users and carers felt the wider public stigma around drug and alcohol use needs to be addressed, so that people can feel more confident in accessing drug and alcohol services without fearing judgement.

“Just the stereotype of addiction, that is a barrier. The social notions of addiction itself can be a barrier and stop you from seeking help and it stopped me for a long time.” [Service User]

Privacy and Safety

Some respondents would prefer to access drug and alcohol services which are in a different location to where they live so they can try and remain anonymous. However, respondents recognised that having to travel a further distance can pose difficulties and incur additional costs. Other respondents chose to access a service in their local area, but had concerns about being identified.

“I had concerns about bumping into people I knew and I’ve heard other people in the group say that.” [Service User]

Children

Some female respondents were reluctant to initially access support from drug and alcohol services because they were scared their child would be permanently taken away from them.

“If I went here, I’d be scared they’d take my daughter away, if I went there I’d be petrified something would happen. It wasn’t until I got completely rock bottom and I had to hold my hands up and just trust in the system, I was terrified they would take her away.” [Service User]

Respondents suggested that Adult Social Care Services need to have better communication with parents, emphasising to them the positives of getting help for their drug/alcohol use and reassuring them that they will work with them and not against them in their recovery.

“Social services didn’t tell me how much I would gain from doing this [going to residential rehabilitation]. They basically told me that I’d be without my son for 12 weeks and it’d be a good idea if I go in there but they didn’t tell me in-depth how it would change my life. I feel like there needs to be a little more information to mothers who are suffering with substance abuse, domestic violence, do you know what I mean? Who are really vulnerable at that stage to say you’re going there for 12 weeks, your child is being taken off you, but it’ll do you good. They don’t point out the positive sides of it.” [Service User]

Experience of Initially Accessing Drug and Alcohol Services

Timely Support

Respondents were asked about their experience when they initially accessed support from drug and alcohol services. Positively, across all of the focus groups and interviews, the majority of respondents said that they, or their loved one, was able to access support very quickly – within a matter of days or weeks. Although most respondents were apprehensive to attend, the majority said they were immediately

welcomed into the service by the staff and other service users, providing reassurance and putting them at ease.

"I called them up, it was really quick and easy and they were helpful. They literally said do you want to go in the day after tomorrow and I was expecting to be waiting around for a month and everything was explained and they met me straight away and got me in there ASAP, I was quite surprised to be honest." [Service User]

Many respondents emphasised how crucial it is that people are able to access drug and alcohol services promptly, stressing that if the service had taken longer to accept them, they may have questioned their decision to get support or started using again.

Experience of Receiving Support from Drug and Alcohol Services

It is important to emphasise that across all of the focus groups and interviews with service users, every respondent expressed their gratitude for the support they have received from drug and alcohol services and considered themselves very fortunate to have the opportunity to access this treatment. Many respondents stressed that the service had "changed" or "saved" their life – highlighting the extent to which local drug and alcohol services are appreciated and valued.

"The service just does save your life...I honestly don't think I'd be here today." [Service User]

In particular, respondents commented how friendly, supportive and helpful the service are within drug and alcohol services, and praised how committed and invested staff are in helping people to recover and reintegrate back into the community.

"I found all the staff very helpful, all very approachable. I haven't got any fault with the staff here, right the way through they've been brilliant." [Service User]

Respondents also praised the fact that drug and alcohol services are free to access and that they provide such a high standard of care, which they felt other public and private services should learn from. A large number of respondents said more funding needs to be given to local drug and alcohol services to enable them to continue to deliver the high quality of care they provide, and to a greater number of people.

"I think they just need more funding, if they had more funding then they could do more." [Service User]

This section will now look specifically at service user's experiences of receiving support from drug and alcohol services and explore the areas which worked well, and the improvements they would like to see implemented.

Group Work and Peer Support

Across the focus groups and interviews, respondents emphasised how much they value group work and peer support. Respondents shared that meeting and speaking with people with similar experiences has supported their recovery and provided them with a great sense of comfort – with many feeling part of a “family” or “community” in which they can lean on each other for support. This was particularly important to respondents as many have struggled to share their challenges with their own friends and family, but now feel they have the support of others accessing the service who they can talk to without fear of judgement.

“I went to groups and you meet people the same as yourself which makes you feel more comfortable because now you can talk about it because you don’t do it with your family and friends because you’re so embarrassed about it so you don’t admit it. Then you have all these people in the same situation as yourself and everybody can talk about their problems, outside of that you think you’re the only one. Then you go to these meetings and you’re not the only one. I found it very helpful.” [Service User]

However, a number of respondents acknowledged that the idea of attending group meetings was daunting to them when they initially accessed drug and alcohol services and said misconceptions about group work needs to be addressed to help people feel more confident in attending.

“Peer support is a lot of what the healing process is here, having each other. You don’t realise how important the support group around you is, it’s like a community.” [Service User]

One respondent suggested services could create a video explaining what group work is and the value of peer support, to show people it is not as intimidating as they may think, and how it will help them in their recovery.

“It’s that stigma, I was nervous of coming because I didn’t know what to expect. Maybe if you had a video or even a mock up people could see what happens, it might make people think oh you know what it’s not that bad.” [Service User]

Improvements to Group Work

In terms of how group work could be improved, a few respondents said group meetings could have more structure, and that timetables for group sessions are not always up-to-date, meaning some people have travelled to the service only to find out the time or date of the session has changed.

In addition, one service user and a few carers suggested group meetings could be more tailored. The service user felt there could be separate men and women’s groups to enable people to share their feelings more openly, although another service user who identifies as non-binary questioned how they would fit in. Carers also suggested groups could be separated by categories such as age, time in recovery, and length of time accessing the service, to enable service users to be with people they could relate to – although this was not mentioned as an issue by service users themselves.

“Is there any way they could filter, something that could be done or could choose from groups where it’s more relevant for them? So people in the first three months in recovery or people aged 20–30, if that’s what they want...would that be more appealing? This isn’t just a one size fits all, it needs to be tailored.” [Carer]

Some carers also felt drug and alcohol services focus too much on providing group work and suggested that support needs to be tailored to individual needs and preferences, as group sessions will not be appropriate or suitable for everyone. However, it is worth noting that this was not a concern raised in the engagement with service users.

“I’ve found that they have these rules, like you’ve got to do group therapy and for some people that group therapy, sitting in a group of people, they feel uncomfortable with that.” [Carer]

One-to-One Support

Most service users have had the opportunity to receive one-to-one support from either a counsellor or key worker. Respondents stressed the importance of having this type of support in addition to group work, as it enabled them to build a personal relationship with their key worker, who was someone they could confide in about any concerns or challenges.

“The one-to-one support is really important alongside the group work we do and I appreciate that I can access that.” [Service User]

However, some respondents felt they have not received enough one-to-one support or do not get enough opportunities to speak with their key worker or counsellor individually, while others are still waiting to receive one-to-one support or had to wait a long time to be offered this type of support from the service.

Most respondents said it would be beneficial if drug and alcohol services could have more capacity, funding and staff to be able to offer service users more one-to-one support, and emphasised that for them, this is an important part of the recovery and reintegration process.

“I would love some one-to-one but there’s just not the resource for it at the minute.” [Service User]

Activities and Informal Forms of Support

The majority of respondents shared how valuable activities and events are in supporting their recovery, and when asked what additional services could further support their recovery, most service users said they would like drug and alcohol facilities to offer even more activities. Examples included providing more social activities, in which service users can speak to each other in a less formal, more relaxed environment compared to the group sessions.

"I think a social group, a little group where people come together and chat, not it all be so heavy all the time. It helps to have light hearted social interaction. It's not obvious when it's called a recovery group, we need to call it chit-chat or something to make it feel more informal and laid back." [Service User]

Other examples included more creative activities such as arts and crafts, playing games, cooking, and gardening. Wellness and mindfulness activities were also mentioned, including offering alternatives therapies such as meditation, yoga and acupuncture.

"Therapy stuff, that side of it, acupuncture and things like that. I think they're quite helpful. We have meditation in the morning but we need more of that, wellness stuff." [Service User]

Providing more opportunities for sports, exercise and physical activity was also important to respondents, and they emphasised that this would support with their general health and wellbeing, as well as their recovery. A few respondents suggested that drug and alcohol services could fund gym memberships, set up a gym area, or invite external agencies in to run exercise classes.

"Maybe bring someone in once a week and you can exercise with people that you are comfortable with, so you don't have to go the gym with people you don't know looking at you, especially when you're struggling with anxiety. Maybe you could have one workshop a month where people come in and do exercise with you." [Service User]

Methods of Engagement

Evening and Weekend Support

Respondents already raised that having more evening sessions would be helpful in enabling people to access drug and alcohol services. A large number of respondents also emphasised that evenings and weekends are often the times when they find themselves struggling the most, and when they feel at risk of relapsing. As such, respondents suggested access to evening and weekend support would help them to keep occupied and would support them in their recovery.

"I think some kind of like weekend or out of hours support, I know they're here all day in the week days but a Zoom on the weekend or something where everyone in the group got together for an hour or something, you know what I mean?" [Service User]

Online Support

Respondents also praised drug and alcohol services for offering support in a variety of different ways, and highlighted that this enables them to engage with the service in a way that suits their needs and preferences. Given the importance of tailored support, a few respondents suggested drug and alcohol

services should operate both face-to-face and online sessions, as well as home visits, so that people are able to easily engage with the service, and not face barriers to participation.

"I couldn't leave the house to be able to attend the groups but I was fortunate that the service came to me. The service was supportive and understanding and came and did the packs with me at home. If they didn't come to home, I wouldn't have achieved sobriety, I would be, probably if I'm honest, dead. So it's only the fact that the service was supportive and understanding and came and did the packs with me at home that enabled me to do it." [Service User]

Key Workers

When discussing the support respondents have received from drug and alcohol services, the majority shared how supportive their key worker(s) have been in their recovery and reintegration and emphasised that their key worker(s) have often gone above and beyond to ensure they are getting the help and care they need.

"I've had very good support with recovery workers and obviously that aided me eventually to be able to do the peer mentorship and move onto volunteering." [Service User]

Respondents had particularly positive experiences when their key worker(s) had their own lived experience of drug/alcohol use. Respondents stressed that they felt these key workers could provide greater empathy and understanding, and were an encouraging example of what life can look like in recovery, which for many was a source of inspiration.

"My key worker recently left to go on to something new and she was fantastic, she was an addict herself so that's how she got involved." [Service User]

Some respondents said that if their key worker does not adequately involve, engage or communicate with them this has hindered their recovery. Similarly, a few respondents have not yet been assigned a key worker, and would like to have this one-to-one support to assist them with their recovery and reintegration back into society, and someone who can act as their main point of contact.

"I would have liked the key worker to have got in contact with me once, just once in three months to say I'm the key worker, if you have any problems call me, email me, that's the one negative thing." [Service User]

Other respondents commented on the turnover of staff, meaning they have had multiple key workers since they initially accessed drug and alcohol services. Respondents said they have found it distressing to keep repeating their story and to build trust with new members of staff.

"My key worker changed every time I went which I found a bit daunting to have to keep on repeating yourself again and again." [Service User]

Lastly, although respondents praised key workers and staff within drug and alcohol services, a few said the make-up of staff could be more diverse and representative, and suggested this could encourage more people, especially from typically under-represented groups, to access services for support.

"Having been there for months there's not really a lot of workers that are my colour and it's not that diverse." [Service User]

Views on Reintegration

Meaning of Reintegration

When asked what the term "reintegration" means to them, respondents had very different perspectives. For some, reintegration is about regaining a sense of normality and getting their life "back on track" so they can return to society and the community. For others, reintegration is about rediscovering who they are as a person and identifying what they want to do with their life.

"To be a member of society, you can go back out there, you can earn a living, get a roof over your head, you can start building your life back together to be a respectable member of the public. Coming to a place like this gives you the opportunity to look at a much bigger picture of retraining, changing your job, starting a business, you get to network with people from all walks of life who have got their own skillsets, so I think that is what it would mean to be to be integrated into society." [Service User]

Other respondents had specific goals and thoughts on reintegration. For some, reintegration would mean getting their children back in their lives, or rebuilding relationships with friends and family. For others, their main goal for reintegrating into society was to get back into employment and/or continue with further education. A few respondents have felt inspired to become a key worker themselves.

"Going back to work would be nice. I think that's when I feel a greater sense of accomplishment as a person when I manage to work again. Sort of getting that back, that will feel nice. That to me is reintegration." [Service User]

For some respondents, their main goal was to simply focus on achieving abstinence, and felt they needed to make progress in achieving that before they could consider reintegrating into society and what this would mean for them.

"The only goal I had was I wanted to get well. As I got more and more well, I started to have goals and I definitely achieved what I wanted to." [Service User]

Of the respondents whose initial goal was to remain abstinent, many commented that their aspirations and thoughts on the meaning of reintegration has changed during their time accessing drug and alcohol services. Respondents saw this as positive, and emphasised that staff have been supportive in helping them to consider their goals and what they want their life in recovery to look like.

“I think reintegration to me now has a very different meaning to me now than what it did 21 months ago. I’ve slowly realised that there are things that I enjoy that I never thought I enjoyed and my idea of living before is no longer the same.” [Service User]

A few respondents found it hard to think about reintegration and what their goals and aspirations were when accessing drug and alcohol services. They think this might be because they were still in-denial about their drug/alcohol use or were apprehensive about what leading a “normal” life would look like.

“Goals were discussed but I probably didn’t listen as I was in denial.” [Service User]

Support with Reintegration

Positively, the majority of respondents said when they initially accessed drug and alcohol services, they were asked about their goals, hopes and aspirations, and many praised services for actively supporting them to reintegrate into society and for their encouragement in helping them to reach their goals and aspirations.

“I think it’s only through this process that I’ve really worked out what I want to do in life and alongside this place helping me save my own life, it’s been a really important thing that it’s given me, some direction and an understanding of myself and realising what it is I actually want to do and I owe that to this place for sure and the process I’ve gone through.” [Service User]

Specific Goals

Respondents were asked how they have been supported by drug and alcohol services to reach their personal goals. This section explores the areas respondents have been supported with, or would like more assistance with.

Volunteering

Some respondents shared that drug and alcohol services have supported them with accessing volunteering opportunities. Respondents emphasised the value of volunteering, highlighting that it has given them a sense of purpose and routine, and has played a significant part in rebuilding their confidence and self-esteem.

“I’m a volunteer, I was on the programme for alcohol and I would like to give back to the programme. If other people could help me, I could help other people. It makes you feel better because you are helping other people, that’s what I love about the job.” [Service User]

Some respondents said they would like to start volunteering and would like support from drug and alcohol services in finding appropriate opportunities for them.

“My goal is to become a volunteer here in a year. I think I’d like to put something back into the community and I believe voluntary work here will still help me with my recovery. If I help other people, I’d be helping myself.” [Service User]

Employment

As mentioned, for some respondents, their main goal was to get back into employment. Some respondents said drug and alcohol services have been supportive in helping them gain the skills they need to get back into work, and have signposted them to relevant organisations and opportunities. However, provision of this support was not consistent and some respondents said they would like to receive more support from drug and alcohol services in accessing employment opportunities to help them with their reintegration into society.

“With employment, they didn’t help me get a job, they helped with schemes and things I could access to help my transition to the job environment.” [Service User]

“They don’t directly talk about those here, but it is something that I would like to talk about with my key worker before I even consider seriously applying for jobs. The advice is there but it’s not specific.” [Service User]

Education

Continuing with further education was important to some respondents, and they shared that they would like support from drug and alcohol services in exploring these opportunities. One respondent discovered they could complete Level 2 qualifications for free, but were surprised they were not informed about this from the drug and alcohol service. Another respondent said they would like to continue with their education but were concerned they would lose their benefits entitlement and wanted advice on this from drug and alcohol services.

“I didn’t know about this but you can get a Level 2 qualification funded and there’s loads of them so I actually started mine last night. I’m doing Cyber Security Level 2 and that’s all funded, paid for along with being on benefits and stuff like that. There’s loads of them, but there’s like mental health courses, tourism, all sorts and it’s basically the equivalent of an A Level which is obviously a big start. It wasn’t through here, when I went to the Job Centre a lady from Free to Learn told us all about it but basically we’re all eligible but again I wouldn’t have known about that.” [Service User]

Life Skills and Financial Advice

A number of respondents said they would like access to more life skills, and emphasised the importance of having basic needs such as housing and financial security met to support with their recovery and

reintegration. Carers in particular felt service users needed support in understanding financial skills, such as budgeting.

"You need somewhere to live, you need to eat so you need an income from somewhere then you need to keep your sobriety, those things are hard, to get all 3 of them in the same hand." [Service User]

Similarly, a few respondents said they would like more information about how to access benefits, and whether they are entitled to certain types of financial support. Some had concerns about how they would afford to live once they have finished their treatment.

"I don't get any housing benefit or anything like that, I should get that so some support on that would be good." [Service User]

Social Networks and Relationships

As mentioned above, a goal for some respondents was to get back their children and/or rebuild relationships with their friends and family. Many of these respondents said they would like drug and alcohol services to facilitate access to advice about how to rebuild these relationships, and how to form healthier friendships.

"I've got a lot of family, some of them support me but I've lost a few family members on the way. I've got family members that are supportive and then some family members that don't want to talk to me at the moment. Who knows, during my recovery that might fall into place for me. It'd be good to speak to someone about it." [Service User]

Signposting and Information

This section has highlighted the areas of reintegration respondents would like more information and support with. To address this, some respondents suggested drug and alcohol services could provide more information about the external support and services available. Respondents from one focus group suggested co-producing an information sheet or booklet with a list of resources which people in recovery could refer to, to help with their reintegration.

"The info stuff, the links and all that, just a word document with a list of links to hand out to people when they turn up. You can do this if you want qualifications, you can go here if you want that, here if you need this, housing support. There's a lot of stuff that's really useful if you want it that you'd never know about." [Service User]

Importance of Aftercare

When discussing reintegration, respondents had concerns that once they have achieved their drug and alcohol treatment goals they would need to leave the service but may still need ongoing support.

Respondents stressed that being able to access support from somewhere as and when needed is important, and would assist with their longer term recovery and reintegration.

“Here at the moment you’ve got the support, this is the easy bit, to me this is the easy bit. The hard bit is when you go out.” [Service User]

There was a mixed picture across the focus groups as to whether people can still receive aftercare and continue accessing the service – some respondents said they have been able to, while others have not.

“Knowing the support is there and it won’t go away, I was like how long is it going to be, and once you realise that you can stay for as long as you need to get your mind right.” [Service User]

Integration between Services

Respondents were asked about their experiences of moving between treatment services, such as mental health or housing. Generally, respondents felt that services needed to adopt a more holistic approach, taking into account the person as a whole, rather than focusing solely on their drug/alcohol use. In particular, service users and carers both emphasised that there needs to be much better integration between services, and much more efficient multi-agency working.

“It would be nice if services were more integrated and if there was a system that looked after them. There needs to be more multi-agency meetings.” [Carer]

Mental Health Services

One of the most common issues mentioned by respondents was accessing support from mental health services. The majority of respondents said they have struggled to get help for their mental health, alongside accessing support for their drug/alcohol use, due to long waiting lists for Mental Health services and lack of availability for mental health provision, with many respondents stating they have waited months or years for mental health treatment. In addition, many respondents have been told by mental health providers that they cannot receive support for their mental health until they have stopped using drugs and alcohol. This is despite the majority of respondents sharing that they have faced significant trauma in their life which has often been the catalyst for their drug/alcohol use.

“Mental health team won’t help me out because I’m using and abusing stuff like that. When I do go like 70 odd days clean I still don’t get any help so I’m thinking what’s the point again. I need something to help me out my pain and my thought processes.” [Service User]

Some respondents said they are receiving support from mental health services but stressed that mental health services and drug and alcohol services do not seem to collaborate or communicate effectively. As a result, respondents have experienced issues with referrals and have found themselves accessing a range of services, with none of them working together to address their needs.

“There needs to be more joined-up working between mental health and addiction, we were told they can’t assess their mental health while they’re drinking, but I think it’s really important because his drinking started because of his anxiety.” [Carer]

Some respondents said drug and alcohol services have offered or referred them to counselling and/or mental health support to help with their recovery and reintegration. Respondents who have accessed this support emphasised how valuable it has been, especially given how difficult mental health services can be to access.

However, several respondents felt drug and alcohol services could offer more support to help people with their mental health and emotional wellbeing, particularly given issues around dual diagnosis and waiting lists for mental health services.

“What would be good is if drug and alcohol services had an in-house mental health team, a counsellor.” [Service User]

Housing Services

A number of respondents said there needs to be more integration between housing services and drug and alcohol services. Respondents shared their difficulties in accessing housing support, and the challenges their key worker(s) have faced in trying to support them with this.

“When you’ve got to produce 32 documents to get a bidding number to get on a list to bid on a property which you might never ever see, you probably won’t ever see. The hoops you have to jump around, especially when you’re in the madness. It’s much easier to crash on someone’s sofa and carry on because there’s nothing there.” [Service User]

Many respondents said they would like drug and alcohol services to provide them with more information and support on housing services. Respondents understood that services are limited in the support they can offer, but would appreciate someone to speak to, to understand how the housing system works, and what they need to do in practice to get rehoused.

A few respondents said their key worker has been very supportive in helping them to get rehoused, however it is clear this type of support was not consistent across drug and alcohol services.

“Someone came with me to sort my bids out and everything, we got there in the end and they’ve worked so hard to get me where I am.” [Service User]

Respondents reflected on how not having appropriate accommodation can significantly impact on someone's ability to recover and reintegrate.

***[Respondent speaking generally about the importance of housing support]
"Purely because of the housing situation, they're back taking drugs, drinking or whatever they're doing because they didn't have a safe place to go and a roof over their head and they're back in addiction. That's not really reintegration, that's more abandonment." [Service User]***

Support for Carers

When asked about carers, respondents felt drug and alcohol services should offer more support to carers and loved ones, particularly given that their drug/alcohol use has had a very negative impact on their loved ones.

"I do think that would help because the people trying to support you through the addiction, they're as affected by it as much as the addict." [Service User]

Carers themselves emphasised how isolating and challenging being a carer of someone with drug and/or alcohol dependency can be and acknowledged that they fear they will be judged by their friends and family for having a loved one who is dependent on drugs and alcohol.

"It's so hard, I'm so scared what will happen to my child, especially when I'm gone." [Carer]

Some respondents said their loved one did not know where they could access support for themselves, and respondents themselves were not aware that drug and alcohol services ran groups specifically for parents and carers. Likewise, many carers said they have not received enough signposting information or support from drug and alcohol services and did not know where to go or who to speak to for help. It was generally felt that support and groups for carers and loved ones could be better advertised and promoted.

"One thing I would like to add is the family places are not advertised either. I didn't even know it was here on my doorstep, you have to think of all the families that are destroyed." [Service User]

In addition, when respondents were asked what would be helpful for their carers or loved ones to know from their perspective, a large number suggested that drug and alcohol services should provide information and education about drug/alcohol use to loved ones, to help them understand their behaviour.

"I don't know if there's support they can access but I think it's quite a good idea to maybe educate family and parents or siblings about addiction and make them understand the situation." [Service User]

One respondent shared they are struggling to explain their drug/alcohol use to their child and would like drug and alcohol services to facilitate access to support with this, to help their child understand the difficulties they are encountering and how they might be able to help.

“What I’m going through at the moment and trying to explain it to my child, to take her somewhere with me where I could get across to her that the next few years are going to be really difficult, I think that would really help. Sorry I get really emotional about it, it would help me to help her understand.” [Service User]

Likewise, information and education was important to carers, and they emphasised that they would also value being given practical support about how they can help their loved one while they are accessing treatment.

“Education and communication for carers. I know I can’t control what he does but I think being informed would really help as a carer because I’ve got no idea, really no idea what’s available or not, it’s just through these sorts of things in which I’m trying to build up my own folder. Having the information would give us some confidence and knowledge to know what is there.” [Carer]

Alongside these suggestions for improvements, carers praised the support they have received from drug and alcohol services, and were very grateful to have the group sessions to share their concerns with others in a similar situation.

“I rang them to see what the process is because we only live up the road, even though he doesn’t want to go. They said well you can come to our carers group, I didn’t know there was such a thing, it’s been absolutely life-changing. It has been the first time I have been able to talk to people in a similar situation who are going through the same anxiety.” [Carer]

Carer Involvement

Carers discussed their experience of when their loved one initially started to access drug and alcohol services, and were asked whether services spoke to them about their loved one’s recovery pathway. The majority of carers said they were not given any information about this and said they would have liked this to have been offered to them.

In addition, carers said they did not feel involved in their loved one’s care and suggested services should engage with carers if the service user has given permission. By having some level of involvement, carers felt they would be able to better support their loved one as they learn to recover and reintegrate.

“I felt shut out and I was trying to do was help. Sometimes I feel that if I was included more, I could give a more rounded perspective on what’s going on. So as her carer I’d like to be involved more with the organisation and work as a team.” [Carer]

Conclusion

This report celebrates many positive stories and experiences from service users who have used drug and alcohol services. However, it is not a time to become complacent, as service users also describe opportunities for improvements, which are outlined in the recommendations section of this report.

Clearly, service users are incredibly appreciative of the support they have received from drug and alcohol services. In particular, they praised the staff and key workers, provision of one-to-one support and group work, and the help they have been given to start their recovery and reintegration back into the community. Respondents would like to see more funding go to drug and alcohol services and better pathways from services in to wider support to enable more people to benefit from the support and to offer better joined up care.

Many of the recommendations for improving drug and alcohol services are practical steps. Respondents talked about ease of access, which can be improved with options for travel and transport support, and longer opening hours to enable those in jobs to seek help outside of work hours. Awareness of local drug and alcohol services also needs to be increased, with respondents calling for more information, signposting and promotion of local services in a range of settings. Signposting to external agencies when in treatment was also important to respondents, to support their recovery and reintegration. For example, areas such as benefit advice, parenting support, and access to community/social support.

Respondents also called for better integration between external services and drug and alcohol services, especially in regards to mental health services and housing, with many having poor experiences which had negatively impacted their ability to recover and reintegrate.

More support and involvement of carers and loved ones was also important to respondents, so that carers and/or loved ones can have a better understanding of their drug/alcohol use and better equipped to be able to provide support in their recovery.

There were many positive stories and experiences cited in this report, and it is important this standard of care is upheld, and there are opportunities to explore and implement the improvements raised by both service users and carers.

Recommendations

Awareness

- Provide an information booklet with signposting information about local drug and alcohol services, ensuring that the booklet is provided in a range of settings – including online and within the community. Work with external agencies to ensure they are aware of the booklet, and aware of local drug and alcohol provision, so they can appropriately signpost people in need.
- Produce communications addressing stigma and misconceptions regarding drug/alcohol use.
- Create training materials to support awareness raising and knowledge of drugs and alcohol for a range of different groups, including professionals, carers, and people who use services.

Access

- Support people accessing drug and alcohol services with travel, for example funding a bus pass or reimbursing service users for their transport.
- Consider funding drug and alcohol services to provide longer opening hours to accommodate for those with work and/or other responsibilities. For services that do provide extended hours, this should be more widely advertised.

Support in Services

- Consider supporting and funding drug and alcohol services to provide more key workers, one-to-one support, extracurricular activities, and engagement methods (online and face-to-face).
- Widen support options and increase accessibility, by building in peer support and having peer representation within services.

Reintegration

- Ensure drug and alcohol services are working with service users to reach their personal goals – examples may include provision of support on employment and education, volunteering, peer mentoring, housing and social relationships.
- Encourage drug and alcohol services to provide aftercare and/or extended support for those finishing treatment.

Integration between Services

- Explore opportunities to achieve clearer pathways and ensure there is a more integrated approach between drug and alcohol services and key services such as housing, mental health, employment, and adult social care services.

Support for Carers

- Ensure carers and loved ones are signposted to groups run by drug and alcohol services, as well as groups run by external organisations and charities.
- Involve carers where possible when permission by the service user has been given, and provide carers with practical information to help with their understanding of drug/alcohol use, and how they can support the person they care for.