

The views of Cheshire West and Chester residents on the impacts of drugs and alcohol

July 2024

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I would like to thank Healthwatch Cheshire West for their unwavering commitment, passion, and enthusiasm in amplifying the voices of those impacted by drug and alcohol use in Cheshire West. Furthermore, I would like to extend my gratitude to the residents who generously shared their lived experiences. Their openness has been instrumental in helping us understand the profound ripple effects of drug and alcohol, which impacts not only individuals but also their families, friends, and the wider community.

These lived and living experiences have highlighted the extensive impact of drug and alcohol use on various aspects of life, including relationships, finances, mental health, and physical health. The value of peer support and the successes of specialist services emphasise the pathways to recovery and resilience.

This report will serve as a critical resource to inform, influence, and shape future decision-making, ensuring that the voices of those affected by drug and alcohol guide our strategies and service provision.

Thank you once again to everyone involved in this project for your invaluable contributions.”

Helen Bromley Director of Public Health

Executive Summary

This report shares the experiences of people in Cheshire West and Chester, who have been impacted by drugs and/or alcohol. It highlights the ripple effect that can happen, how one person's use of substances may not only impact those closest to them, but the community as a whole.

Our research found that alcohol and cocaine were the most commonly used substances and that cannabis and ketamine are on the rise amongst the under 25's.

It was evident that many aspects of a person's life is affected once substance use takes hold. Relationships, finances, mental health and physical health were the areas impacted the most, both for individuals and friends and family. Friends and family were often impacted first, the user unaware of the detrimental effect their behaviour was having on those around them.

Comments on the help and support the person received were mixed and appeared to be dependent on where they were on their own journey. Many saw the benefit of peer support, and when the time was right, others a made full recovery thanks to the support of services and specialist groups.

At a community level, the most significant impacts felt by respondents were antisocial behaviour, people being afraid to walk through certain areas and verbally aggressive behaviour. Certain locations in Cheshire West and Chester were noted as being more problematic than others, with people living in these areas being more directly impacted.

Most shared their ideas for change and how the harm caused by drugs and/or alcohol use could be reduced, based on their own experiences. Their suggestions and views shaped our recommendations, helping to put people at the heart of decision making. These include:

- Increase the number of support groups for friends or family members who are impacted by the use of substance.
- Reintroduce Dual Practitioner roles to support people with their mental health and use of substances collectively. Increase links, communication and signposting between services.
- Education campaign across Cheshire West and Chester– in educational settings, for front line services and wider community campaigns.
- Early intervention and prevention by further developing 'community wellbeing hubs'.
- Reduce stigma – empathy rather than judgement and trauma informed care.

Key themes, trends and threads

Themes, trends and threads weaved through many people's experiences, both from those directly impacted and others observing from a family, friend or community viewpoint.



Each case is individual

- What works for one person won't necessarily work for another.
- Intervention at different times along their journey have different outcomes.
- The need for the individual to be at the centre of their own recovery.



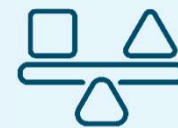
Links with mental health

- Evidence of mental health issues sparking the reliance on drugs or alcohol as a crutch during difficult times.
- Many spoke of the lack of a link to mental health services and support.



Impact begins with family and friends

- Friends and family of the drug and/or alcohol user are often impacted before the individual themselves, and feel ill equipped to support them effectively.



It gradually affects most areas of the user's life and impacts multiple services

- Housing, employment and health can all be impacted as the user's reliance on drugs and/or alcohol increases.



Peer support and getting help

- For those who accessed support, many spoke about the importance of connecting with others who had succeeded in recovering from addiction.



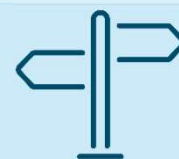
Judgement versus compassion

- People spoke of the significant positive and negative impact of the attitudes of others on the recovery or decline of a user, in particular from those working in front line services.



Community impact

- People spoke of the need for stronger community, bringing services closer to home and having police presence locally to deter antisocial behaviour associated with the use of substances.



Early intervention

- Early intervention and support to help avoid the reliance on drugs and/or alcohol leading to wider detrimental effects on people's lives.

1. Introduction

Healthwatch Cheshire West are the local independent consumer champion for health and care services, forming part of the national network of local Healthwatch across England.

As part of our core activity we seek the views and experiences of residents of Cheshire West and Chester, to help inform how health, care and wellbeing services are planned and delivered. The information we gather is then analysed so we can identify and act upon trends, presenting our findings to decision makers to improve the services people use. We also share people's views locally with Healthwatch England who strive to ensure that the government put people at the heart of care nationally.

Healthwatch Cheshire West were commissioned by Cheshire West and Chester's Public Health department on behalf of the Combatting Drugs Partnership to gather lived experiences of residents. The Partnership were keen to understand the impact drugs and alcohol were having, not only on the users themselves but on friends, family and the wider community.

The project ran from 1 April 2023 until 31 March 2024, delivered and supported by the wider Healthwatch team.

This report aims to:

- shine a light on the impact drug and alcohol has on all members of the community
- inform and influence those who work within health, care and support services, by hearing directly from people they support and from wider community members
- inform future decision making by bringing the voice of those impacted to partnership leaders and members as well as leaders of other statutory services

This report highlights themes and trends, based on the experiences and ideas of people affected by drugs and alcohol in the Cheshire West and Chester community.

Healthwatch Cheshire would like to thank all the people who participated in this project – for generously sharing their experiences and time to help inform future strategies and services.

We would also like to thank the members of the Cheshire West and Chester Combatting Drugs Partnership who supported the project's planning and delivery, connecting us with services and promoting the survey across their channels.

2. Context

Cheshire West and Chester Combating Drugs Partnership have developed its plan in line with the government's ambitions set out in the 10-year drugs strategy 'From Harm to Hope', where partners work together and share responsibility to create safer streets, level up communities and save lives.

The three strategic priorities set out in Cheshire West and Chester Combating Drugs Partnership Plan are:

Strategic Priority 1 – Continued Improvement of treatment and recovery services

Headline measures



Increase engagement in treatment



Improve recovery outcomes



Reduce substance misuse usage

Strategic Priority 2 – Reduce drug related crime and drug supply

Headline measures



Reduce drug related crime



Reduce drug supply

Strategic Priority 3 – Reduce drug and alcohol related deaths and harm

Headline measures



Reduce drug and alcohol related deaths



Reduce drug and alcohol related harm



Capture the voices and lived experience of those impacted by substance misuse

3. Methodology

Initial desk top research provided a greater understanding of the Government's 10 year drugs strategy, From Harm to Hope alongside local strategies aimed at reducing the harm caused by the use of substances. Meetings followed with the Public Health Team to establish project aims and objectives resulting in a two phased, mixed method approach.

Phase one – Scoping April to October 2023



- **Initial investigatory survey sent to our Citizen's Focus Panel** – a cross section of volunteers across Cheshire – featuring open ended questions to capture experiences, views and help identify themes. Broad questioning gave us an understanding of some of the ways drugs and alcohol impacts people, without making any initial assumptions. This gave us a richness in responses that a tick box survey alone would not.
- Questions about the impacts of drugs and alcohol were incorporated into **Healthwatch's day to day engagement activity** across Cheshire West and Chester. General engagement in a variety of settings gave us limited response but potential leads to follow up in phase two of the project. As expected, people were wary to discuss personal drug or alcohol use during engagements and more comfortable talking about the impact of a friend or relative's use.
- **Specific targeted engagement** took place to people who access drug and alcohol support services and groups.

With phase one complete, we were able to use the learning to focus activity on gathering lived experiences from those who were unknown to services, and who may be reluctant to speak in person during general engagement activity.

Phase two – Survey and follow ups November 2023 – March 2024



- It was determined that a survey would enable us to reach a wider range of people who are feeling the impacts privately, and perhaps would not be comfortable speaking about experiences face to face.
- **Survey co-developed** with Cheshire West and Chester Public Health, Communications, and Insight and Intelligence teams based on phase one findings. A mix of closed and open-ended questions allowed us to establish trends and gave respondents opportunity to share their experiences and ideas in more depth (Appendix 1).
- **Survey shared** across Cheshire West and Chester via a variety of channels including through the Combatting Drugs Partnership members.
- **Healthwatch Engagement activity continued** across Cheshire West and Chester, displaying posters with QR codes to access the survey, and paper copies of the survey in a range of public locations.
- **Specific leads followed up from both the survey and word of mouth** – in depth one to one conversations gave people an opportunity to share and gave nuanced insight of people's experiences.

Methodology

To enable us gather information relevant to the project, whilst giving the person space to share their experiences and ideas for future harm reduction, conversations throughout the research were based around the survey questions.

The information captured from all data sources was then added to online survey software to enable further analysis, giving us 243 responses in total. Group discussions were collated and added as one response per group.



187 survey responses

completed online or paper responses sent by post or collected at engagement.

35 people as part of **5** groups

attended specific substance related groups with attendees sharing experiences collectively.

24 open engagement responses

gathered during open engagement at locations across Cheshire West and Chester.

16 individual experiences

in depth shared experience stories from leads taken from the survey or engagement activities.

11 Citizen's Focus Panel responses

included from the scoping survey and specific to Chester West and Chester

This report represents the views of those who contributed anonymously via the survey, during engagement visits and follow up conversations.

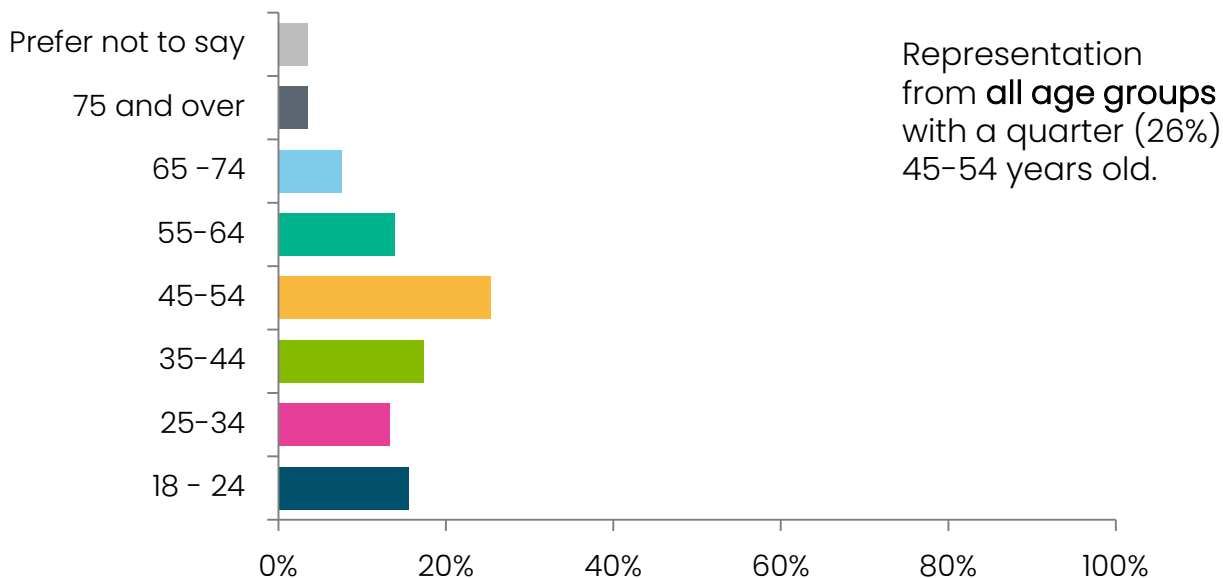
The responses to each question appear alongside direct quotes from the people we spoke to and specific themes or trends have been highlighted throughout. Healthwatch Cheshire then put forward recommendations based on the experiences shared.

4. Who did we hear from?

The survey gave respondents the opportunity to complete demographic information should they wish to disclose it. During engagement activities, group discussions and in depth conversations, demographic information was also collected, when appropriate.

4.1 Age

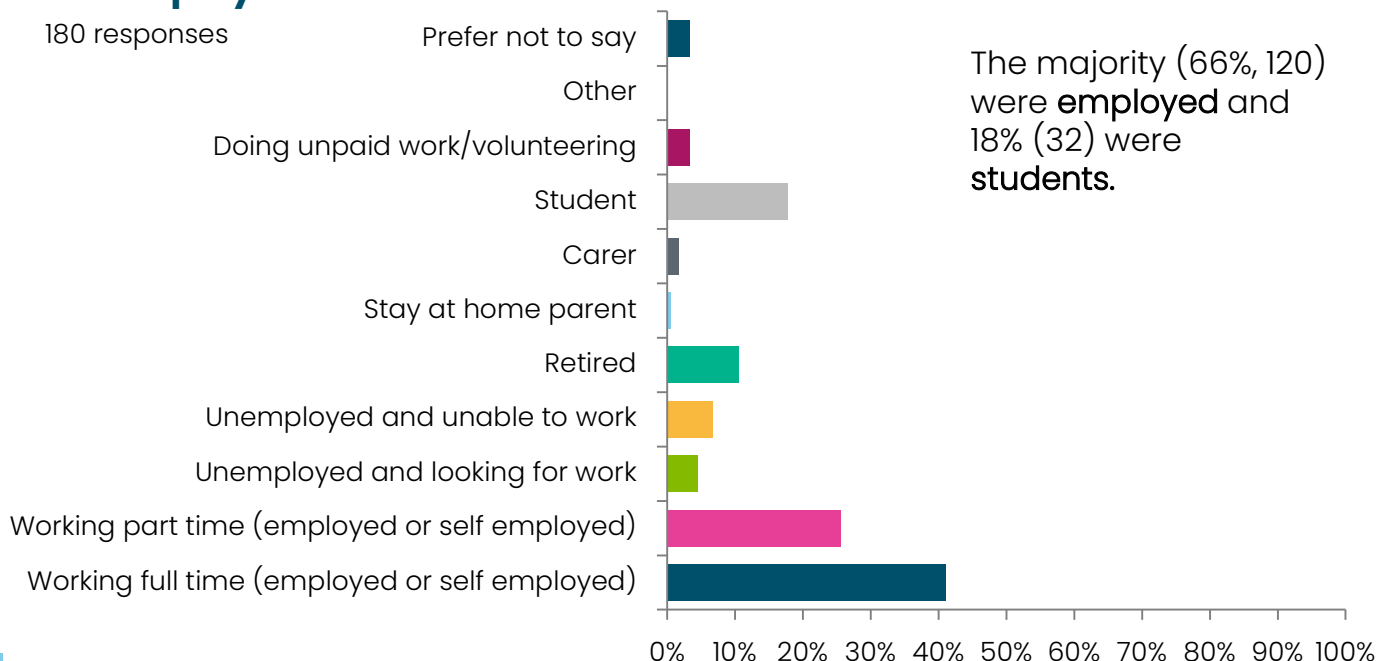
173 responses



- 66% (118) of respondents were **female**, 28% (49) were male and 2 were non-binary.
- The majority were **heterosexual** (81%, 141) with 6% (10) bisexual. Others were unsure or as another sexual orientation.
- The ethnicity of the majority was **White British** (86%, 149) followed by Other White Background (5) and White Irish (2).
- 45% (76) said they had a **disability, long standing health illness or mental health condition**.

4.2 Employment status

180 responses

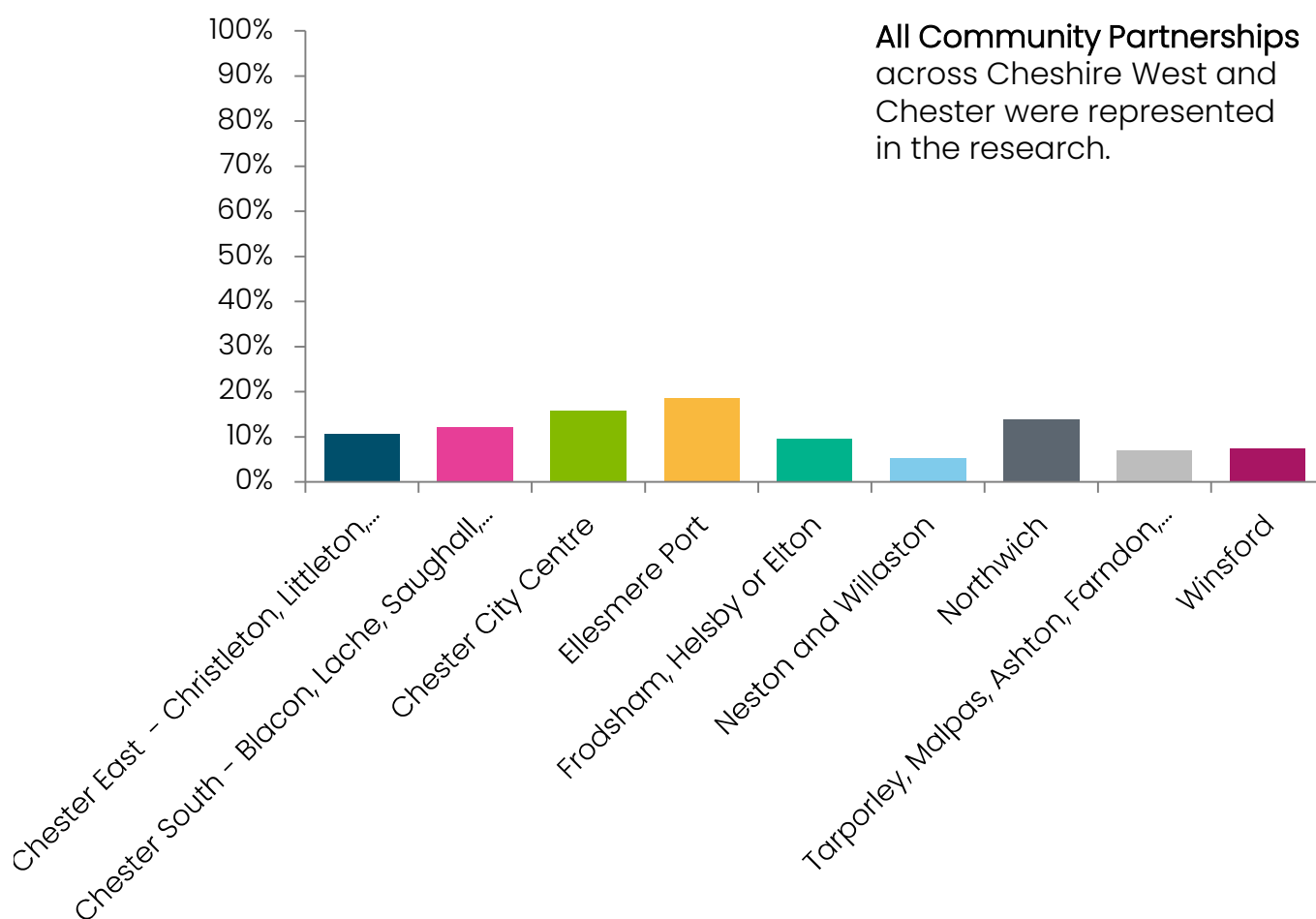


Who did we hear from?

- Over half (55%, 98) were married, co-habiting or in a civil partnership.
- Over half (53%, 94) were home owners, 22% (38) were living with family and 17% (31) were renting, either privately or from the council, housing association or other social landlord
- Over half (54%, 94) had no dependants living with them at home. 36% (63) had 1-2 dependants living with them.

4.3 What is the name of the town or village nearest to you?

189 responses



5. Findings

The findings from our research focus on the impacts of drug and alcohol on the individual themselves, their friends and family and the wider community.

The comments, views and accounts of all our respondents can be found in appendix 2.



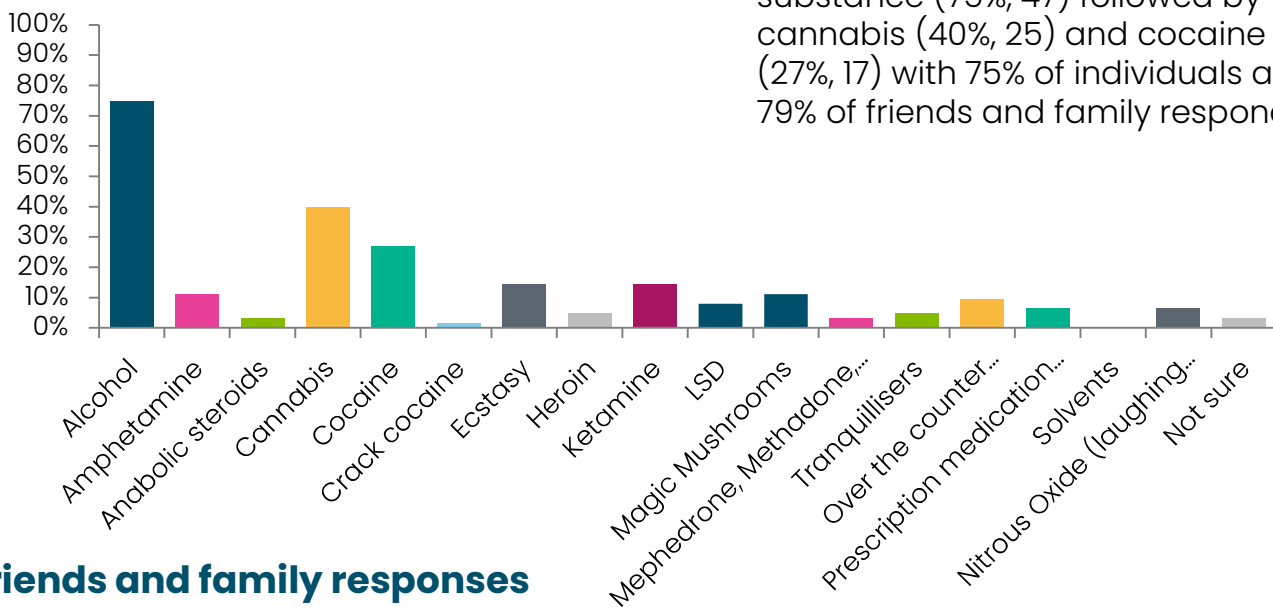
5.1 What substances were used?

The survey listed some of the most commonly used substances found in the Office for National Statistics 'Drugs misuse in England and Wales: year ending March 2020'. Respondents were able to add alternatives, however all comments received were already covered by those in the list (for example Pregabalin came under prescription medication).

In general, we found people were more open to talking about alcohol rather than drug misuse during engagements or face to face discussions, possibly due to the social acceptance and legality of alcohol. On two occasions people returned to discuss the impacts of drugs when others weren't around or gave a contact number to speak to them privately.

Individual user responses

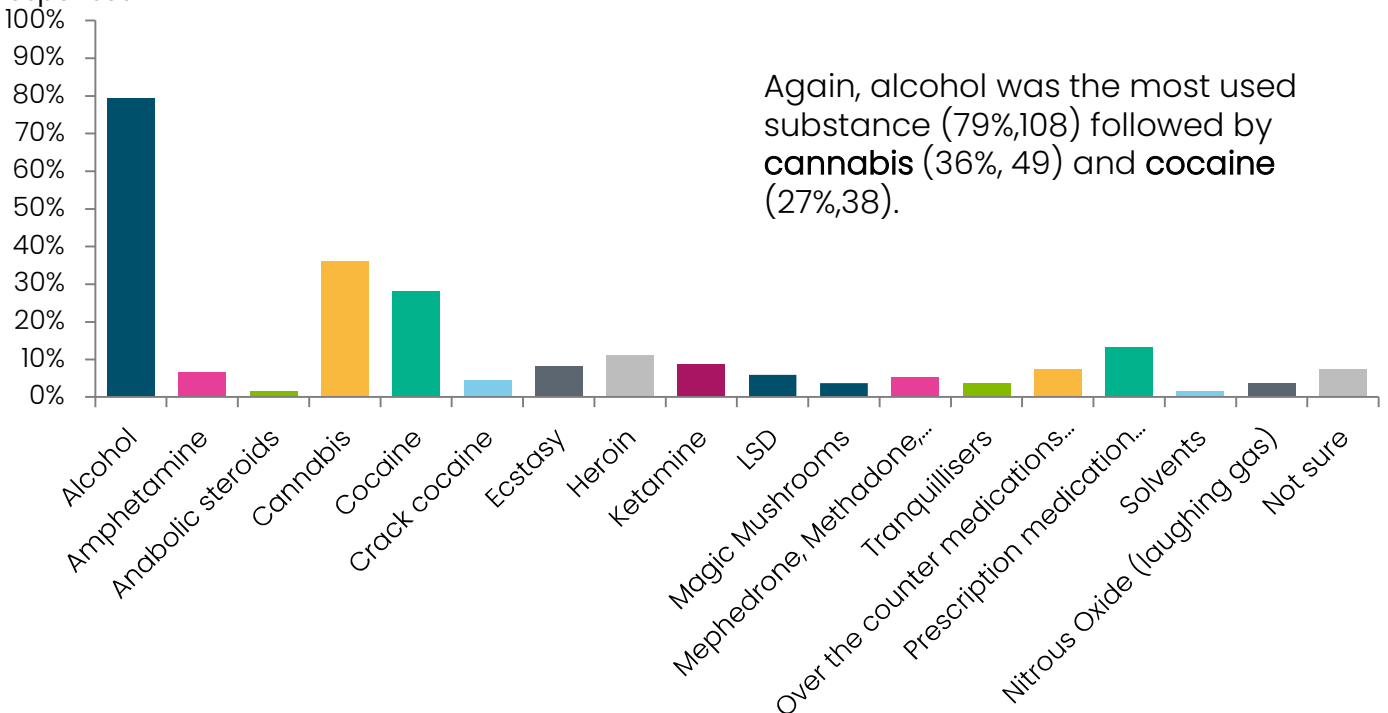
63 responses



Alcohol was the most used substance (75%, 47) followed by cannabis (40%, 25) and cocaine (27%, 17) with 75% of individuals and 79% of friends and family responding.

Friends and family responses

136 responses



Again, alcohol was the most used substance (79%,108) followed by cannabis (36%, 49) and cocaine (27%,38).

The type of substances used differed slightly between the age groups.

Under 25's who were personally impacted by their own use of substance, used **cannabis** the most (10 responses, 76%) followed by **alcohol** (8 responses, 61%) and **ketamine** (5 responses, 38%).

For the **over 45's**, **alcohol** was more prevalent and for the over 55's it was the only substance used. Friends and family responses followed a similar pattern.

"I would describe myself as a 'high functioning stoker', thus I have never had to turn to crime to service my cannabis habit. Went to high school at 12 and by day three I had been offered cannabis. At this time I said no. My parents split and my dad completely removed himself from the family – which had a number of impacts on me. Firstly there was a lack of a trusted, consistent male role model, secondly this had a financial impact on my mum. I had been playing sport four times per week, however my mum could no longer afford this, so I stopped going – no one from the team made contact to see if they could help. It was at this point I began using cannabis. My mum became aware due to my mood swings and my brother introduced me to the cannabis. We both went on to use ketamine and cocaine.

When I was at college drugs were readily available and I smoked in front of staff who did nothing. At this point I became a heavy and consistent user. I drifted through college, basically getting the minimum grades. Upon leaving my tutor actually said to me 'he was surprised I passed as he knew I was constantly stoned'.

I plodded on with life, my circle of friends were dominated by other cannabis users. They felt superior as they only used cannabis and not harder drugs.

I suddenly became very ill and without very quick medical intervention I would have died. My consultant told me that if I smoked again I would be dead.

This has had a profound effect on me and made me examine how I have been living my life."

A number of comments were made about the differences between the generations and their use of substances, particularly with younger generations moving away from alcohol use.

"I'm pleased younger people appear not to be drinking as much as my generation did. Perhaps younger people have higher mental health issues because in the past they would have masked it with alcohol and had issues later in life."

"Huge culture shift needed for alcohol but appears to be moving with younger generations not drinking as much."

"More young people are using cannabis now than drinking and vaping is an issue – people think it's fashionable – people who would not have smoked before."

5.2 Impacts

We asked for peoples' opinions on what impact drugs and alcohol has had on the individual themselves, their friends and family or the wider community.

75

were personally impacted by **their own drug and alcohol use.**

187

said they had been impacted by **their friends and/or family's drug and alcohol use.**

50

said they had been **impacted by** or **observed the impact** drugs and alcohol have had **on their community.**

The survey asked respondents to choose from a range of ways drugs and alcohol have impacted them or their friends and family. The choices included were based on findings from phase one research and the free format option allowed respondents to add additional information.

3. How has your personal drug and/or alcohol misuse impacted you?

Please tick all that apply.

- | | |
|--|--|
| <input type="checkbox"/> Physical Health | <input type="checkbox"/> Career/work |
| <input type="checkbox"/> Relationships | <input type="checkbox"/> Involvement with police |
| <input type="checkbox"/> Finances | <input type="checkbox"/> Involvement with social services |
| <input type="checkbox"/> Housing | <input type="checkbox"/> Personal safety |
| <input type="checkbox"/> Mental health | <input type="checkbox"/> Feeling alone (socially isolated) |

Please tell us more about this and add any other ways you have been impacted.

Relationships, finances, mental health and physical health were the areas of people's lives impacted the most, both for individuals and friends and family, with respondents choosing multiple options from the list provided.

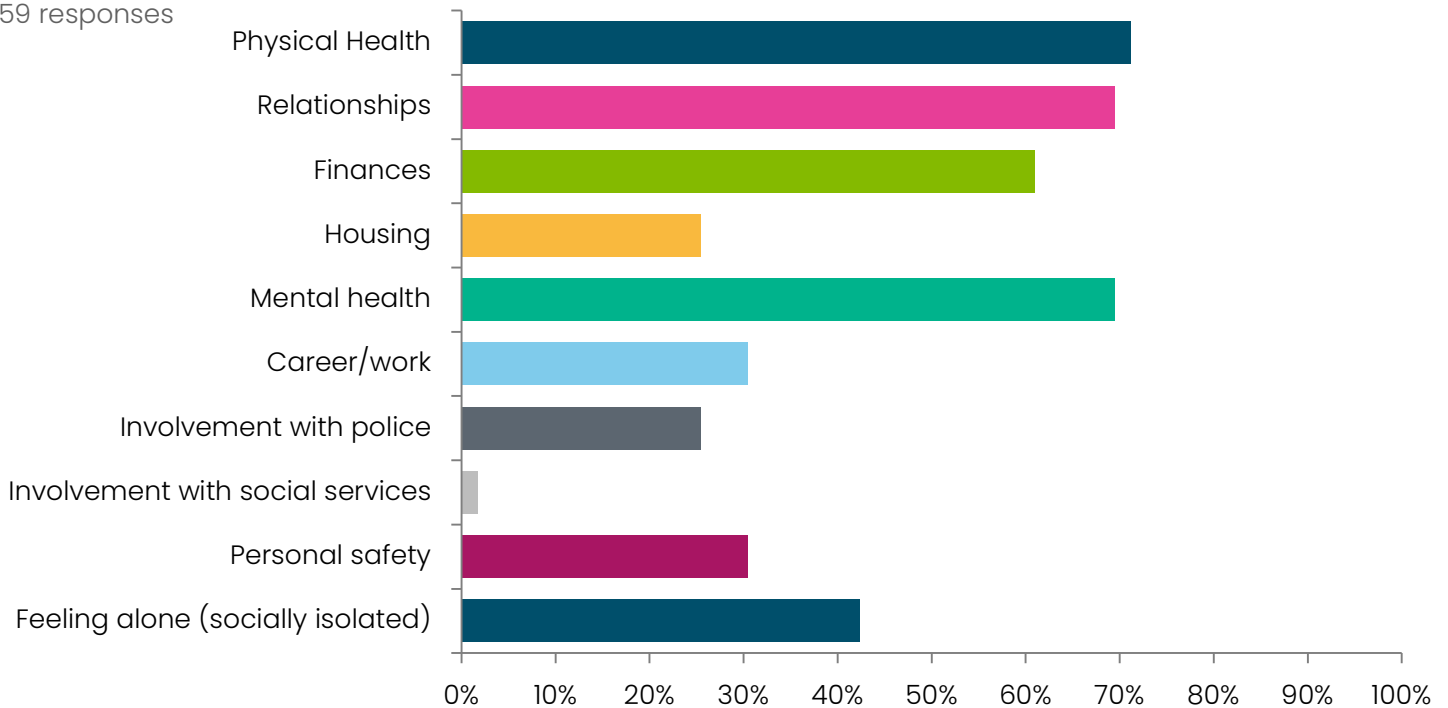
Our in person conversations echoed this and gave evidence of how each area is interlinked.

"Some of this is chicken and egg - turning to alcohol because of poor physical and mental health, relationships and isolation."

5.3 Individual impacts

How has your personal drug and/or alcohol use impacted you?

59 responses



From the experiences we heard and the stories shared, the impact of substances appeared to **creep up over time** for many individuals, using substances initially as a crutch with limited personal impact (and some benefit) which dramatically impacts their life over time.

"When I started to drink as a teenager, alcohol gave me the confidence to face life and situations that I had been scared of. Over time it gave me a career, a family, and a good life. Little by little my drinking took all those things away and took me to places that I could never have imagined."

"It helped during times of depression to keep the negative feelings at bay and maintain a sense of neutrality, however it does have impact on my finances and ability to concentrate."

As certain aspects of life began to deteriorate, dependency on drugs and alcohol increased. In some cases, aggression rose, interest in personal safety decreased and feelings of overwhelm and helplessness appeared.

"I was careless with money, struggled to hold down a job and put myself in some dangerous situations including one that ended in rape, which may not have happened without the drugs."

"I wasn't able to socialise without using drugs. I felt suicidal and helpless and the feeling was overwhelming. This shocked me into stopping using. I look back at some of the situations I put myself in and wonder how I am alive!"

"I felt at rock bottom, exhausted both mentally and physically. I felt anger and agitated and down a lot of the time. I felt stuck in the situation, even though I knew that I wasn't."

"It helped during times of depression to keep the negative feelings at bay and maintain a sense of neutrality, however it does have impact on my finances and ability to concentrate."

How has your personal drug and/or alcohol misuse impacted you?

For some, the long term impact of **loss of relationships and financial instability**, from behaviour fuelled by drugs and alcohol continued long after recovery.

"I had no money and couldn't pay rent on my flat and was evicted. All my family relationships broke down. Now I'm starting to build them back up again, and I am living with my sister. I'm keeping my distance from other user friends."

"As a full blown alcoholic the need to keep drinking meant I would beg, borrow, or steal to feed my obsession. There was no aspect of my life and relationships that weren't affected or harmed by my behaviour."

"The impact of my addiction - I had no money and couldn't pay rent on my flat and was evicted. All my family relationships broke down. "

The links between **mental health** and substance abuse was evident throughout our research, with many people speaking of the impact their substance use has on their mental and **physical health**.

"There's an impact of my drug use on my wife - we both have mental health problems. I buy the drugs when I get my benefits. We can't afford the gas and electricity because I've spent the money on drugs. I have no real friends in the area."

"I am struggling with my mental health. I have a community psychiatric nurse who saw me last week but I don't know when they will be seeing me again. I was barred from one service because I have a problem with anger. I've been to A&E when I feel suicidal and depressed, and I'm told to go home. I've been taking cocaine and heroin (I'm in a lot of pain from an accident a few years ago), and I've been in prison."

"Binge drinking when on nights out compromised my personal well being and safety. Impacted my mental health when considering my behaviour when out."

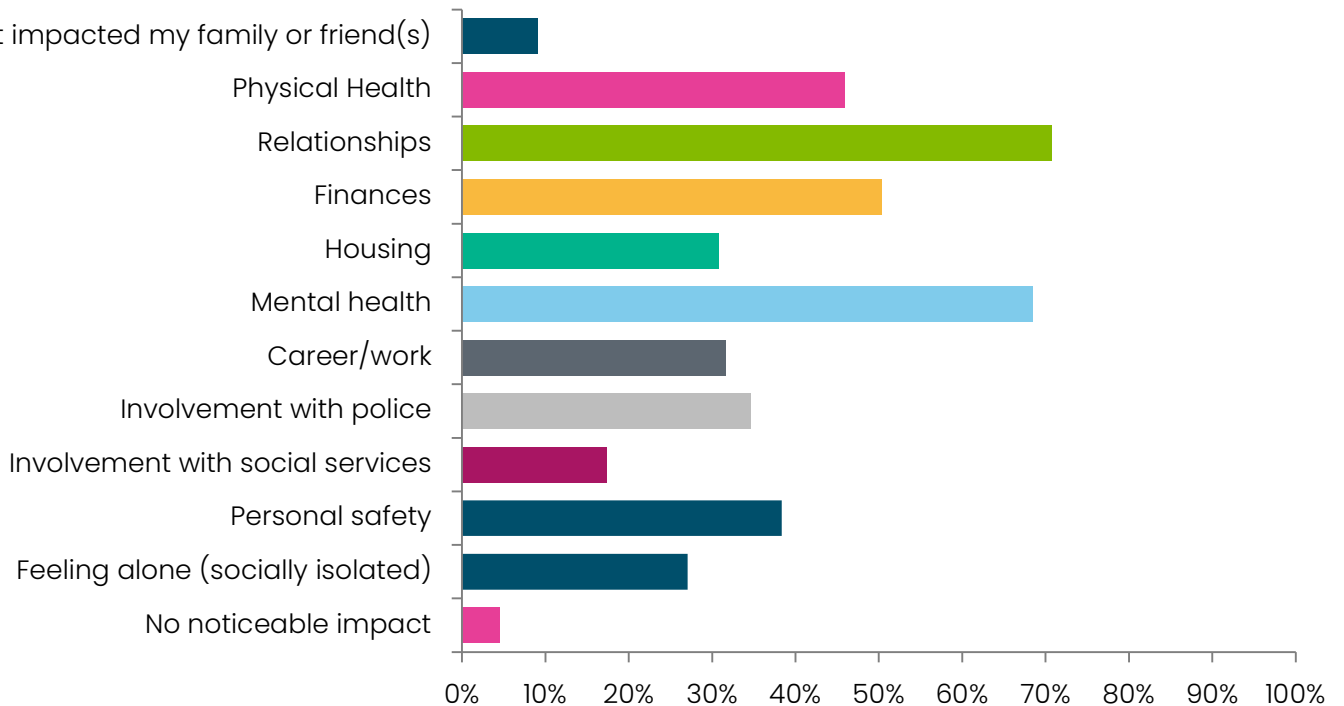
"I tried, in desperation, anything and everything available to me from modern medicine, counselling, psychiatry etc. but it only helped for short periods. Booze nearly took my life as my health deteriorated as a round the clock drinker. I wanted the cycle of misery to end and wanted to die as I couldn't see any other way for it to stop, but I was too much of a coward and sorry for myself to commit suicide. It was a living hell."

"I was (much) later diagnosed as autistic and I have not felt the need to use since. I believe many people use drugs and alcohol as a way of escaping or coping with life that is made especially difficult by undiagnosed conditions such as this and I believe that mental health provision and drug and alcohol services should be more integrated."

5.4 Friends and family impacts

How has drug and/or alcohol misuse impacted your family or friend(s)?

134 responses



From the experiences shared, impact is often felt by **friends and family first** before the user themselves.

Friends and family **can feel lost – unsure** of how or **where to get help** or how to approach the situation.

Much goes on **behind closed doors** with the outside world (and services) often not aware of what's happening **until crisis point**.

“Alcohol misuse resulted in domestic abuse, intimidation, fear, uncertainty, anxiety and coercive control. Financial difficulties and the loss of his job led to repossession and the loss of our family home.”

Some comments highlighted the **impact on children** – both short term and long term. Trauma from childhood being a trigger for addiction and the impact on those with parents who abuse alcohol and drugs.

“My relationship with my son. I feel eternal guilty for what I have done to him and the impact my inability to parent effectively has had on him. A feeling that I've wasted years of my life.”

“I think its more the hidden impacts behind closed doors. Financial stress, mental health, loss of jobs etc. This in turn impacts children, who grow up with the impacts too.”

“It was horrific affecting many aspects of life, certainly scaring the life out of my children who were so young at the time and I know they carry this with them.”

“My daughter's friend left home at 15 and started living with a drug dealer, and started using. She got pregnant early then stopped using. She has been diagnosed with autism in midlife, was abused by her partner & pushed down the stairs. He sold all the baby equipment for drug money. Housing has been an issue but she is now in a house locally. ”

How has drug and/or alcohol misuse impacted your family or friend(s)?

Comments highlighted how financial, relationship, housing or health issues **can be a catalyst** to start or continue misusing drugs or alcohol, using substances as a crutch during difficult times.

In his 30's we struggled with fertility for many years – again he didn't cope with this well. Eventually we became parents and I thought it would be the making of him, but it was the opposite. Whilst holding down a good job, he was spiralling into drink. I found out when it all came on top that he was depressed, was having financial problems and struggling at work which led to him losing his job. He has never worked since."

"Debt management problems led to excessive drinking."

One man from the group said he's living in shared accommodation and his 'health is falling apart'. He isn't working so he's got no option but to stay there, but because of the other people who are there and the state of the house, every time he returns home he feels dismayed which is why he turns to drink.

From another perspective, they also showed how stable relationships, finances and a healthy lifestyle **can soon deteriorate** once substance use takes hold or can improve on recovery.

"He will have a good period, gets his benefits, then manages to get some work, does really well. But just suddenly starts drinking, loses his job, doesn't engage with benefits and then becomes at risk of losing his home again. It's a vicious circle."

"Cannabis has always been like a third member of our relationship. In the past he has stolen money from our joint account, leaving us short for our monthly payments and even jeopardising our home and facing court with missed council tax. This has put me under large amounts of stress, affecting my mental health and finances.. Over the years I believe it affected his ability in progressing at work, when he finally stopped using cannabis he got promoted and became much better at his job."

The impact on all close relationships was evident, from partners to parents, siblings and friendships.

"Due to my dad's drinking, I didn't invite friends around to our house as I was embarrassed. It affected my friendships."

"My daughter was addicted to amphetamine. Now she smokes skunk and I live less than 1/2 mile from her and haven't seen her for years."

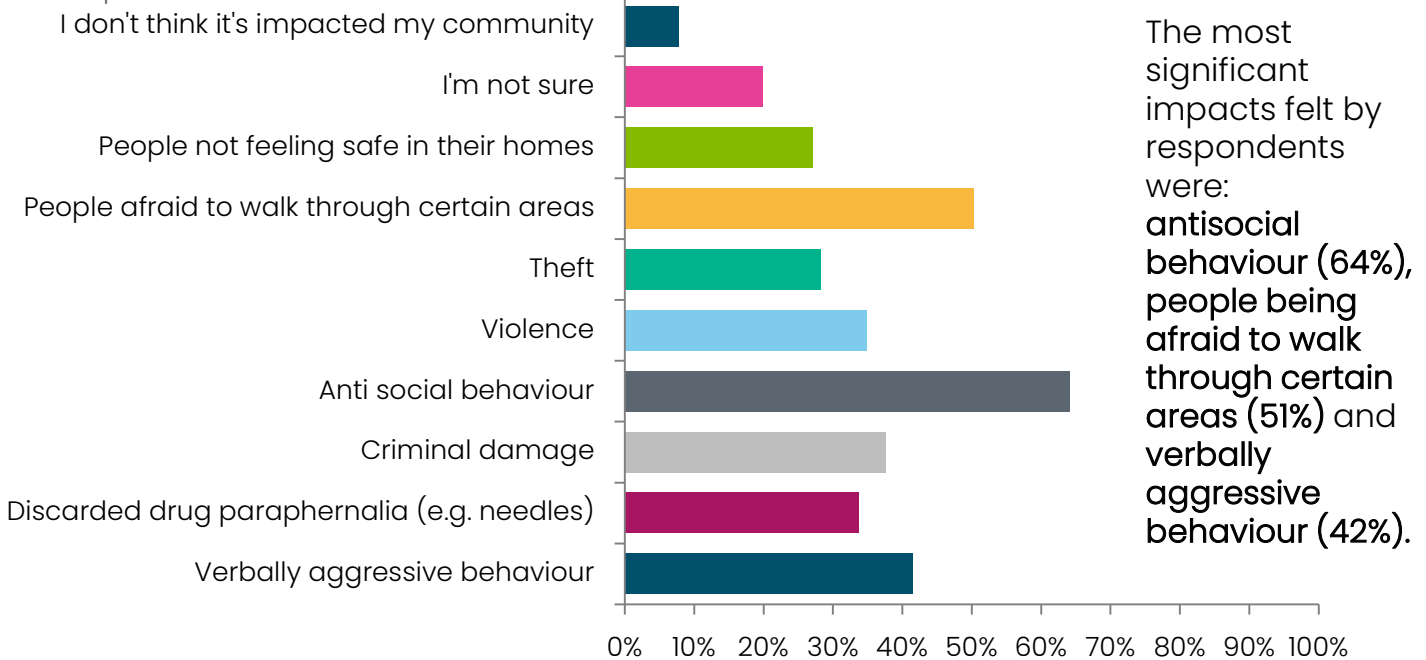
"I have fallen out with my sister due to her grandson smoking skunk. He is 18 and she protects him all the time saying he thinks differently. He will die smoking skunk! It's just an idiots game"

"It's affected the neighbours and really having an impact on me. We're too embarrassed to invite friends back to our homes."

5.5 Community impacts

In your opinion, how has drugs and/or alcohol misuse impacted your local community?

182 responses



People talked about the fear that comes from living in communities where the impacts of drug and/or alcohol use are evident.

The behaviour of those misusing substances, finding discarded drug paraphernalia and the general decline of neighbourhoods were all themes which emerged from the findings.

"Neighbourhoods are declining and more focus is needed on this. It concerns me. Drug use and its effects are becoming more visible. There is a lack of care from housing providers."

"The only places where drug and alcohol issues impact communities are in the city/town centres where drug/alcohol users tend to be. I have witnessed antisocial behaviour, verbal aggression and on some occasions violence. This can put people off from going to their local city/town."

"People are concerned about unpredictable behaviour by those that have taken drugs. There are a lot of teenagers that spend time in parks and people tend to avoid these at night."

"I have been broken into twice now by local drug users. The police have done nothing to help me. I am scared to be in my home and don't feel safe. I feel there's no help and support for me."

"Residents don't want children to see drug use and they could pick up needles or fall on them. If residents report drug or alcohol use, the police are not interested. Certain areas are renowned for drug and alcohol use."

"Public feel afraid to walk past groups that are under the influence of drugs. Discarded needles etc. are a hazard to health and have been found left in dangerous places."

"Drug use and dealing by neighbours led to disturbance from comings and goings until late at night, burglary, and feelings of uncertainty as who one would run into, fear of personal safety if one reported activity to police."

"On our local park evidence is there for all to see, bottles, gas canisters and the bad behaviour."

In your opinion, how has drugs and alcohol misuse impacted your local community?

Certain areas in Chester City Centre, Ellesmere Port and Blacon were noted as **places people were fearful to walk** as they felt drug use or dealing was becoming more visible.

"I'm seeing more nitrous oxide capsules in Ellesmere Port and groups smoking weed."

"Substance misuse is a growing issue in Ellesmere Port, although everywhere you go you see drug deals."

"I live close to Chester City Centre which is rife with drugs and alcohol abuse. People are scared to go out at night and Police are not interested."

"I live in Blacon and drugs and alcohol are a problem at times. The police do what they can but they take a long time gathering evidence enough to break a door down and arrest people and citizens get frustrated with this."

"Drug dealers live and operate openly in my local community."

"Public feel afraid to walk past groups that are under the influence of drugs. Discarded needles etc. are a hazard to health and have been found left in dangerous places."

"I work in Chester and we have often had discarded needles and other drug paraphernalia left outside our building."

"Electric scooters have been racing around the village and almost knocked me over a few days ago. A few people have mentioned they are drug dealers from Chester and aren't local. I like the village I live in because it has a good community spirit and is safe - but don't like these new additions."

The impacts of **living in property** close to people misusing substances was highlighted, particularly for those living in rented or social housing.

"I live in social housing in a local village and the lady who lives above me is an alcoholic. My other neighbours have issues with her, she encourages her dog to go to the toilet in their garden. She has shouted abuse at me, sworn and screamed at me. I feel social housing put the worst of the worst in the same location and other people suffer the consequences."

"A very sad and desperate man is somehow alive and living alone in very poor social housing. He regularly binge drinks and isn't capable of attending DWP (Department for Work and Pensions) meetings so is sanctioned for benefits. He wants alcohol at any cost and when withdraws has alcoholic seizures and paramedics are called."

"Some social housing tenants on the new housing development have serious substance abuse issues resulting in anti-social behaviour which impacts hard working decent neighbours and others. The constant police presence is disproportionate for the numbers involved, i.e. 3-4 households on a development of 300+ homes."

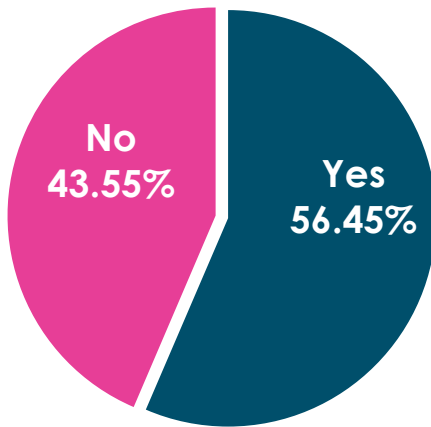
"I've just been burgled for the second time and I know they were the drug addicts housed in the annex behind me, the owner receives money to house drug addicts. I've informed the police but I wasn't given an incident number and they've not done anything yet. I don't own the house and I'm not insured. I don't want to ask my landlord to help with making the property more secure because I'm worried they will increase the rent again."

5.6 Getting help and support

Did you or your family or friend(s) get any help or support for their drug and/or alcohol use?

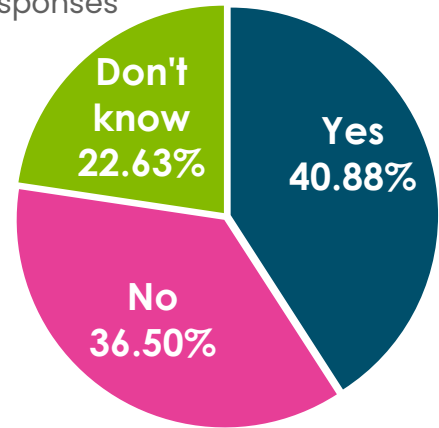
Individuals

62 responses



Friends and family

137 responses



Over half of those who were directly impacted by their own drug or alcohol use got help or support (56%).

Many of those we spoke with at length who were in recovery, or had friends or family in recovery, said the **time had to be right for the individual to make a change.**

They spoke of the move in to recovery being dependant on their mindset and not solely on the treatment itself. They also spoke of interventions at different times having different outcomes dependant on where they were in their life.

"I've tried six times before to give up. Back in October I had sepsis, and that was the last time I had a drink or a line of cocaine. This time was different because I asked for help rather than people offering it to me. I've been to Aqua House before when the GP sent me, but because I was not ready it didn't work. This time I was ready to give up and have not looked back. I still have some ups and downs but I'm taking medication which stops the cravings."

"My partner was using ketamine for over 5 years daily, he ended up in rehab for 6 months, got his clean time, then relapsed after 6 months. He went to a Narcotics Anonymous meeting instead and has been clean and sober ever since."

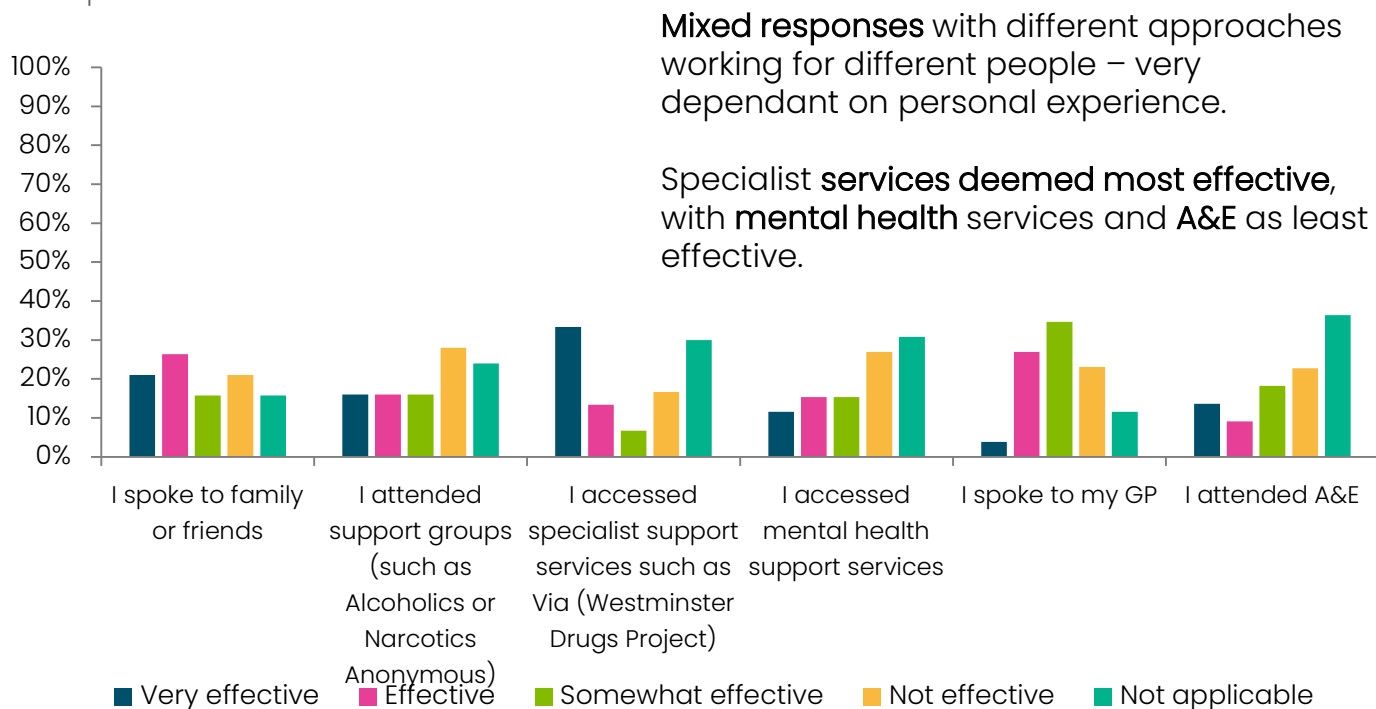
"When someone doesn't really want to believe they have an issue the help can feel pointless."

"They wouldn't accept the seriousness of their problem and believed that it would get better by itself. The common attitude is 'I can stop anytime, I just don't want to'."

"If you are battling addiction, you need to be ready to stop. You need that rock bottom. Talk to people, attend the meetings, do the step work. It'll be the hardest thing you ever do, take advice from your friends, they only care. You can have a wonderful life without your addiction."

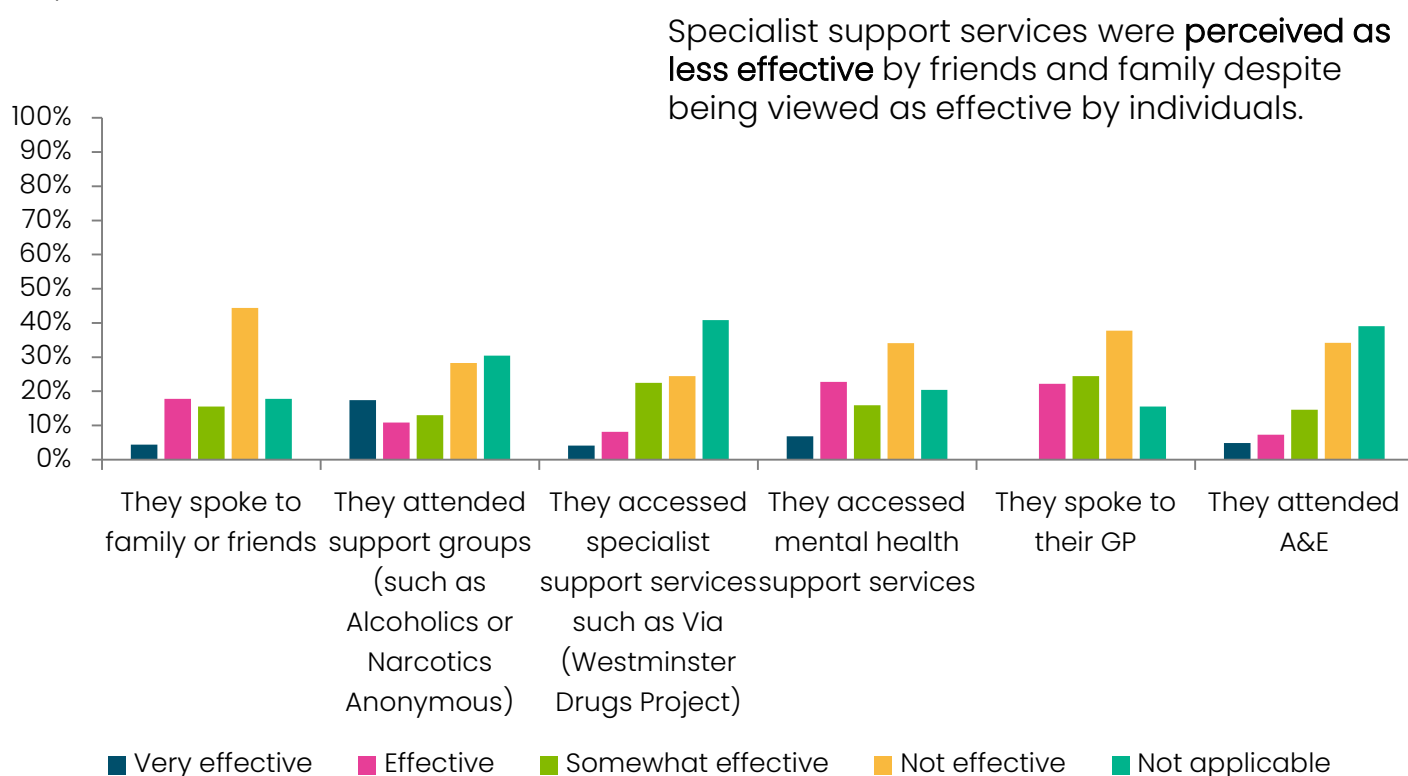
Where did you go to get help or support for your drug and/or alcohol misuse and was this approach effective?

35 responses



Where did your friend or family member go to get help or support for your drug or alcohol misuse and was this approach effective?

55 responses



Did you or your family or friend(s) get any help or support for their drug and alcohol use?

A persistent theme amongst the majority of those seeking help, or their friends and family, was of the **lack of cohesion between substance use and mental health services**. Services operating separately and referrals not being streamlined or timely.

Past traumas and underlying issues that hadn't been dealt with were highlighted as a cause of substance use, and an area that is sometimes neglected when treating addiction.

"All done at arms length. Nothing was effective. Lots of talking but little action and different departments don't know how to work in unison."

"Often services say they can't help because he isn't sober, but that's because of his mental health."

"There are inappropriate referrals to drug services from mental health – mental health is where it all starts. Often when they stop using substances it brings up mental health issues that the drug were masking so need quick mental health treatment to follow on – which they're not getting. One person was going to attempt to take their own life to try and get some help as there is only help there for one extreme or another."

"There are lengthy wait times for mental health provision."

"I was in hospital and overheard someone say 'we can't section him as he's had a drink'."

A woman told us she knew the underlying cause was mental health but couldn't get any help with that unless she stopped drinking. She was told this on numerous occasions but she knew without the joint approach she wouldn't be able to stop."

"Felt it was focused on the drinking rather than on the reasons why I was drinking. Issues stemming from childhood. The root cause should have been looked at rather than just the drinking alone."

"Life traumas. – too hard to face and no one to help me deal with it. My family, wife and children left me because of the drinking. My mum turned nasty and I had nowhere else to turn."

"I don't think he ever got over the death of his father at 14."

A woman said she'd been crying out for help for 15 years but had no idea where to go and the services she had accessed, she felt didn't work at all for her. She felt that the lack of empathy and compassion from the people that she had dealt with was one of the main reasons why she didn't engage. She said she felt that there was a perception of the people around her that she should know better. She was adopted as a baby and has always had mental health issues so feels that there is underlying trauma which she manages herself."

Did you or your family or friend(s) get any help or support for their drug and alcohol use?

People spoke of the impact Individuals who work within the services can have – both positive and negative. Compassion and empathy were seen as key attributes to aid recovery, with the absence of them having a detrimental effect.

"I felt the services I accessed didn't help me at all. I wasn't ready to accept help at the time. I felt there was a lack of compassion and connection – speaking to too many people and not building an effective relationship with any."

"The staff at the Countess of Chester hospital were compassionate and supportive. They were there for me if I needed to talk. One nurse had a chat with me and gave me some advice which I found really helpful. I feel blessed that I had that connection, she didn't have to give me her time."

"Empathy shown by the people treating you is crucial to recover. People feeling judged by professionals and the community. I felt people looked at me like it was my own fault and I had brought it on myself. Police are judgemental straight away. Lack of understanding or empathy. Made to feel even worse about themselves when they are already in a low place."

One woman we spoke to said she had a great relationship with her GP but they had left the practice. The next GP she saw was very judgmental and was "obviously against drinking". "He made me feel so small and I was crying when I left."

Another woman said she had been admitted to hospital with a severe infection but was also going through withdrawal and detoxing. She said two members of staff at the Countess of Chester hospital were kind and empathetic with her. Another member of staff was overheard saying "the person in bed 2 is just an 'alki". Another said "Don't help her up, she can walk herself" with a judgemental tone. She said she was not seen as a person and there was a lack of human connection.

There were mixed responses of the effectiveness of services as a whole, often dependant of where the person was in their journey or the nature of the service they accessed.

Via, the drugs and alcohol service for Cheshire West and Chester had positive feedback, in addition to the general support for the service from people within groups we attended. Other services were also mentioned positively including Aqua House and Café 71.

"We need more places like Via. It helped me a lot. I felt that nobody else had gone through what I'd been through – it opens your eyes that you're not alone. There's people from all walks of life – professionals too. It's a non-judgemental space which is so important when you're recovering."

"New beginnings group and course has been really helpful – connecting me with other services and signposting. They have a genuine interest in us and helping us to recover."

"I've been receiving help from Aqua House who have a fantastic team, providing support and friendship. They are at the end of the phone and are non-judgemental."

"I also go to Café 71 for mental health support and they are phenomenal."

Others found the **support they gained at Alcoholics Anonymous (AA)** valuable in aiding their recovery and continued sobriety.

"I'm a recovering alcoholic who drank for 25 years from the age of 15. I was advised to go to Alcoholics Anonymous after being sacked from the job. I've not had a drink in 33 years and remember when I had my last alcoholic drink. At AA I had a sponsor who was also an alcoholic and a very bright guy. He told me to enrol on an Access course and I ended up going into nursing. I am still attending AA – it's a supportive encouraging fellowship."

"I'm grateful to all the help offered by the medical profession and therapies, but it was Alcoholics Anonymous that saved me. Other alcoholics who knew how I felt and could show me how the support in AA led them into believing recovery, and a good life, were possible as it had worked for them."

"AA basically saved my son's life. Alcoholics Anonymous helped us to cope and feel we were not alone in dealing with the problem."

Peer support was valued as a key part of the recovery journey, both for those initially accessing the services and those going on to support others.

"Peer to peer support is the ultimate weapon. Therapy from those with lived experiences who have changed their lives. I couldn't connect with the 'professionals'. They hadn't been in my shoes. I didn't trust them or believe I could change when speaking to them."

"Aqua House have asked me to be a peer mentor, which I wasn't sure about initially. Now I'm doing a level 2 mentoring course at Café 71."

5.7 Why didn't they go for help?

People not believing they had a problem was the most common response from both individuals and friends and family, along with 'they didn't want to' or 'they hid it'.

The stigma of substance abuse, not wanting to be judged and internal shame were evident in some comments. Some were unsure where to go to get help whilst others wanted to deal with it themselves.

Others responded they enjoyed it and didn't want help to stop.

"I didn't want to."

"I didn't know how I could."

"The stigma of attending a location which is known to be solely to support addiction issues."

"I had strong family support and was motivated to make the changes myself."

"My sister died of alcohol and none of her family or friends knew she had a drink problem. People need to look for the signs in others and not be afraid to speak to them about it. If she had been more open and got help she could still be here. GPs need to look for the signs too. She had been to the GPs many times with different things wrong which looking back were related to her drinking."

"He hid it. He was trying to keep up with his girlfriend's lifestyle. She was wealthy and liked to drink and take drugs socially. He got into lots of debt trying to match her and couldn't cope any more. No one knew his issues. He had two young children when he took his life. Devastating for everyone."

"I lost my partner due to drink. She was a counsellor and helped lots of people but couldn't help herself. You would never believe she was an alcoholic. She was in denial. It has to be the right time for the person to want to get help."

"There was nowhere to turn to."

"I think he was trying to deal with it himself and didn't think it was a problem. I don't think it was the addiction itself which triggered him - it was the debt he was in because of it."

"They were unsure where to go."

"They didn't see it as a problem, but everyone else in our family did."

"It was my wife - she didn't feel she had the time - looking after the kids and me. She coped with it herself."

"Unfortunately the subject is avoided and not addressed."

"They were in denial."

5.8 What do people think could be done to reduce the harm caused?

138 people shared their ideas and thoughts on how the harm caused by drugs and alcohol use could be reduced. All ideas and suggestions can be found in the appendices. Responses fell into the following themes:

Education and awareness of the wider impacts of drug and alcohol use – starting at school and reaching into communities and beyond. This opinion was shared from people across generations whether they had been directly impacted or not.

"More information early on about the negative impacts of alcohol. We seem to be told more about the negative effects of drugs but not so much alcohol."

"I have always thought that education is the best means of dealing with this situation."

"Education on the dangers of abuse should be given on an annual basis starting with primary schools and continuing in secondary schools. It should be given coverage at university/college level."

"A lot of people's misery would be saved if money and early intervention was invested in education early on in high school. People with lived experience should go into the high schools to talk about drink and drug issues rather than a professional talking about it."

More police presence in communities and tougher sentencing for drug dealers. This feeling was shared more with those who lived in areas where the impacts of drugs and alcohol are more prevalent.

"The lack of police presence is an issue and there should be more police on the streets."

"Greater awareness and police presence. Harder sentences for dealers."

"More police on the streets and random stop and test for drugs and alcohol."

"Police the streets with PCs who have a sense of smell and sniff them out and do them properly."

"More police community officers."

"I think there could be random police searches in schools and colleges."

Changing culture of alcohol and legalisation of drugs. Mixed response with some wanting more restriction/changing culture of alcohol use (particularly the under 25's) whilst others were advocating for the legalisation of drugs.

"The impact has mainly been from prohibition/illegality. The drugs would be safe if they were legal and not been contaminated, badly made or over priced."

"Legalise and bring the sale and distribution under state control of all drugs."

"Restrict sale of alcohol, support to retailers of how to handle alcoholics."

"Alcohol use is so embedded in our culture it's difficult to see how it can be brought back under control."

Linked services – in particular mental health and addiction services. This was mostly referenced by those who had been directly impacted, or were aware of current service offerings.

“Have substance misuse specialists help provide support whilst being treated for mental health issues as the two link so closely.”

“Joint working between departments. It’s currently not about the person but about each condition mental health/addiction. Needs to be more person centred.”

“More effective collaboration between services.”

“There should be more joint patrols and outreach – helping to build more effective relationships. Feel more success when working together with other departments. Homeless seem to be pleased and surprised when two services are working together.”

Reduce the stigma and change attitudes to addiction in the community – giving a message of hope. Again, more prevalent with those who had been directly impacted, or had seen loved ones being treated differently because of their addiction.

“Being more open and honest about conversations involving substance abuse. How it isn’t always about a bad person or a person with no self control or peer pressure. These notions created by society on who abuses drugs makes it difficult to get help when it’s needed.”

Early intervention and support to help avoid the reliance on drugs and alcohol leading to wider detrimental effects. Treatment addressing the root cause of addiction.

“More spending around prevention and early intervention, but addressing the root causes – people do drugs to escape something or deal with something.”

“You need to get to the root cause of the problem – mental health, anxiety, stress, low self esteem of young people.”

“A lot of addiction is related to childhood traumas – is there more that could be done to help people early on – to be more open about it and be able to get help before it starts to take hold?”

Consistent empathic approach and understanding of community and front line staff.

“Professionals need not to judge and show more compassion. Need to reduce the stigma culturally. Helping others to understand (including services such as Police and hospital staff) about alcoholism and the positive impact someone showing empathy can have.”

“Staff should be non-judgemental and treat everyone fairly and equally.”

“Empathy, connection, compassion, feeling heard and seen, feeling that someone cares what will happen to you is so important.”

6. Recommendations

Healthwatch Cheshire West have made the following recommendations based on the experiences, ideas and suggestions of the people we heard from.



6. Recommendations

Healthwatch Cheshire West have made the following recommendations based on the experiences, ideas and suggestions of the people we heard from. We encourage members of the Combating Drugs Partnership to develop future strategies and action plans with due consideration of the voice of the people of Cheshire West and Chester.

1. Increase the number of support groups for friends or family members who are impacted by substance use.

Whilst services are available and known for individuals who are directly affected by drugs and alcohol use, the friends and family are often impacted first and unsure of how best to help. Support at this early stage could help not only the individual, but also the wider mental health of those around them, including children and avoid the cycle continuing.

“Support for families and understanding the journey of an addict would be really helpful. Breaking the stigma of addiction and drug use., trying to reduce the shame - behind closed doors - not asking for help - being judged by others.”

“Could there be an arm of young carers to help children with parents with addiction?”

“I was (much) later diagnosed as autistic and I have not felt the need to use since. I believe many people use drugs and alcohol as a way of escaping or coping with life that is made especially difficult by undiagnosed conditions such as this and I believe that mental health provision and drug and alcohol services should be more integrated.”

3. Education campaign across Cheshire West and Chester- in educational settings, for front line services and wider community communications campaign.

Alcohol is widely accepted in our culture as a way to unwind and have fun, however the longer term negative impacts for many are not evident. Whilst the trend seems to be reducing for alcohol intake for the younger generation, there are many mid-age and above who are yet to recognise the negative impacts alcohol can bring and are not changing behaviours until crisis point. Younger people are moving towards drugs such as Ketamine, without being aware of the harm it could cause. Creating tailored training or communications for each group or demographic could help to educate people and prevent future dependencies.

“More awareness about the effects on your health and your family - all media sources could do this.”

Education on the real impact of drinking alcohol...even for those not alcoholic to try and reduce the harm caused. Current impression that drinking alcohol is OK - not enough education on the facts - that alcohol is one of the most harmful drugs in the UK.”

2. Dual Practitioner roles reintroduced supporting people with their mental health and substance use collectively. Increased links, communication and signposting between services.

The findings showed a lack of connection between substance services and mental health services. A person centred approach, rather than service centred would be welcomed, creating more streamlined treatment pathways, more trusting relationships with services and negating the need for people to repeat their stories. Education for front line staff on where to signpost people who are misusing drugs and alcohol.

4. Early intervention and prevention by further developing 'community wellbeing hubs' and improving signposting across services.

It was evident that dependency on drugs and/or alcohol doesn't start overnight. People spoke of substances often being used as a crutch to support the user to cope during challenging times, or to numb past traumas and only accessing help in times of crisis.

Helping people to cope with situations and get help early, rather than wait until crisis point, could avoid future detrimental impact on other services, and on friends, family and children.

Creating more community wellbeing hubs, a place where people can drop in for a coffee, chat with people who can offer a listening ear and signpost to relevant services and local community support, could help to avoid people turning to drugs and alcohol in the future. Social prescribing and health coaching could be offered here without the need for GP referral.

In addition, effective signposting from all services, a 'no wrong door' approach, could help people to get the help they need when they need it.

"Services need to be visible and communities need to work together. It's disjointed and doesn't operate like it has when communities were significantly improved."

5. Reducing stigma - empathy rather than judgement and trauma informed care.

Reducing the stigma of substance use, helping others to understand the origins and reasons why people misuse substances could help support others to recovery in the future.

The words and behaviours of people towards those suffering from substance abuse or are vulnerable can have huge impacts, as shared within this report. It's not only front line staff who can change lives by the way they approach someone; our communities also play a part in someone's recovery. People spoke of how compassionate interactions can encourage positive change. Training for those on the front line and communication campaigns across Cheshire West and Chester could help to shift perception and encourage empathy rather than judgement. Continued support for trauma informed education and care to help embed in the way of working for all our services.

"More community support - not linked to substance misuse necessarily. Just somewhere to go and mix with other people in a positive way that doesn't involve going to the pub."

"Funded 'wellbeing hubs' with social areas to meet, chat, eat. People are reluctant to go for help but may be able to get support in other ways. Think outside the box - not labelling services 'addiction support' or 'mental health support'. There should be places people can go without stigma and labels attached. To treat the whole person not just one element of what's happening as it's so interlinked."

"More opportunities for a meaningful life. Community is the answer fundamentally."

"A lot of addiction is related to childhood traumas - is there more that could be done to help people early on - to be more open about it and be able to get help before it starts to take hold?"

"Helping others to understand (including services such as Police and hospital staff) about alcoholism and the positive impact someone showing empathy can have."

"It helped with the withdrawal but didn't fix some underlying issues they had that made them begin to misuse substances. I think psychosocial support, educating his family, less victim blaming would have been more effective."

7. Combatting Drugs Partnership Partner Response/ Commitments

Responses to the report at point of publication:

"I would like to thank Healthwatch Cheshire West for their unwavering commitment, passion, and enthusiasm in amplifying the voices of those impacted by drug and alcohol use in Cheshire West. Furthermore, I would like to extend my gratitude to the residents who generously shared their lived experiences. Their openness has been instrumental in helping us understand the profound ripple effects of drug and alcohol, which impacts not only individuals but also their families, friends, and the wider community.

These lived and living experiences have highlighted the extensive impact of drug and alcohol use on various aspects of life, including relationships, finances, mental health, and physical health. The value of peer support and the successes of specialist services emphasise the pathways to recovery and resilience.

This report will serve as a critical resource to inform, influence, and shape future decision-making, ensuring that the voices of those affected by drug and alcohol guide our strategies and service provision.

Thank you once again to everyone involved in this project for your invaluable contributions."

Helen Bromley Director of Public Health

"Police Officers see firsthand the harm that drug and alcohol addiction does to individuals and the wider community. The Constabulary work hard to reduce the supply of drugs through a whole suite of measures including street level stop and search supported regularly by drug detection dogs (in conjunction with partners) to longer term investigations into large scale supply. We work closely with colleagues in neighbouring forces to ensure individuals bringing drugs into our area are brought to justice. Our dedicated County Lines Team have ensured that Cheshire consistently target those individuals who seek to exploit vulnerable members within our communities.

Local Officers engage in proactive patrols, being driven by intelligence. Community support is vital to help Police Officers identify properties and individuals concerned in the supply of controlled drugs – it is only through building this intelligence picture that we can take lawful action against drug dealers.

We seek to use Criminal Behaviour Orders where possible to place both positive requirements and prohibitions on individuals to address their behaviours. We will continue to work in partnership with the local authority and others to reduce demand for drugs and alcohol – the criminal justice system must be supported by work with vulnerable individuals to address their usage and addictions to prevent a return to harmful behaviours.

In relation to Serious Violence, we are committed to a trauma informed approach and the Cheshire strategy includes workforce development as one of its priorities. A Partnership Training Group, which will support training of professionals across a range of areas and will also include trauma informed practice, is planned for Autumn 2024."

Nick Henderson, Serious & Organised Crime Unit|Major Crime Directorate on behalf of Cheshire Constabulary

8. Appendices

Appendix 1: The survey

Appendix 2: The comments, views and accounts of all our respondents can be found here.

This includes feedback from our online survey, engagement activity and Citizen's Focus Panel responses; along with those from group sessions and in depth conversations.



8.1 Appendix 1: The Survey

The impacts of drug and alcohol misuse in Cheshire West and Chester communities

Who are Healthwatch Cheshire West?

Healthwatch Cheshire West are the independent voice for the people of Cheshire West and Chester, helping to shape local health and care services.

What is this survey about?

Drug and alcohol misuse impacts the lives of thousands of people across Cheshire West and Chester, not only for the person using them, but their children, family, friends and the wider community.

We'd like you to share your experiences and views on the impact drugs and/or alcohol misuse has had on you or the people around you and what you think could be done to reduce the harm caused.

Your feedback will be shared with local services and policy and decision makers in the Chester West and Chester area, to help reduce the harm caused by drugs and/or alcohol misuse in the future.

We appreciate your feedback and many thanks for taking the time to complete the survey.

Things to know:

- You must be over 16 to complete this survey
- For the purpose of this survey, 'misuse' is when the use of drugs and/or alcohol affects a person's physical and mental health, social situation and/or responsibilities. Drugs can include over the counter medication, prescribed medication and illegal drugs.
- This survey is aimed at people who live in, work in or use services in the Cheshire West and Chester area
- This survey is anonymised and therefore confidential
- Please answer the questions to the best of your ability using the drop down boxes and comment boxes where provided
- As the topic is so broad we would like you to give as many examples and experiences as possible
- By continuing with this survey you consent to the collection of the data you provide
- The survey will take approx. 10 to 15 minutes to complete.

1. Have you personally been impacted by your own drug or alcohol misuse?

Yes

No Please go to question 8.

2. Which substance(s) are/were you using? (Please tick all that apply)

Alcohol

Amphetamine

Anabolic steroids

Cannabis

Cocaine

Crack cocaine

Ecstasy

Heroin

Ketamine

LSD

Magic Mushrooms

Mephedrone, Methadone,
Methamphetamine

Tranquillisers

Over the counter medications (eg
painkillers)

Prescription medication (codeine,
opioids, benzodiazepines)

Solvents

Nitrous Oxide (laughing gas)

Not sure

Other (please specify)

3. How has your personal drug and/or alcohol misuse impacted you?

Please tick all that apply.

Physical Health

Relationships

Finances

Housing

Mental health

Career/work

Involvement with police

Involvement with social services

Personal safety

Feeling alone (socially isolated)

Please tell us more about this and add any other ways you have been impacted.

4. Did you get any help or support for your drug and alcohol misuse?

Yes

No Please go to question 7.

5. Where did you go to get help or support for your drug or alcohol misuse and was this approach effective? (please tick all that apply)

	Very effective	Effective	Somewhat effective	Not effective	Not applicable
I spoke to family or friends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I attended support groups (such as Alcoholics or Narcotics Anonymous)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I accessed specialist support services such as Via (Westminster Drugs Project)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I accessed mental health support services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I spoke to my GP	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I attended A&E	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

6. Is there anything else you'd like to share about the help or support you received?

7. If no, why did you not get any help or support?

8. Have you been impacted by someone else's drug or alcohol misuse?

Please tick all that apply.

- No
- No - but I have observed the impact drugs and/or alcohol has had on my community
- Yes - by my mum, dad or carer's drug or alcohol use
- Yes - by my child's drug or alcohol use
- Yes - by another relative's drug or alcohol use
- Yes - by a friend's drug or alcohol use
- Yes - by drug and alcohol use in my local community
- Yes - in another way (please state)

9. Which substance(s) are/were they using? (Please tick all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Alcohol | <input type="checkbox"/> LSD |
| <input type="checkbox"/> Amphetamine | <input type="checkbox"/> Magic Mushrooms |
| <input type="checkbox"/> Anabolic steroids | <input type="checkbox"/> Mephedrone, Methadone, Methamphetamine |
| <input type="checkbox"/> Cannabis | <input type="checkbox"/> Tranquillisers |
| <input type="checkbox"/> Cocaine | <input type="checkbox"/> Over the counter medications (eg painkillers) |
| <input type="checkbox"/> Crack cocaine | <input type="checkbox"/> Prescription medication (codeine, opioids, benzodiazepines) |
| <input type="checkbox"/> Ecstasy | <input type="checkbox"/> Solvents |
| <input type="checkbox"/> Heroin | <input type="checkbox"/> Nitrous Oxide (laughing gas) |
| <input type="checkbox"/> Ketamine | <input type="checkbox"/> Not sure |

Other (please specify)

10. How has drug and/or alcohol misuse impacted your family or friend(s)?

Please tick all that apply.

- | | |
|--|--|
| <input type="checkbox"/> It hasn't impacted my family or friend(s) | <input type="checkbox"/> Career/work |
| <input type="checkbox"/> Physical Health | <input type="checkbox"/> Involvement with police |
| <input type="checkbox"/> Relationships | <input type="checkbox"/> Involvement with social services |
| <input type="checkbox"/> Finances | <input type="checkbox"/> Personal safety |
| <input type="checkbox"/> Housing | <input type="checkbox"/> Feeling alone (socially isolated) |
| <input type="checkbox"/> Mental health | <input type="checkbox"/> No noticeable impact |

Please tell us more about this and add any other ways they have been impacted.

11. Did your family or friend(s) get any help or support for their drug and alcohol use?

- Yes
- No
- Don't know

12. Where did they go to get help or support for their drug or alcohol use and was this approach effective? (please tick all that apply)

	Very effective	Effective	Somewhat effective	Not effective	Not applicable
They spoke to family or friends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
They attended support groups (such as Alcoholics or Narcotics Anonymous)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
They accessed specialist support services such as Via (Westminster Drugs Project)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

They accessed mental health support services

They spoke to their GP

They attended A&E

If they received help and support elsewhere, where did they go and how effective was it?

13. Is there anything else you'd like to share about the help or support they received?

14. If you know why they didn't get any help or support, please share it here.

15. In your opinion, how has drugs and alcohol misuse impacted your local community? (Please tick all that apply.)

- | | |
|--|--|
| <input type="checkbox"/> I don't think it's impacted my community | <input type="checkbox"/> Violence |
| <input type="checkbox"/> I'm not sure | <input type="checkbox"/> Anti social behaviour |
| <input type="checkbox"/> People not feeling safe in their homes | <input type="checkbox"/> Criminal damage |
| <input type="checkbox"/> People afraid to walk through certain areas | <input type="checkbox"/> Discarded drug paraphernalia (e.g. needles) |
| <input type="checkbox"/> Theft | <input type="checkbox"/> Verbally aggressive behaviour |

Please tell us more about this and add any other ways its impacted your community.

16. What do you think could be done to reduce harm caused by substance misuse?

17. Is there anything else you'd like to share with us?

Please tell us a bit more about yourself.

18. What is your age?

- 18 - 24
- 25-34
- 35-44
- 45-54
- 55-64
- 65 -74
- 75 and over
- Prefer not to say

19. Gender Identity - which of the following options best describes how you think of yourself?

- Woman (including trans woman)
- Man (including trans man)
- Non binary
- In another way
- Prefer not to say

20. Which of the following option best describe how you think of yourself?

- Heterosexual or straight
- Gay or lesbian
- Bisexual
- Other sexual orientation not listed
- Don't know or unsure
- Prefer not to say

21. What is your ethnicity?

- Asian Bangladeshi
- Asian Chinese
- Asian Indian
- Asian Pakistani
- Other Asian background
- White and Asian
- White and Black African
- White and Black Caribbean
- Multiple ethnicity / Other (please specify)
- Other mixed background
- White British
- Black British
- White Irish
- Gypsy/Traveller
- Other White background
- Other
- Prefer not to say

22. Do you consider yourself to have any of the following?

- | | |
|--|---|
| <input type="checkbox"/> Learning disability or difficulty | <input type="checkbox"/> Sensory disability |
| <input type="checkbox"/> Long standing illness | <input type="checkbox"/> None |
| <input type="checkbox"/> Mental health condition | <input type="checkbox"/> Other |
| <input type="checkbox"/> Physical disability | <input type="checkbox"/> Prefer not to say |

23. Employment status (please tick all that apply)

- Working full time (employed or self employed)
- Working part time (employed or self employed)
- Unemployed and looking for work
- Unemployed and unable to work
- Retired
- Stay at home parent
- Carer
- Student
- Doing unpaid work/volunteering
- Other
- Prefer not to say

24. How would you describe your marital or partnership status?

- | | |
|--|--|
| <input type="radio"/> Single | <input type="radio"/> Divorced/dissolved civil partnership |
| <input type="radio"/> Cohabiting | <input type="radio"/> Separated |
| <input type="radio"/> In a civil partnership | <input type="radio"/> Prefer not to say |
| <input type="radio"/> Married | <input type="radio"/> Other |
| <input type="radio"/> Widowed | |

25. Which of the following best describes your housing situation?

- Home owner (own outright or paying a mortgage)
- Living with family
- Renting privately
- Renting from the council, housing association or another social landlord
- Informal living arrangement (no contact/ staying with friends)
- Supported living scheme
- Care home
- Temporary accommodation/hostel
- Homeless/rough sleeping
- Prefer not to say
- Other

26. Besides you, what other adults (18 or over) live in your home?

- I am the only adult (18 or over)
- My partner only
- I live with other adults who are not related to me and are not my partner (e.g. co tenants)
- Other (please specify)
- I live with members of my family
- I live with my partner and other adults
- Prefer not to say

27. How many dependent children (under 18) live in your home?

- None
- 1-2
- 3-4
- More than 4
- Prefer not to say

28. What is the name of the town or village nearest to you?

29. What's the first part of your postcode? (Optional)

30. Would you like to share more about your experiences and how you think the harm caused by drugs and/or alcohol could be reduced?

We'll be contacting a number of people to help contribute to our research in more detail. The information you give can be shared anonymously.

If you would like to be considered, add your name and contact details below and a member of the team may be in touch.

You can find out more about Healthwatch Cheshire and the work we do at <https://healthwatchcwac.org.uk/> or call 0300 323 0006.

If you, a member of your family, friends or community need help or support with drugs and/or alcohol misuse, there are services available in Cheshire West and Cheshire who provide support.

Cheshire West and Chester - Via New Beginnings (for adult support)

<https://www.viaorg.uk/services/cheshire-west-and-chester-new-beginnings>

Chester: 0300 303 4549

Ellesmere Port: 0300 303 4550

Northwich: 0300 303 4548

Cheshire West and Chester - Via For Young People

<https://www.viaorg.uk/services/cheshire-west-and-chester/>

Telephone: 0300 303 4549

In an emergency, always call 999 or for urgent advice call 111.

8.2 Appendix 2 – Comments, views and accounts of all respondents

Q3) How has your personal drug and/or alcohol misuse impacted you?

Feedback from our online survey, engagement activity and Citizen's Focus Panel responses

- "It helped during times of depression to keep the negative feelings at bay and maintain a sense of neutrality, however it does have impact on my finances and ability to concentrate."
- "I lost my family, friends, job and life."
- "I am struggling with my mental health. I have a community psychiatric nurse who saw me last week but I don't know when they will be seeing me again. I was barred from one service because I have a problem with anger. I've been to A&E when I feel suicidal and depressed, and I'm told to go home. I've been taking cocaine and heroin (I'm in a lot of pain from an accident a few years ago), and I've been in prison."
- "There's an impact of my drug use on my wife – we both have mental health problems. I buy the drugs when I get my benefits. We can't afford the gas and electricity because I've spent the money on drugs. I have no real friends in the area."
- "My relationship with my son. I feel eternal guilt what I have done to him and the impact my inability to parent effectively has had on him. A feeling that I've wasted years of my life."
- "My misuse of alcohol impacted slowly and caused problems not just for me but my son who was a teenager at the time. I wasn't able to be the parent I should have been."
- "The impact of my addiction – I had no money and couldn't pay rent on my flat and was evicted. All my family relationships broke down. "
- "I don't think it has."
- "The cannabis helps me sleep."
- "My dad was also an alcoholic when I was a child."
- "The impact has mainly been from prohibition/illegality. The drugs would be safe if they were legal and not been contaminated, badly made or over priced."
- "When I started to drink as a teenager, alcohol gave me the confidence to face life and situations that I had been scared of. Over time it gave me a career, a family, and a good life. Little by little my drinking took all those things away and took me to places that I could never have imagined."
- "I wasn't able to socialise without using drugs. I felt suicidal and helpless and the feeling was overwhelming. This shocked me into stopping using. I look back at some of the situations I put myself in and wonder how I am alive!"
- "I was careless with money, struggled to hold down a job and put myself in some dangerous situations including one that ended in rape, which may not have happened without the drugs."
- "Felt at rock bottom, exhausted both mentally and physically. I felt anger and agitated and down a lot of the time. I felt stuck in the situation, even though I knew that I wasn't."

- “Binge drinking when on nights out compromised my personal well being and safety, impacted my mental health when considering my behaviour when out.”
- “As a chronic alcoholic I would have a mind set on where tomorrow’s drink was coming from. I drank so much I ended up with some brain damage.”
- “As a full blown alcoholic the need to keep drinking meant I would beg, borrow, or steal to feed my obsession. There was no aspect of my life and relationships that weren’t affected or harmed by my behaviour.”

Feedback from group sessions

- One person told the group they had had a very difficult week. They had been trying to be all things to all people – they had relapsed over the weekend when their child was at their grandparents. They spoke about their frustrations – debt, social isolation, being a single parent with a child with additional needs, lack of support from their family in understanding their addiction, recognition of her neglect in childhood and following the pattern of her mother who died of alcohol related addiction. They said their GP just wanted to prescribe anti depressants.
- One person started drinking at university and her drinking crept up on her over time. She was a single parent with limited finances and used alcohol as a crutch. She’d always had mental health issues and had used alcohol to ease her depression, then got into a vicious circle. This has passed to her son who also has mental health and drinking issues.
- One woman said she used to be an estate agent; she worked for years and now she just is unable to work because of her alcoholism and mental health. She feels like she’s trapped in the benefits system. She would like to go back to work and she would like to see more bridging opportunities where she still gets some sort of funding from the government while she gets into a working pattern. She’s comfortable working but doesn’t want to start work and then get sacked because she’s in a vulnerable position. Having those systems available to support somebody back into work.
- One man said he was homeless, currently on a list which he’s been on for months. He has a good friend who washes his clothes but generally is homeless and heavily drinking. He feels like there’s no hope and doesn’t know where to start.
- One woman said her Universal Credit only just covers her rent and some bills with no more for food or travel etc. She cannot afford to live which is causing stress and feels hopeless.

Q5) Where did you go to get help or support for your drug or alcohol misuse and was this approach effective?

Feedback from our online survey, engagement activity and Citizen's Focus Panel responses

- "GPs just give you anti depressants. There's nowhere for people to go in between and they're slipping through the net. Projects such as Café 71 are so important in supporting and filling in the gaps."
- "There are inappropriate referrals to drug services from mental health, mental health is where it all starts. Often when they stop using substances it brings up mental health issues that the drugs were masking, so need quick mental health treatment to follow on – which they're not getting. One person was going to attempt to take their own life to try and get some help as there is only help there for one extreme or another."
- "There are lengthy wait times for mental health provision."
- "I was in hospital and overheard someone say 'we can't section him as he's had a drink.'"
- "I felt the services I accessed didn't help me at all. I wasn't ready to accept help at the time. I felt there was a lack of compassion and connection – speaking to too many people and not building an effective relationship with any. I felt there was a lack of empathy, no one wakes up in the morning and truly wants to drink in the way I was. I felt it was focused on the drinking rather than on the reasons why I was drinking. Issues stemming from childhood. The root cause should have been looked at rather than just the drinking alone."
- "Reach out and recover (ROAR) Macclesfield is an amazing place."
- "IAPT Recovery and Wellness College were amazing. They offered me CBT; anger management, anxiety management and I'm about to start a 12 month programme through them too."
- "I tried, in desperation, anything and everything available to me from modern medicine, counselling, psychiatry etc. but it only helped for short periods. Booze nearly took my life as my health deteriorated as a round the clock drinker. I wanted the cycle of misery to end and wanted to die as I couldn't see any other way for it to stop, but I was too much of a coward and sorry for myself to commit suicide. It was a living hell."
- "Online forums were surprisingly helpful but obviously in some cases can be misused."
- "I attended SMART recovery groups and found this very helpful."

Feedback from group sessions

Mental health services were a key discussion point.

- One person said, “We need more places like Via. It helped me a lot. I felt that nobody else had gone through what I’d been through. It opens your eyes that you’re not alone. There’s people from all walks of life – professionals too. It’s a non-judgemental space which is so important when you’re recovering.”
- Another person said, “New beginnings group and course has been really helpful, connecting me with other services and signposting. They have a genuine interest in us and helping us to recover. It’s hard to get help if a person is in crisis and not known to services. It needs to get more extreme before being taken seriously. I’ve been let down by mental health services. You can’t access mental health provision if you’re drinking/drug taking. It’s a ‘one strike and you’re out’ mentality. Substance misuse and mental health are so intertwined but two separate services are not connected. I think it would have helped a speedier and more effective recovery (both substance and mental) if they were more aligned. Mental health could help with the root cause which would help people to stop drinking again.”
- We observed the level of peer support was extremely good and the group spoke of the importance of putting themselves first. Several members of the group whilst acknowledging their own needs, were trying to put the needs of others (children/ex-partners/parents/friends) before themselves and felt guilty when they couldn’t. Hence this may on occasion lead to relapse.
- The group agreed there seems to be a lack of funding and waiting times are too long to see higher level professionals. In the meantime, people return to past habits (substance misuse). All spoke about the reason they were drinking was linked to mental health issues.
- They complained that mental health calls were done over the telephone. They said they found it very difficult to understand how people can judge what’s happening and the true essence of somebody’s mental health over a telephone call. One woman said she’d had three phone calls over three months and it had done nothing to improve her mental health.
- The group agreed that the link with mental health is the issue, always being told “sorry if you’re drinking we can’t help you.”
- All agreed that early intervention is the key.
- The group said Via seem to try and help those with mental health issues if they can, but doesn’t seem to be reciprocated with mental health teams. It’s a “closed door” if they’ve been drinking at all, when the two are so interlinked.

Feedback from in depth conversations

- She decided to go to her GP and they referred her to Aqua House. She knew the underlying cause was mental health but couldn't get any help with that unless she stopped drinking. She was told this on numerous occasions but she knew without the joint approach she wouldn't be able to stop because she knew the reason she was using the alcohol was to help her mental health.

She wasn't ready to change because she felt she wasn't getting support from mental health so she lied about what she was drinking in her drinking diary. She knew that if things got worse, she would be referred to social services and she was frightened, being a single mum, that her son would be taken away from her. She had been arrested four to five times during this period for drunken behaviour. She had ended up in the Countess of Chester Hospital once and was discharged with no support or signposting. She'd been on anti-depressants for many years with no conversation about what was the underlying root cause from the GP, just continuation of prescribing medication. She stopped drinking from her own doing and said she feels like she's wasted a lot of people's time over a 10 to 15 year period.

She said she'd been crying out for help for 15 years but had no idea where to go and the services she had accessed, she felt didn't work at all for her. She felt that the lack of empathy and compassion from the people that she had dealt with was one of the main reasons why she didn't engage. She said she felt that there was a perception of the people around her that she should know better. She was adopted as a baby and has always had mental health issues so feels that there is underlying trauma which she manages herself.

Q6) Is there anything else you'd like to share about the help or support you received?

Feedback from our online survey, engagement activity and Citizen's Focus Panel responses

- "I was in hospital for seven days with sepsis, and started on my detox then. The staff at the Countess of Chester Hospital were compassionate and supportive. They were there for me if I needed to talk. One nurse had a chat with me and gave me some advice which I found really helpful. I feel blessed that I had that connection, she didn't have to give me her time."
- "It helped with the withdrawal but didn't fix some underlying issues they had that made them begin to misuse substances."
- "I'm a recovering alcoholic who drank for 25 years from the age of 15. I was advised to go to Alcoholics Anonymous (AA) after being sacked from a job. I've not had a drink in 33 years and remember when I had my last alcoholic drink. At AA I had a sponsor who was also an alcoholic and a very bright guy. He told me to enrol on an Access course and I ended up going into nursing. I am still attending AA – it's a supportive encouraging fellowship. I believe I would have died in my 50s if I had continued to drink. 20 years ago I had cancer and surgery. I was told if I'd still been drinking, surgery probably wouldn't have been an option."
- "I've had cocaine and alcohol addiction but three months ago I gave up. I've been receiving help from Aqua House who have a fantastic team, providing support and friendship. They are at the end of the phone and are non-judgemental. My key worker is brilliant. I also go to Café 71 for mental health support and they are phenomenal."
- "I've tried six times before to give up. Back in October I had sepsis, and that was the last time I had a drink or a line of cocaine. This time was different because I asked for help rather than people offering it to me. I've been to Aqua House before when the GP sent me, but because I was not ready it didn't work. This time I was ready to give up and have not looked back. I still have some ups and downs but I'm taking medication which stops the cravings."
- "Always felt I was treated as a 'drunk woman who should know better' rather than them seeing the real person behind the mask."
- "I found that the help I was offered did not help because the services I accessed seemed to always say that they were unable to help until I either stopped drinking or my mental health improved. The problem from my point of view was I was caught in a trap. I drank because my mental health was poor and could see no way out."
- "I'm keeping my distance from other user friends."
- "Aqua House have asked me to be a peer mentor, which I wasn't sure about initially. Now I'm doing a level 2 mentoring course at Café 71."
- "My GPs have been good, but I've not had a face to face appointment, they've just been over the phone. I would rather see the doctor so that's frustrating."
- "I can be clean for ages and then something will tip me back, It can take ages to get help – all the private clinics cost thousands of pounds. I've been lucky to be on a course which also gives ongoing support."

- "I'm grateful to all the help offered by the medical profession and therapies, but it was Alcoholics Anonymous (AA) that saved me. Other alcoholics who knew how I felt and could show me how the support in AA led them into believing recovery, and a good life, were possible as it had worked for them."
- "My GP was helpful and prescribed low dosage diazepam to ease my withdrawal. He recognised that there were other mental conditions exacerbating my addiction and offered advice. Unfortunately there were no support groups or specialist services in my area and the waiting list for counselling was excessive."
- "My GP Practice was brilliant and one lady was a enormous help and really cared. I stress, thirty years since I had my last alcoholic drink, yet every day is still as hard as the first day, which puts a whole difference to your daily life. My life changed dramatically."
- "The service I received from one of the ambulance personnel was very poor. He was rude and unhelpful. I had to get myself off the floor and into the ambulance (I overheard them talking and they thought I was a drug addict - I have known mental health issues.) The other member of staff was very good and caring. "

Feedback from groups

- The group all said they had been to the GP for help at some point. One said the GP had told him to self refer to Talking Therapies. One said they had been given a pamphlet and no more information. Another said that phone calls have caused him serious anxiety due to past issues and traumas and despite explaining this to the GP and the receptionist, they only offered him phone call triage. He then decided not to take up the offer because of his extreme anxiety.
- One woman said she had a great relationship with her GP but they had left the practice. The next GP she saw was very judgemental and was "obviously against drinking". "He made me feel so small and I was crying when I left."
- One person said, "I feel great when I come out of here. I really enjoy it and feel people are there to help me. I feel supported."
- All agreed about the lack of knowledge that different services have, including the Jobcentre and housing. All said that if signposting was effective at earlier stages they feel they would be in a better place.
- They said they felt services were understaffed.
- A woman said she had been admitted to hospital with a severe infection but was also going through withdrawal and detoxing. She said two members of staff at the Countess of Chester were kind and empathetic with her. Another member of staff was overheard saying "the person in bed x is just an 'alki'".
- She said one nurse told the other nurse - "don't help her up, she can walk herself" with a judgemental tone. The woman felt they treated her differently than other patients and were less patient and helpful. She said she felt they couldn't be bothered with her and that she'd 'put herself in there'. They stopped her antidepressants which she had been on for years which had a big impact on her mental health. She said she was not seen as a person and there was a lack of human connection.
- One woman mentioned she'd been arrested for drink driving, spending the night in the cells but she said the police were very caring and that the nurse went to see her every hour.

- The group said they thought there used to be more joined up services – the Dual Diagnosis Practitioner was valued. They said links between services seem to have been lost. They thought this was due to services being tendered out, each having their own confidentiality agreements and data not being shared. The group said they didn't like having to retell their story and start again with a new set of professionals with no understanding of their history.
- A man said he hasn't got the mental health support to be able to get him to a place where he could go to work. He feels it's a vicious circle and he has no idea how to get out of it.
- Lack of social housing was discussed; new estates have 4/5 bedroom houses with a small amount of 'affordable' social housing. If working on minimum wage these houses are not 'affordable'. There seems support for the middle and not for those in crisis.
- Again mental health support was highlighted. People having to be sober before getting any mental health support. One person said they failed once (drank a bottle of wine one night then stopped again) and was taken off mental health support and ended up at the bottom of the list again. One person said they were refused access once and told they were a 'drinker'. They felt the GP just prescribes tablets and antidepressants. They said they sometimes feel they have nowhere to go, people passing the buck and too many different services treating one person. They talked about a feeling of hopelessness with difficulties at every turn. Just when trying to get over one hurdle another comes.
- One woman said it was lock down that increased her drinking. She also said that following her husband's suicide if she'd had counselling early on and had known where to go for counselling or had been able to access group therapy (which she is now benefiting from) early on she really believes she would not have started drinking heavily. Herself nor her children were offered or signposted to any help when her husband committed suicide. The children now have mental health problems and she felt that she didn't know where to turn.
- There was praise for the alcohol team at Leighton Hospital. Two people said they were fantastic; they had a great relationship with the other services and provide effective and great support.
- One man couldn't fault the service he's had from Leighton Hospital. He said the hospital's been fantastic. They don't just want you in and out. He didn't have a bad word to say about them. He had been in numerous times due to his alcoholism and said he felt really cared for, looked after and said they were fantastic.

From in depth interviews

- She said she finds working from home very difficult and isolating – the only time she speaks to somebody is when she goes to the shop and it doesn't help her mental health at all. However she said she won't start drinking again because she has her own ways of coping now. She feels others may be turning to drink and that may be an issue with the working from home culture now. She feels extremely guilty for what she's done to her son. She said, "he's been through hell and back with me". She said she was pleased that younger people appear not to be drinking as much as her generation did. Perhaps younger people have higher mental health issues because in the past they would have masked it with alcohol and had issues later in life.
- "Peer to peer support is the ultimate weapon. Therapy from those with lived experiences who have changed their lives. I couldn't connect with the 'professionals'. They hadn't been in my shoes. I didn't trust them or believe I could change when speaking to them. When I connected with past users who were clean, they understood exactly where I was. It gave me hope that I could change. There needs to be a pathway for these people to become professionals and be paid for their services. Most I have come across have been volunteers – also most have had the potential to do great things with the right support. Someone who has been through it can't lie. I felt completely let down by the system. Always a level of detachment but not with true compassion. Psychiatrists ticking boxes and making assumptions based on what's in a book rather than connecting and trying to understand the individual. People from different 'specialisms' with their own perspective and agenda. Not thinking what's right and best for the addict to move them on but trying to fit them into their own parameters, budgets, ways of doing things. So many aspects to consider but should be done more collaboratively not compartmentalised."

Q7) If no, why did you not get any help or support?

Feedback from our online survey, engagement activity and Citizen's Focus Panel responses

- "Didn't think it was enough of a problem."
- "It started when I was young and I didn't think it was a problem. Didn't want to stop really."
- "I don't want to."
- "I didn't know I could."
- "I don't feel I need help - it helps me sleep."
- "Because I pushed myself away from people."
- "The stigma of attending a location that is known to be solely to support addiction issues."
- "I did it myself."
- "I felt I was not at a level that would typically need support- just daily drinking 3-4 units but had problems stopping. It took a while to reduce down."
- "I didn't want to."
- "I didn't feel that I needed it."
- "It wasn't me, it was my son, he ended up in prison."
- "I saw mental health as the root cause of my problems, so drank to be social and happy."
- "I had strong family support and was motivated to make the changes myself."
- "There was nowhere to turn to."

Q8) Have you been impacted by someone else's drug or alcohol misuse?

Feedback from our online survey, engagement activity and Citizen's Focus Panel responses

- "We adopted my daughter, she has Foetal Alcohol Syndrome – this has affected her in that she has learning difficulties and some aspects of her behaviour."
- "My grandchild has learning difficulties because of her mother's alcohol use."
- "Yes, professionally."
- "In my role as a GP."
- "By an ex partner, father of children."
- "Work related as part of my job."
- "My husband's colleague – it's affecting his work and I've also observed the impact in my community. "
- "My ex partner."
- "My partner."
- "An alcoholic partner."
- "By my husband's alcohol use."
- "My partner is an addict in recovery."
- "My spouse."

Q9) Which substances were they using?

Comments made in addition to tick box options

- "Legal highs."
- "Pregablin."
- "Occasional unknown hallucinogenic."
- "Nicotine."

Q10) How has drug and/or alcohol misuse impacted your family or friend(s)?

Feedback from our online survey, engagement activity and Citizen's Focus Panel responses

- "He committed suicide."
- "It's impacted my family, but more so my daughter (she has foetal alcohol syndrome) We help and support her to the very best of our ability. The impact of her birth mother's drinking during pregnancy will have life long effects on her."
- "Mostly stealing to buy the substance."
- "My sister died."
- "My partner died."
- "Ex-husband is an alcoholic - left him 15 years ago due to this but am still connected via the children."
- "He has lost his licence in the past for drinking driving and has had some 'near misses' since."
- "Debt management problems led to excessive drinking."
- "Still managed to keep his job somehow."
- "Had access to Turning Point."
- "Been in the Priory twice."
- "Has sporadic contact with AA."
- "I would describe him as 'functioning'."
- "I don't think he ever got over the death of his father at 14."
- "Been married for 30 years, however due to being an alcoholic we have not lived together for six years."
- "Husband has unresolved issues from his childhood which have brought him trauma. Abandonment from father at 18, following some childhood trauma. Mother dying few years later."
- "Struggled to become parents themselves."
- "Drug dealers live and operate openly in my local community."
- "Due to my dad's drinking, I didn't invite friends around to our house as I was embarrassed. It affected my friendships."
- "My mum is an alcoholic - I wasn't allowed to see her growing up and had to go into foster care. I could see her now but I don't want to. She hasn't changed."
- "I've been impacted by death due to drug misuse."
- "They went to prison."
- "Breakdown of family."

- "It hasn't impacted me but things I witnessed had impact on the support I offered and impacted on my time away from family."
- "Cannabis has always been like a third member of our relationship. In the past he (husband) has stolen money from our joint account, leaving us short for our monthly payments and even jeopardising our home and facing court with missed council tax. This has put me under large amounts of stress, affecting my mental health and finances. Over the years I believe it affected his ability in progressing at work, when he finally stopped using cannabis he got promoted and became much better at his job."
- "My neighbours are always smoking weed. It stinks - I can't use my own garden it smells that bad. They have a car too so I don't like the kids playing out in the street as I don't know if they are going to be driving when they are stoned. It's not fair."
- "My daughter was addicted to amphetamine. Now she smokes skunk and I live less than half a mile from her and haven't seen her for years."
- "I have fallen out with my sister due to her grandson smoking skunk. He is 18 and she protects him all the time saying he thinks differently. He will smoking skunk! It's just an idiot's game."
- "He committed suicide."
- "It was horrific affecting many aspects of life, certainly scaring the life out of my children who were so young at the time and I know they carry this with them."
- "Ex partner hid their use of drugs for a long time, unfortunately, I enabled their drug taking without even realising it. I provided everything for them, shelter, food, clothes, money. I thought there was another reason why they couldn't work. When I found out what was happening things got very nasty."
- "Alcohol misuse resulted in domestic abuse, intimidation, fear, uncertainty, anxiety, coercive control. Financial difficulties and loss of job of misuser led to repossession and loss of the family home."
- "Drug use and dealing by neighbour at a later date, led to disturbance from comings and goings until late at night. Burglary, feelings of uncertainty as who one would run into, fear of personal safety if one reported activity to police."
- "Our daughter taking drugs on a regular basis has affected the family dynamic. We haven't been able to pay as much attention to our other daughter and we have had to monitor her behaviour/whereabouts constantly which is very time consuming and stressful."
- "Some of this is chicken and egg - turning to alcohol because of poor physical and mental health, relationships and isolation."
- "Alcohol abuse caused my friend to be unable to walk without severe crippling pain in his legs, a condition that rapidly went away when he was hospitalised and reappeared the moment he discharged himself and started drinking again."
- "My children were young teenagers and one was doing his GCSEs when things were really bad. We had to go through a divorce, move house and the family was affected badly. He was arrested and lost his driving licence for drink driving. He was involved with police over numerous incidents. He was sectioned briefly. He was unsafe in the house and lied all the time."
- "Arguments and domestic abuse, loss of driving licence and community hours given."

Q10) How has drug and/or alcohol misuse impacted your family or friend(s)?

- “Long term use of the drug nearly lost his bladder. He relapsed after we were together for six months, nearly ended our relationship. He’s still paying debts off even after being four years sober, suffers with anxiety now and again. At the time of using he felt alone and that no one cared.”
- “Serious addiction, relationship breakdown and ultimately leading to suicide.”
- “She drank continually then had a bad experience ten years later and ruined her son's birthday party after drinking too much.”
- “I live in social housing in a local village and the lady who lives above me is an alcoholic. My other neighbours have issues with her. She has shouted abuse at me, sworn and screamed at me. We’ve had the community police around and I have contacted the housing association but there has been no change. I feel social housing put the worst of the worst in the same location and other people suffer the consequences. I have had palpitations and panic attacks. I shouldn’t have to live like this.”
- “It’s affected the neighbours and really having an impact on me. We’re too embarrassed to invite friends back to our homes.”
- A woman said her fiancé was a heavy drinker, regularly drinking 24 beers and a bottle of wine. She said he's a type one diabetic and she is afraid she'll be 'carrying him out in a coffin'. This has impacted her finances and said she's 'keeping everything separate' when they get married. She said he shouts at her and she is worried a lot. She said she's asked him to go for help but he refuses.
- A woman said her cousin lived with her and his girlfriend stayed over regularly. She is an alcoholic and is often violent with him. She has damaged his car and has been in the street shouting and screaming at 2am - waking the neighbours. She has been in detox before for a month and additional treatment but is drinking again. She said she's never had mental health support as far as she knows and that her cousin has lost weight and is showing signs of depression.

Feedback from group sessions

- A woman said her father is an alcoholic. He had been prior to meeting her mother – who supported him to quit alcohol and he didn’t drink for years. However her mother died in the last few years and through grief, her father began drinking again. This was the first she knew of his drinking problems. It quickly spiralled and began impacting the family hugely. Her father didn’t want to address his drinking. The situation culminated in her father driving whilst under the influence and having a crash. It subsequently came to light that he was trying to kill himself.

Q10) How has drug and/or alcohol misuse impacted your family or friend(s)?

Feedback from in depth conversations

- "In his 20's they recognised that he (her husband) was drinking too much so we went to the GP for help. He was sent to Aqua House, which didn't work for him as he didn't take responsibility for anything that went wrong. In his 30's we struggled with fertility for many years – again he didn't cope with this well. Eventually became parents and I thought it would be the making of him, but it was the opposite. Whilst holding down a good job, he was spiralling into drink. I found out when it all came on top that he was depressed, was having financial problems, struggling at work which led to him losing his job. He has never worked since."
- "My husband broke into a house and stole wine. He was arrested for burglary – ended up in police custody. They released him after he was charged but he wasn't allowed to come home, so he was homeless and ended up sleeping rough. Eventually he was given a room which he shared with a drug addict for six months. At one point he was kicked out, so ended up at the Jobcentre – he was sober so they could help him. This triggered a lot of support and he was given a flat. He has been there for 5 years now.

He will have a good period, gets his benefits, then manages to get some work, does really well. But just suddenly starts drinking, loses his job, doesn't engage with benefits and then becomes at risk of losing his home again. It's a vicious circle.

We hadn't heard from him for months – including all over Xmas. I was told recently that he had been seen by the house. When we came home he was lurking by the alley near my house. He looked completely dishevelled, like an old style tramp. He was confused, messy but he was sober. I couldn't risk having him in the house so took him to the Spider Project. They were lovely and took him in. The next day I was contacted by the Citizen's Advice Bureau – he was with them and they were trying to help. His phone had been locked so they asked if they could send the codes for some vouchers for electricity to mine and would I meet with him to get them. The following day I met with him and I took him some clean clothes and a large bag of food. He went into the store to exchange the vouchers for credit. I.e. Electricity on the card. When he came out he had put £10 on card and had asked for the rest in cash – which the store gave him. He said it was for food, but he knew I had got him some and the Foodbank were doing him a parcel for the next four days. So he's not changed.

When he lived with us he would ask neighbours for money. This was horrible for me to continually have friends knocking at my door for money that was owed to them. This was after he lost his job which was all related to money and alcohol. He has a criminal record due to alcohol addiction which again brings embarrassment to our home. This has improved (for us) since he became homeless and eventually got a single flat in town. This was after he committed theft. He was once a lovely, kind and respected person before alcohol took over his life. "

Q12) Where did they go to get help or support for their drug or alcohol use and was this approach effective?

Feedback from our online survey, engagement activity and Citizen's Focus Panel responses

- "A private therapist."
- "Support in another country."
- "Alcoholics Anonymous (AA) basically saved my son's life. It helped us to cope and feel we were not alone in dealing with the problem."
- "He has accessed rehab a year ago but is still drinking and feels like he doesn't have a problem. He hasn't been treated for mental health issues which I feel are underlying. He's still not accepting he has a problem and is blaming everyone else."
- "He's at a turning point, due to the fact as part of his probation order he's been allocated a psychiatrist."
- "The access to a medical prescriber has changed, from being able to just turn up when needed to get their medication (methadone etc) to appointment only. For those with the most complex lives this is hindering them, and is not pro-active."
- "My son did not wish to engage initially as was embarrassed to walk in to addiction service building but did engage when he was seen by a Substance Misuse Practitioner at another location."
- "The support from Via was good, but having a child and the mention of social services was very frightening so he withdrew from support. Instead he then went back to his GP seeking support from the Community Mental Health Teams and only telling his counsellor about his use of cannabis."
- "They went to a private rehab centre out of area."
- "Priory for some weeks - short-term effect."
- "Those nearest to me, ex-wife and children, have tried recovery but remain in denial and think they are still in control of their problem."
- "Doubt they accessed any help unless they had to."
- "Priory in Manchester and Alcoholics Anonymous."
- "Attended Turning Point in Northwich."
- "Twice spent a month in the Priory which was effective for a period of time. Attended Alcoholics Anonymous meetings which have helped."

- "Counselling online was effective."
- "My partner was using ketamine for over five years daily. He ended up in rehab for six months, got his clean time, started his step work, had a sponsor, kept attending regular meetings, relapsed after six months, using for six months. I fell pregnant and after that my partner tried to call people to pick up drugs and no one would give him any, so he went to a Narcotics Anonymous meeting instead and has been clean and sober ever since. So proud. We now have two beautiful children and a house and happier than we've ever been. My partner will be four years clean. I hope and pray we have many more sober and happy years together."
- "On the list for treatment but due to transport issues (no car and live rurally) have had to wait months and have still not started the program. Meanwhile his wife is suffering from his mood swings and unpredictable, sometimes violent, behaviour. Friend has begged the GP and Aqua House for inpatient care to get clean."
- "Drug and alcohol dependency has caused neurological issues and he is now under the care of Walton too. No one seems to be able to give the support he so desperately craves and needs."
- "Aqua House, not effective but he wouldn't take on board the support on offer."
- "In prison."

Feedback from in depth conversation

- She's started to receive support from Alcoholics Anonymous, which has helped her deal with her own feelings and her response to her father's behaviour (he's an alcoholic). She thinks these two things have greatly helped her situation – her father is working on addressing his behaviour and she is coming to terms with her feelings. She cites the psychiatrist being assigned as part of his probation order and has helped identify the depth of her father's grief and how he copes with it.

Q13) Is there anything else you'd like to share about the help or support they received?

Feedback from our online survey, engagement activity and Citizen's Focus Panel responses

- "It helped with the withdrawal but didn't fix some underlying issues they had that made them begin to misuse substances. Think psychosocial support, educating his family, less victim blaming would have been more effective."
- "Was arrested for drink driving – three times over the limit. Upon release from custody, given no details of help, support, counselling. Hence feelings of shame so actually got worse."
- "I was able to reach out to a colleague at work who directed me to Via. However the group he (her husband) attended was the 'Reduce drinking' and he needed to stop not reduce. He said at one meeting "one person has gone to use the loo but had actually been drinking in the toilet".
- "They let him come home after having violent hallucinations – A&E are not equipped to support."
- "The pathway to getting help from Community Mental Health Team MUST be made simpler, more efficient and faster."
- "Couldn't get mental health help because of alcohol use."
- "It would be helpful for substance misuse service to be based as part of a community team. Physical health/mental health and substance misuse. This would help reduce stigma and improve access to services."
- "Alcoholics Anonymous has been amazing."
- "The reason the support wasn't effective is because they didn't manage to get off the substances."
- "Some approaches weren't helpful – GPs seemed to lack understanding about what services were available and were very dismissive about him. As if it was a childish behaviour, something he 'should know better' than to do or assumed he was poorly educated."
- "When someone doesn't really want to believe they have an issue the help can feel pointless."
- "Waiting times are too long with no follow on actions. Mental Health feels under funded and under resourced."
- "They wouldn't accept the seriousness of their problem and believed that it would get better by itself. The common attitude is "I can stop anytime, I just don't want to."
- "The individual wasn't in the right frame of mind/space to want to access help. They left, no contact, no idea where they were – upsetting/worrying for me and the children. Chester Aid for the Homeless was really helpful. Salvation Army gave a Christmas dinner as he was discharged from hospital following a section which was many years ago."
- "All at arms length nothing was effective. Lots of talking but little action and different depts don't know how to work in unison."

- “They felt they were not similar to others in the group due to seeing themselves as not having much of a problem, so stopped engaging – so wasn’t effective.”
- “Not enough available services, a bit of a black hole, difficult to find and sustain.”
- “If you are battling addiction, you need to be ready to stop. You need that rock bottom. Talk to people, attend the meetings, do the step work. It’ll be the hardest thing you ever do, take advice from your friends, they only care. You can have a wonderful life without your addiction.”
- “Despite fantastic services support leading to hospitalisation he decided to continue drinking leading to eventual death.”
- “Abandoned by NHS.”
- “Very inadequate as passed between drug and mental health services.”
- “I would start looking on the NHS app for support if needed.”
- “They need positive response and empathy.”
- “Support from Alcoholics Anonymous was very good and now my dad runs the group three times a week to give something back.”
- “It is very hard to be able to access support via the NHS because of demand levels.”
- “Would have been good for service to be able to detain him for his own safety until his alcohol level was consistently low.”

Feedback from in depth conversations

- “They need to accept help and want it. I just wished that when the alcohol addiction started over thirty years ago that there was appropriate help and support to find out what the deep rooted issues were. The problem just escalated and now is a huge cost to the public purse, in benefit claims, criminal records and the NHS.”
- “A very sad and desperate man is somehow alive and living alone in very poor social housing. He regularly binge drinks and isn’t capable of attending DWP (Department for Work and Pensions) meetings so is sanctioned for benefits. He wants alcohol at any cost and when he withdraws has alcoholic seizures and paramedics are called or visits to hospital/GP. He then refuses hospital admission. He needs a 360 degree physiological assessment and help. I can’t believe that he is still alive after many years of alcohol abuse. Very sad and I hope future generations get early help and interventions.”
- “I have previously asked the police for welfare checks as he has a 14 year old son who he doesn’t see most of the time (due to his alcohol intake). I requested this on Boxing Day after no contact for 8 weeks, which they refused, which I understand. I thought that he may have passed away alone and couldn’t face the responsibility of knocking on his door and finding him. He was found by a local vicar in a complete state. It is horrible to watch somebody let alcohol completely take over their lives.”

- “Husband lost his driving license however he managed to keep his job. We came to realise that he was still drinking heavily, but I was enabling him by setting the alarm to get him and take him to work. Made the decision not to do it one day and of course they missed work – gave us the opportunity to have a frank talk. On that day they rang AA for the first time; he was contacted within an hour and went to his first meeting that evening. Good attendance for months however has recently gone on the pathway for an ASD (Autism Spectrum Disorder) diagnosis so hasn’t attended as much. He is not completely abstaining. When he told them this at Alcoholics Anonymous he was told “maybe this isn’t the place for you.” GP gave anti-depressants which helped him function at work, but actually had massive meltdowns at home so we didn’t know if they were drunk or a reaction to the anti-depressants. Have been told that people who are on the Autistic Spectrum react differently to alcohol and drug/medication?

He had one meltdown/episode and was found on the floor unresponsive. They rang NHS 111, he came round a bit. They were told they could only engage with the caller if he gave permission. He wasn’t in a state to speak so they said they couldn’t help. He did eventually come round. During this period there have been violent rows which have resulted in them being arrested for assault. Nothing came of it as she refused to speak to the police and partner refused to make a complaint.”

- Her ex-husband was an alcoholic. It’s taken her years to openly say that. She was convinced it was her problem and that she was wrong about him. She didn’t want to accept the truth for many years.

She felt there are no services out there to support people who are around those with addiction. She said that sometimes when people are deep into the addiction themselves, they don’t want to go for help, but they cause destruction to all around. It would be really useful for some services for the friends and family of those who are addicted to know how to approach it and get support themselves.

The GP support has been great for her, but she thinks that was down to the specific GP. She said that addiction can be very complex and it can go on for years without somebody reaching out for the services, because they feel like it’s not for them and are in denial that there’s anything wrong with them. She said she felt you have to be in a certain place to go to Alcoholics Anonymous. She said it was the best thing she ever did going there because it made her realise that she was married to an alcoholic.

She said social services had been involved because of her husband’s inappropriate behaviour. It would be good if her son had somewhere to go, so he could speak to people who understood what it is like to be the son of an alcoholic. He seems to be taking more caring responsibilities now. His dad is leaning on him to fix him and he feels like he’s the only one left who can help him. She said her ex husband is behaving differently with the social workers so they don’t see the true picture.

- A man told me he grew up in a chaotic family due to his father’s drinking and drug use and he, along with other members of his family, suffered some personal abuse from his father during this time. He said he didn’t feel he could ask anyone for help at the time as “I’m good at masking”. He said the support he had received from Alcoholics Anonymous had really helped.

Q14) If you know why they didn't get any help or support, please share it here.

Feedback from our online survey, engagement activity and Citizen's Focus Panel responses

- "I think he was trying to deal with it himself and didn't think it was a problem. I don't think it was the addiction itself which triggered him - it was the debt he was in because of it."
- "My sister died of alcohol and none of her family or friends knew she had a drink problem. People need to look for the signs in others and not be afraid to speak to them about it. If she had been more open and got help she could still be here. GPs need to look for the signs too. She had been to the GPs many times with different things wrong which looking back were related to her drinking."
- "I lost my partner due to drink. She was a counsellor and helped lots of people but couldn't help herself. You would never believe she was an alcoholic. She was in denial. It has to be the right time for the person to want to get help."
- "They were unsure where to go."
- "They didn't see it as a problem, but everyone else in our family did."
- "It was my wife - she didn't feel she had the time looking after the kids and me. She coped with it herself."
- "They didn't want to change."
- "They didn't seek the support."
- "We sorted it ourselves."
- "They don't feel they have a problem."
- "They didn't ask for any help."
- "They didn't seek any help."
- "They won't admit there's a problem."
- "He hid it. He was trying to keep up with his girlfriend's lifestyle. She was wealthy and liked to drink and take drugs socially. He got into lots of debt trying to match her and couldn't cope any more. No one knew his issues. He had two young children. Devastating for everyone."
- "He hid it. He appeared as a social drinker and drug taker but had got into debt from living a party lifestyle."
- "They didn't want to."
- "Unfortunately the subject is avoided and not addressed."
- "They were in denial."
- "Family do not feel usage is a problem as they are functional in day to day life and can continue on in employment without issue - drinking daily, and drug usage over weekends."
- "Previous employee, in a previous job, has gone from a young person with a promising future, to homeless and with a criminal record in the space of 3 years."
- "They went to prison."

- "Because my son has Oppositional Defiant Disorder and does not think that he needs help and will not seek help."
- "They enjoyed what they were doing, they didn't want to stop."
- "Didn't think they had a problem."
- "Effects of addiction, denial of problem – it was everyone else's fault; alcohol is a socially acceptable drug and often society treats people who admit they have a problem with drink as weak. Alcoholics are good at deception in public. They appear as jolly good sorts and the 'life and soul of the party' but then go home and abuse their family. It is hard for many people to accept that other people can behave so badly in private and towards their partners and children especially 'nice middle class' people. Alcoholism is present amongst all levels of society but it is often the socially disadvantaged who are perceived to be the problem."
- "I think my drug dealer neighbours – one of whose parents had thrown him out – were too enmeshed in addiction and their dealing circles to be able to seek help. One neighbour had been housed by the council/trust because I understand they'd recently been released from prison and was trying to get away from drugs but within a few days of him moving in a black car arrived and he was called in. I think it is hard for many people to escape. That individual was driven out of his flat and I next saw him sleeping on the street. The same fate happened to another neighbour after he and others were arrested."
- "Because the services that work with drug use told us repeatedly that he couldn't access the service until he was free of drugs – when he needed to talk to someone and at one point was willing to talk to someone who understood his difficulties and could advise and encourage him to stop using."
- "She does not want support."
- "They don't believe that they have an issue."
- "I think they were unaware of services, but mainly not ready."
- "They didn't want to believe there was anything wrong with them so ignored all the advice from doctors and friends."
- "They don't want to."
- "Their opinion was if I wanted to kill myself and not have nice things in life it's not worth living."

Q15) In your opinion, how has drugs and alcohol misuse impacted your local community?

Feedback from our online survey, engagement activity and Citizen's Focus Panel responses

- "I think this applies to certain areas in Cheshire but not where I live."
- "Electric scooters have been racing around the village (Tarvin) and almost knocked me over a few days ago. A few people have mentioned they are drug dealers from Chester and aren't local. I like the village I live in because it has a good community spirit and is safe, but don't like these new additions."
- "Considerable amounts of litter from nitrous oxide misuse - cylinders small and large, balloons, boxes."
- "Attitudes and behaviours of the community."
- "I live in Blacon and drugs and alcohol are a problem at times. The police do what they can but they take a long time gathering evidence enough to break a door down and arrest people and citizens get frustrated with this."
- "County lines operating in our local parks and car parks. Residents do not feel it's safe to walk or let children use the facilities."
- "Some social housing tenants on the new housing development have serious substance abuse issues resulting in anti-social behaviour which impacts hard working decent neighbours and others. The constant police presence is disproportionate for the numbers involved, i.e. 3-4 households on a development of 300+ homes."
- "I had to sit with someone in the doorway who was homeless and under the influence of drugs. We waited for hours for the ambulance to arrive."
- "I think the barriers need to go. People are scared and intimidated by professionals in high vis jackets/uniform. People who are in a vulnerable position - feeling lost, isolated, intimidated, shamed - need to speak to someone who is warm, open and empathetic, then build trust with them over time. Although public like a uniform presence to make them feel safer."
- "Seeing more nitrous oxide capsules in Ellesmere Port and groups smoking weed."
- "Trinity Church garden in Blacon is used by drug users any time of day. The garden is also used by children and residents going for walks. Residents don't want children to see drug use and they could pick up needles or fall on them. If residents report drug or alcohol use, the police are not interested. Certain areas in Blacon are renowned for drug/alcohol use."
- "The trend is definitely away from young people drinking alcohol and more towards vaping."
- "Cannabis use on the streets is minimal and is not necessarily related to anti-social behaviour. They usually move on or drop the substance and run away."
- "It has had a major affect on my local community. The local housing association has housed a 'recovering addict' in one of the homes, who is dealing daily in full view of everyone, resulting in a constant stream of people on foot, in cars, on motorbikes, e-scooters flooding the area."
- "A few years ago the community I lived in was affected by drug use as there was a property that was being used by drug users to sell drugs. This is no longer an issue as the police closed the property down and the tenants were evicted. Since then there have been no issues."

- “The only places where drug and alcohol issues impact communities are in the city/town centres where drug/alcohol users tend to be. I have witnessed antisocial behaviour, verbal aggression and on some occasions violence. This can put people off from going to their local city/town.”
- “Heavy alcohol use often results in neglected properties and antisocial behaviour.”
- “My neighbours are not discreet about it and do what they want. It wastes police time.”
- “Legalise weed (Cannabis).”
- “Make rehabs mandatory instead of prison sentences.”
- “When members of the community are under the influence of drugs/alcohol, I have witnessed altercations with friends, police, criminal damage and violence to themselves and others.”
- “Substance misuse is a growing issue in Ellesmere Port, although everywhere you go you see drug deals.”
- “It seems to be a normal everyday thing to smoke weed down the streets and outside shops”
- “There is a walkthrough at the end of our road. Young people are parking on our road and standing on the bridge or sitting in their cars smoking cannabis. It is intimidating for dog walkers and walkers. They throw the ‘butts’ out of the window or on the ground.”
- “Public feel afraid to walk past groups that are under the influence of drugs. Discarded needles etc. are a hazard to health and have been found left in dangerous places.”
- “I work in Chester and we have often had discarded needles and other drug paraphernalia left outside our building.”
- “Reduction of education for young people.”
- “Neighbourhoods are declining and more focus is needed on this, it concerns me. Drug use and its effects are becoming more visible. There is a lack of care from housing providers and limited interaction with communities. Property conditions are declining and this sets the levels of expectations in areas – good people leave, crime increases and in return dealers become more visible.”
- “Some areas are very frightening for some people. Even ‘nice’ places smell very strongly of drugs like cannabis and crack cocaine.”
- “People can be frightened to speak to strangers or look in certain directions. ”
- “It’s the drug prohibition which causes the problems – not the drugs themselves.”
- “Poor health of people affected by drug/alcohol misuse, much of which could be prevented if perhaps more support earlier on for people and routes back to wellness. Sometimes people affected with these sorts of issues don’t access primary care so much and miss opportunities to access services/support.”

- "I can't speak for the local community but my experience was when I used to live in a privately-owned flat. There was a young man renting below me. He'd have all night parties, sell drugs through his ground floor window, make the place smell of cannabis, cause criminal damage, be noisy, be sick and have undesirable people in the building and banging on his window for a deal. I didn't feel safe in my own home, couldn't sleep due to the noise, couldn't have visitors (due to embarrassment of the communal area), felt isolated because I wanted to move. At the time, Covid-19 laws prevented his eviction. It eventually happened of course and he ended up in a homeless B&B."
- "Its time to lower the Police's sights slightly and go for the users not the dealer, it is against the law after all."
- "I think it's more the hidden impacts behind closed doors. Financial stress, mental health, loss of jobs etc. This in turn impacts children, who grow up with the impacts too. Also partners who take the strain and then potentially impact other community members in other ways."
- "Addiction makes the addict behave in ways that affect their attitude to life - there is no limit to how they may react if their needs are not met, and anger is the first response of an addict who is unhappy with his/her immediate environment."
- "I've no idea, still living with the personal impact that living 'it' and the impact it has had on myself and my family."
- "On our local park evidence is there for all to see, bottles, gas canisters and the bad behaviour."
- "I live close to Chester City Centre which is rife with drugs and alcohol abuse. People are scared to go out at night and police are not interested."
- "Just walk through Garden Lane and the main city centre!"
- "There are individuals who openly drink on the streets in daylight hours, appear drunk in the community during the day, as well as using public transport. My husband (bus driver) has had to revive a woman on his bus suffering from the affects of drugs. There are also individuals begging outside shops as well as sleeping rough in tents within my area."
- "People are concerned about unpredictable behaviour by those that have taken drugs. There are a lot of teenagers that spend time in parks and people tend to avoid these at night."
- "The pervasive and unpleasant smell of weed, more frequently in communal spaces e.g. shopping streets and parks. The common overuse of alcohol (before it has got to a level deemed 'unhealthy'), that actually creates a culture that sees it as essential to enjoying yourself and makes us accept rowdiness and drunkenness as 'normal'. It's a drain on the NHS and other services."
- "No one cares any more. Drugs and parents on drugs have spoilt the whole way young people think and behave."
- "Being banned and unable to access services due to addiction."
- "The city is full of people on drugs, who look homeless. Its scary to walk around in the daytime and I have witnessed them being aggressive."
- "Too many people have died in our community from the effects of alcohol misuse."

- “Down my street and in my local newsagent there are people obviously affected by drug and alcohol misuse. There are regular thefts and incidents of violence that often require police presence.”
- “Every day on the roads people are driving under the influence of alcohol and drugs which isn't as obvious as someone sitting in a doorway drunk or staggering down the street.”
- “Drug use in local churchyard and behaviour of individuals including young people.”
- “Obvious use in certain areas, used needles/bags left lying around.”
- “I've contacted my local PCSO using social media as they ask you to do and promote – but no response.”
- “The constant ‘war on drugs’ allows a criminal element to thrive in my community, whereas the users tend to be ordinary law abiding citizens. Criminalising users adds to the effects of drug use impact on the wider community as opposed to allowing use through vetted appropriate sellers and to not allow use of drugs in public spaces. Pass new laws to weed out the antisocial behaviour of miscreant users i.e. – antisocial behaviour under the influence of drugs/alcohol to receive tougher penalties.”
- “Areas of community being ‘no go’ areas if not part of the drug/alcohol/homeless community.”

Feedback from in depth conversations

- “I've just been burgled for the second time and I know they were drug addicts housed in the annex behind me – the owner receives money to house drug addicts. I've informed the police but I wasn't given an incident number and they've not done anything yet. I don't own the house and I'm not insured. I don't want to ask my landlord to help with making the property more secure because I'm worried they will increase the rent again. I have tried speaking to my MP but I was told it was a police issue. I've tried calling Citizens Advice but there was a huge queue on the phone. I feel like I have to make a nuisance to get anything done. We're falling over backwards to help the drug addicts but I'm not receiving any help. We haven't got a PCSO in the city. I have also been to the Town Hall but was told they don't have any councillors in the building. I was given Louise Gittin's number but when I called there was no answer. I do not have a phone of any type and I am not on the internet. I have to go to the phone box to make calls. I lived in the house all my life and I want to feel safe in my home.”
- “There's a half way house near my home for those who were recently out of treatment. There had been smashed windows and on New Years Eve someone was brandishing a sword. I was very nervous and afraid to leave the house. At the same time my car tyre had been slashed costing money. New tenants are in and out. I have compassion for them but there's anti social behaviour caused by these people. My neighbour sold drugs and since they moved out it's been much quieter and I feel safer.”
- They said they felt that young people in Blacon were being more obvious with their drug taking. They said they see young people having a joint openly on the street. They feel that there has been more drug activity in the recent years including cocaine being openly scored on the streets.

Q16) What do you think could be done to reduce the harm caused by substance misuse?

Feedback from our online survey, engagement activity and Citizen's Focus Panel responses

- "Alcohol use is so embedded in our culture it's difficult to see how it can be brought back under control."
- "Education in schools."
- "Increase support from health authorities."
- "Increase support to groups that help users."
- "Education and support."
- "More moral support – I couldn't have done it on my own. People instilling self-belief is so important. More information and signposting to services that can actually help, rather than being told no when you get there."
- "More community support – not linked to substance misuse necessarily. Just somewhere to go and mix with other people in a positive way that doesn't involve going to the pub."
- "More funding for detox and good quality services."
- "Having somewhere to go. It's better being in the centre than at home but that's only for an hour once or twice a week."
- "Have more information early on about the negative impacts of alcohol. We seem to be told more about the negative effects of drugs but not so much alcohol."
- "I was in a tent, then in a hotel and now I have my own accommodation. When I was in my home originally, I wasn't drinking – it was when I became homeless that the drinking problem started."
- "Empathy shown by the people treating you is crucial to recover. People feeling judged by professionals and the community. I felt people looked at me like it was my own fault and I had brought it on myself. Police are judgemental straight away. Lack of understanding or empathy. Made to feel even worse about themselves when they are already in a low place."
- "Improve funding to reduce waiting times. It takes too long to see the higher level mental health practitioners – then in the meantime people go back to using again as a prop. There needs to be more social housing. There seems to be help if you're middle income but if you're on minimum wage you've got no hope. You can't afford even the cheapest property. Professionals need not to judge and show more compassion. Need to reduce the stigma culturally. Helping others to understand (including services such as Police and hospital staff) about alcoholism and the positive impact someone showing empathy can have."

- “Linked services. Better housing. I had been drinking all my life (not heavily) with no issues. A problem occurred in my life which brought anxiety and my drinking increased and ended up becoming an alcoholic. I've been in trouble with the police due to anger issues brought on when drinking excessively. I'm trying to move as my neighbours have a certain negative view because of my behaviour. I'm on the waiting list but have to 'bid' for new houses that come up. I find it difficult to stay sober staying in the same environment with the same people judging me even though my behaviour has now changed. It would help if the culture changed around alcoholism. We're not bad people - we need love and support not to be judged. This makes it worse.”
- “Have substance misuse specialists to help provide support whilst being treated for mental health issues as the two link so closely together. Increase in price of alcohol may help Education on the real impact of drinking alcohol, even for those not alcoholic to try and reduce the harm caused. Current impression that drinking alcohol is OK – not enough education on the facts – that alcohol is one of the most harmful drugs in the UK.”
- “Children have more support than the adults currently, but if they are not helped young people are a 'ticking time bomb' and their mental health will need supporting throughout their lives.”
- “Funding to the right places and training of staff.”
- “Gym membership – they only provide three months for free and then it has to be self funded – this is just the point of getting into a routine.”
- “Music had helped me – either listening, writing and playing.”
- “Early intervention is essential, although a lot of the time the person with addiction will not go and get help or be treated until they get to a crisis point.”
- “More understanding for the public on where to go for help.”
- “Could there be an arm of young carers to help children with parents with addiction?”
- “A lot of addiction is related to childhood traumas – is there more that could be done to help people early on - to be more open about it and be able to get help before it starts to take hold?”
- “My husband had a liver function test in his 20's but it came back OK so he felt he could carry on drinking heavily. I've heard it doesn't show until the liver is very damaged but the GP hadn't reinforced this.”
- “People often don't get a wake up call until it's too late – could public health give a stronger line to give people a wake up call earlier?”
- “I suspect my ex-husband has undiagnosed ADHD and has been living with it all his life, and this may be one of the reasons why he leant on alcohol so much. Support neurodiverse early on to help avoid later issues.”
- “Try and deter congregation and drug taking by cutting down bushes, making areas more visible to CCTV to try and stop people from using and selling on the street.”
- “Need to make rehab services more appealing for people to access. People have a perception of what rehab or services are that stop them from accessing. Explain the process more – use storytelling. Work around the person and go to where they are first then slowly try to move them in the right direction rather than trying to 'rip the plaster off'.”

- “My husband used alcohol to mask certain behaviours because he did feel different and when he drank alcohol, he felt more like other people. There should be more information at school, what to look out for in other people and what to do if your loved one is displaying signs of addiction.”
- “As society there should be more of an understanding of addiction and the underlying causes. Help to stop the stigma and blame mentality and help people get help earlier.”
- “There’s often coercive, controlling behaviour involved, potentially doing some sort of social media campaign to understand what it is and look out for the signs. To not blame yourself for the person’s behaviour/addiction. Sometimes loved ones are enabling the behaviour as they love them so much and are unsure how best to approach the situation.”
- “More effective collaboration between services.”
- “The lack of police presence is an issue and there should be more police on the streets. More young people are using cannabis now than drinking and vaping is an issue – people think it's fashionable – people who would not have smoked before. There should be more provision for people to use drugs safely: for example the homeless community in Chester centre. Some people are so entrenched in their way of life and for them it's not necessarily about recovery – it's more about safe use of the drugs until rehabilitation or recovery can take place, in a two way relationship. We need to think more modernly like the Canadian approach. The over 18's seem to have less appetite for drinking and are more interested in healthy living which seems positive. I think there are more issues around women – mums for example drinking heavily behind closed doors. Services need to be more joined up – it's essential for them to be more effective.”
- “There needs to be a wider offering to the public not just when people have reached crisis point. It needs to not be tailored to the condition (e.g. drinking, drugs, mental health). More of a holistic and well-being perspective – a keeping yourself well approach to try and capture things early.”
- “Meet people outdoors who have mental health issues – rather than in stark white rooms. Some people feel intimidated in such environments. Someone I know says ‘my head goes when I’m inside’ so has avoided having any treatment for his addictions.”
- “There should be more joint patrols and outreach – helping to build more effective relationships. Feel more success when working together with other departments. Homeless seem to be pleased and surprised when two services are working together.”
- “There seems to be lots of discarded needles in Ellesmere Port. Maybe a replacement scheme which only gives people new needles when the others are returned?”
- “People within services should connect more with people directly. There are too many people talking around tables, on teams calls, writing emails.”
- “Need to have an easier way for the public to report issues – antisocial behaviour – or if someone needs help – that isn't just 999 or 111.”
- “CBD/Vapes products being legal.”
- “Social media.”
- “Make alcohol more expensive.”
- “More help for people.”
- “More support.”

- "A lot of people's misery would be saved if money and early intervention was invested in education early on in high school. People with lived experience should go into the high schools to talk about drink and drug issues rather than a professional talking about it. I started smoking at 12 and maybe if I had more knowledge earlier on of the real impact it can have on people and actually seen it for myself with people with lived experience it may have made a difference."
- "Early intervention is so important."
- "A joined up approach, recognising the impact of mental health – often services say they can't help because he isn't sober, but that's because of his mental health."
- "I know it's public money but addicts can sometimes have periods of being 'dry' so can function, but when they lose their job then they start drinking again – it takes an age to get it all back on track again with benefits, so they are at rock bottom and ultimately cost more."
- "I have always thought that education is the best means of dealing with this situation."
- "Education on the dangers of abuse should be given on an annual basis starting with primary schools and continuing in secondary schools. It should be given coverage at university/college level."
- "There should also be a lot more information on who should be informed, when they should be informed, who can provide help, and when you should seek help."
- "In all cases there should be an efficient means of follow up to ensure whatever occurred has been overcome."
- "A person who was trying to get help died by suicide whilst professionals from different areas (mental health, housing, recovery services) had a meeting giving their opinions of what needed to be done without consulting him, his family or the volunteers who had been helping him at a base level. They knew best looking in from their own windows, not getting down to his level with true compassion or empathy."
- "Support for the family to stop the individual getting access to the substance."
- "More police community officers."
- "I think there could be random police searches in schools and colleges."
- "Push people away that are doing the drugs."
- "Look at the inequalities in our community, more focused support for areas of deprivation, poor social support and health inequalities."
- "Better access to services. Choice of who to engage with and when."
- "People are frightened to report. This problem has only occurred because housing placed them there. There should be more consideration of local people."
- "More opportunities for a meaningful life. Community is the answer fundamentally."
- "Education and awareness being taught to young people."
- "A better understanding of mental health and alcohol/substance misuse being taught to professionals involved with people who ask for help."
- "Education in schools."

- "Consideration of legalisation of certain classes of drug so their use can be monitored and controlled."
- "Investment in policing of organised crime and county lines."
- "I have always thought that education is the best means of dealing with this situation."
- "More assertive and well funded drug and alcohol rehabilitation services."
- "Outreach."
- "People have got to take responsibility for themselves more. See the harm they are doing to their self and their family."
- "Better support for people in their homes. Being listened to and not being passed from pillar to post with different agencies."
- "There needs to be more help, more education about the affects."
- "Speak to GP and attend services for support in addiction."
- "Increase the cost of alcohol so it's harder to get hold of."
- "More social activities and more help getting back to work."
- "Tighten vape sales to minors. Energy drinks only for adults. High fines for those people who sell products inappropriate for young people."
- "Drop in community centres to offer space to talk, reach out for help. A positive place that is not just used for addiction support."
- "More counselling services available."
- "More help for drug users."
- "Greater access to service support e.g. home visits."
- "Policing county lines is important."
- "Strong education and prevention around drugs."
- "More spending around prevention and early intervention, but addressing the root causes - people do drugs to escape something or deal with something. This has to be dealt with and addressed properly with professional help as well as stopping the drugs."
- "Tougher sanctions for those exposing children to drug use."
- "Investment in recovery services and harm reduction programmes nationally."
- "Remove and catch all drug dealers and get help for the ones who need drugs and not allow them to smoke in the street."
- "More police presence in the community."
- "Education in schools, youth clubs, adverts, social media."
- "Easier access to support groups in more friendly settings."
- "Limits on being sold amounts of alcohol in shops and pubs."
- "More support services available."
- "Education."

- "More help."
- "Better police involvement."
- "Needle exchange schemes in pharmacies?"
- "Services need to be visible and communities need to work together. It's disjointed and doesn't operate like it has when communities were significantly improved."
- "Better parenting, more sport in schools, impart hard hitting info on long term effects on the users, police on the street easily reached."
- "Move them out of the city."
- "Locally accessible clinics."
- "More local access to services."
- "Earlier prevention - education in schools, education in homeless and supported accommodation. Support for families who live or have lived with someone experiencing substance misuse at the earliest stage on the effects of substance misuse so that it is not normalised in their lives. In addition to this, a more accessible route to mental health services. Those who have lived with someone with substance misuse and have been exposed to it may be more likely to develop substance misuse themselves due to poor mental health, poor attachments."
- "Idealistically change the perception and culture around alcohol to highlight the damage it can do to people and lives."
- "Enable people to access the services whilst still using to help coach them through stopping and give them a reason to do so. To provide detox programmes to help someone stop using. My Mum was only saved from alcoholism by a physical injury which caused her to be hospitalised and only then was she given detox drugs. Without them I don't think she would be alive today. Please make a provision to house people and allow a safe detox."
- "Better education at school."
- "They're so easy to get hold of - cheap and readily available."
- "Awareness in schools - definitely more support for children of parents who are alcoholics."
- "Allow mental health input at the same time as alcohol/drugs treatment help as they come hand in hand. It's ridiculous that they can't access mental health support if still using (despite the fact that it may be less effective). This rule makes them feel abandoned."
- "Prison sentence for offenders."
- "Better mental health service so that people don't turn to substance misuse."
- "More awareness."
- "Try harder to stop the people who supply drugs and break laws."
- "More peer support."
- "Other self help groups for those at an earlier stage - people tend to have reached desperation by the time they go to Alcoholics Anonymous."

- "More severe sentences for drug peddling and confiscation of all assets."
- "Alcohol shouldn't be able to buy as easily as it can. It was invented in a time that water wasn't safe to drink. If alcohol was invented today, it would have been made illegal. It does so much damage and yet when you don't drink people treat you like there is something wrong with you. It's considered not normal to be t-total."
- "More services and funding."
- "The police aren't bothered about cannabis. They know it's there but don't have the time to deal with it. There's no point legalising as the whole place will stink more you've only got to look at the smell vapes make."
- "Instant contact to appropriate medical and counselling services. The Priory is good for rich people but not accessible for the majority."
- "Legalise, regulate and educate how to take drugs safely."
- "More effective support at an earlier point."
- "Police the streets with PCs who have a sense of smell and sniff them out and do them properly."
- "More police community officers."
- "I think there could be random police searches in schools and colleges."
- "Better mental health services."
- "More compassion all round. Improved mental health services and education for all. Tipping points - finding out what the drugs/alcohol was giving the person and trying to mitigate this for others. Childhood traumas. Support early on. Culture change at a higher government level. "
- "Greater enforcement of dealing and use of drugs."
- "A reduction in the shame of drinking. People still stereotype people with alcoholism."
- "Education in schools, mentors with good recovery, more emphasis on self help (addicts want everything done for them) as there is no recovery from addiction without putting in some hard work.."
- "Rehab with proper mental health support."
- "Supporting those who need it to be able to maintain their own safety. By stopping the demand you then cut out the chain of people involved in the criminal activity."
- "You need to get to the root cause of the problem - mental health, anxiety, stress, low self esteem on young people."
- "Also consider how you can control access to substances."
- "Decriminalise drug use - especially cannabis. Limit the sale of nitrous oxide to business accounts (except very small quantities) and require sellers to maintain records of such sales."
- "More awareness about the effects on your health and your family - all media sources could do this."
- "Being more open and honest about conversations involving substance abuse. How it isn't always about a bad person or a person with no self control or peer pressure. These notions created by society on who abuses drugs makes it difficult to get help when it's needed."

- "Support for children and young people affected by other's substance use."
- "I've no idea as by the time I realised it was too late."
- "Restrict sales."
- "More police."
- "Involve parents. More co-operation between agencies."
- "Transfer policy to make it a health issue rather than a criminal one."
- "Education, rehab outreach, homeless support and if all of that doesn't work enforcement is the only answer or legalise illegal substances which is a whole different conversation."
- "More policing in the community, targeting schools and younger people are being affected more and influencing their adulthood."
- "Continue to educate children and young people about the risks and harm this causes."
- "Maybe helping people turn their lives around, even if they are difficult people. Everybody except me has turned their back on my son because he does not toe the line."
- "Services to have more power and awareness. Any kind of service that is in contact with someone with substance misuse not to be so trusting of what they are being told by the user so that they can take more appropriate action. Apparently it's easy to pass a drugs test, especially if someone is handed a bottle and able to walk away and bring it back a little later."
- "Better education and more help available."
- "I believe the root cause of drug and alcohol abuse is poor mental health support, not enough funding as well as long wait times to see professionals."
- "I think that there needs to be a change of attitude in society towards alcohol problems and the affect on the families/partners of alcoholics. Rowdy and boorish behaviour in town centres by groups of people - sports fans, students, race goers and others - seems to be considered acceptable. Young appear to consume large quantities of alcohol without realising its effects on themselves and others, until a young person strays into difficulties or the canal late at night. Alcoholics become so wrapped up in their own needs that they cannot see/understand the effect their behaviour has on others."
- "I don't know what can be done about drugs. The use and supply of drugs is so enmeshed in criminality and violence that it is hard to see how individuals can suggest solutions other than perhaps to persuade people not to start taking drugs."
- "More awareness at schools. Former users giving presentations to schools particularly year 7 to 11 age group."
- "Legalise and bring the sale and distribution under state control of all drugs."
- "Legalise drugs and dispense/sell via regulated providers - only allow drug use on private premises."
- "Making universal services more accessible."
- "Reduce stigma of addiction."
- "Police walking around communities on a daily basis."

- “Work to change cultures in the same way that smoking has been changed. Allowing places to serve alcohol until 7am the next morning is asking for trouble. Invest in the preventative side of things. Reinvest in youth services.”
- “More information on success stories and positive action, as well as options for moving forward when clean, not just horror stories and depressing content. One thing people really struggle with is hope.”
- “Narcotics Anonymous and Alcoholics Anonymous were my saviour and continue to be so. Spiritual connection in any way is key. Connecting with something bigger than you. The nature of an addict is selfish – just thinking when they can get their next ‘hit’ or get away from the norm. Fostering an altruistic mindset has been instrumental in my recovery. The joy I get from helping others and seeing them happy is stronger than the need to use now. Connecting to love in some way. Addicts are wanting comfort and to fill a void. They need to find this elsewhere that’s not destructive!”
- “Support for families and understanding the journey of an addict would be really helpful. Breaking the stigma of addiction and drug use, trying to reduce the shame – behind closed doors – not asking for help – being judged by others.”
- “Target drug dealers – they would hang around social housing on the day they knew people got their benefits and take the lot off me as I always owed them. When I was a dealer I would prey on the vulnerable. They need protecting.”
- “Faster assessment.”
- “House people in supportive environments not living alone. Review benefit sanctions to those with severe mental health/alcohol addiction behaviours. They only think about alcohol and cannot function like ‘normal’ people. Have a welfare checks service as some people are very unwell. When they fail to attend GP appointments there is no follow up. Encourage attendance at Alcoholics Anonymous meetings – they do help.”
- “There are some sober weeks (they are becoming fewer) whereby he can be a good worker but cannot sustain a job. Maybe have some job roles that you can turn up to on good days without benefits being impacted. It is unfair to expect employers to take on unreliable workers even though working does help people have a purpose and feel valued. He has tried to work in many jobs but it is not sustainable due to the addiction.”
- “Restrict sale of alcohol, support to retailers of how to handle alcoholics.”
- “Awareness from an early age in schools etc. to reduce harm.”
- “Local support groups.”
- “Better support regarding alcohol abuse. More rehab places when needed. Holistic services so not passed between people who can’t help as don’t fit their service.”
- “More police and hostels.”
- “My sister died of alcohol and none of her family or friends knew she had a drink problem. People need to look for the signs in others and not be afraid to speak to them about it. If she had been more open and got help she could still be here. GPs need to look for the signs too. She had been to the GPs many times with different things wrong which looking back were related to her drinking.”

- "Harsher consequences."
- "Early intervention."
- "Funded 'wellbeing hubs' with social areas to meet, chat, eat. People are reluctant to go for help but may be able to get support in other ways. Think outside the box – not labelling services 'addiction support' or 'mental health support'. There should be places people can go without stigma and labels attached. To treat the whole person not just one element of what's happening as it's so interlinked. Also allow people to build a relationship with someone and they be their point of contact throughout their recovery journey. Empathy, connection, compassion, feeling heard and seen, feeling that someone cares what will happen to you is so important."
- "Education."
- "Better access to support – both in the community and those requiring more intense support."
- "Safe spaces for those who wish to take drugs so it doesn't impact those community e.g. drug taking in community spaces such as parks."

"Education, hard hitting education."

Feedback from group sessions

- "Difficult to know what to do in the culture we are living in. Trauma more prevalent, drugs easier to get hold of, social media fuelling ideas and reinforcing depending on your algorithm. Not all people are from poverty, seeing more coming from middle class as parents working full time, detached from the child early in life, too busy to be there when needed. Strong early attachment is key – need education and support for families early on. Not about throwing money at people. Need time and personal support. Also heard cannabis is much more widely used in teens than it was in our generation. "
- "I was fortunate that our landlord was good , but some aren't and don't care what their tenants do as long as they get the money."
- "Stricter punishment for those that do drugs and particularly when it impacts other people."
- "Joint working between departments. It's currently not about the person but about each condition 'mental health/addiction. Needs to be more person centred. Early intervention that doesn't have a stigma attached. I was crying out for help for years but wouldn't have gone to a 'mental health support group' or a 'drinking' group. Not sure what the approach would be but general support for people who want help in changing habits or stuck in a rut and don't know how to get out. Low level coaching with a listening ear to help before it goes too far."
- "Needs a proactive approach. The community know who the dealers are and where they live!"
- "Stricter rules, people don't want help."
- "Tighter laws."
- "Nothing because people are addicted and won't stop."

Q17) Is there anything else you'd like to share with us?

Feedback from our online survey, engagement activity and Citizen's Focus Panel responses

- "There were long waiting lists for bereavement counselling and they were hard to access. You need the support then and there when you really need it otherwise you just get worse."
- "You're not going to go into a pub or to a family gathering and say you've got a drink problem. People avoid me now. Not many people ask me how I'm doing. And if they do they don't want to hear the real story. It means so much just to have someone interested in me."
- "There's not a stigma attached to drinking like there is to drug taking. It's cool to drink and the high marketing spent by big companies does the trick. It's shameful to be an alcoholic though. It's seen as a sign of weakness. It's shameful. I often hide then think why am I hiding – it's stupid!"
- "My daughter's friend left home at 15 and started living with a drug dealer, and started using. She got pregnant early then stopped using. She has been diagnosed with autism in midlife, was abused by her partner and pushed down the stairs. He sold all the baby equipment for drug money. Housing has been an issue but she is now in a house locally."
- "Staff should be non-judgemental and treat everyone fairly & equally."
- "I still drink but know my limits and don't use it as a crutch any more. I woke up one day and decided I didn't to live like this anymore. I found my own tipping point."
- "Social services communication is awful."
- "I have been broken into twice now by local drug users. The police have done nothing to help me. I am scared to be in my home and don't feel safe. I feel there's no help and support for me."
- "I'm lucky my family have stuck with me, I've been in prison – we had to completely move area to get away from all the people I hung around with."
- "It impacts parents, grandparents, siblings and friends. Truly heartbreaking."
- "The country is lagging behind in evidence based drug policy – the cost is drug deaths and crime."
- "Drug runners on electric scooter every night up and down. Vehicles park just out of shot of my CCTV and wait for a call or text, then they move up to collect the stuff from someone. There's a dealer down the way from mine, two minutes walk, cars park up and youths walk down to score."
- "So much stems from mental health, the role of social media, access to drugs and alcohol. Huge culture shift needed for alcohol but appears to be moving with younger generations not drinking as much."
- "There should be unannounced inspections of vape shops."
- "I think that the drug swipes performed now by police are a great way forward."

- "I have a friend who developed an alcoholic binge drinking cancer last year aged 56 and worse still, her boyfriend/drinking partner was diagnosing alcohol related dementia aged just 45. We need to end the culture of binge drinking, it's so destructive and costly to the NHS. My friend underwent an 11 hour surgery and now needs a scan every six months for the next five years. I've tried for many years to get my friend to stop drinking, but addiction is so difficult and challenging, with secret drinking part of the issue."
- "I drink and did do drugs many years ago, but friends helped me limit the amount I was taking and warned me of the consequences. I still drink but keep it down, although I find I'm susceptible to over-drinking sometimes. Stress is a factor, but also I enjoy alcohol. I find people who do drugs have no care for others, lose all concept of reality and will do anything to get their drug of choice."
- "Criminal will ALWAYS find vulnerable people to exploit, if society puts the effort and care in FIRST so that there isn't any weak chink for them to get through, because we are wrapping support around them and making it so there is as few vulnerabilities as possible, there will be little opportunities for them to exploit."
- "Drug taking and dealing is rife in Ashton Hayes. It's a county lines hot spot."
- "This problem affects more people than you would ever be able to identify. It can be quietly hushed up before getting in the open."
- "I think the long term effects on children growing up with the uncertain and intimidating behaviour of a parent who has alcohol problems are not well enough understood/disseminated. Lack of self esteem carries on far into adulthood often leading to bad relationships and repetitive cycles of domestic abuse."
- "I was (much) later diagnosed as autistic and I have not felt the need to use since. I believe many people use drugs and alcohol as a way of escaping or coping with life that is made especially difficult by undiagnosed conditions such as this and I believe that mental health provision and drug and alcohol services should be more integrated."
- "On a more practical note, I think the alleys behind terraces need monitoring for drug activity."
- "There needs to be more provision like a drop in centre where people can get an understanding of what is on offer. Everything is difficult to access. Also what is the point of telling people you can only access a drug support service when you're clean? Surely the help is most needed when someone is feeling lost and like there is no hope - essentially whilst they are still using but have an intention to quit. Please help us to help them."
- "Perhaps the first step would be to tackle alcohol dependency before it escalates further."
- "So difficult to avoid alcohol - socially acceptable and expected."
- "There is a lack of support for carers/adult family members managing the needs of those with addiction."
- "There's been an increase in drug gangs targeting 14/15 year olds and befriending them, then giving them drugs and then getting them running for them or laundering money."
- "On good and sober days ask alcoholics what they want and need."
- "That empty building should be made into more shelters for individuals who need a place to sleep, however, the funding for such things comes from government."

- “Being a member of Alcoholics Anonymous has not just saved my life, it's given me a whole new one. It's 24 years since I last drank alcohol and I have a number of friends who have been sober much longer than I have. We do all we can to support the newcomer, and each other. I'm living the best years of my life so far but know it would all disappear if I picked up a drink again, so I still attend meetings to remember that.”
- “There's nothing, it's too late.”
- “The police do their best, however their time is restricted to more serious crimes.”
- “Cheshire West and Chester Housing have said that my son is not priority need because he had enough money in his bank account to pay his rent when he went into arrears. They didn't and won't take into account the fact that he can't manage his money and prioritises drugs and alcohol before anything else, so they said that he has made himself intentionally homeless. This means that when he is evicted from his flat by the court in the next few weeks he will be on the streets.”

Feedback from group sessions

- One man said he's living in shared accommodation and his 'health is falling apart'. He isn't working so he's got no option but to stay there but because of the other people who are in the house and the state of the house, every time he returns home he feels dismayed which is why he turns to drink.
- A man went to the Jobcentre and they didn't know where to direct him.
- There was a conversation about PIP. Two had been through tribunals and successfully got the money on appeal. One girl said she'd never heard of PIP. Discussion about the Jobcentre and housing not effectively directing people to the services that they need.
- One person told the group he could make today on time as the carers had come in for their parent so they knew they would be looked after and given dinner.
- One person said they were told three different things by three different people when applying for PIP the information given is inconsistent. “You need to go through hell on earth to get what you are entitled to. 52 pages of complex forms which I wouldn't have been able to do it without the help of the Citizen Advice. We're facing up an uphill battle when we're already as low as we can be”.

They felt face to face sessions help build a relationship with a person over time, as opposed to one off over the phone calls, are much more beneficial and have impacted their recovery more.

- Empathy shown by the people who are helping them came up a number of times in supporting them to move on to the next stage of their recovery. One person said it was 'crucial'. Shame and judgement came up a number of times in the session.
- One person used to work in a prison – he told us about the case of a young man who had mental health issues who he thought shouldn't have been in prison but because of lack of mental health support he ended up there.
- One person told of how they were at work (on machinery) when they had an overwhelming desire to smoke cannabis (it was approaching a significant traumatic anniversary). They chose to speak with their boss. The boss told them to take 10 mins of fresh air – then they were joined for a chat by another team mate. They acknowledged if they had been sent home they would be back using again.

In depth conversations

- "The impact of my addiction – I had no money and couldn't pay rent on my flat and was evicted. All my family relationships broke down. Now I'm starting to build them back up again, and I am living with my sister. I'm keeping my distance from other user friends.
- "I was an addict for two years, was sectioned, in trouble with the police and regularly took part in anti social behaviour. I was from a middle-class, loving family – very intelligent, did well at school early on. Not the 'typical' story.

My dad couldn't go for promotion at work as he needed to be on standby in case the police called or I needed help. It impacted all the family financially and emotionally. They weren't go on holiday for years in case something happened to me. The shame of having a son on drugs was a key player and I have seen this elsewhere. It's a taboo and nobody wants to accept the problem including the user themselves. Families are too proud to ask for help. It hides away in back alleys and tears in people's living rooms.

Local community would cross the road when I walked by. They were afraid/judgemental/didn't want to be associated with me. Shame fuelled my addiction. Even if they had approached and been kind to me it probably wouldn't have helped me in any way. I didn't see the consequences of my actions as I was too far within another world.

The addict doesn't see the damage they are causing when they are in the throws of addiction. It took me two years after I was clean to see and accept the damage I'd done to others. It's a journey you are on and you have to fall. The best thing family and community can do is let addicts fall. Too much support enables the behaviour to continue. The old adage of hitting their own rock bottom before being able to move forward. Compassionate detachment from family and friends is what's needed rather than trying to save them. Difficult to know where to draw the line though as so different for different people.

Most addicts have back stories, mental health issues and trauma. We shouldn't care so much about the back story. People can stay too attached to that, blaming everyone else and dwelling on the past. If they're too attached they don't look for solutions, they stick to blaming the trauma. Treatment needs to be solution focussed and helping the person to take accountability for their future."

- "I would describe myself as a 'high functioning stoker', thus I have never had to turn to crime to service my cannabis habit. My dad left the home when I was 14 and for a number of years was not involved – it's still strained but a relationship has been re-established. Went to High School at 12 and by day 3 I had been offered cannabis. At this time I said no. However a series of events over the following couple of years led to me becoming a persistent cannabis user.

When my parents split and my dad completely removed himself from the family – which had a number of impacts on me. Firstly there was a lack of a trusted, consistent male role model, secondly this had a financial impact on my mum. I had been playing sport four times per week, however my mum could no longer afford this, so I stopped going – no one from the team made contact to see if they could help. It was at this point I began using cannabis. My mum became aware due to my mood swings and my brother introduced me to the cannabis. We both went on to use ketamine and cocaine.

In depth conversation

When I was at college drugs were readily available and I smoked in front of staff who did nothing. At this point I became a heavy and consistent user. i.e. multiple times daily.

I drifted through college, basically getting the minimum grades. Upon leaving my tutor actually said to me 'he was surprised he passed as he knew he was constantly stoned'.

I plodded on with life, my circle of friends were dominated by other cannabis users. They felt superior as they only used cannabis and not harder drugs.

I suddenly became very ill and without very quick medical intervention I would have died.

This has had a profound effect on me and made me examine how I have been living my life. I've not smoked cannabis or anything else or taken any drugs since. I don't hang around with people that do either. Things have changed a lot for me - I have started exercising, have a new relationship and got a good job. Things are going well."

- "More support and promotion of Alcoholics Anonymous meetings - venue costs, tea/coffee costs."
- "List of all services available on each day of the week."
- "Be a mystery shopper for all provided services and view this from somebody in an alcoholic's state. They can't function so even simple tasks are challenging for them. "
- "Much more awareness of the dangers of women drinking in pregnancy."



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