Given the Dame Carol Black review, and the recent announcement to bring forward £16 million of substance misuse money '*so that vulnerable people currently in emergency accommodation can access they specialist help they need for substance misuse issues*,' we have explored challenges in drug treatment, prevention and recovery, and opportunities for improvement as relates to people experiencing multiple disadvantages.

Many of the Panel have experience of both accessing and working in drug treatment services.

Early interventions

Our Panel believe that interventions that are effective in preventing problematic drug use need to be **psychologically informed** and **personalised**, specifically given the high prevalence of experiences of childhood trauma amongst people who have experienced multiple disadvantages. Interventions should not focus at points of crisis, but be holistic and community based.

"Policing out and medicating out has never worked - you need community." ***Member of National Advisory Panel***

Education is a key preventative intervention, and we believe this needs to start at a young age when people are curious about using drugs. Current interventions this regard need to be improved, moving away from an approach that is frightened to talk about the dangers of drug use to honest conversations. People with lived experience of substance misuse have played a vital role in providing these interventions in some areas, and this practice should be scaled up across the country.

"People shouldn't be frightened to talk about the danger of drugs. You need honest conversations with people." ***Member of National Advisory Panel***

"I think they're a bit soft with kids. The people who are good at educating, they can't glorify, you have to know how to present it." ***Member of National Advisory Panel***

"The best are the guys that have been through the journey." ***Member of National Advisory Panel***

"(We need) lived experience going into schools, colleges, community groups etc." ***Member of National Advisory Panel***

The lived experience of drug and alcohol services

Given the review and the funding announcements, it is clear that a key concern of Government is why, although some people would benefit from engaging with drug and alcohol services, many do not. This is particularly true of people experiencing multiple disadvantages.

People from the Panel who have experienced and worked in services gave some clear insights into why many people are not being engaged by services. This wisdom is provided below:

1. Lack of knowledge amongst people experiencing disadvantage of the services that are available

"A lot of work needs to be done on informing. People don't know how to access support services – sometimes there are too many services." ***Member of National Advisory Panel***

2. **Services can be inaccessible due to infrequent appointments at fixed times, which require funding for travel etc**

"Too many barriers to appointments - the times and (physically) getting there. Services need to be more flexible!" ***Member of National Advisory Panel***

"The services aren't flexible." ***Member of National Advisory Panel***

"…And they can only see them once every few weeks for half an hour!" ***Member of National Advisory Panel***

3. **Support is focussed on deficits, narrow outcomes, and not on the whole individual**

"Support meetings are too structured, just focussed on reducing drug use, not around addressing trauma. There's a number of mitigating factors." ***Member of National Advisory Panel***

"It's punitive. It's controlling. You do as you're told, or you're not getting your meth script." ***Member of National Advisory Panel***

4. **Support can be delivered in a de-humanising way**

"There's not a lot of choice around it. People won't go back into treatment and be spoke too like a child." ***Member of National Advisory Panel***

"I was in a massive hostel. I wanted to stop injecting heroin and crack. They're plan for me was go to a place in [Location]. Take a ticket like at a cheese counter. Expected to do it every day. Why do it when I can go out and beg for £10? … In the end I just reduced… (I thought) "I'm not being humiliated like that!"". ***Member of National Advisory Panel***

"I want to be treated with dignity. …I am not a number." ***Member of National Advisory Panel***

*"You're treated like a ****. Daily pick up. Pharmacies calling your name out. Breaching your rights."* ***Member of National Advisory Panel***

*"There was no system that was going to tell me to stop doing drugs… Every time I engaged with the system it was a ****ing nightmare."* ***Member of National Advisory Panel***

5. **Deficit based staff attitudes are prevalent in some areas, with power dynamics facilitating a lack of honesty and accountability**

"Staff are the biggest issue." ***Member of National Advisory Panel***

"The way commissioners spoke about people!" ***Member of National Advisory Panel***

"Non-judgmental comes from within. You have to bring your heart into the job." ***Member of National Advisory Panel***

"A lot of professionals think they know better." ***Member of National Advisory Panel***

*"I know someone who would come all the way in, and say **** it (and leave), given that some member of staff was on."* ***Member of National Advisory Panel***

"Prescribers prescribe in regimented way. It needs to be cohesive, joined up, and about care… If you have no understanding of human beings, you can't do the job." ***Member of National Advisory Panel***

"You need to feel like you can speak to the worker… I spoke to the person who helped with the job stuff etc." ***Member of National Advisory Panel***

"They recommission services every year. All these services change, but the people are the same. They've been there for years, haven't, or can't change their ways. Don't care. You can recommission services, but you've still got all these people in services that work the same way they did 20 years ago." ***Member of National Advisory Panel***

*"When I was in treatment, I just wanted a script. Yeah, probably sold it. I was in treatment for about 18 years, got the script and toddled off. Left. If you wanted to see a drug worker, you had to go somewhere else. Now you haven't got a separate person to speak too, someone to say that you ****ed up etc… The drug workers have control of the script. Everyone is lying so they get the script."* ***Member of National Advisory Panel***

"People need to be held to account so if they talk to people like shit or treat people like shit. But at the moment, if you speak someone, they're holding your script, so they're not going to do something that risks that." ***Member of National Advisory Panel***

6. There is little choice relating to support, which focuses primarily on prescribing

"There's no choice, it's all about prescribing." ***Member of National Advisory Panel***

"*You need rehabilitation – at the moment there's just groups on reducing motivation."* ***Member of National Advisory Panel***

"4 years ago it was you have to join a group. People can't handle groups! Then it moved to NHS model of care, where you treat them as patients. There is no feeling! It's never "Have you had a traumatic experience?" Treatment is the whole person, it cannot be broken off." ***Member of National Advisory Panel***

7. There is too much focus on outcomes based commissioning, which steers deficit based ways of working and doesn't look at individual needs

"There is an over obsession with data. A lot of assessment forms are tick boxing, and forms shape the conversations." ***Member of National Advisory Panel***

"Commissioners have a set budget and providers force the service to fit into that budget, forced into being 'cost effective.' Commissioners have a duty to look at service… it can be done in a more compassionate way." ***Member of National Advisory Panel***

"It's outcome focussed, it's not person focussed." ***Member of National Advisory Panel***

"It shouldn't be about case notes and risk assessments. It should be about care for people." ***Member of National Advisory Panel***

"Recover can be anything that a person wants. Treatment can be whatever a person needs. But we (staff) believe we have to meet outcomes. But you have entered ***into a relationship****."* ***Member of National Advisory Panel***

"Recovery is a lifelong journey." ***Member of National Advisory Panel***

Recommendations for change

Given our extensive experience relating to accessing and working in drug and alcohol services, the National Advisory Panel have the following recommendations for change. We would encourage that this information forms the basis of any work the Department undertakes in this area.

"It's about building up a relationship that is stronger than that with the drugs." ***Member of National Advisory Panel***

1. **Training for staff on the experience of those experiencing multiple disadvantages**

"Too many times we still hear that people have to deal with substance misuse and not recognising that for some it's a way of self-medicating." ***Member of National Advisory Panel***

"For them to have a better understanding of this client group!" ***Member of National Advisory Panel***

2. **Employ people with lived experience of accessing drug and alcohol services throughout interventions.**

"They should employ more people with lived experience. When you have been through the process you can understand it a bit… You just connect with people. If you haven't done it… You just feel that its them and us." ***Member of National Advisory Panel***

3. **Reduce reliance on outcomes measures and ensure staff meet a set of standards which will support recovery**

"They have to ditch opiate free discharges." ***Member of National Advisory Panel***

"There needs to be training on what's no longer acceptable, like comments on people being born bad or it's a lifestyle choice. There should be a strict set of standards, and we need good staff members who know they are right in challenging these attitudes to have the information to hand on why they are right. MHCLG can have a big role on shouting loud and clear to councils on what's no longer acceptable." ***Member of National Advisory Panel***

"The set of standards should be enforced by a third party, as an organisation will be afraid of losing a tender." ***Member of National Advisory Panel***

4. **Increase the choice of support available which meets the needs and aspirations of the individual. This can build on some of the positive work during COVID-19 relating to rapid prescribing, phone call engagements and outreach work**

"There needs to be more choice, it's not all about presecribing. People have enjoyed the phone calls [during COVID]. The workers have had time to build relationships, not just urine tests, not daily prescribing at the chemists. Drug deaths have reduced dramatically." ***Member of National Advisory Panel***

"Most positive is harm reduction, needle exchange on the street. It's the best intervention." ***Member of National Advisory Panel***

"Prescribers have been more flexible, some have been given weekly pick-ups instead of daily and has given some a feeling of being trusted where they weren't before." ***Member of National Advisory Panel***

"We wanted to prevent people using other illicit drugs, so asked for rapid prescribing – doctor wasn't happy as it meant had to turn over clients in a week! But to save pressure we wanted a week's prescription in hand. This was about looking at people's needs and looking at what was presented, they can't wait a month." ***Member of National Advisory Panel***

"We took all the drug services to them (rough sleepers in hotels). Rapid prescribing, didn't have to see a doctor, needle exchanges took to them, safe boxes for the methadone. Had to do rapid prescribing and a telephone buddy. Treat people like adults. We had two drug deaths, before that had 4 or 5 a week. We've been advocating for all that, and it's all happening now. Seems to be working so going to keep it like that." ***Member of National Advisory Panel***

5. **Ensure all people experiencing multiple disadvantages receive housing so they can engage in any support work**

"Just giving them a roof, and free food, and not paying bills, was the biggest thing for them to stabilise their treatment." ***Member of National Advisory Panel***

About Expert Link

Expert Link is a peer led organisation championing the voice of people with lived experience of multiple disadvantages, including homelessness, mental health issues, substance misuse, offending and domestic violence and abuse. We advocate for a world where people with lived experience of multiple disadvantages are treated as equal partners in decisions made about their lives.