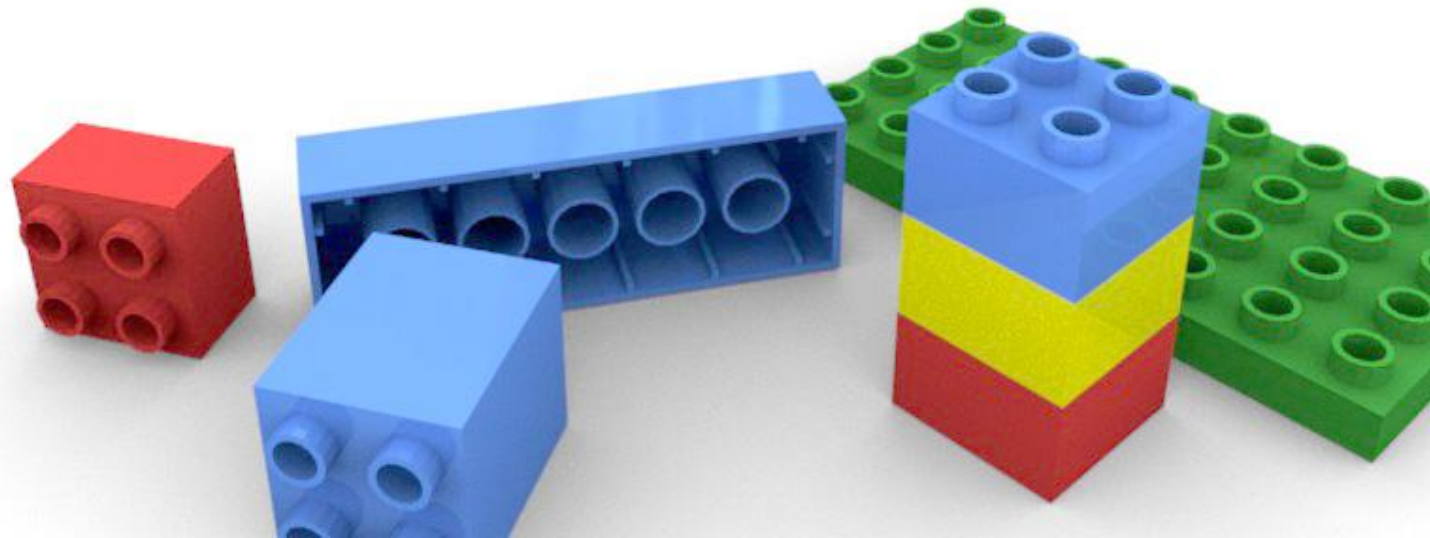




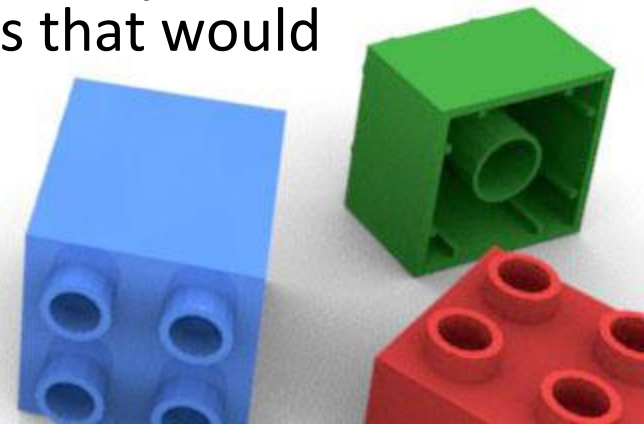
Service User Involvement Team Tier 4 Research

Sunny Dhadley



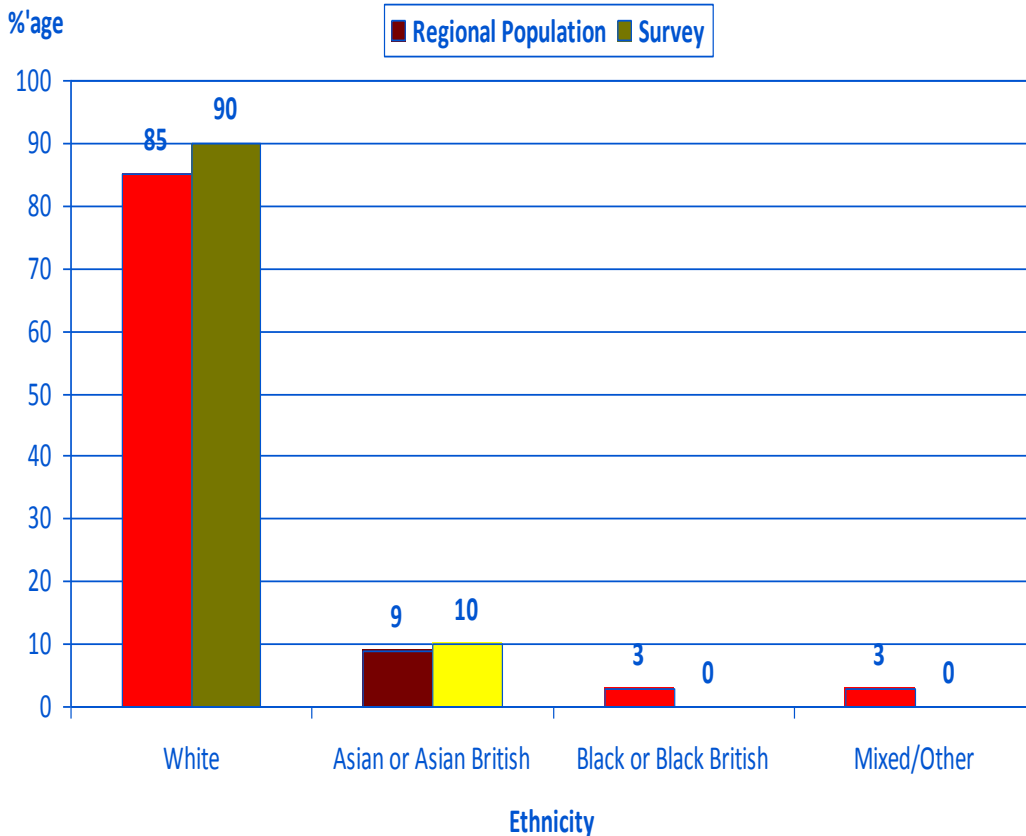
Background

- Asked to carry out research on behalf of Regional Commissioners, looking into the provision of Tier 4 services.
- Aims to explore the views, opinions and beliefs of the service user population, a range of professionals and members of the general public within the West Midlands area.
- Use as a guide to maximizing the usage of the whole of Tier 4 provision and general drug treatment system, as well as highlighting some of the methods that would ensure that this is achieved.

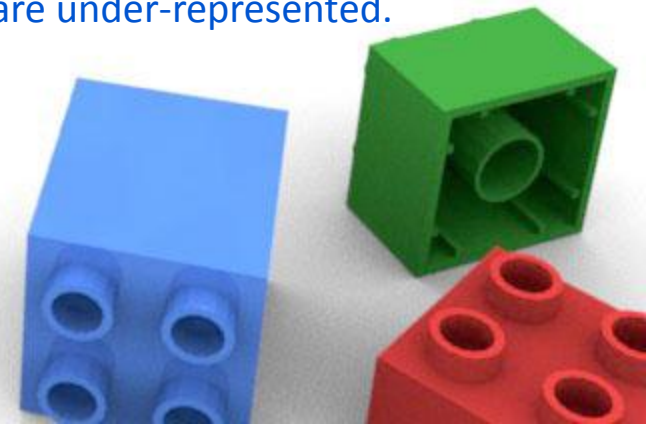


Respondents

Ethnicity of Adult Regional Population Estimates in 2007/08 against those Surveyed

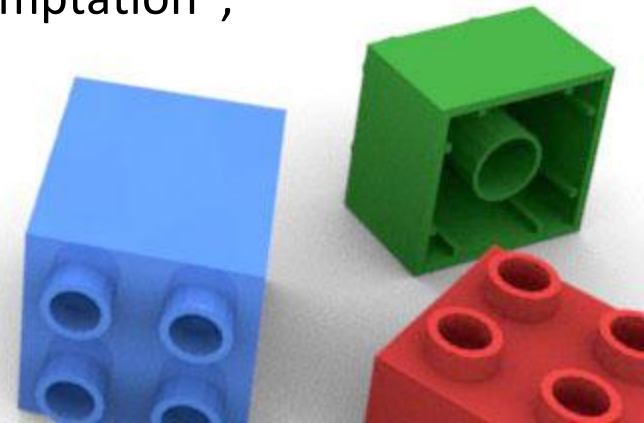


- Out of a total of 42 respondents 36 were White and 4 were Asian (2 did not answer this question).
- Compared to the ethnicity of clients in treatment in 2008/09;
 - The White ethnic group is over-represented.
 - The proportion of those interviewed from an Asian background is similar to the regional population.
 - The 'Black' and 'Other' groups are under-represented.



Views of in-patient/outpatient detoxification and residential rehabilitation

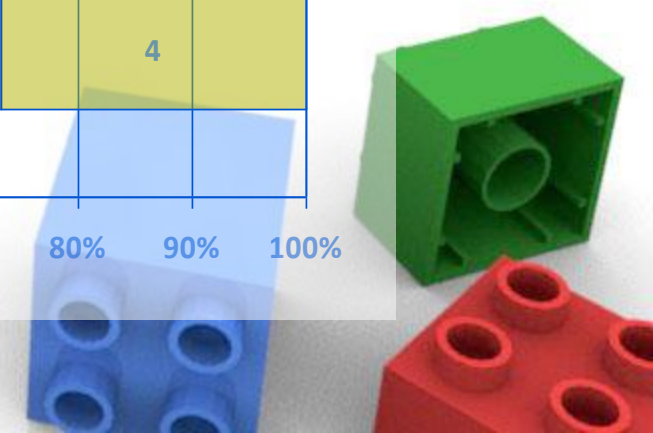
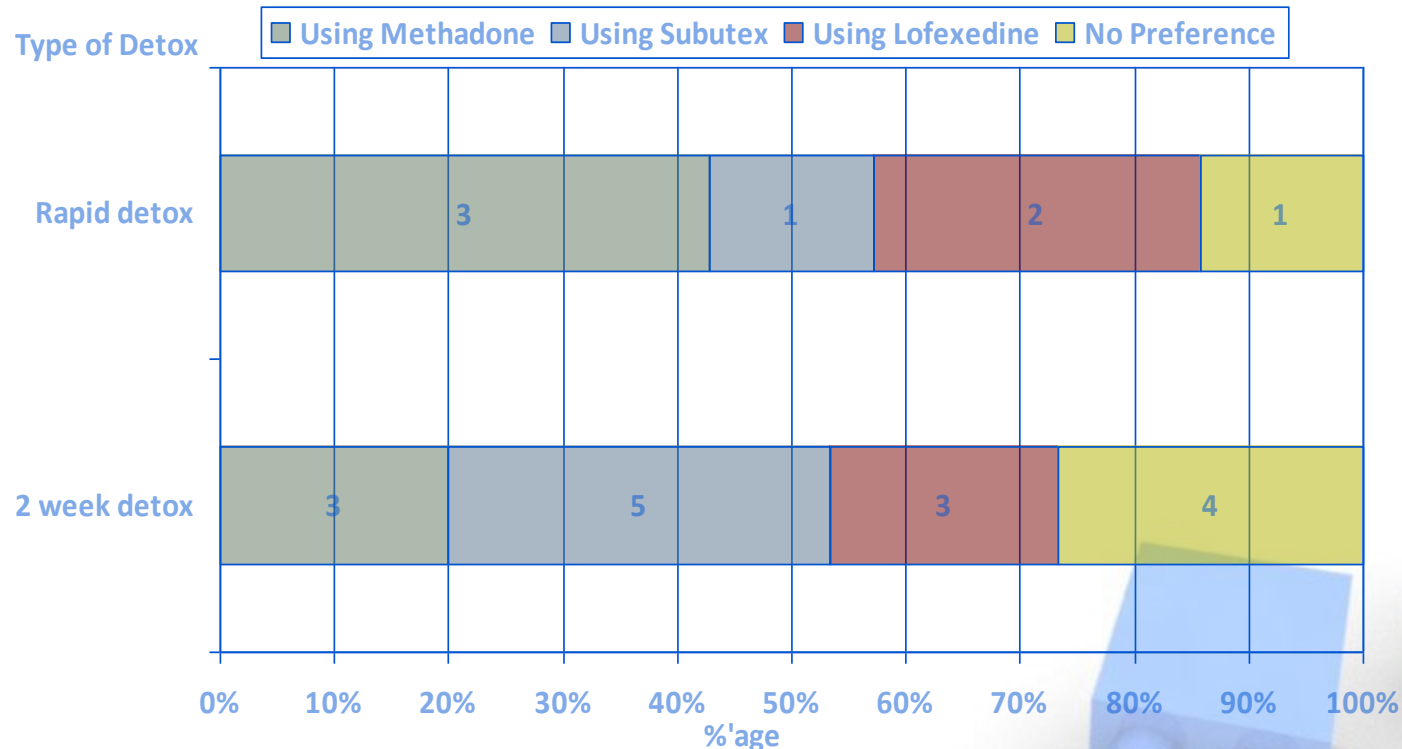
- When asked about their understanding of in-patient detox, community detox and rehab units, some respondents knew little about these services and what they offer.
- Some particular comments about community detox were;
 - “My understanding...is that these are not really done...”,
 - “Staying in a home until you get clean”,
 - “...the person needs to be well motivated”,
 - “No good, waste of time, it’s up to the individual how much he wants recovery...it’s hard enough because it’s in the community around all the madness, drug dealers and temptation”,
 - “Cold turkey”,
 - “...not as successful as rehab but cheaper”.



Views of in-patient/outpatient detoxification and residential rehabilitation

When asked “If you were to use a detoxification unit for drug misuse, how long would you prefer a detox to take? What drugs would you prefer to be used?”, respondents said;

Preferred Type of Detox and Drug Used



Views of in-patient/outpatient detoxification and residential rehabilitation

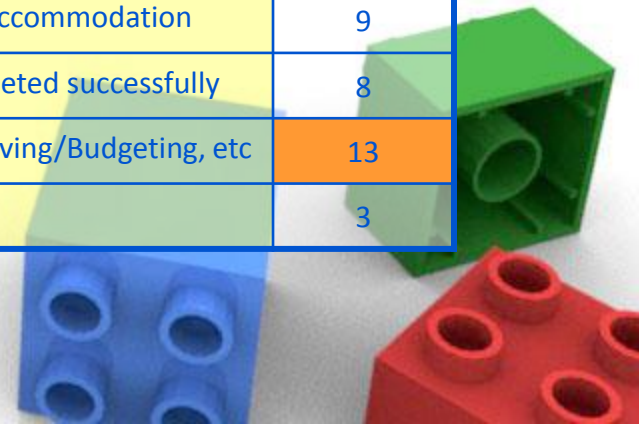
When asked “If you were to use a detox/rehab unit, what support would be most beneficial for you during a placement”, respondents most wanted;

- A combined detoxification and rehabilitation programme,

Followed by;

- Counselling,
- Group work, and
- Life skills/Problem solving/Budgeting, etc.

| Type of Support & Number of Respondents Who Want it | |
|---|----|
| Combined detoxification/rehabilitation | 20 |
| Basic Education | 5 |
| Counselling | 17 |
| Leisure activities | 11 |
| Group work | 15 |
| Referral to Health | 7 |
| Referral to Leisure | 9 |
| Referral to Employment services | 7 |
| Practical skills (IT, gardening, cooking) | 10 |
| Day care facilities | 4 |
| Family therapy | 7 |
| Move on supported accommodation | 9 |
| Own tenancy if completed successfully | 8 |
| Life skills/Problem solving/Budgeting, etc | 13 |
| Other | 3 |

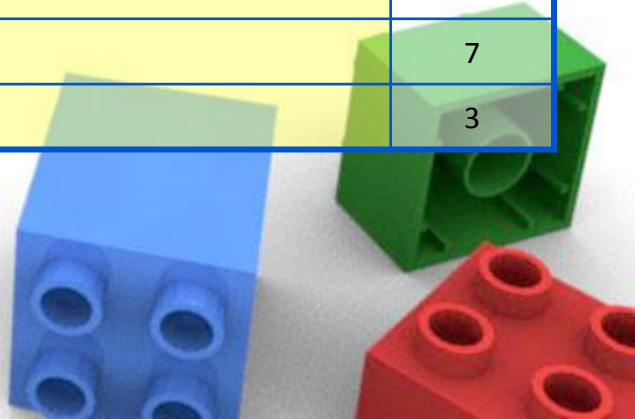


Views of in-patient/outpatient detoxification and residential rehabilitation

When asked “If you were to use a detox/rehab unit, what support would you like to have available after your placement”, respondents most wanted;

- Regular support from a key worker, and,
- Organised leisure activities.

| Type of Support & Number of Respondents Who Want it | |
|---|----|
| Regular support from a key worker | 16 |
| Support via Narcotics Anonymous, etc | 7 |
| Organised leisure activities | 15 |
| 'As and when' support from a key-worker | 11 |
| Structured day care | 8 |
| Training and employment support | 11 |
| Support to help maintain housing | 9 |
| Relationship or grief therapy | 5 |
| No help - I'd want a clean break from all treatment | 3 |
| Resettlement Support | 10 |
| Family support | 7 |
| Other | 3 |



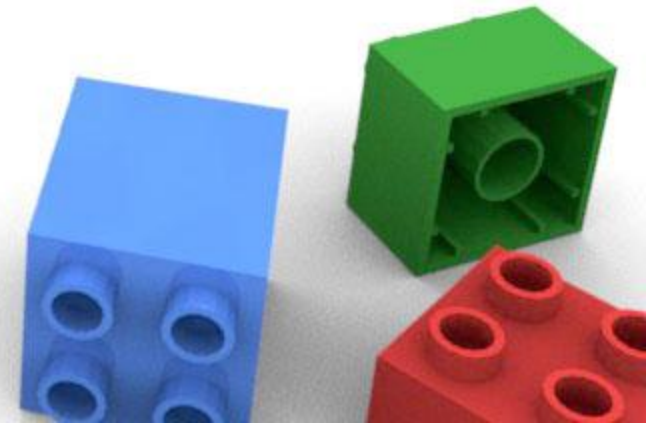
Views of in-patient/outpatient detoxification and residential rehabilitation

28 respondents thought that we needed to promote detoxification and rehabilitation services more, and 26 respondents thought we needed to promote community based detox more.

The most popular ways to do this were;

- All workers to talk to us about detox/rehab regularly while in treatment (i.e. care plan reviews), and,
- Open meetings with the chance to talk to ex-service users and rehab providers.

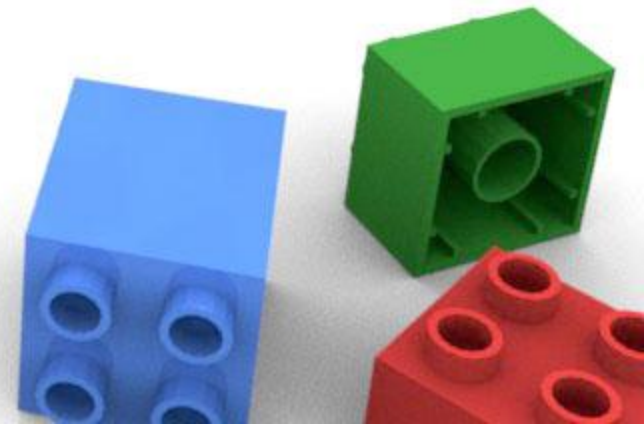
| How Respondents Think Detox/Rehab Would Be Best Promoted | |
|--|----|
| All workers to talk to us about detox/rehab at the assessment stage | 17 |
| All workers to talk to us about detox/rehab regularly while in treatment (care plan reviews) | 21 |
| Promote services through service users | 19 |
| Newsletters | 13 |
| Posters | 17 |
| Leaflets | 18 |
| Open meetings with the chance to talk to ex-service users and rehab providers | 23 |
| Other | 3 |



Views of in-patient/outpatient detoxification and residential rehabilitation

Some of the additional comments on detoxification were;

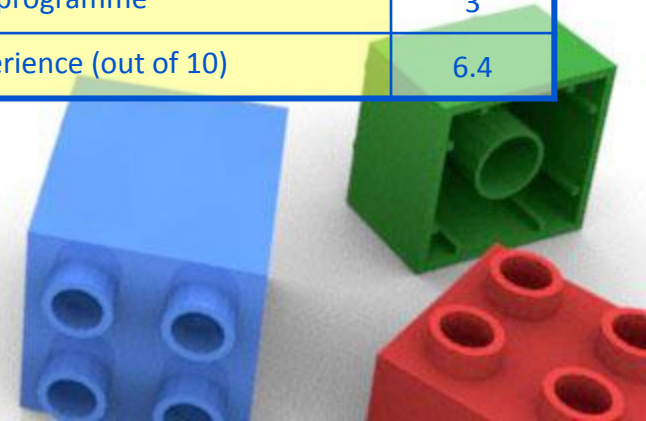
- “I don’t know how long it would take to get off heroin until I was off it and not rattling any more and not needing meth either”,
- “What drugs are there for cocaine users?”,
- “Until I feel ready to come off subutex”,
- “6 months plus...it takes a long time to change...rather than a quick 2 week detox its more sorting out the problems behind”,
- “Would like at least 3 to 4 months detox, I think a short detox results in relapsing”,
- “Ideally straight from heroin to abstinence”.



Experience of in-patient/outpatient detoxification and residential rehabilitation

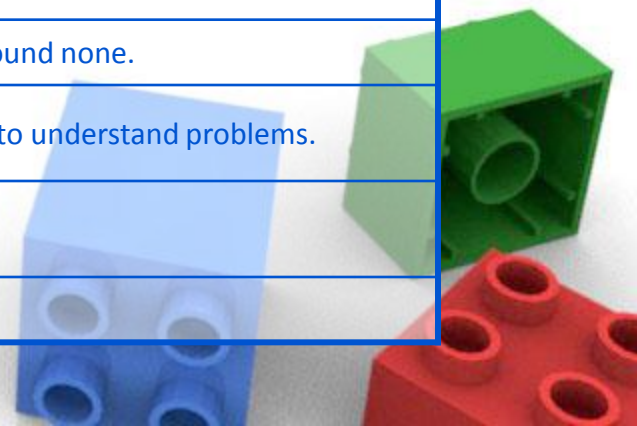
- Of the 13 respondents that had ever been to in-patient detox/rehab, 7 went to in-patient detox.
- When asked “What was your experience of your assessment and your time in rehab”, respondents mostly thought;
 - The key-worker explained the application process well,
 - They did not feel well prepared and ready when went to rehab,
 - The key-worker did not explain the need to make a financial contribution during their stay in rehab.
- Of the 13 respondents who had been to in-patient detox/rehab, 8 completed the programme.

| What was your experience of your assessment and time in rehab? | |
|--|-----|
| The key-worker explained the application process well | 10 |
| The key-worker did not explain the application process well | 3 |
| Felt well prepared and ready when went to rehab | 5 |
| Did not feel well prepared and ready when went to rehab | 8 |
| Key-worker explained the need to make a financial contribution during your stay in rehab | 2 |
| Key-worker did not explain the need to make a financial contribution during your stay in rehab | 9 |
| Completed the programme | 8 |
| Did not complete the programme | 3 |
| Average rating of experience (out of 10) | 6.4 |



Experience of in-patient detoxification and residential rehabilitation

| What were the good and bad points of the in-patient detox/rehab treatment centre? | |
|---|---|
| Good Points | Bad Points |
| Getting off drugs and leading a normal life. | Withdrawal symptoms. |
| Can work for some people. | Wrong people go and fail. |
| Structured day, leisure, counselling, comp therapies, encouragement and support. | No outside contact, enforced faith. |
| Staff did their best and were kind. | The process was horrible. |
| Structure, 90/90, work assignments, therapeutic duties, organic food, stopped me taking drugs. | It was rapid – too fast. |
| It was done properly with comfort. | Not run well at all. |
| Kept busy able to plan for future. | Couldn't sit in each other's rooms for private chats. |
| Talking to people with similar problems. | Didn't know how long I was going to be in there. |
| Time. Getting organised. Housing/resettlement. | Not much aftercare. |
| Good support. | I found none. |
| Being sober and clean, understanding myself, my addiction, my feelings and emotions | Did not help me to understand problems. |
| Staff are really friendly and helpful/supportive. They make you feel at home...like being home from home. | |
| Saved my life. | |

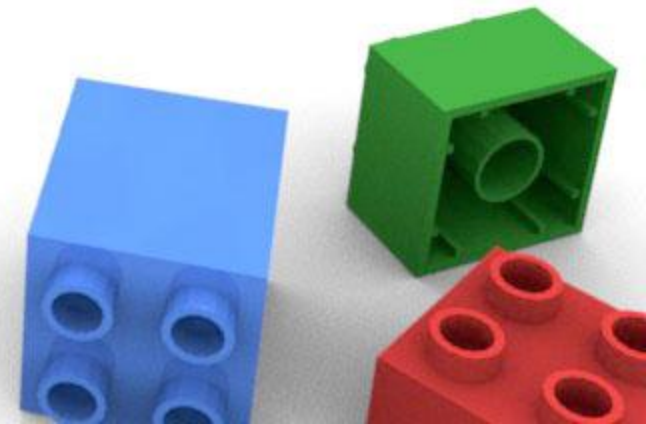


Future provision of in-patient detoxification and residential rehabilitation

The 'Other reasons' stated for not using in-patient detox or rehabilitation facilities were;

- “Chose to do it in the community with the support of my keyworker and NA”,
- “Thought it would be better to do it myself...good/bad rehabs”,
- “No effective drug treatment for cocaine and crack”,
- “Waste of public money”,
- “Had to be drug free to go”,
- “Was never told about Coton House (rehab facility)”.

| If you have never used in-patient detoxification or rehabilitation facilities, what has stopped you? | |
|--|---|
| Never wanted to come of drugs/alcohol | 2 |
| Never heard of detox and rehab before | 1 |
| No funding available for drugs | 2 |
| Heard that there were drugs available in detox rehab units | 1 |
| Wanted to go but was told that I may have to give up my accommodation before I could go | 1 |
| Asked for detox/rehab but was never assessed | 2 |
| Other reason | 6 |

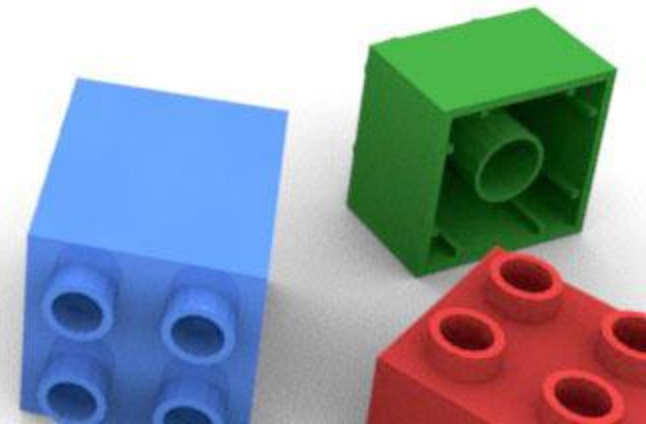


Home or Away?

When asked “If you wanted to become drug-free, would you prefer to use a local residential rehab with other local people or a unit further away with unfamiliar people”, **65%** of respondents would prefer to stay local. Respondents stated that their preferences for residential rehabilitation were because...

| If 'out of area', is it because at a local unit you may...? | |
|--|---|
| Know people with whom you feel uncomfortable discussing personal or highly emotional issues with | 6 |
| Know other people with whom you may be unable to trust | 4 |
| Be tempted to leave to help out with problems at home | 4 |
| Be tempted to drop out of certain activities as you know of other things you'd rather be involved in | 5 |
| Other reason | 5 |

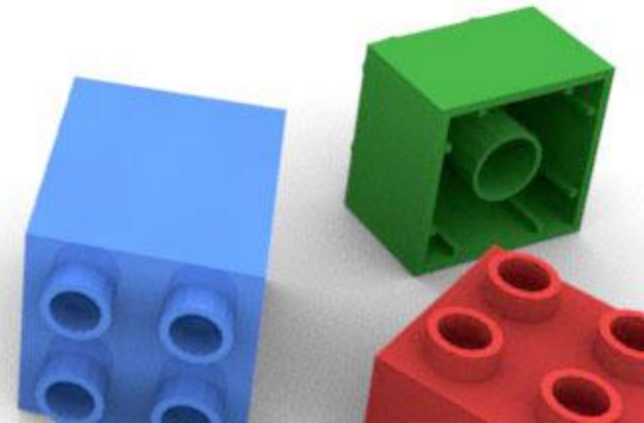
| If 'local', is it because you...? | |
|--|---|
| Would like to be close to home | 4 |
| Would like regular contact with your family | 5 |
| Need to get used to being drug-free in your vicinity | 5 |
| Other reason | 0 |



Future provision of in-patient/outpatient detoxification and residential rehabilitation

The 'Other reasons' stated for not using local rehabilitation facilities were;

- “Too easy to give up and score”,
- “Further away because no one knows about my drug habit”,
- “Too close to home, temptation, easier access to drugs”,
- “Too close to places and people I score off and a lot of memories”,
- “I feel that I would need a clean break from my local area be in new surroundings to help with triggers etc, and not be tempted to leave and use”.



What does Tier 4/Rehab & Detoxification mean to you?

When asked the above question, many respondents said they didn't know or were unsure. Others commented;

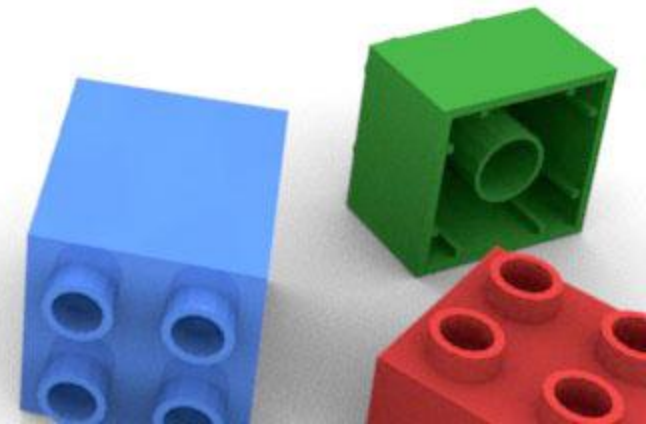
- “A lot because I find it hard to give up drugs in the community”,
- “Access to medical support to reduce/stop substance misuse, understand addiction and how to change behaviour and identify support needed”,
- “A place to go for help to detox off drugs and hopefully stay stable and clean when they have finished treatment”,
- “Staying off drugs and committing to change”,
- “A way into a new life away from drugs and my ex-drug using mates/associates”,
- “...freedom. Better understanding and way of life. It gave me my life back”.



Family/Carer/Peer Support

- 49% of respondents thought that the role of family/carers/peers influencing a person accessing/using Tier 4 services was very important, with another 32% believing to be important.
- 74% of respondents thought that family/carers/peers should be involved in supporting their loved one who is accessing Tier 4 services.
- 91% of respondents thought that an individual is more likely to be successful in recovery and continued abstinence with the support of their family/carers/peers.

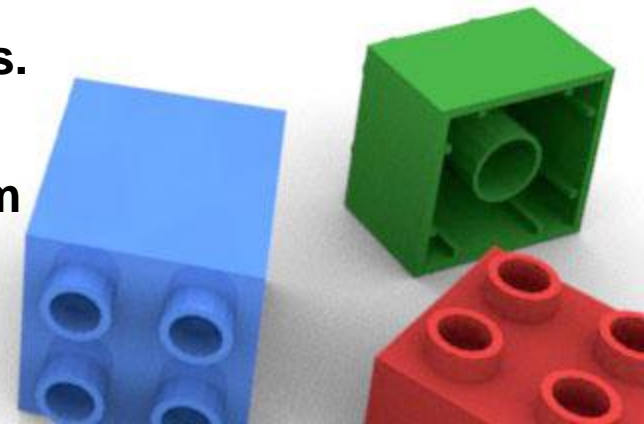
| The following number of respondents thought each type of support should be provided to family/carer/peer members involved in their loved ones treatment | |
|---|----|
| Group Work | 21 |
| Addiction Education | 25 |
| Counselling | 25 |
| Therapy | 21 |
| Other | 6 |



Lord Dhadley's Recommendations

Culture Shift

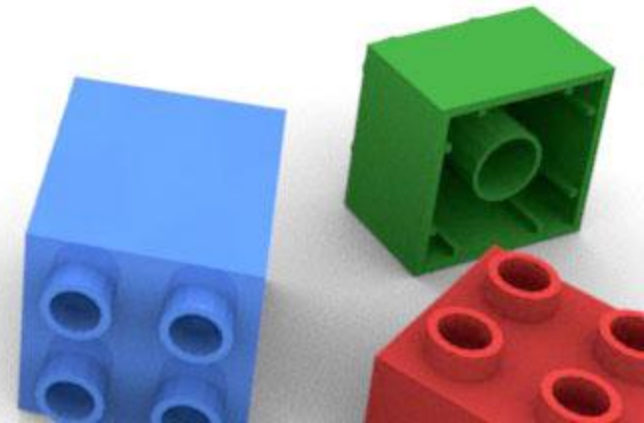
- **Culture change within drug treatment.**
- **Maintenance being phased out, in favour of true, meaningful recovery.**
- **Making full use of range of all medications available to any individual, to aid recovery.**
- **Funding in place to meet demand.**
- **Developing robust and clear referral pathways.**
- **Each service/provision to have a score system**



Lord Dhadley's Recommendations.....cont.

Service User Empowerment

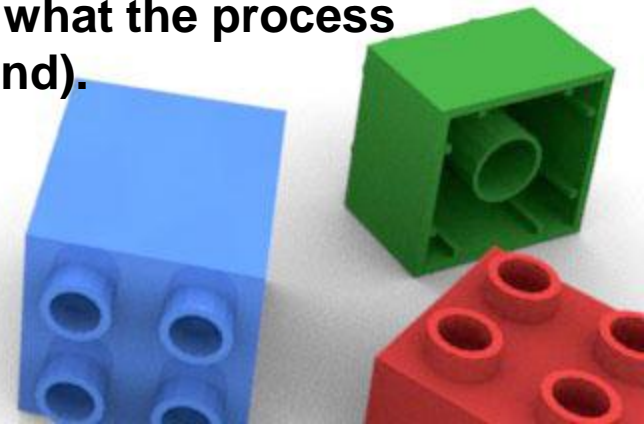
- **Menu of treatment options given to all service users.**
- **Clear rights, responsibilities and expectations set out initially to prospective service users.**
- **Keeping promises i.e. assessments, up-to date information sharing protocols.**
- **Tier 4 being offered as part of the treatment package.**
- **Mimicking support networks.**
- **Utilising family and carer support.**
- **Peer led support.**



Lord Dhadley's Recommendations....cont.

Promotion & Awareness

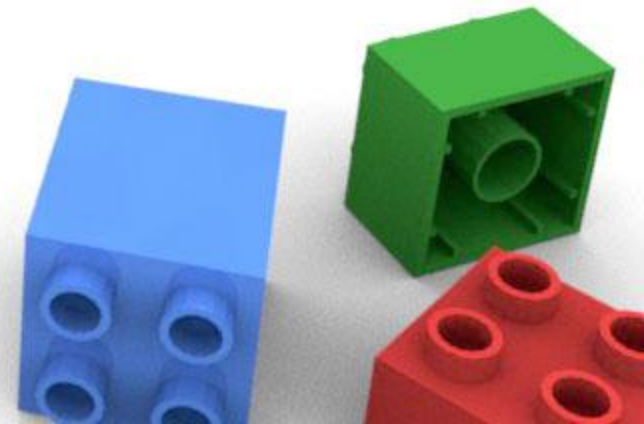
- Regular 'Open Day' events held at Tier 4 service providers premises.
- Successful Tier 4 attendees communicating with those interested in accessing Tier 4 services.
- Training and support available to family and carers.
- All drug treatment staff to be trained to a reasonable level in understanding the Tier 4 provision (including what the process entails – from referral to completion and beyond).



Lord Dhadley's Recommendations....cont.

Access/Engagement

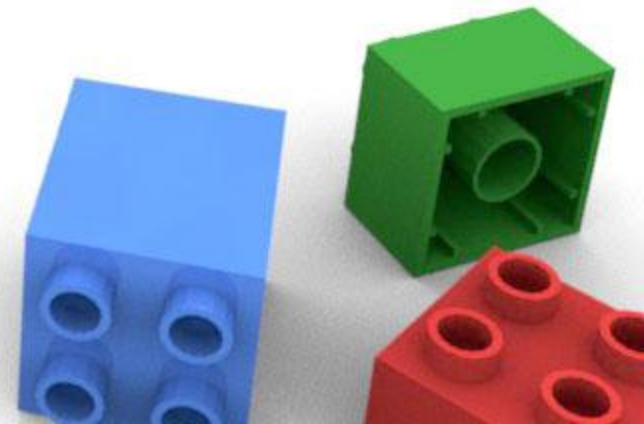
- **Improved access/engagement of female drug users.**
- **Improved access/engagement of BME groups.**
- **Targeted outreach, to engage hard to reach groups.**
- **BME specific workers employed by drug treatment providers.**



Lord Dhadley's Recommendations.....cont.

Aftercare

- **Improved use of community provisions .**
- **Utilising support available.**
- **Service user group involvement.**
- **Activities available.**
- **Referral onto employment/training providers.**
- **Benefit & budgeting advice.**
- **Helpline support.**



Thank you,

for further questions please e-mail -:

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