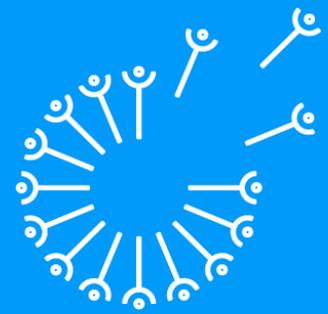


**Local Evidence  
Submission: Professor  
Dame Carol Black's:  
Prevention, treatment  
& recovery independent  
review of drugs**

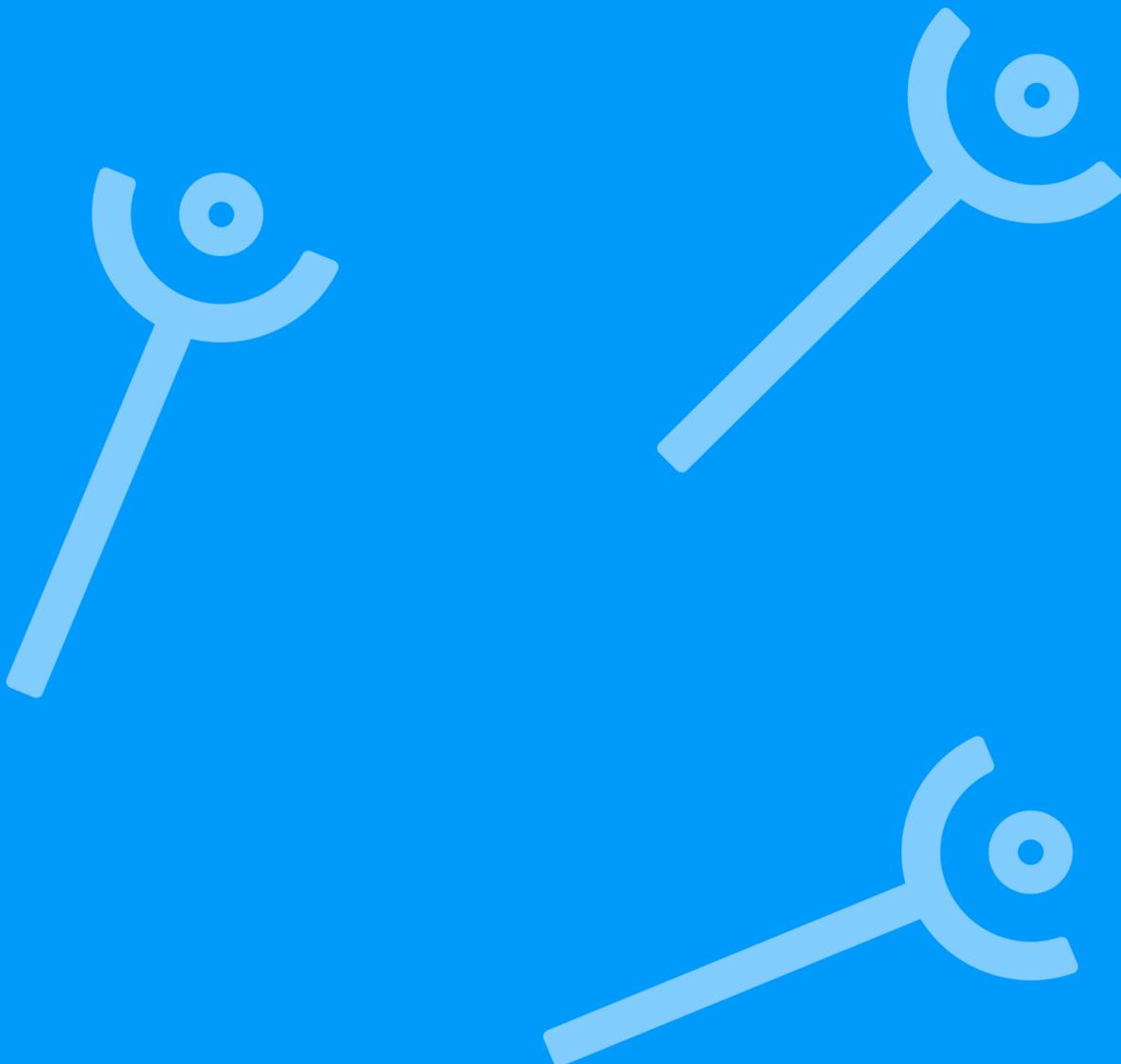


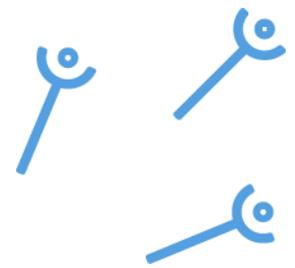
**FULLFILLING  
LIVES**  
LAMBETH  
SOUTHWARK  
LEWISHAM



Fulfilling Lives Lambeth Southwark Lewisham

**March 2021**





## **Fulfilling Lives Lambeth, Southwark, and Lewisham Local Evidence Submission: Professor Dame Carol Black's Independent review of drugs**

The Fulfilling Lives Lambeth, Southwark & Lewisham (FLLSL) programme is funded by The National Lottery Community Fund and is part of the National Fulfilling Lives Programme. Certitude is the lead agency, delivering the programme in partnership with Thames Reach and strategic partners; South London and Maudsley NHS Trust and the three boroughs of Lambeth, Southwark, and Lewisham.

Fulfilling Lives LSL works across three main areas:

- **Co-production:** Give equal value to the voices of both the decision makers and the people we support, so that all opinions are heard and respected equally.
- **Service delivery:** it works alongside people and services learning and testing different interventions to change the lives of people experiencing multiple disadvantages for the better – now and in the future
- **System change:** Make an impact on the way people are supported - by influencing policy and practice, locally and nationally

Thank you to all participants who have contributed to the FLLSL local evidence submission and who shared their experiences with us.

Thank you to all those who supported the publication of this report; notably FLLSL Ambassador who contributed to the research and presented findings at the NECG (National Expert Citizens Group) to an audience with Professor Dame Carol Black. Thank you to all NECG members who drove forwards a national Fulfilling Lives response to the Independent review of drugs.

Thank you to the Fulfilling Lives Lambeth, Southwark and Lewisham team members who facilitated the working groups and produced the final report.

And finally, thank you to The National Lottery Community Fund in funding National Fulfilling Lives Programme.

# Contents

<b>1 Introduction</b> .....	4
<b>2 Summary of themes</b> .....	5
<b>3 Questions</b> .....	5
<b>Key findings</b> .....	6
<b>4 How could we make it easier for people to access drug treatment and recovery services and stay in contact with these services?</b> .....	6
<b>4.1 Welcoming and safe environments</b> .....	6
<b>4.2 Flexibility</b> .....	7
<b>4.3 Lived experience</b> .....	8
<b>4.4 Information and choice</b> .....	10
<b>5 How can we ensure the mental health needs of people in treatment are met?</b> .....	10
<b>5.1 Dual diagnosis workers</b> .....	11
<b>5.2 Peer support within treatment</b> .....	11
<b>5.3 Across borough referrals</b> .....	12
<b>6 Why do some drug users who need treatment not access it? What can be done to address this? We'd particularly like to hear answers about specific groups such as black, Asian and minority ethnic (BAME) communities and women</b> .....	12
<b>6.1 Shame and judgement</b> .....	12
<b>6.2 Lack of awareness about drug treatment options</b> .....	13
<b>7 How well do drug treatment and recovery services meet the needs of parents who are drug users and their children? How could this be improved?</b> .....	14
<b>8 What is the best way to meet the employment and housing needs of those in treatment and recovery?</b> .....	15
<b>8.1 Housing</b> .....	15
<b>8.2 Employment</b> .....	16
<b>9 What else stops people recovering and why might they relapse? What would help?</b> .....	17
<b>9.1 Funding</b> .....	17
<b>9.2 Alternative treatment options</b> .....	19
<b>9.3 Interests and relationships outside of drug and alcohol use</b> .....	19
<b>9.4 Peer support</b> .....	20
<b>9.5 Housing</b> .....	20
<b>10 The Public Sector Equality Duty requires public bodies to help make society fairer by tackling discrimination and providing equality of opportunity for all. How effectively do the commissioners and providers of drug prevention, treatment and recovery services do this and what improvements could be made?</b> .....	21
<b>11. Conclusion</b> .....	
.....	23

# 1

## Introduction

The aim of this report is to present the voice of people with current or former lived experience of drug and alcohol services in Lambeth, Southwark, and Lewisham. These meetings were conducted by Fulfilling Lives Lambeth, Southwark, and Lewisham Community and Peer team to inform Dame Carol Black's independent review of drugs via the work of the National Expert Citizens Group (NECG).

The National Expert Citizens Group (NECG) is the national board of the 12 regional groups of Expert Citizens from the 12 Fulfilling Lives projects, providing vital insight and lived experience of those experiencing multiple levels of disadvantage. The NECG met Dame Carol Black as part of the consultation process for an independent review into drugs<sup>1</sup>. Ambassadors for the Fulfilling Lives Lambeth, Southwark, and Lewisham (FLLSL) programme worked with the community and peer team to meet with people with lived experience of drug and alcohol services across the boroughs to gather evidence for a series of questions that have been fed into Dame Carol Black's review.

Fulfilling Lives Lambeth, Southwark, and Lewisham believes **'it is not the person that is hard to reach rather it is the system that is hard to access and needs to change'**. This report presents the local findings and may be of interest to commissioners, practitioners and people who use services that support people experiencing multiple disadvantages, including drug and alcohol use.

The report focuses on the learning from people's experiences of using drug treatment and recovery services. It explores what makes the biggest difference for people in accessing and staying in treatment and provides recommendations to improve services and the system surrounding them.

Seventeen people contributed to this report through 3 focus groups: 14 men and 3 women. Two identify as LGBTQ+ and one as a Muslim. All the participants are currently using drug and alcohol services either through prescribing services, a day programme or aftercare. Throughout this paper we refer to individuals involved as participants.

<sup>1</sup> <https://www.gov.uk/government/news/government-launches-second-phase-of-independent-review-into-drug-misuse>

# 2

## Summary of themes

These are some themes that emerged in response to all the questions.

- Feeling safe – it is essential that services feel safe physical and psychologically, particularly for women and the first time someone accesses a service. It includes trauma informed, gender informed, culturally appropriate services.
- Flexibility – participants consistently said that flexibility from services is key to enable people to connect. This includes flexible appointment times and methods of engagement and access.
- Housing – participants highlighted the importance of having the right kind of affordable and appropriate housing to their needs as essential to support recovery.
- Peer support – the value of peer support was highlighted by participants particularly at the first point of contact with a service.
- Choice and autonomy – this include both options for treatment including alternatives to traditional models of support, and the importance of people having autonomy over the planning of their care
- Information – it is important for information about support services and treatment available in many ways - not just online
- Dual diagnosis – many participants spoke about the challenges faced when experiencing both substance use and mental health support needs
- Shame and stigma – these are felt from many places including from family, employers, and services
- Funding – participants felt that funding for residential treatment is limited to a certain number of times or weeks and that there should be increased flexibility around this.

# 3

## Questions

The findings for each question are presented below. Evidence gathering activities focused on these key questions, identified as part of NECG activities:

1. How could we make it easier for people to access drug treatment and recovery services, and stay in contact with those services?

2. How can we ensure the mental health needs of people in treatment are met?
3. What is the best way to meet the employment and housing needs of those in treatment and recovery?
4. What else stops people recovering and why might they relapse? What would help

# 4

## Key findings

### **4 How could we make it easier for people to access drug treatment and recovery services and stay in contact with these services?**

Four main themes arose in response to this question:

- o Welcoming and safe environments
- o Flexibility
- o Lived experience
- o Information and choice

#### **4.1 Welcoming and safe environments**

***"Waiting areas and receptions that are inviting-sometimes the first experience puts you off."***

Participants have highlighted the importance of having a positive first experience of walking into a drug & alcohol service. Being made to feel welcome and safe is important to those seeking support when first engaging with services and is the start of the process of building a trusting relationship between people using services and staff.

The layout of the service reception area and waiting area as well as the friendliness of reception staff were all highlighted. One person commented:

**"It should have a layout that respects your privacy and isn't too clinical".**

How a service 'feels' when you walk in, how bright, clean, the décor, refreshments, safety, privacy and welcoming faces are important first impressions.

Privacy was highlighted several times as being of huge importance to people feeling safe, with one person commenting:

***"There should be more privacy- separate waiting rooms from the reception- everyone can hear your business and if the receptionist embarrasses you in front of people, you're going to be more likely to kick off"***

And another adding:

***"If you are feeling anxious and overwhelmed in the waiting room - you should be able to go and wait somewhere quiet."***

One person commented on how women are made to feel safe within services and suggested:

***"Women only services - all female staff, all female doctors, all female clients"***

## **4.2 Flexibility**

Lack of flexibility in service delivery is an issue that people have often highlighted as being problematic when engaging with services. The main themes are:

- Flexibility of appointments - as many as you need with no restrictions or conditions.
- Understanding that some people have difficulties attending appointments on time due to lifestyle and life events.
- Lack of flexibility around scripting and the lack of trust that many people perceive in services' responses to them.
- Lack of flexibility around service times – lack of evening appointments and assessments.
- More flexibility needed in how services meet/engage with people - for example, more effective and responsive outreach.

The lack of flexibility within services is a major factor why people either do not engage with drug services or disengage with services.

When highlighting flexibility one person said:

***"You need people who are going to come out of the service and get to know you where you are-like link workers- once you have a relationship with them, they can help you to get to know people in the service".***

In a response to the question of flexibility and trust, one person said:

*"I fell off my 90ml script for three days and when I went back to the service, they told me I had to start again at 20mls- Why? It wasn't like I hadn't been using for those three days my tolerance was the same- but no-one would listen to me- a good service would trust you more- it feels like people think you're always trying to pull one over on them- we're not always trying to do that- Going back down to 20mls was a real struggle for me- it meant that I had to shoplift and beg more until I was back on the 90mls"*

One of the major issues in some services is the "first-come" policy of some drop-in/assessment services which means that people can be turned away.

*"We need longer appointments, and longer time allocated for everyone presenting for an initial assessment- no-one should get turned away"*

*"Having the time to get to know your worker is really important- sometimes you just get rushed in and rushed out- I bet they [the workers] hate it too- I guess what they need is less people to see (smaller caseloads) so that we have time to build a relationship with each other".*

A 24hr service with 24hr prescribing would be amazing"

#### **4.3 Lived experience**

Employing team members with similar lived experiences can often help people to feel understood and experience less stigma as they feel more connected to those that have experienced some of what they may be going through. Team members with lived experience are also often seen as more empathic due to their first-hand knowledge of the issues that people they support experience.

*"It helps to have someone who you can relate too- that you don't have to explain everything to- they just get it."*

When asked to elaborate what 'get it' means:

*"They know that if you miss an appointment because you were too sick to get there- that's a real issue- sometimes you have to*

***prioritise getting drugs, but that doesn't mean that you wanted to miss your appointment or that you don't want help"***

Someone else added:

***"They know the struggles you are facing outside and are more sympathetic".***

***"They also trust us more- and we trust them more- it makes the relationship better".***

Lived experience could be utilised in more settings than just drug and alcohol services. One person commented on how GPs are often the first contact for those with substance use issues and that GPs do not always have the skills, knowledge and importantly time to support and refer people who have substance issues. Team members with lived experience can be utilised in these settings to support the GPs and share their learning with GPs on how best to engage people. A similar approach could also be used by team members with lived experience within school, college, and religious settings, to encourage people experiencing multiple disadvantages to reach out and be able to receive understanding and support more effectively.

***"Wherever you go to get help it shouldn't dehumanise you"***

**"Services should celebrate your achievements"**

***"You need people who treat their job like a vocation, they should want to be there, believe in you, having workers with lived experience is a wonderful thing, they know you can change."***

**"lots of people I know who have been through services would love to give back"**

Involving people currently using services in the running of services is also seen as important as people feel more involved with their recovery as well as being involved within a community of their peers.

***"Feeling more involved and valued: "Regular service user meetings where everyone is invited to take part- the opportunity to share***

*your thoughts and opinions, have them acted on, good communication, that would help build trust”.*

#### **4.4 Information and choice**

*“I wanted to get help, but I didn’t know where to go to – if it wasn’t for this person who was paying so much attention to me no one would have helped me in the community - there was nothing.”*

Participants have highlighted the lack of information and awareness when trying to access support, especially for those who have previously not sought support. Those who do not have access to digital platforms may struggle to find out information regarding where to go to access that support.

It was suggested that there should be more advertising across services and in public spaces, including schools, GP surgeries, libraries, faith community centres etc. TV advertising based on information on where to get help for yourself, friends and family was also suggested.

*“More advertising – more awareness put out there – it took me a couple of years to access because I wouldn’t have known that there was help or even free help – I always thought I would have to pay for treatment – More awareness in communities – posters and leaflets.”*

Choice and autonomy for people regarding their treatment options and recovery plans is an important issue for those wanting to access services and impacts on continued engagement. Choices within detox and rehabilitation services, choice of models of recovery, access to alternative therapies, choices in where they engage in treatment and autonomy to consider their options within the choices they are given.

**“I want a service that treats me as an individual, that gives me choices and considers my views”**

#### **5 How can we ensure the mental health needs of people in treatment are met?**

When discussing the needs of people who experience mental health issues, three main topics emerged. They are:

- Dual Diagnosis workers
- Peer support within treatment
- Across borough referrals

**“You don’t want to feel like you are taking your mind to one place and your body to another”**

### **5.1 Dual diagnosis workers**

During the discussions of ensuring mental health needs are met, the impact and lack of dual diagnosis workers was highlighted. Some people feel as though mental health services should have a better understanding of the connection between mental health and substance use and be able to treat both things. Discussions on the topic brought forth the notion that substance use and mental health issues are usually linked; however, people are expected to have both issues treated separately. For example:

***“You either need workers in a service who specialise in more than one thing like mental health AND drugs and alcohol, or have different workers in one service who work together”***

***“It should just be expected that someone who is using will have additional problems with their MH- it shouldn’t be a shock and need a whole specialist team- you can’t live like this without it impacting”***

### **5.2 Peer support within treatment**

Following on from this, the topic of peer support with treatment arose. Some people may be more encouraged to pursue treatment if they had examples of people who had similar experiences of completing treatment and feeling better. For example:

***“People who can show others that they’ve come through it – they will be more willing to stick with the programme if they can see someone else has been through it – give them positive thinking and encouragement they can do it – you don’t want to sit there and feel judged by someone who doesn’t understand you.”***

Peer support from someone with lived experience appears to be a driving force for people who are experiencing mental health issues. Research from the National Fulfilling Lives programme has found that peer support increases levels of self-esteem, confidence, and positive feelings that they are doing well<sup>2</sup>.

<sup>2</sup> Moreton, Welford, Mulla & Robinson (2018) *Promising practice: Key findings from local evaluations to date*. Accessed: <https://www.fulfillinglivesevaluation.org/wp-admin/admin->

### 5.3 Across borough referrals

It was highlighted that GPs are unable to refer to organisations that are outside of their borough. In turn, this is causing difficulty in ensuring mental health issues are met.

*"My mental health problems existed before the drugs – my GP knew about my mental health and he realised there was a problem with drugs – but he put it all down to the mental health – but because I was out of the borough he was telling me I had to change my GP to get help"*

"Why do you have to be in the same borough to be referred to a drug service– any doctor should be able to refer you wherever you are".

Being unable to be referred to support outside of boroughs that people live in highlights the lack of flexibility within the system for mental health and substance use.

### **6 Why do some drug users who need treatment not access it? What can be done to address this? We'd particularly like to hear answers about specific groups such as black, Asian and minority ethnic (BAME) communities and women**

Regarding drug users being unable to access treatment, the themes that were developed from this question were:

- Shame and judgment
- Being unaware of drug treatment options

#### **6.1 Shame and judgement**

Responses from individuals who are from the BAME communities highlighted that there is shame attached to receiving treatment.

*"There is shame – your family knows what you're doing, but they don't want to address it, they try and keep it amongst themselves"*

***– if it gets out you'd be disowned stuff like that - I never even heard about services until I looked into it myself – a lot to do with the family and shame stops people getting into recovery”***

This response highlights that within some BAME communities, drug addictions are not openly discussed and in turn, are not accepted or treated adequately. It can be argued that the reason why many people from some BAME communities do not find drug treatment services is because of the shame that is attached to seeking help from the addiction itself. The shame and judgement are developed right from a person's home and if you happen to have an addiction, you may run the risk of losing your family.

Leading on from this, it is important to highlight that some people can turn to unhealthy coping mechanisms to deal with their shame and judgement from their addiction. For example,

***"They kept me falling back into my unhappy patterns. It's literally being embarrassed – everyone is judging you; they think they know what you're going through, but at the end of the day they're thinking of themselves."***

***"I wanted to back out before I went to rehab. I got so much backlash from my family and friends; it was so hard. It was hard and I found myself isolating myself from people – it made it more difficult for me because I can't be on my own all the time but I don't want them to be bringing up these feelings."***

For those with a drug addiction, this cycle of shame and patterns can turn into one that becomes almost impossible to break from, especially those from a BAME background.

Findings around additional barriers and challenges faced by BAME people experiencing multiple disadvantage are explored further and presented in our Literature Review, published as part of a Research and Evaluation partnership.<sup>3</sup> The Literature Review, which focuses on models of support for people experiencing multiple disadvantage, reiterates the need for culturally informed treatment services that embed intersectional understanding of people's life experiences.

<sup>3</sup> Fulfilling Lives LSL, Groundswell, NPC and CRESR (2020). *Understanding models of support for people facing multiple disadvantage: Literature Review*. To access see: <https://fulfillingliveslsl.london/understanding-models-of-support-for-people-facing-multiple-disadvantage-a-literature-review/>

## 6.2 Lack of awareness about drug treatment options

Furthermore, with the shame and judgement that people experience from having an addiction, some people may not be aware of the support they can receive to help them. For example,

*"I never knew there was support out there especially being Muslim, the family try to help you, but it was only when I got to rock bottom and found services I got help"*

*"There's nothing [help or information] at the mosque – they talk about mental health, but they assume everyone is drug free – it's a problem"*

These responses highlight the importance of advertising and sharing knowledge of drug treatment. It also highlights that drug addiction is not recognised or acknowledged in some communities.

## 7 How well do drug treatment and recovery services meet the needs of parents who are drug users and their children? How could this be improved?

When supporting parents and families, the fear of children being removed by Social Services was highlighted as a major factor by almost every person that answered this question. The perception from parents is that Social Workers are there to remove their children so there is often a level of distrust and hostility towards any Social Service involvement which in turn affects willingness to admit to needing support for drug issues and therefore impacts on engagement with support services.

*"When the social worker came [to our house] we just wanted to get rid of her – we didn't trust her"*

It is important that more work is done to build trust between Social Services and parents who use drugs and alcohol. Seeing Social Service involvement as being *"there to help"* would help build trust, reduce the increase of harm for all parties and could decrease resistance to accessing drug treatment.

*"Social workers need to be educated more about people who take drugs- we're not all bad people, sometimes we're trying our best but everything's stacked against us" [She made the suggestion*

***that people with history of substance use be involved in training social workers- especially women who have had children removed].”***

Better family liaison work is needed, including building better relationships between social services, drug services and parents. Including sharing learning, understanding, and involving the parents in the decision-making process.

***“I don’t have any kids – with the service helping parents I don’t think they have much support. I spoke to a lot of women in rehab and they didn’t get a lot of support from the service – most of their support was from the outside because there’s not much options from the service.”***

This has highlighted many experiences from women in FLLSL that there are not adequate drug services that are set up to specifically support parents and families. More investment in family drug services, female specific services and support for children affected by a parent’s drug use are needed, including investment in community support. These findings echo the findings from our wider research, including FLLSL response to the women’s equality commissions inquiry into prostitution<sup>4</sup>.

## **8 What is the best way to meet the employment and housing needs of those in treatment and recovery?**

### **8.1 Housing**

With regards to housing, the main themes that emerged were around the limitations of the current pathway system, a lack of options and the importance of support in planning for life after detox.

There is a need for a range of housing options and alternatives to hostels which people viewed as a barrier to recovery; in environments where others are using substances, it is more difficult to engage in treatment or remain abstinent.

***“There is a lack of housing options- large hostels where everyone is using are not the one, we need smaller places that are more therapeutic- where you can get the support we need”***

<sup>4</sup> Fulfilling Lives LSL (2019). *Submission: Women’s equalities committee inquiry into prostitution*. To access see: <https://fulfillingliveslsl.london/submission-to-the-women-equalities-committee-inquiry/>

The housing market currently lacks affordable housing options in the areas people want to live; this might be near support networks and family and friends, or the choice to relocate to a new area away from previous contacts to start afresh. Participants also said they wanted affordable supported accommodation so they could return to work but still have a support worker in the house. This is not always possible in hostel and temporary accommodation due to rent levels.

Local authority housing pathways prioritise allocation of housing based on priority need and vulnerability. Several people commented that they do not fulfil the criteria for priority need and so are not offered suitable housing that meets their needs. People said that stable accommodation is very important in maintaining recovery and preventing relapse and it is very frustrating when you are not offered housing unless you are at rock bottom.

*"If you're not presenting as vulnerable enough you won't get housed"*

*"If you're a single guy you're bottom of the list- all you're entitled to is a single room £300 in Lambeth borough – that's all they'll pay for – I can't find a room for that price in that borough"*

It is essential to have a plan in place for housing after residential treatment. This is due to the difficulties someone faces when being in a hostel environment whilst trying to remain abstinent and as previously mentioned, there should be choice around whether that is in an area close to someone's support network or in a new location where they can build new relationships.

*"As soon as you are having conversations with your worker about planning for detox you should be planning what's going to happen in terms of your housing"*

## **8.2 Employment**

In terms of employment the key themes that arose are around training and development opportunities and overcoming the barriers posed by criminal records.

**"When the social worker came [to our house] we just wanted to get rid of her – we didn't trust her"**

People mentioned the benefits of having access to work experience or apprenticeships to try different types of work or build skills. Support is often essential to build confidence and overcome the challenge of not being successful in an application which could be a trigger to relapse.

*"It would be good to have the opportunity to do something like work experience or a job placement- you could go and spend a couple of days trying different types of work- it would help you figure out what you wanted to do and would help employers be less worried about employing someone with a criminal or drug background".*

*"not every time you go for something [a job] you might not get it- you need to be supported so you don't relapse"*

If someone has a criminal record, this may prevent them applying for certain roles or an employer may have reservations around recruiting someone with a criminal record or stigma associated with prior drug use.

*"If I was an employer, I don't know how I'd feel about someone with my history" "After a certain amount of time abstinent- couldn't all charges that were related to your using be cleared off your record? This would be a proper second chance".*

Employment programmes were suggested as one way of overcoming this, or drug services building links with local job centres or employers to create opportunities for training and employment, and to challenge stigma.

*"Drug services should have a list of employers who want to offer opportunities for people who have a criminal record or have used drugs and then they should help you get the qualifications or whatever that you need to get work with them".*

## **9 What else stops people recovering and why might they relapse? What would help?**

In response to this question several themes emerged.

### **9.1 Funding**

Funding is a major barrier to recovery. People said there should be less restrictions and more flexibility and be given multiple chances; a good service

is one where staff are consistently encouraging and supportive despite setbacks. For many people, funding is inaccessible and short term or opportunities for detox and rehab are only offered once whereas for many people, relapse is part of the journey towards stopping drug or alcohol use.

***"12 weeks funding just isn't long enough- you should have funding available for up to two years".***

***"Funding should carry on from detox, through treatment and then onto supporting you into meaningful activities or education when you leave treatment, help you establish yourself"***

**"Funding should also be easily accessible to support you into something that gives you joy".**

Flexibility and understanding are particularly important if someone relapses and giving options including in terms of the staff working with someone and asking them what they would like to change in their support.

***"Also when someone has been assessed and starts their recovery journey – be given information about what will happen if you do relapse – when I relapsed I felt ashamed – now being through it I know a relapse is sometimes part of recovery – something that's built in so you don't hate yourself or feel ashamed of yourself if you relapse – you don't think you've just fxxxd everything up feeling guilty and shameful"***

***"Funding should be available as many times and for as long as you need it- we've all experienced different things in our lives so some might need to try more times or have longer in treatment than others".***

***"Services should never give up on you even if you relapse loads of times- if they don't believe you can recover, how are you supposed to believe in yourself?"***

***"You should be given multiple attempts at treatment- how do they know the one they turned down the funding for isn't the one that you might have successfully completed?"***

## 9.2 Alternative treatment options

People also spoke about alternative options to traditional detox and rehab treatment and different ways of accessing support to meet different people's needs. The lack of options for people using crystal meth and GHB/GBL were also mentioned as there are limited options in terms of treatment and detox, as well as information and workshops more generally.

*"You could stay in chalets in the countryside and you could mix therapeutic sessions with like outdoor activities, hiking and canoeing- whatever- it would help build your strength and your confidence'.*

## 9.3 Interests and relationships outside of drug and alcohol use

A lot of people talked about the importance of developing a life outside of drug or alcohol use. People spoke about building relationships and the importance of community and that groups can help you stay positive and motivated. One person suggested different services for those who are sober but still need support, and those who are using.

*"Everyone when they come into recovery should have free access to local exercise and well-being facilities while they get back on their feet".*

*"You need to have people that help you to get involved in activities- help you get a hobby, something to think about that isn't drugs"*

*"There should be more places you can go that support people who are alcohol and drug free, alcohol free cinemas and clubs- places you can go to socialise- so much about our culture in Britain involves drinking- even the bowling alley!"*

**"Safe spaces, coffee mornings, trips out"**

*"You should be encouraged and given options of things to do that can give you pleasure- remind you that you are human and have interests" "I'd have someone at the service that just helped you to do that, help you get into painting, crafts, hobbies, fun stuff".*

*"It can be hard to remember why you want to stop taking drugs when everything has been shit for so long and you have nothing positive waiting for you on the other side, it would be great if a drug service helped you to build a life outside of drugs at the same time as managing your drug use- then you might be more likely to give it your best shot".*

*"Trips to the seaside with your peers, visits to different places to see different things would be nice".*

*"It's important that you have the chance to build a group of people around you that understand what you're going through, that helps you build a community"*

#### **9.4 Peer support**

Peer support was identified as important, and for drug services to create opportunities for people in the service to support one another.

*"There should be more opportunities for people with drug problems who are different points on their journey to support each other- you could encourage each other to stay focused and support each other when things go wrong"*

*"Peer support groups that aren't NA- or aftercare groups for as long as you need them".*

*"Lived experience I relate to more – if someone just sitting talking to me because they had psychology degree then it puts me off".*

#### **9.5 Housing**

Housing was identified as a critical factor in recovery and relapse prevention. Participants were very clear that without the right housing in place, recovery from drugs is impossible.

*"Not having safe housing and no good people around me like friends and family to support me made me relapse, I was lonely in*

*the hostel and everyone round me was using- it was like it was impossible to stay clean, I felt like I had been set up”.*

The importance of aftercare and continuous support was also highlighted; this might be from the local council or drug or other services. People said they lost support when they came out of rehab when this is a crucial point in recovery.

*“Even When I came out of rehab – I’d been clean for 7 months then the support stopped, I had lost all the support I was used too, what was the point for me going back to rehab, it was only [one service] that helped me to get here – [the prescribing service] said there was no support for me.”*

*“More information and support and education when you LEAVE treatment – all the support gets dropped away – I wanted to change my lifestyle – I wanted to get away from everything I’ve known – all that advice and support stopped when I got out of treatment”*

**10 The Public Sector Equality Duty requires public bodies to help make society fairer by tackling discrimination and providing equality of opportunity for all. How effectively do the commissioners and providers of drug prevention, treatment and recovery services do this and what improvements could be made?**

It has been highlighted by some participants who identify as LGBTQ+ that more is needed to help understand the connections between sexuality, stigma, and substance use. There was a mixed response about whether it was preferable to have spaces that were designed for LGBTQ+ or the option to mix with other groups. Having the option of choice is important here. Some felt that they were put into boxes.

*“For me I’ve never had issues with my sexuality, but I know I’ve got a lot of friends who are afraid of [drug service] because they feel scared, but I’m quite comfortable. Once I mentioned I was gay, I got referred to a counsellor just for gay people, I didn’t want to just be lumped in with all the people of my sexuality”.*

The importance of a diverse workforce was also suggested as being able to identify and have others identify with you is important for connection, safety and feeling understood.

***"For me I wasn't comfortable with my sexuality, especially being Muslim with a beard. When I walked in the support, I got felt judging. I was just there for support. Having people that look like me in services would have helped".***

It is felt that there are not enough services for young people where they can connect with those of similar ages. More outreach and information in schools-people in recovery sharing their experiences.

***"As a young person there should be more information about who to be in contact with... there's nothing to tell you if you have a drug problem where to go or who to contact"***

Women services are underfunded and very sparse. More spaces for women that are safe is needed, including women only days at drug services.

It is suggested that workers at drug service are provided with extensive training in discrimination, equality, sexism, and racism (including Trauma Informed approaches). More should be done to enable people to report incidents of discrimination and inequality. One participant reported making a complaint to a manager of a drug service and feeling that they were not taken seriously.

***"The Government needs to stop trying to stick a sticking plaster over everything, you want to challenge violent crime and drug use - spend more money on communities, tackle poverty, get everyone properly educated - without that this whole conversation is a waste of time"***

FLLSL local research for the review has highlighted the need for safe and gender informed services for. This key finding mirrors our wider research; our response to the women's equality commissions inquiry into prostitution (2019), for example, similarly highlighted the need for women only services.<sup>5</sup>

<sup>5</sup> Fulfilling Lives LSL (2019). *Submission: Women's equalities committee inquiry into prostitution*. To access see: <https://fulfillingliveslsl.london/submission-to-the-women-equalities-committee-inquiry/>

# 11

## Conclusion

FLLSL co-produced research presents the voices of people experiencing multiple disadvantages in Lambeth, Southwark, and Lewisham, in relation to their experience of local substance use treatment services.

The key findings from this research highlights the importance of, and need for, trauma informed and gender informed approaches, as well as embedded peer support. Furthermore, the research identified numerous barriers that prevent people from recovering. Identified barriers include siloed approaches to service delivery a lack of accessible information regarding what services are available, and services not feeling physically and/or psychologically safe.

The key findings from Dame Carol Black local evidence gathering has strengthened the FLLSL evidence and has helped shape and further inform FLLSL systems change priorities as well the programme activities going forwards.<sup>6</sup>

### **At Fulfilling Lives Lambeth, Southwark, and Lewisham we are committed to:**

**Improving women’s access to drug and alcohol treatment:** In light of what we have learnt about women’s experiences, we are committed improving access to drug and alcohol treatment for women, including those who have had children removed through an approach of coproduction and co-design.

- Looking forwards, we will work in partnership with those with lived and learned experience, taking steps to develop a flexible, gender informed local drug and alcohol service that is able to better meet the needs of women experiencing co-occurring needs and experiencing multiple disadvantage.

**Embedding trauma, gender, and culturally informed approaches:** Taking steps to embed trauma informed approaches continues to be a key principle underpinning the FLLSL programme, informing the way in which we work with people and deliver support.

- Looking forwards, we will continue working with key partners and local services to share the learning and support them in their journeys.

**Supporting people through transitions:** We recognise that taking the time to build positive relationships, connections and trust is an important factor for a

<sup>6</sup> To find out more about our systems change priorities see: <https://fulfillingliveslsl.london/system-change/>

person's treatment journey and future connections in their community. This message was reiterated in the evidence gathered for the Dame Carol Black review.

- Looking forwards, we will continue to test and learn effective transitional approaches to supporting people on their journey through services and the system.

**Workforce development:** At FLLSL we recognise the importance of peer support for people experiencing multiple disadvantages, as well as the value that lived experience in a team can bring. The FLLSL team is made up of people with both lived and learned experience at all levels of the programme, and the people we support can work with Community and Peer Link workers.

- Looking forwards, we will continue to highlight the importance and value of peer support and will continue sharing the learning on workforce development.

**Challenging siloed approaches:** FLLSL is committed to challenging siloed approaches to service delivery. We challenge siloed working through key coproduction, systemic thinking and partnership working activities, as well as our flexible approach. Key to this is the work with the National Fulfilling Lives NECG.

- Looking forwards, we will continue delivering, piloting, and evaluating approaches to challenge siloed working. This includes testing new approaches to risk management forums, as well as establishing specialist steering groups.

### **We call for....**

Based on FLLSL findings from our Dame Carol Black local evidence submission as well as the learning from across the programme in relation to substance use treatment services, we call for:

**A national commitment to, and incentives for, the commissioning of** co-designed, co-delivered and co-evaluated services for people experiencing multiple disadvantages in all local areas.

**A national commitment to providing an accessible service provision** that meets the needs of co-occurring mental ill-health and substance use and does not rely on the individual to seek the range of services to meet their needs.

**A national commitment to a flexible treatment journey offer:** To meet the persons needs and not of the services. A treatment journey that provides rapid access to treatment alongside their long term housing needs, a choice of treatment options including options for alternative treatments and therapies that meets their needs and/or one that can be accessed on multiple occasions and for longer periods of time.