

**‘Our voices matter too’**

# **People’s Views and Experiences of Drugs and Alcohol Services in Wigan**

This work was carried out by Healthwatch Wigan and Leigh

Engagement: Engagement officers and staff from Healthwatch Wigan and Leigh

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# Purpose of the Research

To engage with drug and alcohol services users in the Wigan Borough.

To understand their experiences and gather their views about the current drugs and alcohol service offer.

To ask people what they think of using technology to communicate with services.

This piece of work responds to three of Healthwatch Wigan and Leigh's priorities:

- Complex Lifestyles
- Technology and digitalisation
- Communication

# Methodology

Field researchers used a combined approach.

- Guided telephone interviews
- Group discussions

All comments were recorded verbatim against the relevant question prompts. Comments were analysed against four themes:

- What is working well
- What is not working so well
- Use of technology for communicating with services
- What future work should focus

\*A number of comments were attributable against more than one criteria and in more than one category and are separately counted in each.

# We Spoke to

We spoke to drugs and alcohol services service users and their significant others in Wigan Borough during October 2017.

- 34 people contributed to this field work.
- The fieldwork produced 178 comments.

Methods	Delivery	Groups	Respondents
Guided interviews	Phone	Concerned others*	10
Evening forum	Face-to-face	Concerned others	3
Group discussion	Face-to-face	Service users**	3
Service user forum	Face-to-face	Service users	18
<b>Total</b>			<b>34</b>

\*concerned others include friends and family of people affected by drugs and alcohol

\*\*service users refers to people affected by drugs and alcohol

# Key Findings

- Most people said local drugs and alcohol services are non-judgemental, reassuring, and independent.
- People with dual diagnosis experienced disjointed services and limited provision causing them distress and frustration.
- There were experiences of longer waiting times for some services and a general lack of weekend provision.
- Friends and family felt excluded from some aspects of the care provided to their loved ones.
- There was a strong preference for face-to face engagement with service providers, though people liked text contact for appointment information, reminders etc.
- Group activities do not always work for everyone. A differentiated approach to care was suggested.



# What needs improving?

There were some distinct areas where services could do better;

Services for those with dual diagnosis



Support for friends and family



Support for those waiting for services



*I think they [drugs and alcohol services] could try to get more people into rehab; I'm not sure if that would have helped him (person I'm concerned about) but I realise that timing is everything.'*

*'...regarding the relationship between addiction and anxiety or mental health issues - there's support here ...but GPs deal with someone presenting with addiction and anxiety issues; they treat you better when you are not drinking.'*

*'...care provided by the dual diagnosis team - "capacity is interpreted as choosing to drink", the view that people defined as "dependent drinkers" don't have mental health issues.'*

*'It's the dual diagnosis thing. When you have anxiety and depression and alcohol too it's difficult to find a service who can help. We couldn't get any support; we've taken him to A&E...there should be services for people in his situation before they get to rock bottom or unless they're at death's door.'*

*'Because of confidentiality you feel out of the loop; it would be helpful to know the reasons why certain things are happening with my son and why certain things are not being offered to my son.'*

*'...A group support meeting for parents would be good. I think there used to be one. Families need a support group as other people who haven't gone through what you have don't understand the difficulties. It's too easy for people who haven't gone through what we've gone through to give you advice.'*

*'The person I am concerned about was assessed 3 or 4 weeks ago now and still hasn't heard anything; it's a long time without a bit of support. Even if they'd given her a call to say they'd not forgotten her it would have reassured her and us; these people are very vulnerable.'*

# What is not Working Well?

**There are difficulties accessing mental health services, detox, rehab and unhelpful discharge processes**

*'They (service provider) kept discharging him from Wigan even though he's telling them he wants to kill himself or harm himself. They just said he's medically fit and then discharged him'*

*'I've tried mental health services. I've had trouble getting him into other services when we've been desperate due to waiting lists; I've had to go to other Trusts. He's been admitted into Wigan 3 times but no detox bed has been offered that's why I've taken him to Bolton where we got him a detox.'*

*'...I have offered to pay for my son to go into re-hab. Workers have said that I would be wasting my money as he wouldn't last the course of treatment and would walk out after a few days. I felt I was not listened to*

**Delivering services jointly is not a magic bullet**

*'As my son has been in services for 20 years I am able to say that services used to be better. Over the past 12 months I have come to think that this has arisen as services are jointly delivered. Statements such as "well that's for health not us" have been said or "we're waiting for health". I have seen my son's health deteriorate over the past 12 months; he's using far more than he used to.'*

# What is not Working Well?

**People want more time with key workers, better responsiveness and better coverage for crisis management, particularly at weekends.**

*'It's a problem getting help at the weekend and services being around at the weekend. If there's a crisis it's usually at weekend. I feel let down by lots of services.'*

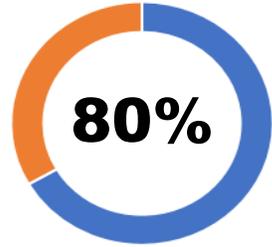
*'...in all that upset I only saw my key worker for 10 minutes. I've now got a social worker as I've been given some bad news this morning. My social worker has got some major concerns about services here (service provider). My view is there isn't enough support. More needs to be done here. I feel I should be seeing my keyworker twice a week. Every time I ring up and ask if someone can ring me back, no one does. My key worker doesn't ring me back even.'*

**People want alternatives to group work.**

*Things were working at first for my husband but he found that there are too many distractions, too many interruptions and too many people. There didn't feel enough attention on him. They need to realise that group work isn't right for everyone. It's as if for some people there's a need for a little bit longer of individual time at the beginning and then when people are feeling more confident perhaps that's the time for a group. When he went to a group quite of a few individuals were drunk and boisterous. He didn't feel he could shut them up.*

# Technology and Communication

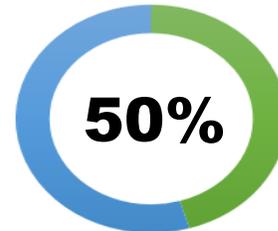
As part of this engagement exercise, we asked people whether they would consider technology for contacts with addiction services. Twenty people responded to this question.



prefer face to face contacts with services



appreciate text message contacts from services



appreciate online contacts with services

- *'A text would have been helpful to let people know that you've not forgotten them.'*
- *'Text messages might help though to say that someone is there if you need them.'*
- *'Text reminders to keep his appointment are useful and text messages in between would be encouraging.'*

- *'I'd rather have 'face-to-face' contact in the same room. I think you would lose touch with that person. It wouldn't do (name of service user) any good; you wouldn't be able to read his body language, his mood or his expressions.'*
- *'Using IT might take away opportunities for personal time with workers; I would disagree with it.'*

- *'More and more people are using IT and working from home.'*
- *'If there was a need for a treatment change then that discussion could be facilitated by using IT.'*
- *'I think it helps all'.*

# What does 'good' look like?

People described good provision as :

- Being non judgemental
- Integrating help & support with drug and alcohol problems with help & support for mental health
- Including carers, friends and family, recognising their needs in terms of information and advice and in support
- Offering a mixture of support options including group and individually based, perhaps technology supported.
- Providing a listening ear
- More opportunities to meet people experiencing similar challenges



*“...We all need to hear each other’s part of the story so everyone can feel together and supported. The whole family needs to be involved.”*

# Conclusion and Recommendations

## Conclusions

- ❑ People expressed mixed views about local drugs and alcohol services. Some shared positive experiences; others shared difficulties in finding and accessing the right service when they needed the most.
- ❑ Most people showed strong preferences for face-to face engagement with services, mainly for reassurance, emotional support and to ‘read expressions’ accurately. However people liked texts messages and online technology for practical communication with services.
- ❑ Many people made interesting suggestions for future engagement work, all of which have the potential to bring to light issues people affected by drugs, alcohol and their loved ones encounter.

## Recommendations

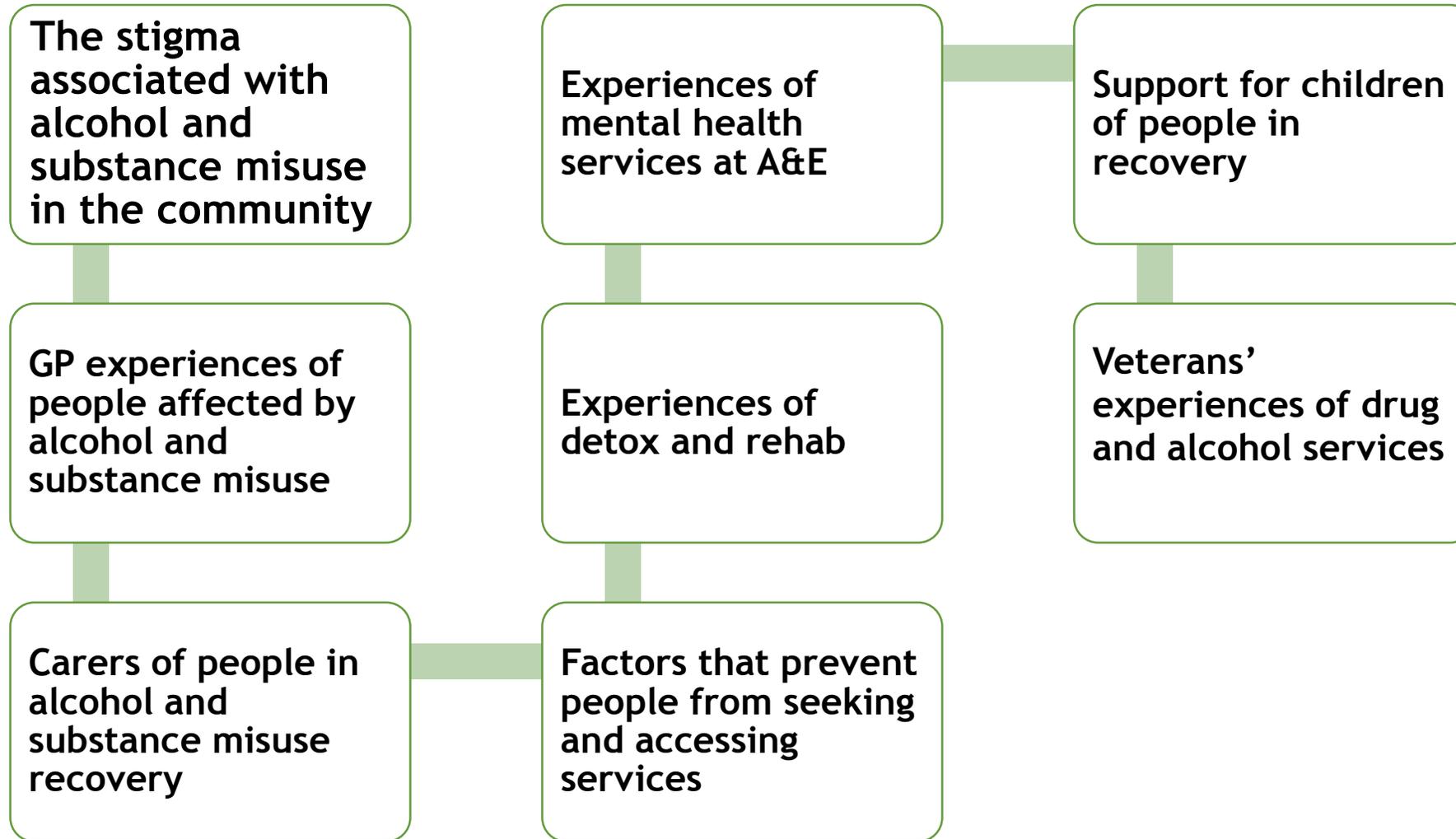
### To commissioners and providers

People with a dual diagnosis of mental health and drug and alcohol continue to have difficulties with joined up care. For some integrated delivery models have made this worse. Serious efforts to work through the issues and develop and embed solutions are long over due. Perhaps Wigan Borough is the place to make ground breaking progress in this regard?

### To providers.

- ❑ Better weekend crisis support is needed.
- ❑ More support should be provided to friends and families to meet and share their experiences and cultivate mutual support.
- ❑ Some people did not respond well to group activities, consideration should be given to a differentiated approach to care.

# Suggestions for further engagement



# The Comments

178

## Services & professionals (111)

### Working well (70)

- The way they treat you is non-judgemental both to me and my family member. It's a big thing, when you've had no contact with services, to go through that door.
- It's very difficult to make that first phone call but from the first person I spoke to people have wanted to help and, from when I was put through the first time, I've had advice about what to do next.
- I myself, I've only had 3 contacts and all have been positive.
- I was completely a nervous wreck before I met [name of service provide removed] I was in a terrible state. I feel I've been brought on so much.
- I have worked with [my counsellor] and learnt to say 'no' to the person I am concerned about.
- [My counsellor] referred me to the doctor about the anxiety I had and I went to see them. They [doctor] sent me back with nothing but [my counsellor] told me to go back and I got some medication. I cannot fault my counsellor [name removed].
- I was able to admit to her [name of counsellor removed] that I drink too much and she's going to help me with that too now. She's absolutely amazing. I see her once a month and she was going to sign me off next time but now that I've told her about the drinking I think we'll deal with that. I feel I can speak to her anytime about anything.
- I feel they [service provider] did their best for him (person I'm concerned about); when I said thank you for all they'd done...he went to their meetings which was a big thing. I was surprised he went; he must have felt comfortable.
- For me it's having someone to support me. Without somewhere to go like this you hit a brick wall.
- I can't walk away which is what other people's response...I'm off work with stress at the moment but my support at [name of provider removed] is fantastic...outstanding and always at the end of the phone.
- I don't know what families would do without this kind of support.
- The service has supported my son well; it's the second time now after his relapse.
- I've only just started with the service. [Name of counsellor removed] came to see me. I feel I can talk to her.
- My son and daughter both feel it's good and we would recommend the service.
- Staff have been supportive and I can contact them at any time...there are regular meetings I can go to.
- I go as it's a place to get things off your chest.
- I can message my worker at any time, although I wouldn't do at weekend, to ask a question or ask for information.
- My worker is happy to help.
- It's having someone to talk to and who will listen.
- I speak to the family but it's having someone independent who understands.
- I've been 3 times; every couple of weeks is enough to go at the moment. I'm more than happy.
- My [service provider] has explained to me what's happening and has always been welcoming even if I've missed going.
- I come with my wife; it's my son who has the problem. For us it's good to talk to an expert.
- They are doing well for my son.
- My son tells a different story so it's good that the same worker gets a balanced view.
- We get our support through our appointments and she (our worker) will always ring back and is reliable in that respect.
- The service has been supporting me lately and I've had contact with them for some time. My son is a heroin user and has been for many years. I've gone with him to his appointments.
- I'm now seeing a worker, on a 1:1 basis, once every 4 weeks.
- Although there weren't enough staff on when I first came they were helpful and gave me a telephone number to contact and it's gone on from there.
- I realise there is no magic wand. My worker [counsellor] is a nice young lady who is very helpful.
- I can see there is a lot of truth in what she says. She [counsellor] is the only person I can talk to particularly because of our family and relationships within the family between my son and my husband, his Father.
- If you ask me about how [service provider] is working with my son I would say very good.
- Things are offered to him [son] but as a Mother I am still hoping for a magic wand. Whatever I do I have been told doesn't help him and possibly enables him to be where he is with things...he has lots of help from the service and he does keep to his appointments.
- For me personally I see [counsellor] who listens to me.
- I rang up about my son who has been in service for 20 years and when I rang a short time ago...services have taken an interest in how I'm managing.
- My worker is the only person I feel I can be honest with and talk openly to.
- This is a place to explore why my son is doing what he's doing.
- It's about sharing experiences and hearing about strategies to help.
- It [services] is about parenting...keeping 'him' [son] safe.
- It helps you feel you're not alone.
- Some problems are easy to deal with some are more complex...I knew I had a problem but didn't want to give up; it was getting to that position where the groups and meeting others helped.
- I spent a lot of time thinking about and understanding what my triggers were. I got obsessed with coming; it was a way of meeting people out of a 'pub' environment.
- When I came here I wasn't drinking; I realised I was only drinking to keep safe.
- It was about listening to others and their anxiety; it became important speaking to people who were like me...it helped me understand myself and gave me another focus.

- It's the first time I've been here and it's outstanding.
- I was discharged from Prison on Friday and haven't had anything to eat since then. They've sorted me out here.
- It's a great place to be able to come - I was told by the Probation Service to come for help.
- I need some help with bereavement; I lost a close family member with meningitis. I couldn't deal with it in Prison as you had to be tough and put a front on. I know now that the time is right to sort myself out.
- It's fantastic here; it's a place to come if you need someone to talk to.
- I had a previous problem in 2015 and saw people then at the Life Centre who were brilliant.
- Once again I've started drinking and gambling. I felt ashamed but I've got support from family to get myself here. I know I'll get the help I need.
- It's great that things are all in one place too. CAB come here to Coops and they've put me in the picture about what to do.
- I'm going to the Life Centre tomorrow to see a debt advisor.
- The Breakfast Club is a great thing. I've been to things like this in Blackburn and Bolton; they've nothing to compare to what happens here at Coops.
- Group support works here; there are also groups in the community.
- 1:1s in the community work well in certain areas like Ashton.
- [Service provider takes part in the charitable distribution of female sanitary products which is really appreciated.
- There is confidentiality in [name of building removed] services being in the town centre.
- Community re-hab services based at [name of site removed] are valued particularly around the 12 week structured programme.
- My GP asked if I was a veteran; they seem to have started in the last two years to ask if you are a veteran.
- The free membership at the 'Life Centre' works well Initially it was for 12 months but it seems you get it renewed; it's much appreciated X2.

- Some of the GPs offer priority appointments for Vets, that's really useful.
- We [veterans] get seen straight away.
- It feels like they are pretty good in Wigan, in Chorley and Leyland these Vet's breakfasts are only just starting.
- These breakfast and lunch clubs are great, you can just chat and find things out and people just get it.
- A good doctor is the biggest thing to help people, when they know you are a vet they can refer you to things and tell you about stuff going on like employment support and things.
- Having people come t talk to us is good.
- It's good for us to find out what's happening and how to access things. There are lots of meetings and support once you access them then it should be a regular way of getting contact and information.
- There is room for technology, the government and services are working on a Veteran's Gateway Website- sounds like it would be useful to link in with. Maybe an app as well to give information when people leave the forces.
- He did end up in Forrest Bank and from there got a key worker who works jointly with probation and the drugs team. He's been seeing that person since last August and they've been excellent.

#### Not working well (40)

- The person I am concerned about was assessed 3 or 4 weeks ago now and still haven't heard anything. it's a long time without a bit of support. Even if they [service provider] had given her a call to say they'd not forgotten her it would have reassured her and us; these people are very vulnerable.
- I think they [service provider] could try to get more people into re-hab. I'm not sure if that would have helped him (person I'm concerned about) but I realise that timing is everything.
- My (family member) promises to go and then doesn't go which is his biggest problem. I think [service provider] needs to realise that group work is not always the answer. He won't go in a group; people are not always ready.
- I feel let down by lots of services. I've tried mental health services. I've had trouble getting him into other services when we've been desperate due to waiting lists; I've had to go to other trusts.

- He had a worker who had something to do with the police and to be honest I was disappointed with them. They came to the house twice and things looked very black and white to them; they told me to contact the police when money was taken from me but my (family member) needs to be ready to make changes. I think what he needs, more than group work, is a mentor, someone who could go with him to services, someone who promised to come every day and check on him. I've been disappointed with the care he's had, how it's worked out; I was hoping for bigger things.
- It's the dual diagnosis thing. When you have anxiety and depression and alcohol too it's difficult to find a service who can help (both sets of symptoms).
- We couldn't get any support; we've taken him to A&E. We were stopping him drinking and didn't realise what could happen to him if he didn't drink. There should be services for people in his situation before they get to rock bottom or unless they're at death's door. [Counsellor] did a home visit and promised us the world but we've never heard from her again and we didn't feel supported.
- Timings of appointments are not always convenient for him as he works. Workers have been to his work sometimes but that's not always suitable.
- Sometimes I feel left out of the loop and a more family approach is needed.
- It's a problem getting help at the weekend and services being around at the weekend. If there's a crisis it's usually at weekend.
- I feel let down by lots of services. I've tried mental health services. I've had trouble getting him into other services when we've been desperate due to waiting lists; I've had to go to other trusts.
- He's been admitted into Wigan 3 times but no detox bed has been offered that's why I've taken him to Bolton where we got him a detox. They [service provider] kept discharging him from Wigan even though he's telling them he wants to kill himself or harm himself. They just said he's medically fit and then discharged him.

- They don't seem to do anything for the person I'm concerned about; they asked him what he had been up to in the week and then told him he could go. He's a private person and needs time to open up about his relationships and other things. He finds it difficult to talk about things.
- He said his worker was miserable and abrupt. He needs more information about what it's doing to his body; I think it would help. He doesn't listen to me...he doesn't feel he's benefiting from it; he needs a place to go where he feels comfortable so he can open up.
- Things were working at first for my husband but he found that there are too many distractions, too many interruptions and too many people. There didn't feel enough attention on him.
- They need to realise that group work isn't right for everyone. It's as if for some people there's a need for a little bit longer of individual time at the beginning and then when people are feeling more confident perhaps that's the time for a group. When he went to a group quite of a few individuals were drunk and boisterous. He didn't feel he could shut them up.
- I think he was looking for a quicker fix; I know he needs to realise there are other people too. I understand that other people need their services.
- Perhaps their [service provider's] staffing levels at the moment are a problem. He's not in touch with services now; he's not rung to tell them.
- My husband felt that his group leader was the same person as my worker and it didn't feel right for him. He was worried that the worker was listening to him and to me. He was reassured that everything was confidential but my husband didn't feel it was.
- I think [service provider] do their best under the constraints it faces. I've no negative comments about the people he's seeing.
- I think my son would respond to rehab which doesn't seem available to him through [service provider].
- He waited almost two years to see a psychologist even though we'd kept asking; he'd been having regular appointments with a consultant for his medication.
- He needs something different to an appointment every 2 weeks. He needs something like re-hab and time away from the environment he's in. When he goes out (socially) all that he's been told and all that he's thought about goes out the window and he uses again. Sometimes these 2 week appointments become 4 week appointments for whatever reason. He needs more intensive support; if I could afford it I would arrange it myself. What I'm saying is his treatment doesn't allow him to sustain the thinking and realisation that have arisen in his appointments with services.
- If I could afford it I'd put him into re-hab and we'd be prepared to move house to another area. Unfortunately I don't have those finances as my retirement funding has gone.
- I have offered to pay for my son to go into re-hab. Workers have said that I would be wasting my money as he wouldn't last the course of treatment and would walk out after a few days. I would like him to go; it's so difficult wanting to protect him.
- The methadone programme is ridiculous. He came off the methadone himself and ended up buying prescription painkillers off the street and got himself off it. He went back on heroin again though. He is full of good intent and does very well for long periods of time and then heroin wins every time. There are lots of triggers for him around family relationships and missing and enjoying time together.
- There is not enough money, support or staff for drug or mental health services. It's the 'Cinderella' service and lip service is paid to it by society. The drug problem is now out of hand and impossible to manage.
- Because of confidentiality you feel out of the loop; it would be helpful to know the reasons why certain things are happening with my son and why certain things are not being offered to my son. Being in my situation is a terrible situation and you don't know where to go and you feel completely stuck!
- I was an inpatient at Atherleigh Park and did a de-tox. I came out and stayed abstinent for 8 weeks until a comment from a group member upset me and made me start drinking again. In all that upset I only saw my key worker for 10 minutes. I've now got a Social Worker as I've been given some bad news this morning. My Social Worker has got some major concerns about services here. My view is there isn't enough support. More needs to be done here.
- At the moment I feel [service provider] is not doing a lot of my son. There seems to be a lot of waiting within the service. For instance there's a constant wait to see a doctor for either a prescription or when there's a change to that prescription.
- My son is desperate to come off the opiate he is using and spoke to his worker two weeks ago. Their response is that he needs to be stable for two months. It's how he's going to maintain that 'being stable'? What I don't understand is why that timing he identified can't be acted on.
- As my son has been in services for 20 years I am able to say that services used to be better. Over the past 12 months I have come to think that this has arisen as services are jointly delivered. Statements such as "well that's for health not us" have been said or "we're waiting for health". I have seen My son's health deteriorate over the past 12 months; he's using far more than he used to.
- My son has a diagnosed mental health illness and the services who treat him don't understand my son's difficulties with his drug using. They are up to their eyes in their own service issues. Each time he's been an inpatient, he's been admitted 3 times this year they kept him 2 weeks and then discharged him. On the 3<sup>rd</sup> occasion they tried to discharge him but I contacted his MP and they kept him longer. One time he was discharged without my knowledge and I only found out because the police were involved and they contacted me as my son had said he didn't feel safe. He actually wasn't fit to be discharged that time and they ended up admitting him again. The first time he was sectioned. He'd tried to come off the drugs himself on his own. He was buying painkillers on the street. He's desperate to come off it; he couldn't be any worse.

- I feel I should be seeing my keyworker twice a week. Every time I ring up and ask if someone can ring me back, no one does. My key worker doesn't ring me back even.
- They knew, here, that a meeting had taken place with the Mental Health team which mentioned that my housing situation was unsuitable but nothing has been done. The Social Worker has said I shouldn't be living here and they will push it again. They said they would get me moved.
- There needs to be a discussion about healthy eating during recovery and input from a dietician to come in and support clients. It's easier to see individuals here at the point when they are experiencing problems and accessing help at Coops than refer them often to another site. The Health Trainers need to come in too.
- Some of the receptionists are just awful, they put you off contacting the GP.
- The priority appointments don't work at the dentist, or for tests.
- 84 year old vet waiting for an angiogram- "it feels like when they found out my age they don't want to be bothered. I've been waiting five weeks," "it might be too late by the time he gets an appointment!"
- There's a lack of joined up thinking- like I was offered a flu jab and a shingles jab but instead of being all at the same time I had to go at 8.50 and 12.40 on the same day. I mean I've got a car and I can get about but for some that would just be ridiculous.

## Use of technology (26)

### Face-to-face (6)

- Internet contact is not really my scene as I would rather speak 'face-to-face'.
- I'm not good with the internet; I'd rather speak to a person 'face to face' in the same room.
- I'd rather have 'face-to-face' contact in the same room. I think you would lose touch with that person. It wouldn't do (family member) any good; you wouldn't be able to read his body language, his mood or his expressions.
- ...I'd rather see someone 'face to face'
- No; contact has to be 'face to face' for the worker and the client as its good for the user to have to go out.

- 'Face to face' opportunities using IT might be useful and a good option

### Text (8)

- A text would have been helpful to let people know that you've not forgotten them.
- Text messages might help though to say that someone is there if you need them.
- Text reminders to keep his appointment are useful and text messages in between would be encouraging. When he's down he turns to alcohol and drugs.
- Reminder texts might be useful to motivate users in between appointments.
- Texting between appointments would be useful too to say that the service is there if you are struggling.
- I already get texts from here.
- Texts are ok.
- Texts would be useful

### Online Yes (7)

- That sort of contact [online] might suit the person I am concerned about.
- It would be easier for X (person I'm concerned about) if he could access them [service provider] by internet.
- Yes it would work. it's not always when you have an appointment that you need to speak to someone so at times of crisis being able to reach someone there and then would be useful. It might work at that point to be able to reach someone quickly.
- 'Face to face' opportunities using IT might be useful and a good option
- More and more people are using IT and working from home
- If there was a need for a treatment change then that discussion could be facilitated by using IT
- Using IT might take away opportunities for personal time with workers; I would disagree with it

### Online Not sure (5)

- I don't go on the internet but it was there I would use it. I don't know whether my son doesn't do that already.
- I don't know if it would be useful.
- I'm not into modern technology and I don't think my partner would use it. We do have mobile phones though.
- I'm too long in the tooth now for IT.
- This might be why people are getting into these problems; there is no-one to speak to, loneliness which drives people to use the internet and contact is personless. Its impersonal contact and might be the route of the problems people face.

## Areas for future work (48)

### Information about services-access, referrals & discharge (16)

- How services work or don't work together
- How to understand services where they are and what's the plan of action for my loved one?
- The criteria for rehab and de-tox. Why can't he have a de-tox? Even if we were to offer to pay for it?
- Giving addicts the right information. Families tend to say just stop drinking but it's not safe to do that - what advice are individuals given about minimising the harm they face.
- What that relationship between addiction and anxiety or mental health issues - there's support here for [name of provider removed].
- How GPs deal with someone presenting with addiction and anxiety issues; they treat you better when you are not drinking
- There's a lack of information about detox and rehab; detox can be dangerous if you do it too many times.
- The majority appear to have no understanding of those issues.
- After de-tox GPs may give a drug without understanding how it affects you.
- Are GPs referring patients to Coops early enough
- Is there an expectation that patients will refer themselves to Coops
- Ask about experiences of referrals to other services
- Ask about people's experiences of accessing the Mental Health Crisis team as I've not seen the same person twice in the time I've been in touch with them.

- Ask about discharge from de-tox units like Chapman-Barker at Prestwich. Problems might be discharging too early or discharging at the weekend when individuals are vulnerable and unable to contact community services. The ideal is that the day after discharge someone makes contact, and ideally, there is something in place that day. A call from the ward or Addaction would be useful with an introduction to services and groups on offer. Communication seems to rely on having a key worker but if you haven't got one... Discharge from the Royal Albert works well as electronic systems can work in a shared way. Discharging or contact from other sites might not be possible as the Clinical Governance arrangements are not in place.
  - Ask about how people feel about the timing of access to de-tox and re-hab, about how individuals manage the requirement to be abstinent and the waiting times for individuals to access those services
  - Ask about care provided by the dual diagnosis team - "capacity is interpreted as choosing to drink", the view that people defined as "dependent drinkers" don't have mental health issues
- ### Family & Carers (12)
- As carers we would welcome anything we could so ask people what they would benefit from.
  - If there was a need for a family support group we'd give it a go.
  - Seeing people in my situation as a carer; it's a real strain; I don't believe there is anything to help me.
  - Me as a carer - it's such a drain on me and I have other responsibilities and my own serious health matters. It feels like it's one thing after another.
  - What support is there for carers as addicts don't or can't pass on information given to them by their workers here [name of provider removed].
  - It's how to promote care for 'Concerned Others' and encouragement to think about themselves.
  - Contact with a GP as it's about all your life and how it affects all the family.
  - What care is available to me as a carer.
  - Help to see myself as a carer.
  - Mental health services at A&E.
  - How services work, contact and communicate with the family.
  - That I'm a carer. I feel I'm becoming a carer and I need help to see myself as a carer. I know now that I can access services as a carer.
- ### Positive experiences about [other] services & professionals (4)
- Ask about GP care. Our GP has been very supportive.
  - What GPs can do for you - mine has been very good.
  - This time he wasn't only in a short time but they kept him for a couple of months and more was done to help him.
  - The commissioned beds [name of provider removed] work well; it was felt that being remote from the area gives an individual space from families and the focus to concentrate on recovery.
- ### Negative experiences about [other] services & professionals (16)
- Care at A&E as nurses there treated him like a second class citizen. There is a need for people to be asked what help they got at A&E and how they were treated. Patients in our son's case can't wait in a public area they need a separate space where they don't feel stigmatised. Staff need to remember behind every person who drinks is a story and that's not always appreciated or understood.
  - Help from the GP. If the GP could have prescribed Librium. We feel let down by a lot of services.
  - Experiences with the joint services offered by Addaction and the Police - again we've felt let down
  - I've taken my partner to Clare House to mental health services and to A&E; they keep him and then let him out. Even though he's telling them he wants to kill himself or harm himself they says he's "medically fit" and discharge him.
  - GP care as our GP wasn't interested and just passed us onto Coops
  - Rehab needs as this needs to be offered earlier.
  - Ask about A&E. Our experience has been ok in that he was seen to straightaway but they didn't seem to have much time for him.
  - I had to go and collect him and found him at the front of the hospital and his belongings. Staff had put his possessions into bin bags for him to take away.
  - He waited almost two years to see a psychologist even though we'd kept asking; he'd been having regular appointments with a consultant for his medication.
  - Needing consistency with your GP so you don't have to dredge everything up. Consistency helps communication and continuity.
  - It can be good to access other health services for other reasons - ask about how people are treated when they turn up at A&E. I went before Christmas after two days solid drinking; I couldn't stop being sick for 6 hours. They dealt with the sickness in A&E and then admitted me because I had AF (atrial fibrillation). The consultant told me that I was lucky it had been found as I could have gone onto have a stroke or a heart attack.
  - He told me that when he'd been told he was being discharged he'd got very agitated and sat down in front of the doors. Staff said that he had to go and were calling the police. He said to them he didn't feel safe and didn't feel well. He said he was at risk of harming himself.
  - It can be good to access other health services for other reasons - ask about how people are treated when they turn up at A&E. I went before Christmas after two days solid drinking; I couldn't stop being sick for 6 hours. They dealt with the sickness in A&E and then admitted me because I had AF (atrial fibrillation). The consultant told me that I was lucky it had been found as I could have gone onto have a stroke or a heart attack.
  - Ask about people who use services here about their experiences of other people's reactions; too many people are quick to judge. People don't understand how life can be for someone struggling with addiction.
  - Ask about people's experiences of going to the GP which can range from fear to finding a GP who is well up with information about drugs and alcohol.
  - Some GPs are prepared to go through your notes others ask "what do you want".

## Other comments(20)

- Experiences of the justice system. There are sentencing issues that need looking at. The Police need to get to the dealers. I feel my son was made an example of. He got a prison sentence of 2.5 years for having 17 tablets on him at a music festival. Because he came from a good family it felt like he was treated more harshly. Some of the million pound drug cases haven't received proportionate sentences to that. We felt it was something to do with the policing costs at the festival and having to make it count. It was awful for him in prison. Don't let anyone tell you different. We were able to put £25 a week in his account but if you weren't....
- What support is there for children.
- Financial matters - having to work out my son's entitlement to benefits and support him when he's having to go for medicals which sends him off the rails.
- There is a need for bereavement services - that can be the cause of so much. I lost my Mother, my partner and an Aunt in a short time and had no help to come to terms with it.
- Employment opportunities and support - my son was a well-qualified person and now, because of his criminal record, he's having to take jobs with poor employers who get poor work. We feel he's been stigmatised. If employers had more information about rehabilitation and how important supportive work was perhaps they'd look more understandably at his offence and the likelihood of an impact on his ability to do his job. I believe if work was better for him then it would help his self-esteem and recovery. We have found the probation service to be rubbish. There's been no support for him or help to get him work with a decent employer. The CRB system is crazy. We've tried and we've been everywhere. It's the hardest thing to get your life back and turn things around.
- A challenge to the general public - I can't believe any drug user doesn't want a normal life; their lives are so difficult I really don't think the general public understand what they are up against.
- Ask about stigma
- Find out what stops people talking about their health. I won't go and see my GP unless I'm really unwell or someone finds me unwell.
- Financial problems. We are still financially contributing to the aftermath of my son's drug taking. It's what families do to help their children and it needs to be understood as an impact for us.
- Licensing and the prevalence of drug taking in Wigan Borough. Drugs are a massive problem in Wigan it's not "who does?" it's "who doesn't?" now. There's no way that the pubs and clubs don't know that it's going on in their premises, in their toilets. Never mind 'no smoking' they know it's happening and even the bouncers are involved. They should be regularly checking their toilets for what's happening.
- Managing their finances (for the service user).
- Ask about employment and getting back to work. My husband keeps hitting a brick wall and needs more support.
- We are paying some of my son's debts so professional advice about finances and debts would be useful. You just don't know what to do so there's a need for advice.
- Ask about peoples' experience of work. His work have been good although we don't know the full truth. I take him to work and my wife collects him as we don't believe he would go otherwise or he would go off drinking after work.
- Contact with the Police - we called the police to the house to deal with a disturbance and they handled the situation very well.
- What's happening in Wigan as I've seen taxi drivers delivering drugs. There's no way that someone doesn't know what's going on across Wigan organised drug wise. There should be higher penalties for those dealing drugs - we've used the 'Crimestoppers' number at times to report obvious activity but we don't know what action's been taken.
- Ask about underlying relationships as somehow improving those could help.
- Peoples issues around housing and who maybe at the risk of losing it
- The need for advocacy around working with landlords
- The stigma of walking in through [name of provider removed].