Home Affairs Committee – Drugs Inquiry: Additional WithYou response

Original evidence submitted through the DAJ APPG can be accessed here - (DRU0093)

WithYou

WithYou is a charity that offers free, confidential support and treatment to people in England and Scotland who have issues with drugs, alcohol or mental health. We give people support in a way that's right for them, either face to face in their local service, community or online. We are one of the largest providers of treatment and support services in the UK, helping more than 75,000 last year, currently working in over 80 locations across the UK.

Drug treatment and recovery services

The barriers to support that people face

1. People who use drugs continue to face unacceptable barriers in accessing treatment and recovery services and many people who need support do not access it. Like other patient groups, people who use drugs must have fair and equal access to health and social care treatment and support. People who use drugs also experience barriers to accessing other services making recovery less likely, from NHS mental and physical health services to housing support services and employment related services. Our own internal research has shown that the fear of judgement and a lack of awareness of services are among the main barriers people face when seeking support.

2. For women who use drugs, our research found male-dominated services are often intimidating for women.[1] We know that many women who require support may have experienced abuse, and services with busy waiting rooms where men and even potentially ex-partners may be attending the same service are significant barriers to them coming into a service. We found women who are mothers fear losing child custody if drug use is disclosed and the stigma women

[1] WithYou (2021). A system designed for women?. Available at: https://www.wearewithyou.org.uk/who-we-are/research/

experience, where they are often perceived as contravening their roles of mothers and caregivers, continues to push them away from engaging with services. Unfortunately, many treatment services are still insufficiently gender informed.

3. To address this, we are taking several steps. We are working to involve women with lived experience in service design, ensuring service branding is visually engaging for women, that our physical spaces are flexible, appropriate, welcoming and engaging, and where possible family sensitive/friendly. We are focusing on providing appropriate staff training to ensure women's needs are understood, are provided the correct treatment pathway, and where possible offer female-specific interventions (women's group meetings, assessments, female key-workers, appointments, and other interventions (such as mental health/trauma, families and relationships support)).

4. People from LGBTQ+ communities face a range of health and social inequalities that affect their health and wellbeing, including higher rates of poor sexual health, depression and anxiety, alcohol or drug dependency and discrimination based on sexuality. LGBTQ+ people have poorer mental health, higher levels of drug and alcohol use than the general population, and are more likely to face discrimination from healthcare workers.[2] However engagement in drug services among the LGBTQ+ community is relatively low in relation to their higher levels of drug use. LGBTQ+ people are more likely to perceive their drug use as not being problematic, often don't see mainstream drugs services as appropriate for their needs (e.g. not for chemsex and club drug scenes), and tend to require more specialist services which are few in number, especially lacking in rural areas.

5. Our experience delivering both young persons and adult services across the UK has shown that the young adult cohort experiences various barriers to services and are underrepresented in treatment data. They often perceive mainstream adult drug and alcohol services as not being appropriate or relevant for their needs. They are often better suited to young persons specific services and during transition from a young person's service to an adult services, many young adults disengage from services.

6. People from BAME communities also face significant barriers to accessing services often due to multiple degrees of stigma. Our research with the South Asian community in the Midlands heard how many people who use drugs from BAME communities carried an acute sense of shame on their family, they rarely

[2] Stonewall (2018). LGBT in Britain - Health report. Available at: https://www.stonewall.org.uk/system/files/lgbt_in_britain_health.pdf

knew what services existed and feared not being understood, in terms of the cultural values and beliefs.[3] As such, they were far more likely to seek support from their communities and/or faith communities rather than traditional services. To address these barriers, we focus on long term partnership building with organisations that work with minority or community groups to allow us to help more people from diverse communities to access appropriate treatment.

7. With much of the capacity of the drug treatment system being taken up by male, long-term opiate users, developing expertise and services to meet the needs of other service user cohorts has been a long-term challenge for the drug treatment sector.[4] People who use crack cocaine, women who use drugs, people engaged in chemsex, or people who use performance enhancing drugs are all examples of groups who struggle to access appropriate services designed for their specific needs. The people we work with are complex and diverse with their own unique experiences. They will have their own needs and demands, and will do best when they experience things based on their own priorities and goals. Diversifying the services we offer means more than just offering a mix of digital and in-person treatment. We design and deliver services that are inclusive and designed around the needs of specific groups, and not the organisation. It means having services that are flexible and able to meet people where they are at, not just in the rigid confines of a fixed building. Some examples of what we provide include veteran-specific services with specialist veteran leads in every service, women only drop-in times and female key-workers, web-chat service for LGBTQ+ people, and a helpline specifically for older drinkers.

8. Many of the people who use our services have experienced trauma. 75% of people report experiencing abuse and trauma in their lives, which means if you have a caseload of 60 service users, 45 may have experienced trauma. In mental health services, around 50% have experienced physical abuse, and more than one third have experienced sexual abuse. However, many drug treatment and support services simply aren't designed to really resolve peoples trauma. By responding effectively to trauma, these services can make an important impact on people's health, wellbeing and recovery outcomes, and ultimately overcome a significant barrier to accessing services. Being trauma informed means offering a more responsive and targeted approach to people's needs. To support becoming an organisation that is more capable of resolving trauma,

[3] WithYou (2021). A system designed for women? Available at: https://www.wearewithyou.org.uk/who-we-are/research/
[4] Home Office (2020). Review of Drugs - part one. Available at: https://www.gov.uk/government/publications/review-of-drugs-phase-one-report/review-of-drugs-summary

we're implementing new ways of working to make us not just trauma informed, by delivering trauma resolutions services, with key staff trained with trauma treatment knowledge and skills.

9. Lastly, if people do not receive the quality of support they need, they are more likely to disengage from services. The way services are often designed and delivered in many places hasn't really changed in decades. Over the years, increasingly high caseloads have put additional pressure on frontline workers, limiting their ability to really provide the best support possible. Engaging in treatment for the first time for many people remains daunting with long assessment forms and lengthy admin tasks still acting as a barrier between a frontline worker and service user. To increase time available for frontline staff to spend with service users, we have invested in tools and systems to improve training and skills, as well as enhancing the amount of time frontline workers spend with service users. We reduced the admin burden on frontline recovery workers allowing them to have more contact with service users where they can build stronger connections, and ultimately increase retention rates. We also provide all staff with core psychosocial training and have developed clear treatment pathways to give staff a much clearer understanding of the evidence of which types of people require what support.

The constraints and challenges faced by service providers and suggestions for how these challenges can be overcome.

10. There are several important challenges service providers are currently facing that we'd like to raise. Firstly, ensuring the ambition of the 10-year Drugs Strategy is matched by an appropriate and sustainable long-term funding package is critical for services to be rebuilt after a decade of disinvestment, and for the quality and diversity of delivered services to improve. There's a strong 'invest to save' case for drug treatment, especially in light of the current NHS criss, and with the current additional funding for the strategy coming to an end in the coming years, this vital messaging needs to be received and understood by Government.

11. Secondly, workforce development is vital to improving the quality of service provision and is rightly a high-level priority for both Government and commissioners. The Black Review described a workforce drained of morale, where caseloads and complexity has increased, while commissioning capacity and access to specialist roles has decreased. Staff recruitment and retention continues to be a challenge, now exacerbated by the cost-of-living crisis where other related sectors are able to offer higher salaries and better skills development and employment benefits. A new workforce strategy for the sector

is critical and we welcome its development. Making employment in our sector more attractive is vital to improve levels of recruitment and staff retention. This will ultimately reduce caseload numbers and improve performance and recovery outcomes for people who access services.

12. Lastly, the ongoing cost-of-living crisis has created an additional challenge for service providers and service users. Rising inflation is having a significant financial impact on services, many of which operate on a narrow margin, with increased running costs through utility bills and travel costs. The needs of our service users are becoming greater and more acute, with more people struggling to make ends meet, such as buying food, paying their rent and covering basic utilities bills and essential transport costs. Furthermore, the recent cut in the support provided through the energy bill relief scheme could have a significant impact reducing support for local services that are already struggling, especially given Local Authorities haven't been able to uplift commissioned contracts in line with inflation.

Service users' needs beyond drug treatment and recovery

The challenges that people who use drugs can experience with public services (housing, employment, etc.);

13. As highlighted in the Black Review, drug dependency is a chronic condition that exists in a wider social context. Alongside psychosocial interventions, people who use drugs will often need to access a wide variety of public services from family support services, to mental health, housing and employment support. Clinical treatment alone will often be insufficient with these wider public services often being integral to sustaining peoples long term recovery but are often difficult to access. People who use drugs experience stigma across different public services and will often struggle to navigate complex pathways. Employers are often wary of hiring people with a history of drug and alcohol use, and service users tell us they often feel unwelcome in mainstream health and care settings. People who use drugs may also struggle to retain accommodation due to financial difficulties and it is common for people to be required to achieve sobriety before they are offered their own home.

14. The coexistence of mental health difficulties and drug and alcohol use is very common, however it can be very difficult for people who use drugs to access the mental health support they require. To ensure that the best care is widely available, drug and mental health services need to work together and adopt treatment options with the best evidence bases to support people with comorbidities. Rigid eligibility criteria can limit access to services, and drug and

alcohol use is too often used as a reason for mental health support to be delayed or rejected outright. Our own research has shown that people often felt afraid to disclose their drug and alcohol use when seeking mental health support fearing they could be deemed ineligible for mental health treatment, and/or because they didn't feel 'safe' to do so.[5]

15. However, there should be 'no wrong doors', with people able to access the right support for them regardless of where they first present in the healthcare system.[6] We have found that guidance on this has been poorly implemented, and access to services remains deeply inadequate.[7] There is a clear inconsistency between national policy and practice at the local level. We welcome the recommendation in the Black Review that DHSC and NHSE should develop and implement an action plan that improves the provision of mental health treatment to people with drug dependence. We also support the recommendation that competency and training requirements for all staff working with people with co-existing mental health problems and drug dependence should be implemented.

16. Lastly, people who use drugs often have particular physical healthcare needs, with physical comorbidities such as HIV, hep C, heart and lung disease, or being far more common than in the general population, often made worse by poor living conditions and poor nutrition. However, the health system is often poor at engaging and supporting people who use drugs who have additional physical health needs. Those involved in providing care - including prescribing - should be able to access a service user's complete health record in order to review the full range of needs, and be able to make the most informed decision on the person's care possible. There also needs to be better joined-up social prescribing services to health services with support from the third sector.

Recent drug policy

Views on the 10-Year Drugs Strategy

17. The 10-year Drugs Strategy will certainly help the drug treatment and recovery

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[5] Samaritans (2022) Insights from experience - Alcohol and suicide. Available at: https://media.samaritans.org/documents/Samaritans_Insights_from_experience_-_alcohol__suicide_2022.pdf

[6] PHE (2017) Better care for people with co-occurring mental health and alcohol/drug use conditions A guide for commissioners and service providers. Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/625809/Co-occurring_mental_health_and_alcohol_drug_use_conditions.pdf

[7] Samaritans (2022) Insights from experience - Alcohol and suicide. Available at: https://media.samaritans.org/documents/Samaritans_Insights_from_experience_-_alcohol__suicide_2022.pdf

sector get back on its feet after the impact of disinvestment during the austerity years. The political investment in this policy agenda should be commended and the financial investment will have a significant impact on improving the capacity and ability of services to provide high quality interventions and support.

18. You can find more detail on our view towards the strategy in our previous submission submitted through the DAJ APPG (accessible here - DRU0093).

19. Following the end of year 1 of the strategy, there are some additional points we'd like to make. The initial financial commitment made alongside the Drugs Strategy will play an important role in rebuilding services. However, to really transform the treatment and recovery system in the long-term, this investment cannot just be for 3 years but must be sustained for the duration of the strategy. This is critical in light of the public health grant allocations to local authorities used to fund drug treatment and recovery services having fallen from £4.2 billion in 2015/16 to £3.3 billion in 2021/22 in real terms.

20. It is vital to look at the wider determinants of health and the reason why people end up using drugs in the first place. To really see long-term positive changes across communities, there needs to be sustained investment in addressing adverse childhood experiences, and across wider services that support prevention and peoples recovery, from housing, to parenting support and physical and mental health.

21. The additional drug strategy funding is having an important impact in allowing services to scale up our recruitment and improve staff retention which will allow us to reduce caseload size, improve numbers of people in treatment, and ultimately improve outcomes. However, there have been long delays in the amount of time it has taken organisations to access the additional investment for year 1, and this has meant it has been challenging for the sector to implement strategic priorities, new service delivery and to meet some of the ambitious key performance indicators outlined in the strategy. A more timely dispersal of funds would allow recipients greater opportunity to maximise the impact of this investment and meet these targets.

22. Lastly, the focus on crime reduction and increasing drug prohibition, including around criminalising possession for personal use remains a concern. We fear this could end up bringing more young people into contact with the criminal justice system which we know has significant long term consequences.

Views on the policies set out in the Home Office's White Paper: 'Swift, Certain, Tough: New Consequences for Drug Possession'

23. There are aspects of the white paper to be welcomed. For example, we welcome aspects of the diversionary proposals in the paper and its attempt to create a more uniform approach to how police deal with drug offences. It should not be a 'postcode lottery', and how police tackle drug offences should not be determined by locality, and it's positive that this is being addressed.

24. However, we have concerns with many parts of white paper. The proposal requiring people to pay for a drug awareness course, or pay an enhanced fine for non-attendance, will disproportionately impact people on lower incomes. Many people will not have the means to pay for these courses or fines, and this would create an unjust system where some people who can afford to pay will be able to avoid further penalties. Decisions about diverting someone from the criminal justice system should not be dependent on whether they have the means to pay or not.

25. Mandatory drug testing, integral to the proposals, can be stigmatising, disproportionate, expensive and ineffective and can lead to net-widening where more people end up being brought into contact with the criminal justice system. This can have a critical impact on people's lives, impacting their employment or family responsibilities, as well as their right to privacy. Mandatory drug testing has often been shown to have unintended consequences, resulting in people using more dangerous synthetic drugs which do not show up in drug tests, or drugs which are only detectable in the body for a short amount of time.

26. The interventions at tier 3, where people can get a drug court order, (an exclusion order, a drug tag, confiscated passport and/or driving licence disqualification) lack an evidence base in reducing demand, and are disproportionately punitive for possession offences. Other measures proposed such as banning attendance at football matches and nightclubs also lack an evidence base and will do little to reduce recreational drug use.

27. The proposals in the white paper ultimately muddled and confused, increasing the punishments imposed on drug users while also attempting to divert drug users from the criminal justice system.

Recommendations

What one thing would attendees ask the Committee to recommend in its report?

28. We welcome the ambition and scope of the ten year Drugs Strategy but it is critical that this receives the cross-party political support it needs, including a long term funding package for the duration of the strategy. This will allow

organisations to plan appropriately, and ensure the funding is having the greatest impact and showing the greatest return on investment. For starters, this means concrete reassurances around the funding for years 2 and 3 are now very much needed.