



SDF
Scottish Drugs
Forum

Informing
Supporting
Representing
Leading

Peer Research in North Lanarkshire

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A national source of expertise on drug-related issues

www.sdf.org.uk

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Today I will...

- Peer research approach & methods
- Demographic information
- Common themes & recommendations
 - Service promotion & communication
 - Relationships & connections
 - Interventions & support options
 - Stigma
 - Staff training & education



Peer Research approach



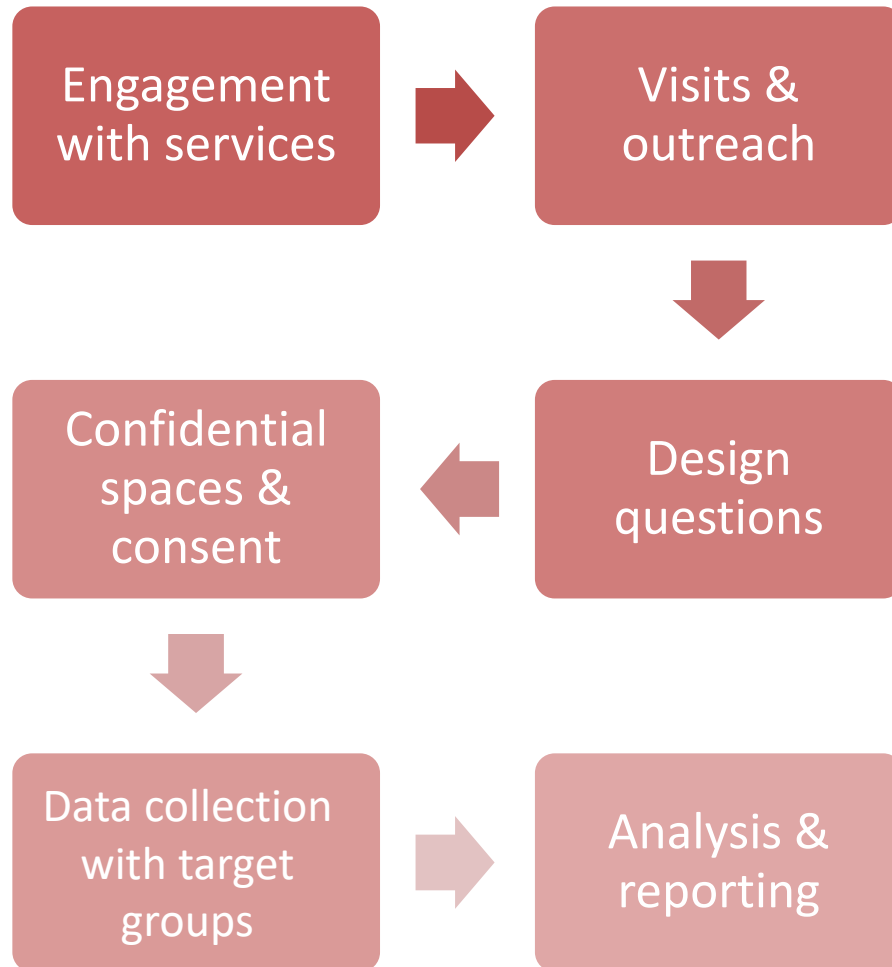
- 10 peer research volunteers across North Lanarkshire involved; living and lived experience
- Induction and ongoing training and support provided
- Contribute to each stage of the projects

Builds trust

Shared
experiences

Full & honest
answers

Methods & recruitment



Demographics

Mental Health

Sample	35 living experience	11 staff
Polysubstance use	86%	
Anxiousness	77%	
Loneliness, low mood & diagnosis	74%	

Family Inclusive Practice & Residential Rehabilitation

Sample	31 living experience	7 family members	8 staff
Offered Family Inclusive Practice	61% (taken up by 11 people)		
Did not want family involvement	48%		
Never accessed residential rehab	84%		

Medication Assisted Treatment (MAT) Standards

Sample	21 living experience	5 family members	5 statutory staff
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Promotion & communication



*“...if you are dealing with that service, they don't really point you to any other service...”
(Living exp participant)*

“I have been with [service] for maybe sixteen years but didn't know they offered this support to families.” (Living exp participant)

“I just feel as if, you know, it very much is you are left to your own devices unless you know what to ask and who to ask.” (Family participant)

Promotion & communication



“...there are so many different approvals needed but I wasn’t made aware of any of this. It has been a learning curve. I don’t remember any of the referral processes being discussed, though. There were no leaflets or anything like that. I still don’t know how this is going to work out...” (Living exp participant)

“No one has ever spoke to me about rehab, I have never applied for it. I honestly couldn’t even tell you how to go about getting into rehab. I don’t know anyone who has got into rehab.” (Living exp participant)

“In my own experience, they have done well. They spoke to me about rehab, told me it was an option, let me decide and explained the referral process and a bit about funding and how I would get it.” (Living exp participant)

Relationships & lived experience



“...definitely not from my loved one’s addiction worker do I feel supported. I don’t even think my son is supported...She’s not keen to speak to me.” (Family participant)

“I feel like when you are trying to access help through an addiction worker or a GP, you shouldn’t leave feeling worse like a hopeless person, because sometimes it takes everything you have to ask for help.” (Living exp participant)

“I think the ART team - I mean I get on well with my worker, but I don't think they have the time for you, it’s in, - get your script how you doing, blah blah, - you either get five or ten minutes to get to know somebody and get to know what's really going on with you and that's not enough.” (Living exp participant)

Relationships & lived experience



“The cafes give the sense of community...I struggle to maintain healthy relationships...in here I'm in with like-minded people, who have similar struggles. For me personally it's about that relationship aspect of it and getting rid of that isolation and loneliness” (Living exp participant)

“I think they could let you speak to someone who has been through the process, someone with lived experience, and talk about any fears or anxieties you might have, cause coming off drugs is a huge thing for people but talking to someone who has been through it and them telling you their process may help with all the uncertainty.” (Living exp participant)

Interventions & support



“They're not open at the weekends which I find quite difficult, cause the weekends you know ya drink more and there's no services that I know of at the weekend apart from the Samaritans.” (Living exp participant)

“...they've to phone at 8 o'clock in the morning, so most of them are no up...they're on hold for 40 minutes, so there goes most of their credit for the month on their phone, and then they get told there's no appointments left, and they have to try, start it all again the next day and sometimes it's four, five days just to get an appointment...” (Staff participant)

“A lot of our services being third sector as well, on a practical level, buildings aren't built purposely for family inclusive practice. We often have tiny rooms that only accommodate, like, two people.” (Staff participant)

Interventions & support



“If I have appointments, they help me to go to them. I can’t go on my own cause of my anxiety, so they come pick me up and take me to appointments and stuff and just ask “how are you?”. That's a massive help to me.” (Living exp participant)

“In my case they work well together to help me. Staff support me to appointments and stuff. My worker takes me to see my psychiatrist - I wouldn't be able to go on my own. They also help me with making appointments and going to them.” (Living exp participant)

“They should have the right to get help on their own, not everyone wants their families involved in their support, so for them to have somewhere where they can go get help or talk.” (Living exp participant)

Stigma & barriers



“I have been told me that they won’t consider referring me until I am at least three months sober, and it’s not even like well we can’t refer you to see a professional right now and offer me some other support in the meantime, they just don't offer you anything. There surely has to be other help they can offer.” (Living exp participant)

“Not as much stigma - one time I phoned up and they told me they wouldn't provide support if I abused substances which is a dangerous place for people to be in.” (Living exp participant)

“...sometimes it can be difficult for people to, to be truthful with ourselves and with themselves, as to what they’re using due to fear of being discharged from services.” (Staff participant)

Stigma & barriers



“...if there’s a worker present, they’re treated differently, they’re taken more serious...it’s not even that, they’ve maybe been quite disruptive and cheeky, when they’ve been going to the appointments before...but having a worker there also just keeps the, you know, the line in communication a bit more smooth...” (Staff participant)

“I have only been to one meeting with my daughter. I mean there is only a few select friends of mine that know my daughter is on methadone and normally if I have a problem, I speak to them. I’m not sure if I would want to attend groups or things like that due to the stigma that is attached to methadone and people who use drugs.” (Family participant)

“I was also told because I was addicted to cocaine there was no help available. My GP told me cocaine was not physically addictive, it was all in my head, which made me feel worse. This was a really challenging experience for me, made me feel helpless and hopeless.” (Living exp participant)

Staff training & joint working



“Where do you go, we have, at times, been there, and you’re phoning round all these mental health, nobody is there to help, their GP, their CPN...and...literally, this person’s suicidal, they’re telling me they’ve got a plan, and I’m stuck with them, and I don’t know where to go.”
(Staff participant)

“I think they’re risk averse, is maybe the right way of putting it...the clinician’s really struggling to know whether they’re doing the right thing for them or not, so actually they would rather they were dealt with by somebody who understands the addiction...” (Staff participant)

“I think there could be more training involved for staff members at a national level, all the way down, because this isn’t just a problem in North Lanarkshire, this is a problem in the whole of Scotland that people forget that families...that that person that is in addiction has got a family member.” (Staff participant)

Staff training & joint working



“The psychologists come in and do reflective practice sessions with the staff once a month, because we’re both that link, we can just phone them, discuss a client, discuss a possible referral, they’re really, really supportive...” (Staff participant)

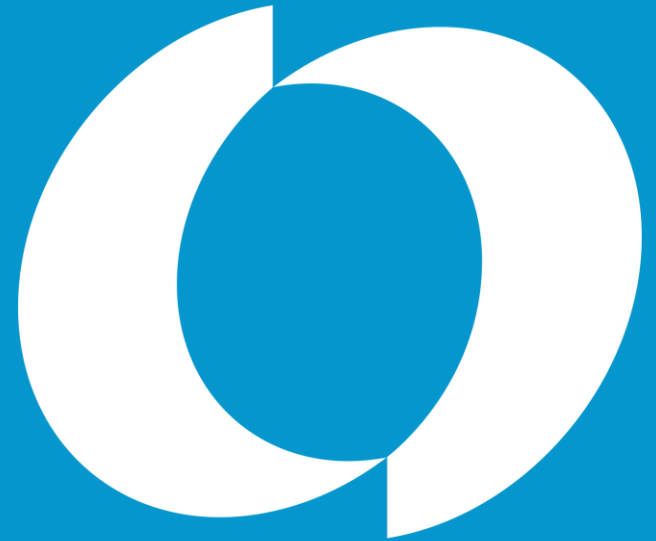
“...it would be like a total like one stop for everything, just a hub with everybody in the same place, social work, mental health team, addiction team.” (Staff participant)

THANKYOU

Any questions?

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