RAPID REVIEW OF SUBSTANCE USE SERVICES IN NORTH LANARKSHIRE

May 2022

Abstract

This report presents findings from interviews with sixteen stakeholders and fourteen individuals, working in or have experience of substance use or substance use services in the area. This review set out to understand current provision, what is working well and what is not, and also what people want it to be.

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Acknowledgement
We would like to take this opportunity to thank the North Lanarkshire ADP – Treatment, Care and Recovery sub-group for commissioning this research, and especially thank all the stakeholders and individuals who were open, honest, gave their time and trusted that this process would help to lead to positive change.

Executive Summary

North Lanarkshire Alcohol and Drug Partnership (ADP) Treatment, Care and Recovery sub-group commissioned a rapid review of services in North Lanarkshire to understand how substance misuse services work together.

The review involved interviews with 16 professionals from across North Lanarkshire working in this field, and 14 individuals who have issues with alcohol and drug use and, their families. Interviews were undertaken in April and May 2022. The study also involved a workshop with over 30 stakeholders in late May to share and discuss emerging findings.

What is working well?
Stakeholders and individuals identified the following as issues that are working well in North Lanarkshire:

- The recovery community
- Services that are accessible via out of hours support and assertive outreach
- Phoenix Futures
- Advocacy
- Improvements in partnership working and communication across the ADP
- Some of the connections and digital support developed during the pandemic

What is not working well?
Consultees highlighted the following as issues that were not working well in North Lanarkshire:

- Access to addiction, and mental health, services can be challenging
- Statutory addiction services under-pressure
- Inadequate and unequal provision across areas
- Incompatible cultures and short-term funding inhibiting partnership working
- GP treatment choices and an information gap
- Lack of follow-up support
- The negative impact of the pandemic
- Stigma

Barriers to engagement
The following barriers to engagement were identified:

- Stigma and perceptions
- Lack of resources and inappropriate responses
- Professional attitudes: Lack of empathy and understanding
- Lack of information sharing between services
- Lack of exit plan for methadone use

What drives partnership working?
The key drivers of partnership working in North Lanarkshire were identified as:

- Good communication
- Taking a holistic approach
- Co-location of services

Groups not accessing support
Stakeholders identified the following as groups that were not accessing support:

- Those isolated and living on their own
- Those who have an addiction where there is not a medical intervention (as current provision focuses really on those who are using opiates)
- Young people aged 8-11 (as services are not available for this age group)
- LGBTQ+
- Victims of domestic abuse
- Mothers
- People from ethnic minority backgrounds
- Elderly people

What support do people want and need?

- Services need to be person-centred and holistic
- Services need to be responsive
- Services should be available out of hours and be able to provide assertive outreach
- Services should have a single shared assessment
- Prioritise prevention

Elements of the 'ideal' future service
Stakeholders and individuals proposed 'ideal' future service provision in North Lanarkshire should consist of the following:

- A one stop shop with wraparound care
- Responsive services with no waiting times
- Holistic services that take a whole family approach and address the root causes of addiction
- Providing out of hours and outreach support
- Accessible residential rehabilitation
- Follow-up service
- Connecting people into 'something meaningful'
- Individual recovery plans

Opportunities
Stakeholders suggested the following opportunities existed to enhance service provision in North Lanarkshire:

- Relating to provision:
    - Improve provision for those in crisis and families
    - Expansion of the recovery community
    - Digital connections
- Relating to cultural shifts:
    - Support for staff
    - Partnership working
    - Services to promote flexibility
    - Including the voices of people with living and lived experience in service design and delivery

Recommendations

The following recommendations are made by the report authors, based on the findings of their research with stakeholders and individuals in North Lanarkshire:

1. Development of a 'one stop shop' bringing services or representatives of services to be co-located together, and where people who have substance misuse issues and their families can come and receive instant support, with a care plan developed.
2. The development of a crisis service which is a hybrid between an addiction service and an emergency response.
3. Services to move towards more provision that offers out of hours support and outreach.
4. Quicker and easier access to mental health services, with addiction and mental health services working together, and this is already a priority in NLADP's Strategy.
5. Development of accessible rehabilitation and detox beds.
6. Following good practice in Forth Valley to develop partnerships between housing, addictions and recovery.
7. To commit to having no unplanned discharges.
8. More recovery communities established across North Lanarkshire and specific recovery cafes set up for families and young people. Where possible people should be encouraged to take a lead role in provision and the NLADP create a specific strand of funding so local communities can take forward local initiatives.
9. Development of family support in its own right, looking to services such as Scottish Families Affected by Alcohol and Drugs (SFAD).
10. More long-term funding of projects in the third sector, to be able to attract quality staff, ensure continuity of care and development of strong partnerships.
11. Staff in statutory and third sector services to create shadowing opportunities so that they share practice and work together to overcome challenges, rather than seeing this as a 'them and us' situation.
12. Drawing on lived and living experience, working with third and statutory services, create a day programme for people.
13. Substance use services in local areas to make connections with GPs, schools, local voluntary sector to open up avenues of communication and referral pathways.
14. For the infrastructure to be improved, and for services also to be innovative, using community resources, and in this way also potentially addressing some of the barriers to stigma people are likely to have about having to visit 'an office.'
15. Services to be trauma informed.
16. NLADP remain committed to the development of the Stigma plan.
17. A simple but effective strategy for promoting partnership working is ensuring email signatures include mobile phone numbers.

Background and Methods

North Lanarkshire Alcohol and Drug Partnership (ADP) Treatment, Care and Recovery sub-group commissioned a rapid review of services in North Lanarkshire to understand how substance misuse services work together. This research is part of a wider body of work and research being undertaken in North Lanarkshire to inform future planning of service provision. As this report will highlight, North Lanarkshire's Strategy for 2021-2014 aligns with many of the key priorities and actions that will be recommended, but also adds new insights too. This research set out to bring together expertise from professionals, and from individuals with lived and living experience of substance misuse. The two main areas of enquiry were, firstly, to understand and hear directly from people 'on the ground' what current provision in North Lanarkshire is like, and secondly, what improvements or developments people would like to see to better meet the needs of people with substance misuse issues in North Lanarkshire.

Methods and limitations

This review involved interviews with 16 professionals from across North Lanarkshire working in this field, and through them, contact was made and discussions carried out with 14 individuals who have issues with alcohol and drug use, and their families. Eight were males and six were females. All were North Lanarkshire residents except two individuals who lived in South Lanarkshire but were engaging with support services in North Lanarkshire. Interviews ranged in length from 30 minutes to one hour 45 minutes. Two interviews were face-to-face and the rest were by telephone or video conferencing. The findings from both stakeholder and individuals' interviews were brought together to establish key messages. These key messages were shared during an online workshop with 27 stakeholders who were invited to reflect on the findings and feedback further; their contributions are included in this report.

This report is structured in three sections. Firstly presenting what participants described as the current situation in North Lanarkshire, secondly, what they said they would like future provision to look like and finally, the conclusions and recommendations formulated as a result.

The main limitation for this piece of work has been time, and ideally even more stakeholders, individuals and families would have been interviewed. As it stands, there was only one family member interviewed and no young people directly although professionals who work with both these groups did contribute to the research. North Lanarkshire has already published the 'Hidden in Plain Sight' research which showed there are thousands of families affected by substance use but only a 'tiny number' reaching support. That research also drew attention to the stigma and shame felt, not just generally from the wider public, but even from within family circles. A particular strand of research is now being taken forward in North Lanarkshire to hear from families further and this report should be read as being complementary to those findings. The limited voice of young people was highlighted at the stakeholder workshop. There was a view that further research was required into the experiences and needs of young people from North Lanarkshire who have experience of substance misuse in their lives.

As with any qualitative research, this work was reliant on people to open up and to be able to tell it like it is. Interviewees were not pushed for answers, but it would be fair to say that those who participated seemed to trust in the process and hoped that their testimonies would go some way to promoting positive change. They welcomed the opportunity to be heard and were encouraged by the idea that there was a sense of bravery about what provision could become. It was also clear from the interviews that across North Lanarkshire, those working across services are passionate, committed and driven to make positive change. All interviewees have been made anonymous.

The Current Situation

What is working well?

1. The recovery community

Stakeholders and individuals reported that the recovery communities are doing exceptional work, helping people to connect to one another, creating genuine support networks, combatting isolation, and creating spaces where people feel understood and achieve a sense of belonging. The involvement of people with lived experience was seen as crucial as they were able to empathise and support people going through similar situations as their own. The availability of recovery cafes at different venues and times throughout the week was also important as it provided people with options and somewhere to go when they needed it. Two individuals described how when they had taken more of a lead role in these initiatives, that is when they felt most purposeful and had been at their most stable.

"Last year and a half and I have got involved in community recovery. That is done more for me than all the other things the past 30 years. Firstly, it is addicts together. Speaking to someone who is not an addict, they never understand…You know everyone there is like you, under the same dark cloud as you. We are all trying to get a bit of sun...I found them on Zoom in the first year of the pandemic. There were meetings every day. There was different support out there for different folk." (Sarah)

"The recovery cafes are a godsend because they are all going through the same things… The people who work in them are brilliant because they are all recovering addicts so they know what you are going through". (Shona)

2. Services that are accessible via out of hours support and assertive outreach

Individuals and stakeholders felt that the best services, and which there are still so few, such as the Overdose Response Team and High Resource User Project, are able to be responsive to need, are 'not 9-5', proactive, and go to people, offering assertive outreach, rather than functioning on an appointment basis. One of the priorities in North Lanarkshire's Strategy, reflecting the MAT standard 3 is the targeting of at-risk groups.

One individual praised the support they were receiving from the Addiction Recovery Team (ART) highlighting how flexible and supportive they had been. This individual explained that their addiction worker picked him up once a month to go to a neighbouring town for a buvidal injection. The individual commented *"They are great, couldnae ask any more of them"* and they had no suggestions on additional services or how existing services could be improved.

3. Phoenix Futures

Many stakeholders, individuals and the family member said that Phoenix Futures was a good service because of the holistic support they offer, and that they provide support to families in their own right. Consultees also highlighted the person-centred approach and compassionate way that workers supported service users.

"Phoenix – they were good. If you could go and meet your worker – get acupuncture for an hour, do that, there is a wee art group." (Alan)

"They had said they offered family counselling… We met with the counsellor…it gave myself and sister a chance to say what we were feeling, be validated and get techniques to deal with it. We were thrust into this world… My role in the family is the fixer, because I know, I do and I fix… The counsellor is great with me, I am on edge that the relapse has happened. She said there is nothing I can do." (Lorraine, family member)

"I was with Phoenix Futures, that was amazing. Loved it there…My mentor… could understand me as she was a recovering addict, she knew what you were going through, she wasn't a textbook worker. She had living experience and that makes a difference. I like them because they didn't judge you. I was there a few times a week. They had SMART recovery group meetings when you'd go round the table and everybody tells you a little about their week. And an art class on a Friday was good cos it got you away from talking about addiction all the time. The place had a nice feel about it. And if you didn't go for a week they'd phone you to see if you were alright. A lot of people don't have family support so at least they've got that". (Shona)

4. Advocacy

The North Lanarkshire addiction advocacy service delivered by Equal Say was not known by all individuals, but those who had used it, reported that it had been invaluable. The opportunity to talk to someone impartial who was able to provide information, signpost, and tell people about their rights was very much welcomed by those who had used the service.

"He's (worker from Equal Say) really good. He did everything he could to get me back into the homeless unit because they were going to kick me out as I'd broken the drugs rules. He pointed me in the right direction for a few different things. He phones every wee while to make sure I'm alright." (Shona)

In addition, several people with lived experience who were unaware of the service, felt it could be helpful to people with substance misuse issues. Some suggested addiction services should do more to advocacy.

5. Improvements in partnership working and communication across the ADP

It was felt by stakeholders that over the past year in particular, there had been an improvement in services working together and North Lanarkshire ADP had played an important part in facilitating this. The meetings now being held which give

organisations a chance to share practice were especially welcomed. There were some specific examples given by stakeholders of good partnership working, for example, such as the Occupational Therapy doing joint assessments with the Addiction Recovery Team (ART), and the Individual Placement and Support Service (IPS). The Department of Work and Pensions (DWP) have also been working more closely with the recovery community and this brought to light people were missing appointments with their workcoach to make meetings, risking being sanctioned. The DWP can support people in their journey by providing 'easements', and this means they will not be sanctionned. At present the service are developing 'single points of contact' within each area, so they have a specific role for engaging with the recovery community and for example, can run outreach clinics at a recovery café to help individuals with issues relating to their benefits.

6. Some of the connections and digital support developed during the pandemic

As well as being challenging the pandemic also led to some positive developments. Stakeholders and some individuals felt that physical delivery of methadone to those unable to get to chemists highlighted the extent of needs and legal barriers to the provision of naloxone had been lifted. Digital communication had also created new avenues for communication and opportunities. For example, the recovery community now offer digital sessions and reported that this widened participation from people in more rural areas. Moreover, innovative practice by the Harm Reduction Team, to link up professionals to provide digital consultations has reduced waiting times.

What is not working well?

1. Access to addiction, and mental health, services can be challenging

Individuals, a family member and stakeholders reported that access to addictions and mental health services was, sometimes, challenging. This can lead to people not accessing a service in the first place, voluntarily withdrawing, or choosing not to engage with a service at a later date. A number of specific challenges were raised which are summarised below.

Individuals repeatedly said that services, particularly statutory services, could respond quicker and with greater understanding when people first ask for help. They explained that when they had asked for help, when they were at their worst, the processes put in place acted as serious barriers. The length of time it took to be able to see a worker was a particular concern, with some individuals reporting that they had been given appointments a number of weeks in the future, They felt that when they asked for help it should be immediate. The testimonies also further highlighted the lack of understanding individuals felt existed in services about the realities of addiction (stigma is discussed later in this section as a specific issue).

"See when I was at my worst and I decided I needed help and phoning up the services, Integrated Addiction Services and your first appointment is a fortnight down the line. It's not like the next day. When you need to speak to somebody, you get

turned away. I went to the hospital with my mother and I was in my third day withdrawal and I was in a bad way, that doctor at Monklands Hospital told my mother to take me out on to the street and buy me heroin because there was nothing they could do. I wanted help. I wanted to go into hospital and I got turned away. We get judged, I did get judged. He asked what was the matter and the minute I told him it was a heroin addiction his whole attitude changed. My Mum was with me and she said to him if I wasn't here I wouldn't have believed it. In the early stages there's just not much help there, there isn't. I know they say you've got to make sure they need it but a lot of people are dying through it… in that fortnight (waiting for an appointment) you are going to use, you are going to do it to make yourself feel better. If they could give you an appointment the next day, people who could speak to you, you'd have more hope but you come out with no hope. I didn't think I could get better because I didn't have any hope because nobody actually sat and spoke to me and told me what could be done". (Shona)

A family member described trying to call addictions services but none of the advertised numbers on the internet were correct. They eventually relied on a friend working in a different area to get them the right contact information.

Another individual recalled her own challenges accessing support after she had engaged and her experience resulted in her saying she 'hated' the local addiction team. She explained:

"They wanted me to travel to X, with no money, in the snow all the way to pick up a prescription… and they know I've got a heavy, major fear of the outside because of what I've been through… I thought nah, fuck you… it wasnae happening. So I thought I'll get through it… my partner, he supported me". (Leanne)

Access to mental health services was also a challenge for some people with both mental health and addiction issues. One stakeholder said that they have never had **so many people request to be sectioned** as they recognised this was the only way they would get the support they needed and wanted. This finding was echoed by individuals and a family member who said that when they called NHS24 for help, they were informed that they would only get someone to come out to them if they were suicidal. Several consultees referred to the need for people with addiction issues to be clean/sober for a period of time before they could access mental health services. They added that this could be very challenging for some people who used drugs/alcohol as a means of self-medication for mental health issues.

A particular area of concern and which is likely to affect the majority of people using substances, is when they also have mental health issues. In these cases, and a finding which is not new, is that **people are passed from mental health services to substance use services and round again**, because it is argued they have to be stable to get access to mental health services, and this 'hamster wheel' as one stakeholder called it, means people are essentially without support.

"The links into mental health – that stopping someone if they are using drugs and vice versa, they don't get a service. I happened to get someone who I was able to

get into treatment within three days, but that was me being stubborn and his sister also being stubborn and persistent." (Stakeholder 6)

2. Statutory addiction services are under-pressure

Individuals and some stakeholders suggested that statutory addiction services do not generally have time to engage meaningfully with individuals. As a result, consultees felt, these services are symptom led rather than dealing with underlying causes of substance use. Staff have substantial caseloads and were viewed as 'firefighting'. For example, several individuals stated that they only saw their addiction worker for a short period of time once a month; they also reported that workers regularly moved on making it difficult to build trust and continuity. Although there were exceptions reported in one area, with a stakeholder and a couple of individuals stating they had fortnightly, sometimes weekly hour-long appointment with their community addiction worker, this was not the experience of any of the other individuals interviewed from across North Lanarkshire. The ART team highlighted that problems with staff recruitment and retention resulted in high caseloads, and accommodation issues added to the pressured environment. It should be noted that statutory addiction service have met the targets set by the Scottish Government throughout covid and this is despite with depleted staffing levels. Generally, other stakeholders understood the pressures the team was operating under.

Individuals felt that it was when they were really able to speak to someone, to understand the underlying reasons why they took substances that real change was able to happen, highlighting that meaningful engagement is imperative. In North Lanarkshire's Strategy, what is referred to as the 'No wrong door approach', this promotes the need to focus not only on the substance use or disorder but all the needs people may have. A third sector representative observed that statutory services "don't have time to dig deep into the myriad of peoples' problems" and this was instead felt to be left to the third sector to do the 'heavy lifting', leading to staff burnout. The rise in cost of living and the support people needed to deal with poverty was also highlighted as something statutory services do not have the time to deal with.

Individuals also said that statutory workers did not let them know of the different options available to them in the community, and instead there was an emphasis only on prescribing methadone, medicalising what was recognised to be a psychosocial problem.

"I think the problem is that no one is really speaking to you about why you are drinking or taking drugs. You don't have that time. I was going to get my script and there are 12 people in there at a time and they are all waiting to be seen by 3 or 4 workers, and so you feel like you are taking up peoples' time. You can also hear what people are saying, so you don't have privacy. You are also seeing different people all the time, so you don't build that relationship with the worker… I have had lots of different addictions workers and it has got to the point where I don't know who I am going to see when I go in there." (Kate)

"I think is my 10th or 11th addiction worker. It's hard because you only see them for about 10 minutes about once a month or something. A lot of the time they just want to keep you on a script. I went to them in April to ask about the rehab and was told there was no funding and they asked if I wanted to up my methadone rather than come off it…The addiction workers don't know what you are going through and they don't have the time to sit and get to know you…Addiction services don't offer you things. So unless you know about it. It is only when you go to the recovery cafes that you hear about these things and you think why didn't my addiction worker mention it. They're happy to up your methadone though, it's crazy.. Also use other things other than medication. They want to medicate everything. It's only now I know that's not the answer because I was addicted to painkillers for years. It's not the answer. You need to sort out the problem before you can medicate it. " (Shona)

"I have a drugs worker but you see her once a month and I don't really get any help. They ask how things are going – I can see that the worker I have is stressed out of her mind and so I am thinking – right get out the door. So I think that needs to change, there should be more of her. You can feel the stress that they are going through, you don't want to take up any of their time." (Peter)

As a result of the lack of meaningful engagement, fewer connections are occurring to mental health provision or access to counselling - which can help people to open up and begin to understand and address underlying causes.

"I have a sickly feeling he will be on buvidal for the rest of his life. We are not addressing any of the issues." (Lorraine, family member)

"They need to sit down one-on-one with people and get into their story why, and exactly what help they need. Listen to the patient, not what they have read in a book. They can't relate to how I have lived. They don't come from our areas. They come from nice affluent areas, mortgages and they come down here and it is different. I don't think I have ever had a meaningful conversation with my drugs counsellor. I probably could speak to them, but they don't have that experience. The biggest thing for me is that they can't relate to how I have lived." (Mark)

3. Inadequate and unequal provision across areas

Consultees highlighted a number of issues regarding service provision which they felt was either inadequate or unequal across North Lanarkshire.

There was a strong agreement that **crisis support** in North Lanarkshire was inadequate. In situations where services can only offer appointments a number of weeks in the future, as reported above, stakeholders and individuals felt there was no service where people in crisis could be seen at short notice. Some individuals and stakeholders mentioned the Crisis Centre in Glasgow as being good practice.

Stakeholders and individuals also highlighted the **lack of residential rehabilitation options and hospital detox beds**. Most of the individuals with lived experience had not been offered residential rehab and had no expectation of it being a treatment option; they were aware that finances was the reason.

"False economy at the moment. Guy in his early 40s continually relapsing in hospital for 10 days, back out with no support to a sparsely furnished flat in the middle of a scheme, relapse, re-admitted to hospital, until eventually he died – at no point was he offered residential rehab." (Stakeholder 7)

"No. The addiction services gave me a stable prescription. They never helped. They never suggested a detox, rehab, nothing." (Sarah)

A number of individuals and stakeholders reported that the **recovery pathways were unclear** and this was regarded as a significant issue. Several individuals stated they did not know what support and treatment was planned and, significantly, what the milestones would be that triggered the next step in their journey for example, progressing from a methadone prescription in the community to residential rehab. They stated they would welcome an individual recovery plan that clearly set out the support and treatment they would be following. Similarly, several stakeholders felt there was no clear treatment and support pathway which set out how services in North Lanarkshire would support people in different situations. This meant they were unable to provide clarity to individuals they were working with.

"When people turn up at statutory services they need to be given a plan, knowing what is expected of them, so they know the steps they need to take to get there". (Stakeholder 7)

One particular area of concern was the **limited support for people when they leave prison**. In North Lanarkshire's Strategy this is a particular group highlighted as requiring support and needing a partnership approach, taking account of housing, advocacy and connections to the community.

Interviewees observed the **importance of family support** and felt that at present this is an area which needs to be addressed in North Lanarkshire. One stakeholder suggested that having a recovery café specifically for family members and having a local Scottish Families Affected by Drugs and Alcohol, to offer face to face support would be beneficial. One of the key priorities in North Lanarkshire's Strategy is the development of support for families in their own right.

It transpired that in different areas there are particular issues relating to the **poor infrastructure** inhibiting engagement. In Bellshill in it was reported by both stakeholders and individuals that the current buildings for addictions support are inadequate, with no waiting area and people having to 'hang around' outside feeling especially stigmatised as a result. At the stakeholder workshop it was raised that the Wishaw ART team had to temporarily operate out of Motherwell because of accommodation issues, which meant service users could be faced with three different modes of public transport to make appointments. In **rural areas**, in particular, stakeholders felt more should be done to provide people access to support.

Individuals and stakeholders also reported that in some areas there is a **lack of access to buvidal**.

It was also reported that generally across services there is a **problem with recruitment and retention of 'good' staff**. It was felt that this can add affect the support available to people with substance misuse problems across North Lanarkshire.

4. Incompatible cultures and short-term funding inhibiting partnership working

Stakeholders reported that as yet, there is a lack of integration and information sharing between statutory services and the third sector. It was also reported that some staff from statutory services had displayed a level of 'professional snobbery' in their interactions with staff from the third sector.

There was a view that short term funding and competition could inhibit partnership working between third sector organisations. It was also reflected that short term funding restricts the extent to which services can recruit high quality staff.

5. GP treatment choices and an information gap

Three individuals reported that GP prescription of opiate-based painkillers had led to a heroin addiction either when the prescription ended or when they self-medicated by taking heroin as well as their painkillers. These individuals felt the ten-minute time limited appointment was not long enough and their addiction may not have developed if the GPs had taken a different approach. For example, one of these individuals who had experienced childhood trauma was prescribed co-codamol as a teenager when she enquired about counselling, and was prescribed dihydrocodeine in her 20s, when she had another traumatic experience.

Some individuals and stakeholders suggested that some GPs did not know what support people could access for addiction and mental health problems. Individuals reported they had found this information through engagement with the recovery community or when they had hit crisis point.

"I didn't know where to ask for help. My cheese had slid off my cracker. I had gone into fits outside and taken into hospital. I think if there had been one person I could have spoken to, if I had been able to say, I wouldn't have got so extreme… I think even a leaflet through the door so people know what support is there. Rather than Domino's pizza leaflet." (Peter)

6. Lack of follow-up support

Individuals described points in their life when they had relapsed soon after getting stable through support such as rehab or a Drug Treatment Testing Order (DTTO). They explained that the lack of follow-up support once these interventions had ended had been a key factor in their relapse. As highlighted earlier, people leaving prison also reported a lack of follow-up support.

7. The negative impact of the pandemic

Partnership working between statutory and third sector services that had begun to take place in one area stopped as a result of the pandemic and was said to have not started again. Over this time, contact was lost by statutory services with people. By May 2022, face-to-face contact by statutory services was reported to still not be happening to the extent it had, prior to the pandemic. Individuals reflected on the staff shortages and subsequent lack of continuity of service, and stakeholders noted the rise in referrals, with the impact on staff stress levels.

8. Stigma

Individuals and stakeholders reported that people working in some services, especially statutory services, could make people feel stigmatised, and there was much work to be done to challenge stigma.

"When I was in hospital having caused this injury through using drugs, half the nurses looked at me as a drug user, and half as a patient. Most of the young nurses treated me like a drug user, it was the older ones that were better, they didn't have the experience." (Alan)

A few individuals opened up about the realities of living in poverty and that the areas they lived in were rife with drugs and people felt stigmatised more generally.

"There are three big high rise flats down the road and everyone calls them 'Heroin Heights', they put everyone who is in the same situation in the same places." (Kate)

In North Lanarkshire's Strategy there is a commitment for the NLADP to lead on a local stigma plan.

Barriers to engagement

1. Stigma and perceptions

Stigma felt from the wider public and professionals is a significant barrier to people engaging with help. Individuals reported even feeling stigmatised by the chemist they went to, when picking up their prescription.

"You can't talk to anyone who looks down on you. The Chemist look down on you. They make you wait. Some of them are awkward. They don't need to look down on you. Why are they working with people they don't like?" (Neil)

Stakeholders reflected that many people with an addiction have experienced systematic failures over their lifetime and distrust services, and overcoming this is a significant barrier.

"Some people think what's the point. You have an addictions issue and an addiction workers and they ask you to keep a diary, what's that all about. It seems quite passive – here's a leaflet, here's a website. There's a feeling of self-loathing scum. People need to be grabbed by a community like the recovery community who can

say you're not scum, I was like you and look at me, and I'll come on the journey with you." (Stakeholder 7)

2. Lack of resources and inappropriate responses

Many participants, both stakeholders and individuals reported that at present people ask for help and the response is not timely, with **waiting times** a particular barrier, preventing people from engaging. The lack of provision for mental health support was also identified.

"When people make that decision they need help that day. They don't need a referral for a fortnight's time. We need walk-in clinics that are staffed by prescribers. Somebody who can say to them that day this is what the plan is, they leave with an NHS prescription, and they are asked to come back again tomorrow to maintain support. Something to get through the night. To be grabbed at that point." (Stakeholder 6)

"The initial referral, you need to wait three weeks before you see a drugs counsellor. Within those three weeks, they insist on you giving a dirty sample. If I said to them, I have gone through cold turkey, but they can't start you on treatment unless you are giving in a dirty sample…Access to psychiatrist. I have been waiting a year." (Mark)

As already mentioned, mental health services and addiction services not being integrated meant that some people were in a situation without any support. Stakeholders reflected that where a medical intervention for substance use was not clear, gaps arose, and this was also echoed by individuals.

"All the services seem to be focussed on opiates. People don't want to go there if they've got a problem with cocaine, alcohol, diazepam – don't want to go in as its seen as the junkies place." (Leanne)

In addition, stakeholders and individuals felt services operating on a mainly 9-5 Monday to Friday, appointment-only basis were inhibiting levels of engagement.

3. Professional attitudes: Lack of empathy and understanding

Stakeholder and individuals observed that the current model of working of discharging people who miss a number of appointments, fails to recognise the realities of the challenges people face and the practical barriers that are likely to also exist. A number of barriers were highlighted including public transport links, distance, finance, family/relationship issues, ongoing substance misuse, mental health, and the support that was likely to be provided during the appointment. Consultees suggested a more flexible approach with assertive outreach was required. One stakeholder suggested that people who were missing appointments should be the focus of intensive proactive support – the opposite of the current situation when they are likely to be discharged from services.

4. Lack of information sharing between services

Third sector services felt that at present statutory services generally do not share information in a way that would enable wider access to support for individuals and this needs to change.

5. Lack of exit plan for methadone use

Individuals reflected on being put on methadone on a long-term basis without an exit plan and viewed this as replacing one addiction for another.

What drives partnership working?

1. Good communication

Stakeholders welcome the partnership meetings now being convened by the ADP. Stakeholders also spoke about the success of different partnerships developed, between the third sector, and also some examples of the statutory and third sector working together too.

"Same goals and working together and the opposite of that is services getting precious." (Stakeholder 3)

2. Taking a holistic approach

Stakeholders reported that the best partnership working was when services worked with whole person and family, understood the complexity of the issues, the extent of the support needed and prioritised building relationships with the person around this, 'being human'. An example of good practice was discussed whereby the Simon Community Housing First Team are working closely with addiction services, doing outreach and helping people sustain their tenancies and connect to relevant services.

"In the statutory services there needs to be more of a shake up, what they see as their role, the old school speak about how they approach their job and there is a lot of burn out. There isn't role validation, is what I am doing right? There is also a fear of change too. Are statutory services welcoming to people? MAT standards, same day access to treatment, we don't even have that for assessment! If someone wants help, they want help, you want to help them then. We send people away and then they have to come back, and then back again." (Stakeholder 6)

"I had been in rehab for six months, years ago and it was good, but I was back drinking more or less as soon as I got out as I was back in the same area and same problems, nothing had changed…I do think if I had got the help that I am getting now, to be able to talk about the things that happened to me, the abuse when I was younger I might not have handled things the way I did… I remember last time getting the taxi (after the detox) to take me straight to the shops and I bought drink. No one

is looking at the reasons why you are drinking. You are left to the same things that you left, the only difference is now you can get drunk faster. The area I was living in, everyone was taking drugs… I have numbed my feelings all these years and now when I stopped they are all coming back. There is always a reason why people drink the way they drink. I feel like I have been born again as I am having to learn all about my feelings again. " (Kate)

3. Co-location of services

Although rare, a few stakeholder said that when services are co-located together it makes partnership working easier and promotes ongoing communication. The example of statutory sector addiction and housing staff sharing office space in Motherwell was highlighted as an example.

Groups not accessing support

The following are the key groups that stakeholders felt were not accessing support:

- Those isolated and living on their own
- Those who have an addiction where there is not a medical intervention (as current provision focuses really on those who are using opiates)
- Young people aged 8-11 (as services are not available for this age group)
- LGBTQ+
- Victims of domestic abuse
- Mothers
- People from ethnic minority backgrounds
- Elderly people

Raising awareness of what is available to people who are not in supported accommodation and not connected with services was felt to be key, and some noted that the GP could be a 'way in' for this group. It was felt that for people who are LGBT+, mothers and people from ethnic minority backgrounds, they face additional layers of stigma which makes seeking help especially challenging. It was felt by most that it is important therefore for substance use services to try to reach these groups building links in the community.

"I think women with young kids are definitely more unlikely to be able to engage, so the fear of losing their kids, and that has been an ongoing issue. It is about letting people know that it is ok to ask for help. We need to raise awareness of that." (Stakeholder 5)

One stakeholder however also raised that at present, services are not giving those who are coming to services, good support, and therefore trying to engage with those 'missing' would not be a good use of time, as resources are already stretched.

Future Service Provision

What support do people want and need?

1. Services need to be person-centred and holistic

Individuals and stakeholders emphasised the importance of people having a choice and being informed about the options available to them, and services designed around needs and wants, for example to be age and gender specific. Good practice was identified when it was felt that services took a holistic approach, to link in with partners, supporting people to make links to help that was meaningful to their whole lives, working towards positive mental, physical and social health.

2. Services need to be responsive

A key message across groups was that people need to get support quickly, and they described the need for a crisis service which was a hybrid between an addiction service and an emergency response. Interviewees felt this service should be an accessible walk-in service that provided immediate support for people seeking assistance with a substance misuse issue, including overnight accommodation if required. They also felt the service should fully support people to access the most appropriate substance misuse service in the days following their initial presentation.

3. Services should be available out of hours and be able to provide assertive outreach

At present it was felt that generally services are designed for service providers and not for the people the service is for. Taking account of the needs identified, good practice was felt to be when services provided both assertive outreach and out of hours support. The interim report of the Overdose Response Team (Evans et al. 2022), which operates in the area of North Lanarkshire, highlights the benefits of this type of provision.

"The worker gave me a list of numbers but I prefer one to one and have not phoned anyone… I think having people come to you, so I had the workers come to me when I was out of hospital and it really helped." (Kate)

4. Services should have a single shared assessment

Statutory service providers reported that the referral systems and bureaucracy involved mean that staff are having to spend a lot of time between different systems to gather information and link people in appropriately, and a single shared assessment across services would work better.

5. Prioritise prevention

One stakeholder observed that addiction is inextricably linked to poverty and inequalities and one of the best ways of addressing this is to offer universal services to young people by way of breakfast clubs, free meals and afterschool care that are

preventative in nature. They recognised this was a ‘brave’ move in terms of future commissioning, but also felt that the current system including a focus on people who are using opiates is not working.

‘The ideal’

Stakeholders and individuals were asked what the ideal provision would look like. Some felt that service provision should be completely overhauled and to get ‘the ideal’ it is a case of starting again.

“What we need to do is not tinker and look at workforce planning and job roles. We need to start again to fundamentally change how things are done”.(Stakeholder 7)

1. A one stop shop with wraparound care

The majority of consultees wanted North Lanarkshire to have a ‘one stop shop’. A physical building with staff who are trauma informed, that individuals could self-refer into at any time, that offered a range of support options. Staff from a variety of services would have time to meaningfully engage, and practical help could be provided to help people make links to the support they needed and wanted, and they would be provided with aftercare.

“I think people need a personal worker, so they can phone people day to day, appointments, things like that, take them out for something to eat.” (Leanne)

Essentially the vision is that people could get crisis management support and a forward plan would be developed, taking account of people’s needs, wants and capabilities.

2. Services are responsive and there are no waiting times

Echoing earlier findings, stakeholders and individuals wanted services to be responsive and, ideally, there would be no waiting times.

“Services need to be set-up so they can rapidly respond when folk make that decision.. Timing is so important – striking while the iron’s hot. Someone might be ready to do it one week but the next week they are back using again. If you had the service set-up with a rapid response with a multi-disciplinary team that they should be able to help someone enough within that week when they are open to help for them to think it’s not worth going back to their old life. Someone leaving detox may only have a small window of clarity but if they are going straight back to a homeless unit with an appointment in three weeks’ time to speak to an addictions worker, they are likely to slip and the moment has passed. Find it difficult when people are at that stage. Temptation there when they are being offered street valium for a fiver.” (Stakeholder 7)

“I think it takes too long to the time people ask for help to when they get it. When people are chapping the door for help, they want it now, they don’t want it in a

month. When they go to an addictions worker, they want that help. You can't go to A and E even. It is time people have not got…I have went for help before, I chapped the door, and then they are away. I am on the bender. I went to the addictions team in X to ask for help, they took all my details, by the time I went for urine tests and they finally got back to me, I was on a binge. I think I really wanted the help and I don't think I would have had those other years if they had given it to me then." (Neil)

3. Services are holistic, taking a whole family approach and addressing the root causes of addiction

As already discussed, consultees felt that the best approaches took a holistic view, listened, learned and responded to what people and their families wanted and needed, providing or connecting people to appropriate practical and emotional support, and taking time to help address the root causes of addiction.

4. Providing out of hours and outreach support

A common theme was the need for out of hours and outreach support.

"Going to people, out of hours. There are people who can't get out as much. I feel that they would respond more towards their recovery, if they had that ability to sit in their own house, make the person a tea and coffee, instead of hard chairs and made to rush. You are in your own home. There needs to be a thing of time." (Alan)

The Overdose Response Team and Harm Reduction Team were identified as providing excellent support and 'bending over backwards' to help people get the support they want and need.

5. Accessible residential rehabilitation

Stakeholders and individuals felt that in North Lanarkshire there was much need for accessible residential rehabilitation, actively promoted and not limited by funding.

"I asked for rehab three years ago and still waiting. I ask every fortnight about getting into rehab…we don't have a rehab in North Lanarkshire. For the last 18 months, every other person on Zoom from Glasgow has been in and out of rehab. We have been told there are 3 beds available in North Lanarkshire, you would need to be really lucky to be one of the three. Where does our worth start?" (Sarah)

6. Follow-up service

Individuals and stakeholders also felt follow-up provision was required. This would ensure people are supported by a 'checking in' service when they are at home .

7. Connecting people into 'something meaningful'

One of the key findings in this report is the importance of the recovery community to supporting people to make connections with others, engage in meaningful programmes, support and groupwork. Two individuals spoke about when they were

at their most stable they had taken more of a leading role in the recovery community and it was felt by all, that supporting people to have a sense of purpose and linking into their communities was the ideal. Many individuals spoke about the benefits of the recovery community and of being able to access groups in the community.

"These groupwork sessions, art or computer course, little things, acupuncture, meditation, open up something like that…you have no friends when you stop using. Most people who are in recovery, they don't have a place to go and meet people who are focused on the same thing as them. Get to know more people. Play games, be social. We were experienced in recovery ourselves, see other people. There are not these places about. It is expensive to travel to these other places.. Part of my problem was the isolation and then I had this recovery café, you made friends. " (Alan)

"So the café that I go to, it has opened an allotment. So different days they do different things. There are five different cafes on from Motherwell, sometimes you can get lifts." (Sarah)

One stakeholder described a Community Day Programme that had existed in North Lanarkshire years ago, that provided health information, groupwork and provided people with structure. There was support for something similar to be re-introduced.

8. Individual recovery plan

Individuals and stakeholders reported that every person should have their own individual recovery plan. The plan would set out a tailored treatment and support plan including clear milestones that triggered progression to the next stage of the plan.

Opportunities

Stakeholders were asked where they felt the opportunities were in North Lanarkshire and what change they would like to see happen. The key messages:

Relating to provision:

1. Improve provision for those in crisis and families

The need to address the lack of crisis services and support for families currently available was a particular focus.

2. Expansion of the recovery community

The value of the recovery cafes was clear and it was hoped that they would exist in all areas throughout North Lanarkshire, and there would be specific provision for families too.

3. Digital connections

One stakeholder discussed the opportunities that digital connections open up and are yet to be fully utilised.

Relating to cultural shifts:

4. Support for staff

At present it was felt that staff, particularly in statutory services are overworked and had become reductive in their practice, so having adequate support and development for staff is needed. Another stakeholder said the one thing they would like to change is that staff are 'nice' and have compassion for people. In North Lanarkshire's Strategy one of the key priorities focuses on the need to develop the workforce.

5. Partnership working

Across sectors the benefits of working in partnership are clear and there was a commitment for this to happen more. It was suggested that services offer opportunities to staff across sectors to shadow one another, and in doing so understand their working practices, challenges faced and ideally arrive at solutions together to address them. Stakeholders and individuals alike noted the important role GPs could play in helping people to link into service provision and the need for more information raising. Individuals felt that the responsibility for service provision design and delivery needed to involve statutory, third sector and people with lived experience, and that it was only by working together that real change is possible.

6. Services to promote flexibility

It was felt that closing down the cases of people who have not made appointments needs to change and instead barriers to engagement needed to be decreased as much as possible.

7. Including the voices of people with living and lived experience in service design and delivery

It was raised by one stakeholder that there is much value in having people who are still using substances included in decision making, and this should be treated as one form of evidence, so that decisions are informed by as many stakeholders and evidence as possible.

Wider evidence of good practice

The following were ideas given by stakeholders of initiatives that could be tried, drawing from the wider evidence base:

- Rehabilitation services run by people who are in recovery and offering a day programme.
- In Forth Valley there is a paid member of staff from the recovery community who works with the Housing First team there, to support people with any practical and/or emotional needs they may have, as well as actively linking them in with the recovery community, reducing isolation.
- To have people with lived experience paid as experts to inform every aspect of provision.
- Better pathways for rehabilitation, taking the holistic approach to involve the recovery community and family, to understand the best time for this person and the support they require.

- Injecting rooms and being able to test drugs.
- Therapeutic communities.
- Have no unplanned discharges like Norway.
- Legalise and regulate the supply of drugs.

Conclusion and recommendations

This conclusion draws together the key messages from across the different questions. There was a lot of synergy between what stakeholders and individuals with substance misuse problems said in terms of what the current provision is and what people want for the future. Significantly, there was also a collective commitment and desire to make this happen. There was a sense that this could be a key moment in time when *real* change for the better began.

What is working well?
Interviews recognised the backdrop of poverty, backgrounds of trauma, abuse and long-standing issues people faced as being the underlying reasons why individuals had issues with substance use. The services felt to be working well therefore viewed people holistically, often doing outreach, offering out of hours support, taking time to really listen to and understand people, promoting their rights, and worked hard to link people into support they wanted and needed, particularly mental health provision. They also provided or linked people in so they could avail of whole family support, understanding the ripple effect substance use has. The importance of human connection and meaningful engagement, relationships built over time and trust was further emphasised by interviewees' recognition of the good work carried out by services such as Phoenix Futures, the Overdose Response Team, Equal Say and the recovery communities. Many wanted this outstanding work by these organisations to be expanded further.

What is not working well?
Lack of resources
The responses to what is not working well could be divided into resource and cultural issues. In terms of resources and provision, it was felt that crisis support, accessible rehabilitation options, detox beds, the length of waiting times for treatment and support for families was inadequate. Stakeholders and individuals were concerned about the rise in the cost of living and reflected that deprived areas are already badly affected by drugs. It was reported that the extent to which people with mental health issues are requesting to be sectioned so they can get support has never been seen to this level before. The lack of support for people leaving prison was also noted.

Cultural barriers
Issues relating to cultural barriers were that addiction and mental health services are sometimes not easy to access, not responsive and people who have a dual diagnosis can fall between mental health and addiction services. Although, there were exceptions reported, stakeholders and all individuals felt that at present, statutory addiction services are overwhelmed and do not have time to meaningfully engage with individuals. All felt that this model meant culturally the focus was on the symptoms rather than addressing the underlying causes of addiction, and essentially medicalising what is a psychosocial problem. There was a perceived cultural divide between statutory services and the third sector, while short-term funding could inhibit partnership working between third sector organisations. A few individuals felt their addiction could have been avoided if they had received better support from their GP and it was also suggested that GPs could play a more proactive role in linking people in to treatment or community support options. Individuals praised the support they

had received from completing a DTTO and within rehab, but the lack of follow-up support meant that this was not able to be sustained. At the time of writing, statutory services are still not seeing people face-to-face to the extent they had prior to the pandemic. Culturally, the stigma around substance use is a significant barrier and as well as the general public, both individuals and stakeholders, felt this also came from professionals who worked in the field.

Barriers to engagement
Stigma about addiction was felt to be the main barrier to people asking for help and that when they do, services are not always responsive, with lengthy waiting times for a first appointment. Interviewees reflected on the inflexibility of the current model of working, which tends to be 9-5 Monday to Friday and appointment based. Further, if people do not attend a number of appointments they tend to be discharged by services which underlines the lack of empathy and understanding within the current system. Limited information sharing between services was also noted as a barrier to people connecting to appropriate support. Finally, individuals revealed that a barrier to engagement is the concern of going on methadone long-term without an exit plan, and this is essentially linked again to people not having meaningful engagement with workers.

Partnership working
Good partnership working was felt to be when services are working together towards the same goals, have good communication and when services worked with the whole person and their family, echoing the move towards this being viewed as the ideal way to support people. Co-location of services was also observed as promoting links, for example in Motherwell between housing and health services.

Groups not accessing support
There were particular groups identified and felt to currently not be accessing support, namely, those living on their own, those not taking opiates, young people, LGBT+, victims of domestic abuse, mothers, people from ethnic minority backgrounds and those who are elderly. GPs were mentioned as a potential ‘way in’ for these groups but also the need to widen partnerships even further.

Future service provision
Most interviewees emphasised the importance of person-centred and holistic support, giving individuals and their families options and choice, finding out what support they want and need, creating a single shared assessment and connecting them to services and clear treatment plans as quickly as possible. Services would also ideally be designed around persons’ needs, offering out of hours provision, assertive outreach and accessible residential rehabilitation. Effectively what people want is to have a ‘one stop shop’ with wrap-around care provided, connecting people also into ‘something meaningful’ in their communities, with the recovery community viewed as playing a vital supporting role, for example by running a day programme.

Stakeholders were asked about what they felt the opportunities were in terms of change. As well as those already discussed relating to the need for more provision, expansion of the recovery community and digital connections, the need for cultural shifts were discussed. It was said that staff need to be supported and would benefit

from shadowing and sharing practice across organisations, to understand more and support one another to overcome current challenges. Services needed to be more flexible, taking account of the people they are supporting, and including the voices of those with lived and living experience going forward. It was also felt that digital connections which worked well during the pandemic could continue to support people into the future.

Wider evidence
Drawing on wider evidence, interviewees also suggested better links between housing, addiction and recovery; involving the family and recovery community in treatment plans; having a commitment to have no unplanned discharges; creating injecting rooms; developing therapeutic communities and, finally, legalising and regulating the supply of drugs.

Recommendations

1. Development of a 'one stop shop' bringing services or representatives of services to be co-located together, and where people who have substance misuse issues and their families can come and receive instant support, with a care plan developed.
2. The development of a crisis service which is a hybrid between an addiction service and an emergency response.
3. Services to move towards more provision that offers out of hours support and outreach.
4. Quicker and easier access to mental health services, with addiction and mental health services working together, and this is already a priority in NLADP's Strategy.
5. Development of accessible rehabilitation and detox beds.
6. Following good practice in Forth Valley to develop partnerships between housing, addictions and recovery.
7. To commit to having no unplanned discharges.
8. More recovery communities established across North Lanarkshire and specific recovery cafes set up for families and young people. Where possible people should be encouraged to take a lead role in provision and the NLADP create a specific strand of funding so local communities can take forward local initiatives.
9. Development of family support in its own right, looking to services such as Scottish Families Affected by Alcohol and Drugs (SFAD).
10. More long-term funding of projects in the third sector, to be able to attract quality staff, ensure continuity of care and development of strong partnerships.
11. Staff in statutory and third sector services to create shadowing opportunities so that they share practice and work together to overcome challenges, rather than seeing this as a 'them and us' situation.
12. Drawing on lived and living experience, working with third and statutory services, create a day programme for people.
13. Substance use services in local areas to make connections with GPs, schools, the local voluntary sector to open up avenues of communication and referral pathways.

14. For the infrastructure to be improved, and for services also to be innovative, using community resources, and in this way also potentially addressing some of the barriers to stigma people are likely to have about having to visit ‘an office.’
15. Services to be trauma informed.
16. NLADP remains committed to the development of the Stigma plan.
17. A simple but effective strategy for promoting partnership working is ensuring email signatures include mobile phone numbers.

Case Studies

Rab: Alcohol addiction, lack of aftercare in the past but in recovery with vital support from Phoenix Futures and AA

Rab drank heavily all his life from a young age and this was the culture he had grown up in, to the point that he drank, not for enjoyment but to get through the day. He had 'always' been a 'secret drinker', and would go to the pub, but described that it was when he got home that is when he really started to drink, and yet always made his work the next day. He described losing friends because they had helped him too many times over the years, with debts or just even getting himself ready, when he would go on spells of not washing or looking after himself. He had been to hospital many times before for a detox, but was 'straight out' and back drinking. Just before lockdown he had was suicidal and called Phoenix Futures who sent the police around to his house and he was taken into a psychiatric ward. He realised if he didn't stop drinking he would die. Over the past two years he has been engaging with Phoenix and the worker, who has lived experience and feels this has been a real turning point for him. He does not remember being offered support like this before and said that aftercare in the past had been 'non-existent'. He tried AA in the past and had rejected it, but now attends local meetings. He explained 'you go there with your bag of shit, put it down and leave it there.' He says attending the meetings helps him to keep his head clear and he said, 'I get a wee cuddle off people'. Other services he feels have been excellent were the housing officer that helped him with his debt. He was given support also by a mental health charity but felt that their time frame of working with him for 12 weeks only was not realistic. Rab has stayed sober and feels that one of the reasons is that he is the main carer for an elderly aunt, which is 'all consuming' and has given him 'a real sense of purpose'. Rab felt the main thing missing from services at the moment is communication, with people not having read your file and feeling like you have to explain yourself all the time. His GP also refused to give him medication to deal with withdrawals from alcohol. Rab has found support from the psychologist to be really useful and felt for the first time he was learning about his emotions. The doctor at the hospital also said he could call anytime and he has found this person really helpful too. Rab felt that he had to be suicidal to really get help and felt this should not be the case.

Shona: Prescription drug addiction led to longstanding illicit drug use, in recovery with support from the recovery community and various services

When she was 16, Shona was prescribed co-codamol and diazepam by her GP after enquiring about counselling to help address childhood abuse. For a number of years, Shona continued to take the drugs to "block things"; she was also self-harming. In her 20s Shona was raped. By then she was also taking dihydrocodeine. On an occasion when she could not get the tablets an acquaintance told her dihydrocodeine was heroin in a tablet so she started using heroin. She became addicted to heroin and also started using street valium and crack cocaine. Her addiction continued with sporadic attempts to get clean. On one occasion she had "a major relapse and ended up in hospital" when a doctor told her Mum there was nothing they could do and her best option was to buy Shona heroin. After her relapse, Shona ended up back in hospital with an abscess. At that point she said, "I was done, I was exhausted and I got put on to methadone". She has not used illegal drugs for two months and said she was "feeling brilliant, feeling really good". Shona regularly attends recovery cafes throughout North Lanarkshire as well as CA meetings. She described the recovery cafes as a "godsend" adding that "it keeps you busy and gives you something to look forward to; there's a lot of boredom otherwise". She has previously been supported by Phoenix Futures and described them as "amazing" but "fell away from it and relapsed again" during lockdown. Shona also has experience of the Addiction Recovery Team. She described having 10 or 11 addiction workers and felt that none of them had the time to support her and focus on the traumatic events which had led to her substance misuse. In the past she had asked about rehab but was told there was no funding and, she reported, her worker asked if she wanted to up her methadone dose. Shona felt her GP had missed numerous opportunities to recognise her dependency on prescription drugs and subsequent use of illegal drugs.

Shona was identified by the High Resource User Project as a frequent A&E attender. She has been supported by this project and by the Homes First service. She was very complimentary about both services. Shona has also been supported by Equal Say's addictions advocacy service which helped greatly when she was at risk of being homeless after leaving hospital. Equal Say's involvement stemmed from Shona's mum who was told about the service by SFAD. Shona described her mum's help as invaluable, "she's been great, she's my rock, so she is". Shona's mum has continued to engage with SFAD including Zoom calls and added "they've been really good for her; they've given her an understanding of what it's like to be an addict".

Shona suggested that, to improve, services needed to "make a point of seeing people more often, and for longer, offer the services that are available other than medication (like counselling) as they want to medicate everything". Shona also suggested it would be ideal if there was more funding for rehab places.