

Nottingham City Substance Misuse Treatment System Consultation - Stage Two



Nottingham City Council and the Nottingham Crime and Drugs Partnership (CDP) are redesigning and recommissioning Nottingham's substance misuse treatment services. Our vision is to establish a treatment system that delivers the best quality and standards of care, maximising the number of people achieving recovery from substance misuse and living a substance free lifestyle.

We are consulting with a wide range of service users, professionals and the public to inform the design of the new substance misuse treatment system. Consultation is being conducted in two parts:

Stage one: 1 June to 26 June (to gain feedback on six potential models). CONSULTATION CLOSED

Stage two: 14 September to 3 October (to inform the final model).

We would like to thank everybody that took part in stage one of the consultation. We received a total of 215 completed questionnaires from a broad range of respondents. The feedback received on six potential models has enabled us to narrow down the options for the new treatment model. This second questionnaire will inform the final decision on the model of treatment that will be commissioned and to shape some of the finer details of the new system.

For further information on the background to this consultation and a glossary of terms used in the questionnaire, please ring 0115 876 5656 or email cdp@nottinghamcity.gov.uk. For information about all consultation processes and for the full results of the stage one consultation questionnaire, please see the CDP website .

There will be facilitated sessions held in a number of locations for those who would like support to complete this questionnaire. The details of the facilitated sessions are available on the CDP website or please ring 0115 876 5656.

How to complete the questionnaire:

There are two sections to this questionnaire; section one asks whether drug and alcohol services should be combined; section 2 focuses on the finer details of the new treatment system. If you do not have time to complete the full questionnaire then please note that you can submit your response after section 1.

It is likely that some of the questions may not be relevant or of interest to you. If there are some questions you don't want to answer, you can leave them blank. You can complete as much or as little of the questionnaire as you like.

Your response to this questionnaire is completely anonymous and we won't share your returned questionnaire with anyone. Any information from questionnaires used in reports or documents will be anonymised and will not be identifiable to any individual.

Please respond from your experience, whether that is as a service user of current services, a worker within treatment services, someone who has referred people into treatment, or as someone else (for example, a family member).

Q1 Are you responding as:

- a service user
- a person affected by someone else's substance use (e.g. a parent, partner, other family member, friend)
- a substance misuse treatment worker or manager
- a worker in another type of service
- a partner agency / stakeholder
- a member of the public
- a group or on behalf of a group
- Other

Other, please state

Q2 If you are responding on behalf of a service/agency/group, please state the name of the service/agency/group

SECTION ONE:

Treatment Models

The stage one consultation questionnaire asked for feedback on six potential treatment models. In this section we would like to further explore potential model options.

Drug and alcohol services in Nottingham City are currently separate services. We are currently considering the following options:

Option A - Keeping separate services for primary drug users and primary alcohol users in the community.

Option B - Bringing together drug and alcohol treatment into a single, combined 'core service'. This is where the 'core service' is delivered by one provider, but there are a number of options of how this service can be delivered. For example, it is possible that there could be:

- separate locations for drug and alcohol service users
- one building but separate areas for drug and alcohol service users
- co-location of drug and alcohol service users (where service users will access the service in shared areas with no separation between alcohol and drug service users)

Q3 Which of the options do you prefer?

- Option A
- Option B
- No preference

Q4 How much do you agree / disagree with the co-location of drug and alcohol treatment?

- | | |
|---|--|
| <input type="checkbox"/> Strongly agree | <input type="checkbox"/> Disagree |
| <input type="checkbox"/> Agree | <input type="checkbox"/> Strongly disagree |
| <input type="checkbox"/> Neither agree nor disagree | <input type="checkbox"/> I don't know |

Q5 What do you think would be the **benefits** of co-location?

Q6 What do you think would be the **disadvantages** of co-location?

Q7 Any other comments on co-location?

Drug and alcohol services in Nottingham City are currently separate from the FAMILY SUPPORT SERVICE for anyone affected by another's substance misuse. One potential option is combining the young people's substance misuse service with the family support service.

Q8 How much do you agree / disagree with combining the young people's substance misuse service with the family affected by another's substance misuse support service?

- | | |
|---|--|
| <input type="checkbox"/> Strongly agree | <input type="checkbox"/> Disagree |
| <input type="checkbox"/> Agree | <input type="checkbox"/> Strongly disagree |
| <input type="checkbox"/> Neither agree nor disagree | <input type="checkbox"/> No preference |

Q9 Any other comments?

SECTION TWO:

Responses to the following questions will help to shape the finer details of treatment design.

Smoking

If you are responding on behalf of an agency or a group, please go straight to question 12 (Q10 and Q11 are individual responses only).

Q10 Do you currently smoke tobacco (e.g. cigarettes, roll ups, in a joint)?

- Yes No

Q11 Would you consider stopping smoking tobacco?

- Yes No

Q12 What do you think would be the best way for drug & alcohol users to stop smoking?

- Stop on their own
- Go to a specialist stop smoking service (like New Leaf)
- Get stop smoking support within a drug & alcohol service
- Through their GP

Other, please state

Sexual Health and Needle Exchange

We are looking to combine a sexual health (open access to all citizens) and specialist needle exchange service. This is because BBV (blood borne viruses) testing and vaccination is relevant to both types of service provision, and regular contact with people using needle exchange services can provide opportunities to discuss many issues associated with drug use. It is important to discuss wider issues relating to sexual health issues with drug users, including safer sex, sexually transmitted infections (STIs) family planning and gynaecological health.

It is essential to note that other sexual health services within Nottingham City also remain open access to all citizens, and this includes all substance misuse users; a dedicated ‘sexual health and needle exchange service’ seeks only to offer additional choice.”

Q13 What do you feel are the benefits/strengths of providing a combined sexual health and needle exchange service?

Q14 What do you think are the barriers to drug users accessing sexual health services?

Primary Care

Some substance misuse support is currently available within primary care (GP practices). Some GP practices provide prescribing-based drug treatment for opiate users alongside psychosocial based interventions delivered by a drugs worker. This is called 'shared care'.

Currently, service users can go directly into shared care and may never need or choose to attend the main treatment service. One option suggested through consultation was that service users should access the main treatment service at the start of treatment and then be referred into shared care if appropriate.

Q15 How much do you agree / disagree that service users wishing to see their GP for support for their substance misuse should be required to access the main treatment service first?

- | | |
|---|--|
| <input type="checkbox"/> Strongly agree | <input type="checkbox"/> Disagree |
| <input type="checkbox"/> Agree | <input type="checkbox"/> Strongly disagree |
| <input type="checkbox"/> Neither agree nor disagree | <input type="checkbox"/> I don't know |

Q16 One potential option is that structured treatment can also be made available to alcohol users within GP Practices where Shared Care is delivered.

How much do you agree/disagree with this option?

- | | |
|---|--|
| <input type="checkbox"/> Strongly agree | <input type="checkbox"/> Disagree |
| <input type="checkbox"/> Agree | <input type="checkbox"/> Strongly disagree |
| <input type="checkbox"/> Neither agree nor disagree | <input type="checkbox"/> I don't know |

Q17 What would be the **benefits** of making structured alcohol treatment available in GP Practices where Shared Care is delivered?

Q18 What would be the **disadvantages** of making structured alcohol treatment available in GP Practices where Shared Care is delivered?

Mental Health

Q19 How easy / difficult do you think it is for people with substance misuse problems to access services for common mental health problems, such as depression and anxiety?

- | | |
|---|--|
| <input type="checkbox"/> Very easy | <input type="checkbox"/> Very difficult |
| <input type="checkbox"/> Fairly easy | <input type="checkbox"/> Don't know / not sure |
| <input type="checkbox"/> Fairly difficult | |

Please explain your answer

Q20 How easy / difficult do you think it is for people with substance misuse problems to access services for more serious mental health problems?

- | | |
|---|--|
| <input type="checkbox"/> Very easy | <input type="checkbox"/> Very difficult |
| <input type="checkbox"/> Fairly easy | <input type="checkbox"/> Don't know / not sure |
| <input type="checkbox"/> Fairly difficult | |

Please explain your answer

Q21 Which of the following do you think may be effective in improving the mental health of people with substance misuse problems?

TICK ALL THAT APPLY

- Mental health training for substance misuse workers
- Clearer pathways into mental health services
- Substance misuse training for mental health workers
- Mental health and substance misuse services working more closely together

Other, please specify

Addicted to Medicines

Some people become addicted to prescribed or over-the-counter medicines (those available from a pharmacist), such as pain killers. Some people addicted to medicines might also have other complex needs such as physical or mental health issues. Some people will only be addicted to medicines and some people will be addicted to medicines and illicit drugs.

Q22 Where do you think is the most appropriate setting for providing support & treatment for people who are 'addicted to medicines'?

- | | |
|--|--|
| <input type="checkbox"/> GP | <input type="checkbox"/> Substance misuse services |
| <input type="checkbox"/> Pain management service | <input type="checkbox"/> Pharmacy |
| <input type="checkbox"/> Hospital | |

Other, please specify

New / Novel Psychoactive Substances ('Legal Highs')

The number of people using New/Novel Psychoactive Substances (NPS) is greatly increasing. The number accessing structured treatment for NPS use is low. A local survey found people felt NPSs are fairly easy to get hold of but that not much information on them is available.

Q23 Do you think information on NPS is easily available in Nottingham City?

Yes

No

Unsure

Q24 Where would you currently go for NPS information/advice?

Q25 What do you think would be the best ways to engage with NPS users and provide advice and information?

TICK ALL THAT APPLY

Websites

Leaflets

Social media

Schools

Advice through health professional

Colleges

Information in pubs and clubs

Universities

Other, please specify

Q26 What do you think are the likely support or treatment needs of NPS users?

Brief advice & information

Series of psychosocial interventions (activities to support behaviour change and aid recovery)

Structured treatment

Online support

Other, please specify

Q27 General comments about the Nottingham City Substance Misuse Treatment System

We are committed to treating people fairly. So that we can monitor that what we are providing is meeting people's needs and is fair and effective, we would be grateful if you could answer the following questions about yourself.

Please be assured the information you give will only be used for the stated purpose and will remain strictly confidential.

If you are responding on behalf of an agency or a group, please DO NOT answer the following questions as they are for individual responses only.

Q28 Please tick the statement which best describes you.

I am:

- Male Female Prefer not to say

Q29 Please tick the statement which best describes you.

I am:

- Under 16 35 to 44 65 to 74
 16 to 24 45 to 54 75+
 25 to 34 55 to 64 Prefer not to say

Q30 Do you have a long term health problem or disability?

- Yes No Prefer not to say

Q31 Please specify the type of health problem or disability

- Mobility Learning Prefer not to say
 Hearing Mental Health Other
 Vision Communication

Q32 Please state

Q33 Please tick the statement which best describes you.

I am:

- Heterosexual or Straight Gay man Other
 Gay woman/Lesbian Bisexual Prefer not to say

Q34 What is your religion or belief, even if you are not currently practicing?

I am:

- | | |
|--|---|
| <input type="checkbox"/> No religion or belief | <input type="checkbox"/> Jewish |
| <input type="checkbox"/> Buddhist | <input type="checkbox"/> Muslim |
| <input type="checkbox"/> Christian (including Church of England,
Catholic, Protestant and all other Christian
denominations) | <input type="checkbox"/> Sikh |
| <input type="checkbox"/> Hindu | <input type="checkbox"/> Prefer not say |
| | <input type="checkbox"/> Any other religion or belief |

Please state

Q35 Please tick the statement which best describes you.

I am:

- | | |
|---|--|
| <input type="checkbox"/> White - English, Welsh, Scottish, Northern
Irish, British | <input type="checkbox"/> Asian - Pakistani |
| <input type="checkbox"/> White - Irish | <input type="checkbox"/> Asian - Bangladeshi |
| <input type="checkbox"/> White - Gypsy Traveller | <input type="checkbox"/> Asian - Kashmiri |
| <input type="checkbox"/> White - Other | <input type="checkbox"/> Asian - Chinese |
| <input type="checkbox"/> Mixed - White & Black Caribbean | <input type="checkbox"/> Asian - Other |
| <input type="checkbox"/> Mixed - White & Black African | <input type="checkbox"/> Black - African |
| <input type="checkbox"/> Mixed - White & Asian | <input type="checkbox"/> Black - Caribbean |
| <input type="checkbox"/> Mixed - Other | <input type="checkbox"/> Black - Other |
| <input type="checkbox"/> Asian - Indian | <input type="checkbox"/> Arab |
| | <input type="checkbox"/> Other |

Please state

Thank you for taking the time to complete this survey. Please post (No stamp required) your completed questionnaire to:

FREEPORTRSKR-JYGH-YYAK
Communications and Marketing (CDP)
Nottingham City Council
Loxley House
Nottingham
NG2 3NG

For further information about this consultation or substance misuse services in Nottingham please contact Nottingham Crime and Drugs Partnership 0115 876 5656 or email cdp@nottinghamcity.gov.uk