"The Drug Strategy 2010 asked the NTA to consult with the drug treatment field on replacing the existing framework with a new evidence-based model that would help local systems become more focused on recovery..."

# Building recovery in communities: a summary of the responses to the consultation

NHS
National Treatment Agency
for Substance Misuse

# Building recovery in communities: a summary of the responses to the consultation

## BACKGROUND

In February 2011, the government commissioned a sector-wide consultation on the model of care to implement the Building Recovery in Communities aim of the Drug Strategy 2010. This highlighted widespread agreement for an integrated approach to treatment and recovery support.

The consultation involved a questionnaire (48 questions, across 14 themes) and a series of local focus groups.

The written consultation received over 280 responses from a broad range of individuals and organisations from the specialist drug and alcohol treatment field, including the residential sector and the criminal justice system, and from service users, carers, recovery groups and umbrella bodies.

The key messages from the treatment field are that an integrated recovery system should focus on the following:

- Collaborative working between all partners to commission services based on outcomes
- Prompt access to appropriate interventions for drug-dependent people, including offenders
- High-quality treatment that prepares service users for recovery while protecting communities
- Encouraging service users to successfully complete treatment without putting them at risk
- Links to support networks to sustain long-term recovery and reintegrate people back into society.

These messages and the other feedback from the consultation have informed a range of documents and other resources that promote the aims of the Drug Strategy 2010. These resources support local areas in their efforts to ensure their treatment systems and services help more drug users to recover from their dependence.

### Resources now available include:

- Joint Strategic Needs Assessment (JSNA) support pack for strategic partners
- JSNA support pack for commissioners
- Why invest? How drug treatment benefits individuals, communities and society
- A cross-departmental letter to local authority chief executives outlining priorities for the commissioning of substance misuse treatment.

Other planned resources include a web-based resource to support local areas in delivering recovery outcomes specified in the Drug Strategy 2010.

This summary of the views that were expressed in the responses to the consultation formally completes the consultation exercise. The government is grateful to all organisations and individuals who contributed and helped inform the production of the above resources.

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## A SUMMARY OF THE CONSULTATION RESPONSE

### SECTION 1. WIDENING THE FOCUS TO CONSIDER DEPENDENCE ON ALL DRUGS

This section focuses on the opportunities and challenges of bringing drug and alcohol treatment together, in a recovery-orientated system, and potential implementation difficulties in prison.

Many respondents agreed that replacing the old framework ('Models of Care for Treatment of Adult Drug Misusers') would help drug and alcohol treatment to become more recovery orientated.

*"The further development of a recovery orientated approach involving a closer partnership between treatment and other services (such as housing, education/training/employment, family support and mental health) – and the development of local 'recovery communities' – requires a new framework document."*

Respondents identified more advantages. Most commonly, they highlighted the potential to focus on the needs of individual users rather than the drugs they used.

*"Allows systems to focus on the patient's recovery from addiction rather than a particular substance."*

A new framework would also encourage greater integration, improve continuity of care, and potentially result in local services being more effective.

*"The principles underpinning support for recovery are the same and it will encourage integration of services with the potential for greater efficiency."*

The challenge that most respondents identified in bringing services together at a delivery level was stigma. They said that people dependent on alcohol might not want to associate themselves with those dependent on drugs, and could be discouraged from seeking treatment if the services do come together.

*"It may also be the case that those who misuse alcohol may avoid engaging with treatment because of the wider stigmatisation of those who misuse drugs."*

Many were concerned that the wider focus of the framework could affect local funding and existing services. Some feared that local areas would divert money from drug treatment to previously under-resourced alcohol treatment.

*"There are few disadvantages in bringing together MoCDM and MoCAM as it provides the integration of services which many in the sector have been calling for. One potential problem is how local funding will be established to take into consideration the wider focus on all substance misuse; this has the potential to change local funding allocations which may affect the nature of services. What is of vital importance is that the integration of Models of Care for Drug Misuse and Models of Care of Alcohol Misuse is able to provide a balanced treatment system which responds to individual needs."*

Overall, respondents felt that having appropriate frameworks in place, including clinical governance, would be key to an effective drug treatment system.

*"More specialist oversight, clinical governance, and rigorous external quality assurance will be required."*

In relation to prison drug treatment and creating a single unified system, respondents were most concerned about the continuity of care between prisons and the community.

*"Continuity of care is KEY and I would expect this document to address some of the issues around this. BRIC will need to emphasise continuity of care between prison and community services with expectations for clear pathways and protocols to be in place."*

### SECTION 2. RECOVERY CAN ONLY BE DELIVERED BY ADDRESSING THE NEEDS OF THE WHOLE PERSON

This section focuses on defining and measuring the best practice outcomes of the Drug Strategy 2010.

Respondents highlighted a range of dimensions in which outcomes should be defined and measured.

*"The top level outcomes need to be shared across services, so for instance reducing crime is shared between drug and alcohol service providers and criminal justice agencies, or sustained employment is shared with education/training/employment agencies and employers, or access to accommodation is shared with housing providers. A second strand of assessment needs to follow the individual service user; a single case management process needs to set appropriate goals for the individual, together with the individual. The third strand of measurement needs to break down all the smaller steps to achieving the top level outcomes which can be allocated to individual service providers, which might be a combination of outputs, like the number of people who have completed a course of treatment, and outcomes, like the number of parents who say their relationship with their children has improved as a result of attending a course of family therapy."*

Generally, respondents thought that measuring outcomes ought to extend beyond drug treatment.

*"There should be more attention given to securing improved wellbeing for families in their own right, including measurement of stress, anxiety, depression and physical health indicators."*

There was also a feeling that the definition and measurement of outcomes should also focus on the achievements of the sector to date in order to help maintain them as well as its ambition for the future.

*"The number of people accessing treatment and waiting times still needs to be monitored in order to continue with the current achievements of treatment, but with a greater emphasis on successful outcomes and monitoring the length of time people remain in treatment."*

### SECTION 3. RECOVERY IS AN INDIVIDUAL, PERSON-CENTRED JOURNEY AS OPPOSED TO AN END STATE AND WILL MEAN DIFFERENT THINGS TO DIFFERENT PEOPLE

This section focuses on improving access to a range of recovery pathways.

Many responses said partnerships needed to work with commissioners and across all types of treatment and support services, including social care, education, training and employment.

*"Help agencies to work more effectively together (differing priorities often make this difficult) – we need to overcome issues with information-sharing and improve communication between agencies."*

Others suggested having recovery champions at every level, from basic peer support to local strategic planning, complementing the work of mutual aid and peer support groups.

*"Promote the idea of Recovery Champions at strategic and therapeutic levels."*

Respondents highlighted the importance of both residential rehabilitation and harm reduction services in a recovery-orientated system.

*"People must have a choice of pathways into recovery but the goals for recovery must be in the direction of becoming drug-free. The menu of services must include the real option of residential rehab beyond detoxification with access to peer support from first point of contact with the services."*

*"Evidence based harm reduction services should be available to all drug users who could benefit from these interventions, including those who may not yet be motivated to participate in structured treatment or recovery orientated services. These services prevent the spread of blood borne viruses, reduce other serious health risks associated with drug dependency and the administration of drugs and save lives. They will often provide a first point of contact with professional drug treatment services (for example, needle exchanges may provide the only contact that injecting drug users have with health and social services). Harm reduction services such as needle exchange may provide a gateway into more structured treatment and they can and should be integrated into balanced treatment systems and a recovery-orientated framework."*

### SECTION 4. WE WANT TO ENCOURAGE PEOPLE TO TAKE RESPONSIBILITY FOR THEIR HEALTH, AND SUPPORT THEM TO RECOVER

This section focuses on the shift from care planning practice, towards recovery planning, and the key components involved.

Respondents supported user-led recovery planning, and felt that timing would be essential: users may need a period of stability and coaching before taking responsibility for planning their recovery.

*"The whole emphasis will shift towards a positive outcome for the service user rather than the current system of care planning which almost assumes treatment is an end in itself. Recovery planning means the client is focussing on goals from the start."*

*"Clients can sometimes have big ideas which may or may not be achievable. We don't want to set them up to fail."*

The key components, according to most, are achievable and sustainable goals, and the involvement of family members, partners and independent advocates. Additionally, they said recovery planning should be:

- User-led and service facilitated
- Linked to every area of a user's life
- Underpinned by the workforce's 'psychosocial' motivational skills
- Connected to recovery communities and the community at large
- Aspirational, but with short-term steps as well as long-term goals.

Many respondents also said that recovery planning should be a collaborative process with rules and boundaries.

*"The main proviso must be that any recovery plan should be moderated by a suitably trained keyworker who will ensure that all treatment modalities are based on a sound evidence-base of what works."*

Respondents felt the key to success was to introduce user-led recovery planning during the initial stages of treatment and have it as a key objective in the care plan. They also thought the workforce would need relevant guidance and training.

*"Workforce (development) is key and ensuring that all practitioners are on board with the new agenda. Training should be provided and it is essential that key workers know how to link into other services."*

### SECTION 5. ACTIVE PROMOTION OF MUTUAL AID NETWORKS WILL BE ESSENTIAL

This section focuses on the role of mutual aid and peer support in an integrated recovery-orientated system.

Respondents viewed mutual aid as a valuable resource that could complement treatment.

*"Within an integrated recovery-oriented system, mutual aid is important to ensure coherence to an ambitious approach which continues throughout an individual's progression towards recovery and the work undertaken to address previously unmet complex needs."*

While noting the importance of matching the individual with the programme that was right for them.

*"Mutual aid and peer support is vital to a client's recovery journey. However, twelve step programmes don't appeal to every client. Formalising their use may prove problematic but should be offered as an option."*

### SECTION 6. RECOVERY CAN BE CONTAGIOUS. PEOPLE TELL US THEY ARE MOST MOTIVATED TO START ON THEIR INDIVIDUAL RECOVERY JOURNEY BY SEEING THE PROGRESS MADE BY THEIR PEERS

This section focuses on the promotion of mutual aid and peer support, as well as the involvement of recovery champions and recovery communities.

Most respondents saw mutual aid and peer support as integral to a recovery-orientated system, stressing that the workforce needed to have a better understanding of them.

*"One suggestion is that attendance of an open mutual aid group is a pre-requisite for all new members of staff within a month of their joining a drug service. We recently asked all the trainee counsellors in one of our services to attend a 12 step meeting, and feedback about their experience during an away day."*

Respondents felt the vital elements for successful recovery champions would be joined-up working and good communication.

*"They should work closely together and share a common understanding of the process of recovery. All should link, feedback, review, secure best practice and share."*

Effective recovery communities have access to housing, work, education, mutual aid and peer support.

*"Recognising that recovery is a personalised journey but that recovery is not just about tackling dependence but about enabling people to successfully reintegrate into their communities. This needs to be done in a holistic way: developing personal relationships, housing, access to education/ training/employment, effective aftercare, and peer support are essential to deliver a recovery community."*

The way to prove their effectiveness is with evidence and by users sharing their experiences.

*"In principle demonstrating the impact of recovery communities requires the same approaches and methodologies as research into other treatment approaches and modalities, and poses similar challenges. In outline it requires: identifying the goals or objectives of recovery communities and/ or service users involved in recovery communities; assessing the number/proportion of service users who achieve and sustain those goals and objectives and over what time periods, taking account of their starting points on entry into the service; qualitative research on the experiences and journeys of service users within recovery communities."*

### SECTION 7. EVIDENCE SHOWS THAT TREATMENT IS MORE LIKELY TO BE EFFECTIVE, AND RECOVERY SUSTAINED, WHERE FAMILIES, PARTNERS AND CARERS ARE CLOSELY INVOLVED

This section focuses on the involvement and support of families and carers during a user's recovery.

Respondents acknowledged the importance of families and carers. They felt they should be assessed for suitability and involved only with the user's consent.

*"Offer family involvement from assessment to Care Planning for drug users - considering family 'Opt-out' for example rather than 'Opt-in' at assessment to increase family participation."*

Increasing the availability of family and social network-based psychosocial interventions was also seen as critical.

*"There is the need to increase the availability and access to a range of psychosocial interventions which involve family and carers as recommended by NICE, where clinically appropriate (for example; BCT, Family therapy, SNBT etc)."*

Respondents said support for families should come from carer groups, advocacy groups, peer support, and practitioners (who would need appropriate training).

*"There is a need for parents, carers and families to have accessible information about substance misuse, where they can get support locally and how they can best support someone's recovery."*

Respondents thought that families, carers and service users (and former service users) should be involved in planning services and training staff.

*"In a recovery focused system, the culture must value the input of the service user, their family and carers and redefine service user involvement to create a more equal partnership in their own care, and in the planning of the services and research. Service users (and former service users) can be central to providing training for staff and helping professionals to understand the importance of creative risk taking in supporting people to grow."*

### SECTION 8. AN INTEGRATED APPROACH TO SUPPORT PEOPLE TO OVERCOME THEIR DRUG OR ALCOHOL DEPENDENCE MUST BE THE PRIORITY

This section focuses on continuity of care between prison and community, as well as the impact of moving away from the four-tier model.

Many responses highlighted the need for better referral pathways and coordinated aftercare services. They also pointed out the importance of joint working and communication.

*"It could be possible to have a recovery plan that travels with an individual whether in treatment in prison or on the outside so that client goals can be addressed, identified and ultimately achieved in all settings. Treatment offered in prison should be the same as offered on the outside and seamless so there is less opportunity for individuals who wish to achieve recovery to become lost."*

Most thought that moving away from the four-tier model would help to create a more client-led, recovery-orientated system.

*"Integrated Recovery Orientated Systems can promote the joint working required to further develop recovery capital and a single framework which further coheres with this structure should ensure there is greater transition within the treatment system."*

Some noted the need to acknowledge transitional issues.

*"Services and users have an understanding of the different levels of treatment within a tiered care pathway that will cause a great deal of confusion in the short term as it changes."*

### SECTION 9. RECOVERY IS NOT JUST ABOUT TACKLING THE SYMPTOMS AND CAUSES OF DEPENDENCE, BUT ABOUT ENABLING PEOPLE TO SUCCESSFULLY REINTEGRATE INTO THEIR COMMUNITIES

This section focuses on access to other services, such as housing, employment, family support and mental health.

Respondents supported employment initiatives such as work placements and apprenticeships, emphasising the importance of better cooperation between sectors

*"Through effective partnership work, it is essential that representatives from employment services and housing are seen as a key part of the local drug and alcohol partnership. Joint initiatives with DWP and JobCentre Plus should be able to support better access to employment and education opportunities."*

For a sharper focus on families, most respondents felt workers needed better skills and services greater flexibility – and that partnerships had to work and communicate more effectively.

*"there needs to be an increase in resources to establish more family-focused services with specialised & trained staff, better partnership working between all agencies involved (including social services) and improved access and promotion of existing services."*

One way to overcome barriers to employment, said many, is to educate and train users. Resources must focus on getting them ready for work.

*"Drug treatment providers should be supported and encouraged to provide life skills and employment preparation from the start of treatment, rather than as part of aftercare."*

Voluntary placements were widely suggested as a good way to get employers to think of recovering users as potential employees. Other ideas included positive media and publicity campaigns based on testimonials from employers.

*"Create opportunities for individuals in recovery to take part in local volunteering, which can help with breaking down stigma and negative attitudes that employers can have towards drug users."*

Respondents stressed the importance of links with mental health services. They felt that having mental health workers in treatment services would help to integrate the two areas.

*"This relies on interagency working to respond to any dual diagnosis needs an individual may have. Agencies should have a shared and consistent approach to working with an individual with*

*a dual diagnosis and make sure their work is complementary."*

### SECTION 10. IMPROVING EFFECTIVE PRACTICES AND INTEGRATED APPROACHES TO SAFEGUARDING THE WELFARE OF CHILDREN

This section focuses on ensuring services properly safeguard children and promote better parenting.

Respondents thought that substance misuse should be part of the curriculum for every health or social care qualification, and that children/social care services and drug/alcohol services should have joint training.

*"On going training and effective clinical governance routes. Links between children's services and treatment providers need to be developed to destigmatise provision. Treatment services should ensure that parenting skills are assessed and appropriate support accessed, either within agencies or links to wider support available."*

Respondents said that treatment plans should assess the situations of users' children. Staff should also be trained appropriately and their skills audited.

*"In many areas it is often still the case that children's social services and adult treatment services have different agendas and there is the potential for the framework to establish the foundation of a joined-up approach between social services and substance misuse treatment provision. This can often be best achieved through joint practice case reviews and specialist supervision to improve the competence and confidence in coordinated interventions from both sides. Closer, integrated services should be developed in order to support a joined up approach which develops recovery capital within the family as well as providing support for the child."*

Respondents also said that safeguarding and the welfare of children should be a part of clinical governance.

*"Safeguarding policy needs to link clearly to clinical governance so that learning can be further enhanced."*

### SECTION 11. DEVELOPING AN INSPIRATIONAL RECOVERY-ORIENTATED WORKFORCE; PROMOTING A CULTURE OF AMBITION, AND A BELIEF IN RECOVERY

This section focuses on promoting a workforce that has the required ambition, competencies, support and clinical leadership to help users to recover.

Many respondents said the framework should include recovery-focused training. Besides good leadership, management and supervision, staff have to believe that users can recover.

*"The framework should articulate the different models of recovery and suggest training programmes which describe the core differences. The treatment workforce should be encouraged to utilise opportunities to shadow mutual aid/peer mentors. They should be offered opportunities to learn about different residential programmes and their theoretical bases."*

Many also felt that workers need more, and broader, training; and that the workforce should inspire and motivate users.

*"The most important task is for a service provider to identify and maintain the attitudes and beliefs required to inspire sustained change in clients. Once someone holds a belief that the client can sustain change, the skills and knowledge will come (as stipulated by DANOS, Models of Care, NICE guidance, etc). Without the appropriate attitudes and beliefs, the competence and knowledge is not enough."*

Looking at the whole treatment system, respondents said a range of specialist and non-specialist competencies are needed.

*"Systems will need a full range of specialist and non-specialist medical competencies. This includes sufficient access to the specialist competencies required to provide direct clinical care for complex clients and provide clinical leadership, development and support for the local treatment system."*

They also emphasised the importance of good clinical leadership.

*"Addiction psychiatrists… when in clinical leadership roles can provide risk assessment and management, cost effective triage, ensure quality evidence based practice and good governance, support the management of more complex and challenging service users and act as clinical recovery champions. They also have a key role in training, supervising, supporting and developing other staff members. Systems should therefore ensure that addiction psychiatrists are in clinical leadership roles locally."*

### SECTION 12. DEVELOPING PATIENT PLACEMENT CRITERIA TO DELIVER BETTER CLINICAL OUTCOMES, INCREASE VALUE FOR MONEY, AND MOST IMPORTANTLY HELP INDIVIDUALS FIND THE RIGHT TREATMENT

This section focuses on supporting personalised care that offers tailored packages of treatment to users.

There is a strong consensus for personalised care with user-led, recovery-orientated, tailored treatment that is regularly reviewed. Other important items would be a trained workforce, multiagency working, and for users a menu of treatment options/information.

*"We need to look at the personalisation agenda much more than has previously been the case to support this, allowing people to make their own choices about how their individually tailored care package might look."*

Most felt that clinical and psychosocial interventions should be part of the same care package, and available to anybody who needs them. Once again, many mentioned the need for a skilled workforce and multiagency working.

*"Local services also need to be encouraged to integrate specialist prescribing within services i.e. one stop models… where an individual can receive both psychosocial interventions and prescribing within the same service and that prescribing becomes just one of many modalities within a careplan framework rather than the only one. An example of this would be that an individual can be prescribed, have a keyworker to deliver the psychosocial intervention, attend a day programme and be involved in mutual aid."*

Staff also need to explain the residential and community choices available to users.

*"By making clients aware of 'all' the options and completing an in depth assessment."*

To avoid repeated assessments, respondents suggested services should work in a more integrated way. A single, generic assessment document for all agencies would help.

*"It would appear that an integrated system offers the best option for implementing single points of assessment and referral while also avoiding repeated assessments. An integrated system involves the commissioning of substance misuse services which have the ability to create seamless transitions for individuals across treatment. This could be undertaken by a single provider or a range of providers, each offering different aspects of the treatment journey."*

### SECTION 13. ENCOURAGING OFFENDERS TO SEEK TREATMENT AND RECOVERY AT EVERY OPPORTUNITY IN THEIR CONTACT WITH THE CRIMINAL JUSTICE SYSTEM (CJS)

This section focuses on recovery-orientated treatment in prisons and the opportunities and difficulties it presents.

Respondents said that prisons present a great opportunity for treating drug users. A recovery-based approach should also provide a smooth transition from prison to the community.

*"Service users will often see prison as an opportunity for reassessment. They will often be more committed to achieving recovery and focused on not re-offending. As well as this, there is an opportunity to promote the benefits of recovery to a more captive audience than would be possible outside of prison. It is also the case that sometimes, the length of sentences can provide time for significant changes in behaviour that wouldn't be possible in the context of offenders' lives outside of prison."*

But, they said, for a recovery-orientated framework to work, drugs must be kept out of prisons. Also, the high turnover of inmates and staff makes it difficult to administer and maintain treatment. Some mentioned the poor links between the prisons and communities.

*"What can be relatively easy to achieve in a closed environment can be difficult to sustain beyond the gate, necessitating strong relapse prevention follow-up in the community; strong community links and effective in-reach pre-release - including release preparation programmes."*

Most also felt that drug and alcohol treatment in prisons should be better integrated, and as good as that available in the community.

*"Commissioning of CARAT services needs to be aligned to local areas."*

### SECTION 14. SUBSTITUTE PRESCRIBING CONTINUES TO HAVE A ROLE TO PLAY IN THE TREATMENT OF HEROIN DEPENDENCE, BOTH IN STABILISING DRUG USE AND SUPPORTING DETOXIFICATION

This section focuses on the role of prescribing in recovery-orientated treatment.

For many respondents the key is to have clear expectations around prescribing from the start, followed by regular reviews. They felt substitute prescribing should work alongside psychosocial treatment and give users a sense of optimism.

*"Discussion on the goals of treatment, including recovery options should be part of the assessment process. Individuals should be able to identify what s/he wants in terms of the short (three months), medium (six months) and longer term. The menu of intervention options should be made available to the individual at point of entry to treatment. The individual must determine which of the pathways they intend to trial, s/he must retain the power to choose the options best suited to themselves."*

Regular reviews of recovery plans are essential, said respondents. They would also help to promote the idea of social recovery, and to ensure those who need long-term treatment are not stigmatised.

*"The review process, which should be a part of service user-led recovery planning, is necessary to ensure that there is a frank discussion around the needs of individuals who have been accessing treatment long-term and how services are best placed to meet these needs and progress the individual."*

### SECTION 15. WE NEED TO BECOME MUCH MORE AMBITIOUS FOR INDIVIDUALS TO LEAVE TREATMENT FREE OF THEIR DEPENDENCE SO THEY CAN RECOVER FULLY

This section focuses on the successful completion of drug treatment and what prevents and supports sustained recovery.

Respondents felt there should be a seamless transition between all stages of treatment, and better integration with other services. Adequate aftercare is vital.

*"The new framework should facilitate local areas in offering a 'joined up' service that can work in the whole area of wrap-around needs as well as addressing the client's basic substance misuse problems. The division, and sometimes antipathy, between the statutory sector and the voluntary sector has sometimes had a malign influence on successful client outcomes. There is a clear need to unite these sectors under one overall umbrella."*

Many respondents felt inflexible treatment prevents individuals from successfully completing. Other factors include poor communication between services and a lack of wider support (e.g. from families). Overcoming these problems requires better staff training, and better employment and housing opportunities for service users.

*"Inadequate treatment systems are the main problem. Some services are not designed with the needs of service users in mind e.g. opiate focused and problem drinker focused. There needs to be more guidance around service development and payment by results should be encouraged."*

Respondents said that education, training, employment and family support are all key to long-term recovery.

*"Housing, education, employment, training, options for mutual aid and peer support are all very important."*

### SECTION 16. WE ARE COMMITTED TO CONTINUING TO REVIEW NEW EVIDENCE ON WHAT WORKS IN OTHER COUNTRIES AND WHAT WE CAN LEARN FROM IT

This section focuses on the evidence base, as well as tailoring treatment to users' needs, while maintaining the achievements of the past decade.

Most respondents mentioned the need for more post-treatment evidence, particularly around what aids recovery. Other areas requiring more research are peer support/mutual aid, employment, housing, education and long-term methadone treatment.

*"From large longitudinal studies, we know treatment works. There is also good evidence that the skills of the worker and their ability to build a therapeutic alliance are a key factor. So more research is needed into the relationship and skill set of staff needed to improve outcomes which could then be used to build a model of good practice."*

Respondents said users need options and opportunities as part of tailored treatment packages – the user should be in the driving seat and services should be more integrated.

*"Treatment systems must be able to accommodate all needs that present from long term opiate injectors to users of new and emerging substances. As such systems must be dynamic and flexible to ensure individual needs can be met and therefore recovery promoted."*

Respondents thought it was important to maintain the gains achieved over the past decade.

*"[We] recognise the progress that has been made over the past decade with a major expansion in the availability of drug treatment, reductions in waiting times and the majority of people in treatment remaining engaged for the minimum 12 weeks required for a positive outcome. We need to build on this legacy, with an increased focus on successful completion of treatment and on recovery and social reintegration."*

### SECTION 17. WE NEED TO RESPOND TO NEW AND EMERGING EVIDENCE, TO RESPOND FLEXIBLY TO THE CHANGING NATURE OF THE DRUGS TRADE AND THE OUTCOMES BEING ACHIEVED

This section focuses on the key challenges ahead.

Respondents said there is a need for better workforce training and a wider range of treatment options. Major challenges are funding, capacity, and competing priorities.

*"The main challenges for the field will be around keeping up to date with new substances such as 'legal highs', being flexible to the changing pattern of drug use, staff training to provide appropriate interventions and resources available to meet service user need."*

Most said the key challenge for a single framework would be the funding – particularly the issues that may arise when drug and alcohol funding comes

together. Others wanted to see improvements in commissioning and staff training.

*"We need to commission and provide services that support people into recovery, not through drug and/or alcohol treatment. Previously, the emphasis, targets and funding for partnerships have been based on the number of people coming into treatment rather than on a holistic and needs led approach to recovery. Services need to be more innovative and commissioners need to support them to be."*

*"Services will need to invest in staff training to deliver a recovery focused treatment system."*

To overcome these challenges, current and ex-service users should be consulted when services are being planned.

*"Involvement of staff and service users and carers in the process of change will be vital."* ■

**THE ORGANISATIONS AND INDIVIDUALS WHO RESPONDED TO THE CONSULTATION:**

- Acorn
- Addaction
- Addiction Dependency Solutions
- Addiction Recovery Agency
- Addiction Recovery Foundation
- Addictions UK
- Adfam
- Airedale Voluntary Drug and Alcohol Agency - Project 6
- Alcohol Concern
- Anthony Hewitt Consultancy Ltd
- ARCH Initiatives
- Ark House Treatment Centre
- Balance
- Barnet Service User Group
- Barnsley DAAT
- The Basement Recovery Project
- Battle Against Tranquillisers
- Bayberry Clinic
- Birmingham and Solihull Mental Health Foundation Trust
- Birmingham DAT
- Birmingham Service Users
- Blackburn with Darwen DAAT
- Blenheim CDP
- Bolton DASCT
- Broadreach House
- Broadway Lodge
- Bury DAAT Partnership
- Carers Action
- Carers Affected by Substance Abuse Limited
- Care UK
- CASUS
- Centre for Policy Studies
- CHCP Drug Service
- The Children's Society
- CNWL NHS Foundation Trust
- Community Addiction (Stoke-on-Trent)
- Community Drug Service for South London
- Compass
- Crime Reduction Initiatives
- The Cyrenians
- Darlington DAAT
- Derbyshire Alcohol Advice Service
- Derbyshire DAAT
- Devon Partnership Trust
- DISC
- Doncaster Community Drugs Team
- Doncaster PCT
- Dorset Service User Forum
- Drinksense
- DrugScope
- Dudley Metropolitan Borough Council
- Durham County Council
- Early Break
- East Midlands Regional Carers Forum
- East Sussex DAAT
- ESH Works Ltd
- Essex Drug and Alcohol Partnership
- Foundation66
- Fresh Steps
- Greater Manchester Public Health Network
- Greater Manchester West Mental Health NHS Foundation Trust
- HARCAS
- Hartcliffe and Withywood Kick Start
- Hertfordshire Drug and Alcohol Partnership
- Hetty's
- HM Inspectorate of Prisons
- HMP Altcourse
- HMP and YOI Styal
- HMP Birmingham
- HMP Wandsworth
- HMP Wolds
- Holt and Young Ltd
- The Huntercombe Group
- Inward House Project
- ISIS Islington
- Jobcentre Plus
- John Storer Clinic
- Lancashire DAAT Partnership Board and the Lancashire Alcohol Network
- Lancashire Public Health Network
- Lancashire User Forum
- London Borough of Hammersmith and Fulham Substance Misuse DAAT and Provider
- Leicester Partnership
- Leicestershire and Rutland DAAT Family and Carer Forum
- Leicestershire DAAT
- Ley Community Drug Services
- Lifeline Project
- Linwood Park Clinic and Rehab
- Liverpool PCT
- London Borough of Camden
- London Probation Trust
- Manchester City Council
- The Mimosa Healthcare Group
- M.O.R.P.H
- National Drug Prevention Alliance
- NECA
- The Nelson Trust
- Newham Substance Misuse Partnership Board
- NHS Blackpool/Provider Consortium and Blackpool Service Users
- NHS Bradford
- NHS Manchester
- NHS Northamptonshire
- NHS Plymouth College of Medicine and Dentistry

- NOMS
- North East Lincolnshire DAAT
- North Somerset Community Safety Partnership
- North Tyneside Council
- North Yorkshire Substance Misuse Commissioning Team
- Nottingham City Drug/Ex Drug Users Forum and Greater Nottingham Alcohol Service Users Forum
- Nottingham Crime and Drugs Partnership
- Nottinghamshire Healthcare Trust
- Northumberland, Tyne and Wear Mental Health Foundation Trust
- Oasis Open Door
- Oldham DAAT
- Open Road
- Oxfordshire User Team
- Pennine Care NHS Foundation Trust
- Pharmacy Voice
- Phoenix Futures
- Pierpoint Addiction Treatment Centres
- Priory Hospital
- PROGRESS
- PROPS
- The Queen's Nursing Institute
- Racing Welfare
- RAPt
- Recovery Cymru
- Recovery Group and Helen Project (Redcar and Cleveland)
- Recovery Now
- Redcar and Cleveland Joint Commissioning Group/ The Helen Project/ Recovery Group
- The Rising Sun Trust
- RODA (Relatives of Drug Abusers)
- Rotherham, Doncaster and South Humber Mental Health Trust
- Royal College of Psychiatrists
- Safe Newcastle Partnership
- Safer Bristol (Substance Misuse Team)
- Safer Herefordshire
- Safer Leeds City Wide Service User Forum
- Safer Leeds Commissioning Team
- Safer Middlesbrough Partnership
- Safer Nottinghamshire DAT
- Salford City Council
- Sefton DAT
- Self Help Nottingham
- Service User and Carer Forum (West Midlands)
- Sheffield DAAT
- SHINE Service User Group
- Slough DAAT
- SMART Recovery UK
- The Social Partnership
- Solihull Metropolitan Borough Council
- Somewhere House
- South East Prison Drug Treatment Steering Group
- South East Regional User Forum
- South Gloucestershire DAAT
- Southwark DAAT and treatment services
- South West London and St. George's Mental Health NHS Trust
- South West Substance Misuse Carer Forum
- Staffordshire Alcohol and Drugs Partnership Board
- Staffordshire and West Midlands Probation Trust
- Staffordshire Third Sector Network
- St Martins Health Services (Leeds Community Drug Services)
- St Mungo's
- Strategic Partnership for Alcohol and Drugs and Kingston Service User Council
- Streetscene
- Substance Misuse Skills Consortium
- Suffolk DAAT
- Sunderland Carers' Centre
- Swanswell
- Tameside Metropolitan Borough Council
- Telford and Wrekin Council
- Telford and Wrekin Substance Misuse Service
- Telford Drug and Alcohol Forum
- Torbay Care Trust
- Torbay DAAT
- Trust the Process
- Turning Point
- UK Drug Policy Commission
- Walsall Probation Complex
- Warwickshire DAAT
- Western Counselling
- Westminster DAT
- Westminster Drug Project
- West Yorkshire Probation Trust
- Wirral Drug and Alcohol Treatment Service
- Wokingham Locality Treatment Group
- Wolverhampton Voluntary Sector Council
- Worcestershire DAAT
- Work Solutions
- Young Addaction

In addition to the organisations listed (of which some gave more than one response), there were many responses from individuals not affiliated with organisations, as well as responses from BRiC events.