

Moray citizen experiences of using services around drug and alcohol harm Covering January 2022 – October 2022



1. Overview:

Peer-research was undertaken as part of the collective voice activity to empower individuals with lived/living experience of alcohol and drug challenges. This work is funded through the Moray Alcohol & Drug Partnership as well as supported by Health and Social Care Moray parallel work in collective voice building from mental health in Moray.

The aim for this report was to gather a snapshot of lived and living experiences of service use, in particular third sector supports, to support the commissioning activity of HSCM. Informal listening and recording has been happening as part of MWH (Moray Wellbeing Hub) ongoing work regarding use of A&D (Alcohol & Drug) services and supports in Moray. This was planned to be formalised with the MAT (Mandatory Alcohol Treatment) standard Locality interviewers process, however a number of factors stymied this on all partners sides. In September 2022 MWH agreed to supplement this by undertaking a focused survey and actively interviewing 1-2-1 of community members to gain further views in the following month.

Ambitions to have a sustainable and meaningful rolling process of peer listening, sharing and involvement from those with living /lived experiences of drug and alcohol, and mental health, services and supports, was central to activity in creating this report (for the wider activity see separate AD Voice reports from MWH). The collective voice work undertaken by MWH continues beyond this report but, as a result of the learning through this process, it will be much improved (see next steps).

Methodology and learning from this is contained in the appendix.

Thanks to all partner organisations who gave swift support to promotion and shaping of questions. In particular to ARROWS for their promotion efforts which clearly impacted on the good number of returns.

2. Key themes:

For a very short timescale the survey data is rich with diverse experiences from a range of ages and localities in Moray. There will be few surprises in terms of the areas people are keen to see change in and many are in line with MAT standards and national policies around mental health and other key aspects of citizenship.

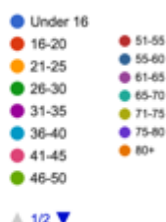
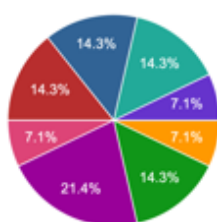
Rather than provide analysis of data as a whole we have provided headlines for each section on the key themes. What is clear is there are things that are working well in Moray that can be built on with ARROWS service clearly playing a pivotal role. There are also many things that could be better and whilst some are larger aspects that link to poverty and rurality, there are many other key needs that could be addressed within services existing and developing.

Universally the theme of mental health and drugs and alcohol harm is woven throughout the data. This was clearly a focus, but still the results are evidence of the need for a combined approach to individuals in recovery, those that care for them and the professional roles that support this.

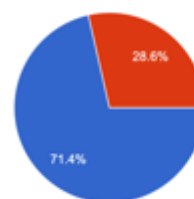
3. Survey / interview data:

- 14 completed
- 5 of the completed surveys were completed as 1-2-1 interviews in-person.
- Diverse age range from 20s to 70's
- Mostly females (71.4%) to males
- 64% came from Elgin and Lossiemouth area, 14.3% from Forres area, 14.3% Moray but not wishing to specify, 7.1% Keith and Speyside. Buckie and Cullen had no responses.
- responses were predominately from people of white ethnicity.

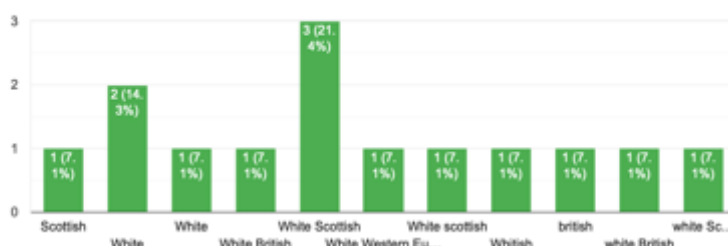
My age
14 responses



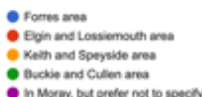
My gender
14 responses



My ethnic background (we ask this as we want to ensure we hear from seldom heard groups in Moray)
14 responses



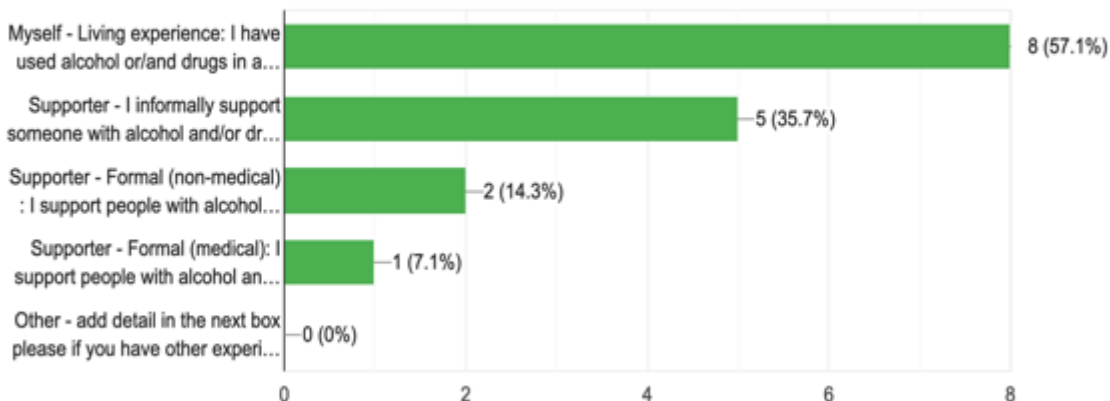
My place of residence
14 responses



Q1- My experience of harmful alcohol and/or drug use (check as many as you feel apply)

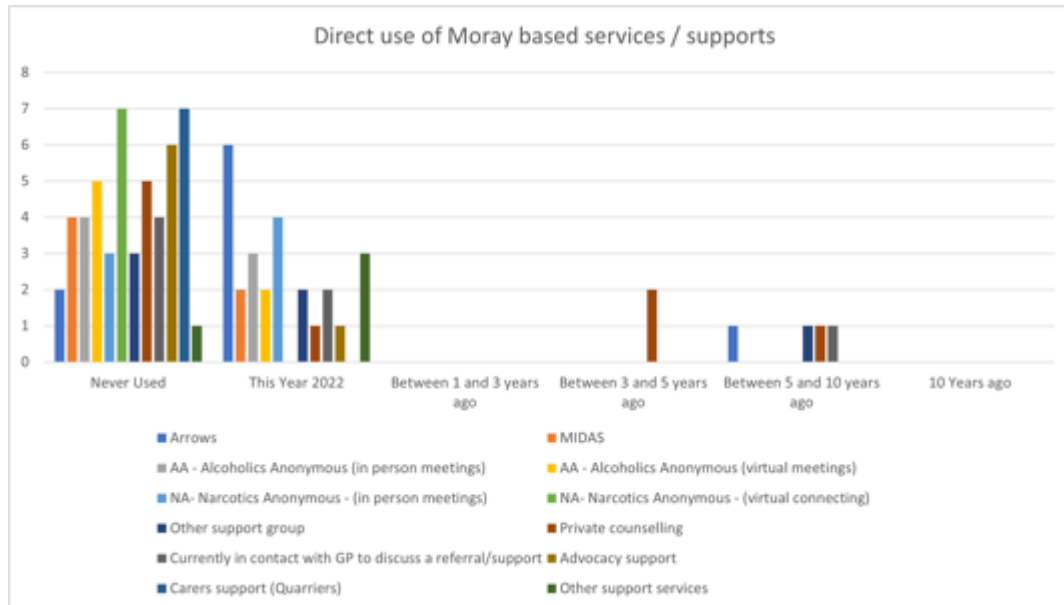
There was an even spread of responses from people sharing their direct experience and those sharing as supporters. Those in supporting roles came from organisations supporting carers and advocacy and also NHS as well as supporting family members or peers at existing support groups. All of those responding had used services within Moray for themselves or someone they were supporting.

My experience of harmful alcohol and/or drug use (check as many as you feel apply)
14 responses



Q2 - Please select when you used Moray based services / supports (this is for YOU directly, not a person you support)

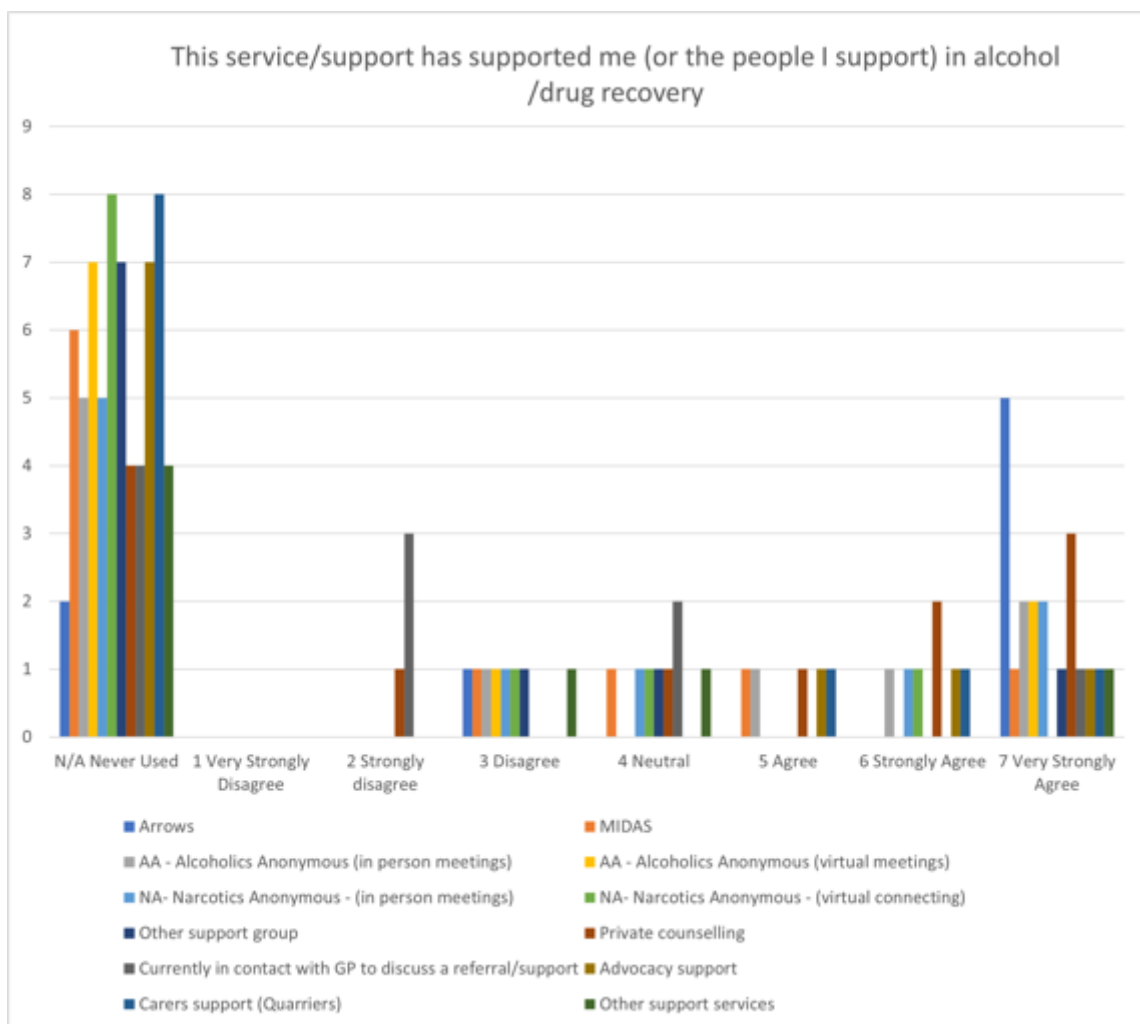
The majority of people had used the ARROWS service at some stage, most this year (2022). The following chart shows how many had used the services we asked them about focusing on those using the services/ support for themselves:



Other services that were used were Cocaine Anonymous, Revolution 4 Good, Moray Council Money Advice Service and Benefit Advice Service as well as Moray Drug and alcohol service and SMART recovery Training that is hosted at the Bow Café in Elgin run by Arrows.

Q4: This service/support has supported me (or the people I support) in alcohol /drug recovery (If support has been accessed more than once please think about the most recent time)

It stood out that Arrows and private counselling were mainly agree to strongly agree when asked if these were helpful, overall Arrows did stand out positively. GP referrals also stood out with only 1 thinking that this very strongly helped them whereas the majority disagreed that this had helped them.



Q5 - What Worked Well in receiving this support/service:

Key themes here are around meaningful relationships, evidence based self-management tools, the importance of the ARROWS service and peer-support.

- *"connection, listening and understanding, lived experience, non-judgemental"*
- *"Advocacy - acceptance, stayed with person no matter what"*
- *"Someone to talk to. Someone who understands and can offer ways to help me cope with my loved one when he is drinking."*
- *"having a mutual understanding and finding people like myself overcoming similar problems. Gave me hope that I can overcome my problems and great literature available. Good programme of self-discovery."*
- *"The private councillor seemed to work well with the route of the problem, however financially unable to sustain long term. Arrows have been a help to support with alcohol."*
- *"Arrows - got things moving, no sitting about. Been active addict for years and they have listened and taken action, referred me to MIDAS. Now have a key worker at Arrows and is going well, she listens and is helpful. Arrows very accessible, more options. MIDAS giving a detox. Arrows has activities and support groups but i haven't been yet."*
- *"SMART recovery - like CBT training, learning, Always had great support from the services I've used"*

Q6 - What could be better in receiving this support/ service?

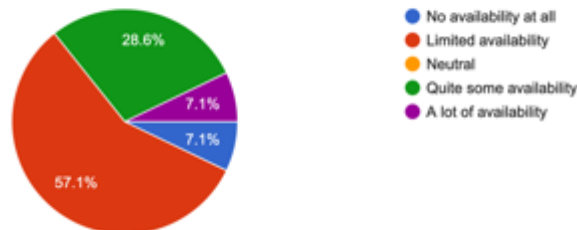
The link between mental health and drug and alcohol harm support was clear in what could be improved. People wanted longer support, more specific identity-based support, they wanted them in their locality and peers to be a key aspect. Whilst this survey did not focus on statutory services, it was clear there were areas for MIDAS and GP services to reflect on for improvements.

- *"Ability to support me as a parent"*
- *"More meetings locally in person"*
- *"Better support from mental health services."*
- *"Longer support, more action, at one point I was told it didn't sound like I had a drink problem that I was just experimenting . With other service was put on a tablet they would make me sick if I drank and there was no follow up appointment until I asked to be put on the one that stops the cravings. Still no follow up or support since being on it . Have lapsed quite a few times."*
- *"NA - more meetings - there is only one a week. "*
- *"GP service has been unhelpful - made contact when having a breakdown/relapse was unable to see anyone to see anyone this put additional stress on family. Telephone consultation had prescribed diazepam as temporary fix but no review offered. This was concerning as having a chronic illness if medication gets reviewed, I always get a follow up letter. Nothing was followed up despite putting on a new medication which came with restrictions to someone currently having a relapse than can affect behaviours of someone who already has their own challenges. Now supported by arrows who are great but can't support the MH concerns which is route cause that causes alcohol dependency."*
- *"MIDAS not very approachable, not helpful, weird experience, tone and mannerisms of man bad, felt judged and not man interested. Feel that MIDAS man should ask more questions and show more peer support and relatable empathy. Peer support."*
- *"good now because SMART groups are being more attended but needs to be publicised more"*

Q7 - Is there enough provision of support around alcohol/drug challenges in Moray?

Most responses acknowledged that they thought that there were limited provision of support around alcohol/drug challenges in Moray and that the services and supports were not connected and collaborated well with each other.

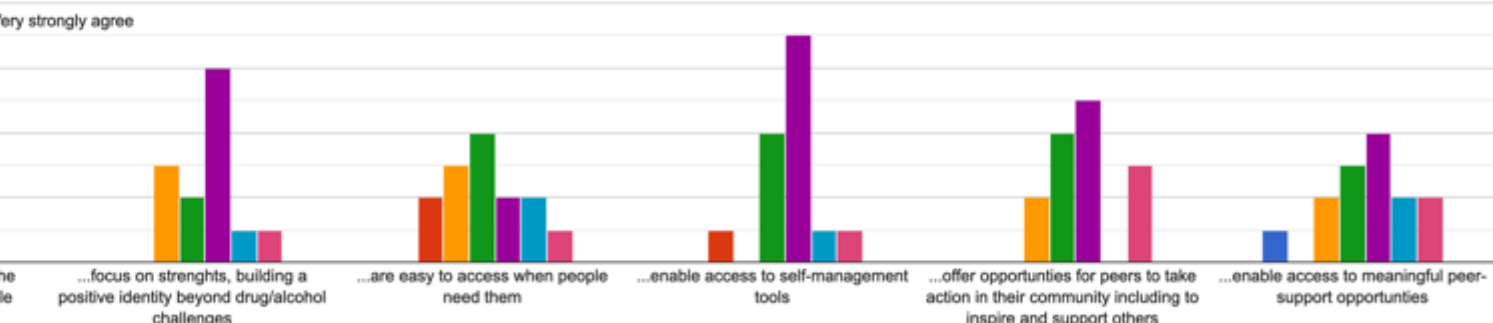
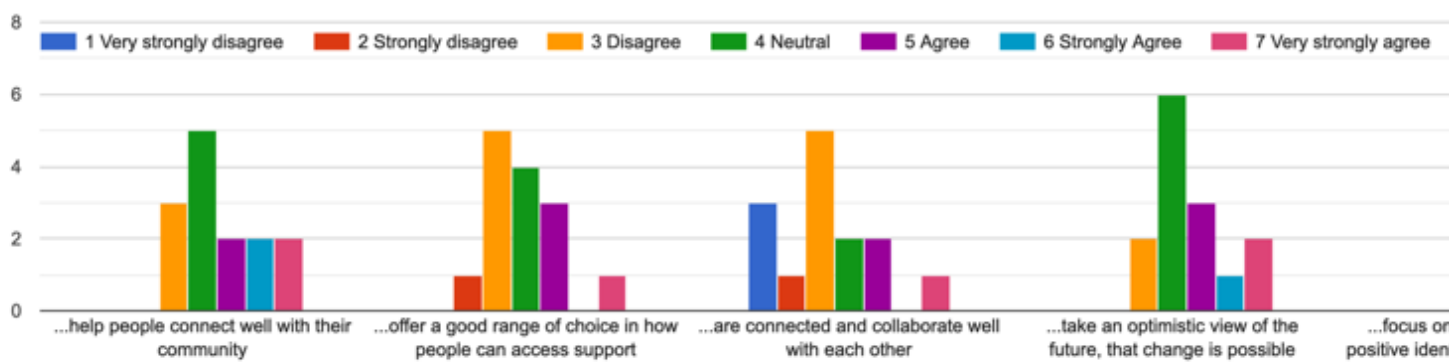
Is there enough provision of support around alcohol/drug challenges in Moray?
14 responses



Q8.1 - I feel that services / supports for drug/alcohol recovery

Those services and supports that do exist brought just over half of respondents to agree that they focus on strengths, building a positive identity beyond drug/alcohol challenges and the majority felt that they enabled access to self-management tools and offered them opportunity to take action in their community including to inspire and support others.

I feel that services / supports for drug/alcohol recovery ...



Q8.2 Please share any further thoughts or details in regard to the last question

Themes arising from a review of existing services indicated:

- Difficulties with access to services. These difficulties were experienced in the process of finding help to actually being able to access support, the time it takes to go from an optional referral to receiving support from a service.
- Quite a few community members experienced their challenges not being taken seriously, therefore not receiving the support they needed. Some people also find it difficult to access services if they are working during the day.
- Transport is another prominent theme that is mentioned a lot. Due to rurality of Moray, availability and costs of transport appear a barrier to being able to receive the right support.
- Communication and collaboration between mental health services and alcohol and drugs services is another important factor that currently seems to prevent people being able to receive the right support.

- *"I feel I don't get the support. Any time I have attended a service I have not seen it as a positive experience. I don't feel it has helped me to cope. Have been offered group sessions but I have anxiety and bpd so can't do things like that and was told I wasn't bad enough for counselling, so my mum paid for me to go private CBT"*
- *"Arrows gives a good range of support and options but no one else. but should not be the only access point to get help but they are. lack of communication, Tory agenda, Moray Council no good, need people who can do the job, miscommunication. I was on hold to Samaritans for 4.5 hours, took overdose and no answer."*
- *"I can't emphasise enough how important peer support and SMART recovery is to me"*
- *"When I was trying to get a psychiatrist appointment Arrows said I needed to go to the GP, but GP said to go to Arrows - backwards and forwards for months, no one to help me, had to get angry with GP before she would make a referral. It's hard to access services out of work hours as a functioning alcoholic because services are closed. Also, bus times make it hard for people in rural areas to access immediate help. For Example, (RURAL LOCAL AREA) bus times doesn't allow residents to attend meetings. Nothing to help community, i.e. events and what there is isn't done well or publicised."*
- *"My negativity comes mainly from GP service and lack of support and wait times. Feel like it's not as important as a long-term condition. Really struggle to get support at the time always feels like something considerably bad to happen before action will be taken. There was an occasion when I took my partner to A&E as he was having very deep negative thoughts about harming himself however A&E did not think he was a risk and sent him home. This left a very uneasy home life as it affected me and felt like he was solely my responsibility. When we get to stage, we ask for help it's because we are unable to do it as family/friends, but I feel this is expected."*

Q9 - What do you feel are the gaps in Moray in support/services for drug/alcohol recovery?

Recurring themes:

- No wrong door approach, improved communication and collaboration between all care and service providers. Multiple diagnosis should not prevent people from finding the right support.
 - Consider a spread of support; choices in time, access in person or online that also enables working people to join,
 - Need for family support.
 - Address rurality by considering transport options and outreach in communities.
 - Support that is already available might not be known of within the community consider how to make service availability and options known in the entire community.
- *"GP referrals, lack of professionals in NHS, no affordable rehab centre"*
 - *"Support for parents with child care issues caused or related to their own drug/alcohol use. support at weekends/holidays/weekends"*

- "AA is always available especially with the large amount of zoom meetings available again I don't know enough about waiting times etc for other services or what they offer to comment"
- "Better access to mental health support."
- "No services for those under the age of 16 with a substance or alcohol dependency. "
- "Follow ups and referring to different services who will follow up to see how you are doing and if the treatment/ medication that you were given is helping and just someone phoning to say hey how you getting on?"
- "Need more councillors"
- "lack of communication and collaborative working with other services, lack of choice of times and availability for groups, no choice offered in type of service offered, not person-centred, it's a one-size fits all approach which doesn't work for everybody. Lack of community involvement/projects. Lack of suitable public transport to enable rural people to attend groups. Difficult to access services while you are a worker, more needs to be done so employees can access services."
- "mobility - accessing services in rural communities, understaffing, not enough lived experience workers, waiting times too long."
- "easier access to Counselling and Psychiatrist referrals to ensure help from start before it gets critical."
- "lack of communication between organisations, Arrows have so many people to deal with so they can only offer forthrightly 121s, so i need more especially when i'm on detox and beforehand. Also people with no friends and family around them need more 121s. not everyone likes to open up in groups so need more 121 peer support."
- "do people know that they can access arrows without a referral, if go to GP. and have a negative experience first will they try elsewhere?"
- "gaps in links between mental health services, A&D groups, physiatry and people who are actively using substances"

Q10 - What aspects do you find very important for organised support/ services in drug/alcohol recovery?

Over 60% of respondents found all the suggested categories important for supporting recovery.

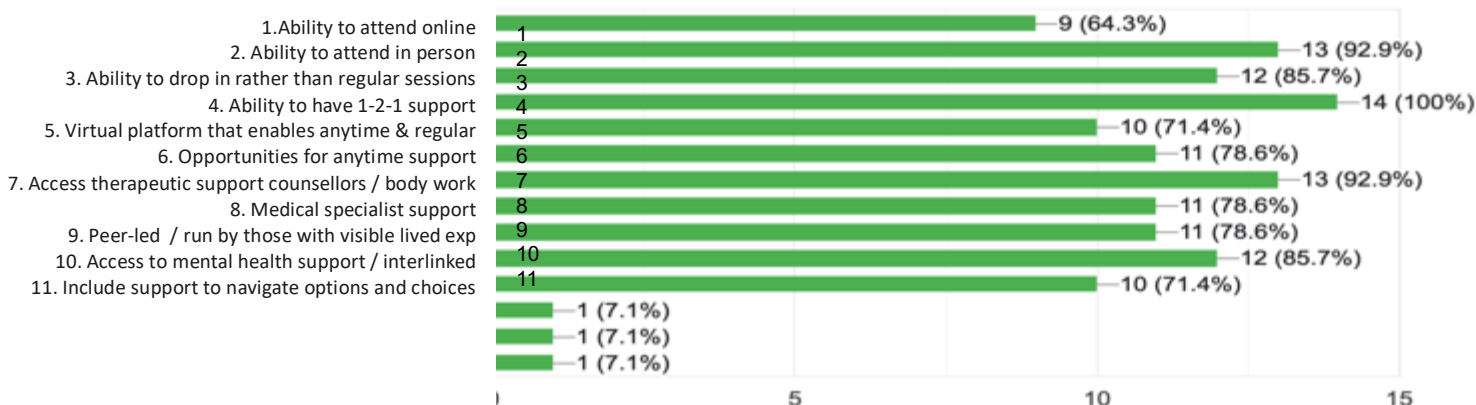
- 100% selected 1-2-1 support
- 92.9% in-person and therapeutic support
- Also very popular with over ¾ respondents: anytime support, drop-in rather than regular, peer-led, medical specialist, interlinked to mental health support

Three added other:

- Advocacy support for parents
- A work group based in Elgin that is answerable to Moray folk like the Samaritans
- Partnership working without competition, person-centred refers between services

What aspects do you find very important for organised support/ services in drug/alcohol recovery?

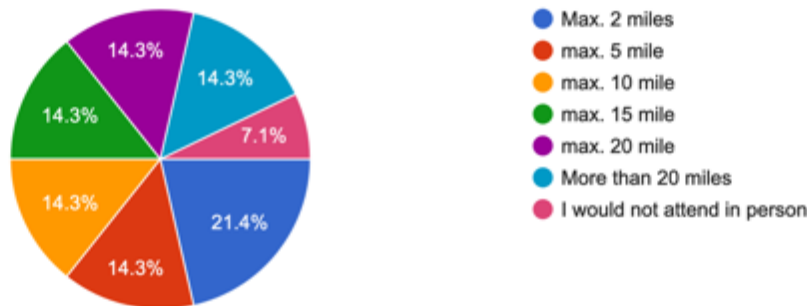
14 responses



Q11.1

If you would attend in person, how far would you be willing to travel in order to attend?

14 responses



Q11.2 - What might be barriers that people in Moray experience when wanting to attend support in Moray?

Finance, transport, complex systems, relationships and abuse all were themes.

- *"financial, stigma, times of groups, lack of people with lived experience offering peer support, lack of family support, no GP support"*
- *"Feel judged, 'fall out' with the professional, services aren't able to respond quickly enough to capture a person at point of need"*
- *"Childcare / cost of travel"*
- *"Moray is a rural area with poor transport connections."*
- *"Not feeling you are important . Feeling your a lost cause and tarring everyone with the same brush . Hard to get appointment straight away to a particular service without having to go through a few before hand ."*
- *"Recognising another person in the group or being recognised."*
- *"child care /time/money"*
- *"transport, working, stigma, pub right next door to Arrows, money, childcare, building not easily accessible for people with mobility issues."*
- *"mobility - many rural areas and no available groups, finances, mental health issues, abusive relationships, childcare, lack of family/friend support, lack of evening groups, no social events."*
- *"going round in circles, and not getting the right support, getting turned away, long wait times"*
- *"limited finances, weather"*
- *"bus services limited in evenings, remote areas as all groups in Elgin"*

Q11.3 How could those barriers be decreased?

Solutions suggested include services checking in on you, close working of GPs and services, better transport links, funding for training and groups and training at different times, including children at events.

- *"funding for training, educating professionals, more support for families"*
- *"Children welcome, bus pass provision to attend"*
- *"Outreach, drop in offices, better transport."*
- *"Services just checking in with you even if they have not seen you for a while . Even if the person decides not to have regular contact , the service to still check up for a year or so after contact."*
- *"For drug and alcohol services and GPS working closer together"*
- *"No idea"*

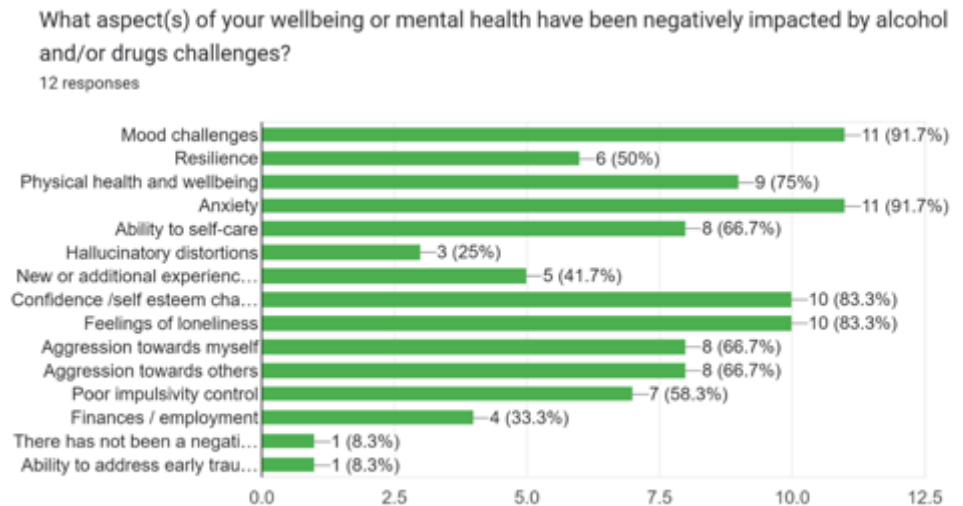
- *“more frequent transport - deals with taxi firms, providing a minibus/car share/lifts, keeping doors open longer until a bus comes. providing more services and groups out of work hours. More training and focus on mental health and wellbeing. Move premises.”*
- *“by more funding, government taking action and listening to what people need. This will in turn allow the above to change”*
- *“more options for accessing and mental health been recognised as important as other physical illness.”*
- *“not a lot we can do about the weather!”*
- *“more SMART groups through the day, other day time meetings, more groups around Moray”*

Q12 - If you could reimagine services/supports for drug/alcohol recovery what would they look like? Perhaps include details on practical aspects.

- *“more peer support, wider range of groups and activities, more choice in the support offered, more social events, more community based projects, more working with families and support for parents. minibus and much more literature/social media/resources available.”*
- *“Easy access all services linking with each other.”*
- *“more 121 meetings, travel warrants for going to recovery meetings, access to nhs counselling quickly - no waiting list”*
- *“more groups, more peer support and out of hours support, 24/7, more funding for staff”*
- *“more joined up partnership working, rehab centres, help with travel costs, availability in remote/all areas of Moray”*
- *“Far better joint working with mental health. Not one service but better joint working between services. Better understanding of working with families and getting childrens services to stop being so judgmental and blinkered. They promote stigma and make it difficult for families to ask for help.”*
- *“Available to all, those who are dependant, in recovery, of all ages. Be more accessible especially in our rural areas. Elgin is not Moray - these services should be Moray wide.”*
- *“Mental health services working more closely with drug and alcohol services as I think it is usually something deep down mentally that has driven people to drink in the 1st place . Having more options for 1:1 working and not be told you’re not bad enough for 1:1 it would have to be group sessions which I can’t do I have traits of BPD according to the mental health doctor but doesn’t want to label me at 23 .”*
- *“more community based projects providing therapeutic support”*
- *“more evening group support, all lived experienced employees and volunteers, collaboration with all support services, better advertising, alternative holistic therapies”*

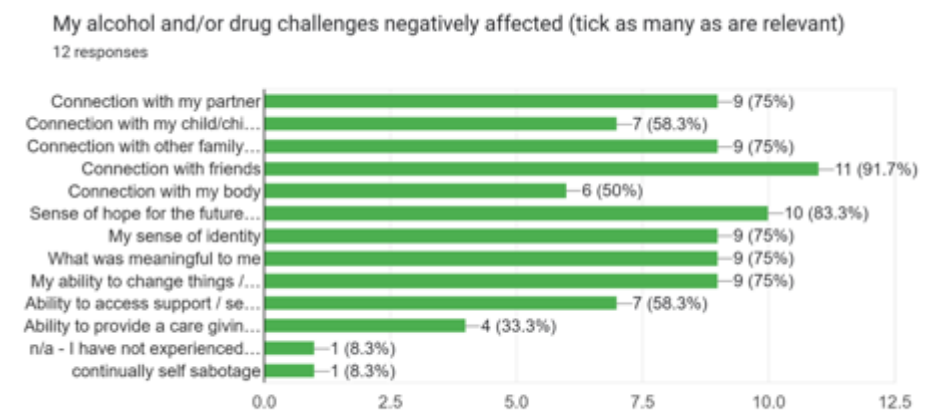
Q13 - My alcohol and/or drug challenges negatively affected (tick as many as are relevant)

- Mood challenges
- Resilience
- Physical health and wellbeing
- Anxiety
- Ability to self-care
- Hallucinatory distortions
- New or additional experiences of trauma
- Confidence /self esteem challenges
- Feelings of loneliness
- Aggression towards myself
- Aggression towards others
- Poor impulsivity control
- Finances / employment
- There has not been a negative impact on my mental health/wellbeing
- *One other provided: Ability to address early trauma.*



Q14 - My alcohol and/or drug challenges negatively affected (tick as many as are relevant)

- Connection with my partner
- Connection with my child/children
- Connection with other family members
- Connection with friends
- Connection with my body
- Sense of hope for the future / that positive change is possible.
- My sense of identity
- What was meaningful to me
- My ability to change things / take action
- Ability to access support / services due to stigma
- Ability to provide a care giving role including parenting
- n/a - I have not experienced any impact of my alcohol and/or drug challenges
- *One other given: Continually self-sabotage*



Q15 - Sometimes people who are struggling with alcohol and drug challenges might be affected by how they think others perceive them or their own self-judgements. How does stigma / self-stigma around drugs and alcohol challenges mental health affect you?

- *“sometimes embarrassed, not as good as others, imposter syndrome, withdrawn”*
- *“continual cycle of trauma, impact on how professionals view me- always in the negative and if not they will self sabotage anyway”*
- *“I think there is becoming more positive knowledge about mental health and addiction but there is probably still stigma with people who don’t understand”*
- *“I gave up caring what people thought and ended up acting like everyone thought i was - an alcoholic. didn't want to leave the house or socialise. “*
- *“withdrawn, low self esteem, unworthy, unloved and alone”*
- *“Constantly thinking what others think gives me low confidence and in turn low mood.”*

- *"hate myself so why wouldn't other people. I don't really care about stigma, its's more about how I make others feel"*
- *"I've never had a stigma issue, it doesn't bother me. I'll discuss with anyone"*
- *"People don't see a person struggling with addiction as a person with feelings. Services are quick to label, are ill formed and judgemental. Children's services are the worst."*
- *"I don't know if I have stigma myself when I see drug or drink addicts I think I'm not as bad as them coz I keep a job and have my own flat but I can't control how much I drink when I do and end up angry and I black out so I know deep down I am just the same"*
- *"I dont like to share too much about myself or my husband"*

4. CHIME reflections data:

- 166 reflections from events attended or hosted by MWH between January and September 2022
- 2 contained usable qualitative direct data around alcohol and drug services (31 on mental health, but these were not analysed for this report)
- The data sample is too small to maintain anonymity around specific protected characteristics, but all views were from white working age individuals.

Feedback from community:

July 2022, Forres, "During our outreach event from the Forres Toun Mercat I had a discussion with a champion who advised she had struggled with alcohol and drug addictions for years. She had previously tried to access services such as arrows in the past however never felt possible to fully open up as she felt judged and a lack of understanding of the daily challenges faced, was a major barrier. However since SERVICE MANAGER has come into post she has used the services again and can see a clear difference she felt able to open up and comfortable to share her journey as lived experience does make a difference and she can relate to staff making it easier to ask for support. She is now 90 days sober and is looking into opportunities to volunteer and help others. this is something that would not have been possible for her before.

February 2022, Elgin. "I could share my life story with arrows"

"Lived experience is crucial to recovery, you want to be able to relate not feel like there is a hierarchy with no understanding making decisions for you"

Appendix - Methodology:

Two key activities were undertaken by peers in formal roles at MWH to gather data for this period.

1. A new online google survey, also used as the basis for 1-2-1 interviews.
2. A review of all MWH reflections (mechanism used to record informal collective voice at events and activity) from the period for relevant data.

Both used the following values-based approaches.

- CHIME framework: All tools used were based on this framework to ensure a recovery embedded focus.
- Appreciative enquiry principles: Exploring what works well and what could be better provided the core of questions.
- Peer-led: wherever possible peers as close to the living /lived experience were used in interviewing.

1. Google survey including interviews

- New survey created using learning from current peer-research project around parent and infant mental health which is supported by UHI Moray as research partners. Questions were shared with partners for

feedback in commissioning, engagement from HSCM as well as third sector. Feedback from commissioning, Quarriers Carers service, ARROWS, Circles Advocacy, Families Outside was used to further edit the questions.

- Promotion: A 2-week paid Facebook advert was delivered from MWH as well as through their news and Champion updates, and other organisations promoted this on their social media widely. Members of both the ADP and Making Recovery Real were emailed directly to request cross-promotion.
- Interviews were gathered from those leaving details to be contacted through the survey and directly through ARROWS and community members known to MWH. These were conducted face to face and the interviewer recorded all feedback directly into the survey form.
- Survey data was then analysed for a report and graphs created. This took around 2 days.

2. Review of MWH CHIME reflections

- MWH gather CHIME reflections from every activity or event they attend or host. This is stored in their files for use in monitoring and reporting on projects as well as encouraging reflective practice for team members to support their personal wellbeing, ideas generation and professional growth.
- The database of reflections was reviewed by two team members new to the organisation for whether there was useful information. This process took around 10 hours as each reflection had to be opened, read and noted.
- Team members with a data analysis background then looked at the reflections highlighted by the earlier process and further extracted the data from this. As there were very few this did not take long and was added to the activity of exporting the data from the survey to create a draft report. A new spreadsheet was set up to support these processes.
- What was very clear was that the CHIME reflection form was not set up for the kind of collective voice gathering needed by this process. In discussion all team members agreed they had heard and were aware of feedback from community but had tended to record more about how an event went, where people were signposted too, than specific feedback on a service. This is understandable due to the informal nature of their current research skills.

What worked well

- Gaining the MAT standards locality interview training for those conducting the interviews. Whilst it was decided not to use this full process until partners can embed the approach, the training was an excellent approach for MWH delivery team members in upskilling for the future.
- Opportunity for a timebound trial of current collective voice mechanisms.
- Interviews with MWH delivery team members. Whilst 30min was felt to be too little on occasions, it did give peers a good chance to hear lived experience, signpost if needed and not stray toward a longer relationship that is out with our remit and capacity at this time.

What could be improved

- clarity on agreements and expectations from statutory partners.
- Survey questions could be improved to gain better quality data including adding numbering to aid analysis.
- Format of the CHIME reflection sheet used in MWH to ensure prompts for to record data effectively.

Next steps:

- Gain written confirmation on expectations and deadlines for future data requirements from HSCM and processes linked to this to enable coproduction as partners.
- Plan MWH internal processes and community activity to align with deadlines from HSCM around collective voice data requirements.
- Review the quality of the resources used to capture collective voice data including CHIME reflection sheets and survey questions – *How do we capture specific voice around services?*
- Plan further training for delivery of the locality interviewing and other data capture for MWH delivery team members, including exploring volunteer input.
- Explore the survey feedback from Quarriers around carers voice and gathering this. Feedback was that the survey was not set up in a way that made the most of gathering data around this role.