



# **Substance misuse - consultation review**

**Report by Consultation & Research Team**

**May 2022**

## **1. Background**

Bolton Council has a statutory duty to provide support for those who suffer from the effects of substance misuse. This service provision is currently contracted out to Greater Manchester Mental Health NHS Foundation Trust, who provide support for adults under Achieve Bolton, and to Bolton NHS Foundation Trust, who support young people through the 360 service.

As part of the Council's duty for improving the health of residents across the borough, a review of substance misuse services is being undertaken by the Public Health team. To support this process, residents and stakeholders have been asked to engage in conversation with how well substance misuse services and interventions meet their needs. This consultation aims to determine whether there are any barriers to access and whether the services meet the needs of residents and stakeholders.

## **2. Methodology**

Between the 28<sup>th</sup> February and 30<sup>th</sup> April the Council ran a public consultation seeking to engage adult residents and stakeholders, that have experience of accessing substance misuse services in Bolton, or may access services in the future, in providing their reflections of the current provision. During that period, a comprehensive communication plan was implemented to raise awareness of the proposal across the borough. A wide range of stakeholders and partners from the community, voluntary, public sector and educational facilities were invited to give their views and asked to circulate the survey to their service users, staff and wider networks.

An email was also distributed to all stakeholders, including the Vision Partnership, equality groups, E-View, [our residents consultation panel], and Elected Members. This information could then be re-shared with their service users and constituents through their channels and networks. In addition, the survey was shared with local press and promoted in the town centre, via the Market Place and former BHS screens. Supporting documentation was made accessible on the Council's consultation webpages and social media was heavily utilised throughout the period.

The consultation reached 4,996 users on Facebook, with active engagement with 144 users. On Twitter the campaign reached 6,084 users, with active engagement with 84 users. The Communication Team also made the campaign accessible on Instagram, where it reached 784 users.

The Public Health team also commissioned Health Watch to undertake targeted consultation with groups facing racial inequalities. This is the subject of a separate report.

## Analysis notes

- Results are presented in the questionnaire format, with don't know type responses removed unless stated. Responses may be abbreviated and / or ranked in order of popularity.
- Total percentages may exceed 100% where multi-responses were allowed and / or when rounded. Rounding is to the nearest whole number. Base: unless otherwise stated, percentages are based on respondents to a particular question.
- Sample verbatim extracts from comments are included in the report in italics, allocated to categories where feasible. Each comment may fit into multiple categories. Unless otherwise stated, categories with five or more responses are shown.
- Data has been validated, i.e. 'other' responses moved into existing response options where appropriate.
- Care should be taken with percentages due low bases, especially for routed questions.

### 3. Digital Survey Responses

Participants were surveyed using a questionnaire tool made up of open and closed questions, over a period of 8 weeks, providing respondents the opportunity to reflect and share their thoughts on the review. The questionnaire was made available both digitally and offline, with the questionnaire being accessible on the council's consultation web page, as well as in hard copy format, on request. (A copy of the questionnaire is included at the end of this document, located in appendix one).

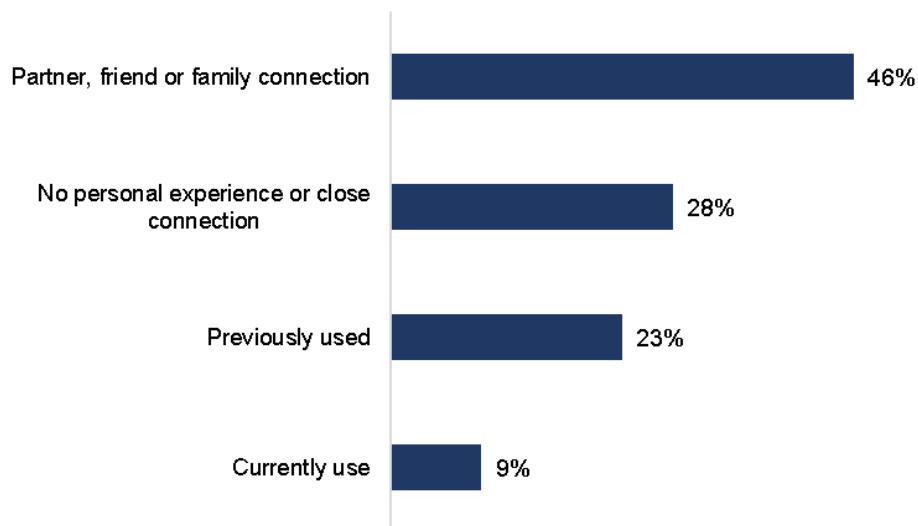
Over the consultation period 133 responses were received.

### 4. Demographic summary

- Respondents were predominately 'White British' [90% Q25], female [69% Q23], aged 45 or over [54% Q24].
- Full demographics are given in appendix two.

#### 5a. Your interest

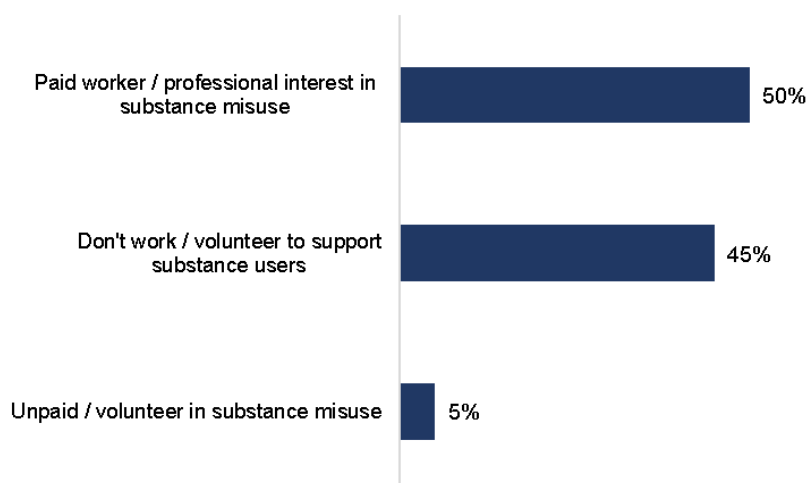
Respondents were asked whether they had any personal experience of substance misuse, or a close connection to someone who uses or has used substances. Respondents who only had a professional connection were asked to select 'No personal experience or close connection to substance misuse'. Almost half, (46%), of the respondents had a partner, relative or friend who was using or had misused substances. Only 9% of respondents were currently misusing substances, although 23% had misused them in the past but no longer did so. 28% of respondents had no personal experience or close connection to substance misuse.



Q1: base 127

### 5b: Supporting substance users

Respondents were asked whether they work for services that support substance users, either within a paid or unpaid role as a volunteer. Half the respondents were paid workers or had a professional interest in substance misuse, and 5% had a voluntary connection. 45% of respondents had no professional or voluntary connection.

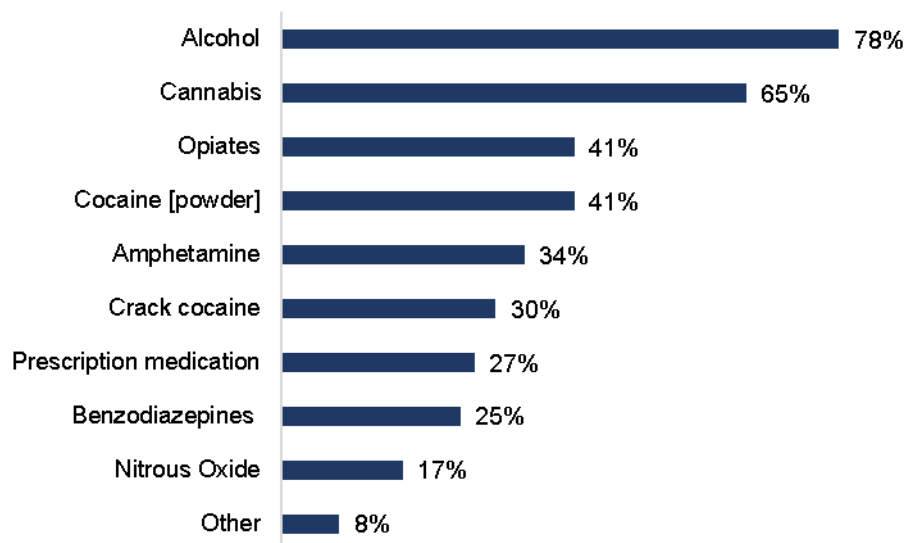


Q2: base 126

### 5c. Types of substances

Respondents were asked which substances were involved in their experiences. This question was asked of those respondents who indicated a personal or professional connection to substance misuse and indicated a professional or voluntary connection. Over three-quarters [78%] of respondents identified alcohol as the substance that was misused, followed by cannabis [65%]. Nitrous Oxide was the substance that had lowest misuse.

8% of respondents stated 'other' substances, of those, 4 respondents said MDMA, 2 LSD, 4 said spice, or similar mind-altering drugs, 1 ketamine, 1 pregabalin. A further respondent said their clients misused one or several of the substances listed.

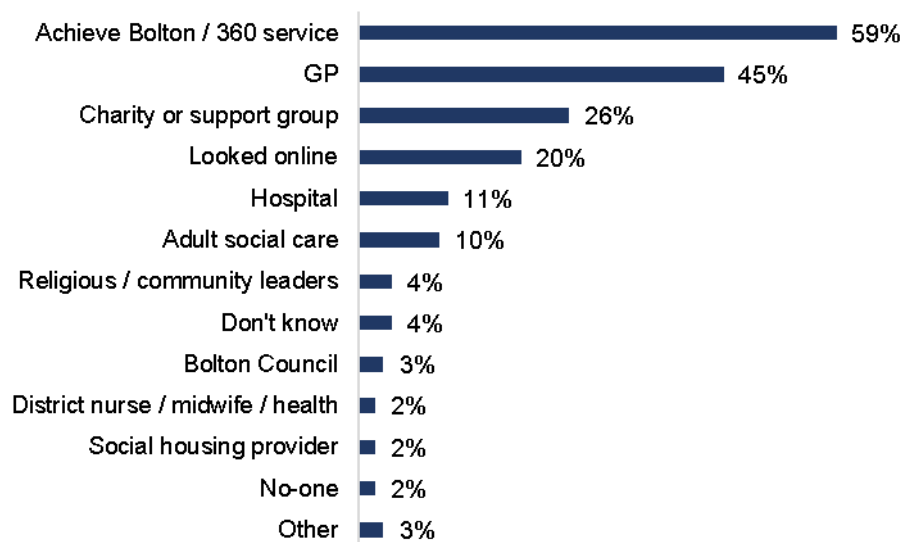


Q3: base 112

### 6a. Using substance misuse support services in Bolton borough

Residents and stakeholders completing the survey were asked to reflect on who they would contact, if they or someone they knew were struggling with substance misuse. Achieve Bolton and 360 service were the provisions most commonly names [59% of respondents] and 45% would contact a GP. 4% of respondents didn't know who they would contact.

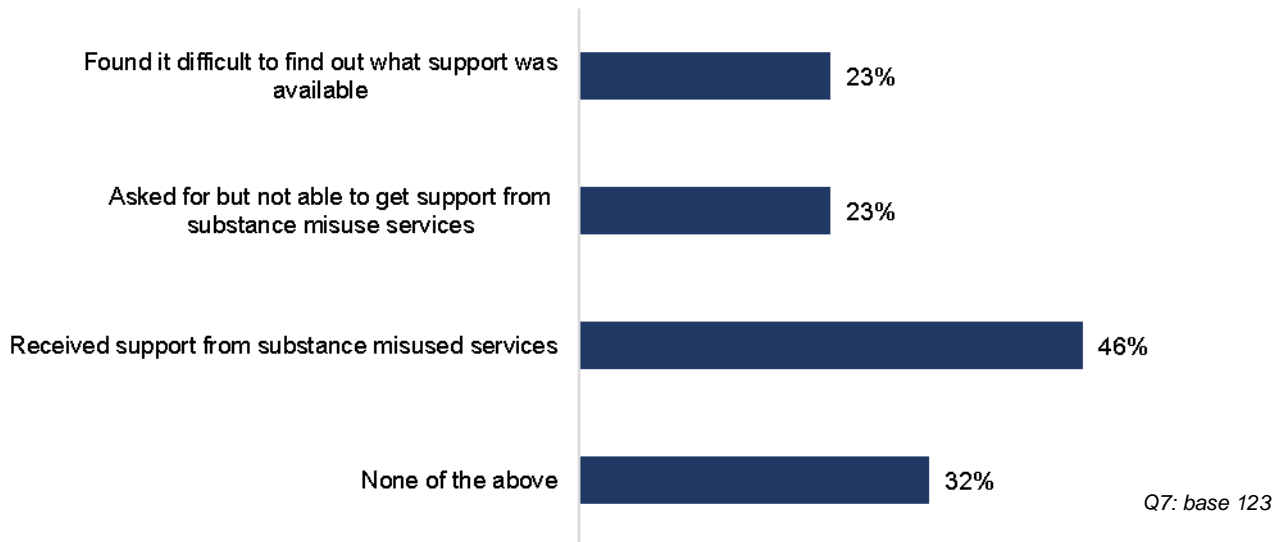
3% of respondents stated 'other'. Bolton community drug team, Community Mental Health, the police and multiple providers were each mentioned by 1 respondent.



Q5: base 133

## 6b. Barriers

Respondents were asked to reflect on whether they, or anyone they knew, had accessed support from substance misuse services in the last five years, or experienced barriers to accessing support. 46% of respondents said they or someone they knew had received support in the last five years. 23% of respondents had found it difficult to find out what kind of support was available, and 23% had not been able to get support.



## 6b. Problems getting support for substance misuse

Rank	Category	No. of respondents
1	How services are delivered	19
2	Appointments / contacting services	17
3	Motivation / ability to engage	10
4	Information	8
5	Criteria	6
6	Support for / contact with relatives	5

### Categorised comments – sample verbatim extracts

**How services are delivered:** Comments were made as to how service provision could improve to better meet needs. Different kinds of support for different kinds of addictions, and services offered at evenings or weekends were amongst the suggestions.

- *Long term outreach would be of a massive benefit.*
- *Focus seems to be on methadone and detox and rehab for those patients. Alcohol are the poor relations and seem to be at the back of the queue*
- *No options for rehab*

- *The system is set up for people who don't work, so you cannot get any appointments or support if you cannot get to an appointment during working hours. Not everyone wants to tell their employer that they have substance misuse issues, so anyone who is working is just left to struggle*
- *Son is an alcoholic but also works full time. Referred to Achieve but not offered any appointment after 5pm or weekends*
- *The only way I received help was through private health care. Being a working professional mother any free services risked involvement of social services which was not necessary as my child was never at risk*

**Appointments / contacting services:** There could be a long wait for appointments, and services could be difficult to contact.

- *Drug worker is absolutely useless can't get hold of him*
- *Lengthy delays in being seen, assessed and allocated support.*
- *Absolute disgrace massive waiting list takes months to see someone*
- *The waiting time for assessment is too long 8-12 weeks. Once you get assessment you have to wait another 5-6 weeks for an appointment with your worker.*
- *It took weeks/months for assessment then another wait for a worker to be allocated.*
- *The waiting list isn't cool. My boyfriend died of a heart attack after one meeting with achieve.*

**Motivation / ability to engage:** Whilst some people who misused substances were reluctant to seek help, others were unable to because the effects of their addiction or mental health issues meant they were unable to organise their lives sufficiently to keep appointments etc.

- *Getting help was not an option as person didn't think they had a problem*
- *My brother has autism which makes it difficult for him to engage and communicate with people and would be therefore closed to the service even though he needed support.*
- *Very strict with the rules and the processes ...dont seem to recognize the chaos in these peoples lives .. setting the goals too high so service users cant achieve them*

**Information:** It could be difficult to find information about what support was available and to get advice.

- *Lack of information*
- *Difficulty finding out who provided services due to constant change of providers*
- *A friend ..was with drawing from alcohol and i wanted advice. no one called back. it has been a common experience for me, that i don't get calls back.*

**Criteria:** Those seeking support did not always fit the criteria, and support might not be available to prevent more serious problems developing.

- *Told by Achieve the drug misuse was not enough of an issue and referred to a website*
- *I know of people that have called Achieve however they have been turned away due to not currently using substances even though they previously had and were close to relapse so were looking for extra support to remain abstinent.*
- *Not entitled to help as he did not exhibit offending behaviour, he was not a victim or perpetrator of domestic abuse, he wasn't homeless nor unemployed.*
- *I feel like I'm addicted to codeine prescribed for my physical disability but because I'm disabled not a typical "drug seeker" I don't know where to turn...,if I tell any professional I can think of it will have serious consequences on unrelated areas of my life. I feel there is no support for someone like me.*

**Support for / contact with relatives:** The families of those who misused substances found it difficult to get support. Relatives who wanted to support others were not able to be kept informed about missed appointments etc - sometimes with tragic consequences - even when support was eventually arranged with great difficulty.

- *Next of kin should be contacted regularly to be updated on support or at least contacted if support services are unable to contact the person they are supporting.*
- *There is no support for wife's/husband's until it's too late*
- *My Son ...had missed appointments at Achieve because he had been too poorly to attend, but I did not know until months later that Achieve had ceased contact with him because of that. No visit, or even a phone call so far as I recall, had been made by Achieve to check that my Son was "OK" at home. No relative was contacted for them to check either"*

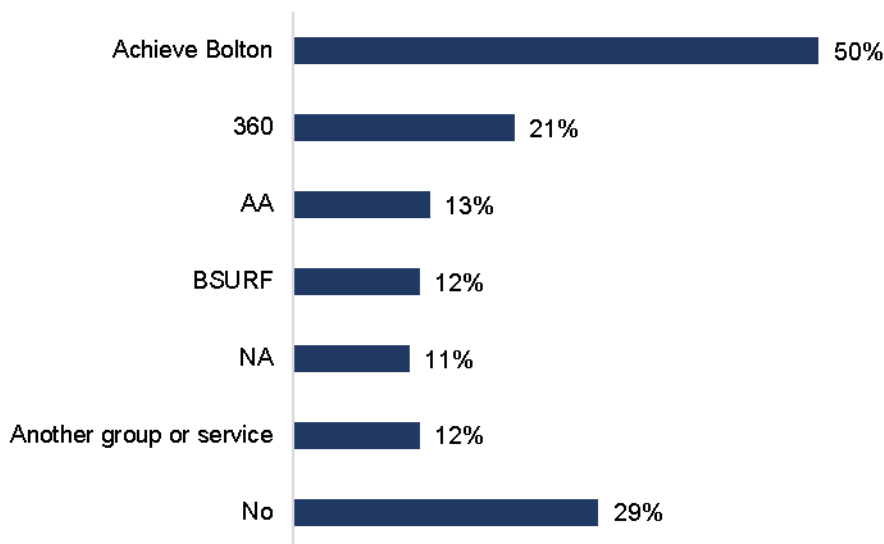
After great difficulty the respondent eventually managed to arrange for an outreach visit but before this took place "I found my Son dead, from a drugs overdose...It is absolutely critical that these vulnerable people aren't allowed to simply be forgotten, specifically because the illness that they are trying to get help for can, and in this case did, become too much for them to deal with alone."

**Other comments:** There were also issues with the lack of care given "wasn't so much a problem getting help, it was the significant lack of care by those I approached to try and help me", problems getting support for other issues "often stigmatised and excluded from mainstream services" and the physical environment at the clinic "the building has no facility for disabled people. There are 3 rooms on 1st floor which have no windows, no ventilation and very poor air quality."



## 6c. Referrals

Respondents were asked whether they or someone they know had been referred to or had received support from Achieve Bolton, 360 or another group or service in the last five years. Half the respondents said they or someone they knew had been referred to Achieve Bolton. 29% had had no referrals



Q9: base 121

## 6d. Referral type

Respondents were asked to name the group or service and say what kind of support they provide.

- 3 respondents mentioned Mhist
- 2 respondents mentioned BAND, 2 Intuitive Recovery
- The following were each mentioned once: Achieve Salford, alcohol services, BACK UP, Bidas Bolton Hospital Emergency Services, BRASS, CA, CMHT. Care Seeking Safety Group, Court, Detox and Rehab facilities, Early Intervention Team, Fortalice, Gamblers anonymous, Great Places, IAPT, Moderation Management, Motiv8, Mutual Aid (SMART), Smart Recovery, Phoenix Futures, PSI groups, Talking Therapy, Transforming lives, Trauma Informed Care Seeking Safety Group.

**Other providers:** For those respondents who stated they had a professional or voluntary connection to substance misuse and had referred people to services other than Achieve Bolton or 360, the team wanted to understand why other providers had been recommended.

8 respondents said that a range of support was required, requiring input from a number of different groups, or that they would work with the one best able to offer the support the individual needed. It could be a case of working with the client and “*finding what works for them*”

- *It is good for clients to find out which recovery route works best for them, this includes trying all different activities and services.*

- *Mental Health, Physical Health, Domestic Abuse and Financial issues*

3 respondents referred to familiarity / connection “Long association with BSURF following the BIDAS days”, “Know the contacts personally and know what they do”

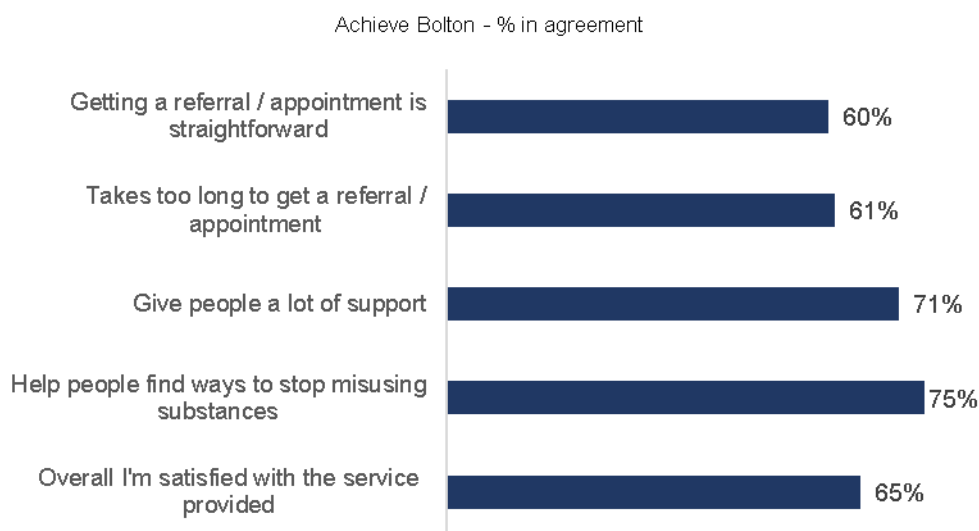
3 respondents preferred the more **informal** approach offered by other groups:

- *This would be for structured treatment when not everyone needs that. Since the lockdown there has been an increase in those accessing support online. This can be done at their leisure from their own home.*
- *AA no referral required just pick up the phone and members will help*

2 respondents felt that other groups were more caring or effective: “they are more caring. NHS providers don’t give a shit and in it for the money” and 1 cited “anonymity”.

### 7a. Achieve Bolton

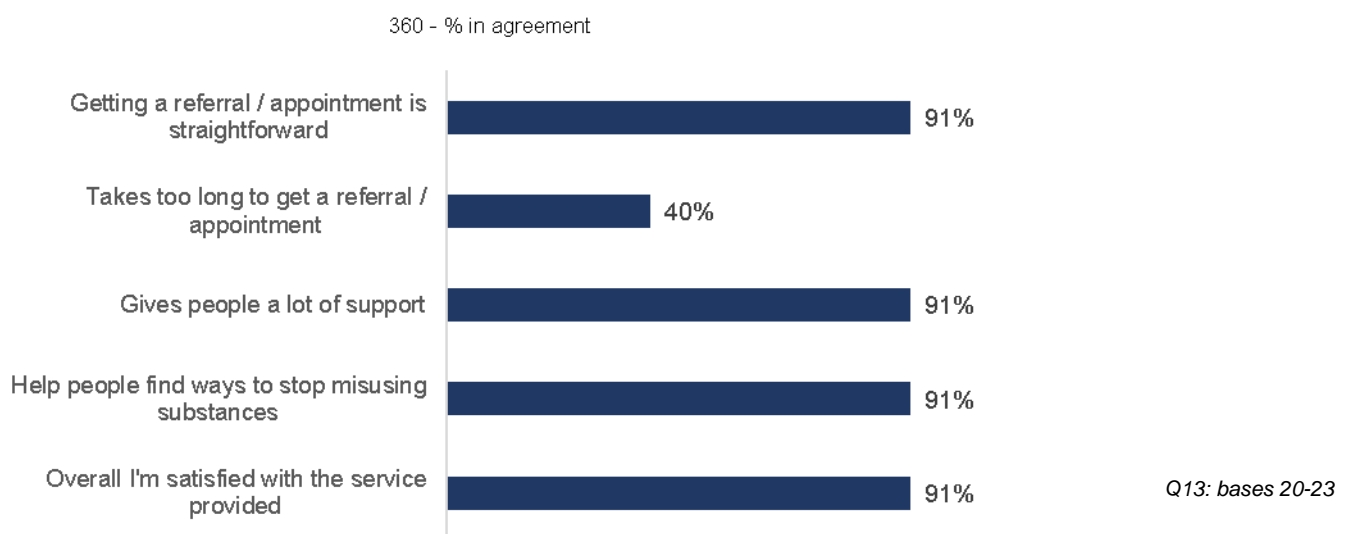
Respondents who answered that they or someone they knew had received support from Achieve Bolton were asked how strongly they agreed or disagreed with several statements about the service. Three quarters of respondents agreed that Achieve Bolton helped people to find ways to stop misusing substances, with 46% strongly agreeing with this. 71% felt that Achieve Bolton gave people a lot of support, with 43% strongly agreeing. While 6 out of 10 agreed that getting a referral / appointment was straightforward [34% strongly agreeing], 61% felt that it took too long to get an appointment / referral [28% strongly agree]. Overall satisfaction with Achieve Bolton was at 65%, with 37% strongly agreeing that they were satisfied with the service provided by Achieve Bolton.



## 7b. 360 service

Respondents who answered that they or someone they knew had received support from the 360 service, were asked how strongly they agreed or disagreed with several statements about the provision. 91% of respondents agreed with all statements in the chart, with the exception of 'it takes too long to get a referral / appointment', which 40% disagreed with [20% strongly disagreeing].

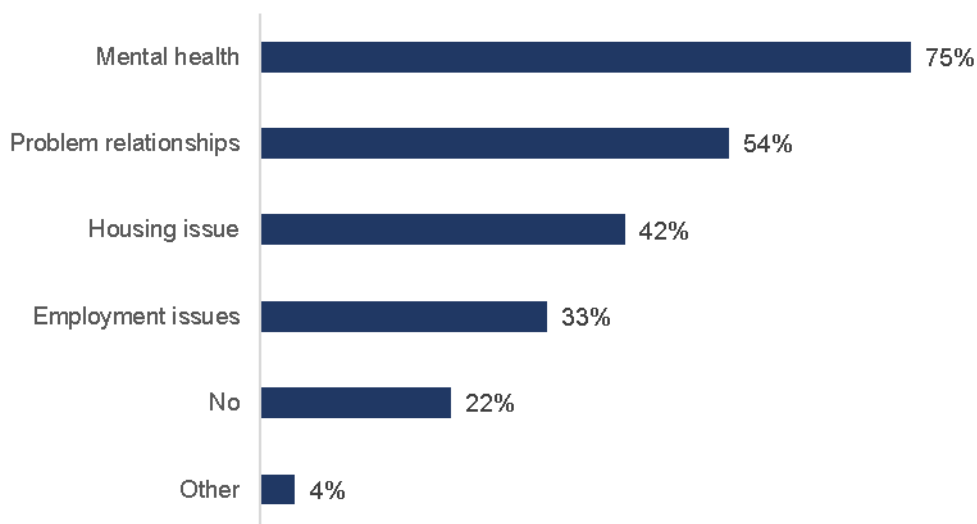
Looking at those who strongly agreed, 74% strongly agreed that they were satisfied with the 360 service overall. 68% strongly agreed that 360 gave people a lot of support, 68% strongly agreed that the service helped people to stop misusing substances, 62% strongly agreed that getting a referral / appointment was straightforward and 20% strongly agreed that getting an appointment / referral took too long.



## 8a. Additional challenges

Residents and stakeholders taking part in the consultation were asked to reflect on the wider issues that they, or the person they are concerned about, might be experiencing, in addition to substance misuse. Poor mental health was by far the biggest other significant problem, with 75% of respondents saying this was an issue. For over half of the respondents (54%), problem relationships were also a significant factor. 18% of respondents said that the person who had problems with substance misuse had no other significant problems.

Respondents answering 'other' were asked to describe the problem. All four respondents cited physical health issues, and one financial problems.



Q14: base 106

### 8b. Impacts of substance misuse

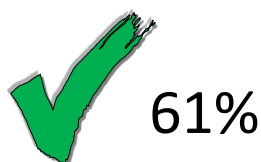
Respondents were asked, on reflection, whether these wider significant issues were made worse as a result of substance misuse. Although it would be difficult to establish cause and effect, the majority [86%] of respondents felt that substance misuse exacerbated any other significant problems experienced. 6% said they weren't and 8% didn't know.



Q16 base: 85

### 8c. Accessing support for wider concerns

Respondents were asked whether they, or the person they are concerned about, are receiving support for the wider problems being experienced. A quarter of respondents said that the person misusing substances were not getting support for the other significant problems they were experiencing. 14% did not know, and 61% were receiving help.



Q17 base: 84

Of those that answered 'no', 8 respondents made comments that could be analysed:

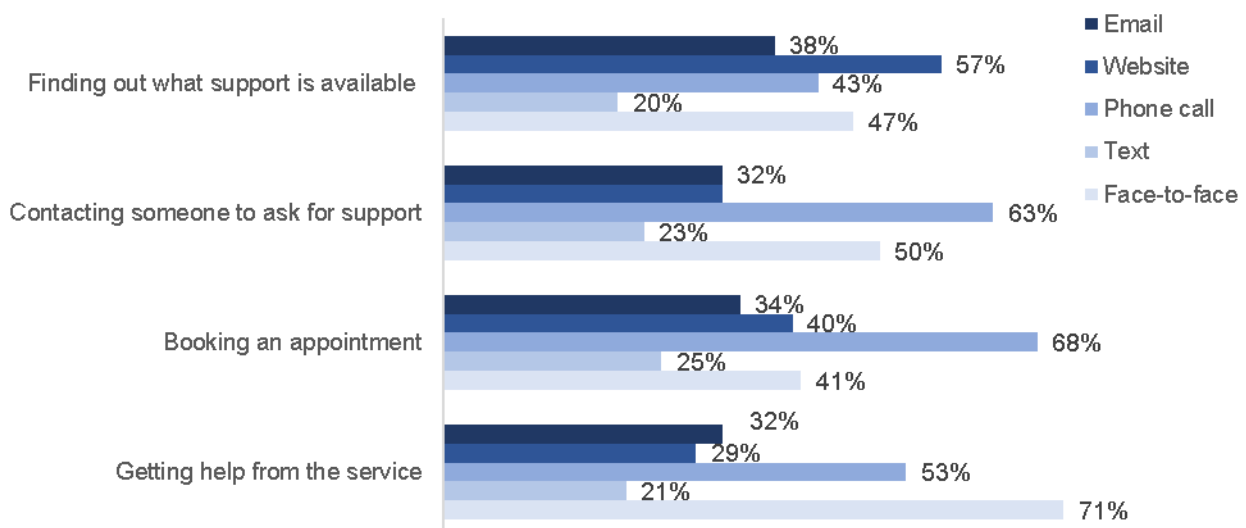
- 3 respondents stated the person didn't want support, "does not want to participate with them - thinks he's ok", "Needs to choose to engage with counselling or other support. It's not easy."
- 3 said that the nature of the problems meant that accessing support was difficult.

- *Mental health services difficult to access when substance misuse is active. It's an either or situation when actually they are interlinked*
- *Not able to consistently deal with anything due to the impact on mood from substance on a day to day basis.*
- 2 respondents stated that no suitable appointments were available, 1 due to covid-19 and 1 *"Because she can't get to appointments due to being at work they assume its because she's not engaging and nothing else is offered at times that are suitable"*
- 1 respondent felt *"no one cares its all fantasy land"*.

### 9a. Providing support

Respondents were asked what their preferred method of accessing support would be. The breakdown below gives the communication methods in preference for each:

- When trying to find out what support was available respondents preferred: website [57%], face-to-face [47%], telephone call [43%], email [38%], text [20%].
- When contacting someone to ask for support respondents preferred: telephone call [63%], face-to-face [50%], email / website [both 32%], text [23%].
- To book an appointment respondents preferred: telephone call [68%], face-to-face [41%], website [40%], email [34%], text [25%].
- When actually getting help respondents preferred: face-to-face [71%], telephone call [53%], email [32%], website [29%], text [21%].



Q19 bases: 106-112

## 9b. Pandemic support

As service provision had to change during the Covid-19 pandemic, respondents were asked to reflect on the changes. For example, asking for support, arranging appointments, or getting support may have been done online or by phone rather than face-to-face.

Rank	Category	No. of respondents
1	Face-to-face support – preferred / should be offered	31
2	Flexibility required	15
3	Telephone support – preferred / should be offered	13
4	Telephone support – disliked / not effective	11
5	Waiting times / getting appointments / contacting service - issues	10
6	Additional services needed	10
7	Online support – disliked / not effective	9
8	Online support – preferred / should be offered	8
9	Guidelines had to be followed	6

### Categorised comments – sample verbatim extracts

**Face-to-face support – preferred / should be offered:** Respondents felt that face-to-face contact was the best way of providing support. People who misused substances could struggle with other kinds of support, as detailed later.

- *You can not assess someone over the phone - they can lie and convince support workers everything is okay when it is not - in a face to face appointment as well as asking questions you can ascertain things by body language etc - feel lack of face to face appointments had a detrimental effect on misusers.*
- *Face to face appointments are needed for those entrenched in the cycle of drug/alcohol addiction.*
- *Everything needs to return to face to face*
- *Living through the pandemic makes you appreciate how important face to face contact is.*
- *The reintroduction of face to face PSI groups after the first lockdown and there continuation through subsequent lockdowns and restrictions has been vital to those that experienced digital poverty and did not have the means to access virtual provision.*
- *You can't get anyone well by sitting at a computer desk or by telephone*

**Flexibility required:** Flexibility around service provision was suggested to best serve the needs of clients. This was already happening successfully in some cases but was required in others to improve the offer.

- *A mix of face to face and telephone appointments have helped support my friend in complying with appointments*
- *Really flexible, prioritised higher risk people first.*
- *Achieve has working effectively to adapt to patients accessing the service throughout the pandemic by offering a flexibility and new approaches to treatment and support.*
- *The pandemic should teach us a more flexible approach is needed*
- *It was difficult to get services to help at all they didn't embrace different ways of working they just said they could not provide a service.*
- *No consideration is given to those who can still hold down a job, despite how chaotic their lives can be.*

**Telephone support – preferred / should be offered:** Telephone support could help some clients, particularly if this resulted in more frequent contact. It could also be more convenient for people and mean they do not have travel costs. Some found it easier to talk on the 'phone than using other methods of communication.

- *Telephone consultations have been really good for patients and staff.*
- *Constant calls made me grow a better relationship with my worker*
- *My friends have had no problems with accessing treatment and getting support throughout the pandemic. Telephone support has been excellent*
- *Phone contact is helpful when you are suffering from anxiety and depression. Phone contact helps when you don't have bus fare to get to an appointment Phone contact means your not seen by others when you don't want to be seen*

**Telephone support – disliked / not effective:** For some respondents, telephone support could be difficult. There were concerns that some individuals might find it difficult to speak freely on the phone, due to work or living situations. Others may not have access to a phone, or they just might find it difficult to talk openly. It could also be easier to conceal their true situation over the 'phone.

- *Achieve did a fantastic job during the pandemic but customers with no telephone did struggle*
- *Was contacted by phone during working hours and therefore unable to speak in confidence.*
- *Telephone appointments have often made it difficult for people to engage in services as not many have easy access to a telephone device in a confidential area.*
- *Many do not engage well over the phone*

**Waiting times / getting appointments / contacting service – issues:** Respondents described difficulties they had getting an appointment and in contacting support services. Waiting times were also felt to be exacerbated by the pandemic.

- *During the pandemic the service was shocking appointments were difficult and sometimes impossible to get and talking to a worker was even harder.*
- *The person I know has been waiting for face to face appointment for 2 years*
- *Waiting times for in patient treatment went up a lot.*
- *As a professional I have found it harder to contact the service during the pandemic.*

**Additional services needed:** This category includes different services such as residential rehabilitation, and increased resources for other services.

- *Actually needs rehabilitation but cannot afford residential.*
- *Money should be put into kids We live in a cocaine addiction society which is ignored because it touches all of society”*
- *A noticeable change in the number of services provided for individuals has reduced.*
- *If the government can find millions for covid surely they can find more money to address other health issues that are at breaking point. These changes are vital to help people overcome addiction and dependence. Early intervention with young people, especially groups for children who are targets of county lines, there are terrible things going on in our communities and the government need to do more with tax payers money”*

**Online support – disliked / not effective:** Respondents described issues with online support. Clients may not have free access to computers or smartphones, or may find video conferencing difficult, especially in a group situation.

- *I don't think Microsoft Teams is a very good solution to group work. People who are struggling with substance misuse don't always have the tech know-how to be able to engage effectively.*
- *The service was even more pathetic than before as online and most clients do not have access to the internet*
- *It has been unrealistic to expect people to be able to use virtual services. I have been disappointed in the service during the pandemic.*
- *Not everybody has access to IT equipment or feel comfortable with using Teams to discuss their issues. I feel some people may have slipped through the net due to the pandemic.*

**Online support – preferred / should be offered:** Some respondent preferred the convenience of online support or thought it should be available for those that did.

- *Virtual for me works. I don't have to take as much time off work to drive to appointments.*
- *Virtual support ... was good because it was easy to access*
- *If offered online at night that may have worked, but she hasn't ever been offered it*



**Guidelines had to be followed:** Respondents pointed out where services were limited due to Government guidelines or legislation.

- *Lots of place within the recovery community had to close making the service providers pathway difficult.*
- *Services had no choice but to offer virtual support*
- *During the pandemic the Achieve Bolton service followed the government guidance*

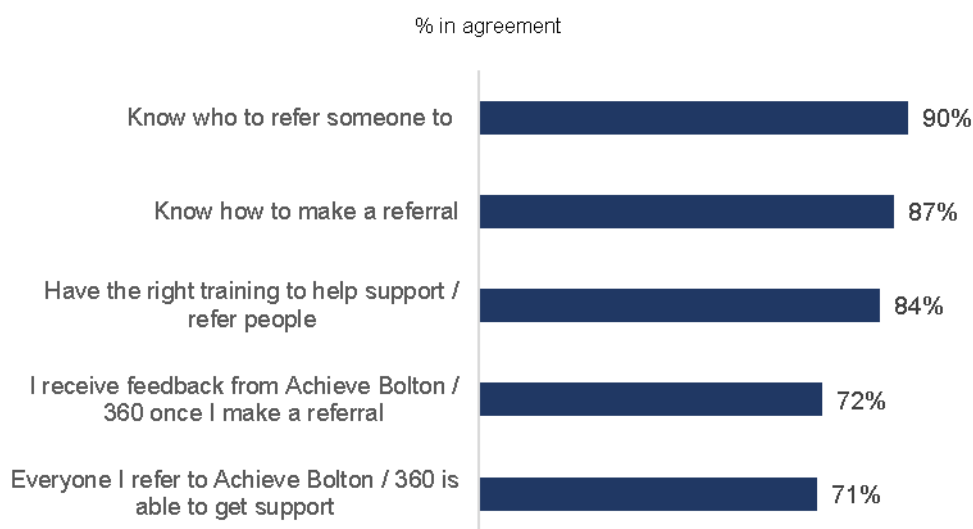
**Other comments:** Respondents also commented about prescriptions / medication *“changing prescription pick ups during lockdown was helpful and reduce risk of transmission of covid 19”*. Some described issues around race *“agencies do not meet needs of BAME groups. Systemic prejudice.”*, and *“the power people think white people don’t need help”*.

Respondents were happy with waiting times, appointments and contacting the service *“was able to contact my worker, by phone and she would contact me”*.

It was suggested that the service could be more pro-active; *“all this it’s ok not to be ok, ask for help blah blah. When your in that place the last thing your doing is asking for help, you want people to see you need help and say yo I’ve noticed a behaviour change in you etc. nobody does this”*.

## 10. Referring people for support

Those respondents who indicated that they had a professional or voluntary interest in substance misuse, were asked to reflect on several statements concerning the referral processes. 90% of respondents knew who to refer someone who was seeking help with substance misuse to, with 75% strongly agreeing. 87% knew how to make a referral [73% strongly agreed]. 84% felt they had the right training to help support or refer someone [ 67% strongly agreed], and 71% agreed that everyone they referred to Achieve Bolton or 360 was able to get support [47% strongly agreed].



Q21 bases: 56-68

## 11. Additional comments

81 comments were received from respondents wishing to make further comments about the support available for people misusing substances. These comments have been broken down into seven key themes.

Rank	Category	No. of respondents
1	Type of services / support needed	24
2	Substances for which people need more support	15
3	All / part works well	14
4	Kinds of people needing support	10
5	Joint working needs to improve	7
6	More awareness / training needed	6
7	Need to improve communication	5

### Categorised comments – sample verbatim extracts

**Type of services / support needed:** A range of services and support were suggested by respondents who felt that the current provision was lacking.

- *Outreach workers are needed rather than going to beacon house for appointments.*
- *More funding for ...outreach, rehab*
- *Services needs investment in terms of psychological therapies (talking therapies)*
- *More 'creative' interventions/groups would be helpful (in an ideal world). Many patients have time on their hands when they are cutting out the illicit drugs or alcohol and need something interesting to fill this void.*
- *Support for addicts should be available before they are at risk of homelessness or criminality. Prevention is better than cure*
- *Something similar to NA, for younger people who need an alternative social opportunity to meet and support each other.*
- *Services want to work with those that want help and don't always put time into building relationships with those that don't want help but really need it.*

**Substances for which people need more support:** This covers specific substances or categories of substances named by respondents, such as cocaine, drugs in general, alcohol etc.

- *Poor support for people with alcohol problems.*
- *Much more funding drug/alcohol/mental health problems some people on the edge before the pandemic are now over the edge*

- *Services for clients struggling with substance and alcohol misuse needs more funding to prevent loss of lives*
- *Concerned by an increase in gas canisters being used by young people*

**All / part works well:** Respondents praised the service in general or said where they thought services worked well in supporting those who misused substances.

- *During the COVID-19 pandemic the service managed issues robustly and safely for all patients and staff.*
- *The range of support on offer from Achieve Bolton far exceeds any previous offer to the people of Bolton.*
- *Achieve is a brilliant service . Really supportive / practical and helpful*
- *Achieve as a whole has stood up in a time of a pandemic and maintained a great service for people with substance misuse.*
- *Achieve continues to be a great service and the staff work tirelessly*
- *Achieve Bolton saved my life 3 years ago. Without them I would have lost my job and my family and would probably be, at best, very ill or more likely dead by now through alcohol abuse.*

**Kinds of people needing support:** Respondents mentioned types or specific groups of people who weren't getting the support they needed. These included young people, sex workers, homeless people.

- *Hard to reach groups such as homeless and sex workers and especially children before the substance epidemic reaches proportions that staff cannot deal with with their limited resources.*
- *Agencies are same old same old. Not reaching to BAME groups.*
- *Not enough to help young people to make decisions to change.*
- *Not everyone with issues is a vulnerable adult who interacts with the system in other ways & I think current services assume this. This makes it daunting & inaccessible for those who aren't like that*

**Joint working needs to improve:** Respondents in this category suggested that services needed to work in a more co-ordinated and cohesive manner to improve the offer to those needing support.

- *Services need to be joined up so that people with physical and mental health problems can approach services without being turned away and further stigmatised because they are using or drinking.*
- *People who have both mental health and substance misuse issues tend to get passed between achieve and Mental health services as one is blamed for the other. I think mental health services and alcohol services needs to work closer together to achieve better outcomes for people.*

- *AA is overlooked to some extent It doesn't need funding or referrals and quite honestly I don't understand why*

**More awareness / training needed:** A lack of awareness of the issues faced by those who misuse substances was highlighted, as was the need for specialised training to provide effective support.

- *Still experience challenges in getting support from external services for this client group. Whether this is based on their potential lack of understanding of the complexities involved or not, I don't know.*
- *More awareness is needed around supporting adults with additional needs and autism when using substances/ alcohol as I feel that they are "struck off" if they are not engaging with the service however this is due to difficulties in communicating rather than not wanting the support.*
- *Training sessions should be provided ...for all professional in the Bolton area who work with individuals where substance misuse is a concern...could include things around types of drugs the high/low they give.*
- *There needs to be staff with substance misuse specific qualifications. Moving away from having these specific qualifications means cheap labour and staff who do not have the competencies to deal with this specialist field.*

**Need to improve communication:** It could be difficult to contact services when help or advice was needed. Respondents also raised the need for proactive contact to better support those who needed help, but may struggle to organise themselves to attend appointments, either because of the effects of substance abuse or other health or lifestyle factors.

- *Some achieve workers are not contactable via phone this causes a massive barrier to effective communication*
- *In my experience of working as a professional in Bolton, there is rarely/none feed back from Achieve once a referral has been made.*
- *They don't provided proper support, the leave it to the person who is mis-using. Would be better if they could keep in contact, motivate them to take the support*

**Other comments:** Respondents also said that the services were good at joint working “*Achieve Bolton work in unison with other substance misuse providers to ensure they share and utilise new innovations of knowledge, skills and expertise*”. They also mentioned the types of people who services successfully helped “*some of the 360 workers go above and beyond to support young people to address their substance misuse*”.

Some respondents suggested that general reform of service provision was needed “*a full scale root and branch review of the service(s) is required*” “*Achieve Bolton are useless*”, and that improvements could be

made to the way appointments were offered *“you need to look at offering appointments in the evenings / weekends to cater for those who are managing to work”* and to waiting times - which were *“very long”*.

The consistency of provision could be improved *“keep swapping and changing the provider every few years is not helpful to the people who use the services or there familys”*.

Some respondents stated that funding should be put into a range of alternative provisions, to engage those at risk from substance misuse. Speaking specifically about drug use one respondent said *“why do people feel the need to take it ? What’s there to do in Bolton ??? ...For people to have pride in the town and respect each other and socially mix then we need to offer amazing activities”*.

There was felt to be good support for particular substances and good communication / contact *“360 Workers are easily contactable”*.

A suggestion was made around legislation *“lobby the government to licence and control the sale of safe drugs to extract the criminal element and reduce the risk of contaminated drugs”*

## **12. Summary**

133 responses were received from residents and stakeholders across the borough, mainly women (69%) and residents over the age of 45 years (54%). Of those responding 46% have a relative or friend that has/is using substances. 50% of respondents also have a professional interest in substance misuse.

Alcohol (78%) and cannabis (65%) are the main substances respondents have experience with.

Achieve and 360 are services residents would contact if they or someone they know were struggling with substance misuse, with 50% already having experience of an Achieve referral and 21% a 360 referral. 45% of residents and stakeholders would access support from the GP.

23% of respondents have experienced difficulties accessing support, with an additional 23% asking for support, but not being able to access a referral or resources. This led residents to make comment on the delivery of services and the accessibility of appointments.

Poor mental health was identified as a wider issue for 75% of respondents, with 86% stating that these issues were made worse by substance misuse. 25% of those experiencing wider difficulties are not accessing support for these challenges.

Of those residents who chose to make further comment, face to face engagement is a significant factor in removing barriers for support. Additional comments were made around the types of services available, and the types of support required.

## Substance misuse services

Bolton Council is responsible for making sure that borough residents experiencing problems caused by substance misuse get the support they need. Support is offered to those exhibiting offending behaviour, victims and perpetrators of domestic abuse and children of parents who use substances etc.

We commission Achieve Bolton [for adults] and 360 [for young people] to provide support to people who are concerned about their or someone else's use of substances, including alcohol, illicit drugs, medication, or any other substance which is causing a problem.

By completing this short questionnaire, you can help us make sure that the services we provide are appropriate for the people of Bolton, including those who are homeless / living on our streets.

We won't contact you as a result of anything you put on this questionnaire. If you - or someone you care about - aren't getting the support you need, please contact **Achieve Bolton** on 01204 483090, or **360** on 01204 462444.

If you're doing this questionnaire on a Smartphone or Tablet, you may need to use two fingers to pinch / zoom your screen to see the full page.

## Your responses - keeping your data safe

If you're responding as an individual you won't be identified in any report; your responses will be anonymised and grouped together with those from other people. All questions are optional, so please feel free to skip any that you prefer not to answer.

Reports may be made public. If you are responding in an official capacity your response may be published, but no personal details will be made public.

Any personal data you provide will be held securely, in line with our retention schedule and privacy policy, which can be found here:

[www.bolton.gov.uk/data-protection-freedom-information/privacy-notice](http://www.bolton.gov.uk/data-protection-freedom-information/privacy-notice)

We use professional software called Snap Surveys to collect and process your data. As data processor, Snap Surveys Ltd. follow the UK General Data Protection Regulation [GDPR]. You can view their privacy policy here: [www.snapsurveys.com/survey-software/privacy-policy-uk/](http://www.snapsurveys.com/survey-software/privacy-policy-uk/)

## Your interest

**Q1 Do you have personal experience of substance misuse, or a close connection to someone who uses / has used substances?** Please select no if you only have a professional connection

- I currently use substances
- I'm not currently using substances but have done in the past
- I have a partner, relative, friend [or other relationship with someone] who uses / has used substances
- No personal experience or close connection to substance use

**Q2 Do you work [paid or unpaid] / volunteer to support substance users?**

- I'm a paid worker / professional with a professional interest in substance misuse services. For example, working in a substance misuse service, doctor, nurse, social worker, police officer, housing officer, solicitor, paid charity worker
- I'm an unpaid worker / volunteer involved in the field of substance misuse services. For example substance misuse service, charity, or community group volunteer
- I don't work or volunteer to support substance users

**Q3 Please select the main substance[s] involved**

- |   |  |
|---|--|
| <input type="checkbox"/> Alcohol                                    | <input type="checkbox"/> Amphetamine   |
| <input type="checkbox"/> Cannabis                                   | <input type="checkbox"/> Benzodiazepines such as diazepam                                    |
| <input type="checkbox"/> Opiates such as heroin, methadone, codeine | <input type="checkbox"/> Prescription medication [whether prescribed to you or someone else] |
| <input type="checkbox"/> Crack Cocaine                              | <input type="checkbox"/> Nitrous Oxide   |
| <input type="checkbox"/> Cocaine [powder]                           | <input type="checkbox"/> Other - please state below  |

**Q4 If 'other' please state**

## Using substance misuse support services in Bolton borough

**Q5 Before today, who would you have contacted if you or someone you know was struggling with substance misuse?**

- |  |  |
|--|--|
| <input type="checkbox"/> GP / doctor's surgery local doctor                                    | <input type="checkbox"/> Social housing provider such as Bolton at Home  |
| <input type="checkbox"/> Hospital  | <input type="checkbox"/> Charity or support group such as Alcoholics Anonymous, Narcotics Anonymous, MIND, BSURF etc |
| <input type="checkbox"/> District nurse / midwife / health                                     | <input type="checkbox"/> Looked online   |
| <input type="checkbox"/> Religious / community leader  | <input type="checkbox"/> Other - please state below  |
| <input type="checkbox"/> Achieve Bolton / 360 service  | <input type="checkbox"/> No-one  |
| <input type="checkbox"/> Adult Social care [social services / social worker / care worker etc] | <input type="checkbox"/> Don't know  |
| <input type="checkbox"/> Bolton Council  |  |

**Q6 If 'other' please state**

**Q7 In the last five years, have you or anyone you know who has problems with substance misuse...?**

- Found it difficult to find out what support was available
- Asked for, but not able to get support from substance misuse services
- Received support from substance misuse support services
- None of the above
- Don't know / prefer not to say

**Q8 If you / someone you know have had any problems getting help for substance misuse, please tell us more.** Leave blank if no probms getting support

**Q9 Have you / someone you know been referred to or received support from Achieve Bolton, 360 or another group or service in the last five years?**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Achieve Bolton | <input type="checkbox"/> NA   | <input type="checkbox"/> No                             |
| <input type="checkbox"/> 360            | <input type="checkbox"/> BSURF  | <input type="checkbox"/> Don't know / prefer not to say |
| <input type="checkbox"/> AA             | <input type="checkbox"/> Another group or service -<br>please say which below |   |

**Q10 Please give the name of the group or service, and say what kind of support they give**

**Q11 If you refer people to substance misuse support groups other than Achieve Bolton or 360 please say why you refer people to other support groups.**



## Achieve Bolton / 360 service

**Q12 How strongly do you agree / disagree with the following statements about Achieve Bolton?**

	Strongly agree	Agree	Disagree	Strongly disagree	Not applicable / No opinion
Getting a referral / appointment is straightforward	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It takes too long to get a referral / appointment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Achieve Bolton give people a lot of support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Achieve Bolton help people find ways to stop misusing substances	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Overall, I'm satisfied with the service provided by Achieve Bolton	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Q13 How strongly do you agree / disagree with the following statements about the 360 service?**

	Strongly agree	Agree	Disagree	Strongly disagree	Not applicable / No opinion
Getting a referral / appointment is straightforward	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It takes too long to get a referral / appointment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
360 give people a lot of support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
360 help people find ways to stop misusing substances	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Overall, I'm satisfied with the service provided by 360	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## Additional challenges

**Q14 In addition to substance misuse, are you / the person you are concerned about experiencing significant problems with any of the following?**

- |  |   |
|--|---|
| <input type="checkbox"/> Problem relationships | <input type="checkbox"/> Other - please state below   |
| <input type="checkbox"/> Housing issues        | <input type="checkbox"/> No - no other significant problems   |
| <input type="checkbox"/> Employment issues     | <input type="checkbox"/> Not applicable, neither I nor anyone I am concerned about is experiencing substance misuse |
| <input type="checkbox"/> Mental health         |   |

**Q15 Please briefly describe the problem[s]**

**Q16 Are these problems made worse because of substance use?**

- Yes
  No
  Don't know

**Q17 Are you / the person you are concerned about receiving support for these other problems?**

Yes

No

Don't know

**Q18 If no, why is that?**

### Providing support

**Q19 How would you prefer to seek / receive support for yourself or someone else?**

	Email	Through a website	Telephone call	Text	Face-to-face	Not applicable / No opinion
Finding out what support is available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contacting someone to ask for support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Booking an appointment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Getting help from the service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q20 Support has been provided differently during the pandemic. Please let us know what you thought of any changes you are aware of.** For example, asking for support, arranging appointments or actually getting support may have been done online or by phone rather than face-to-face.

## Referring people for support

**Q21 Thinking about your professional / voluntary role in supporting people with problems caused by substance misuse, please say how far you agree / disagree with the following statements**

	Strongly agree	Agree	Disagree	Strongly disagree	Not applicable / No opinion
When someone contacts me to seek help with substance misuse, I know who to refer them to	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I know how to make a referral	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Everyone I refer to Achieve Bolton or 360 is able to get support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have the right training to help support or refer people	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I received feedback from Achieve Bolton / 360 once I make a referral	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## Anything else

**Q22 Please use this space for any further comments you wish to make about the support available for people misusing substances**

## About you

Your answers in this section help us to make sure that we are getting views from different types of people.  
They will not be used to contact or identify you.

**Q23 Are you ...?**

- Female  Male  Other

**Q24 Which age group are you in?**

- Under 18  30 - 34  50 - 54  
 18 - 19  35 - 39  55 - 59  
 20 - 24  40 - 44  60 - 64  
 25 - 29  45 - 49  65 or over

**Q25 What is your ethnic group?**

- White British
- White other
- Mixed or Multiple ethnic group
- Asian or Asian British
- Black, Black British, Caribbean or African
- Other ethnic group

**Thanks for your time. Please click 'submit' to send your response to us.**

## Appendix 2

### Demographic details

#### Q23: Are you...?



69% female



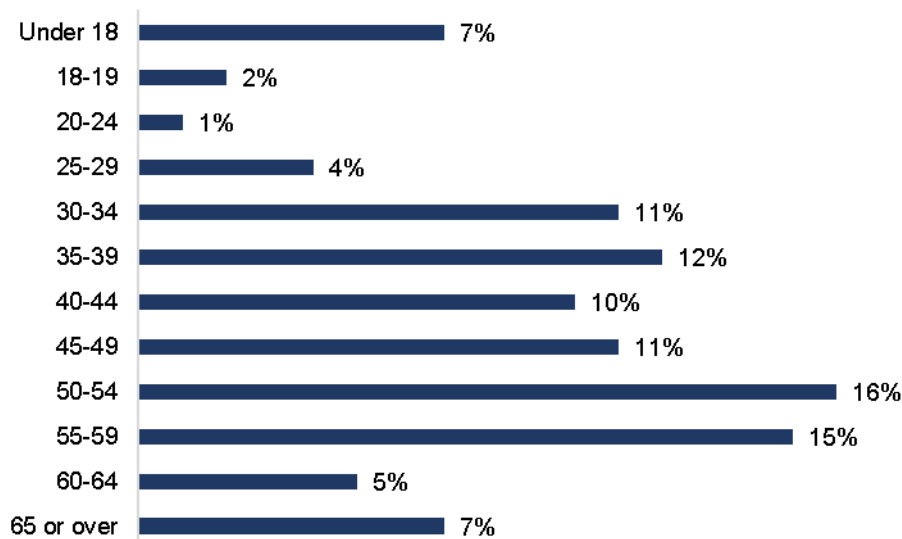
31% male

Other 1%

*Q23 Base: 131*

- 69% of respondents were female, 31% male and 1% Other.

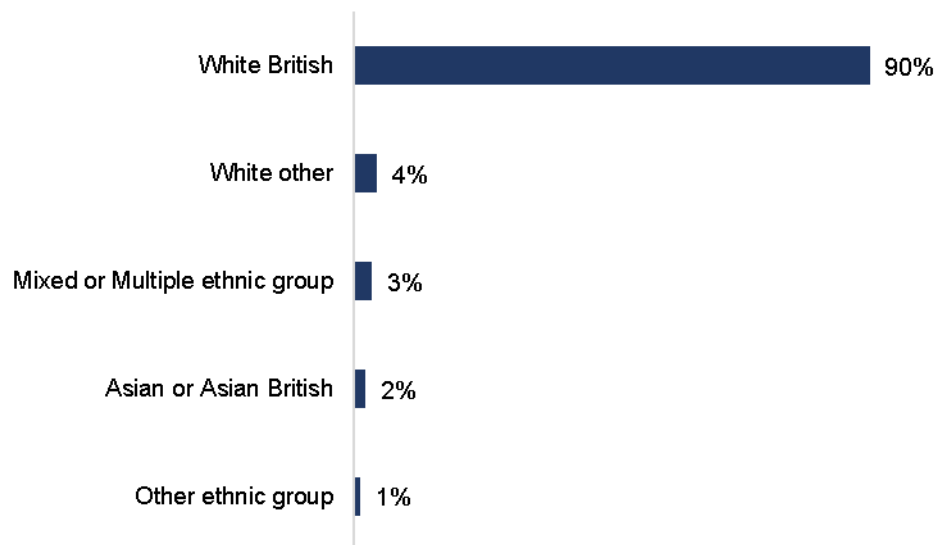
#### Q24: Which age group are you in?



*Q24 Base: 131*

- 47% of respondents were aged 44 or under.
- The 50-54 and 55-59 age groups were the ones with the highest percentage of respondents [16% and 15% respectively].
- The 18-19 and 20-24 age groups had the lowest percentage of respondents [2% and 1% respectively].

## Q25: What is your ethnic group?



Q25 Base:129

- Majority of respondents were 'White British' [90%]
- 4% 'White Other', 3% 'Mixed / Multiple ethnic group', 2% 'Asian or Asian British', and 1% 'Other ethnic group'. No respondents were 'Black, Black British, Caribbean or African'.