

Luminus

Quarter 1: Insight for Combating Drugs Partnership Board Public Involvement

July 2024



● Shining a light on what matters to people.

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If you would like a paper copy of this document or require it in an alternative format, please get in touch with us.

Involvement Strategy 24-25

Shining a light on what matters to people.

Luminus

Public involvement
Led by the Engagement Manager and Engagement Officer we will deliver a programme of face-to-face activity across Surrey

This will entail 4-5 events per month in community settings, groups or clinical break out spaces to speak to those most at risk of health inequalities.

We will focus the engagement to support the CDP in delivery of their objectives.

Whole system working
Developing and nurturing stakeholder and provider relationships. Stakeholder mapping, regular networking and meeting to ensure cohesive working.

Signposting
Ensure our signposting information is up to date, accessible and available to people wanting to access services. Highlight any gaps in signposting.

Comms and awareness
Using our established channels to communicate our service and call for evidence and experiences. Develop literature and marketing materials to hand out to public and share with stakeholders.

Reporting
We will produce a quarterly insight report to share with commissioners and the wider CDP. We will also use our insight to feedback to those that have shared experiences with us.

Quarterly focus to date and planned

Q1

Breaking Supply
Aim: Understanding what could be done to help stop the supply of drugs

In your experience how can we prevent the supply chain of drugs?

What support could be in place to stop you reoffending? (if applicable)

Do you know where to go for support and advice?

Q2

Shift in demand

Working with the subgroup to develop detailed plan.

Focus on parent carers; experience of accessing Catch 22; LGBTQ+

- Understanding where young people get their information and support from
- What communication style format works for youth
- Education
- Prevention

Q3

Q4

Alcohol and Tobacco

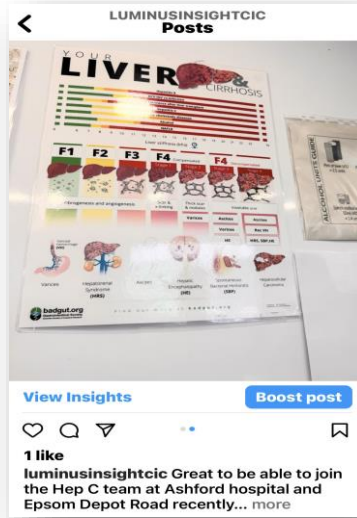
TBC lines of enquiry

Communications

Some examples of the literature and social media we produced to promote our service during Q1.



Promoting our visit to the Meeting Room, Leatherhead



About our visit to the Hep C van, Ashford & Epsom



Details of our event at the DWP, Weybridge

Survey

During the quarter we continued with a survey to gather experiences from people that may be worried about their drug or alcohol intake but are not engaging with services.

We printed flyers and shared them with:

- Surrey Police custody suites in Woking and Guildford
- Catch 22.



Ensure the voices of a range of members of the public are heard:

Our area of focus for Q1 was focused on sub-group 1: Breaking Supply.

We ensured we spoke to people who had had experience with prison, probation, drop-in support in the community and treatment.

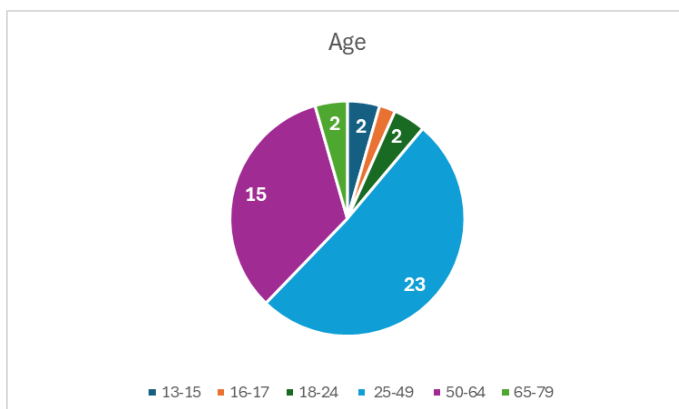
Public involvement activity in Q1

We spoke to 131 people about the service and **45** individuals shared in-depth experiences with us. During the quarter, we visited the following places:

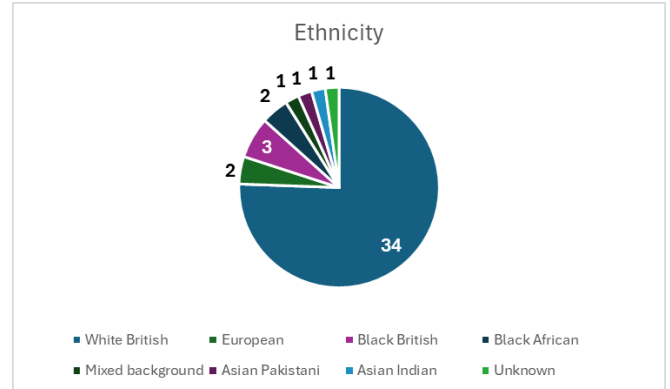
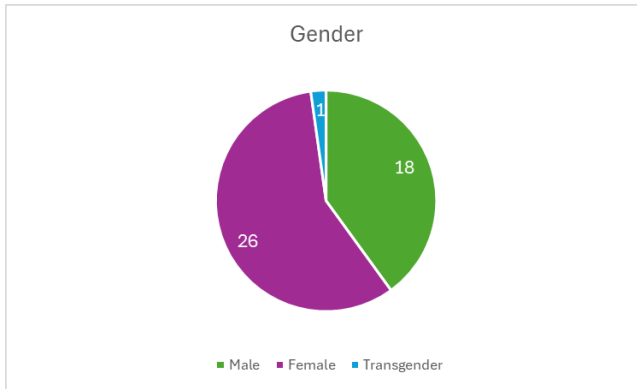
April	Location
Hep C Bus	Ashford
Hep C Bus	Epsom
Twister LGBTQ+	Woking
The Meeting Room	Leatherhead
May	Location
DWP	Weybridge
Safe Haven	Epsom
Probation Breakfast Club	Redhill
Bronzefield Prison	Ashford
June	Location
Transform Housing	Farnham
Merland Rise Food Bank	Tadworth
Lighthouse	Woking

Demographics

We collected demographic information for the **45** people that shared their in-depth experiences with us. The chart below shows the number of people we spoke to in each age category.



The two pie charts below show people's gender and ethnicity.



What we have heard in Q1

We asked people how they found out information about treatment and recovery, we listened out for barriers to access and for examples of what good care might look like.

Working with Sarah Crosbie, we developed the following guide questions to provide more insight into this subgroup.

- How can we prevent supply chain of drugs in your experience?
- How do we break the chain?
- What support could be in place to prevent you from re-offending (if applicable)?
- Do you know how to report drug crime anonymously?

There were several key themes that emerged from our public involvement this quarter:

1. The importance of permanent housing
2. Getting treatment at the same time that the individual is ready to engage
3. Finding a personal reason to stop the supply
4. Using substances to cope
5. Communications / consistency of staff
6. Normalisation of substance use and not identifying as having an issue.



1. Housing:

We often hear, that stopping substance use is “not a priority right now”. This is because, in their hierarchy of needs, having housing, food etc. is key to providing the stability individuals need to feel able to take the next steps on recovery journey. We also hear that who they live with or nearby affects people’s recovery.

“I was in a sober house and someone new moved in. I could tell immediately he was someone who wasn’t sober, it was triggering for me, and it changed the whole feel of the house, making it feel less safe. We kept ourselves to our rooms until he left.” **Male, 50-64, White British, Farnham.**

“I’m a council tenant in sheltered council flat. I fall out with people there, it can’t be solved, I just need to iron it out. It used to have a warden and that made a difference to how everyone gets on and keeps people on straight and narrow.” **Male, 65-79, White British, Woking.**

“Housing is vital to the people we support. We have people telling us they are sleeping rough due to relationship breakdowns, family problems or because they prefer to be on the street rather than in temporary housing/ hostels where they feel anxious and unsafe because of the others living there.” **Community organisation manager, 25-49, Female, White British, Woking.**

“I’m going to make a go of it as soon as I get stable with where I live and my treatment with i-access.” **Male, 25-49, White British, Epsom.**

“I’ve been kicked out of 2 schools for drug taking and ended up on the streets for a while. I did go home and eventually get clean. I started taking drugs again. I have not had my mental issues addressed at all though and with my past trauma, it was easy to slip back to bad habits. I have been using Meth and Crack. I asked a homeless person to show me how to do Heroin. It’s just made me self-harm even more. The issues from council around my housing have tipped me over the edge. I’m on a script programme to get Methadone.” **Female, 25-49, Asian Pakistani British, Woking.**

“I had an eviction order for my house, the landlord was lovely, he had let me stay for about 5 months without paying rent and try and get the money together but in the end I couldn’t.

I had given up smoking and just drank but when I came back to life, I started again. I limit myself to two packs a week, 2-3 a day. I budget, smoking is expensive, and I need to be able to buy food too. I’m not interested in giving up again. I’ve given up enough.” **Female, 50-64, White British, Farnham.**



2. Getting treatment at a time when people want to engage:

Right care, right time. People often have a 'window of opportunity' to embrace change and embark on recovery. Setbacks can derail people seeking help again and people can 'bounce' between services sometimes leading to recall to prison.

"I would say services could be more responsive at the point of crisis, when you hit rock bottom you need help there and then. You may have to wait weeks to detox."

Male, 50-64, White British, Farnham.

"I arrived 20 minutes late to an i-access appointment and was told slot had gone and I would have to wait 4-5 weeks for next one. I became very distressed and an outreach worker from Hep C bus intervened and offered me a liver functionality test and Hep C screening. They helped me and accompanied me back to i-access and managed to get them to give me another appointment that morning."

Female, 25-49, White British, Ashford.

"I referred myself using the POD in prison service to Forward Trust / recovery team 4 weeks ago, not heard anything back. I found not drinking in my pregnancy hard and used AA for support which really helped me but have no access here."

Female, 25-49, White British, Bronzefield Prison.

"I had to call the police 4 times for a variety of reasons, but they didn't do anything. The mental health team have also withdrawn their support because he abuses drugs, I have recently lost my tenancy at my flat, because of my son's behaviour, so will be moving from Woking to Alton in a week or so. I don't want to take him with me, because I am worried, I will lose this tenancy too. I also don't want to leave my son as he has threatened to kill himself on several occasions and has attempted suicide once recently, and he is currently homeless which is why he is staying with me. He has a social worker who is trying to get him into an assisted living centre in Croydon, but we have not heard from them for a few weeks, so we still don't know if he has gotten in yet." **Carer of 25-49, Male, White British, Woking.**

"He is slitting his wrists. We were in A&E this weekend. Last week he did 'Spice'. It's all a cry for help as his mental health is not being looked after but no one is taking him.

He is 17 and 3 weeks off being 18 and because he is about to move under Adult Mental Health, it feels like no one will help. It's too easy for him to get drugs, he orders them like it's Deliveroo." **Mother of Male, 16-17 years, Black African, Redhill**



"I've been referred by my GP to One You Surrey. I do really want to stop smoking. I've tackled my weight and got it down and kicked the booze. I was having a bottle of wine per night and now it's a bottle per week. It really needs to be the right time. I got a call from them last week and I missed it. Head was engaged but then my friend died, and I just can't focus on quitting right now. I will engage shortly." **Female, 50-64, White British, Weybridge.**

"I'm on remand. I have my trial in September. The Forward Trust aren't engaging with me, yet I need to put the work in now to ensure I am showing willing for my trial and also giving me the best chance to not re-offend. I am on a script in here. Came in on Heroin, now on Methadone. I want to initiate a detox and drop 10ml. No one feels like that they are supporting me. There is only 1 peer mentor that I have seen from The Forward Trust. We need one for every house block!" **Female, 25-49, Black British, Bronzefield Prison.**

"I was in Send prison but have been recalled back to prison because I broke my probation due to alcohol. At Send I did the Footsteps programme and made progress. My parole is in August, but I want to engage with support now. I have contacted The Forward Trust but have not had any support yet." **Female, Mixed background, 25-49, Bronzefield Prison.**

I have been finding it hard to get support for my alcohol consumption. I have tried i-access and didn't get on with my key worker I was assigned to. I have been to some local groups for AA, but the environment is too overwhelming for me. The noise, the people and it was a mixed group. I could literally feel men's breath on me. It really triggered me. Also, it is hard for me to attend further afield due to cost of transport. I don't want to go locally in case someone I know sees me. It is really stigmatizing for me." **Female, White British, 25-49, Epsom.**

"Forward Trust not engaging with me. I have referred myself twice in 1.5 months. It's rubbish wanting support and not getting it. I want to use this time to kick it." **Female, 25-49, White British, Bronzefield Prison.**

"I have been doing MDMA and alcohol. I had done a year and been released. I got let out with a tag and got over excited and drank too much again and was late with my curfew. I now have 2 years inside. There is no support here for substance use. I never want to be inside again and will not ever intentionally start a relationship up with drugs, but I need help." **Female, 25-49, Black African, Bronzefield Prison.**



3. Finding a personal reason for stopping substance use

Health checks can provide a wake-up call and also life changes such as a, big birthday, occasion, prison sentence or becoming a parent. Also hearing things that have worked for others in the same situation e.g. SMART, AA can be the motivation for an individual to seek help.

"I was a heavy drinker for years. I tried AA everywhere I worked across the world but just couldn't get to grips with it. I got sober here in Woking. I stopped just before my 60th Birthday, it was my daughter's 18th and I decided it was time to stop. I've now been sober for 18 months. I was in a place where I was ready. I'd had enough of feeling so bad physically. I got hurt physically when I was drinking by falling and hitting my head. My GP organised an ultrasound on my liver, it wasn't too bad, it's a bit fatty but could have been worse, but I also got put on blood thinners and had other issues. You know you want to do something about it, but you don't know where to start. There were lots of options, but it was a case of just giving each one a go and working out which one worked for me. I have found it much better now I'm not drinking, it's a lifestyle choice. I have found my relationships have strengthened since giving up. I feel physically better, I couldn't be bothered to walk before and now I walk. My mental health is one hundred percent better." **Male, 50-64, White British, Woking.**

"I took a long hard look at myself, think it was more about the relationships I was in which were not healthy. I went to AA, and it really resonated with me, and I felt I belonged to this 'family'. I also did the Freedom Project which enabled me to recognise the relationship patterns I was repeating and help identify red flags." **Female, 25-49, White British, Leatherhead,**

"I go to recovery meetings most days; I have a couple of days off. People's stories and listening to others helps me. Being with people who have lived experience, you don't feel so alone. The AA model has been helping me, the triangle of unity-service-recovery." **Female, 50-64, White British, Farnham.**

"The SMART group that meets here worked better for me. Practical solutions, back to learning and taking notes away to try at home. It was constructive." **Male, 50-64, White British, Woking.**

"When I came in, I was on Pregabalin for anxiety, but they stopped me taking it when they found out I was pregnant. I was on 50ml Methadone, now on 30ml but I wanted to completely come off it. The paediatrician at St Peters is against me coming off it. The substance use doctor here in prison thinks I should come off it but is being overruled. I really don't want the baby being born addicted to Methadone. It worries me. I want her healthy.



I'm too scared to refuse treatment in case this causes me issues being released. I am worried about the repercussions." **Female, 25-49, White British, Bronzefield Prison.**

"I am having such a stressful time lately. I have been released from prison on a home detention curfew which means I have to wear a tag. It's really uncomfortable currently.

My ex is often using drugs and out of it on alcohol. He isn't seeing our 6-year-old currently. I have stipulated that he must produce a drug test at the contact centre if he wants to see them. These are my terms. I can't see him as we are dealing with historic domestic abuse." **Female, 25-49, White European, Redhill.**

"I used Redhill/ Woking i-access. I didn't see many people in person as a lot was online but the key workers I met had a good set of standards. The group stuff has become a bit more creative, moving away from the one size fits all stuff." **Male, 50-64, White British, Farnham.**

"I go to AA, CA and NA. These groups all help me and it's part of my routine here." **Female, 50-64, White British, Farnham.**

"I was referred here [i-access] by my probation officer. I don't have to do it; I want to do it.

I am an alcoholic and when I drink, I make bad decisions. I dabble in drugs a bit then. I have smoked Crack maybe once, I don't inject. But sometimes I can't remember everything. The drinking is the issue. And in past I've tried but not addressed my issues so just go back to what I know which is drinking. I steer clear of people who are using drugs, so I don't get tempted. I want to stop everything, not just cut down. I want to get a normal life back.

Thinking of a new life will stop me breaking probation terms." **Male, 25-49, White British, Ashford.**

"I am asthmatic and had been vaping and smoking weed. I can't now as can't get hold of it inside which is good as it makes my chest hurt." **Female, 25-49, White British, Bronzefield Prison.**

"I use AA every now and then to keep myself on track which helps, and my partner really supports me and is proud of me." **Transgender 50-64, White British, Leatherhead.**



4. Coping mechanisms

We heard from people that use alcohol and substances as a coping mechanism for mental health.

"With PTSD I have found that I've just wanted someone to help me - you see drink has helped me, it's helped me to cope with the nightmares. When I relapsed, I had no interest in accessing treatment. I just wanted a medical detox." **Male, 50-54, White British, Farnham.**

"I binge drink when I have anxiety. Obviously, I can't drink in here but probably would if I could." **Female, 50-64, White British, Bronzefield Prison.**

"I self-harm and drink as I get super anxious and it's a relief for me to do it." **Male, 50-64, White British, Leatherhead.**

"I started drinking a bit here and there during Covid as was lonely and then now it is totally consuming me." **Female, 50-64, White British, Epsom.**

"I just use weed to chill out with my husband." **Female, 25-49, White British, Bronzefield Prison.**

5. Communications / consistency of staff

We heard about the importance of communication and consistency of staff and location when accessing treatment. Also, some instances of misinformation in the community about treatment options and treatment messaging preventing people from engaging with services.

"I have ADHD and some of this reading material here today at the fair is hard to digest. I find visuals easier." **Female, 25-49, Mixed background, Bronzefield Prison.**

"i-access have cancelled appointments on me due to staff issues. I get seen at Leatherhead and Dorking. Different people a lot, causes me to have a lot of mistrust issues. I have left appointments and seriously self-harmed due to anxiety about re-telling my history. It's so triggering and painful. People changing constantly is a real issue for me." **Male, 50-64, White British, Leatherhead.**

"I'm supporting someone who lives in Leatherhead yet has been offered appointments in Redhill. We would rather wait a while and get an appointment nearer to home. Think they do this when they get a cancellation, but it isn't



communicated clearly that we could change and choose. I help him with phone calls. He has a rubbish phone; he can't go online yet everything health related or benefits related pushes you online. Also, he needs privacy to make a call. We can't go to a cafe to discuss such things, so I help him out by going to his house or he comes to mine. He needs a lot of hand holding to get there. I'm willing him to succeed but I recognise that not everyone has someone like me to help." **Friend of Male, 50-64, White British, Leatherhead.**

"I've used i-access in the past, I want to reduce my drinking, I've got to 77, I don't want to give up. Abstinence won't work for me. I liked the person, but like I say it's too serious, it's all about managing the levels for me so I'll do it myself. I've been sober. I've tried AA in the past, it feels too religious and I'm too lazy to go and do all those 12 steps." **Male, 65-79, White British, Woking.**

"I ended up staying in at Epsom after being brought in by ambulance because I was totally intoxicated. I needed a 3-day detox with them. I spoke to the alcohol liaison nurse, and they referred me to i-access. The consultant there warned me that I can't just stop drinking like I want to because I am at a high risk of seizures. I didn't realise they did daily detoxification services." **Male, 18-24, White British, Epsom.**

6. Not identifying as having an issue

People often do not identify as someone who has problematic substance or alcohol use. If they do not relate or identify, then this cohort of people are possibly not going to engage with treatment or recovery.

"My 13 year old has started vaping since year 8 at school. They are readily available to the kids and many are doing it so it's becoming the "norm". No idea where I'd get information about help for vaping - lots of info for stopping smoking but less so for vapes. Maybe the school should help more when the kids are younger before they are addicted and it's too late to help." **Female, 25-49, White British Godalming.**

"I have been on a script via i-access for over 4 years. I smoke Cannabis too but I'm not looking to change that, I need it to chill me out." **Male, 25-49, White British, Leatherhead.**

"A lot of my friends do drugs, lots of different drugs, they seem to have found their limits or what works for them. I don't see any of them with a problem. It seems to be recreational only." **Male, 25-49, White British, Woking.**



"I'm not being funny, but they look at me like a drug addict. I don't identify as an addict, yes, I've got a problem at moment and I've fallen into totally bad ways but I am not that sort of person. They are like not even able to leave the room and trust me to be alone in there. It's so patronizing." **Male, 25-49, White British, Epsom.**

Case study from Q1 – 'Finding a reason'

Female 25-49, White European, Redhill

"I was on Heroin. Been on Methadone 4 months, basically since my son was born. I am on a weekly script. I was on 40 ml now on 32ml. I want to come off it completely. I was in Bronzefield for 2 months and was released in November last year.

It was ok but had to look after myself. I have two other children I don't see; they are in care. I really wanted to engage with treatment services, and I started in prison and then upon release started properly with i-access.

Maria, my key worker there, is brilliant. She stays in touch with me, and I get text reminders, I feel they want to help me. I live in a mother and baby home right near i-access so getting there isn't a problem. I wanted to engage, it was all about me and my son.

He is the reason I will not take heroin again.

You can never stop supply of drugs; it's going to be around forever. Even when I had nothing, I could score. There is always a way of finding the people who supply and the money for it.

It's about you finding a reason to not take drugs, not stopping the dealers."

Feedback from frontline staff

"We are helping a lot of people now who themselves are having problems with alcohol. We are helping signpost to i-access for safe reduction. Women are drinking more to cope from the domestic abuse, but it is also meaning that they are often making their lives more dangerous by inflaming already delicate situations". **Support worker, ESDAS, Redhill (Female, 25-49, Black British)**

"I know money is an issue but there needs to be someone doing hand holding. They did it in Covid and people responded well. People are fragile and vulnerable and easily lost if not kept engaged. So much work could be done for people who are DNA and wavering. Would help the overall effectiveness of recovery." **Outreach support, Hep C Van (Male, 50-64, White British)**



Stakeholder meetings / Networking

We talked with the following stakeholders / service providers to understand what it is they do, explore ways to work together and hear from them, what things are working well and what could be improved.

- Streetlight
- Changing Futures
- Reigate and Banstead Council 'Get Connected'
- Surrey Police
- Guildford Prevention pilot workshop with Surrey Heartlands where we were able to add insight about the importance of having health checks available within a community setting
- ESDAS
- Alcohol Liaison nurse, RSCH
- The 'Bob video' we shared last quarter has been shared in system meetings including the Surrey Adult Safeguarding Board, Surrey Quality Performance and Assurance Committee (QPAC), Frimley ICS comms group.



Citizen Advice summary

The advisers on this project continue to receive referrals from the i-access key workers to help service users with various issues, predominantly welfare benefits.

Most people have interlinked issues that are often complicated to resolve because of the length of time these issues have been left, but also because of the individual's health conditions, both physical and mental, and often in addition to their addiction.

Citizen Advice have helped support an individual who had been an inpatient in a mental health hospital and had needed help with rent arrears.

Citizens Advice case study

This individual was referred by i-access following their stay in a mental health hospital. There were several issues they needed help with, including rent arrears after her children went to stay with their father when the client was in hospital. The person was in receipt of the correct level of benefit income, however because she was under occupying her property by 2 bedrooms, the housing element of her Universal Credit did not cover the full rent. Due to the hospitalisation, the person did not realise there was a shortfall she needed to cover and this increased once she returned home. The person was keen to downsize to a smaller property so the arrears would not increase. The person also revealed that she had been summoned to appear in the Magistrates Court on 2 separate occasions for driving whilst under the influence of drugs. She needed to find representation to speak on her behalf when it came to being sentenced. The person said that although she had been referred to i-access for support with her addiction issues, she did not feel she was being supported for her mental health. Following her discharge she did not feel she had any support in place.

The Generalist Adviser has undertaken the following for the client; spoken to the client's duty solicitor to confirm they would be prepared to appear for the client at both Magistrate's Court Hearings. Spoken to the client's probation officer to inform them of the client's latest developments.

Communicated with the client's landlord about the rent arrears to ask for any proceedings to be put on hold to give time for an application for a Discretionary Housing Payment (DHP) to be made, to clear the arrears and continue for a further period to cover the shortfall. Complete a Housing Register form so the client can join the Local Authority Housing Register so she can downsize.

Luminus signposting and safeguarding

On engagement, our team always signpost to appropriate support and care services. Sometimes, people do not want information given to them. Support services are given where relevant; e.g. i-access, Catalyst, Mind Matters (if mental health exclusively), One You Surrey, Catch 22, Al-Anon, AA etc.) We also support people needing help with other issues, for example, trying to find a dentist or registering with a GP.

We check in with community leaders if someone has said something we are unsure of or concerned about to ensure that the person is being supported and not alone. We also ensure that support services are aware of appropriate treatment pathways and local support available, such as food banks, mental health support groups, befriending initiatives etc.



- i-access
- Drink Coach
- Healthy Surrey
- One You Surrey
- ESDAS
- Stripy Stork
- Changing Futures
- Your Sanctuary
- Dental Choices
- North Surrey Domestic Abuse Outreach
- Crimestoppers.



Planning for Q2

For Q2 our communications/engagement activity will align with the Generational Shift Subgroup 3 and look at the following key lines of enquiry.

Aim: To understand where young people go for their information, what format do they prefer (e.g. Tik Tok), where do they socialise, who would they tell if worried about drug use, do they know where to get support and help for treatment? We will also explore if they have a parent, grandparent or sibling with substance use issues. Do they know what the criminal repercussions are for supply and possession? Is cannabis normalised?

For parents / grandparents, we want to understand their experience of substance use and their knowledge of the drug culture in our community? Do they understand the difference between drugs available and what signs to look for and what the law is?

We are planning to visit the following places this quarter and collaborate with Giving Carers a Voice and Giving Young Carers a Voice where possible.

- Parent Carer groups
- LGBTQ+ Groups
- Treatment for youth e.g. Catch 22 incl. exclusion, probation and justice
- Care Leavers
- Youth projects e.g. Y bus; safer streets, building, belonging
- School Link Workers
- Youth justice
- Alcohol liaison nurses across Surrey
- Anti-social police youth workers.



Contact us:



Contact us through any of the channels below.

We'd love to hear from you:

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