

# How might we...?

## What could be better

How might we embed knowledge and awareness about people who use drugs within primary care?

Cycle leader course and cycling - 'great for mental health'

"I think it really does help, the wellbeing part of it, and because it's done so much for me. I mean, I walk up the road listening to my earphones and by the time I get home... I don't get the bus now, I just walk because that clears my head as well or cycling or keep fit or yoga or just even lying on a mat listening to music, meditating, it is so good."

How might we design services with non-clinical mental health and wellbeing support?

Support people through non clinical activities to support wellbeing and mental health

Acorn has found exercise, yoga and meditation has really helped her wellbeing

Acorn feels there should be courses for people early into recovery to develop life skills e.g health and hygiene, mental

How might we support people who use drugs to develop life skills?

### Insights

Has built network to support recovery

She gets advice and answers from people with similar experiences and finds it comforting to see their journeys

She does not feel able to think about future needs and goals at the moment, taking it day by day

There is a need to build awareness and inclusion of people who use drugs in primary care and other services

She has found her family to be judgemental about her drug use

### Growing confidence through skill development

Acorn does not feel confident using IT and has stopped a college course because of this. She is keen to develop her IT skills

### Reducing stigma through better awareness

"I used to hide or try and hide the fact that I was using drugs and alcohol because it was so frowned upon. When you met anybody, it was just disgust that you seen in their face and... yeah. You were a bit scum of the earth, but that's maybe just the way I felt. I don't know if other people feel like that, but I really did, from places and... yeah."

Does not have a relationship built with GP and feels judged because of her previous drug use

"...making me realise that... to believe in myself that I can do things, because I remember having a conversation with her... about a year and a half ago, that she would like me to start volunteering, but I was still drinking at that time and a real mess. So, for her to see that and believe, that really helped me to think, 'right, if I stop drinking, if I do this then I've got that to look forward to, and I wonder if can do that', and that's where it all started really. Just from that."

Acorn feels Just Bee believing in her helped her start her journey to keeping well

Acorn only engages with Just Bee, not had capacity or interest to look for others

How might we provide tailored support at transitional stages for people who use drugs?

Developing tailored support for people who use drugs at transitional stages i.e. leaving mental health unit

Acorn found she was treated differently from other people at mental health services due to her drug use

No specialised support or aftercare for people using/ withdrawing from drugs after leaving mental health services

"The understanding and included, I feel included in things and not the girl over there that was an addict. I'm just part of everybody else. I fit in I think, in here."

Explore the strengths of 3rd sector and statutory services, and how they can better support each other

How might we better utilise and join up the strengths of statutory and 3rd sector services?

She has found it difficult to get mental health support whilst still using drugs

Acorn was born in Dundee and still lives in the city. She has a daughter, a sister and her gran who she is close with. Acorn was motivated to stop using drugs and alcohol by the support she got from Just Bee. She was using methadone for 20 years, but now has a monthly injection. She is working towards coming off the injection, but has found the process difficult to progress. She enjoys cycling, meditation, yoga and volunteering at Just Bee. She finds the schedule and keeping busy important to keeping well as well as friendships with other people with similar experiences.

"If you've had a good day that day and you go to your chemists the next day, you're getting offered Valium, crack, that's really hard. Thankfully, the chemist that I go to is really quiet... I've never had that in about the six years of going to that chemist. I didn't get that, thankfully, but the one on... for example, is horrific to go every day to and that's really hard for people"

Acorn has found it difficult to reduce her medication with DDAR being slow and not clear on the process

The relationship with DDAR feels transactional

Support people by building trust and responsibility into their recovery journey

How might we close the gap between mental health support and people who use drugs?

There is a need to make mental health support more available to people who use drugs

Acorn feels that bad mental health is at the root of everybody in addiction

Self doubt is the main barrier for Acorn to keep well

### Relationship based support

She does not feel she has a say in her medical treatment

"...because methadone just numbs you. You don't feel anything. I don't think. I never. You just felt numb. Numb. The injection, it was like taking a veil off my face for colours, for feelings, for everything."

Designing services around relationships rather than medical treatments

How might we design service provision around building relationships?

### Gap between mental health and drug support

Enable people to better understand the medical treatments and make informed decisions on their own treatment

How might we design services which enable people to make informed decisions about their treatment?

# How might we...?

## What could be better

How might services support people to **change mindsets and adapt to/ sustain the changes** in their lives?

How might digitally enabled services **work with people to understand and address any concerns** around digital addiction?

How might we enable people to find **spaces and relationships that support them to live well in the community?**

How might services work with people to **understand and address any underlying triggers?**

How might we create more opportunities for people to **contribute to services and to help others** as part of their journey?

### Insights

#### 'Normal' life

#### Change is difficult

#### All under one roof

#### Giving back, helping young people

## Paulie Walnut

Paulie Walnut is 46 years old. He has been living in a hostel in Dundee for about six months. He has three sons - the older ones are 23 and 20, and he is closest to his youngest son who is 6. The youngest son is his life and keeps him going. He feels that his family is always there to support him. He described his journey as "making bad choices for last 28 years", and "starting to getting my head together" in the last few months.

"... it's not what I've been through, it's what I put myself and my family through, drink, drugs, the rest of it, gambling"

He won about £63K in 2008, but spent it all in 8 months.

10 years ago he was in Murray Royal Hospital. "okay when I came out there for a few months, and then just got back to the old ways of that sort of thing."

He still gambles and drinks sometimes, but much lesser than before and in a more controlled way.

He on Facebook for the first time 4 weeks ago and finds it good to connect with old friends who live across the world. "Don't want to get addicted to digital."

He was on diazepam repeat prescription for about two years, on for osteoarthritis, "... which I don't think was the best for us, but I was telling the doctor it was for my shoulder."

He was on citalopram for about 10 years and stopped it himself. "I just thought, right, I've been on it this long, enough's enough."

One of the main challenges in his journey has been around changing mindset - "I've been making bad choices for the best part of 25-28 years. So, it's difficult getting back into a positive mindset after being used to that way (...) so, it is difficult to change that mindset."

"I stopped all that myself. I thought, no, enough's enough. That was about the start of the year as well."

He had to cut off his social circle. "... I get it's not my friends, it's me, (...) it's been my choice (...) I know they're still there, but yeah, but seeing my friends means going to the pub, so..."

Social anxiety is a main trigger for drinking. "I've just realised that in the last few months as well and just come to terms with it, it's just social anxiety."

He doesn't find the hostel to be a supportive environment as there is drinking on the premises.

On Saturdays he helps out to take his youngest son's Fun Fours Football team out for training.

He volunteers at skills and drills - playing on a Tue and refereeing on Thu. They have drop-ins, but people can go for a cup of coffee anytime or football.

Football keeps him busy through the week.

Volunteering helps him to keep well. "... going to the centre, is helping other people. Giving a bit back sort of thing. (...) that makes you feel better."

The 'girls in the hostel office' are available to help people all the time.

"... all the boys that are there now that are actually employed, I think they started off the same as me. We all have the same life experiences..."

He hasn't felt a need for other services.

He wishes that he had got into Street Soccer sooner. "It doesn't feel like a service." It's comfortable and informal, and you can share your worries. He wished that more services were like that. "I can't thank them enough, but they don't like being thanked. they don't see it as a job, sort of thing."

How might services develop **ways of working that support more informal and comfortable interactions?**

How might we **embed more lived experience expertise** within services?

The final straw before deciding to make a change was fighting with his two young lads when he was drunk at the start of this year.

His youngest son is his life. "Need to improve myself, to improve for him."

Both mental and physical health key part of it. "[In the past] I've not treated myself very well physically or mentally".

His main goal is settling down. "... it's been a whirlwind the last 5-6 months..."

Want a "normal life" - getting up, going to work, giving back to others, and continuing with education.

He is starting an Aspire course in Health and Social Care in a couple of months. The end goal is to get a job.

Street Soccer encouraged him to join the course. "... always been planning to do like Open University. (...) I've subscribed (...) three times over the last four years, (...) when it's come to it, I've not done it, (...) the motivation in the Street Soccer keeps you going and encourages you."

He wants structure, and a good balance in life.

Street Soccer is a key part of keeping mentally and physically well. "[It] gives you that encouragement to keep you going."

He is trying to find a house. Through Street Soccer he has made connections with Shelter, and met a contact at the council who has offered to help.

He gets support from the Change Centre at Myrekirk in Dundee. "... services under one roof (...) they'll give you a phone number to (...) like mental health and they can help you with housing and employment and criminal justice..."

He has heard about another place Andy's Man Club, but not used it personally.

He has a good relationship with 'boys at the centre'. "... we don't kid each other on (...) If I do have a drink, I will go in the next morning and say, 'Look I had a drink yesterday', and they'll say, 'It's alright, it happens, just get back to it, get focused again'."

He usually meets the key worker at the hostel every Wed. "He is a good person to talk to."

He heard about Street Soccer through word of mouth at the hostel and has been going there for about six months.

There are different people at Street Soccer, like a manager, programme coordinator and other staff, but the roles are not as formal as that.

"Street Soccer is basically a platform (...) Now, it's criminal justice, addictions, employment, housing and mental health. (...) it's sport as a platform to help you there."

How might we develop **relational services that facilitate trust and honesty** between people who use drugs and those who support and care for them?

How might services enable access to **all forms of support that a person needs under one roof?**

How might services support people to **express and work towards a future that builds on what matters to them?**

How might services support people to build new knowledge and skill through **tailored platforms that are engaging and motivating for them (e.g. football)?**

# How might we...?

## What could be better

### Insights

#### Safe, familiar spaces with mental health support

#### Accessibility and connected services

#### Being seen as a person

#### Peer support

**Holly**

**"It would be good to be seen as a person, and not a problem. [...] to get acknowledged that you are a person and not a drug user."**

Holly is 37 years old, she lives up town in Dundee with her partner and little girl who is 10 months old. They will be moving into a new house soon. It was Holly's partner who initially pushed her to stop taking drugs and she is very thankful he did. Holly enjoys watching films and playing with her daughter. She attends a lot of groups at a local charity and now runs her own group for mums in recovery. She has found a good friend through the charity and the people are a big help in her recovery. Holly has had bad depression and has suffered the loss of her mum, sister and niece quite recently. In the future she would like to have another baby and to have a happy existence, with nice people around her and good friends.

How might we support third sector services to provide or signpost mental health support?

Access to mental health services or someone to talk to other than friends/family through Just Be

Holly finds Just Be a comfortable space surrounded by familiar people. She spends a lot of her time with her daughter.

Holly spends a lot of time at Just Be and finds a lot of support there

*"coming here has been a big support for me, and a big help in getting me back up, and getting me out the house, and being involved with people again."*

She prefers to engage with services in-person and face to face

Holly thinks it would be good to have other places to go for a change

She finds it important to have a reason to get out of the house, be around people and come for a cuppa

How might we support people to find out about services and activities in their area?

Holly would like to be less restricted by her prescription collections and would like to go down to once a week collections

How might we support people to access medication in a way that works for them?

*"I am on a daily prescription. For my methadone, I pick that up twice a week, but I am on tablets that I pick up daily, but the doctor won't put them on the same as what the DPC have got on for picking up twice a week, so I still have to go up every day."*

It was easier to start reducing with New Beginnings service, Holly felt there was better access to support that met her needs than with DCP.

How might we support people to access the samples and tests they need in a timely manner?

*"I am on methadone just now and I am getting reduce. Now, see if that was just a normal DPC worker, I wouldn't start to get reduced until next year. I've already started to get reduced because I am through New Beginnings."*

How might we care for additional and complex needs of people who use drugs?

Holly felt that having mental health support in this safe familiar environment would be more beneficial to her than getting referred through her doctor as she has a more positive relationship here.

Need to support people's complex needs alongside drugs use

Holly has chronic pain including back pain and carpal tunnel syndrome

Holly has struggled with bad depression and has lost a three family members last year

Holly had to wait for 20 weeks before she got access to methadone program

Holly feels there is a mismatch between her twice weekly methadone prescription and other daily collection of medication which restricts her daily life. She feels its not fair on her or her daughter

She wants to provide more samples as proof she is clean so she can be put on to a once a week collection but it can be difficult to hand in the samples as noone is there

*"It's just good to hear that you are not alone. That there are other people out there in the same situation as you think, I am the only person in the world that is like this."*

Holly aspires to expand her baby group to reach more mums in recovery

Opportunity to support people to develop or run services and activities based on their experiences

How might we co-develop services with people with lived experience?

Holly is now working with the service she was referred to. Women are referred to her baby group

Engaging with other women who are strong and independent has been really important for Holly's recovery journey

Holly feels that hearing and watching others stories of recovery and what they are doing with their life really helpful and inspiring

The DCP try to sympathise but they can't, its better to talk to someone with lived experience

Holly wants to know that its not just her in this position, positive relationships are very important to her

How might we enable more people to share their stories and experiences in order to support each other?

feeling dismissed by professionals, 'like nothing' as was drug user

Holly has felt unfairly treated by doctors and other GPs, who are in positions of power

Her view of social workers has changed

*"It's good to have people with lived experience. I would rather speak to somebody like that because then if they say, 'I know what you are feeling', they actually do know how I am feeling."*

Need to reduce stigma so people who use drugs are not discriminated

How might we support better relationships and trust between primary care and people who use drugs?

# How might we...?

How might we support services to understand and work with the person to address underlying reasons for using drugs to enable longer term recovery?

How might we create services and support for people on a longer term recovery journey moving beyond routine support?

How might services ensure that people feel supported and confident to walk through the door for the first time?

How might services ensure timely and continued access to support for people when they need them?

How might services support people to gain skills and confidence to use different form of support (including digital)?

How might services create more opportunities for people to build and sustain their life around the routines and structures built around them in the longer term?

## What could be better

Services should focus on getting to the root of why people are taking drugs and deal with that before they hand prescriptions.

Access to support and services need to extend beyond 9-5. "Your addiction doesn't stop after five o'clock, your problems don't stop after five o'clock, they're continuous."

Zoom and chatrooms can be helpful in providing support outside these hours, but depends on the person's confidence to use these.

How might we involve people with lived experience in delivering services and support, including in statutory services, to support and lead by example?

She also found that having people who have got lived experience as staff at the rehab centre worked well as they understood how someone was feeling, but found similar staff experience lacking from drugs services like DPS.

She is aware of the Recovery Road Map app, but doesn't use it, as she feels word of mouth is better than an app.

Addressing long waiting lists.

She feels the drugs services' focus of recovery is methadone or injection, and it merely substitutes one drug for another. She did not find that helpful in her recovery journey.

She found The Steeple's approach of finding out 'why' someone was using drugs and helping to solve that was effective, which she found lacking in drugs services.

She finds that people come to Just Bee everyday and not only during the drop-ins twice a week, as it offers variety of things to be involved in - such as women's groups, men's groups, yoga, combat, food larder, drive nights, musicals and community cafe. People most value that there's a listening ear.

Just Bee is her biggest and 'only' support network, and she spends a lot of time volunteering and working there when her daughter is in nursery.

She has been volunteering at Just Bee for over 4 years.

She has been working as a cafe supervisor since 2.5 months and have been given funding for 6 months.

When she went to rehab she had to change everything - behaviours, attitude, way she spoke, friends.

She feels that is not accessing the services that is hard, but walking through the door the first time. "... but once you get through that door, the help's there."

She feels ready to move on from getting support from Action for Children for home life and is just waiting on a house. Support from One Parent Family for work is also only for another six months.

She keeps up to date with these via their Facebook and Instagram pages, and used Zoom during Covid lockdowns to stay in touch.

She works all week and spends the weekends focusing on her daughter - they adventure out and visit places.

Action for Children helped with supported housing and creating structure and routine for her daughter. They visit up to three visits a day (sometimes more) - and helped with routine around food, bed time, sleeping in own bed, and build a relationship with her daughter.

### Support for moving on

People, places, and things can all be triggers, but further on in her recovery, she knows what to avoid and where to go to talk if that happens. Having the right support around and listening ears is important.

One of her key goals is recovery - not getting drawn back in.

When she started volunteering she wanted to help everybody else get to recovery, but found that they wanted her to do all the work instead of doing it themselves.

She feels that while she now knows where to go for support, she also has learnt how to solve problems herself.

She feels leading by example "... if she can do it, I can maybe do it?" helped in her recovery journey.

## The Baker



"I'd never had that (people that cared) through my whole life from childhood, because my mum was ill, so I felt like I never had a mum there, and yeah, a lot of issues, and they helped me through a lot and then connected me to the right people (...) Being able to trust people was a big thing, but learning that through people continuously caring, and seeing something in yourself that you never saw."

The Baker has lived in Dundee all her life except for eighteen months when she went away to go to rehab. She currently lives with her four year old daughter in supported housing. She has two other kids, seventeen and eighteen years old, who she lost through active addiction and don't have a good relationship with. Her journey started roughly 17-12 years ago, and she feels that life has been going stable for last six years. She is interested in cooking and likes learning new things.

### Structure and routine

She felt that every time she went to the DDARS, the drug problem centre, they dismissed her saying she was not ready for recovery.

She feels that with the drugs services there's a set script that people go on, and people find themselves still on the 'script' ten years on. It is not an individual journey and there is no personal choice.

"Listening to the person's journey, not them telling you what you'll be doing, it's down to the person what they want to do."

How might services better understand and work with the person's story and motivations to co-create and support them on their recovery journey?

### Having people who care

She struggles to phone a GP (even for her daughter) as she feels judged and brushed off based on her past.

She feels that she got more help and support for recovery with charities than with DCP and similar drug services.

When she first got into recovery she was seeing the mental health team and was confused when they discharged her and withdrew psychologist support as soon as she got her child back.

In the past The Steeple and parish nurses provided support. They got her into rehab, but things changed after that. She felt that they were doing it for the recognition, and there were no opportunities to volunteer.

One of the parish nurses who took her in and provided support about 12 years ago was also the one who introduced The Baker to Just Bee.

One of the parish nurses visited her when she was in prison, providing support, money and clothes.

The Baker has known her support worker for a long time and trusts her as she is straightforward and believes the support worker works in her best interest and comes out at weekends, which shows she cares and it isn't just a job for her.

The Baker always sends people to Just Bee. She feels it's about people giving time. That's all people want.

She used to crave pals in recovery but is happy on her own now.

Her views on social work changed from previously hating them after she understood during her recovery journey that what they were doing was because they cared about her daughter.

Learning life skills such as budgeting is an important part of her recovery journey. It built her confidence, self-esteem and self-worth.

Just Bee supported her with getting her daughter back after she was taken away.

One Parent Family help single parents like The Baker into employability and are also getting her driving lessons and any training needed to help her maintain a job.

### Building you up

Her daughter gives her a purpose to get up and is the most important focus of her life.

She feels it is important for services to find stuff that is suitable for the person and their wellbeing, "if the surroundings aren't good for me then I am not going to go."

Her goal is to work full-time, be in a new 'firmer' home, and provide stability for her daughter. She would like to go to college and set up her own business in cake making.

Services need to recognise that everybody's got a different experience and everybody's recovery is different as well. "We're not all the same person."

Services need to work together, with the focus being on the person and keeping them safe should be the main priority.

How might we create more joined up and recovery-oriented services and support based around people's individual needs?

How might GPs, charities and other services work together to address stigma and create more supportive services for people who use drugs?

Better understanding about addiction among GPs, and not judging people on their past.

Services like DPS need to work with charities and learn what works in the community from them.

Better mental health support and treatment for all.

How might we ensure mental health support for all?

How might we ensure early (preventative) and ongoing support for people in prison to prepare them on their journey to recovery and integration in the community?

Supporting people when they're in prison for when they get out.

How might we develop services and skills around building trusted relationships and making caring visible?

How might we...?

What could be better

Insights

Stargazer

Support to be person driven

Responsibility and routine

Consistency and quicker responses

Peer Support

"Even though everybody else sees me as being off drugs, I know I'm not because I'm still on that one tablet... I'm on 0.4mcgs, which shows you how low a dose I'm on, but to me, I still see myself as being on it, aye. Even though I'm doing really, really well, that's in the back of my head."



Stargazer is from Dundee and has lived in the old town most of his life. He has two children, one 25 years old and one 11 months and he cares for his dad. Stargazer initially stopped using drugs whilst in prison, but made the decision to get better and reduce his medication after engaging with a charity. He is currently on the lowest dose of a medication and is planning to stop completely in the next few weeks. He started working during Covid-19 pandemic and is now working as a labourer for his brother. He finds the routine and responsibility important to keeping well. His goals for the future are to go on holiday each year with his family, stop his medication and to get his teeth fixed.

How might we design services around building confidence and wellbeing through responsibility?

Need for support to be based on building routines and building up responsibility

A charity gave him a plot of land to work on which helped him keep his mind occupied

Stargazer finds keeping busy, having routine and responsibility helps him keep well

He enjoys looking at the stars with his binoculars and telescope. Feels it's important to have a hobby "if you don't get a hobby you end up bored and back on drugs, and I don't want that."

Stargazer only uses Just Bee for support currently, but feels he does not need much support in his recovery now

Stargazer wants to give back to Just Bee because the charity has helped his recovery

Initially came off drugs so he could move to a more open prison, but realised that he could do it and that it worked for him

"If you got big goals, you're going to fail. That's my opinion anyway. So, small goals are achievable goals."

Found Recovery Cafe a good place to share experiences, get advice and vent

Stargazer finds lived experience important within support staff as it enable them to have empathy and understanding his experience

"It was just some place to... like if you're having problems with the DPC, instead of letting it build up and build up and build up, I was able to go to the recovery café and just release my anger."

How might we embed lived experience and peer support through services?

"I've had one keyworker who the whole time of being there was a recovering addict and he was the best keyworker I've ever had. Aye, so he was able to... he knew what I was going through, he knew how I felt and that. People that are reading out textbooks don't... they've no sympathy or... I don't know what it is, it's just hard to connect with them"

He currently sees a social worker and is struggling to get drug test from DDAR for a court case to prove he is not using drugs. Has been waiting for two months

Needs to find a suitable time to stop taking his medication, but it has to work around his family and work responsibilities

He has found reducing MAT very slow, with no plan set out by DDAR and the process not being clear

Need to improve response times to enable people to progress

How might we improve response times within services?

Need to build recovery plan for a person's MAT with them based on their needs and priorities

"I know what my body can handle and what my body can't handle, and when I turn around and say, "I want to come around 5ml", they'll turn around and say, "Aye, but we don't think you're ready yet", but it's nothing to do with you, it's my recovery and I think I'm ready. If I'm not ready, I'll find out next week when I'm back at you, but that's what it's all about."

Does not feel supported in recovery journey by DDAR. Feels he has had to create his own plan and push to reduce his medicine

On smallest dose of Subutex, but he feels like it's stopping him from getting on with his life

Stargazer feels it should be the persons choice regarding MAT as they know their body and their recovery journey is their responsibility

Need to build consistent relationship between key workers and people who use drugs

Stargazer has had three key workers in one year. He doesn't want to keep explaining his story with a new key worker

Has found DDAR slow to respond and has not had an in-person appointment in five months, currently over the phone

He found one to one support important for his recovery through the relationship he built with the charity worker and her interest in getting him well

"So, every keyworker I get, I need to start at the beginning again, explain everything that I've just basically explained to you every six months, every three months I need to do that, and it's just... and it gets to the point where if I'm wanting help now, if I'm needing help, I'll not even phone them because I don't even know who I'm going to talk to."

How might we support collaborative recovery plans within MAT services?

How might we design services built around consistent one to one support?