

# Building Stronger and Safer Communities and Places

## Derby Substance Misuse Services Consultation

Helpful hints for completing this questionnaire:

- Please read the **background information** document **before** you fill in the questionnaire.
- Read each question and circle your response or tick the chosen box to show your answer and, if asked to, write in your comments in the space provided


10   9   8   7   6   5   4   3   2   1  

ESSENTIAL PRIORITY NOT IMPORTANT   PREFER NOT TO ANSWER

- If you have questions or queries about the questionnaire please contact:  
James Sutherland, Lead Commissioner – Drugs on 01332 256 911  
or email: james.sutherland@derby.gov.uk
- Once you have completed the questionnaire, please put it in the envelope provided and return it by **28 February 2011** to: Substance Misuse Team, Derby Community Safety Partnership, 3<sup>rd</sup> Floor, St Peters House, Gower Street, Derby DE1 1SB.
- You can also fill in this consultation online at

[www.saferderby.org.uk](http://www.saferderby.org.uk)

[www.derbycitypct.nhs.uk](http://www.derbycitypct.nhs.uk)

 All information provided will be treated in accordance with the Data Protection Act 1998. We will review and use the survey results to improve the treatment services we provide

Your services ... your say  
Questionnaire

	Page	
Visions for the future	1	Section 1
Young person services	2	Section 2
Adult treatment services	3	Section 3
Rehabilitating offenders	5	Section 4
Supporting recovery	6	Section 5
Evaluating engagement	7	Section 6
Additional comments	8	Section 7

# Questions... Visions for the future

The National Treatment Agency (NTA) promotes a balanced treatment system in which clients move as quickly and safely as possible through treatment to recovery and reintegration into their local community.

*NTA Business Plan 2010-11*

*A new model of treatment for Derby needs to enable individuals to get access to treatment that aims for a drug-free life. Please consider the questions below about all treatment in Derby opposed to any individual service(s).*

**Please tell us how important the following priorities are. Circle a number from 10 – 1 for each priority where '10 = essential priority' and '1 = not important'.**

**Q1:** A more joined-up approach to drug treatment should be used in Derby with greater multi-agency working.

10 9 8 7 6 5 4 3 2 1

ESSENTIAL PRIORITY NOT IMPORTANT PREFER NOT TO ANSWER

**Q2:** A new treatment model should have greater focus on encouraging an individual's recovery from substance misuse.

10 9 8 7 6 5 4 3 2 1

ESSENTIAL PRIORITY NOT IMPORTANT PREFER NOT TO ANSWER

**Q3:** New service contracts should include outcome-based performance measures that are linked to payment by results.

10 9 8 7 6 5 4 3 2 1

ESSENTIAL PRIORITY NOT IMPORTANT PREFER NOT TO ANSWER

**Q4:** Please rank your top **three** key priorities for the new treatment model. Write the corresponding priority number in each of the three priority boxes.

- |   |   |
|---|---|
| 1. Community reintegration                                | 6. Being drug free                      |
| 2. Safeguarding & hidden harm                             | 7. Long-term substitute prescribing     |
| 3. Harm reduction (vaccination/screening/needle exchange) | 8. Mental health                        |
| 4. Rehabilitating offenders                               | 9. Drug awareness and education         |
| 5. Access to employment/education                         | 10. Enhanced access to housing services |

1<sup>st</sup> Priority       2<sup>nd</sup> Priority       3<sup>rd</sup> Priority

**Q5:** What do you think works well in the current treatment model and why?

**Q6:** What do you think has not worked well in the current treatment model and why?



# Questions... Adult treatment services

Treatment is not an instant cure: it takes time to overcome addiction and relapse is an ever present risk to recovery. The length of time an individual needs in treatment will vary according to their own circumstances and some service users may need numerous treatment episodes before they are able to sustain long term recovery.

*NTA Business Plan 2010-11*

*Derby's drug treatment services treat large numbers of drug misusers - the majority of these being primary heroin or crack users. The city's treatment services are underpinned by well-established harm reduction and support services using international methodologies. The new national drug strategy will require us to set more ambitious targets linked to helping substance misusers to become drug free.*

**Please tell us how important the following priorities are. Circle a number from 10 – 1 for each priority where '10 = essential priority' and '1 = not important'.**

**Q13:** Adult treatment should provide care based around a model of high, medium and low intensity treatment options.

10 9 8 7 6 5 4 3 2 1

ESSENTIAL PRIORITY NOT IMPORTANT PREFER NOT TO ANSWER

**Q14:** A new treatment model should have a single point of entry that provides assessment, develops recovery action plans and holds responsibility for the start of treatment engagement.

10 9 8 7 6 5 4 3 2 1

ESSENTIAL PRIORITY NOT IMPORTANT PREFER NOT TO ANSWER

**Q15:** Centralised treatment services should focus on providing treatment to opiate clients and high-end stimulant/non-traditional drug users.

10 9 8 7 6 5 4 3 2 1

ESSENTIAL PRIORITY NOT IMPORTANT PREFER NOT TO ANSWER

**Q16:** Locality-based treatment services should provide care to low/moderate level stimulant/non-traditional drug users in addition to opiate users.

10 9 8 7 6 5 4 3 2 1

ESSENTIAL PRIORITY NOT IMPORTANT PREFER NOT TO ANSWER

**Q17:** There should be more joint working in relation to substance misuse between primary care/GP treatment services and their mental health counterparts.

10 9 8 7 6 5 4 3 2 1

ESSENTIAL PRIORITY NOT IMPORTANT PREFER NOT TO ANSWER

**Q18:** Clients who are stable in treatment should have time limits placed on how long they can remain on a static dose of substitute medication without an attempted reduction taking place.

10 9 8 7 6 5 4 3 2 1

ESSENTIAL PRIORITY NOT IMPORTANT PREFER NOT TO ANSWER

**Q19:** Drug and alcohol services should aim to work jointly where possible.

10 9 8 7 6 5 4 3 2 1

ESSENTIAL PRIORITY NOT IMPORTANT PREFER NOT TO ANSWER

**Q20:** There should be greater emphasis on inpatient detoxification and residential rehabilitation.

10 9 8 7 6 5 4 3 2 1

ESSENTIAL PRIORITY NOT IMPORTANT PREFER NOT TO ANSWER

**Q21:** Family support and promotion of the hidden harm agenda should be core to all adult treatment services.

10 9 8 7 6 5 4 3 2 1

ESSENTIAL PRIORITY NOT IMPORTANT PREFER NOT TO ANSWER

**Q22:** Treatment providers should offer more support to recreational drug users if needed.

10 9 8 7 6 5 4 3 2 1

ESSENTIAL PRIORITY NOT IMPORTANT PREFER NOT TO ANSWER

**Q23:** Individuals with addictions to prescribed medication/over the counter medicines should be treated by their own GP, with drug treatment services providing support, if required.

10 9 8 7 6 5 4 3 2 1

ESSENTIAL PRIORITY NOT IMPORTANT PREFER NOT TO ANSWER

**Q24:** Drug services should have a specialist facility to provide night-time outreach services and interventions within the city centre.

10 9 8 7 6 5 4 3 2 1

ESSENTIAL PRIORITY NOT IMPORTANT PREFER NOT TO ANSWER

**Q25:** Please use the space below for any other comments you have about the redesign of adult treatment services.





# Evaluating equality and engagement

Whilst we want the consultation process to be as anonymous as possible, we would like to collect some information from you to help us to make sure our consultation is as inclusive as possible. To ensure we have sufficient representation from key stakeholders, please fill in the information below:

**Q39:** Are you...?

TICK ONE BOX ONLY

- Male  Female

**Q40:** Please write your age in years

**Q41:** Please tell us which category you feel best describes you.

TICK ONE BOX ONLY

- |   |   |
|---|---|
| <input type="checkbox"/> Patient/carer        | <input type="checkbox"/> Commissioner         |
| <input type="checkbox"/> Community/lay member | <input type="checkbox"/> Clinical network     |
| <input type="checkbox"/> Health professional  | <input type="checkbox"/> Public network       |
| <input type="checkbox"/> Technical expert     | <input type="checkbox"/> Provider of services |

**Q42:** To which group do you consider you belong?

TICK ONE BOX ONLY

**Asian or Asian British**

- Bangladeshi  
 Indian  
 Pakistani  
 Any other Asian background

**Mixed**

- White & Asian  
 White & Black African  
 White & Black Caribbean  
 Any other mixed background

**Other Ethnic Group**

- Chinese  
 Any other ethnic group

**Black or Black British**

- African  
 Caribbean  
 Any other Black background

**White**

- British  
 Irish  
 Any other White background

I do not wish to disclose this

Any other background please write in

**Q43:** Do you consider yourself to be a disabled person?

TICK ONE BOX ONLY

- Yes  No



All information provided will be treated in accordance with the Data Protection Act 1998. We will review and use the survey results to improve the treatment services we provide.

We wish to provide you with the opportunity to make comments.

Please use the space below for any other comments you wish to make about adult and/or young person drug treatment in Derby.

# Building Stronger and Safer Communities and Places

Your services... your say...

## THANK YOU FOR COMPLETING THIS CONSULTATION

**Please return your consultation to:**

Substance Misuse Team  
Derby Community Safety Partnership  
3<sup>rd</sup> Floor  
St Peter's House  
Gower Street  
Derby  
DE1 1SB

### For more information, please contact:

**Dr Richard Martin**  
Head of Service – Substance Misuse  
Community Safety Partnership  
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**James Sutherland**  
Lead Commissioner – Drugs  
Community Safety Partnership  
01332 256 911  
james.sutherland@derby.gov.uk

**If you represent a community/service user group and would like to discuss the proposals, please contact:**

**Nicola Snell**  
Substance Misuse Co-ordinator  
Community Safety Partnership  
01332 256 909  
nicola.snell@derby.gov.uk