

'BUILDING RECOVERY IN COMMUNITIES': A GUIDE TO COMPLETING THE CONSULTATION

When the coalition government published its drug strategy in December 2010, it set the drug treatment system a challenge: to transform treatment in England to ensure it gives every drug user the chance to recover and lead a drug-free life.

The NTA's job is to come up with a plan of action. We are asking everybody interested in drug treatment, including members of the public and the people who work in the system or have a current or past problem with drugs, what changes they think we need to introduce to make the government's vision a reality.

The consultation process is called 'Building Recovery in Communities' and the aim is to draw up a blueprint that commands as much agreement as possible. This will replace the existing national framework, described in a technical document called 'Models of Care' published several years ago.

To help ensure you have your say, this guide strips the consultation process down to its bare essentials and puts some of the complexities into plain English. We hope you find it useful. This guide does not replace the consultation questionnaire, as it's important that everybody completes the same document, which you can download from www.nta.nhs.uk/recovery-consultation.aspx

If you would prefer to complete a paper version of the consultation you can order a copy, along with a pre-paid envelope, from YourViews@nta-nhs.org.uk or 020 7972 1802.

The consultation ends on Wednesday 4 May 2011, so be sure to submit your completed form by then.

You don't have to answer every question. You can stick to the ones you are most interested in, or that affect you directly. There are no right or wrong answers, and if you have something to say and are not sure which box is suitable, tell us anyway and we will make sure your views are heard.

1. "WIDENING THE FOCUS TO CONSIDER DEPENDENCE ON ALL DRUGS"

What this section is about

The 2010 drug strategy wants to bring treatment for all addiction to drugs and alcohol under one system. It also wants treatment to focus on individuals rather than the drugs they use, and to provide more consistent care for those moving between prison and the community.

What this section is asking

What do you see as the key issues we need to think about in bringing drug and alcohol treatment under one system? You may also want to comment on the challenges this might pose for prisons, or for ethnic and other diverse groups. → [Go to pages 4/25 and 5/25 of the consultation](#)

2. "RECOVERY CAN ONLY BE DELIVERED BY ADDRESSING THE NEEDS OF THE WHOLE PERSON"

What this section is about

As drug users move closer towards making a recovery, they will experience many changes in their lives. The new drug strategy identifies a number of these changes, including:

- Freedom from dependence on drugs or alcohol
- Reduced risk from drug-related death and blood-borne viruses
- Reduced crime and re-offending
- Sustained employment
- Sustained access to suitable accommodation
- Improved mental and physical health
- Improved relationships with family, partners and friends
- Improved capacity to be a caring and effective parent.

What this section is asking

How would you define and measure each of these outcomes? How can services that focus on reducing drug-related deaths and the spread of blood-borne viruses such as HIV and hepatitis help to get people into recovery-focused treatment? → [Go to page 6/25 of the consultation](#)

3. "RECOVERY IS AN INDIVIDUAL, PERSON-CENTRED JOURNEY AS OPPOSED TO AN END STATE AND WILL MEAN DIFFERENT THINGS TO DIFFERENT PEOPLE"

What this section is about

The national framework will need to support local systems that help drug users see recovery as a realistic goal. But this may mean local systems have to offer users more choice about how they recover. These choices may include:

- Abstinence from drug(s) of dependence
- Abstinence from all drugs and alcohol
- Controlled or low-risk use of alcohol
- Medically-assisted recovery using methadone or other medication.

What this section is asking

How do you think we can accommodate different ideas of 'recovery'? For example, how do we develop a system that can support people who just want to control their alcohol use *and* those who want to stop using all drugs?

→ [Go to page 7/25 of the consultation](#)

4. "WE WANT TO ENCOURAGE PEOPLE TO TAKE RESPONSIBILITY FOR THEIR HEALTH, AND SUPPORT THEM TO RECOVER"

What this section is about

The new framework will continue to work to keep drug users safe, but it should also encourage them to set realistic goals for themselves and to take more responsibility for planning and achieving their own recovery.

What this section is asking

What do you think about users developing their own plans for recovery? Is it a good idea, and what can we do to help them come up with plans that are ambitious and realistic? For example, should we establish a set of clear steps towards 'recovery' that users can adapt to their own needs? → [Go to page 8/25 of the consultation](#)

5. "ACTIVE PROMOTION OF MUTUAL AID NETWORKS WILL BE ESSENTIAL"

What this section is about

Mutual aid networks (e.g. Narcotics Anonymous, Alcoholics Anonymous, SMART Recovery) and peer support groups can help drug users to recover and stay recovered. They are similar, but have key differences that may affect how they are set up locally.

What this section is asking

How can mutual aid and peer support groups work locally to help drug users recover? For example, should we make them more formal parts of the system? → [Go to page 9/25 of the consultation](#)

6. "RECOVERY CAN BE CONTAGIOUS. PEOPLE TELL US THEY ARE MOST MOTIVATED TO START ON THEIR INDIVIDUAL RECOVERY JOURNEY BY SEEING THE PROGRESS MADE BY THEIR PEERS"

What this section is about

Local mutual aid and peer support networks are increasing in number. They are key parts of 'recovery communities' and are good at promoting recovery. But they need to become more visible throughout the system, and the drug strategy suggests that every area should have 'recovery champions' at three levels: strategic (those who commission treatment), therapeutic (those who provide treatment) and community (those already in recovery).

What this section is asking

In what ways do you think mutual aid and peer support could work at a local level? For example, how might local systems promote 'recovery champions' and measure the impact of 'recovery communities'?

→ [Go to pages 10/25 and 11/25 of the consultation](#)

7. "EVIDENCE SHOWS THAT TREATMENT IS MORE LIKELY TO BE EFFECTIVE, AND RECOVERY TO BE SUSTAINED, WHERE FAMILIES, PARTNERS AND CARERS ARE CLOSELY INVOLVED"

What this section is about

The drug strategy encourages a 'whole family' approach to recovery, and recognises that families, partners and so on need support themselves.

What this section is asking

How do we get families and partners of users more involved in treatment? For example, what practical support do families and partners themselves need and how do we provide it? → [Go to page 12/25 of the consultation](#)

8. "AN INTEGRATED APPROACH TO SUPPORT PEOPLE TO OVERCOME THEIR DRUG OR ALCOHOL DEPENDENCE MUST BE THE PRIORITY"

What this section is about

The recovery system needs to be more joined up, with more seamless care, especially for people moving between prison and the community. It also needs to be dynamic and flexible, which may mean moving away from the existing four-tier model that separates different types of treatment (as described in the publication 'Models of Care') to a new model that takes a more integrated approach.

What this section is asking

How can we improve care for users moving between prison and the community? And what do you see as the good and bad aspects of moving away from a tiered system to one that takes a more integrated approach? → [Go to page 13/25 of the consultation](#)

9. "RECOVERY IS NOT JUST ABOUT TACKLING THE SYMPTOMS AND CAUSES OF DEPENDENCE, BUT ABOUT ENABLING PEOPLE TO SUCCESSFULLY REINTEGRATE INTO THEIR COMMUNITIES"

What this section is about

Drug users need support in finding jobs and stable housing if they are to recover from dependence and reintegrate with society. This means the drug treatment system needs to work closely with more mainstream services.

What this section is asking

What do you think needs to be done to help users find work and housing? For example, what hurdles do you think users face when finding jobs and accommodation and accessing other services such as mental health, and how can we help them overcome those hurdles? → [Go to pages 14/25 and 15/25 of the consultation](#)

10. "IMPROVING EFFECTIVE PRACTICES AND INTEGRATED APPROACHES TO SAFEGUARDING THE WELFARE OF CHILDREN"

What this section is about

The new drug strategy also asks the drug treatment system to do more for the children of drug users, to protect them, and to help rebuild families.

What this section is asking

How do you think we can improve protection for children and help users become better parents? For example, how can we improve our response in situations where children are at risk? → [Go to page 16/25 of the consultation](#)

11. "DEVELOPING AN INSPIRATIONAL RECOVERY-ORIENTATED WORKFORCE; PROMOTING A CULTURE OF AMBITION, AND A BELIEF IN RECOVERY"

What this section is about

A recovery-focused treatment system will require a skilled, yet flexible workforce, working towards shared goals. Training and support will be needed in many areas, from specialist medical skills to recovery champions.

What this section is asking

What skills do you think the treatment workforce will need to help more users make a lasting recovery? → [Go to pages 17/25 of the consultation](#)

12. "DEVELOPING PATIENT PLACEMENT CRITERIA TO DELIVER BETTER CLINICAL OUTCOMES, INCREASE VALUE FOR MONEY, AND MOST IMPORTANTLY TO HELP INDIVIDUALS FIND THE RIGHT TREATMENT"

What this section is about

'Patient placement' means giving users the right treatment in the right place and at the right time. The new framework may support personalised packages of care that draw on a menu of options. This system would need to understand individuals' problems, but also their strengths.

What this section is asking

How do you think we should support personalised care, which focuses on recovery while helping people make the right decisions for themselves? → [Go to pages 18/25 and 19/25 of the consultation](#)

13. "ENCOURAGING OFFENDERS TO SEEK TREATMENT AND RECOVERY AT EVERY OPPORTUNITY IN THEIR CONTACT WITH THE CRIMINAL JUSTICE SYSTEM"

What this section is about

Drug treatment in prisons has improved a lot in recent years, but more work needs to be done, especially when offenders are released from prison back to the community.

What this section is asking

What do you think are the good and bad points of promoting recovery in prisons? For example, what extra services are needed and how do we build on recent improvements? → [Go to page 20/25 of the consultation](#)

14 "SUBSTITUTE PRESCRIBING CONTINUES TO HAVE A ROLE TO PLAY IN THE TREATMENT OF HEROIN DEPENDENCE, BOTH IN STABILISING DRUG USE AND SUPPORTING DETOXIFICATION"

What this section is about

Substitute prescribing such as methadone will remain an important part of drug treatment, but more needs to be done to ensure users do not remain on medication indefinitely.

What this section is asking

How do you suggest we support users who need medication, but who also need wider treatment and help in their bid for recovery? → [Go to page 21/25 of the consultation](#)

15. "WE NEED TO BECOME MUCH MORE AMBITIOUS FOR INDIVIDUALS TO LEAVE TREATMENT FREE OF THEIR DRUG OR ALCOHOL DEPENDENCE SO THEY CAN RECOVER FULLY"

What this section is about

Users need to stay in treatment long enough to develop the resources that will improve their chances of recovering. The new framework will still help local systems get people into treatment, but it also must put more emphasis on moving them through to recovery.

What this section is asking

How can we get more users to complete their treatment? What, in your opinion, stops them from finishing treatment, and what support do they need to maintain their recovery? → [Go to pages 22/25 and 23/25 of the consultation](#)

16. "WE ARE COMMITTED TO REVIEW NEW EVIDENCE ON WHAT WORKS IN OTHER COUNTRIES AND WHAT WE CAN LEARN FROM IT"

What this section is about

We know that drug treatment works and that it brings real improvements to people's lives. But to build an effective recovery-focused system we need to know more about what helps people to recover and sustain their recovery.

What this section is asking

How do you think we can help more people move towards sustained recovery while preserving gains made in areas such as waiting times? For what areas of treatment do we need better evidence? → [Go to pages 23/25 and 24/25 of the consultation](#)

17. "WE NEED TO RESPOND TO NEW AND EMERGING EVIDENCE, TO RESPOND FLEXIBLY TO THE CHANGING NATURE OF THE DRUGS TRADE AND THE OUTCOMES BEING ACHIEVED"

What this section is about

New patterns of drug use are continually emerging, and the new framework will need to be able to react to them as well as alcohol and new addictive substances.

What this section is asking

What do you see as the main emerging challenges for drug treatment, particularly in a system that deals with drugs and alcohol? → [Go to pages 24/25 and 25/25 of the consultation](#)