

healthwatch Wirral

Your Road to Recovery

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I would like to dedicate this report to all those who welcomed me and supported 'Your Road to Recovery' at Change Grow Live, especially the service users of Spider. The honesty and kindness demonstrated in sharing your journeys of recovery with me was remarkable. It was a privilege to have an insight into your personal recoveries and I cannot thank you enough.

At the start of the project, I was told that 'Addicts can change the world'. After spending time with service users of Change Grow Live, I think that the man who told me this was onto something.

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1. Chapter One: Introduction

1.1 The Project

This report seeks to establish the findings of the research project, 'Your Road to Recovery', which sought to uncover and listen to the voices of addiction and recovery service users on the Wirral.

Addiction and recovery services are commissioned by the charity, Change Grow Live, locally this provider is known as CGL or Wirral Ways to Recovery. In order to present an authentic articulation of service users' voices, the project additionally accessed voices of volunteers and employees. Consequently, the findings of 'Your Road to Recovery' are well reasoned and present an insightful account regarding service users' experiences of addiction and recovery services.

In 2015, the provider for addiction and recovery services on the Wirral changed from NHS funded Wirral Clinical Commissioning Group, to CGL. Since the handover of services there has been a heightened public and media concern regarding increased drug related deaths, as well as deterioration of the quality of services available. Due to concerns of compromised health and wellbeing, Public Health England investigated addiction services provided by CGL. Public Health England concluded that the increase in drug related deaths was not as a result of the change in provider to CGL and that addiction services were of an acceptable standard (Democracy.wirral.go.uk, 2016). However, in response to health and social care concerns surrounding addiction and recovery, Healthwatch Wirral identified the need to independently conduct service user focused research. The project entitled 'Your Road to Recovery' sought to obtain accounts of addiction and recovery services by collating the views of service users as well as volunteers and employees in contact with the services.

1.2 Interchange

The research project 'Your Road to Recovery' was a collaboration between the charity Interchange and the community organisation Healthwatch Wirral. The charity seeks to act as a facilitator between voluntary community organisations (VCO) and third year University students. Community organisations spanning the North West of England seeking objective, external independent research are able to work in partnership with Interchange.

Interchange offers a unique opportunity providing invaluable experiences and findings for both parties. The partnerships established during the projects develop a networking community between VCO's and academia within the North West. The nature of allowing students to independently research social conditions and take control of a project, ensures the development of future generations of social researchers. Community organisations which formulate the research projects span a spectrum of social inequalities, which allows students an insight into the range of inequalities and support organisations available within the community.

This is the first-year Interchange has worked in partnership with Healthwatch Wirral.

References: Interchange., (2017). Interchange., (ii) (2017). Department of Sociology, Social Policy and Criminology. (2017).

1.3 Healthwatch

1.3.1 Context

The non-profit organisation Healthwatch was established in 2012 and provides independent scrutiny of health and social care organisations within 150 local authorities, all of which present specific needs. The establishment of Healthwatch was as a direct result of health and social care reforms under the Coalition Government. Governmental social care reforms, as well as the ethos of Healthwatch, both seek to 'put people at the centre of health care' (Healthwatch, 2017) which ensures a 'connected' approach to health and social care is maintained. Furthermore, such reforms sought to provide health and social care services via outsourcing services to specialist independent contractors of care (Health and Social Care Act, 2012, p1).

1.3.2 Ethos

The central principle guiding Healthwatch is to obtain and present the voices of service users of health and social care facilities. Service users' voices are able to identify areas of success and weakness, enabling reflection of local services across 150 regions. Regional findings are able to identify national concerns and identify problematic services across the United Kingdom. Consequently regional and national findings drawn by service users' voices, can lead to the prioritisation and better targeting of services (Healthwatch. (ii), 2017).

The independent structure of Healthwatch ensures service users' voices can be obtained without the fear of compromised standard of care. Research findings and trends formulated by voices identified by Healthwatch are held in high regard. This results in Healthwatch's 'far reaching statutory power', as well as acknowledgement within a competitive political and commissioning sphere (Healthwatch, (ii), 2017). Healthwatch as a respected community organisation, are able to ensure the championing of service users' voices which reflect valuable sought after improvements of local health and social care facilities. The regional structure of Healthwatch ensures that local voices, and local needs are researched and consequently addressed. Each region provides a unique local profile, identifying trends and concerns in association to local demographic profiles and subsequent needs and requirements. The overall arching aim is to ensure health and social care services across the United Kingdom are successful and reflect the needs of their communities.

1.3.3 Healthwatch Wirral

Healthwatch Wirral have identified the need for addiction and recovery services based on the Wirral in central Birkenhead to undergo independent investigation. All research was conducted by the Healthwatch final year student, at The Conway Street Hub and Spider. Research was conducted at these locations as they both received high levels of engagement and attendance at different stages of recovery. The Conway Street Hub receives high attendance levels by service users initially engaging in services, whilst Spider is an abstinent based facility for service users at the end of their recovery journey. Both sites provided safe environments for the completion of research, as well as providing opportunities for accessing large samples of service users, volunteers and employees.



1.4 Wirral

1.4.1 Context

The Wirral is located within the Metropolitan Borough of Merseyside, and is considered a socially and economically diverse region. Consequently the Wirral displays 'sharp contrasts' between wealth and social deprivation within its regional realms (Wirral, 2013). Merseyside has been declared one of the regions with the highest rate of deprivation within the North West, second only to Manchester, and more broadly across England (Kinsella, 2015). The Annual Multiple Deprivation Survey for Wirral (IMD) cited in Kinsella, 2015, states that prior 2015, the Wirral was within the most 20% deprived small geographic regions (LSOA's) across the United Kingdom. Furthermore, Kinsella, 2015, states that one in three residents on the Wirral live in deprivation and must negotiate factors of high unemployment, poor educational attainment, lack of recreational facilities and substandard housing. Such social and environmental deprivation occurred due to industrial and manufacturing decline in association with neoliberalism and the Thatcherite Government policies (Kinsella, 2015).

1.4.2 Geographic Deprivation Variation

Within the Wirral there are established geographic variations concerning the level of deprivation as identified in Figure 1 see overleaf (Kinsella, 2015, p5). The geographic deprivation outlined in Figure 1 identifies the North-East of the Wirral as the most deprived region, including areas of Rockferry, Birkenhead, Bidston and New Brighton. Alternatively, South Eastern boroughs of Heswall and West Kirby are associated with 'middle class residency' (Bakx et al, 1987, p154) and present as the least deprived areas of the Wirral. However, despite Wirral's complex deprivation picture, it cannot be assumed that middle class areas are exempt from substance use and addiction. Bark et al, 1987 state that despite divides concerning class and geography, proximity ensures accessibility of the same illegal drugs supply, as well as access to information on local drug culture and practices. It is important the public and research concerns about addiction and recovery are not restricted to only deprived areas of the Wirral.

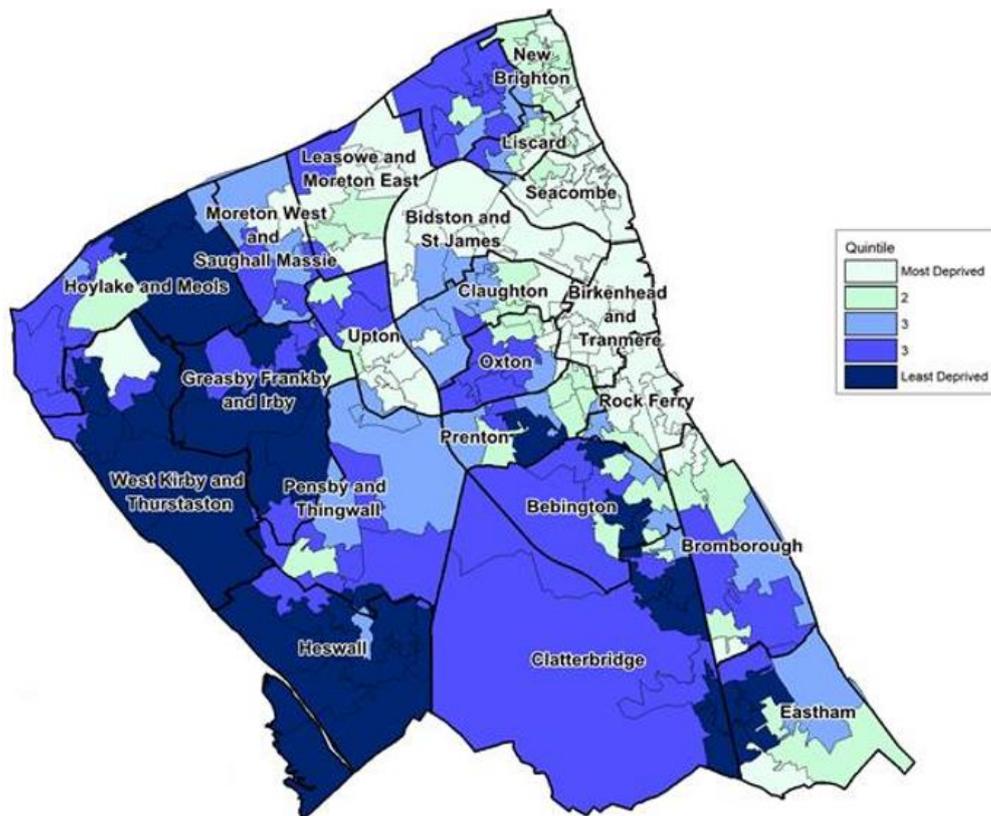


Figure 1: Map identifying deprivation variation within the Metropolitan Borough of Merseyside.
 Source: Kinsella, S., (2015), *Indices of multiple deprivation (IMD) for Wirral, 2015*, Wirral Council Public Health Intelligence Team

1.4.3 Heroin Epidemic

To situate substance misuse on the Wirral, the Metropolitan Borough of Merseyside has a history of problematic drug consumption, due to the easily facilitated supply and demand of the trading docks (Siddle, 2015). Addiction took a turn during the 1980's, due to the emergence of the heroin epidemic and 'smack head culture' (Bakx et al, 1988, p113). The epidemic heavily affected Birkenhead, especially deprived estates such as Ford and Beechwood. Birkenhead was heavily affected by the 'smack head culture' due to its working-class status and deindustrialisation. The effects of deindustrialisation and the heroin epidemic created a generation who whilst experiencing unemployment turned to heroin, the 'new drug to relieve their boredom' (Kenny, 2004). Heroin soon became the answer to people's woes and worries in Birkenhead, creating an epidemic in a decaying social environment. During 1984-95 the annual rate of known opioid use on the Wirral reached extremes of 4 addicts per 1000 residents (Bakx et al, 1987). The typical demographic occupying the 'smack head culture'

consisted of young, single, working class men often engaging in criminality to suffice their addiction (Bakx et al, 1987, p150). As a result of the surge in heroin use, the Government launched a campaign directed at Merseyside called, 'Heroin Screws You Up' (Museumofdrugs, 2014). This campaign was used as scaremongering tactic to demonstrate the quick hold and rapid decline heroin causes.

1.4.4 Drugs Capital

Due to increased levels of opioid use and longest drug career length within the North West, it is claimed that Merseyside is the drugs capital of the United Kingdom (Siddle, 2015). The North West is also experiencing 'soaring purities', which causes concerns regarding increased drug related deaths (Siddle, 2015). The increased levels of drug purity are as a result of reduction in the wholesale cost of cocaine and heroin. The Merseyside Police, cited in Siddle 2015, state that the strength of cocaine went from single figures to 25% strength, and heroin has reached levels of 40% strength. Consequently, the reduction in price causes increased drug strength, increasing the likelihood of death and drug poisoning, (Siddle, 2015). This is of particular concern for older generations of heroin and cocaine users who occupy a longer drug career and are unable to manage their addiction due to increased purities.

The 1980's heroin generation became a loss to the Wirral, and presented a population of service users engaging in services throughout adulthood, as well as posing complex script, addiction and recovery needs. The graphs overleaf, Figure 2 and Figure 3 identify the increased career length of opiate, heroin, users in the North West, identifying the Wirral to have the longest career length of 6 yrs+ and 21 yrs+. Figures 2 and 3 support the claim that service users on the Wirral are likely to have longer than average career lengths and subsequently are likely to require and engage in addiction services throughout adulthood.

NW Proportion of Opiate Clients 6 Years +

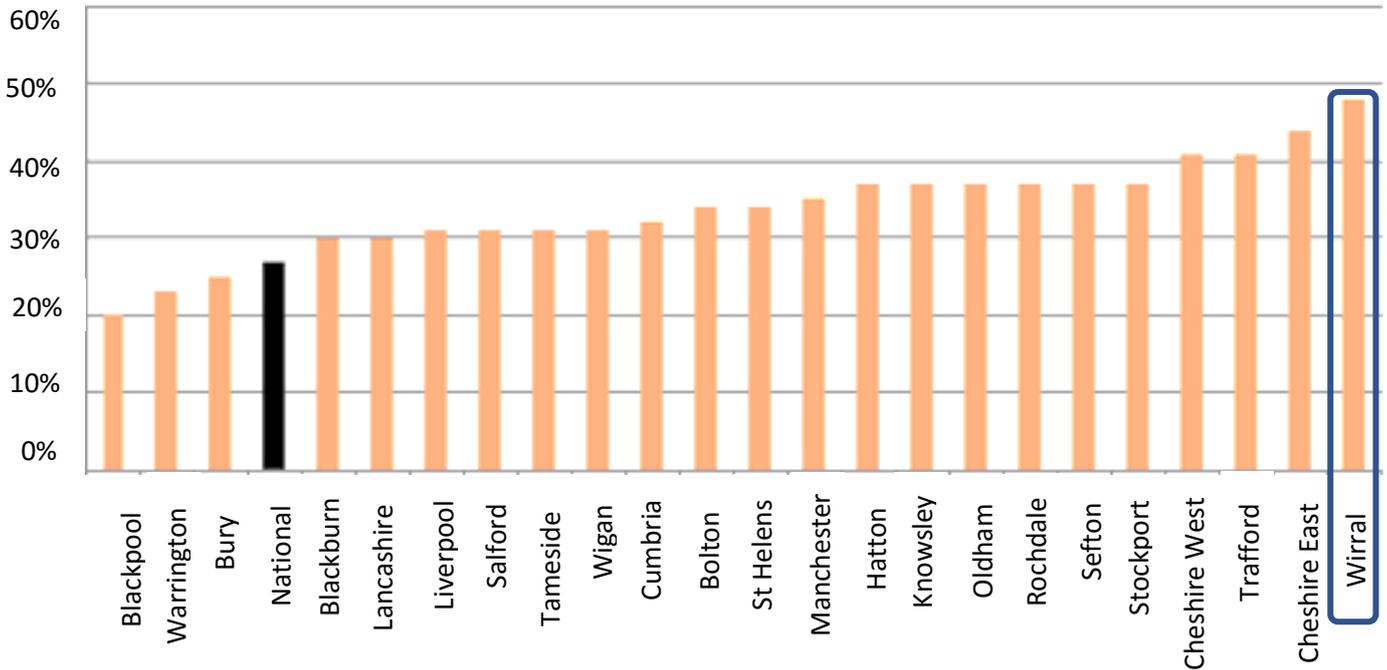


Figure 2: Graph identifying the Wirral as the region in the North West with the highest proportion of opiate users with a career length of 6yrs +

Source: Democracy.wirral.go.uk., (2016), *Report on the increase in deaths of people in contact with the Wirral Drug and Alcohol Treatment Service*

NW Proportion of Opiate Clients 21 Years +

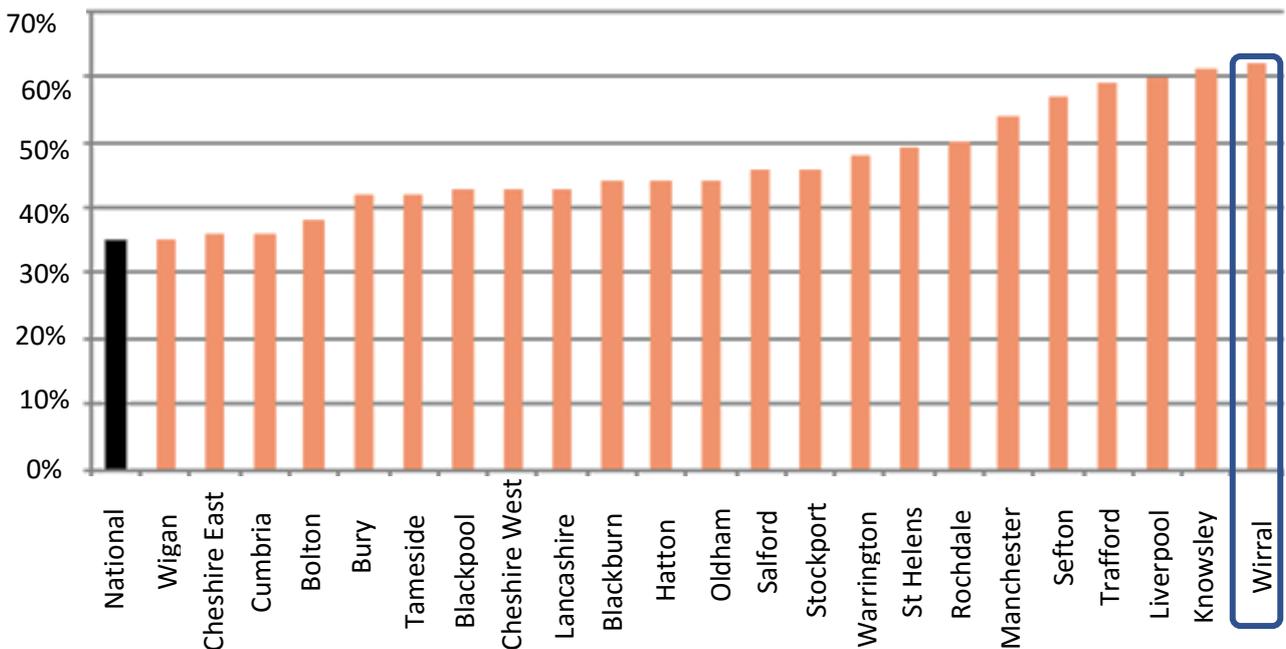


Figure 3: Graph identifying the Wirral as the region in the North West with the highest proportion of opiate users with a career length of 21yrs +

Source: Democracy.wirral.go.uk., (2016), *Report on the increase in deaths of people in contact with the Wirral Drug and Alcohol Treatment Service*

1.4.5 Speculation of Commissioning Services

In addition to increased purity levels, the Wirral has seen a staggering 72 drug and alcohol related deaths since the handover of services in 2015 (Wirralleaks, 2016). In response to health and social care concerns Public Health England held an inquiry into the services and increased death rate. The inquiry stated that the majority of the drug related deaths, were as a result of long term health conditions such as liver and respiratory diseases (Public Health England, 2016, cited in Democracy.wirral.go.uk, 2016). However the unfortunate increase in drug related deaths on the Wirral has been met with public and media speculation concerning the quality and effectiveness of recovery and addiction services.

Uncertainty regarding addiction services has risen due to the handover of services in 2015. Previously, addiction services were NHS funded and conducted by, Wirral Clinical Commissioning Group. This service provider was a collective administration comprised of different services some of which were NHS sourced and others private enterprises such as:

- Spider: A Connect social enterprise project, providing routes of recovery based on a creative community.
- Arch: Services focused on community drop-ins for service users.
- Advocacy Wirral: An independent organisation offering a professional standard of information and advice concerning advocacy for vulnerable service users.
- Phoenix Futures: A youth oriented service seeking opportunities of employment and residential rehabilitation.
- Wirral Community NHS Trust: A service offering medical, nurse drop-in services concerning addiction.

The charity CGL formerly known as Crime Reductions Initiative (CRI) won the contract to provide addiction and recovery services on the Wirral. However CGL are a nationwide charity, providing a range of specialist services with the interests of community members as the focal concern. National services provided by CGL offer a range of specialisms, from substance misuse support to young people's services, homelessness and criminal justice support. The services provided by CGL on the Wirral seek to provide a fresh and dynamic approach to substance recovery. This was identified as 'umbrellaing services' in an interview with of an

employee of CGL at The Conway Street Hub. Below is a quote taken from the CGL website concerning addiction and recovery services on the Wirral.

CGL are leading a dynamic recovery partnership on the Wirral providing a new Integrated Treatment & Recovery Service... with a passionate belief that recovery can be self-defined, and contagious. A drug & alcohol free lifestyle can be within the reaches of any individual, irrespective of their circumstances. (Recovery Wirral, 2017)

1.4.6 Policy Context

The foundations of CGL are based on service user needs, as well as corresponding to wider ideological concerns presented by the Coalition Government, such as the Drug Strategy 2010. The Drug Strategy, 2010, saw the establishment of a national five-year drug plan which sought to tackle the root causes of addiction. Wider intersectional factors of addiction which the strategy addressed included matters of poverty, housing and family breakdown. A broader approach concerning tackling addiction is necessary, for example 400,000, 8% of benefit claimants, are drug dependent costing 1.6 million in pay-outs (HM Government, 2010).

The Drugs Strategy 2010, as well the ethos of addiction services under CGL, aim to provide local community needs within targeted services. Consequently, regionally unique addiction and recovery services have allowed the development of Building Recovery in Communities, BRIC (National Treatment Agency, 2012). Additional relevant policy context to set the research within, includes the 2010 amendment of the 'Misuse of Drugs Act, 1971'. The Misuse Drugs Act is considered a central drugs policy which establishes drug classification. The 2010 amendment saw the addition of 'new drugs', including psychoactive substances and legal highs. Subsequently, in 2016 mind alerting legal substances were classified as illegal under the Psychoactive Substance Act (HM Government, 2010). Recent increased popularity of 'legal highs' demonstrates the changeable, dynamic process of addiction as well as evolving barriers of recovery. In light of the changeable nature of addiction and recovery, there is the need for contemporary and innovative services. This is especially the case for recovery on the Wirral, which presents as a problematic region with increased levels of addiction and drug related deaths.

2. Chapter Two: Methodology

2.1 Locations of Research

The research project 'Your Road to Recovery' was a small-scale study drawing on localised findings which are often highly valued (Hall and Hall, 2004). Due to the vulnerable nature of service users, caution regarding appropriate research methods and compliance to ethical considerations was paramount throughout the project. Such considerations ensured no harm came to participants, whilst ensuring the most data rich outcomes. In order for successful participant rates and data collection, all data was collected between two CGL premises; The Conway Street Hub and Spider. The Conway Street Hub, is a central location service users frequent during initial stages of engagement. The Conway Street Hub offers a range of facilities from medical advice, one to one support and opportunities of group engagement and recovery. Consequently, participants accessing The Conway Street Hub are likely to still be using substances or occupying initial stages of recovery. The second research location, Spider, offered an alternative insight due to the requirement service users are abstinent. Spider provides a creative community route to recovery, which was identified unanimously across the research as a successful service heavily relied upon.

'Your Road to Recovery' did not involve NHS employees, nor did it access NHS patients' medical records. Furthermore, all data collected has been anonymised to ensure no harm came to the project participants. Consequently, the research project 'Your Road to Recovery' received ethical approval from the University of Liverpool's Ethics Committee.

2.2 Method One

The research conducted for 'Your Road to Recovery' comprised of mixed methods, in order to target different participants; service users, volunteers, and employees. Mixed methods ensure a broad perspective concerning addiction services and successful routes to recovery. Service users were considered too vulnerable to directly access, therefore self-administered questionnaires were used to obtain their views (See Appendix 1). Self-administered questionnaires were an effective method as results included both quantitative and qualitative findings due to the use of open and closed questions (Bryman, 2016).

Service user questionnaires were completed at both research locations and in informal group environments. At all times the researcher remained present in order to help with difficulties concerning comprehension or completion of the questionnaire. In total 26 service user questionnaires were completed, this does not include one member of the sample who wished not to complete the questionnaire.

2.3 Method Two

The second research method 'Your Road to Recovery' performed was focus groups comprised of volunteers and abstinent community members. Two focus groups were held at Spider on two separate occasions both varying in participant size, ranging from three participants to ten participants. Variation in participant size allowed the opportunity for alternative findings to emerge due to differing group dynamics. The focus groups were participant led with the lead researcher interjecting prompts to steer the discussion in the correct research direction. Participant led discussion allowed for justifications, comparisons and conclusions to develop (Bryman, 2016). Both focus groups consisted of male and female participants, as well as a spectrum of abstinent career lengths.

Focus groups gathered volunteers' experiences regarding addiction services on offer under CGL, as well as identifying key factors for a successful recovery. The voices of volunteers provided additional evidence with regards to supporting service user findings established via self-completion questionnaires. Volunteers of Spider are often ex-service users occupying abstinent careers in recovery. Focus Group research allows a balanced account of addiction services and routes to successful recovery on the Wirral under services commissioned by CGL.

2.4 Method Three

The final research method for 'Your Road to Recovery', was the completion of two semi-structured interviews between the lead researcher and one employee at The Conway Street Hub and Spider. The nature of semi-structured interviews allowed for relevant themes to be covered whilst ensuring flexibility and the opportunity for employees to voice subjective experiences and concerns. Between the two interviews the depth of responses alternated, resulting in interviews lasting 20 minutes to over an hour. However, both interviews proved insightful and allowed for subsequent informal comparisons to be drawn between the two sites of recovery.

All data collected throughout the research project 'Your Road to Recovery' underwent thematic analysis, which has allowed for four common themes to emerge. The opportunity of external independent research conducted by Healthwatch was well received by the commissioner of services CGL, as well as their service users and volunteers. With the exception of one service user all participants considered addiction and recovery services on the Wirral to have improved within the last two years.

3. Chapter Three: Discussion and Findings:

3.1 Theme One: Causation

Causation is the first theme to emerge from 'Your Road to Recovery', established via researcher field notes particularly taken from the 'Voyage of Change' group, which identified that recovery must come from within the service user, rather than engaging to please loved ones. In addition to service users engaging in recovery for personal gratification, negotiation of external, social and environmental factors of boredom and normality surrounding addiction must be tackled. All but two participants out of the 26 questionnaire responses, stated that the Wirral had a higher than national average rate of addiction.

There are vast contributory factors behind service users' perception of higher rates of addiction on the Wirral. It is important for service providers such as CGL to understand various causation factors of addiction to ensure reduced rates of relapse and improved targeting of services. It is essential to understand causation in order to promote successful roads to recovery.

3.1.1 Commissioner Causation Theory

Differences between service user and employee perceptions of causes of addiction uncovered alternative depths of understanding regarding addiction. The difference in addiction perception was gathered by the service user questionnaire responses, and the two employee interviews. Employees provided an objective standpoint to wider socio-political and environmental conditions contributing to increased rates of addiction on the Wirral. They stated that a history of addiction and social acceptance of drug norms are entrenched on the Wirral due to the legacy of the 1980's heroin epidemic. Consequently, both employees stated that the majority of service users occupy an older demographic, between the ages of 40-50 years who represent "a dying breed of ex heroin users" (Spider Employee interview). Furthermore, it was identified that the governments, current austerity measures including pressure to get people back to work through notorious health assessments has only fuelled concerns regarding uncertainties of recovery.

3.1.2 Service User Causation Theory

Service user questionnaire responses provided more superficial causes of addiction, including anxiety, stress, poor levels of education and peer pressure. As identified by a service user the Wirral was once “an area of traditional industrial employment, now otiose, causing deprivation in working class areas” which has caused increased unemployment, state dependency, and temporal freedom in a socially miserable region. Thus causing problematic rates of addiction.

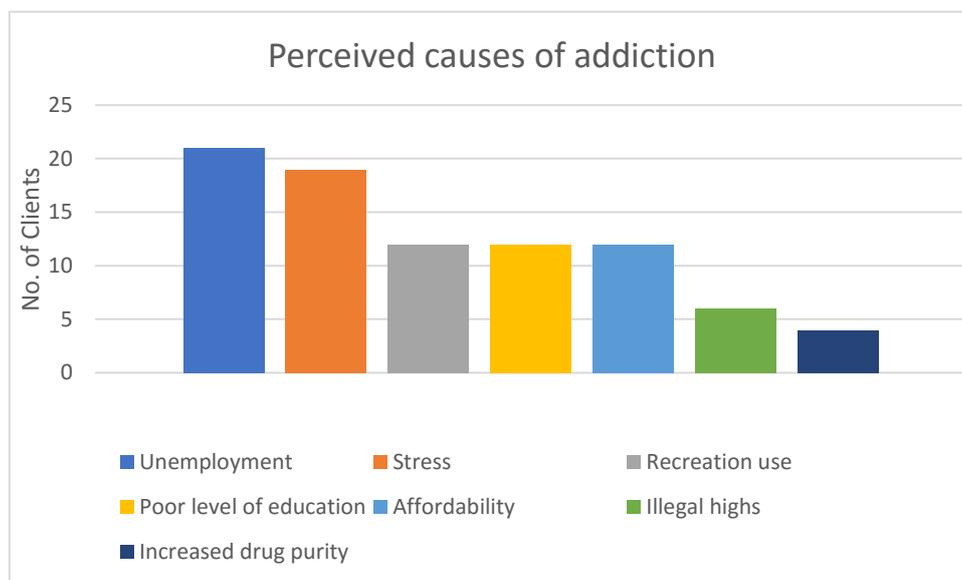


Figure 4: Graph identifying Perceived causes of addiction
Source: Your Road to Recovery, 2017, Author’s calculations

The graph above, Figure 4, constructed on service user responses, supports the service users’ claim regarding unemployment and addiction to be as a consequence of deindustrialisation. Figure 4 identifies that only a minority of service users recognised the contribution of illegal highs to levels of addiction. In an employee interview at CGL, it was stated that illegal highs as well as “psychotic stuff that goes on with new drugs” such as skunk, will affect the “younger generations” of future service users. The interview stated that younger generations are currently not engaging in services as they are “still having fun with little responsibilities”, however in the future are likely to present serious addiction concerns. To access such a population the ‘Voyage of Change’ recovery service has expanded, offering drop-in services at the Tesco’s community room in Bidston. This extension of ‘Voyage of Change’ seeks to engage with the wider community including substance users who are not presenting worrying levels of use, as well as friends and family who are concerned for the health of loved ones. Service

users have identified in their written responses that the wider community should be made more aware of and be encouraged to engage in recovery and addiction services.

3.1.3 Innovative Recovery

As a result of vast causation factors of addiction, see Figure 4, there must be conventional and non-conventional routes to recovery. Innovative approaches originate from passionate and energised employees of commissioned CGL services. Interviews with employees identified examples of innovative practices of recovery, which in turn often develop community ties. In the CGL employee interview it was identified that organised visits from the job centre to The Conway Street Hub demonstrated non-conventional successful addiction services. This proved vital in the development of service users' wellbeing, as a result of increased "understanding where service users are coming from" as well as understanding all parties needs to allow for successful recoveries. Further examples of employees facilitating non-conventional recovery activities, include female only group visits from Spider to Tomorrow Women's Wirral as well as mixed sex visits to The Brink in Liverpool in order to ease anxieties concerning accessing other services.

However, the dominant theme which emerged from both focus groups, service user questionnaires as well as one employee interview, was that the most beneficial non-conventional method of recovery is a satellite advocacy service. The closure of Advocacy Wirral was not related to the hand over in commissioned addiction services. However prior to its closure a weekly satellite session was provided at Spider which provided informal yet professional advice regarding concerns of advocacy. Focus group participants stated that learning to deal with triggers of relapse are essential for recovery, concerns relating to issues of advocacy are considered trigger factors of stress, anxiety and relapse. This is not directly a recovery service, however the stress and anxiety caused by financial concerns can often trigger relapse or greater substance use. An advocacy service would relieve pressure from clients who need assistance in performing life skills corresponding to advocacy concerns whilst in recovery. 'Your Road to Recovery' has observed a unanimous voice for the reinstatement of advocacy support, in fact in the employee interview at Spider it was stated, "we have at least one phone call a day if not a good few times a week" whereby service users are inquiring and need this service.

3.2 Theme Two: Choice

The second theme identified during the employee interview at Spider was to achieve a successful recovery, addiction services should be “person centred” ensuring that “people having choice is the main thing”. A range of addiction services, often performed by group activities allow for clients to individually choose what to engage in, causing them to shape their own recovery journey. Choice in recovery allows clients to engage in services which fuel their appetite and interests whilst appeasing their addiction needs.

Established within the Spider interview as well as researcher observations, individual choice regarding routes to recovery are stated crucial for minimal rates of relapse. Service users must engage in services which appeal and suit to their needs via conventional or non-conventional methods. It was stated by the same Spider employee that “whatever works for you keep doing it... and if you stop maybe you should go back”. This demonstrates that commissioning services and employees of CGL encourage clients to self-direct their recovery and engage in activities suitable for their needs.

Additionally, the choice to follow recovery must be as a result of the addict wanting to tackle their addiction, not due to loved one’s desire for their recovery. This was identified in the group ‘Voyage of Change’ at The Conway Street Hub, which mapped out different recovery activities especially for new clients engaging in services. The group facilitator in a later employee interview highlighted that successful recovery is underpinned by internal fixing which entails “finding feelings and emotions you have suppressed”. The employee stated that unsuccessful recoveries only work on “external fixing” which corresponds to factors of performativity and superficial healing. Methods of external fixing include participants choosing to “have a sun bed, have a haircut, buy a new pair of trainers and buy a new top” (Employee interview at The Conway Street Hub). Therefore, service users must choose to follow the correct methods of internal fixing, via engagement with services that suit their recovery needs as well as following recovery for their self not others.

3.2.1 Awareness of Services

To allow service users to self-direct their recovery, the research project sought to investigate service users’ perception of current services available under CGL. Data extracted from service users self-administered questionnaires, identified that clients were most aware of community

routes to recovery including peer mentoring and methods of community detox, see below Figure 5. When drawing conclusions regarding Figure 5, the reader should remain mindful of variations in participant behavioural influences. Observational field notes collected throughout the project identified variation among service users' practices when completing questionnaires, for example some respondents were cautious and sceptical, others enthusiastic and highly responsive. Consequently, both respondent types often ticked all closed questions causing to question the validity of findings drawn from Figure 5.

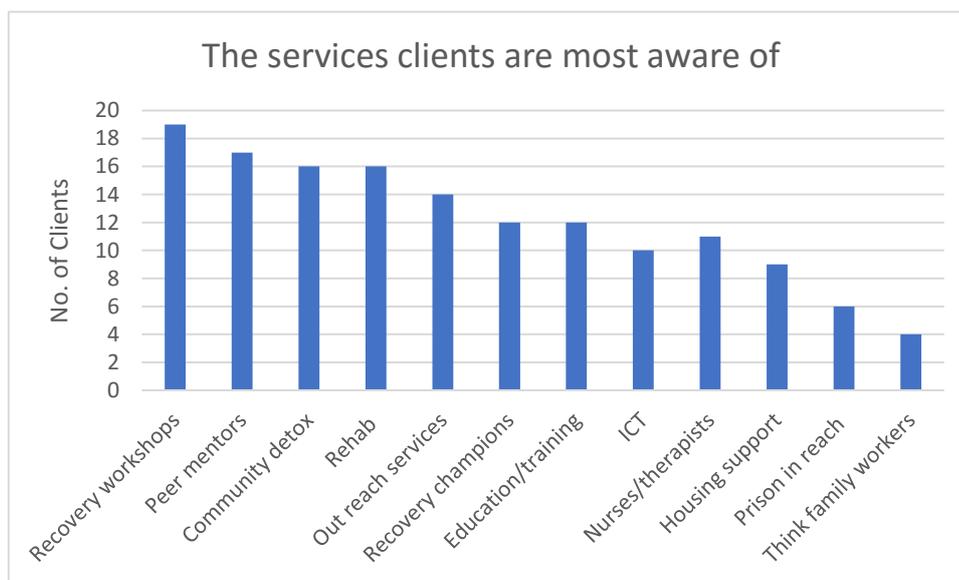


Figure 5: Graph identifying services clients are most aware of.
Source: Your Road to Recovery, 2017, Author's calculations

3.2.2 Group Recovery

Service user routes to recovery have naturally increased due to CGL's preference of group focused recovery. CGL offer an extensive range of group recovery activities, which an employee at The Conway Street Hub has described the work produced by group recovery as "undeniable". Group activities ensure that individuals have more opportunities to engage and identify with recovery work, as well as others experiencing addiction or achieving sobriety and abstinence. Group work was only preferred by one of the two employees interviewed, due to the failure to provide sufficient one to one care. However both employees recognised the importance of group identification, and subsequent social networking which minimises the risk of isolation and alienation during recovery.

3.2.3 Gender Support

In addition to the importance and popularity of group recovery identified by 'Your Road to Recovery', additional unanimous findings across the research project have identified the need for gendered recovery. Service user questionnaires found females were often engaging with or signposted to the female only service, Tomorrow's Women Wirral. After analysing field notes taken from The Brighter Futures Service User Forum as well as The Voyage of Change group, identified that male only groups such as The Silverbacks as well as physical activities groups such as Football, or Walking Football received high male attendance. Focus group participants identified that Alcoholics, Cocaine, and Narcotics Anonymous had an approach which suited males in recovery more than women. Female service users voiced their reservations concerning 'anonymous' recovery services, as they found from experience services to be based on cuddling, compassion, crying and cliques.

To further the theme of gender support, the employee interview at Spider identified 'loss' to be a considerable cause of addiction. Consequently, loss can also be associated to gender, for example loss of employment and male breadwinner status, or loss of female care giving responsibilities. Addiction causation is vast, however gendered support has been identified as a support network formulated on visible similarities often easing initial barriers of engagement. It was stated at The Conway Street Hub interview that "we need more in place for women who have got children", including introduction of "child minding facilities". The establishment of gendered support would seek to reduce the negative stereotype concerning recovery and motherhood. A socially reduced negative stereotype would encourage future mothers seeking recovery to engage. Furthermore, a female focus group respondent at Spider voiced the success of gendered support via the recently established 'Women's Weekly Group'. The focus group identified that women only support, provided an opportunity for women to socialise, which eased the transition back into the community as well as additional non-gendered routes of support.

3.2.4 Limitations

3.2.4.1 One to One

Both employee interviews identified that despite the undeniable positives of group work, there remains the need for one to one services. This is due to the nature of one to one services addressing internal complexities which are not necessarily suitable for group discussion but essential for recovery. Both employees have implied that since the handover of services there are less opportunities for one to one methods of recovery. The employee interviewed at Spider stated, “from my perspective there could be more one to one” ... “as some people slip through the net” thus suggesting higher relapse rates are a consequence of insufficient one to one work available via CGL.

Minimal opportunities for one to one support identified by employees corresponds to field notes taken from the Voyage of Change group, which highlighted service users’ desire and competition to access the Sharp programme in Liverpool. A CGL employee described the Sharp programme as a service which “gets you, whilst working on the internal stuff”. The competitive undercurrents observed for placements at Sharp suggests that one to one services on the Wirral by CGL are not as effective. The Conway Street Hub interviewee stated that the Wirral would benefit from an independent, duplicated Sharp programme on the Wirral stating, “Get one, give it to me”.

3.2.4.2 Minimal Choice

Despite the increase in choice via the expansion of group recovery commissioned by CGL, there are no alternative routes to recovery on the Wirral. As identified during the Spider interview, “essentially there isn’t that much choice, Wirral Ways to Recovery is the choice”. Consequently, if a service user did not want to engage in recovery commissioned by CGL, there are very few alternative methods of recovery on the Wirral. It has been suggested that there should be the development of small scale independent, separately funded or charity based addiction services, like alternative recovery methods prior to CGL. Alternative community based addiction services would allow for service users to steadily access community members prior to their assimilation back in the community.

Not only has minimal choice been identified within CGL services, 19 participants identified the need for more choice regarding seeking mental health support during recovery. Currently the choice regarding mental health and addiction services includes as identified by a CGL employee sign posting clients to “St Caths and Arrow Park” (NHS facilities). Alternatively, as identified in a focus group the out sourcing of mental health support to charity based facilities such as Mind UK is also available. Despite initial perceptions of increased choice of addiction services and routes to recovery under CGL, on deeper investigation identified by all participants of the research project, there are substantial limitations as well as the need to improve intersectional services corresponding to gender and mental health.

3.3 Theme Three: Creative Community Recovery

‘Your Road to Recovery’ research observations, as well as seven service users separately stated that Spider is the most effective service under CGL, due to the “honest and open approach with likeminded people” (Focus Group participant). The founding principles and ethos of Spider received immense support from all research participants, particularly service users and participants of the focus groups whom the majority were volunteers at Spider. Observational research has identified CGL’s dependency of referral and service users’ dependency on the creative community, to ensure maintenance of abstinence and recovery.

As identified earlier in the report, Spider is an abstinent, creative community focused on principles of self-development and self-worth, by service users engaging in new talents and expressive activities which develop the mind, body and soul. The Wirral’s social and environmental conditions of misery, proves the creativity community ethos of Spider is essential for hope during recovery. As a result, service users seek to rebuild community relations whilst aesthetically improving environmental conditions to help inspire and maintain their recovery status and formulate positive community bonds. A small example of current creative community activities available at Spider include; Health Walks, a Local History Group, Creative Writing sessions, Self-Development activities and Photography.

3.3.1 Expansion of Creative Community

The philosophy of Spider is considered to be successful among service users, as well as volunteers and employees of CGL. Therefore, it was suggested in the Spider employee interview that the ethos of Spider could similarly be translated to services aimed for stable

scripted clients. The expansion of the service and reduction of the clinical atmosphere of recovery, is desired to increase abstinence and sobriety by demonstrating community assets in order for those still in their addiction to become aware of life in recovery.

Focus group participants at Spider identified creative community recovery as the most successful method of maintenance of abstinence due to the shift in recovery focus. The focus is no longer one of personal tragedy and addiction stories, rather positivity and progression. This approach to recovery offers escapism where service users “leave their addiction and stereotype at the door” (Focus Group participant). A change in recovery focus is refreshing and provides respite from the negotiation of chaotic realities of recovery and adjustment back into society.

3.3.2 Community Hub

The creative community ethos of recovery, led by Spider, demonstrates that successful addiction services, and minimal rates of relapse should include creative outlets and fulfil community needs. Service user questionnaires as well as focus group participants with a history of engaging in services prior to CGL, identify the need for the development of creativity and community focused activities throughout recovery. Therefore, the clinical atmosphere “to stop people going under” (Employee interview at The Conway Street Hub), should be balanced with creativity in order to inspire recovery.

Participants of the focus group compared their desired additional service of an abstinent social environment to The Brink in Liverpool. This proposed service would allow those in recovery and the wider community to engage in new and creative activities whilst networking with others, reducing negative addiction stereotypes. Volunteers stated that service users were fed up of being told to access The Brink which geographically and financially is inconvenient to attend. The premises of Spider was suggested to fulfil such a role on the Wirral, allowing for “family summer picnics” as well as watching “the footie in an alcohol and substance free zone” (Focus Group participant).

An employee of CGL stated that the Wirral would “one million percent” benefit from a facility like The Brink. The introduction of a facility like this could reduce the vulnerability of service users during the evenings and weekends. Weekends and evenings have been identified as the period where service users “get lost in their head and thoughts” (Employee interview at The

Conway Street Hub) and are most likely to relapse see Figure 7 (page 24). The information from Figure 7 identifies how service users would like to see addiction and recovery services to develop on the Wirral. Increased opening hours and more drop-in facilities are among the most common responses, therefore the expansion of services as well as the development of a community hub would improve and maintain recovery.

3.4 Theme Four: Bridging Services

The final theme to emerge from 'Your Road to Recovery' is the implementation of additional services to facilitate a smooth transition between initial engagement to the final stages of recovery. Focus group participants were able to identify the need for the development of services designed to target service users in the middle stages of their recovery. It was identified that at the start of recovery there are vast amounts of support offered and services to engage in. However, at the final stages of recovery focus group participants and the employee interview at Spider stated that Spider is too heavily relied upon, despite Spider never "badging itself as aftercare" (Employee interview at Spider). A proposed service identified by the focus group participants would promote methods of after care, relapse prevention as well as holistic and therapeutic coping mechanisms.

The employee interview at Spider furthered focus group concerns and stated that "there is a little bit missing" in commissioned addiction and recovery services, with the cynical yet realistic speculation surrounding cut backs. The handover of services has seen a "worrying gap" in services emerge due to the closure of Archway (Employee interview at Spider). Proposed bridging services would compare to those formerly provided by Archway commissioned by the Wirral Clinical Commissioning Group, which bridged services between initial engagement and careers of abstinence.

A development of services in the middle of recovery is supported by the disparities in career length identified in Figure 6 overleaf. The trends depicted in Figure 6 are based on findings from service user self-administered questionnaires. The majority of the service user sample had career lengths greater than two years, whilst a minority maintained engagement between six months to a year. The depletion in service user engagement coincides with the proposed introduction of bridging services after initial engagement and the secure abstinence facility of Spider.

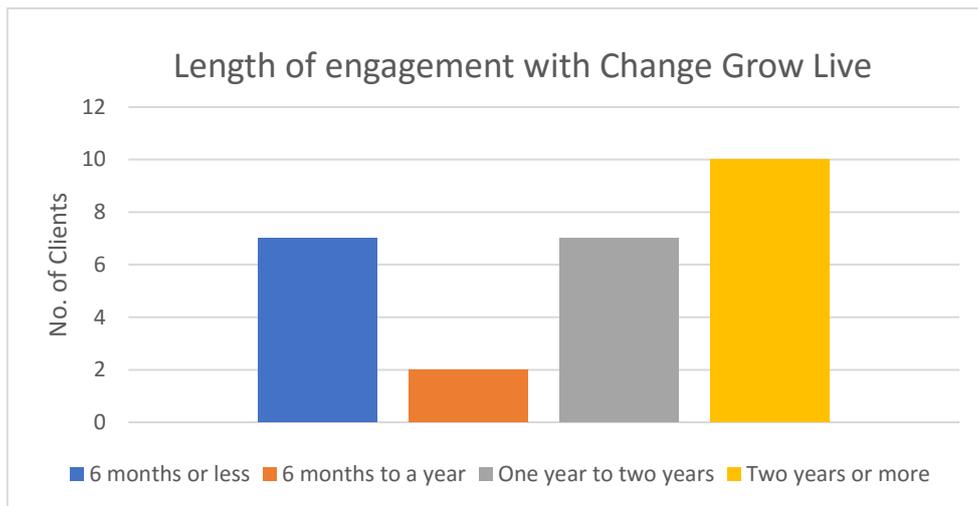


Figure 6: Graph identifying Length of Engagement with Change Grow Live.
Source: Your Road to Recovery, 2017, Author's calculations

A theme which emerged during an employee interview at The Conway Street Hub acknowledged a similar need for the implementation of additional services, stating as providers “We are doing enough, but we can always do more”. The addition of similar services like Archway would ensure that during lax and complacent stages of recovery relapse would not occur. The desire to expand addiction services should be positively received, as it identifies that clients are engaging well under CGL, however service users would like to see the development of services to ensure a successful recovery.

Additional services that clients would consider effective can be identified in Figure 7, see overleaf. In order to develop services as demonstrated in Figure 7, it has been suggested by service users that there needs to be an increased amount of mental health services working in partnership with addiction needs, as well as increased opening times and 24-hour support.

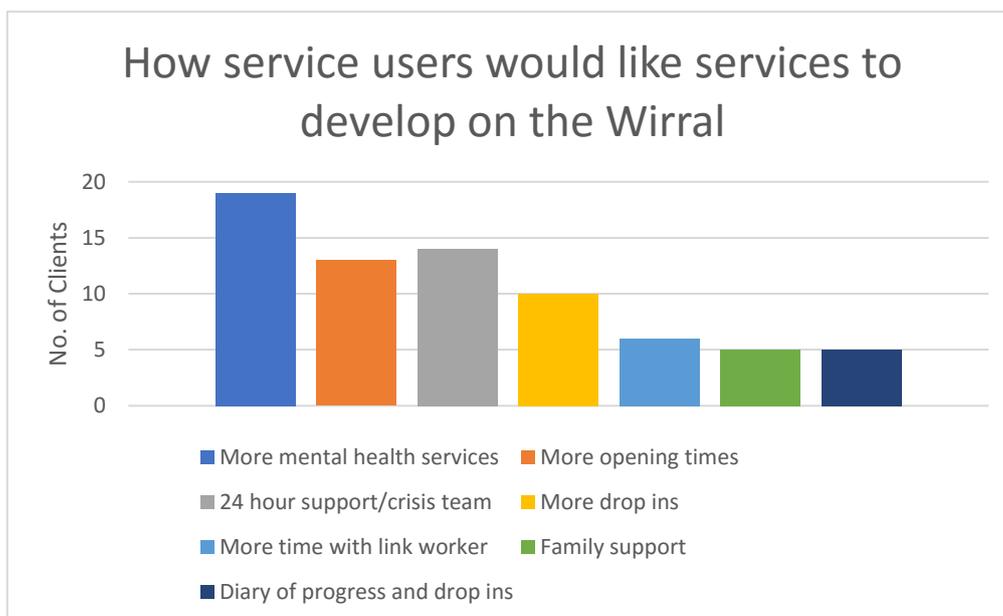


Figure 7: Graph identifying How service users would like to see services to develop on the Wirral
Source: Your Road to Recovery, 2017, Author's calculations

3.4.1 Mental Health

In addition to the findings represented in Figure 7, field notes as well as focus group findings identified the need for an intersectional approach concerning issues of addiction and mental health. Focus group participants identified that current services concerning mental health under CGL predominately include the signposting to external services. In light of this research finding, CGL cannot rely on the 'Move On Up' mental health project at Spider to sufficiently fill the need to combine mental health and addiction. Furthermore, the 'Move On Up' project is only accessible for abstinent non CGL clients. This therefore demonstrates the need for additional mental health and addiction services for service users at the start of their recovery journey.

3.4.2 24-Hour Support

As identified in Figure 7, and additional focus group discussions it was stated that the majority of addiction services operate on a traditional Monday to Friday, 9am-5pm basis. As identified in Theme Two, Choice, there is a need for an informal facility like The Brink, which would allow for increased opening hours and crisis intervention. The desire to increase opening times, and give 24-hour support would increase opportunities for service users to engage in recovery. Such a proposed extension of services has been identified as hugely beneficial for service

users who are in employment and struggle to attend services during the working day. This finding from focus groups would suggest the minimal evening and weekend services currently available do not suit the needs of service users. Therefore, the reconstruction and development of additional activities and services to provide increased opening hours and 24-hour support is required.

When discussing this finding in an employee interview at CGL it was stated that “we already have 24-hour support” by the way of the 24-hour, ‘Voyage of Change’ mobile telephone service, as well as ‘The Warrior Down’ mobile telephone service. Both telephone services offer 24-hour support regarding relapse prevention and cases of relapse. The ‘Voyage of Change’ telephone mobile has received great support from service users and focus group participants, however, the ‘Warrior Down’ mobile, whilst an important service has been identified by focus group participants as a service which is “too late” as relapse has already occurred. Focus group participants have identified for the development of recovery services there needs to be a 24-hour or late night drop in facility which would ease periods of vulnerability.

3.5 Summary of Discussions and Findings

CGL provide a range of routes to recovery offering community group focused approaches in order to achieve an abstinence career. Later stages of recovery under CGL heavily explore themes of creativity and development of self-worth and creative skills. Self-development and sobriety allow for service users to explore new talents as well as engage with like-minded individuals, in a safe abstinent non-judgemental environment. Regardless of individual factors of causation, there is an atmosphere of positivity surrounding recovery and addiction services through the entirety of the process. However, to develop recovery focus group participants have stated that service users would like their voices and experiences to be heard more frequently to ensure transparency. The need for greater transparency was observed at The Brighter Futures Service User Forum, and the conflict in discussion regarding available Hepatitis C medical and informal support.

In contrast to initial concerns outlined CGL offers a progressive and unique approach to recovery on the Wirral. Addiction and recovery services under CGL are highly regarded as successful and favourable services. There is clear scope for development and progression of

recovery under CGL, however if the ethos behind commissioning of services is to listen to the voices of service users this would help to ensure improved services.

4. Chapter Four: Recommendations

Outlined below are three reasoned and calculated recommendations drawn from findings of 'Your Road to Recovery':

1. Install greater choice concerning routes of recovery outside of commissioned CGL addiction and recovery services. Such additional partnerships would be performed by local organisations and charities, seeking to fill voids in the current CGL service. External partnerships should seek to provide support concerning mental health, advocacy and one to one sessions addressing root causes of addiction.
2. Establish wider community engagement to reduce prejudice concerning addiction and recovery, as well as to ease client transition back into the community. Proposed methods of community engagement include:
 - Working in partnership with local schools to educate younger generations of the dangers of recreational drug use, as well as the struggles of addiction and recovery unique to the Wirral.
 - Develop partnerships with charitable bodies with the aim to collectively raise awareness and fundraise for service users of CGL. Fundraisers would seek to provide financial support to supplement recovery needs, such as paying for transport fares.
 - Providing a provisional informal social hub such as The Brink where social engagement between service users, friends and family as well as the public can occur. The social hub would provide a site of controlled and safe service user and community engagement.
3. Provide additional addiction and recovery services aimed at service users in the mid stages of their recovery, often a period of complacency and minimal available services. A proposed bridging service would provide facilities similar to those of the previous Archway service, as well as ensuring sufficient after care facilities.

5. Chapter Five: Conclusion

The independent project 'Your Road to Recovery', by Healthwatch, has produced an academically reasoned insight into service users' experiences of addiction and recovery on the Wirral. The findings from the research project are specific to addiction and recovery services on the Wirral and services commissioned by CGL. However, general findings can be reflected to wider areas with problematic addiction levels across the North West and United Kingdom.

The implementation of the project saw the gathering of voices of volunteers and employees. The additional research populations allowed for a deeper insight into addiction and recovery services ensuring that the majority of service users' findings were reconfirmed, thus giving the service user voice greater strength and accreditation. All three methods of data collection targeted at three different participant groups, as well as informal observational field notes have all produced extremely positive conclusions concerning current addiction services on the Wirral provided by CGL. However, the positive findings concerning CGL and addiction services should not distract from the current concerns of participants.

The majority of respondents identified the opportunity for recovery had increased within the last two years, and preferred methods of recovery included community and group focused activities. Group activities allow for informal micro communities of support and friendships to emerge, in an environment of creativity and community engagement. Spider focuses on creative recovery and community engagement and has received the most support throughout the project. Principles of Spider reflect an innovative and a refreshing approach to recovery, despite "socially miserable" conditions whereby problematic drug consumption is considered a norm (Employee interview at The Conway Street Hub).

Successful addiction and recovery commissioned services under CGL should be celebrated and held in high regard. Despite the recent transition in service provider, 'Your Road to Recovery' has identified significant amounts of positive and successful routes to recovery via acknowledging service users' voices.

5.1 Limitations

Within the successful and positive findings of the research project it is necessary to reflect upon less positive findings and areas of concern. Limitations of the service that have been identified should not bias the audiences' perception of the positivity surrounding current CGL services. However, to develop and increase successful rates of recovery it is essential to identify areas of weakness and improvement. Throughout the report voices of concern and improvement have been referenced and identified. Areas for suggested improvement include:

- Increased mental health support especially in partnership with addiction needs
- Maintenance of one to one addiction sessions, addressing internal root causes of addiction
- Increased opening hours, in addition to 24-hour support for those at points of weakness in their recovery.
- A facility open to the public, friends and family, whereby informal safe socialisation and routes to recovery can organically evolve.
- Additional addiction and recovery services to replace Archway. A service available after initial engagement to ensure all recovery work is completed.
- Greater transparency and communication between commissioner of services CGL and their employees who possess power and autonomy over services and service users.

To summarise, 'Your Road to Recovery' has provided an insight into the vast addiction and recovery services CGL offers on the Wirral. The project has successfully obtained the voices of service users, who identified addiction and recovery services as positive and inspiring. Routes to recovery focus on creativity, self-development and self-worth, deployed via methods of group recovery.

6. Chapter Six: Bibliography

Bakx, K., Newcombe, R., and Parker, H., (1987), The new heroin users: prevalence and characteristics in Wirral, Merseyside. *Addiction*, 82(2), pp.147-157.

Bakx, K., Newcombe, R., and Parker, H., (1988), *Living With Heroin*, Milton Keynes, Oxford University Press

Bryman, A. (2016), *Social Research Methods*. 5th ed. Oxford: Oxford University Press.

Democracy. Wirral.go.uk., (2016), *Report on the increase in deaths of people in contact with the Wirral Drug and Alcohol Treatment Service*, Democracy.wirral.gov.uk, Wirral, Available at:<http://democracy.wirral.gov.uk/documents/s50037772/Enc.%201%20for%20Review%20of%20Services%20provided%20by%20Change%20Grow%20Live%20CGL.pdf> [Accessed: 29.3.17]

Department of Sociology, Social Policy and Criminology., (2017), *Interchange: Sharing Knowledge and Experience, The University of Liverpool*, <https://www.liverpool.ac.uk/sociology-social-policy-and-criminology/interchange/> [Accessed: 29.3.17]

Hall, I. and Hall, D. (2004), *Evaluation and social research*. Houndmills, Basingstoke, Hampshire: Palgrave Macmillan.

Health and Social Care Act., (2012), Chapter 7, United Kingdom. Available at http://www.legislation.gov.uk/ukpga/2012/7/pdfs/ukpga_20120007_en.pdf [Accessed: 29.3.17]

Healthwatch., (ii) (2017), *How We Work*, *Healthwatch*, <http://www.healthwatch.co.uk/how-we-work> [Accessed: 29.3.17]

Healthwatch., (2017), *Who We Are*, *Healthwatch*, <http://www.healthwatch.co.uk/who-we-are-0> [Accessed: 29.3.17]

Interchange., (2017), *About Interchange*, *The University of Liverpool*, <https://www.liverpool.ac.uk/interchange/about/> [Accessed: 29.3.17]

Interchange., (ii) (2017), Interchange, *The University of Liverpool*, <https://www.liverpool.ac.uk/interchange/> [Accessed: 29.3.17]

Kinsella, S., (2015), *Indices of multiple deprivation (IMD) for Wirral, 2015*, Wirral Council Public Health Intelligence Team, Birkenhead: Available at: http://info.wirral.nhs.uk/document_uploads/Downloads/IMD%202015%20report%20FINAL.pdf [Accessed: 29.3.17]

Museumofdrugs., (2014), Heroin Screws You Up, *Museum of Drugs*, <http://www.museumofdrugs.com/heroinscrewsyouu.html> [Accessed: 29.3.17]

National Treatment Agency for Substance Misuse (NTA)., (2012), *Building Recovery in Communities, a Summary of the Responses to the Consultation*, NHS, Available at <http://www.nta.nhs.uk/uploads/bricresponsefinal17052012.pdf> [Accessed: 29.3.17]

Recovery Wirral., (2017), Wirral Way to Recovery, Change, Grow, Live, Recovery Wirral, Available at: <http://www.recoverywirral.com/2017/01/wirral-ways-to-recovery-cri-dynamic-wirral-recovery-partnership-providing-integrated-treatment-and-recovery-from-drugs-and-alcohol/> [Accessed: 29.3.17]

Siddle, J., (2015), Soaring Purities of Merseyside's cocaine and heroin lead to fears over a hike in drug death', *Liverpool Echo*, <http://www.liverpooecho.co.uk/news/fears-over-hike-drug-deaths-8453359> [Accessed: 29.3.17]

Wirral., (2013), About Wirral, *Lead Wirral*, <http://www.leadwirral.co.uk/director-of-resources/about-wirral.htm> [Accessed: 29.3.17]

Wirralleaks., (2016), Public Health in Private Hands, Wirralleaks, Available at: <https://wirralleaks.wordpress.com/2016/07/31/public-health-in-private-hands/> [Accessed: 29.3.17]

6.1 Additional References

Batchelder, A.W., Peyser, D., Nahvi, S., Arnsten, J.H. and Litwin, A.H., (2015), "Hepatitis C treatment turned me around:" Psychological and behavioural transformation related to hepatitis C treatment. *Drug and alcohol dependence*, 153, pp.66-71.

Healthwatch Derbyshire., (2016), Substance Misuse Report. Derbyshire: Available at: <http://www.healthwatchderbyshire.co.uk/wp-content/uploads/2016/09/JULY-16-SUBSTANCE-MISUSE-REPORT-FINAL-VERSION.pdf> [Accessed: 29.3.17]

I, Daniel Blake,. (2016), Directed by Ken Loach [DVD]. Place of Distribution: United Kingdom.

Malloch, M., and Yates, R., (2010), *Tackling Addiction: Pathways to Recovery*, London, Jessica Kingsley Publishers

Orgel, M., Wilson, A., Leavey, R., Sell, L. and Zador, D., (2009), Voices of Experience: Attitudes and Opinions of Recipients of Unsupervised Injectable Opiate Treatment in the Northwest of England. *Heroin addiction and related clinical problems*. Injectable prescriptions:

Stuart: A Life Backwards., (2007), Directed by David Attwood [DVD]. Place of Distribution: England. Distribution Company BBC

6.2 Appendix

Appendix 1: Service User Questionnaire

'Your Road to Recovery'

Healthwatch Wirral are an independent community interest company who represent patient voices to commissioners of health and social care services. Healthwatch is seeking to obtain your voice, this is the most effective and valuable way to improve services and facilities.

Two years ago, Change Grow Live, CGL, took over the contract regarding the healthcare services you use. Healthwatch would like to hear your experience of recovery since the commissioning of Change Grow Live. All answers are anonymous, and you are able to stop proceedings at any time. For further information please see the consent form attached.

Thank you for taking the time to complete the questionnaire.

1. How long have you been using recovery services in the Wirral?

6 months or less

6 months to a year

One year to two years

Two years or more

If you have been using services for over two years have you noticed any changes in the services that are provided?

Improved

Worsened

If you have ticked above, please tell us about this below.

2. Since the change to CGL, do you feel the opportunity for recovery has increased?

Yes

No

3. Please tick all the addiction services you are aware of:

Out Reach

Housing Support

Community Detox

Prison in Reach

Recovery Workshops

Rehab

ICT

Nurses/Therapists

Recovery Champions

Education/Training

Think Family Workers

Peer mentors

4. If you are aware of other services, please comment below. Which services do you think are the most effective and why?

5. How would you like to see addiction services develop and improve in the Wirral? Please tick below:

- | | | | |
|--------------------------------|----------------------------|------------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| More Mental Health Services | More Time with Link Worker | More Drop in's | More Opening times |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Diary of Progress and Drop ins | Family Support | 24 hour support/ Crisis Team | |

Please comment below with other suggestions:

6. It is claimed that the Wirral suffers a higher than national average of addiction levels. From your knowledge, do you think addiction is a problem in your local area?

- | | |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |
| Yes | No |

If Yes what are the causes?

- | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Unemployment | Recreational use | Poor level of Education | Increased drug purity |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Illegal highs | Stress | Affordability | |

If none of the above, or you have alternative causes please comment below:

Thank you for taking the time to answer the questionnaire, it is greatly appreciated! Please return completed forms to the reception desk. Findings will be summarised in the 'Your Road to Recovery Report'.