

## **A matter of life & death- recovery in East Ayrshire**

### **Summary of event**

#### **Overview**

In East Ayrshire we believe in doing things differently and showing compassion and kindness to people within our communities. Yet, right now we have tragically, seen an increase in drug and alcohol related deaths, and suicides across East Ayrshire. They are not just numbers, they are family members, friends and neighbours. We heard heartbreaking stories of families living in extreme poverty and the impact of bereavement on families. We want to make sure that people know we care and want to protect people from harm. In our community we believe that everyone should have a dignified life.

Recovery Enterprises Scotland and Someone Else's Addiction hosted a community engagement event on 16<sup>th</sup> August 2019 to demonstrate each of those lives matter. We heard from 110 stakeholders that attended, including elected members, strategic leads, local and national service providers. We heard about the injustice families faced, and from individuals in recovery and people with a particular interest in recovery.

It is not right that we have seen an increase in drug related deaths from 24 people in 2017 to 29 people in 2018; and alcohol related deaths increased from 21 people to 30 people; and suicides increased from 12 people to 26 people during the same period. The estimated prevalence of problematic drug use within East Ayrshire is 1800, this means that our services and supports are not always meeting the needs of people within our community.

#### **Context**

The event created a safe space for people offering different perspectives, and an opportunity to reflect and learn; sharing ideas for the future and considering how we can collaborate, supporting a shift in the way people understand and approach addiction and mental health; with the need for a collective approach to solving the impact of poverty within our communities.

We have a moral duty to respond to the information gathered within the event and how we together solve the problems we are faced with. As a society we care about each other.

Prior to the event, funding was awarded by the Lankelly Chase to support a new conversation about severe and multiple disadvantage; with the 5 key disadvantages being highlighted:

- Homelessness
- Substance dependency
- Offending
- Mental health
- Domestic violence & abuse

In order to support a conversation, there was an emphasis on hearing from everyone, reinforcing that everyone's view mattered. People shared their views and experiences, in response to a series of set questions following presentations and films.

The key note speech was provided by Professor Catriona Matheson, who was recently announced as the chair of a special taskforce set up to tackle the rising number of drug deaths in Scotland; along with two presentations of local residents recovery journeys, offering hope and inspiration; coupled with a film screening 'In Scott's Name' demonstrating the devastating impact on the family of their tragic loss.

Each table had a paper cover where felt pens were used by participants in jotting down thoughts during the two structured discussions.

Discussion 1 consisted of protective factors and nature of support offered to family and friends; and opportunities of intervening earlier in identifying risk factors?

Discussion 2 asked what services and support would be available for a young person? How do we put the individual and the family's needs at the centre of everything we do? And what can be done to enhancing recovery opportunities in East Ayrshire?

### **A shared commitment to solving the problem**

The following feedback was gathered in response to the range of activities during the event, Details of responses from each table can be found within *Appendix 1*.

### **How can local services be more accessible?**

The key, and overriding message, highlighted the nature of stigma and discrimination experienced by individuals and family members affected by substance use. This prevented people from accessing support. There are many reasons why people do not seek support, we should carefully consider these factors, as people feel service delivery should be more localised, and where outreach is the only option, this should be more effective. No one wants to feel "sub human" and no one "wakes up wanting to be an addict".

We all have a right to feel respected and people did not feel this is how they were treated within the community. People felt "worthless" and their community makes them feel marginalised. We all want to live in a society that is more inclusive and efforts to address this are needed. People want choices and opportunities on their recovery journey; they want to feel listened to and want to offer hope to others.

*We need to act on –*

- 1. A person centred approach to bereavement counselling for the people within families following a loss.*
- 2. Opportunities for connection and kindness within the community*
- 3. Wrap around support for families within our community who are feeling the impact of an addiction.*
- 4. 1:1 support should be offered where appropriate.*
- 5. Offering choices and instilling hope with the right service at the right time*

### **How can we solve this together?**

Services not only need to work more effectively in partnership, they need to start with the individual and consider the support needs of the entire family- everyone is affected. Services are encouraged to ensure that they continue to focus on individuals support needs and ensure family members are provided the opportunity of being involved in their loved one's treatment plan, where appropriate, with linkage to more suitable supports for the family.

People feel services continue to work in isolation from each other, and whilst more accessible support is required within communities, there should also be an opportunity of a range of services being located within one location, reflective of multiple needs; whilst improving the nature of information sharing in preventing people re-telling their story and enhancing the continuity of care.

*We need to act on -*

- 1. A range of supports within one location – a one door approach*
- 2. Services working together to reflect the needs of individuals and families in a treatment plan.*
- 3. Services available within communities and a sense of feeling connected.*
- 4. Sharing information and continuity of care – a need for more joined up working between addiction services and community mental health services.*

### **What do people feel we need within the community?**

A common view throughout the event was the lack of awareness of services available to supporting needs and recovery. A number of suggestions included access to a directory of services available through a range of media platforms. People feel there is a lack of support out with standard office hours, these could offer proactive support to people as opposed to reacting to a crisis.

There are limited recovery and treatment options, and the need to consider family and gender specific approaches to enhancing engagement, reflecting a more person-centred approach. Services should be offering talking treatment and addressing underlying causes.

People require opportunities to be involved in meaningful activity and to access safe spaces where they feel respected and heard. The significance of peer support and lived experience engagement is a positive factor to enhancing inclusion and demonstrating hope and inspiration.

*We need to act on -*

- 1. Ask people with lived experience where they would look for information in relation to supports and services in the area.*
- 2. Services and support should be offered out with office hours*
- 3. Recovery and treatment options should vary to allow people to choose the best option for them and their family*
- 4. Gender specific options should be available*
- 5. Peer support and lived experience should be more visible.*
- 6. People should be able to access spaces where they feel welcome and empowered to take action.*
- 7. Learn from examples of good practice in other areas.*
- 8. People and their families should have the opportunity to be involved in meaningful activities.*

### **We all want to feel part of our community**

Stigma is a significant issue experienced by individuals and families. People feel there is a need for ongoing discussions and events where the nature of addiction and recovery is recognised, supported and normalised. There is a need to raise awareness to services and structures to considering approaches, and possible barriers preventing people accessing support, enhancing inclusiveness.

We need to be hopeful, and increase awareness that people can and do recover, demonstrating the positive contribution people offer within the wider community. By valuing lived experience and supporting people through positive engagement, by listening and being respectful to everyone within our community, we can support the development of more positive communities where we accept that we are all different.

There is a need to considering funding allocations to enhancing recovery opportunities, moving from a focus on medical interventions to enhancing connections through social support, empowering people to do what is important to keep themselves well.

*We need to act on –*

- 1. Keep the conversation going and continue to focus on what we can do.*
- 2. Addiction training to continue to focus on how stigma is a barrier to preventing people accessing support*
- 3. Making recovery visible and recognise the positive contribution being made to communities*
- 4. Funding allocations to enhancing recovery to be reviewed with a move from a medical model of support to one focusing on a collaborative mix of medical and community-based supports.*

### **How can we work together within education?**

It is recognised there are many children and young people who experience trauma in their childhoods, which educational settings can provide a safe space and valuable input by coordinating support needs, inclusive of all family members. However, any expectation of approaches should not be reliant on placing additional pressure on teacher workloads, and of introducing resources where there is more appropriate support and experience in managing complex and resource intensive engagement.

Awareness of addiction, overdose, mental health and other social risk factors require being fully embedded within the school curriculum. People with lived experience should be encouraged to sharing their journeys with the senior students. This approach can enhance the learning through real life examples, as childhoods experienced the start of problematic substance use behaviour leading to an unsettled way of life in adulthood.

*We need to act on -*

- 1. Recognising the value of lived experience in sharing their journeys and educating young people*
- 2. Build in additional resource to support teaching staff in the education of young people of the impact of addiction on a family.*
- 3. Offer a supportive and inclusive response to family support needs.*

### **What are people seeing locally?**

In considering the specific local needs there was regular reference to the nature of harm presented by 'street drugs', which requires a concerted effort in raising awareness within services and communities. There is a focus required on earlier intervention support for people who are using drugs on a recreational basis, and presenting with mental health needs, which could be managed more effectively opposed to waiting on matters reaching a crisis point.

The recovery community in East Ayrshire has expressed the need to learn from other areas where recovery approaches are more evident. Each of the East Ayrshire localities needs require consideration in how the data can inform approaches to reaching the most

marginalised groups, and enhancing connection through meaningful engagement to informing action from the grass roots. How do we involve people more?

*We need to act on -*

- 1. Raise awareness of the impact of street drugs within communities*
- 2. Provide education support around recreational drug use and the potential impact on your mental health*
- 3. Increasing recovery opportunities*
- 4. Empower people to become more involved.*

## **National Overview**

NHS Health Scotland, quoted in July 2019, 'drug deaths are preventable, not inevitable. The existing approach is not working. To prevent drug-related deaths we need to ensure access to effective and sustained support. Quality treatment options and wraparound continuity of care to keep people in services, particularly at times of transition such as entering treatment, leaving hospital or custody is also essential'.

Whilst the escalating tragic number of deaths is a growing concern, this is not unique to East Ayrshire, we have a national emergency as the number of drug-related deaths in Scotland is the highest number ever recorded. In our country we have an opportunity to take responsibility and work together to pull people out of poverty.

It is recognised that statistics can distance us from the devastating stories behind the data. We must never forget the life-long impact each death has on those who are left behind. It is imperative that we not only support people and families in crisis more effectively but address the root causes. We need to listen and understand why people with lived and living experience are using substances, considering what kind of help and support they need.

We shouldn't write people off and we can work together to solve this.

## **Next Steps**

The next step is discussing findings with elected members and senior representatives of local statutory structures. There will be a follow up event to also share feedback gathered, which will hopefully begin to shape new approaches through agreeing clear actions with regular reflection and accountability; driven from those community members most affected.

We are the solution and we all care enough to make a difference. Everyone matters and in reflecting on these tragic losses, our key message from the event is providing a meaningful turning point and catalyst for change; moving forward together in a more collaborative and compassionate manner.

Mark Gallagher - **Recovery Enterprises Scotland**

Julie Biggley - **Someone Else's Addiction (SEA)**

## Appendix 1

### Table notes

How can services be more accessible?	
<ul style="list-style-type: none"> <li>• Feel sub human</li> <li>• Tackle survivors' guilt</li> <li>• Feeling judged by social work- not raising concerns as seen as a 'bad parent'</li> <li>• Addressing stigma</li> <li>• 'Don't wake up &amp; want to be an addict'</li> <li>• Mentally in a bad place- self medicating</li> <li>• Certain groups being de-valued</li> <li>• Seeing the person not the drug</li> <li>• Judged</li> <li>• Inequalities</li> <li>• People themselves feel guilty/worthless- low self-worth</li> <li>• Prior to rehab 'referrals made and you don't hear from anyone'; 'still waiting'</li> <li>• Not valued as people</li> <li>• Disdain with addicts in East Ayrshire</li> <li>• Dealers- pyramid; come downs; involved into selling to pay off debt</li> <li>• Understand what has happened to a person</li> <li>• Better understanding of treatment options</li> <li>• Hierarchy of death</li> <li>• Belonging; Connection; loved, feeling loved; treating me with respect; sense of belonging; feeling at home; consistent support</li> </ul>	<ul style="list-style-type: none"> <li>• Support to learn not to blame ourselves what did we do wrong</li> <li>• Not spoken about</li> <li>• Stigma preventing people from admitting it was a drug death</li> <li>• Peer support for families- nothing 'official'</li> <li>• Supporting young people to find their answers that will work/keep them safe &amp; identify who in their lives they may have</li> <li>• Self-forgiveness for family members</li> <li>• Let families know they're not alone</li> <li>• Better suicide bereavement support needed- sense of community</li> <li>• Waiting list for young people to access emotional support</li> <li>• Child bereavement UK (but have to travel to Glasgow)</li> <li>• Support isn't readily available for Under 16s. Families all affected by grief. Affects from very young children to teenagers. They understand differently.</li> <li>• Heart of the matter, the matter of the heart</li> <li>• Silent majority</li> <li>• Children can't buy alcohol but can buy drugs</li> <li>• Don't penalise a mother for fathers' behaviour- mood, isolation, drug use</li> <li>• Still no wrap around prevention &amp; early intervention support</li> </ul>
<ul style="list-style-type: none"> <li>• Respect those within communities- include people</li> <li>• Strengthening communities- building resilience</li> <li>• Early intervention- education</li> <li>• More local supports</li> <li>• Faith &amp; hope</li> <li>• Choices</li> <li>• Safe spaces that create conversations- no rules or barriers</li> <li>• Affording housing</li> <li>• 'Recovery is only possible when we keep people alive long enough to give them that chance'</li> <li>• 'Positive change in continuity'</li> <li>• Heart &amp; Soul- Recovery Group</li> <li>• Believe in self &amp; believe restoration</li> <li>• Lived Experience</li> <li>• Ideas from addicts</li> <li>• Addictions are an illness not a lifestyle choice</li> <li>• Right to respect &amp; being treated as a human being &amp; given appropriate help</li> </ul>	<ul style="list-style-type: none"> <li>• Takes bravery to approach professional help- stigma</li> <li>• Warm welcomes go a long way- Community Connectors, more of these links</li> <li>• GP not listening= not asking for help</li> <li>• People crying out for help but too many hurdles</li> <li>• Really poor support &amp; staff, not supportive (Bentinck Centre)</li> <li>• Treatment services need to stop penalising vulnerable individuals who are struggling the most- thrown off script; cancelled at short notice</li> <li>• Honesty</li> <li>• More services</li> <li>• Drug users' rights are human rights</li> <li>• More people with LIVED EXPERIENCE working in these services "I know what this feels like"</li> <li>• Flexibility in service worker allocation- people being aware of their right to choose.</li> <li>• Services need to react to non-responding</li> <li>• Transport to services adds to lack of hope if wanting help/support</li> </ul>

<ul style="list-style-type: none"> <li>• Empower people</li> <li>• Work with service user</li> <li>• GPs need to be more open- more proactive</li> <li>• Low threshold prescriptions with too many rules</li> <li>• Services need to be empowering not punitive</li> <li>• 1 to 1 when needed (drop in?). Groupwork usually not wanted when people emotional/in crisis. Useful AFTER individual is stronger i.e. post bereavement/ in recovery</li> </ul>	<ul style="list-style-type: none"> <li>• Need help when first asking for it</li> <li>• Being accessible to people- not being behind desks/offices- "Assertive outreach". Bring it to people</li> <li>• No frequent staff changes within any support agency</li> <li>• Neutrality within services. Reflection of the person and the case!</li> <li>• What transitional support is available for people?</li> </ul>
---	---

<p><b>Key Messages from this theme</b></p>	<ol style="list-style-type: none"> <li>I. Challenging stigma</li> <li>II. A person centred approach to bereavement counselling for the people within families following a loss.</li> <li>III. Opportunities for connection and kindness within the community</li> <li>IV. Wrap around support for families within our community who are feeling the impact of an addiction.</li> <li>V. 1:1 support should be offered where appropriate.</li> <li>VI. Offering choices and instilling hope with the right service at the right time</li> </ol>
--	--

**How can we solve this together?**

<ul style="list-style-type: none"> <li>• Unity between drug, alcohol &amp; mental health services- more joined up working</li> <li>• 'All services working together to support all involved'</li> <li>• One stop shop</li> <li>• 'Community recovery hub' substance use &amp; mental health</li> <li>• Partnership engagement- can't be led by one service</li> <li>• Whole community support</li> <li>• Joined up working- community &amp; services; central place for information</li> <li>• Working groups for mental health &amp; addiction (families to unite)</li> <li>• Rehabilitation services</li> <li>• East Ayrshire recovery- more laughter, fun- e.g. colour splash</li> <li>• Continuity/handover of care; service/worker- stop having to retell your story!</li> <li>• Single front door process- person presenting gets access to advice, info &amp; signposting from full menu of services</li> <li>• Sharing information</li> <li>• Wilson Drury (Catrine Funeral Directors) Release Ayrshire- person within community, family; links with NHS, rehab</li> </ul>	<ul style="list-style-type: none"> <li>• Lack of continuity of care support- Barnardos support young people until they are 25yrs</li> <li>• Specific young person support, not only CAMHS. Dedicated support- safeguarding future generations/reduce impact of ACES</li> <li>• Barnardos transition from care</li> <li>• Leaving children's home- throughcare, transitions into community should be compulsory; meals/cooking- what skills are required; care &amp; connection in the care system; corporate parents' responsibility</li> <li>• Services &amp; support for children impacted by substance use PRIORITY, PLANT THE SEEDS</li> <li>• Independent Care Review- what will change?</li> <li>• Mediation services for families?</li> <li>• Better support systems for convictions of domestic violence</li> <li>• Difference in care support for people with addictions; Models of Care- MacMillan- could this be transferred to addiction services?</li> <li>• GPs &amp; Bentinck Centre should work together</li> </ul>
<ul style="list-style-type: none"> <li>• Whole family support regardless of age</li> <li>• Support for families to engage in their loved one's treatment- therapeutic intervention- CRAFT, 5 STEP, SMART Friends &amp; Family</li> </ul>	<ul style="list-style-type: none"> <li>• Support for families in their own right- 1 to 1 support; group support</li> <li>• Access support for medical help for all close family</li> </ul>

<ul style="list-style-type: none"> <li>Families included in treatment plans &amp; care plans in place (family inclusive practice)</li> <li>Services being appropriate</li> </ul>	<ul style="list-style-type: none"> <li>More funding</li> <li>Women's Aid; Befriending</li> <li>All services activities help hand in hand</li> </ul>
--	---

<p><b>Key Messages from this theme</b></p>	<ol style="list-style-type: none"> <li>I. Services working together to reflect the needs of individuals &amp; families in a treatment plan</li> <li>II. A range of supports within one location – a one door approach</li> <li>III. Services available within communities; and a sense of feeling connected</li> <li>IV. Sharing information and continuity of care – a need for more joined up working between addiction services and community mental health services.</li> </ol>
--	---

### What do people feel we need within the community?

<ul style="list-style-type: none"> <li>An APP for information of all services</li> <li>Pharmacies being involved in supporting people differently</li> <li>Police support</li> <li>Community connections</li> <li>Navigators identifying gaps in treatment</li> <li>Improve awareness of services- posters/ ads/ media</li> <li>24-hour services</li> <li>Women only clinics &amp; drop-ins</li> <li>Beautiful Inside &amp; Out</li> <li>NHS24- is a route to social work &amp; mental health team</li> <li>Ayrshires own detox &amp; long-term rehab</li> <li>No central access point for information – if you are coming to live in the area, fleeing your current situation, you are totally reliant on the system for support</li> <li>Detox is first part- what about the ongoing recovery support? Giving everyone purpose &amp; value</li> </ul>	<ul style="list-style-type: none"> <li>Bereavement support for children</li> <li>Childline 24/7 365 days- Confidential helpline 08001111</li> <li>Listening service</li> <li>Counselling for families to rebuild relationships is vital</li> <li>Whole community support</li> <li>Scottish Families affected by Alcohol &amp; Drugs telecare- counselling over the phone</li> <li>SFAD- family initiative fund</li> <li>More family-based activities</li> <li>Family support when families need it, not necessarily Monday to Friday 9 till 5</li> <li>Families Anonymous</li> <li>Al-Anon</li> <li>Recovery based yoga- families</li> <li>Provide information regarding coping strategies, peer support, email, chat</li> <li>Common phone number for easy access to all concerned with addiction or dealing with someone's addiction</li> </ul>
<ul style="list-style-type: none"> <li>Peer Support- <ul style="list-style-type: none"> <li>Café Hope (South Ayrshire Council)</li> <li>Café Solace (North Ayrshire Council)</li> <li>? (East Ayrshire Council)</li> </ul> </li> <li>RECOVERY- helplines; out of hours services</li> <li>A safe environment</li> <li>Talking therapy</li> <li>Recovery café 'a place to go'</li> <li>Someone to talk to that understands</li> <li>Employment</li> <li>16 hours a week in a role is not enough- need £250 to live as a minimum</li> <li>Some place to feel understood</li> <li>Trauma counselling</li> <li>Increasing lived experience involvement</li> <li>Recovery consortium in each Ayrshire locality</li> <li>More peer workers</li> </ul>	<ul style="list-style-type: none"> <li>Families &amp; Individuals services limited</li> <li>GPs limited service</li> <li>Reduced service due to funding</li> <li>Do not wait for crisis, intervene early</li> <li>Young people don't always recognise what they need</li> <li>Care Survivors Scotland</li> <li>CRUISE</li> <li>Ask Frank</li> <li>Better education- preventative</li> <li>Equity of access to services</li> <li>Decriminalisation, safer consumption- preventative health</li> <li>Do current approaches encourage engagement?</li> <li>How do we evaluate what works?</li> <li>Homeless health nurse in East Ayrshire works in the places people are.</li> <li>Approaching services- punishment? rules?</li> <li>Heartstart training could be a way to go</li> </ul>



<ul style="list-style-type: none"> <li>• Recovery café – connection, allows a safe place</li> <li>• Therapeutic communities</li> <li>• Place for people to listen</li> <li>• Connection with people- relationships</li> <li>• People want something to do</li> <li>• Guides for new people</li> </ul>	<ul style="list-style-type: none"> <li>• Use 3rd sector- Centrestage, Catalyst</li> <li>• Vibrant Communities- people at a stable point- lifestyle choices</li> <li>• Access to services- Addaction &amp; EACHA; Addaction online help</li> <li>• Skills Development Scotland</li> <li>• Housing Options</li> </ul>
---	---

<b>Key Messages from this theme</b>	<ol style="list-style-type: none"> <li>I. Ask people with lived experience where they would look for information in relation to supports and services in the area.</li> <li>II. Services and supports should be offered out with office hours.</li> <li>III. Recovery and treatment options should vary to allow people to choose the best option for them and their family.</li> <li>IV. Gender specific supports should be available.</li> <li>V. Peer support and lived experience should be more visible.</li> <li>VI. People should be able to access spaces where they feel welcome and empowered to take action.</li> <li>VII. Learn from examples of good practice in other areas.</li> <li>VIII. People and their families should have the opportunity to be involved in meaningful activities.</li> </ol>
-------------------------------------	---

### How can we all feel part of our community

<ul style="list-style-type: none"> <li>• National anti-stigma campaign on family recovery</li> <li>• Education needed</li> <li>• People watching those videos</li> <li>• Challenge the stigma of drug related death</li> <li>• National media campaign</li> <li>• Recovery more visible- positive examples</li> <li>• Volunteering opportunities</li> <li>• Need to promote 'hope'</li> <li>• Share more positive stories</li> <li>• Highlight good practice</li> <li>• Who are the perpetrators of stigma?</li> </ul>	<ul style="list-style-type: none"> <li>• 'How do we get people to be seen as whole people not an anonymous 'problem'? They are members of families &amp; in our community. The solution has to be local'</li> <li>• Should be realised addicts come from ALL walks of life</li> <li>• How can we reduce stigma?</li> <li>• Funding ideas: increase support &amp; awareness</li> <li>• FUNDING</li> <li>• Divert money from chemical dependency to local services</li> </ul>
<ul style="list-style-type: none"> <li>• General conversations</li> <li>• Make conversations about addiction normal</li> <li>• Class issue &amp; deprivation</li> <li>• Social media impact</li> <li>• Community identifying the drive/triggers</li> <li>• Honest open conversation with other people</li> <li>• Recovery Walk in East Ayrshire</li> <li>• Community voices</li> <li>• Peer work can help both parties</li> </ul>	<ul style="list-style-type: none"> <li>• Change public perception so families don't feel they need to hide</li> <li>• Not wanting to seek help- stigma may develop addiction</li> <li>• Agencies such as DWP should also be trained as to what addiction is &amp; how to treat clients with respect &amp; compassion</li> <li>• Agencies should realise people with mental health problems may find it hard attending appointments- confusion/ chaotic lifestyles</li> </ul>

<b>Key Messages from this theme</b>	<ol style="list-style-type: none"> <li>1. Keep the conversation going and continue to focus on what we can do</li> <li>2. Services being educated in the barriers preventing people accessing support</li> </ol>
-------------------------------------	--

	<ul style="list-style-type: none"> <li>3. Making recovery visible and recognise the contribution being made to communities</li> <li>4. Funding allocations to enhancing recovery to be reviewed with a move from a medical model of support to one focusing on a collaborative mix of medical and community-based supports.</li> </ul>
--	--

### What can we work together within education?

<ul style="list-style-type: none"> <li>• PSE (senior classes) better education on how to cope with someone that has overdosed or taking drugs &amp; support</li> <li>• What is the support within schools?</li> <li>• Education for families- go into schools &amp; speak to children first</li> <li>• More awareness raising events</li> <li>• Lived experience going into school</li> </ul>	<ul style="list-style-type: none"> <li>• Is teacher support gender specific- prevent young female opening up to a male teacher</li> <li>• Identifying concerns in primary school &amp; supporting accordingly</li> <li>• Are teachers trained to offer support v the demands of their role &amp; hitting targets</li> <li>• Opportunities after school</li> <li>• Peer pressure=bully- manipulation leads to loss of resilience</li> </ul>
---	--

<b>Key Messages from this theme</b>	<ul style="list-style-type: none"> <li>I. Recognising the value of lived experience in sharing their journeys and educating young people</li> <li>II. Build in additional resource to support teaching staff in the education of young people of the impact of addiction on a family.</li> <li>III. Offer a supportive and inclusive response to family support needs</li> </ul>
-------------------------------------	--

### What are people seeing locally?

<ul style="list-style-type: none"> <li>• A huge increase in cocaine use locally</li> <li>• Young folk using recreationally; leading to middle aged use &amp; increase in suicides</li> <li>• Community action on etizolam</li> <li>• Address street drugs</li> <li>• Suicides up from 12 to 26- somewhere to turn to when it gets to this point, not just Samaritans</li> <li>• Invest in today's addict, prevent next generation of addict appearing</li> <li>• Over 35s at risk</li> </ul>	<ul style="list-style-type: none"> <li>• Our area is above the national average of drug deaths</li> <li>• 67% died in own home; only 68 took one street drug street benzos</li> <li>• Multiple drugs have been used in the majority of drug related deaths</li> <li>• A breakdown of figures within each EA locality</li> <li>• Postcode lottery with getting support</li> <li>• In Scotland only 40% of people experiencing problem drug use are known to services- require drop in services</li> </ul>
<ul style="list-style-type: none"> <li>• Why was East Ayrshire people talking about peer support in South Ayrshire?</li> <li>• Why isn't East Ayrshire ADP working more with Scottish Recovery Consortium to promote recovery opportunities in East Ayrshire?</li> <li>• Why is East Ayrshire behind South &amp; North?</li> <li>• Peer programme in South Ayrshire, Café Hope, Recovery AYR</li> <li>• River Garden- 3 years support, single people &amp; families- family visits, better relationships in families</li> <li>• ADP must be responsible for driving this- recovery community should be main focus- preventive factor. This should not be service</li> </ul>	<ul style="list-style-type: none"> <li>• Why no Subutex in Ayrshire?</li> <li>• People on methadone for too long</li> <li>• Rehab not readily available</li> <li>• Scottish Government response is poor</li> <li>• Chief Executives put more service users to drug related deaths</li> <li>• Could we potentially work with the national task force?</li> <li>• Year to get into rehab- no aftercare, people feel lonely- no connection</li> <li>• No follow up from rehab services</li> <li>• Peer workers caseloads too high- 58 people</li> <li>• Commissioning structures are a barrier. Needs to be more grass roots based</li> </ul>

<p>led. Needs to be open and inclusive regardless of where you live in Ayrshire. Scottish Recovery Consortium have blue print for establishing this</p>	<ul style="list-style-type: none"> <li>• Lack of support from all agencies needs addressed</li> <li>• No 'parking' on Methadone</li> <li>• Why is Suboxone only available in a short-term detox?</li> </ul>
---	---

<p><b>Key Messages from this theme</b></p>	<ol style="list-style-type: none"> <li>I. Raise awareness of the impact of street drugs within communities</li> <li>II. Provide education support around recreational drug use and the potential impact on your mental health</li> <li>III. Increasing recovery opportunities</li> <li>IV. Empower people to become more involved</li> </ol>
--	--