Drugs

at the sharp end

THE BIG ISSUE IN THE NORTH

THE BIG ISSUE IN THE NORTH TRUST

Contents

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Acknowledgments
Fieldwork took place with the co-operation of a wide range of agencies and service providers who allowed interviewers access to their clients in order to conduct interviews. Of course, thanks are due to the drug users, the GPs and the other service providers who took part in the study.

The Research Steering Group provided extremely useful support and consisted of Mark Bellis (John Moores University), Tim Garvey (Drugs NW), Alan Jones (Manchester Health Authority), Sue Ruben (North Mersey Community NHS Trust) and Alex Scott-Samuel (University of Liverpool).

The study was supported by grants from the John Moores Foundation, the European Social Fund, Liverpool Health Authority and Manchester Health Authority.

Foreword

Why did The Big Issue in the North Trust commission a piece of research asking over 550 drug users, from all walks of life, for their views on services?

It's a fair question. In the Trust, we try to help vendors of the magazine take control of their lives and to do this they often need help from other services. The main areas we deal with are housing, finance, education, employment and training, health, drug and alcohol service providers.

Getting access to appropriate services is rarely easy: but it's health, drug and alcohol provision that we've faced most obstacles in over the past six years. Our experience and now this study have made us particularly concerned about drug services, as we have found access to be tough, quality variable, and choice non-existent. With this in mind and in partnership with Manchester and Liverpool Health Authorities we decided to really investigate the views of the people who were using the services on offer. In the two years that it took to conduct this research, we were given a lot of support from open-minded people who welcomed this piece of consumer feedback. Depressingly we also met with some intense opposition from people who are paid from the public purse to provide and deliver drug services. There were numerous attempts to tone down and suppress this report but they have not been successful.

This study, one of the largest surveys of its kind, clearly shows that services are failing many of those who can't afford to pay for private treatment. Many drug users are spending years in treatment. At times we interviewed two generations of the same family, both being prescribed methadone. For many users, methadone maintenance isn't discouraging the use of street drugs and medical interventions dramatically outweigh other support services that could be offered.

We want more for the people of the North of England. We want more for our vendors and other drug users. We believe that if our vendors had the options open to the likes of Tara Palmer-Tomkinson then there wouldn't be thousands of young people wasting their lives and their potential on the streets of our cities. We want quality options and real choices for the most desperate people in the North of England.

We're not going to let up on this one. Drug services are just not good enough yet. Don't kid yourself that drugs don't affect you: they affect us all. Drugs are eating into our cities. There's no getting away from it. If we are to have a thriving and prosperous region, then we must take responsibility for those considered to be the undeserving poor. We need to give them some hope of moving out of the soul destroying, self-destructive, expensive drugs spiral that they are in. With more open minds, we could have such better services for our young people.

Think about it, challenge it, change it.

Anne McNamara,
Chairman, The Big Issue in the North Trust,
August 1999.

What are we calling for?

Increased availability of service provision, so that drug users are not in long waiting lists for either prescribing and treatment services or access to detox or rehabilitation places.

More diversity in the provision that's offered to drug misusers. Instead of an over-reliance on medical interventions and methadone maintenance we want a more holistic approach to be offered, which includes professional counselling and help with other social problems that many users are experiencing.

More real joint working with other public services, and possibly one-stop-shops, so that drug users find it more difficult, if not impossible, to fall through the gaps in service provision.

Improvements in the quality of service. We want to see quality standards set so that comparisons can be made at a local, regional and national level and we want a nationally recognised qualification for drug workers.

Setting of clear measurable targets for drug services, to ensure that every individual entering the service has the potential for reaching identified, positive outcomes.

Genuine consultation with clients should be an integral part of improving their service. There are few statutorily funded services which don't expect some form of evaluation or satisfaction study to take place, so we want to see drug users regularly and independently asked for their views on improving provision.

What we want you to do

Think about it, challenge it, change it.

Read this report and let us know what you think of the findings by writing to us at the address on the inside cover.

Make other people aware of this report and its findings.

Read around the issue of drug use and drug provision and familiarise yourself with the problems that people are encountering.

As you get involved in discussions around these issues don't forget to raise the concerns that are highlighted in this report.

Write to Keith Hellawell, the Anti-Drugs Coordinator (UK Anti-Drugs Co-ordination Unit, Government Offices, Great George Street, London SW1P 3AL), asking him what he is doing to address the issues highlighted in this report.

Investigate how many people in your area are waiting to get into drug service treatment; how long people have been in service; and what the waiting list is like for detox places, by writing to the Chief Executive of your Health Authority, your local Director of Public Health or your local MP.

1. Introduction

The Big Issue in the North may not seem the most obvious organisation to carry out research into drug users' views of services. However, our previous research tells us that a majority of our vendors use non-prescribed drugs and that many vendors inject drugs and feel that they have a problem with drugs (The Big Issue in the North, 1999a and 1999b). In our day-to-day work, moving away from drugs is often the biggest obstacle our vendors face.

We also feel that drug services are not working as well as they could and that the views of service users are not taken into account. Consultation with service users is increasingly commonplace in many areas of social policy. Government demands it, funders demand it and users themselves demand it. However, consultation with users of drug services is rare. £1.5bn is spent on drugs interventions in the UK yet there is precious little consultation with users and no independent monitoring of local services.

This report aims to give drug users a say in how services are delivered. We are not claiming that drug users' views are the only ones that should be listened to, but we do think that they have a right to be heard. Nor are we claiming that methadone doesn't work. Indeed, the recently-released National Treatment Outcome Research Study (NTORS) data shows how methadone can reduce the use of street drugs and levels of crime. We just think it could work better, particularly if treatment included more non-medical interventions and involved a greater degree of joint-working between primary and secondary care services.

2. About the study

This report describes the findings of one of the largest and most wide-ranging studies of users' views of drug services ever conducted in Britain: 561 interviews were conducted in Liverpool and Manchester.

We interviewed service users at a range of locations including statutory and voluntary drug service providers and other locations including The Big Issue in the North's offices. The sample was, to an extent, based on convenience rather than designed to be strictly representative of all drug users. However, the fact that over 550 people took part means that we gathered significant information about drug use and drug services in two of Britain's largest cities.

Additional information was gathered in postal surveys from 124 GPs and 34 other organisations who provided services to drug users.

The design of the study and the fieldwork were managed by Simon Danczuk. Analysis and report-writing were undertaken by Stuart Bowman.

A copy of the full report is available from Jane Smith, Research Assistant, The Big Issue in the North Trust, 135-141 Oldham Street, Manchester M4 1LL.

3. Summary of the main findings

Most people using drug services in Manchester and Liverpool were living in poverty. Drugs had a significant and detrimental effect on their lives, damaging their health, their relationships, their ability to find work and leading them into crime. A quarter were homeless.

A third of drug users had been in contact with services for more than five years and over a third felt that they had been attending for too long.

Over three-quarters who received prescribed methadone were still using street drugs on at least a weekly basis. Just under half were still using heroin on a daily basis.

The services that users said they received were mainly medical interventions such as methadone prescription whereas many users said they wanted counselling as well. Only a quarter said they actually received counselling.

Half of the users wanted to see more community-based drug services but many were suspicious of the ability of GPs to provide drug services. Only a third said that GPs' surgeries were the best place to receive drug services.

GPs and other service providers in both cities stressed the need for more cooperation between different organisations in order to offer coordinated support to drug users.

Service providers felt that services were not adequately meeting the level of demand in either city. In particular, they felt that stimulant users were not well catered for.

4. Survey of drug users

The survey of drug users was extremely wide-ranging and gathered information about their drug use, its effects on their life and their experiences and opinions of drug services. Although some differences emerged between the cities, the extent of the similarities was more striking.

4.1 The respondents

The respondents to this survey were mostly aged between 20-40 and two-thirds were men. Around half had responsibility for children. They would appear, although this was not measured explicitly, to be a socially excluded group with high levels of homelessness, involvement in crime and dependence on welfare benefits.

In order to provide some context for the findings in this section, comparisons have been made, where appropriate, with the latest information from the Drug Misuse Database (DMD) for the North West (Drug Misuse Unit, 1998). This includes information on *"problem drug users who present to services with new agency episodes"*. It does not include information on all people using drug services but is the best information available which can be compared to these survey findings. The profile of the survey respondents was not markedly different from the DMD data although the respondents in our survey were slightly older and more likely to be homeless.

Table 1 shows the age and gender breakdown of respondents compared to DMD figures for both cities. Of the Liverpool survey respondents, 29% were female and 71% male. The DMD found a higher proportion of female users in Liverpool: 40% were female and 60% male. In Manchester, 76% of respondents were male and 25% female, exactly the same as the DMD figures for the city.

Table 1a. Age and gender of drug service users in Liverpool.

	LIVERPOOL			
Age	**Female**	**Male**	**All**	**DMD**
15-19	5%	1%	2%	3%
20-24	14%	11%	12%	21%
25-29	38%	33%	34%	35%
30-34	29%	35%	33%	26%
35-39	8%	16%	13%	9%
40-44	4%	3%	3%	2%
45+	2%	2%	2%	2%
TOTAL	**100%**	**100%**	**100%**	**100%**

Source: Drug user survey. DMD figures from Drug Misuse Unit et al (1998).

Table 1b. Age and gender of drug service users in Manchester.

	MANCHESTER			
Age	**Female**	**Male**	**All**	**DMD**
15-19	9%	3%	4%	9%
20-24	32%	19%	22%	26%
25-29	33%	32%	32%	32%
30-34	11%	24%	21%	19%
35-39	9%	15%	14%	8%
40-44	5%	4%	5%	3%
45+	2%	2%	2%	2%
TOTAL	**100%**	**100%**	**100%**	**100%**

Source: Drug user survey. DMD figures from Drug Misuse Unit et al (1998).

The survey respondents had a slightly older age profile compared to those recorded in DMD figures. Nevertheless, both data sets indicate that the vast majority of people using drug services are in the 20-40 age range.

The DMD does not contain information on the ethnicity of service users but this survey showed that service users were mainly white (94% in Liverpool and 89% in Manchester) with a further group who gave their ethnicity as "other", many of whom stated "Irish". These figures reflect very closely the overall populations of Liverpool and Manchester.

Table 2 shows the employment status of survey respondents. Only 9% in Liverpool and 13% in Manchester were in employment of any kind. This is similar to the North West figure of 14% of those users recorded in the DMD.

Table 2. Employment status of respondents.

Employment status	**Liverpool**	**Manchester**	**All**
Employed full-time	3%	4%	3%
Employed part-time	1%	3%	2%
Employed informally	2%	3%	3%
Self employed	3%	3%	3%
Unemployed	46%	45%	46%
Student	2%	1%	1%
Looking after home	8%	1%	5%
Trainee	3%	-	2%
Long term sick	30%	37%	33%
Other	2%	3%	2%
TOTAL	**100%**	**100%**	**100%**

The survey also recorded users' accommodation. Table 3 shows that around a third lived in social rented housing. A very high proportion lived in privately rented accommodation compared to the general population where, nationally, around 8% live in this tenure. 28% of respondents were either homeless or lived in insecure or temporary accommodation. DMD figures show that a much higher proportion of new service users were in owner-occupied accommodation while far fewer were homeless. This difference was partly due to the sampling method used in this study where some interviews were carried out at organisations who work with homeless people.

Table 3. Accommodation of drug service users.

	Liverpool	Manchester	All	DMD (NW)
Social rented	35%	41%	37%	45%
Owner-occupied	3%	4%	4%	20%
Private rented	27%	21%	24%	22%
Sleeping rough	6%	7%	6%	na
B&B	3%	5%	4%	na
Hostel	10%	7%	9%	na
Other homeless	7%	11%	13%	10%
Other	10%	4%	5%	3%
TOTAL	**100%**	**100%**	**100%**	**100%**

Source: survey of drug users and Drug Misuse Unit (1998).
Note: DMD figures refer to the North West.

Respondents were also asked whether they had any children and whether they had day-to-day responsibility for the children. Two-thirds had children but only 46% of these had day-to-day responsibility for the children. This means that more than half of the respondents who had children had lost regular contact with their children (see Section 4.3.2). This finding mirrors that from the DMD on the North West where 51% of those with children had the children living with them.

Finally, respondents were asked whether they had ever been in prison and 74% said that they had. The majority (57%) had spent less than a year in custody but a substantial minority (20%) had spent more than three years in custody. Section 4.3.3 describes how 81% of respondents in Liverpool and 72% in Manchester said that their drug use had led them to commit crime.

4.2 Drug use

The pattern of drug use was similar to that shown in other studies, such as the Drug Misuse Database. Heroin was predominant in both cities but in Manchester users were less likely to be on methadone and more likely to use crack and amphetamines. Men were more likely to use a wider range of drugs than women. What also stood out was that respondents were not users of just a single drug. The use of a cocktail of street drugs was much more common.

Table 4. "Types" of drug user.

"Type" of user	Liverpool	Manchester	All
Other	11%	15%	11%
Prescribed methadone only	11%	16%	13%
Heroin only	4%	11%	7%
Prescribed methadone and heroin	25%	13%	19%
Prescribed methadone and mix of street drugs	37%	24%	31%
Mix of street drugs	16%	22%	19%
TOTAL	**100%**	**100%**	**100%**

Note: only drugs that were being used at least once a week were included in this analysis.

Tables 5 and 6 show the drugs that respondents were currently using at least once a week. In both cities, heroin was the most frequently taken street drug, followed by crack. Prescribed methadone was used by more in Liverpool than in Manchester.

Table 5. Drugs currently used at least once a week by Liverpool service users.

	Survey			DMD
Drug	Female	Male	Total	Total
Heroin	75%	81%	79%	80%
Prescribed methadone	82%	72%	75%	51%
Street methadone	27%	32%	31%	na
Cocaine	15%	23%	21%	30%
Crack	28%	40%	37%	na
Amphetamines	4%	6%	5%	3%

Source: survey of drug users and Drug Misuse Unit (1998).

Table 6. Drugs currently used at least once a week by Manchester service users.

	Survey			DMD
Drug	Female	Male	Total	Total
Heroin	64%	66%	65%	70%
Prescribed methadone	47%	60%	57%	49%
Street methadone	12%	15%	15%	na
Cocaine	2%	10%	8%	26%
Crack	52%	34%	38%	na
Amphetamines	15%	17%	16%	9%

Source: survey of drug users and Drug Misuse Unit (1998).

There were other differences between the two cities. Liverpool respondents were more likely to be using all of the drugs shown in the table with the exception of crack and amphetamines. The regular use of street methadone and cocaine was more marked in Liverpool than in Manchester.

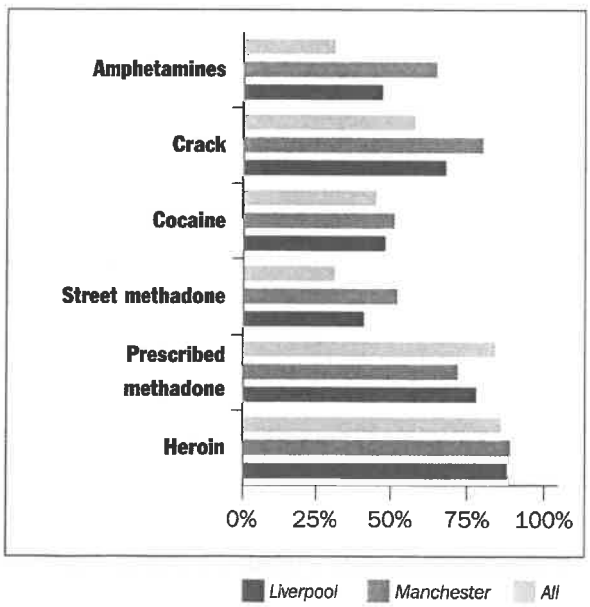
The DMD records users' primary and secondary drugs at the time of their contact with services and shows a slightly different picture. Heroin was again the main drug used and a similar proportion used it. Methadone use was less prominent but this probably reflects the fact that the DMD records new approaches to services whereas the majority of the survey respondents were already in service and being prescribed methadone.

In Liverpool, males were also more likely to have used a greater number of drugs. For example, 15% of males said that they had used all of the six drugs shown in Table 7. In comparison, 6% of women had done so. In Manchester, there was relatively little difference based on gender in this respect.

Analysis of drug use by age showed that there were only extremely small variations in the prevalence of various drugs.

Table 7. Drugs that had ever been used by respondents.

Drug	Liverpool	Manchester	All
Heroin	86%	89%	88%
Prescribed methadone	84%	72%	78%
Street methadone	31%	52%	41%
Cocaine	45%	51%	48%
Crack	58%	80%	68%
Amphetamines	31%	65%	47%



Data was also collected which recorded the drugs that respondents had ever used. This showed a rather different picture from current use where Liverpool respondents tended to have higher prevalence rates than those in Manchester. When respondents' drug use over their lifetime is analysed, the use of crack, amphetamines and street methadone was significantly higher in Manchester than in Liverpool.

Respondents were asked about their injecting behaviour. Table 8 shows that heroin was the drug most likely to be injected and that men were more likely to inject than women. Again, there were no significant differences in the injecting behaviour of different age groups.

Table 8a. Proportion of users of each drug who inject, by gender.

LIVERPOOL

Drug	Female	Male	All
Prescribed methadone	0%	5%	3%
Street methadone	0%	4%	3%
Heroin	50%	65%	61%
Cocaine	27%	58%	52%
Crack	21%	40%	35%
Amphetamines	21%	23%	22%

Table 8a. Proportion of users of each drug who inject, by gender.

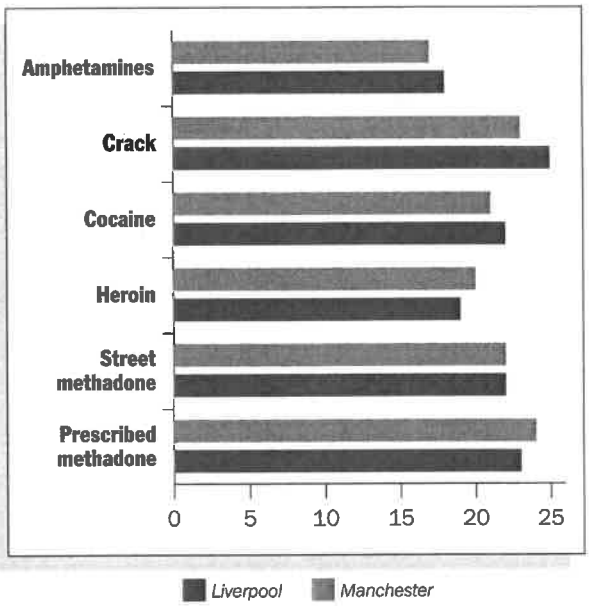
MANCHESTER

Drug	Female	Male	All
Prescribed methadone	0%	9%	7%
Street methadone	5%	6%	6%
Heroin	64%	67%	67%
Cocaine	3%	9%	7%
Crack	27%	32%	30%
Amphetamines	10%	26%	22%

Users were asked at what age they had first taken each drug (see Table 9). The findings clearly identify drug use having begun in the late teens and early twenties. On average, amphetamine was used at the earliest age and crack at the latest. The DMD findings are very similar.

Table 9. Average age at which drugs were first used.

Drug	Liverpool	Manchester
Prescribed methadone	23	24
Street methadone	22	22
Heroin	19	20
Cocaine	22	21
Crack	25	23
Amphetamines	18	17



There was evidence that the prescription of methadone is, for many users, not effective at getting them completely off street drugs. Of those on prescribed methadone, 80% also used street drugs, particularly heroin, on at least a weekly basis. Just under 40% of these used only heroin in combination with prescribed methadone and the remaining 60% used a cocktail of street drugs with their methadone. Breaking down the data further shows that 44% of those on prescribed methadone also used heroin on a daily basis.

52% of those who had been on methadone for less than a year were using heroin daily compared to 44% of those who had used services for more than 10 years. 69% of those who had been on methadone for over 10 years used heroin at least once a week. Those who had been using services for 2-5 years were least likely to be daily heroin users (32% used it daily). The proportion of those on prescribed methadone who were also using street drugs was slightly higher in Liverpool than in Manchester but the difference was not significant.

Depending on the type of drug being considered, between half and two-thirds of injectors were using needle exchanges. There is a group who are on prescribed methadone and who are also injecting heroin without support from needle exchanges. For this group, methadone is not acting as a public health measure. 17% of all those on prescribed methadone in the two cities are injecting heroin at least occasionally and are not using needle exchanges.

4.3 The effects of drug use

Drug use appeared to have an effect on most areas of respondents' lives, not just their physical health. Most people using drug services in Manchester and Liverpool were living in poverty. Drugs had a significant and detrimental effect on their lives, damaging their health, their relationships, their ability to find work and leading them into crime.

4.3.1 Health

Only 21% of respondents said that their drug use had not affected their physical and mental health. The most frequently-named health problems due to drug use were abscesses, chest and respiratory conditions such as asthma, nutritional problems such as weight loss, hepatitis and depression. There were no significant differences based on gender in terms of health problems. There was also relatively little difference between the health problems reported by homeless respondents and those of other respondents.

Table 10. Proportion of respondents who suffered health problems due to drug use.

	Liverpool	Manchester	All
Abscesses	32%	45%	38%
Nutrition	24%	24%	24%
Respiratory	27%	10%	19%
Depression	19%	16%	17%
Hepatitis	20%	12%	16%
Dental problems	16%	5%	10%
Other mental illness	10%	11%	10%
Generally unwell	8%	12%	9%
HIV	3%	1%	2%
None	20%	23%	21%

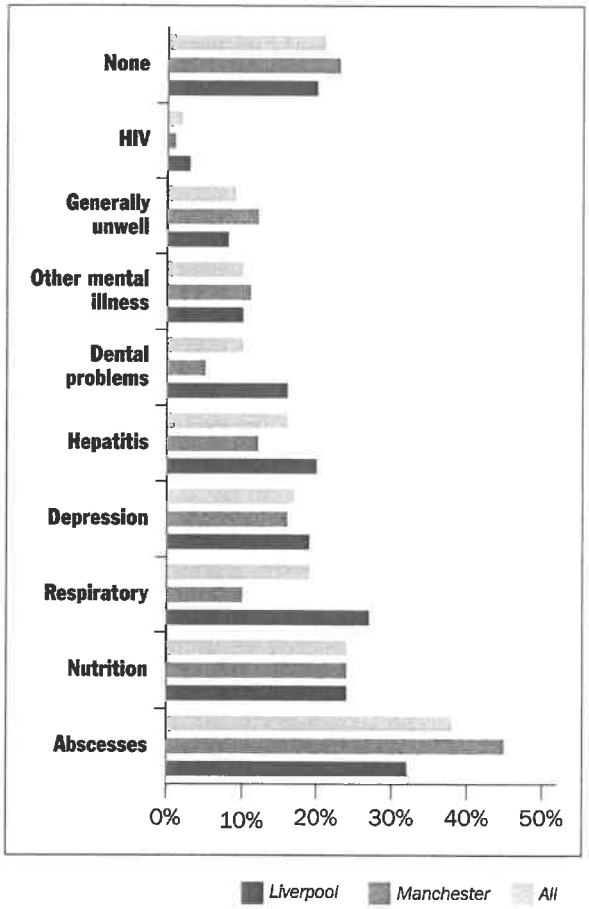
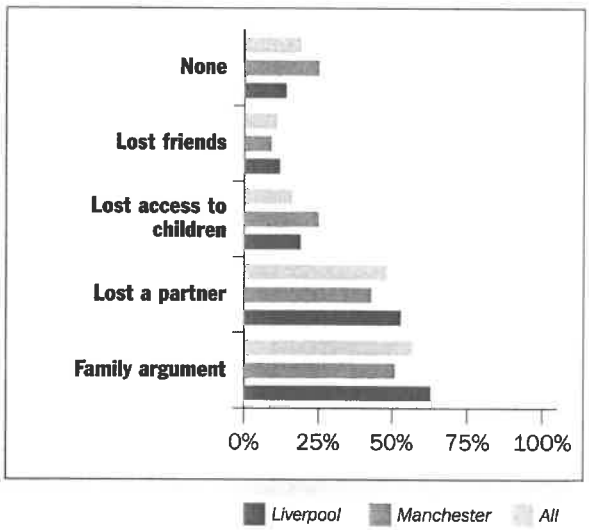


Table 11. Proportion of respondents who had relationship problems due to drug use.

	Liverpool	Manchester	All
Family arguments	63%	51%	57%
Lost a partner	53%	43%	48%
Lost access to children	19%	25%	16%
Lost friends	12%	9%	11%
None	14%	25%	19%

Note: figures for "Lost access to children" refer only to those who had children. All other figures refer to all respondents.



4.3.2. Relationships

Respondents were asked to name the problems with relationships that had occurred due to their drug use. Only a small proportion said that drug use had not had an adverse effect on their personal life.

The most frequent problems were that drug use had led to relationship breakdowns with partners and family. More than half of respondents who had children had lost regular contact with them. Drug use itself seemed to be an important factor in these family breakdowns. In Liverpool, just over half of those who no longer had day-to-day responsibility for their children said that their drug use had caused this. In Manchester, the proportion was a third. In both cities, men (54%) were more likely than women (29%) to have said that their drug use had caused them to lose a partner. There were no other significant differences based on gender.

The most frequently-named problem was "family arguments" which usually referred to breakdowns in the relationship between the respondent and their parents.

4.3.3. Other problems

Respondents were also asked to name any other problems they had experienced due to drug use. Once again, only relatively few said their drug use had not affected other areas of their life.

Over three-quarters said that their drug use had led them to commit crime and this was usually explicitly linked to burglary or robbery in order to raise money to buy drugs. A high proportion also stated that they had got into debt through their drug use.

Methadone maintenance has as one of its aims the reduction of crime. Just under half of the respondents said that methadone had reduced their level of offending. However, three-quarters of drug users were using heroin at least weekly but only 11% were in any kind of employment. There is a large gap between the proportion who need money to buy street drugs and the proportion in employment. It seems likely that a large proportion are still committing acquisitive crime in order to buy street drugs.

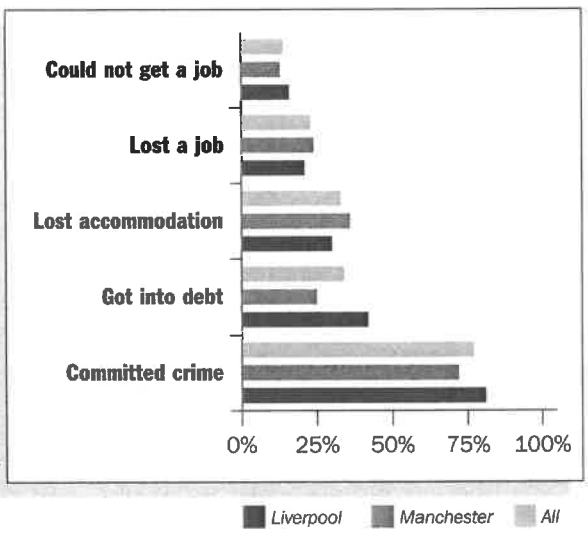
Accommodation and employment had also been lost through drug use and some respondents commented that having to collect methadone prescriptions on a daily, or other regular, basis made it impossible to get a job or to move to another

area to look for work. In Manchester, 64% of the homeless users said that drug use had caused them to lose accommodation. In Liverpool, 46% of the homeless said they had lost accommodation through their drug use. There were no significant differences when the data was broken down by gender.

Table 12. Proportion of respondents who had other problems due to drug use.

	Liverpool	Manchester	All
Committed crime	81%	72%	77%
Got into debt	42%	25%	34%
Lost accommodation	30%	36%	33%
Lost a job	21%	24%	23%
Could not get a job	16%	13%	14%

Note: only the most frequently-named problems are shown here.



4.4 Drug services

This section describes the findings on users' views of their drug services. It covers users' aims, the services they said they received, how they rated these services and how they thought services could be better.

4.4.1 How and why users approached local drug services

The vast majority of users (93% of those who used drugs in Liverpool and 87% in Manchester) said that, ultimately, they wanted to stop using drugs. This applied to all types of users. 85% of the group who were mixing prescribed methadone with the regular use of street drugs also said this. The figure was slightly lower for those who were not on prescribed methadone but was still 74%.

When asked why they had first approached their main drug service, respondents in both cities stressed the goals of stabilising their drug use and becoming drug free.

Safer use was the third most important reason given in Manchester whereas in Liverpool, this was ranked seventh. Users in Liverpool were much more likely to have mentioned a range of reasons and to have stressed their need for non-medical interventions.

Table 13. Reasons why users first approached their main drug service.

	Liverpool	Manchester	All
To stabilise drug use	74%	58%	66%
To become drug free	79%	34%	57%
To use drugs more safely	38%	28%	33%
To cope with personal problems	47%	10%	29%
To cut crime	58%	11%	35%
Pressure from friends or family	46%	6%	26%
To remain drug free	30%	8%	19%
For counselling	47%	9%	28%

Note: only the most frequent responses are given here.

Only small numbers of respondents felt that service providers' aims included personal development services such as counselling. Virtually no respondents said that drug services were aiming to provide a coordinated package of treatment including non-medical services to help them make progress in other areas of life. The main aims of services, according to users, were trying to get them drug free or to stabilise their drug use.

There were differences between services and cities in this respect. 56% of those who were receiving methadone said that the service was trying to get them drug free. In Liverpool, the figure was 67% and in Manchester 40%. In Manchester, more people (44%) said that services were trying to get them to stabilise their drug use rather than to get them drug free. In Liverpool, 34% said this.

Users of needle exchange services were more likely to say that the service was aimed at helping them use drugs more safely (47%). In Manchester, 52% of needle exchange users said this and, in Liverpool, 35%. A higher proportion of needle exchange users in Liverpool than Manchester felt that services were trying to get them drug free. 35% said this in Liverpool compared to 10% in Manchester.

Table 14. Users' perceptions of service providers' aims.

Aim	Liverpool	Manchester	All
Get users drug free	65%	29%	48%
Stabilise drug use	31%	32%	31%
Help users use drugs more safely	6%	19%	13%

Note: only the most frequent responses are given here.

4.4.2 Type of services used by respondents

This section describes the type of drug services that respondents were using. Table 15 indicates that many of those on prescribed methadone were also using needle exchange which implies that they were still using street drugs.

Table 15. Types of drug services used by respondents.

	Liverpool	Manchester	All
Prescribed methadone	53%	23%	39%
Prescribed methadone and needle exchange	16%	32%	24%
Needle exchange	7%	24%	25%
Other	10%	8%	9%
Not in service	15%	13%	14%
TOTAL	**100%**	**100%**	**100%**

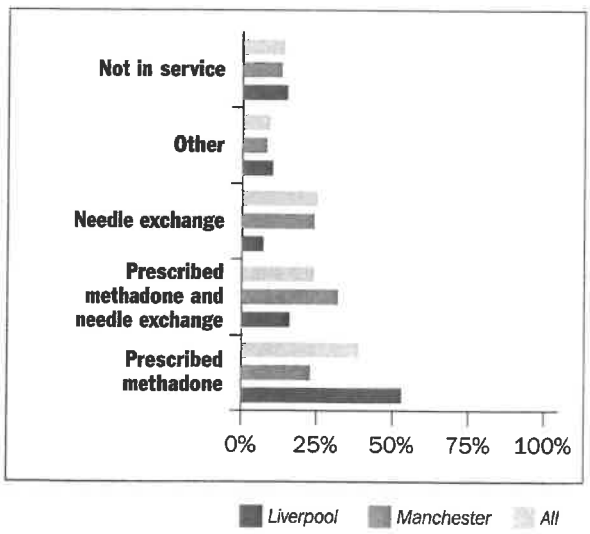


Table 16. Proportion of injectors using needle exchange services.

	Liverpool	Manchester	All
Heroin (always inject)	52%	74%	64%
Heroin (occasionally inject)	19%	83%	45%
Cocaine (always)	19%	*	26%
Cocaine (occasionally)	20%	*	24%
Crack (always)	39%	61%	50%
Crack (occasionally)	17%	84%	52%
Amphetamines (always)	*	69%	56%
Amphetamines (occasionally)	*	*	*

*Note: * indicates insufficient data. Percentages describe the proportion of each "type" of injector who uses needle exchange services.*

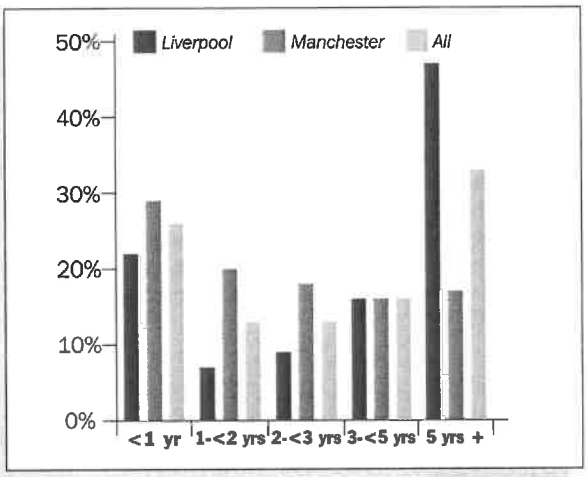
Heroin, cocaine, crack and amphetamines were the drugs most likely to be injected. Table 16 indicates that between two-thirds and three-quarters of injectors were in contact with needle exchanges in Manchester. In Manchester, those who always inject were less likely to use needle exchanges than those who only occasionally inject. In Liverpool, a lower proportion of injectors were in contact with needle exchange services: between a fifth and a half of injectors.

4.4.3 Length of time using services

Many users had been attending services for a long time, particularly in Liverpool where over half had been using a service for more than three years and a quarter for more than 8 years. In Manchester half the respondents had been in a service for 18 months and a third for more than three years. Around a third felt that they should have stopped using the service by now, mainly because they felt they had been attending too long. This group was split equally between those who felt the service provider was making little effort to help them become drug free and those who felt that they were not yet ready to stop using drugs.

Table 17. Length of time users had been attending their main drug service.

	Liverpool	Manchester	All
Less than 6 months	14%	16%	15%
6 months - <1 yr	8%	13%	11%
1 - <2 yrs	7%	20%	13%
2 - <3 yrs	9%	18%	13%
3 - <4 yrs	9%	9%	9%
4 - <5 yrs	7%	7%	7%
5 - <10 yrs	27%	14%	21%
10 yrs or more	20%	3%	12%
TOTAL	**100%**	**100%**	**100%**

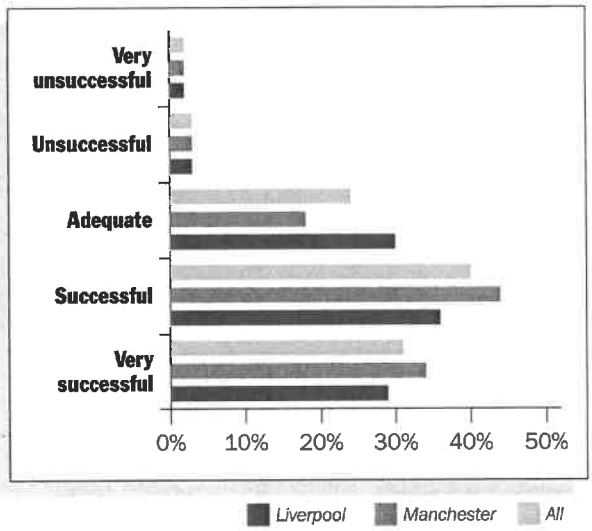


4.4.4 Users' rating of drug services

Drug services were felt to be successful by users in both cities. Around two-thirds in Liverpool and three-quarters in Manchester felt they were "successful" and only 5% said they were "unsuccessful". However, the positive comments made by respondents were largely about the standard of *service* (such as being treated in a non-judgmental fashion by staff) rather than on the *outcome* of that service (such as becoming drug free). It may be that a culture of low expectation among users led them to regard their achievements in gaining stability and using drugs more safely as "success" despite the fact they were still not drug free.

Table 18. Users' rating of their main drug service.

	Liverpool	Manchester	All
Very successful	29%	34%	31%
Successful	36%	44%	40%
Adequate	30%	18%	24%
Unsuccessful	3%	3%	3%
Very unsuccessful	2%	2%	2%
TOTAL	**100%**	**100%**	**100%**



Around half of the respondents liked the fact that services treated them as an individual, were not judgmental and took time to talk to them rather than merely "processing" them. Those who were using both prescribed methadone and needle exchanges were least likely to have felt they were treated as an individual. They were a group for whom prescribed methadone had not stopped the use of street drugs.

Methadone was felt to be useful in gaining more stability, in reducing the need for crime and was generally better than having to rely on street drugs. However, it also had important negative consequences. Over half of the respondents in Liverpool (40% in Manchester) felt that methadone caused a bad withdrawal and around half felt that methadone was addictive and merely swapped one addiction for another rather than helping users become drug free. A third also complained about the side effects of methadone, particularly long-term use, and some said that "it rots your teeth" and "gets in your bones".

4.4.5 What users said they wanted from drug services and what they said they got

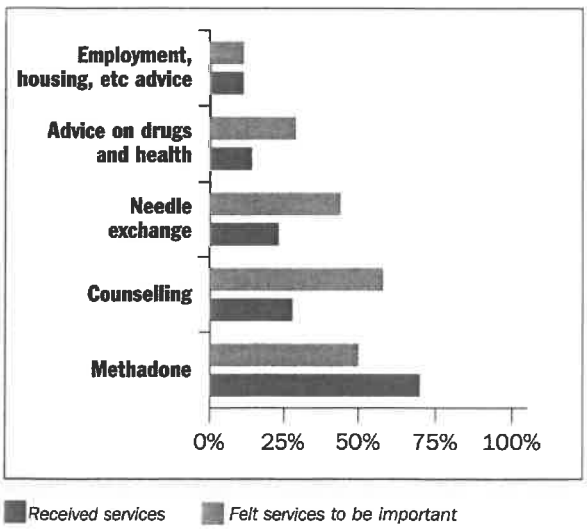
Respondents found it difficult to propose specific improvements to drug services. However, when asked to name the most important areas of help provided by drug services, users seemed to be clear that a range of non-medical interventions were important. The most frequent responses were:

- counselling;
- methadone;
- needle exchange;
- advice on drugs and health;
- help with other areas of life such as employment and housing.

However, users said they did not receive all of these services. For example, twice as many said counselling was important than actually received it. Relatively few respondents described receiving non-medical services relating to other areas of their lives.

Table 19. What users said they received and what they thought were the most important areas of help offered by drug services.

	Received services	Felt services to be important
Methadone	70%	50%
Counselling	28%	58%
Needle exchange	23%	44%
Advice on drugs and health	14%	29%
Employment, housing, etc advice	11%	11%



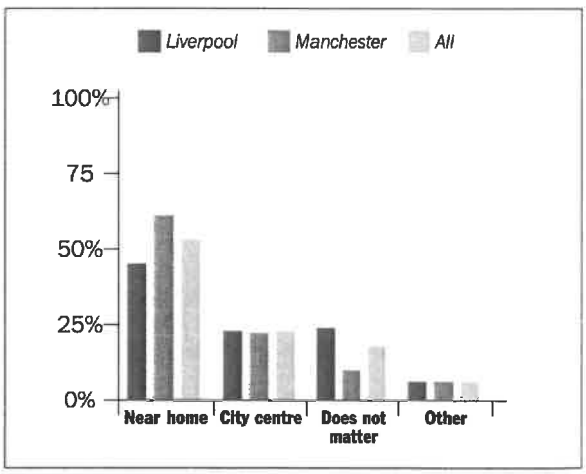
Not all respondents said that drug services' aims were the same as their own. 48% of respondents said that drug services were aiming to get them drug free. In Manchester, only 29% gave this view. This was in contrast to the 90% who ultimately wanted to become drug free.

4.4.6 Where users wanted drug services to be located

There was evidence that many respondents felt that drug services were located in the wrong place. When asked about their preferred location for drug services, just under half of Liverpool respondents and nearly two-thirds of Manchester respondents said "near my home". Most were actually using city centre-based services.

Table 20. Users preferred location for drug services.

	Liverpool	Manchester	All
Near home	45%	61%	53%
City centre	23%	22%	23%
Does not matter	24%	10%	18%
Other	6%	6%	6%
TOTAL	**100%**	**100%**	**100%**



However, this did not necessarily mean that users wanted to receive drug-related services from their GP. When asked whether a GP was the best place to receive drug services, a quarter in Liverpool said "yes". Manchester respondents were more likely to be more positive (40% said "yes"). As Table 21 shows, the perception that GPs were unsympathetic toward drug users was important in both cities. In Liverpool, the belief that GPs lacked specialist knowledge about drugs was also mentioned frequently, more so than in Manchester.

Table 21. Users' perceptions of GP surgeries as a venue for drug services.

	Liverpool	Manchester	All
Positive comments			
They treat users as individuals	12%	12%	12%
It's the GPs job	3%	11%	7%
Easily accessible	3%	5%	4%
They can deal with other health problems	1%	4%	3%
Other positive comments	3%	5%	4%
Negative comments			
GPs are unsympathetic to drug users	28%	31%	29%
GPs lack specialist knowledge	34%	17%	26%
Surgery lacks confidentiality	7%	4%	5%
Other negative comments	5%	6%	5%
No comment	4%	7%	5%

Homeless drug users in both cities were slightly more likely to favour GPs as a location for drug services and, as for all respondents, homeless people in Manchester were much more likely to say that GPs were the best place for drug services. Here, 42% of the homeless and 34% of those in stable accommodation said they thought GP surgeries were the best place for services. In Liverpool the figures were 27% of the homeless and 22% of those in stable accommodation.

There were no significant differences in the perception of GPs between users of different type of drugs. There were also no significant differences when the data was broken down by gender.

4.5 Homeless drug users

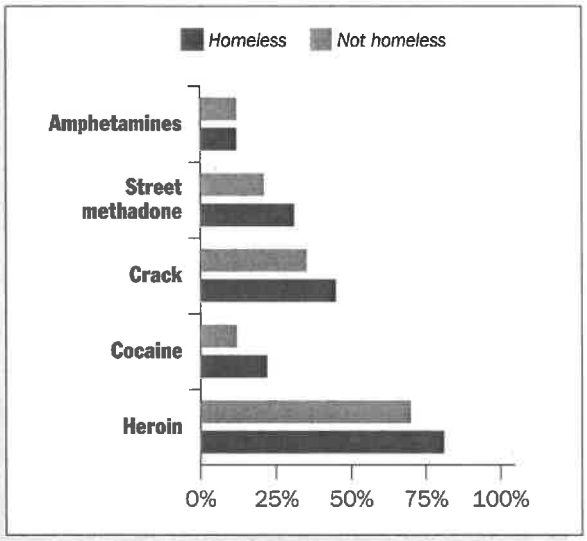
28% of respondents were either homeless or lived in insecure or temporary accommodation. There was evidence that they had a high level of need for services but were missing out.

Homeless respondents were less likely to be in regular contact with drugs services than other respondents. Only 7% of those users in stable accommodation were not in regular contact with services while the figure for homeless users was 30%. The difference was particularly marked in Liverpool.

Yet homeless drug users were at greater risk. They were more likely to use street drugs than those in stable accommodation and were more likely to inject drugs. Their drug use was a key factor that had caused them to lose accommodation.

Table 22. Proportion who use street drugs at least weekly, by housing status.

	Homeless	Not homeless
Heroin	81%	70%
Cocaine	22%	12%
Crack	45%	35%
Street Methadone	31%	21%
Amphetamines	12%	12%



Homeless drug users in both cities were slightly more likely than other respondents to favour GPs as a location for drug services, although the difference was relatively small.

5. Survey of GPs

This section describes the findings from the survey of GPs. This was conducted by a postal survey. The survey asked GPs for their views on treating drug using patients and on local drug services more generally.

5.1 Background

As long ago as 1984, Government policy signalled a shift away from specialist drug treatment clinics and towards treatment in primary care for opiate users (Davies and Huxley, 1997). Other research in this area has shown a mixed picture in terms of GPs' views of treating drug misusers.

Some studies have shown that many GPs feel they lack the skills, knowledge and resources to treat drug users effectively. Many GPs also perceived drug users to be time-consuming, disruptive and manipulative patients with whom it is difficult to empathise so that drug users were widely viewed as "unpopular patients" (for example, Fleming et al (1997), Greenwood (1992), McKeganey (1988) Abed and Neira-Munoz (1990)).

Other, often more recent, research has shown that the majority of GPs do prescribe substitute drugs and hold generally positive attitudes towards dealing with opiate misusers (for example, Davies et al (1997), Gabbay et al (1996) and Bury et al (1996)). However, many GPs feel they would be prepared to become more involved in treatment if additional specialist services existed and if they themselves could undertake more training in dealing with drug misusers (see also Cohen et al, 1992). The evidence from Glasgow seems to suggest that coordinated schemes involving a specialist referral medical service and additional support from community-based agencies can enable many more GPs to treat drug misusers effectively (Gruer et al, 1997). It may be that GPs' views are changing, particularly as younger GPs are entering the profession whose professional education has included drugs issues to a greater extent than previous generations and who are more aware of drug misuse in society (Carnwath, 1997).

The survey of Liverpool and Manchester GPs gathered information about their experiences of treating drug users and their views on local drug services.

5.2 GPs who treated drug users

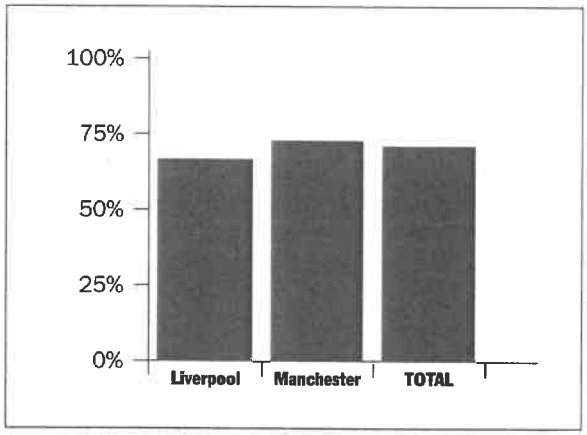
This section describes how many GPs treated drug users and goes on to discuss GPs' views of drug users as patients.

5.2.1 Number of GPs who treated drug users and the number of patients

33 respondents from Liverpool and 55 from Manchester were prescribing methadone to patients, usually less than five in any one practice. Most GPs had relatively small numbers of patients receiving methadone. Around half the GPs who responded had ten or fewer patients on methadone. However, a small number of GPs had relatively large numbers. These GPs were running specialist provision such as regular drug clinics.

Table 23. Proportion of GPs who prescribed methadone to patients.

	% of GPs
Liverpool	67%
Manchester	73%
TOTAL	**71%**



Just as the actual number of patients on methadone was usually relatively small, it was clear that the proportion of each GP's patients on methadone was also relatively small. In Liverpool, 21 of the 25 GPs who gave a figure said that patients on methadone made up less than 5% of their caseload. In Manchester it was 49 out of 52 GPs.

5.2.2 Motivation for treating drug users

GPs were asked what had led them to prescribe methadone to patients. In Liverpool the use of methadone was described as a means of increasing users' stability rather than helping them become totally drug free. In Manchester, the aim of getting patients completely drug free was mentioned as frequently as increasing their stability.

The most frequent response from the 55 Manchester GPs was that methadone had been prescribed historically and that current GPs had inherited the practice (10 said this). Only 2 of the 33 GPs in Liverpool gave this response. The majority of those in Manchester who referred to their practice's history regarded the prescription of methadone and the treatment of drug users as an appropriate service for GPs to provide:

> *"Practice has always done so (prescribed methadone): we have a policy to look after all our patients."*

Nine Manchester GPs said that the use of methadone could help users get off heroin and the same number also said that the aim was to get users drug free rather than operating a regime aimed purely at maintenance. A further nine GPs mentioned patient demand as the reason for prescription.

In Liverpool, 13 of the 33 GPs said that the use of methadone could help users get off heroin and that this enabled users to gain a greater degree of stability in their life. Five GPs explicitly linked this reduction of heroin use to cutting crime in the local community, emphasising the positive and wider potential effects of methadone prescriptions. A third (11 GPs) said that they had responded to demand from patients.

Only four Liverpool GPs made an explicit reference to working with users to enable them to become totally drug free by reducing their methadone script over time.

5.2.3 Problems in treating drug users

Liverpool GPs were more likely to have mentioned problems in treating drug users (90% said it caused problems compared to two-thirds in Manchester). These problems mostly related to a lack of coordination and joint-working between service providers. Manchester GPs rarely mentioned such difficulties. Manchester GPs were more likely to have reported problems of patient behaviour. In Liverpool, such complaints were more rare. There were very few reports of physical violence.

In Manchester, thirteen complained that patients tried to extract additional methadone over and above the prescription that the GP perceived to be appropriate. One Manchester GP commented on:

> *"Soul-destroying consultations based entirely on lies."*

This was the most frequent complaint in Liverpool. Ten GPs mentioned it and one commented that the practice received:

> *"All the usual excuses from patients to get more meth - lost it, smashed bottle etc."*

In addition, one Liverpool GP said that:

> *"Word gets around and opportunistic addicts come in looking for 'extra'."*

5.2.4 Joint-working

GPs in both cities who treated drug users reported feelings of isolation and said that they needed more support from more specialist organisations in order to treat drug users successfully. In particular, they stressed the need for support in treating the more chaotic patients. Those who did receive this support said that it helped them to work with drug misusing patients.

In Liverpool, twelve GPs commented on the long wait for other services and often linked this to a mismatch between demand and supply for drug services in the city or poor communication between service providers and the Health Authority. These factors had led to long delays in getting some users properly assessed and being able to prescribe methadone. This group of Liverpool GPs seemed to feel relatively isolated and lacking in support from more specialist agencies. One GP commented:

> *"Services sometimes appear distant and I'm not sure what they are doing. Recent meeting with the DDU[1] has helped".*

In addition, one Manchester GP said that:

> *"Local drug services are supposed to pass on stable clients while we regularly deal with chaotic ones."*

Shared care seemed to be more common in Manchester. Manchester GPs were more likely to have assistance or support from another organisation than GPs in Liverpool. The statutory sector was the most important source of support for Manchester GPs working with drug users whereas in Liverpool, the voluntary sector was mentioned as frequently.

5.3 GPs who didn't treat drug users

Around a third of GPs did not want to treat drug users, mainly through concerns that they are disruptive, demanding patients. Half of the GPs who did not prescribe methadone would have liked to offer more help to drug users but felt that they lacked expertise and support from more specialist organisations.

Those GPs who did not prescribe methadone were asked why they had made this decision. The numbers were small (16 in Liverpool and 20 in Manchester) and there was an even split between those who perceived drug users as a source of disruption and those who were not convinced of the value of prescribing methadone. The former group quoted particular examples of assaults from drug users who were refused supplies of methadone and also made more general statements regarding the behaviour of drug users. A Liverpool GP said:

[1]*The Drug Dependency Unit, a specialist drug unit of the North Mersey Community NHS Trust.*

"Drug users are arrogant, impolite, quarrelsome starting from the receptionist, tell lies that the script is lost or the drug is stolen although few may even sell it at a black market price."

A Manchester GP commented:

"I have done so in the past (prescribed methadone) and the vast majority of patients on methadone have no intention of stopping. They often use methadone to top up narcotics. I do not view myself as a legalised drug dealer."

The other group of GPs were sceptical of the value of methadone as an effective means of treating drug addiction:

"I have researched all about methadone and am not happy with it."

"Failure after failure over the last 20 years to improve or help methadone addicts, or heroin addicts, move from methadone."

Alternatively, GPs felt that they lacked the resources to treat drug users effectively and were concerned at the effect that prescribing might have on other patients:

"We do not take drug addicts on our list as we have not got the staff to give them the time necessary."

"Wanted to devote time to patients equally, methadone prescriptions take up a lot of time."

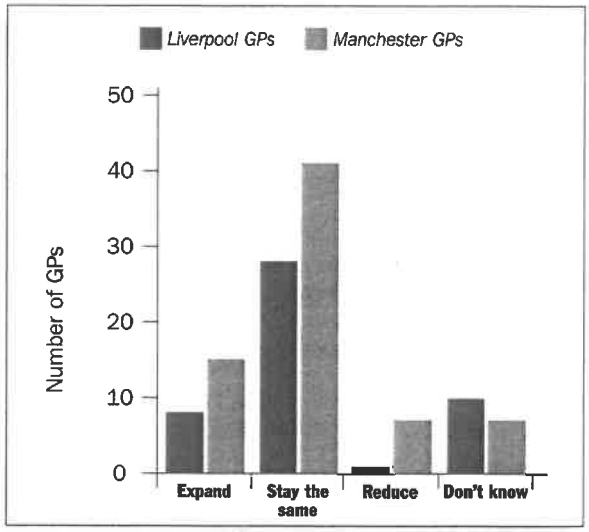
Non-prescribing GPs were split between those who did not want to treat drug users at all and those who felt methadone to be an ineffective form of treatment. There was, therefore, some evidence of a different philosophy between some GPs and specialist drug services regarding the use of methadone. In both cities, non-prescription of methadone by GPs appeared to be a matter of policy rather than having stemmed from a lack of demand from patients.

5.4 GPs' views on the future of drug services

GPs in both cities believed the biggest problem with drug services to be the long waiting lists for specialist services. They stressed the need for more cooperation between different organisations in order to offer coordinated support to drug users.

Table 24. GPs' perceptions of change in the next 12 months in their own services to drug users.

	Liverpool	Manchester
Expand	8	15
Stay the same	28	41
Reduce	1	7
Don't know	10	7
TOTAL	**47**	**70**



Relatively few GPs expected their services to drug users to expand in the next year. In a health care system where GPs hold a degree of autonomy over the patients they take on and the services they provide, the results from this survey suggest that it is unlikely that more GPs will treat drug-misusing patients unless additional specialist support can be provided. This was particularly the case in Liverpool. If this reflects broader GP opinion, this finding would point to a future whereby a relatively small group of GPs, who currently prescribe methadone, take on increasing numbers of patients while other practices continue to exclude drug users.

Any attempts to encourage more GPs to treat drug users must acknowledge that some appear to lack the will to do so while others may be persuaded if alternative forms of treatment or additional support were available.

6. Survey of service providers

The survey included a variety of organisations whose work brought them into contact with drug users. Respondents included small voluntary organisations which specialised in working with chaotic drug users, large statutory drug services and large statutory organisations whose work was not primarily aimed at this group but whose clients did include users or former-users.

6.1 Trends in drug use

Drug use was felt to be on the increase, particularly in Liverpool. It was clear that some of the respondents did not feel confident in expressing a view, particularly in relation to the use of crack and amphetamines. However, those that did express an opinion felt that drug use had increased and a smaller number said that use had remained the same. Only one respondent in each city felt that the use of any drug had declined (see Table 25).

Table 25. Respondents' opinion of trends in drug use locally and demand for drug services in the last 12 months.

	Liverpool			
	Increased	Stayed the same	Decreased	Don't know
Prescribed methadone	7	6	-	4
Street methadone	9	4	-	4
Heroin	9	4	1	3
Crack	9	1	1	6
Cocaine	9	3	1	4
Amphetamines	5	5	1	6
	Manchester			
	Increased	Stayed the same	Decreased	Don't know
Prescribed methadone	8	3	-	2
Street methadone	7	3	-	3
Heroin	4	4	-	5
Crack	3	4	1	5
Cocaine	3	5	-	5
Amphetamines	3	4	-	6

Note: Respondents gave their opinion of trends in the use of each drug.

Service providers believed that drug users' perceptions, both of themselves and also of agencies, mean that many who need support will not approach services. Service providers believed that many young stimulant users do not perceive themselves to be "drug users". Providers also felt that drug users from ethnic minority communities perceived services to be aimed at white, male opiate users which meant that they did not approach services.

6.2 Views on local drug services

Most service providers did not believe that services were coping adequately with the level of demand in each city. Services for heroin users were felt to be more adequate than those for users of other drugs. Personal development services were rated more adequate than health services in Liverpool while in Manchester neither was felt to be completely adequate.

Table 26. Service providers' opinions of the adequacy of local services for drug users.

	Liverpool				
Are services adequate?	Yes	To an extent	Not really	No	Don't know
Prescribed methadone	5	9	1	-	1
Street methadone	-	4	8	3	1
Heroin	1	7	5	1	2
Crack	-	4	7	3	2
Cocaine	-	4	7	3	2
Amphetamines	-	4	5	5	2
Personal development	3	8	5	-	2
Health services for users	-	6	6	2	2
	Manchester				
Are services adequate?	Yes	To an extent	Not really	No	Don't know
Prescribed methadone	5	4	1	1	2
Street methadone	1	2	1	2	5
Heroin	2	2	4	-	4
Crack	-	2	4	2	4
Cocaine	-	2	4	2	4
Amphetamines	-	3	4	2	4
Personal development	-	4	2	3	4
Health services for users	-	8	2	-	3

Note: Respondents gave their opinion of services for users of each of these drugs. Numbers refer to the number of respondents.

Respondents were asked what they felt were the best elements of local service provision. There was a high degree of non-response to this question as 6 of the 18 respondents in Liverpool and 8 of 16 in Manchester did not give an answer. The most frequent responses in both cities were "the needle exchange service" and "the variety of services available".

6.3 Local policy-making forums

Local groups and meetings in both cities, particularly the Drug Reference Group, its sub-groups or the steering committees of voluntary sector organisations, were the most frequent sources of information for respondents but only a small number actually attended regular meetings. Most felt that the meetings were useful although this view was tempered by references to the relatively "ponderous" nature of Liverpool DRG meetings and claims that few decisions were actually taken. Few additional comments were made by Manchester respondents.

6.4 Improving local services

When asked how drug services in general could be improved, the responses were wide-ranging in both cities but the most frequent comments were "better co-ordination between agencies" and "more funding needed". Comments from Manchester respondents included:

> *"Integrating drug, health and other services. Changing negative attitudes of some health professionals eg GPs, drug services operating outside of 9-5."*
>
> *"Improved communication between agencies with user consent. We have the necessary components but don't connect them."*
>
> *"There is a stranglehold on service provision and ideology by one major provider which has led to difficulties in looking at clients holistically".*
>
> *"Small providers are undervalued and competitive funding gets in the way."*

Liverpool service providers perceived there to be a lack of strategy in funding allocations and believed that there was simply not enough funding. The lack of strategy was felt to be manifested in a competitive allocations process which inhibited joint working and also in short-term allocations which made longer-term planning difficult. Comments included:

> *"Utilise resources effectively without repetition, to relate to a service map for the city as a whole. Need clarity on roles and responsibilities to avoid competition between services. More secure, longer-term funding needed."*
>
> *"... better strategic planning and overall co-ordination. Spirit of working together to improve services would help the organisation to be more effective to agreed aims. Politics get in the way, personalities. (There is a) lack of commitment to working together ... power struggles. Funding arrangements create unnecessary competition".*

Respondents were asked whether they thought the existing pattern of spending on drug services should be kept or whether spending should be re-directed. Very few said the current pattern should be retained and the majority said that it should be re-directed.

In Manchester, although there were only a small number of responses, respondents argued for more spending on primary care and less on the criminal justice system.

7. Conclusions

The survey results show drug users living in poverty which is directly linked to their drug use. To escape poverty and social exclusion, they must move away from drug use. However, a large proportion of those interviewed had been in touch with drug services for many years and were still using street drugs on a regular basis.

There was evidence that they were receiving mainly medical services. Drug users themselves recognised that they needed a wider range of non-medical interventions, counselling in particular, but also help to find suitable housing, education and training. To be more effective and help users stop using street drugs altogether, service providers need to offer a greater diversity of these other non-medical services, perhaps by working in more effective partnerships with other agencies.

There was evidence that users wanted to see more community-based drug services. Such a step would allow drug users' other health problems to be addressed and would mean that services are more easily accessible.

The findings from this research suggest that if drug services are to be provided in more community-based settings, this may dissuade some users from attending. If more specialist back-up were provided to support GPs working with drug misusers, this could perhaps go some way to overcoming the perception that GPs lack the necessary expertise. However, the view that GPs are unsympathetic towards users must be acknowledged in any moves to increase GP involvement in providing drug services. More specialist support for GPs may go some way towards lessening this perceived antipathy toward users.

Currently, there is little information available on how successful local drug services are at the local level. We believe that there should be more openness in drug services. There should be more consultation with, and involvement of, drug users in order for their views to be heard. There should be more monitoring of outcomes and evaluation of services with the results made public.

As the recent NTORS data shows, methadone can be successful in reducing drug use and crime. However, to get users completely free of drugs and into good health and jobs, methadone must work better and the findings from this study suggest some ways forward.

APPENDIX A METHODOLOGY

There were three complementary elements of the study:

- face-to-face interviews with drug users;
- a postal survey of GPs;
- a postal survey of organisations which provide services to drug users.

1. Drug user survey

1.1 Research design

The target group for this research was those dependent on heroin, methadone, cocaine, crack or amphetamines, whether they were currently using services or not.

Very little research on drug users' views of this scale has been carried out in the UK so the choice of an appropriate method was considered carefully and following an extensive literature review of previous studies of drug users. Consideration was given to using a self-completion questionnaire which would have enhanced the respondents' perceptions of confidentiality. It was felt, however, that the depth of information required meant that the questionnaire would be relatively long and few respondents would complete it fully. Therefore, the survey was conducted through face-to-face interviews.

The questionnaire itself was designed in consultation with a range of organisations and individuals, particularly those on the Research Steering Group. It was designed to enable comparisons to be drawn with other information such as that from the Drug Misuse Database.

A copy of the questionnaire is included in Appendix D.

The questionnaire incorporated both open-ended questions, which allow respondents to express their views in their own words, and closed questions where respondents chose a response from a pre-set list of options. It therefore enabled us to gather a mix of qualitative and quantitative information.

An incentive of a £5 phone card was paid to each respondent on the completion of an interview. Previous research involving drug users had involved the use of an incentive. With such a precedent set, it was felt that this study should also use an incentive in order to achieve the necessary response rate.

1.2 Sampling

The aim was to produce results that were robust enough to enable wider inferences to be drawn from the results. To this end, the study attempted to interview 350 drug users in each city, 700 in all, in order to give a representative sample of those using services.

Very little information is available about all those using

drug services, so it was not possible to set quotas in terms of age, gender, ethnicity or drug use and use these to construct a sampling frame. Consideration was given to using information from the Drug Misuse Database for this purpose. However, since this records new episodes of treatment rather than all those receiving services, this was rejected.

1.3 Fieldwork

Interviews were carried out by a team which included the The Big Issue in the North Trust's Research Coordinator and temporary staff.

Interviews were carried out at a range of drug service providers (see Appendix C for a full list). The venues were chosen in order to gain access to a range of drug users with different circumstances in order to reflect the views of all those who had used or were using drug services. Some agencies were chosen specifically to provide an opportunity to interview former drug users.

In all cases, interviews were conducted away from general waiting or treatment areas, usually in a private room in order that respondents would feel able to speak honestly.

In order to tackle the potential problem of interviewing the same person more than once and using this duplicate information in the analysis, respondents' initials, date of birth and gender were recorded and used to create a unique reference number. This enabled duplicate interviews to be identified and removed from the final data set.

561 interviews actually took place, 292 in Liverpool and 269 in Manchester. All interviewees lived in either the Liverpool or Manchester City Council areas. Interviews lasted between 20-60 minutes.

It proved difficult to find enough users willing or able to take part. In addition, some service providers were a little reluctant to co-operate. These two factors were the main reason that the aim of 700 interviews was not achieved.

1.4 Analysis and report writing

Data was entered for analysis using SPSS. Open questions were all coded into categories for easier analysis. Prior to the analysis stage, a final check was made to remove any duplicate questionnaires where the same person had been interviewed more than once. Twenty-seven questionnaires were removed.

All analysis was carried out by The Big Issue in the North's Research Coordinator and drafts of the Final Report were discussed and commented upon by the Research Steering Group. Following these discussions, a Final Report was produced.

2. Postal Survey of GPs

2.1 Design

The aim was to give all GPs in the Health Authority areas an opportunity to give their views on drug users as patients and on drug services generally in their area.

It was decided that postal questionnaires were the best means of gathering information from GPs since they would allow those who wished to do so to remain anonymous. The questionnaire was designed in consultation with the Research Steering Group (the questionnaire is included in Appendix E). It incorporated both open-ended questions, which allow GPs to express their views in their own words, and closed questions where respondents chose a response from a pre-set list of options. It therefore enabled us to gather a mix of qualitative and quantitative information.

2.2 Fieldwork and response

Postal questionnaires were sent in February 1998 to all GPs in Liverpool and Manchester Health Authority areas accompanied by a letter explaining the purpose of the research. The letter was sent on Drug Action Team-headed notepaper in order to convey the level of backing given to the research by local statutory organisations and to encourage GPs to respond.

A second questionnaire was sent to non-respondents after six weeks.

In Manchester, 75 of 246 questionnaires were returned: a response rate of 30%. In Liverpool, 49 of 267 were returned: a response rate of 18%. For some questions, not all respondents provided an answer so that the number of responses is sometimes less than these figures.

Given the number of responses, the findings are not representative of all GPs in the two cities.

3. Postal survey of service providers

A similar method was used to gain the views of organisations which provide services relevant to drug users (the questionnaire is included in Appendix F). A list of service providers in each city was produced in consultation with the Research Steering Group.

In Manchester, 16 of 47 questionnaires were returned: a response rate of 34%. In Liverpool, 18 of 60 questionnaires were returned: a response rate of 30%.

For some questions, not all respondents provided an answer so that the number of responses is sometimes less than these figures.

As with the GP survey, this level of response means that the results are not representative of all service providers.

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APPENDIX C
LOCATION OF DRUG USERS INTERVIEWS

Liverpool

Outpost	82	(85)
Drug Dependency Unit	77	(78)
The Maryland Centre	27	
The Big Issue in the North	28	
Merseyside Drugs Council	26	(28)
Transit	18	(19)
Drug Free	16	
SHADO	13	
Whitechapel	4	
TOTAL	**292**	

Manchester

Lifeline	45	(47)
Ancoats Clinic	34	(36)
MASH	30	(31)
The Bridge	30	
The Big Issue in the North	21	
Zion Centre	19	
DASH	17	
STASH	16	
The Bridge GP clinic Rusholme	14	
Brydon Court	11	
Prestwich Hospital	8	
New Start	6	
The Bridge GP clinic Hulme	6	
Zion Centre GP clinic Longsight	4	
NACRO	3	
Wythenshawe	3	
Zion Centre GP clinic Ashville	4	
TOTAL	**269**	

The figures in brackets refer to the number of interviews completed before duplicates were removed from the final data set.

APPENDIX D
Survey of Drug Users Questionnaire

INTERVIEWER INITIALS_____ VENUE_____ DATE_____

INTRODUCTION

Liverpool Health Authority and The Big Issue in the North are carrying out a survey of drug users so that they can examine your experience of drug agencies in Liverpool. The aim of the survey is to collect information about drug users experience, knowledge and attitude to services so that the results can be used to influence service development.

Although you do not have to take part your contribution would be very important in developing future policy. The survey is completely confidential, it takes about 20 minutes to complete, and there is a £5 phonecard in payment for your time.

If you are prepared to take part, live in Liverpool and are currently or have recently used (i.e. used at least 3 times a week) methadone, heroin, cocaine, crack, or large amounts of amphetamines then we will begin the interview.

1. BACKGROUND

1.1 As already stated, this interview is completely confidential. This means that after the interview nobody will know that you have taken part. So that each questionnaire has a reference and so that nobody is interviewed twice we simply need your initials and date of birth. So can you give me:

Your first and last name initials ☐☐ **Your date of birth** ☐☐ **And your gender M** ☐ **F** ☐

1.2 What age are you? ☐

1.3 Which of the following drugs are/were you using, which one is/was the main drug of choice, do/did you inject it, how many times each week do you use it, and at what age did you start using the drug?

Drug type	Used Using	Drug of choice	Always inject	Occasionally inject	Number of times used per week	Less than once a week	Age started
Prescribed methadone	☐	☐	☐	☐	☐	☐	☐
Street methadone	☐	☐	☐	☐	☐	☐	☐
Heroin	☐	☐	☐	☐	☐	☐	☐
Cocaine	☐	☐	☐	☐	☐	☐	☐
Crack	☐	☐	☐	☐	☐	☐	☐
Amphetamines	☐	☐	☐	☐	☐	☐	☐

1.4 If you use street drugs do you want to use them more safely?

Don't use street drugs	☐	Yes	☐
Already use them completely safely	☐	No	☐
Don't now use any of the above drugs	☐ (go to q1.9)	Don't know	☐

1.5 Do you want to stabilise your use of the drugs just mentioned by being given a legal substitute?

Already use a legal substitute	☐ (go to q1.7)	Yes	☐
Depends on what the substitute is	☐	No	☐
Don't know	☐		☐

1.6 Do you want to completely stop using the drugs just mentioned and be given a legal substitute?

Yes ☐ No ☐ Depends on what the substitute is ☐ Don't know ☐

1.7 Ultimately, do you want to become completely free of hard drugs? Yes ☐ No ☐
Don't know/unsure ☐

1.8 Do you expect to become drug free within:

6 months or less	☐	12 months	☐	18 months	☐	24 months	☐
30 months	☐	36 months	☐	48 months	☐	4 years or over	☐
Don't know	☐						

1.9 Do you think you currently have a alcohol problem? Yes ☐ No ☐ Don't know/ unsure ☐

1.10 Do you think you currently have a problem with tranquillisers? Yes ☐ No ☐ Don't know/ unsure ☐

1.11 Please name any drug services (including needle exchanges, etc) that you are aware of?

_____

_____

1.12 In your opinion, what are the three good things about methadone maintenance?

_____

_____

1.13 In your opinion, what are the three bad things about methadone maintenance?

_____

_____

1.14 Have you ever been through community detox and, if yes, how many times?

Yes ☐ Number of times ☐ No ☐

1.15 Have you ever been through residential detox and, if yes, how many times?

Yes ☐ Number of times ☐ No ☐

1.16 Are you currently using any drug agency service on a regular basis? Yes ☐ (GO TO SECTION 2)
No ☐ (GO TO SECTION 3)

2. SERVICES USED

2.1 Which service are you using for the main help or treatment (see prompt card) of your drug use?

_____

_____

2.2 Which other (see prompt card) service are you using for help or treatment of your drug use?

_____

_____

2.3 Which other (see prompt card) services have a major effect on your daily life?

_____

_____

2.4 How were you put into contact with the services that: you mainly use for drug services, you also use for drug services, also have a major effect on your life (answer one only in each category)?

	Main drug services	Other drug services	Other services
Referred by GP (doctor)	☐	☐	☐
Referred by hospital	☐	☐	☐
Referred by other drug agency	☐	☐	☐
Referred by Social Services	☐	☐	☐
Referred by Probation	☐	☐	☐
Referred by courts	☐	☐	☐
Referred by Police	☐	☐	☐
Referred by employer/trainer	☐	☐	☐
Referred by housing organisation	☐	☐	☐
Referred yourself	☐	☐	☐
Friend/family told you	☐	☐	☐
Don't know	☐	☐	☐
Other (please specify)	☐	☐	☐

2.5 Why did you first approach the service that: you mainly use for drug services, you also use for drug services, also has a major effect on your life (answer as many as appropriate in each category)?

	Main drug services	Other drug services	Other services
To start stabilising drug use	☐	☐	☐
To start working towards becoming drug free	☐	☐	☐
To help cope with personal problems	☐	☐	☐
Due to pressure from family, friends or partner	☐	☐	☐
To reduce own criminal activity	☐	☐	☐
For custodial purposes (i.e. sent by judicial system)	☐	☐	☐
To use drugs more safely	☐	☐	☐
To help stay drug free	☐	☐	☐
To receive drugs counselling	☐	☐	☐
To receive alternative therapies	☐	☐	☐
To be tested for HIV	☐	☐	☐
To be tested for Hep B/C	☐	☐	☐
Due to pregnancy	☐	☐	☐
To address other related health problems	☐	☐	☐
To help gain employment/training	☐	☐	☐
To help gain access to education	☐	☐	☐
To help address financial problems	☐	☐	☐
To help address housing problems	☐	☐	☐
Other (please specify)	☐	☐	☐

2.6 How would you rate the service that: you mainly use for drug services, you also use for drug services, also has a major effect on your life (answer one only in each category)?

	Main drug services	Other drug services	Other services
Very successful	☐	☐	☐
Successful	☐	☐	☐
Adequate	☐	☐	☐
Unsuccessful	☐	☐	☐
Very unsuccessful	☐	☐	☐

2.7 How long have you been using:

Your main drug service _____ **(in months/years)**

Your other drug service _____ **(in months/years)**

The other service that effects your life _____ **(in months/years)**

2.8 Do you think you should have stopped using your main drug service by now?

Yes ☐ No ☐ Don't know ☐

2.9 Why do you say this at q2.8?

2.10 Do you think you should have stopped using your other drug service by now?

Yes ☐ No ☐ Don't know ☐

2.11 Why do you say this at q2.10?

2.12 Do you think you should have stopped using the other service that effects your life by now?

Yes ☐ No ☐ Don't know ☐

2.13 Why do you say this at q2.12?

2.14 What treatment/assistance do you currently receive from: your main drug service, the other drug service and the other service that has a major effect on your life (answer as many as appropriate in each category)?

	Main drug services	Other drug services	Other services
Methadone prescription	☐	☐	☐
Needle exchange	☐	☐	☐
Safer injecting advice	☐	☐	☐
Residential detox	☐	☐	☐
Community detox	☐	☐	☐
Residential rehabilitation	☐	☐	☐
Electro Stimulation Therapy	☐	☐	☐
Medical treatment	☐	☐	☐
HIV/infectious disease advice/treatment	☐	☐	☐
Sex education and protection	☐	☐	☐
One-to-one counselling	☐	☐	☐
Group discussion	☐	☐	☐
Befriending service	☐	☐	☐
Employment/training provision	☐	☐	☐
Educational courses	☐	☐	☐
Outreach support	☐	☐	☐

	Main drug services	Other drug services	Other services
Financial support	☐	☐	☐
Housing assistance	☐	☐	☐
Criminal justice advice	☐	☐	☐
Welfare rights advice	☐	☐	☐
Child support	☐	☐	☐
Social services/social worker	☐	☐	☐
Health & fitness training	☐	☐	☐
Social activities	☐	☐	☐
Other (please state)	☐	☐	☐

2.15 Overall, what do you think your main drug service are trying to achieve with you?

2.16 From your point of view, what are the good elements of the service you are receiving from your main drug service?

2.17 From your point of view, what are the bad elements of the service you are receiving from your main drug service?

2.18 What would improve the service that you are currently receiving from your main drug service?

2.19 Overall, what do you think your other drug service are trying to achieve with you?

2.20 From your point of view, what are the good elements of the service you are receiving from your other drug service?

2.21 From your point of view, what are the bad elements of the service you are receiving from your other drug service?

2.21 From your point of view, what are the bad elements of the service you are receiving from your other drug service?

2.22 What would improve the service that you are currently receiving from your other drug service?

2.23 Overall, what do you think the other service that has a major effect on your life is trying to achieve with you?

2.24 From your point of view, what are the good elements of the service you are receiving from the other service that affects your life?

2.25 From your point of view, what are the bad elements of the service you are receiving from the other service that affects your life?

2.26 What would improve the service that you are currently receiving from the other service?

2.27 Has your main drug service referred you to any other services for additional support?

Yes ☐ **(go to q2.28)** **No** ☐ **(go to q2.31)** **Can't remember** ☐ **(go to q2.31)**

2.28 Where were you referred to?

2.29 Was the reason why you were referred explained to you?

Yes ☐ No ☐ Can't remember ☐

2.30 Was the referral helpful to you?

Yes ☐ To an extent ☐ Not really ☐ No ☐
Didn't make use of it ☐ Awaiting decision/action ☐ Can't remember ☐

NOW GO TO SECTION FOUR

2.31 Have you self referred yourself, anyway? Yes ☐ No ☐

2.32 Where have you referred yourself to?

_____

_____

2.33 Was your referral helpful to you?

Yes ☐ To an extent ☐ Not really ☐ No ☐
Didn't make use of it ☐ Awaiting decision/action ☐ Can't remember ☐

2.34 Why do you think you haven't been referred elsewhere by your main drug service?

_____

_____

NOW GO TO SECTION FOUR

3. NON-USE OF SERVICES (QUESTIONS FOR THOSE NOT IN SERVICE - ONLY)

3.1 What drug treatment services (see prompt card) have you used in the past - please list?
If none go to q3.10

(a) _____

_____

(b) _____

_____

(c) _____

_____

3.2 How were you put into contact with the services that you have used in the past (answer one only in each category)?

	(a)	(b)	(c)
Referred by GP (doctor)	☐	☐	☐
Referred by hospital	☐	☐	☐
Referred by other drug agency	☐	☐	☐
Referred by Social Services	☐	☐	☐
Referred by Probation	☐	☐	☐
Referred by courts	☐	☐	☐
Referred by Police	☐	☐	☐
Referred by employer/trainer	☐	☐	☐
Referred by housing organisation	☐	☐	☐
Referred yourself	☐	☐	☐
Friend/family told you	☐	☐	☐
Don't know	☐	☐	☐
Other (please specify)	☐	☐	☐

3.3 Why did you first approach the service that you have used in the past (answer as many as appropriate in each category)?

	(a)	(b)	(c)
To start stabilising drug use	☐	☐	☐
To start working towards becoming drug free	☐	☐	☐
To help cope with personal problems	☐	☐	☐
Due to pressure from family, friends or partner	☐	☐	☐
To reduce own criminal activity	☐	☐	☐
For custodial purposes (i.e. sent by judicial system)	☐	☐	☐
To use drugs more safely	☐	☐	☐
To help stay drug free	☐	☐	☐
To receive drugs counselling	☐	☐	☐
To receive alternative therapies	☐	☐	☐
To be tested for HIV	☐	☐	☐
To be tested for Hep B/C	☐	☐	☐
Due to pregnancy	☐	☐	☐
To address other related health problems	☐	☐	☐
To help gain employment/training	☐	☐	☐
To help gain access to education	☐	☐	☐
To help address financial problems	☐	☐	☐
To help address housing problems	☐	☐	☐
Other (please specify)	☐	☐	☐

3.4 How would you rate the service that you received from the services previously used (answer one only in each category)?

	(a)	(b)	(c)
Very successful	☐	☐	☐
Successful	☐	☐	☐
Adequate	☐	☐	☐
Unsuccessful	☐	☐	☐
Very unsuccessful	☐	☐	☐

3.5 How long were you using:

Service 'a' ☐ (in months/years)
Service 'b' ☐ (in months/years)
Service 'c' ☐ (in months/years)

3.6 What are the main reasons for having stopped using service 'a'?

_____

3.7 What are the main reasons for having stopped using service 'b'?

_____

3.8 What are the main reasons for having stopped using service 'c'?

_____

3.9 What would have improved the services you were using?

_____

3.10 Why are you not currently using a drugs service?

Not aware of appropriate service	☐	Have difficulty accessing services	☐
Have difficulty regularly attending service	☐	No need for use of service	☐
Think services available are unsuitable	☐	Discouraged by waiting period	☐
Banned from the service	☐	Don't want to be associated with services	☐
Location is too near where I live	☐	Services unsuitable for disabled	☐
Location is too far from where I live	☐	Concerned about having children taken away	☐
Services unsuitable due to gender	☐	Currently on waiting list	☐
Services unsuitable due to race	☐		

Other (please state) _____

_____

3.11 Can you expand on your reasons given at q3.10?

_____

_____

3.12 If you had to use a drug service now what three main things, in priority order, would you want it to provide?

1 _____

2 _____

3 _____

4. DRUG USE

4.1 Can we briefly list any health problems you've had which may be due to drug use.

1 _____ 2 _____

3 _____ 4 _____

5 _____ 6 _____

4.2 Can we briefly list any personal/relationship/family problems you've had which may be due to drug use.

1 _____ 2 _____

3 _____ 4 _____

5 _____ 6 _____

4.3 Can we briefly list any other problems, such as financial, employment, housing, criminal activity, etc, you've had which may be due to drug use.

1 _____ 2 _____

3 _____ 4 _____

5 _____ 6 _____

4.4 Do you think drug services should be?

Near to where you live ☐ Does not matter ☐

In the City centre ☐ Other (please state) ☐

Out of Liverpool ☐ _____

4.5 In your opinion, what are the five most important areas of help provided by drug services?

1 _____ 2 _____

3 _____ 4 _____

5 _____ 6 _____

4.6 Are you registered with a GP?

Yes ☐ No ☐ (go to q4.8)

4.7 When did you last visit your GP?

Within the last month ☐ Between 1 - 3 months ☐ Between 4 - 6 months ☐
Between 7 - 12 months ☐ Over 12 months ☐

4.8 Do you think a GP's service is the best place to receive drugs services?

Yes ☐ No ☐ Don't know/unsure ☐

4.9 Why have you said this at question q4.8?

_____

_____

5. FINALLY...

5.1 Are you currently (answer one only):

Employed full-time	☐	Student	☐	Other (Please state)
Employed part-time	☐	Looking after home/family	☐	_____
Employed informally	☐	Training programme	☐	_____
Self-employed	☐	Long term sick/disabled	☐	_____
Unemployed	☐	Retired	☐	_____

5.2 What is your current housing situation?

Local Authority/ Housing Association	☐			
Owner occupied	☐			
Privately rented	☐			
Unstable accommodation	☐	Sleeping rough	☐	Other (Please state)
		Squatting	☐	_____
		Night shelter	☐	_____
		Bed & breakfast	☐	_____
		Hostel	☐	_____
		Friends floor	☐	_____

5.3 Do you have any children? Yes ☐ ☐ No (go to q5.5)

5.4 Do you have day to day responsibility for any children? Yes ☐ ☐ No

5.5 How would you describe your ethnic group (answer one only):

White ☐ Black Car/bean ☐ Black African ☐ Black other ☐ Indian ☐
Pakistani ☐ Bangladeshi ☐ Chinese ☐ Asian other ☐
Other (please state) _____

5.6 What's the first part of your postcode (if unknown ask for street name)? ☐

☐ Don't know/not applicable

5.7 Have you ever been in prison or on remand?

Yes ☐ (go to q5.8) No ☐ (go to q5.12)

5.8 What is the total amount of time served in custody? ☐ (In months)

5.9 Did you take any of the following drugs whilst in custody?

Methadone ☐ Heroin ☐ Cocaine ☐
Crack ☐ Amphetamines ☐ None of these ☐ (go to q5.12)

5.10 Did you inject any of these drugs?

Yes ☐ No ☐ (go to q5.12) ☐ Can't remember

5.12 Do you know anyone who doesn't use services and who may be interested in taking part in the questionnaire and how should I get in touch with them?

_____

_____

THANK YOU VERY MUCH FOR TAKING PART

APPENDIX E
Survey of Service Providers

GENERAL PRACTITIONERS QUESTIONNAIRE

REF

INTRODUCTION

Liverpool Drug Action Team, the Health Authority and The Big Issue in the North are carrying out a survey of agencies so that they can map what drug services are available, examine how agencies can work better together, identify any gaps in service provision, and consider what may be required to improve services. The research is focused on Liverpool and a survey is also being conducted with around 360 drug users who use methadone, cocaine, crack, heroin or are chronic amphetamine users.

Your co-operation in completing this questionnaire is crucial if the survey is to help develop policy. It should take no longer than 15 minutes to complete and if you have any questions about any aspect of the questionnaire you can contact the researcher - Simon Danczuk - on 0161 834 6300. When answering questions please bear in mind that the survey is about matching drug user needs with appropriate services.

1. BACKGROUND

1.1 Name: _____ **1.2 Position:** _____

1.3 Name of organisation: _____

1.4 Phone number: _____

1.5 Is it a single person General Practice or a group practice? **Single GP** ☐ **Group Practice** ☐

2. DEALING WITH DRUG USERS

2.1 Do you prescribe methadone to any of your patients? **Yes** ☐ **No** ☐ **(go to q2.11)**

2.2 Approximately how many of your patients are prescribed methadone? ☐

2.3 And approximately what proportion is this of your patients? _____ %

2.4 What were your reasons for starting to prescribe methadone to your patients? Please list.

_____

_____

2.5 What difficulties have you experienced, from either patients or other services, since prescribing methadone? Please list.

_____

_____

2.6 What extra resources (nurses, facilities, money, etc) have you had put in place due to you starting to prescribe methadone? Please list/describe.

2.7 What assistance do you receive from other services in terms of drug misuse? Please list/describe.

2.8 Who do you receive assistance from in terms of drug misuse? Please list.

2.9 What further assistance do you require to help with drug misuse? Please list/describe.

2.10 If methadone had to be or already is taken on site what problems would it/does it cause?

PLEASE GO TO SECTION THREE

2.11 What led you to the decision not to prescribe?

2 What difficulties do you experience in maintaining this position?

2.13 Would you ever feel able to cater for drug misusers requiring methadone and what sorts of resources would you require to do this?

3. PROVISION FOR DRUG USERS

3.1 Considering your knowledge of drugs issues, what things do you think would improve drug services in Liverpool and why do you make these points (please put in priority order)?

1 _____

2 _____

3 _____

3.2 What things do you think are the best elements of drug service provision in Liverpool and why do you make these points (please put in priority order)?

1 _____

2 _____

3 _____

4. REFERRAL PROCEDURES

4.1 When referring your clients to other/drug services do you encounter any difficulties?

Yes ☐ **(go to q4.2)** **No** ☐ **(go to q4.3)**

4.2 What difficulties do you encounter?

_____

_____

4.3 How do you think the referral system amongst drug agencies and other organisations could be improved in Liverpool?

_____

_____

5. CHANGES IN SERVICES

5.1 Do you expect your service to expand, stay the same, or reduce over the next 12 months, in relation to drug user services?

Expand ☐ **Stay same** ☐ **Reduce** ☐ **Don't know** ☐

5.2 If you had the opportunity to direct spending in relation to drug services (i.e. treatment, care, criminal justice system, etc) would you:

Keep it the same ☐ **Redirect it** ☐ **Don't know** ☐

5.3 If you would redirect spending how would you do this?

THANK YOU FOR TAKING THE TIME TO COMPLETE THIS QUESTIONNAIRE AND PLEASE RETURN IT TO SIMON DANCZUK, AT THE BIG ISSUE IN THE NORTH, VIRGINIA HOUSE, 5-7 GREAT ANCOATS ST, MANCHESTER, M4 5AD.

APPENDIX F
Survey of Service Providers

DRUGS AND NON-DRUGS AGENCIES QUESTIONNAIRE **REF**

INTRODUCTION

Liverpool Health Authority and The Big Issue in the North are carrying out a survey of agencies so that they can map what drug services are available, examine how agencies can work better together, identify any gaps in service provision, and consider what may be required to improve services. The research is focused on Liverpool and a survey is also being conducted with around 360 drug users who use methadone, cocaine, crack, heroin or are chronic amphetamine users.

Your co-operation in completing this questionnaire is crucial if the survey is to help develop policy. It should take no longer than 20 minutes to complete and if you have any questions about any aspect of the questionnaire you can contact the researcher - Simon Danczuk - on 0161 834 6300. When answering questions please bear in mind that the survey is about matching drug user needs with appropriate to services.

1. BACKGROUND

1.1 Name: _____ **1.2 Position:** _____

1.3 Name of organisation: _____

1.4 Phone number: _____

1.5 Area covered by your organisation: _____

2. NATURE OF ORGANISATION

2.1 Who is your service mainly aimed at (e.g. age group, type of client group, etc)?

_____

_____

2.2 What restrictions do you have to access?

_____

_____

2.3 Approximately how many clients do you see annually? _____

2.4 Approximately what proportion of your clients do you think are drug users? _____ **%**

2.5 Do you focus on any particular type of drugs? If yes, what and why?

_____

_____

3. PROVISION FOR DRUG USERS

3.1 Does your service have doctors providing a service?

Yes ☐ **No** ☐ **(go to q3.13)**

3.2 What services do the doctors provide through your service?

_____

_____

3.3 Which of the following services do you provide and which do you refer clients to who are drug users (answer all that apply)?

	Provide	Refer		Provide	Refer
Methadone prescription	☐	☐	Group discussion	☐	☐
Needle exchange	☐	☐	Befriending Service	☐	☐
Residential detox	☐	☐	One to one counselling	☐	☐
Residential rehabilitation	☐	☐	Outreach support	☐	☐
Community detox	☐	☐	Sex education and protection	☐	☐
HIV & infectious disease advice	☐	☐	Criminal justice advice	☐	☐
Basic primary health care	☐	☐	Welfare rights advice	☐	☐
Safer injecting advice	☐	☐	Legal/probation advice/support	☐	☐
Testing for HIV	☐	☐	Housing assistance	☐	☐
Testing/vaccination for Hep B/C	☐	☐	Child support	☐	☐
Acupuncture	☐	☐	Family/parent support	☐	☐
Reflexology	☐	☐	Social services	☐	☐
Aromotherapy	☐	☐	Educational courses	☐	☐
Electro Stimulation Therapy	☐	☐	Employment/training provision	☐	☐
Health & fitness training	☐	☐	Social activities	☐	☐

Other (please state) _____

_____

3.4 Considering your knowledge of drugs issues, what things do you think would improve drug services in Liverpool and why do you make these points (please put in priority order)?

1 _____

2 _____

3 _____

3.5 What things do you think are the best elements of drug service provision in Liverpool and why do you make these points (please put in priority order)?

1 _____

2 _____

3 _____

4. PARTNERSHIP WORKING

4.1 Do you, or anyone from your organisation, attend any regular meetings which specifically discuss drug use in Liverpool?

Yes ☐ (go to q4.2) **No** ☐ (go to q4.4)

4.2 What meetings do you attend?

_____

_____

4.3 Are the meetings significant in developing relevant services and promoting their use? Explain.

_____

_____

4.4 If applicable, what are the reasons for not attending this type of meeting?

_____

_____

4.5 Do you receive regular information on what drug services are available or what changes have occurred in drug service provision?

Yes ☐ (go to q4.6) **No** ☐ (go to q4.7)

4.6 From where do you receive the information?

_____

_____

4.7 Why do you not receive such information?

_____

_____

4.8 How can your organisation work more effectively with others and is there anything that gets in the way of this?

_____

_____

4.9 Do you think partnership funding and current funding structures are promoting your service and enhancing service delivery?

Yes ☐ **No** ☐ **Don't know** ☐

4.10 Why do you say this at 4.9?

_____

_____

5. REFERRAL PROCEDURES

5.1 When referring your clients to other/drug services do you encounter any difficulties?

Yes ☐ **(go to q5.2)** **No** ☐ **(go to q5.3)**

5.2 What difficulties do you encounter?

_____

_____

5.3 How do you think the referral system amongst drug agencies and other organisations could be improved in Liverpool?

_____

_____

6. CURRENT DRUG PROVISION

6.1 Considering the various type of drug users in Liverpool, to what extent do you think they are receiving the help and support they require?

Drug use	To a great extent	To some extent	Not really	Definitely not	Don't know
Prescribed methadone	☐	☐	☐	☐	☐
Street methadone	☐	☐	☐	☐	☐
Heroin	☐	☐	☐	☐	☐
Crack	☐	☐	☐	☐	☐
Cocaine	☐	☐	☐	☐	☐
Amphetamines	☐	☐	☐	☐	☐

6.2 If at all, how do you think services could be improved to drug users in each of the following categories?

Prescribed methadone

_____

_____

Street methadone

_____

_____

Heroin

_____

_____

Crack

_____

_____

Cocaine

_____

_____

Amphetamines

_____

_____

6.3 The personal development (i.e. dealing with the individual's social problems) of drug users has been described as important to stabilising drug use or becoming drug free. Do you think such personal development is being provided in Liverpool?

Yes, definitely ☐ Too an extent ☐ Not really ☐ Definitely not ☐ Don't know ☐

6.4 If at all, how do you think the service of personal development to drug users can be improved in Liverpool?

_____

_____

6.5 Do you think that health problems drug users might have are adequately provided for in Liverpool?

Yes, definitely ☐ Too an extent ☐ Not really ☐ Definitely not ☐ Don't know ☐

6.6 If at all, how do you think the service for drug user's other health problems can be improved in Liverpool?

_____

_____

6.7 Some drug users don't approach drug services. What do you think are the main reasons for this occurring?

1 _____

2 _____

3 _____

4 _____

5 _____

6.8 Are there any more practical steps do you think your organisation could offer drug users in their attempts to stabilise drug use/become drug free? Please state.

_____

_____

7. CHANGES IN DRUG USE

7.1 Do you think the use of the following drugs has increased, decreased, or stayed the same over the last 12 months?

Drug	Increased	Decreased	Stayed same	Don't know
Prescribed methadone	☐	☐	☐	☐
Street methadone	☐	☐	☐	☐
Heroin	☐	☐	☐	☐
Crack	☐	☐	☐	☐
Cocaine	☐	☐	☐	☐
Amphetamines	☐	☐	☐	☐

7.2 Why do you say this at 7.1?

_____

_____

7.3 Has the demand for your service expanded, stayed the same, or reduced over the last 12 months?

Expand ☐ **Stay same** ☐ **Reduce** ☐ **Don't know** ☐

7.4 Has your ability to meet demand been possible? Please explain.

_____

_____

7.5 If you had the opportunity to direct spending in relation to drug services (i.e. treatment, care, criminal justice system, etc) would you:

Keep it the same ☐ **Redirect it** ☐ **Don't know** ☐

7.6 If you would redirect spending how would you do this?

_____

_____

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