

DRUG SPECIALISM  
IN THE  
PROBATION SERVICE

THE FIRST YEAR  
OF THE  
SEFTON DRUGS TEAM  
1987-1988

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## THE WORK OF THE SEFTON DRUGS TEAM

1. In October 1986, in response to a drug problem which seemed to have risen rapidly amongst Probation clients and caused much frustration and bewilderment, the Merseyside Probation Service appointed four Probation Officers and two Probation Assistants. This resource was to be divided equally between the Sefton and Wirral divisions. However, due to other staffing considerations Sefton agreed to release their Probation Service Assistant. The two Probation Officer posts remaining for Sefton were taken up by Julian Buchanan and Geoff Wyke, previously from the Bootle and Southport Probation Offices. They were given a three month development period, and were ready to commence operation in January 1987, although in the event, could not do so until April.

2. This report accounts for their work during their first year up to the end of March 1988, and as is appropriate for the nature of their work, it is their own report, which it is now my pleasure to introduce and commend to you. At the outset there was no job description and no hard evidence to support the feelings about the existence of the drug problem or its nature. These were new posts and so no previous pattern of working could be followed. The Sefton Drugs Team was accommodated within the space available at the Sefton Day Training Centre. From the beginning it was their task to acquire a greater understanding of drugs, the drug problem within Sefton, and then attempt to formulate a philosophy of working with a realistic form of intervention. To achieve this they met with over thirty different agencies and sat with every Probation Officer within the division carrying a caseload, their objective being to survey every client under the supervision of the Probation Service and ascertain

the nature and extent of the drug problem.

3. The findings of that survey, together with the various discussions and reading material resulted in a comprehensive report entitled 'Drug Use and its Implications - A Study of the Sefton Probation Area'. This report examined drugs in their wider context within society, assessing present responses and attitudes. It also looked more closely at the situation within Sefton and in particular at the impact upon the Probation Service, and how that service had responded to the problem. It analysed the various services available and the need for further multi-agency working, highlighting the gaps that exist. In addition to this there was an assessment of the relatively new problem that Aids had presented, highlighting the issues and areas of concern within the Probation Service. The report proved more influential and beneficial than had been anticipated, receiving the following written comments:

David Mathieson, Chief Probation Officer, Merseyside:

*"A very informative and stimulating document."*

Dr. Howard Parker, Liverpool University:

*"Very impressive, and a very effective document."*

Nigel Stone, Editor of the Probation Journal:

*"So Valuable ... it seeks to identify the realities of drug misuse amongst Probation clients and how generic workers are struggling."*

4. The Drug Advisory Service which reported for the NHS Advisory Service and the DHSS Social Services Inspectorate on the drug service provision in South Sefton gave credit to the report and listed it as one of the four commendable features in the area. In December 1987 when I assumed responsibility for the management of the Drugs Team I was briefed by that report, and by the statement of their aim

and objectives the team had set for itself in its first year. The overall aim being:

TO ASSIST THE PROBATION SERVICE TO WORK MORE EFFECTIVELY  
WITH DRUG USING CLIENTS.

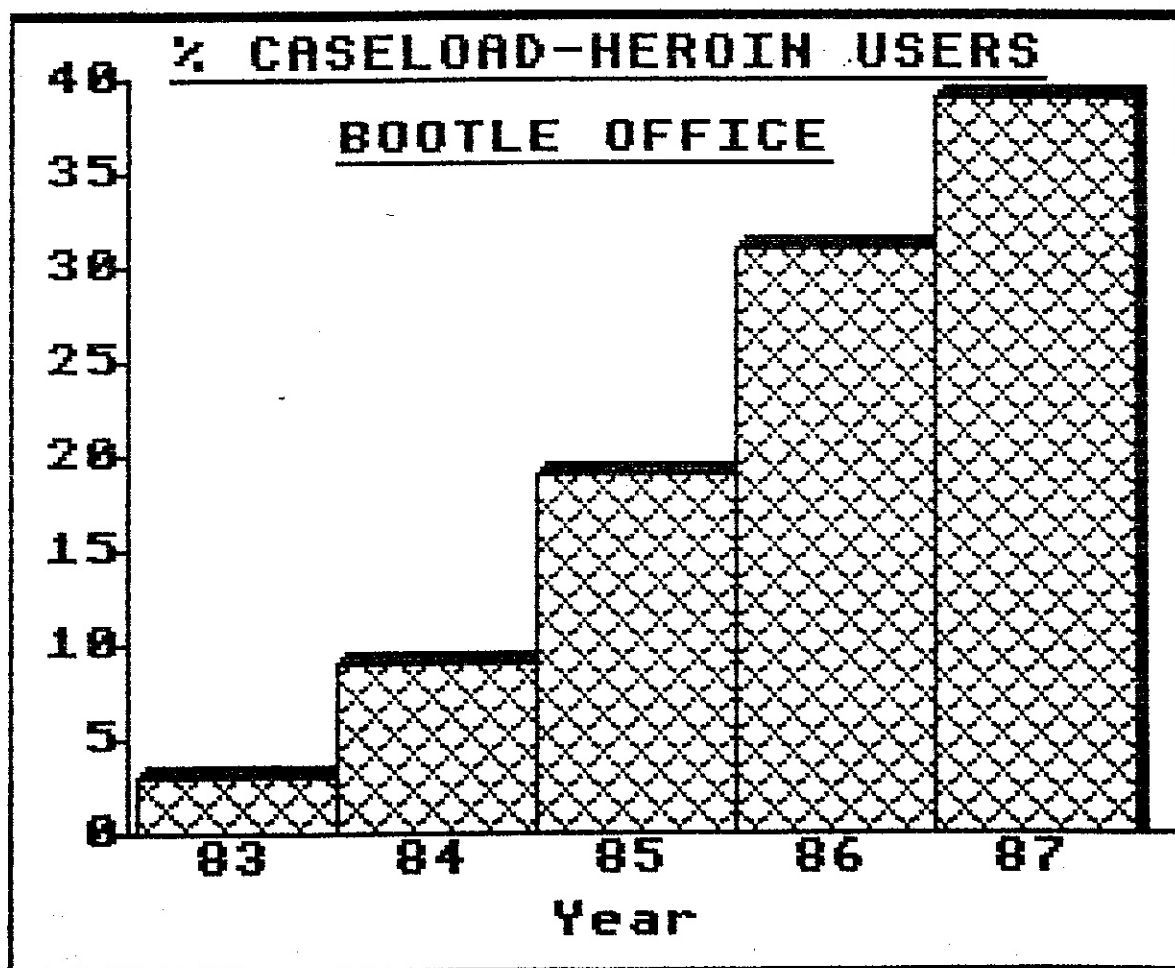
The objectives being:-

- a) To increase the Service's awareness and confidence in working with drugs users.
- b) To lessen the burden and frustration that drug users place upon Probation Officers.
- c) To establish good working relationships with all local Drug Agencies.
- d) To improve existing services available for drugs users.
- e) To create an up-to-date Information System containing leaflets, literature and practice material covering all drug and related issues.
- f) To establish additional resources where they are lacking.

5. These have been the basis for our evaluation of the team's work as it has progressed, and the report addresses itself, under each of these headings, to the specific ways in which these objectives have been pursued. In addition, two studies have been undertaken by Mr. Terry Crolley, Research and Information Officer, focussing on referrals and inter-agency communications. That later paper published in September 1987 indicated:-

*"... it is now clear that the Sefton Drugs Team has made considerable inroads into the objective of establishing relationships with drug agencies in Sefton .... The subsidiary objective, to work alongside inter-related agencies has certainly been achieved."*

The final comment in the study of referrals was " ... the team is well under way to achieving its overall aim." Part of the work of the team consisted of a further survey, in October 1987, which added to the impressive body of statistical information. It demonstrated that we are not faced with a static situation, certainly not one in which drug use problems have 'peaked'. For instance, it has updated figures from Bootle Office, who had monitored heroin use since 1983:-



7. Apart from the increasing figure, it is significant that 52% of those identified were new case, not identified in the previous year. It also revealed drug use figures throughout the division:

|                                 | 1986 | 1987 |
|---------------------------------|------|------|
| Drug use as % of caseload       | 37%  | 48%  |
| % Injecting                     | 15%  | 26%  |
| % offending because of drug use | 81%  | 86%  |

8. Notwithstanding the degree to which this represents a growth in drug use, or in awareness of drug use, it demonstrates both the need for and the effectiveness of a specialist team to address these problems, and their services to date have been welcomed by the colleagues they were appointed to assist.

R. W. SLOMAN  
SENIOR PROBATION OFFICER.

OBJECTIVE 1 - To Increase the Service's Awareness and Confidence in Working with Drug Users.

9. Effective engagement with clients requires an awareness and understanding of the nature and extent of the problem. Similar to many other difficulties that our clients face, drug dependency is an issue which clients are often reluctant to admit, and it may well be an issue which the worker would be happier not to find. Awareness and confidence are therefore key issues when working with drug users. Throughout the year we have always sought to be not only available to our colleagues, but to provide them with an informed response when advice or information was required. In addition, we have attempted to provide a service for clients which acts as a back up to colleagues by shared working thereby increasing confidence and awareness through the interactive process between ourselves, the client, the Supervising Probation Officer and any other agencies involved.

10. In October, 1986 and October, 1987 we sat with every Probation Officer in the division in order to ascertain the nature and extent of drug dependency within each caseload. This not only provided hard information on the minimum number of drug users supervised, but it also allowed a broader discussion to take place regarding the demands and dilemmas of working with drug users. Too often there has been a tendency to focus almost exclusively upon heroin but it has always been our approach not to mystify or isolate one particular drug, but to stress that we live in a drug using society and for many decades now the Probation Service has been working with drug users. The skills required are no different to those skills that Probation Officers already possess and use in day to day work. It is simply the knowledge base that is different and this can lead to feelings of inadequacy. Many of the drug users' problems



are related to other common personal or social problems, habitual behaviour, lack of social skills, boredom, lack of hope or change, and of course long term unemployment.

11. The 1987 survey clearly indicated no lack of awareness from Probation Officers as the number of problem drug users identified increased from 294 in 1986 to 382 in 1987, and perhaps more interestingly 241 of those clients (63%) were not identified in the 1986 survey. Therefore in the 12 month period ending October, 1987 the Sefton Division had supervised a minimum of 535 clients with serious drug problems. A further indication of awareness is apparent by the range of drugs identified by Probation Officers. The 1986 survey indicated a major focus upon opiates with very limited identification of other drugs. Whereas by 1987 cannabis, amphetamines, tranquillisers and alcohol were all identified as drugs in use causing problems to our clients it was the opiate drugs which presented most problems to our client group, although clients dependant upon opiates are now seen to be users of a variety of drugs.

12. It was intended that the report produced on the Sefton Probation area would encourage stimulating discussion and debate within the Division regarding issues such as - levels of awareness, philosophical approaches, Probation practice, court expectations, assessing motivation, societal double standards etc. We were fortunate to have had the opportunity of presenting a Divisional Workshop which expanded upon the report and outlined a risk reduction philosophy and highlighted the need for assessment offering a structured method of intervention. It was unfortunate that the afternoon Workshop was compromised by another important topic - Aids, as both subject matters required considerably more attention than there was time to give on one half day. In addition to that input

within our own Division we have also been involved in training Workshops for first year Officers, Hostel Wardens, and a two day Drug Workshop open to all Probation staff. On a much wider level we have been approached by outside Probation areas including Manchester, Inner London and Humberside. The latter two having sent representatives to discuss the work and approach of the Sefton Drugs Team to help them decide effective strategies. Within our own division it has now also become routine for Probation sponsored CQSW students to spend a day with us at the Drugs Team, again this allows for further discussion and debate.

13. One area of considerable concern has been highlighted by an increasing awareness of client's behaviour. In 1986 Probation Officers recognised that 22% of their heroin users were injecting, but by 1987 the recognition rate had increased to 48%. This prevalence figure causes major concern in relation to the spread of HIV and indeed Hepatitis B. Our report following the 1986 survey stated:-

*" .... to effectively face such a challenge will require increasing Officer awareness of drug abuse, particularly in terms of identifying injecting users. We will need to heighten our counselling skills by increasing the knowledge of the social difficulties related to Aids."*

14. It seems that Officers are well on the way to achieving the first part of this challenge but there remains a good deal of work to be done relating to the increase of knowledge about the social difficulties of AIDS, which will be necessary to allow appropriate social work interventions. Probation Officers have more contact with drug users than any other agency. There is a growing awareness of an injecting culture amongst our client group. In some parts of Britain the spread of HIV infection amongst such groups has reached epidemic proportion. These factors place a responsibility upon the Probation

Service. The 1988 DHSS report prepared by the Advisory Council on the Misuse of Drugs stated:-

*"The Probation Service in particular is likely to have a high level of contact with drug misusers, many of whom have no contact with a helping agency ....*

*there will be an important role for Probation Officers as Health Educators about means of reducing risk of HIV infection."*

15. Injecting is common among our drug using clients and this presents a more difficult task to Probation Officers when it becomes habitual for it is a lot harder to control an injecting drug habit. There has always been a danger when working with drug users of expecting too much too soon and seeing drug taking as a passing phase. There can be little doubt now, that for many a drug centred life-style will not disappear, nor be changed overnight. Any change that does occur may well be followed by relapse. Clearly then, the need for a realistic approach is crucial otherwise we shall be ineffective with our clients or indeed guilty of setting them up to fail, thereby creating further disappointment and resentment, not only to parents and family but also to the court, who could respond with more punitive measures, having previously offered the so called 'last chance.'

OBJECTIVE 2 - To Lessen the Burden and Frustration that Drug users Place Upon Probation Officers.

ASSESSMENTS.

16. Without doubt it is the long term unemployed, offending drug user who creates most difficulties and frustrations for Probation Officers. It would seem that these difficulties can be exacerbated by inappropriate responses. There is a clear need for a realistic philosophy which sets out achievable goals and targets which have been jointly agreed with the client. All too often a considerable amount of effort is invested by the worker but without the commitment and motivation of the client. It has become apparent that there is a clear need for a full assessment of the individual before the worker devotes time and energy to specific aims or plans. This can be a neglected process when faced with a demanding chaotic drug user who wants immediate action. In an effort to address this problem the Sefton Drugs Team established a structured interview which uses set questions to analyse motivation, drugs used, method of use, length of use, age at which first began, identified problem drug, where the person has been for help, how many times they have tried to receive help, what problems THEY identify in their lives and what aspects of their lives THEY enjoy. This report then attempts to jointly identify the course the client is willing and committed to take. It also recommends ways of achieving this. In our first year of operation we conducted over sixty drug assessments for Probation Officers and their clients.

REFERRALS.

17. It is difficult for a generic Probation Officer to efficiently engage and liaise with all the various drug agencies and services that are available. In addition to this the drugs scene is renowned for its jargon and many clients are immersed in the

sub-culture and use a multiple number of drugs. We have made a determined effort to become familiar with the drug culture and the relevant agencies and services. Between May and August 1987 research indicated we had been in contact with over 50 different agencies/individuals. In addition we have attained an understanding and appreciation of the effect and risks of the various drugs so that we are available to answer any queries that a Probation officer may have. Within our first year of operation we had taken over 230 such referrals which cover a wide range of questions, advice, information, or requests to work directly with clients. Terry Crolley's (Research and Information) paper identified that 89.4% of referrals were made by Probation Officers. It further identified two main types of referral:

#### DIRECT WORK.

1. To provide analytical logic, practice wisdom, hard information and strategic planning to assist Probation Officers to work with drug using clients.
2. To provide assistance with Social Enquiry Report preparation. Indeed 35% of the total referrals were enquiries at SER stage, although nearly all of these were current cases re-offending.
3. A request to work directly with the client which usually began with a full drug assessment interview.

#### INDIRECT WORK

1. The provision of inter-agency liaison, as the management of drug users requires an inter-disciplinary approach involving the medical profession, drug counselling agencies, voluntary hostels etc.
2. The provision of literature which needs to be used discreetly and purposfully being distributed appropriately as circumstances demand. This has proved particularly useful to provide a client or Probation Officer with information on issues such as regimes

within rehabilitation centres, particular effects or risks of various drugs, or the impact of certain drugs on the unborn child.

#### SHARED WORKING

18. Initially it was anticipated that the two officers from the Sefton Drugs Team would each hold full supervision of a maximum of twenty problematic drug users. However it was felt that such involvement would leave little time for other work and would do little to alleviate the overall impact of problem drug users in Sefton. In effect it would be equivalent to relieving each Sefton Probation Officer of two cases, and this would have a negligible effect. Instead it was agreed the Officers could be free to devote their resources to those clients who are ready and wanting change, and in need of either a specialist involvement or more intensive help which the supervising Probation Officer was not able to provide. At such times the Sefton Drugs Team have sought to make themselves readily available to work jointly with the client and field Probation Officer. During the first year of operation we had been involved with over one hundred such cases. Normally this work began by conducting a full drug assessment which would then be typed up on a 'B' Summary and forwarded to referring Probation Officers. Subsequent contact was recorded briefly on a 'C' sheet with regular telephone contact to the referring Probation Officer, until the involvement ceased.

19. Our experience suggests that a Probation Officer specialising solely in drug misuse is able to maintain a personal working relationship with all the relevant drug agencies and therefore make appropriate referrals, understand regimes, criteria and when necessary enable doors to open so that services are available to our client group. This has been particularly true of our work with General Practitioners, the Thomas Percival Clinic, the Drug

Dependency Clinics and Rehabilitation Units. Working in the clinics at Southport and Liverpool has enabled Probation clients to receive a better service, and provided for a more global assessment of the clients' needs.

20. For some reason it appears that drug users are willing to discuss and 'open up' to specialist drug workers much more than they will to relatives, or generic professionals. This has proved useful in getting to the heart of the matter, and there are many examples of clients speaking very honestly and deeply about themselves. Indeed quite a number, male and female have been in tears about their situation. Although clients are sometimes concerned about confidentiality it is always made clear that the information will be shared with the supervising Probation Officer and this has never presented a problem. However the confidentiality issue does become more problematic when information is received whilst working for another agency, such as Hope Street Clinic. At such times the client is really engaged in dialogue with another agency. Generally complete openness is sought but on occasions when permission is not given, it is a question of balancing ones responsibility to the outside agency, the client and to the Probation Service.

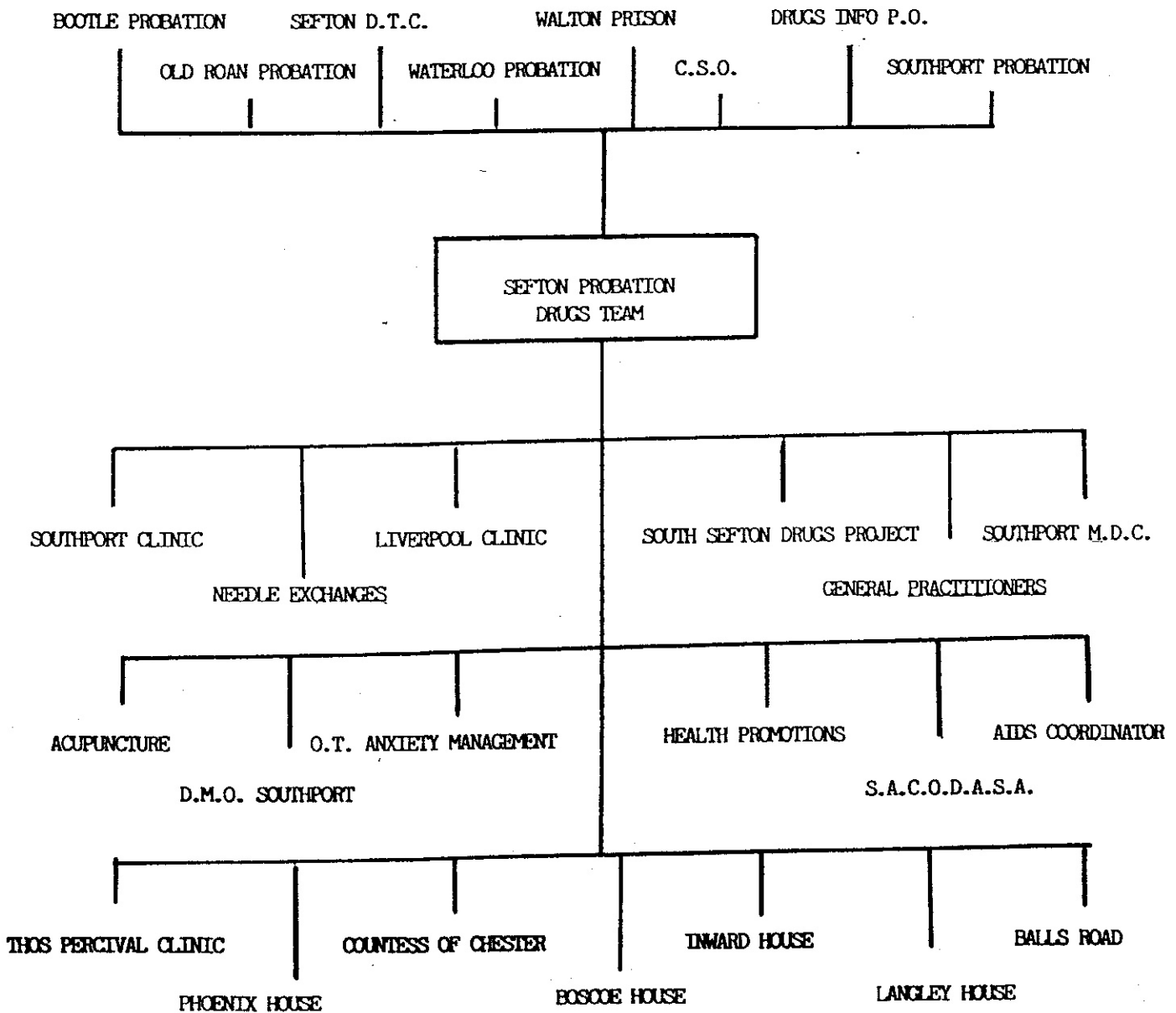
OBJECTIVE 3 To Establish Good Working Relationships With Local Drug Agencies

21. There are a great many agencies who find themselves involved in working with drug users who are Probation clients. Some examples of these agencies are the DHSS, Disablement Resettlement Officers, The Courts, The Police, Schools and so on. None of these agencies, however, have any special responsibility towards drug users and could not therefore be termed drug agencies. Because we work with drug users it is inevitable that we will from time to time come into contact with these agencies and when that happens we have made, and will continue to make, special efforts to help them understand the particular needs of those clients. Such an approach has already involved the Sefton Drugs Team in special meetings with all the Disablement Resettlement Officers covering Sefton. We have assisted certain organisations by helping meet staff training needs related to coping with drug users, NACRO, the Liverpool Diocesan Care and Repair Association, Magistrates and Sefton teachers are examples of this. The objective in such involvements is always to encourage greater availability of resources for our drug using clients.

22. There are a number of agencies that do have a particular responsibility for drug users. Some are based within the Sefton area whereas others operate from outside. The following chart displays the main agencies that we have formed particular links with and with whom we believe we have achieved good working relationships. It illustrates a two way flow system within which the Drugs Team acts as a channel, enhancing and accessing communications between relevant groups or individuals and actioning appropriate referrals. The team seeks to maintain regular links with its roots within the Probation Service and



this is represented by the top line. The row beneath represents agencies with whom the team has direct working contact in the sense of seeing clients together, making joint decisions and having very strong, regular contact and links. The following row are agencies with whom we have less frequent contact and with whom we do not share clients or decisions. The third row are facilities which the Service can and does use with regularity consisting of detoxification units, a further clinic facility, local residential facility and rehabilitation units with whom we have special links.



#### OBJECTIVE 4 To Improve Existing Services Available for Drug Users.

##### DRUG DEPENDENCY CLINICS

23. At an early stage it became apparent that the Hope Street Drug Dependency Clinic saw only a minority of drug users from the South Sefton area, indeed our discussions with Dr. Cindy Fazey who was evaluating the clinic at the time, indicated that the number was conspicuously small in relation to the large numbers of known drug users. In addition to this the Hope Street Clinic had very little liaison with agencies in South Sefton and tended to see clients in isolation. Following discussions with the acting director, Dr. John Marks and further lengthy discussions with the South Sefton Drug Project, we were able to secure an agreement for all South Sefton drug workers to work at Hope Street Clinic on a sessional basis in order to form a multi-disciplinary team. This has led to a more wholistic approach, increased inter-agency co-operation and a much greater use of this service amongst our client group than had previously been experienced. It is a considerable improvement upon the past service provided which was under-resourced, isolated and medically dominated. Fortunately this transformation was not needed at the Southport Clinic which had already established itself as a multi-agency team having for some time received considerable support from the Probation Service.

##### EMPLOYMENT

24. In order to help clients make the transition into normal living we felt it important to improve employment opportunities. Experience had led us to believe that it has become virtually impossible for a drug user to be honest about his problems and secure

employment, even if his drug use was a thing of the past or was very much under control. In an attempt to improve this position we met with the Manager of the Employment Resettlement Centre (ERC) at Stopgate Lane, Fazakerley and he agreed to take drug users on the understanding we provided a professional assessment to verify the person was either in control, drug free or receiving medication. We also met with the Disablement Resettlement Officers (DRO) throughout the entire Sefton area. Their views towards drug users varied, some had already begun working with drug users while others had not considered this to be a DRO's responsibility. If necessary they would be willing to register a drug user as disabled in the same way they have done with alcoholics. While there is a concern over the stigmatisation and labelling, there may be cases where it might prove beneficial in order to reduce waiting periods or prevent discrimination. In an attempt to increase employment opportunities we also contacted a number of Community Programme Schemes requesting them to consider taking positive action for certain drug users. Not surprisingly we received a rather polite but negative response, that is apart from the Liverpool Diocesan Care and Repair Association who responded favourably and after further discussions supplied us with application forms. Sadly this contact did not bear fruit even though we provided two training sessions for all their work supervisors. There are such a mass of unemployed people, it would appear that the drug using unemployed with a criminal record have been marginalised and now find themselves close to the bottom of that mass unable to reintegrate with society.

#### IN-HOUSE CHANGES

25. Within our own Service we have been involved in reassessing and reorganising the drugs input for Probation clients attending the Day Training Centre. This now takes the shape of a four session programme covering drugs, habitual behaviour, treatment

options and a final session on Aids. This input is prepared and presented by the Drugs Team. The pre-release package within Walton Prison has also been an area of ongoing work and has now resulted in a full one day session once a month, covering similar material to that provided within the DTC. This was initiated through contact with the Welfare Department in the prison but now involves close working relationships with Prison Officers as part of the Fresh Start Scheme.

#### LEISURE SERVICES

26. It is well accepted that practically all the drug using client group under Probation Supervision in Sefton are unemployed and have been for a considerable amount of time. Indeed many have never been properly employed. Their use of time has been dominated by a drug cycle which offers structure, purpose, routine, direction and challenge, without which life has little to offer. Consequently if we are to move people away from drug dependence we need to have something at least equally attractive to replace the drug centred lifestyle. Many who are not ready for employment will need to occupy their time with leisure interests which will need to be interesting and stimulating. In order to make existing leisure services in Sefton more accessible to our clients we had hoped to obtain a complete directory of facilities in the form of an A to Z, so that if a client was interested in weightlifting he could look under 'W' and discover where he could do weightlifting, what times, what days and how much it cost. The Community Liaison Probation Officer did consider this a relevant task and agreed to compile a Sefton Directory of Leisure.

OBJECTIVE 5 To Create an Up-do-date Information System Containing Leaflets, Literature and Practice Material Covering All Drugs and Related Issues.

27. There are a wide range of drugs available as well as a variety of ways drugs can be administered, such that it is difficult for any worker to maintain a comprehensive knowledge base, particularly when the need for that knowledge base is not constant. It has been our intention to respond to this need when it is expressed and where necessary to follow up with additional literature and information. In Terry Crolley's paper on referrals he stated:-

*"The team has acquired a fund of intelligence. Information is provided not only through publications but also by personal experience and practice wisdom."*

28. During the past year we have gathered a wealth of information covering a range of topics. This has enabled us to respond positively to all requests from Probation Officers covering such topics as Aids, management of pregnant drug users, the long term consequences of particular drugs, the impact of drugs on the unborn child, etc. Maintaining and collating such information has proved difficult and, given the various demands upon us, it has not been one of our main priorities. The arrival of a Probation Service Assistant should, in liaison with Jill Baines, Information Officer and Bill Skelton, Drug Information Officer, provide sufficient additional resource to adequately fill this gap.

29. It has been our intention not only to conduct a survey of every Probation client in Sefton in order to provide some hard evidence in relation to drug use, but to enhance this by continuing with a further survey on an annual basis, thereby allowing comparisons to be

made and trends to be discovered.

30.To keep abreast of current thinking and to acquire comprehensive knowledge in order to respond appropriately to requests from Probation Officers, demands that time is set aside for reading and when appropriate attending relevant courses. Following our attendance at a number of courses on AIDS and injecting drug users we have compiled a much needed practitioners document looking specifically at the social work issues in relation to clients who may be HIV positive.

OBJECTIVE 6 To Establish Additional Resources Where They Are Lacking.

a) A LOCAL DRUG DEPENDENCY CLINIC IN SOUTH SEFTON.

31. Although it was identified that the service provision from the Hope Street Drug Dependency Unit was less than satisfactory and efforts have been made to improve that, we feel that ultimately the most appropriate course of action would be to establish a local clinic within the South Sefton area. This suggestion was originally put forward in our report in April 1987 and further in December 1987 when we submitted a report to the South Sefton Drug Problem Team, which was later presented to the South Sefton Drug Advisory Committee. Although as yet we have no local based clinic there does now appear to be a general commitment and understanding that a clinic will be established covering South Sefton. Certainly the Drug Advisory Service report (1988) recommended that a local clinic be established by 1990.

b) DRUG DEPENDENCY PROBLEM TEAM.

32. When first appointed there were numerous committees in existence, many of which consisted of the same individuals. It was clear that some confusion existed, significantly there was no committee which concerned itself with practice and social work issues in relation to working with drug users. According to the DHSS circular LAC (86) 5, each local area should establish two committees, a multi-disciplinary Drug Advisory Committee, whose role was to co-ordinate and advise managers of organisations how to respond appropriately to the drug scene, and a Drug Dependency Problem Team (DDPT) to consist of practitioners from various agencies who work with drug users. It appeared that there were a number of committees which could claim to fulfil the Advisory role but there existed no practitioner group in South Sefton. In February 1987 there did exist a Liverpool and South Sefton Drug Dependency Problem Team, but similar to many other committees the membership tended to reflect those in an

advisory or managerial position. On Friday, 3rd April 1987 we called together a group of workers from South Sefton and formed a Drug Dependency Problem Team for that area. This team has met regularly on a monthly basis. It was noted in the DAS report:-

*"The District Drug Problem Team (DDPT) which appears to have developed as a result of worker initiative and which has no formal status is the only obviously effective inter-agency liaison within the district."*

33. Since the publication of the DAS report the DDPT does have formal status and the Chairman of that team, currently Julian Buchanan, is now a member of the Drug Advisory Committee. At each drug advisory meeting the minutes of the DDPT are presented discussed.

c) GROUPWORK.

34. In conjunction with the South Sefton Drugs Project we endeavoured to provide an eight session, structured programme, focusing on drug education and habitual behaviour. Although considerable preparation and organisation went into making this programme available, there was insufficient take-up to start a group. The planning and content of this course proved useful for other areas, such as the work in Walton Prison and the Sefton Day Training Centre, but in itself did not lead to the planned eight session programme. On reflection it was felt that the package on offer was not attractive enough for clients on a voluntary basis.

d) COMMUNITY PROGRAMME SCHEME.

35. After visiting the Rochdale Programme and being aware of the serious need to address the vacuum left by an all-embracing drug scene we were keen to establish in-roads into a Community Programme Scheme which catered for the needs of drug users. Considerable time and effort was spent liaising with the Health Promotions Unit who agreed to manage such a scheme, whilst allowing us to vet and decide



upon which drug users would be suitable for employment. The requirements would have been far less stringent than other Community Programme Schemes, leaning not so much towards an employment programme as a rehabilitation programme. A bid for premises was made and an application submitted to the Manpower Services Commission but unfortunately, due to the new employment training regulations, it was felt this project was no longer viable. It was possible to envisage our clients working a three and a half day week for fifty pounds net pay on a C.P. Scheme, but we had serious doubts as to whether our clients would find it an attractive proposition to work five days a week for a take home pay of ten pounds above the benefit levels on the new Employment Training Scheme. There still lies a gap therefore in that many of our long term unemployed, offending drug using clients find it hard to secure any form of viable employment. The Health Promotions Unit are now in the process of exploring other avenues outside of those on offer from the Manpower Services Commission.

e) DROP-IN FACILITIES.

36. In conjunction with employment facilities we felt that it would be useful to offer clients some form of drop-in facilities to engage them in creative and interesting activities which would help to provide an attractive alternative to the vacuum that was left by a drug centred lifestyle. The facilities available at the Sefton Day Training Centre seemed ideally suited to this need. On a Monday and Friday afternoon they were made available commencing on the 16th November 1987. By the 21st March 1988 there had been thirty-three sessions and 240 client attendances by thirty-three individual clients. Attendance was completely voluntary and we deliberately avoided having a group which solely consisted of drug users, therefore the group was open to any Probation client. It was felt that to mix users and non-users together would assist the integration and help to deter people from talking drugs all the time. Various activities took

place, such as pool, chess, model making, soft toy making, five-a-side, ten-pin bowling, photography and of course much discussion over coffee. There was no publicity given to this group, clients being informed by word of mouth, however it clearly demonstrated the need and, we believe supports our view that clients need to be given constructive and challenging alternatives if they are to be encouraged to give up a busy and demanding drug-centred lifestyle. The role and purpose of such a group was documented in our report on the Sefton Drop-In Group and it was hoped that such a group would continue.

## FUTURE IMPLICATIONS AND STRATEGIES.

37. During the past four years it has been interesting to observe the rise in drug misuse and the subsequent response of statutory and voluntary agencies. At first a number of voluntary groups protested that there was a problem and help was needed. This was ignored by certain organisations who did not wish to identify or burden themselves by associating with a heroin epidemic, and they hoped the problem would either be just a passing phase, or one which effected only a small minority of the population.

38. Gradually, when it emerged that the problem was neither small nor temporary, and Bootle in particular received considerable press coverage as 'Smack City', the statutory agencies responded, some receiving additional funding on a temporary basis from Central Government. At the time of our appointment in 1986 many thought we had arrived at the twilight of the problem, thinking it would not be too long before drug taking diminished to insignificant levels. Indeed many agencies perhaps supported drug initiatives expecting them to have only a short duration. However, it is now quite clear that the drug problem is not a passing phase but rather a fixed lifestyle for many residents in Sefton. It is no longer news which has any impact in the media unless the press can create a panic by giving prominence to the discovery of discarded needles, and the fear of AIDS. As yet there is no indication that the problem has reached its peak, and it has emerged that many of our clients are injecting and regularly use a variety of drugs. The issue that agencies now face is one of establishing a long term strategy to the drug problem as opposed to the temporary response. Central funding will soon expire for the South Sefton Drugs Project and local Drug Dependency Units. The dilemma is how much of their resources can agencies commit to tackling a long term drug problem, and who is responsible for the drug problem anyway?

39. Certainly the Probation Service cannot side step its involvement. If all other agencies choose to divert resources elsewhere, Probation will be left supervising clients who are dependant upon drugs and who are offending directly as a result of that dependancy. Such changes would have serious impact upon effective engagement with clients. In September 1987 the local Drug Dependency Units in Sefton closed their units to any new patients (apart from pregnant drug users). By June 1988 over 300 drug users were on the overall 'waiting list' at Liverpool DDU. There has now been a change in philosophy and the new consultant to be appointed in November 1988 is apparently opposed to prescribing injectable methadone and will only offer clients reducing courses of methadone, and this policy may soon be adopted throughout Merseyside.

40. In the past the drug clinics have been overwhelmed by the size and complexity of the drug problem, and their new strategy will certainly prove to be more economical and may prove successful with a small proportion of drug users, but what about the others? The long term chaotic drug user, who is likely to be under Probation supervision, may well be injecting and find the offer of a reducing course of methadone linctus too demanding and inadequate to stabilise his position. This strategy has already been tried in the Wirral and experience indicates it fails to provide a way of engaging with the long term chaotic injecting drug user, and in consequence they continue to use illegal drugs, continue to commit crime, continue to stay away from drug agencies who have nothing to offer, they continue to inject, not pure methadone but street heroin which is dirty and likely to cause medical complications. It is perhaps no coincidence that Wirral has the highest crime rate on Merseyside. The Advisory Council on the Misuse of Drugs who produced a report in 1988 to advise Government Departments on how to respond to the drug problem, stressed the need for 'user friendly services' which "need to attract drug

misusers into treatment". It states:

*"HIV is a greater threat to public and individual health than drug misuse. The first goal of work with drug misusers must therefore be to prevent them acquiring or transmitting the virus.*

*In some cases this will be achieved through abstinence. In others abstinence will not be achievable for the time being and efforts will have to focus on risk reduction. Abstinence remains the ultimate goal but efforts to bring it about in individual cases must not jeopardise any reduction in HIV risk behaviour which has already been achieved."*

41. It would appear that the change in philosophy by Mersey Regional Health Authority will lead to higher risk behaviour and place a serious burden upon Probation Officers trying to supervise chaotic, injecting drug users. It is the Probation Service who see the greatest number of drug users, who engage with the complete range of drug problems, who have the most knowledge and contact with drug users, who possess the skills and expertise to deal with addictive behaviour patterns. One of the most effective crime prevention methods with this client group is methadone prescription, yet the availability and control of prescribing this substitute drug for what is largely a social problem, lies solely with the National Health Service and they have decided to reduce the scope of this service. Dr. Cindy Fazey's research of Hope Street Clinic 1985-1987 reported that a drug user with an opiate dependency of half a gramme of heroin would be spending over £14,000 per year on heroin alone, and much of this money would be raised through acquisitive crime with the true value of the stolen goods being three or four times higher. At the Bootle Office the 89 clients identified as being dependant upon opiates are likely to be spending the equivalent of £1.2 million per year on heroin. Dr. Fazey calculated the average cost of drastically reducing such a habit by

prescribing methadone was £160 per year for oral methadone and £975 per year for intravenous methadone.

42. The long term response must be for each agency to recognise the need to assume some degree of responsibility for the drug issue, and for greater co-operation to occur with the sharing of power, management and resources. Too often inter-agency co-operation depends upon individuals and personalities at grass roots level finding common ground, but sadly it rarely goes further, because of managerial, financial or long term implications. There is a need for a tightly organised Community Drugs Team consisting of members from a number of different agencies. The team would be a central referring point. It could work together establishing common and good practice, it could share assessments, jointly set up new initiatives, and generally provide a better service.

43. It is possible at present for a client to be under Probation supervision, receive counselling from the South Sefton Drugs Project, attend Hope Street Clinic for counselling and methadone, and be seeing a social worker at Fazakerley Hospital in relation to the impending birth of her child, for the agencies not to have had any contact about working closely together or sharing their assessments, strategies, or understandings. They may even be unaware of each others involvement! While catchment areas of Drug Clinics remain vast the possibility of establishing good working relationships with so many agencies remains poor. A Community Drugs Team (CDT) covering the South Sefton Borough Council area would prove far more workable, but there remain factors which require serious debate before a team can be established:-

- 1) Should the multi disciplinary team be based in one building, and if so would the various agencies agree for staff to be released.

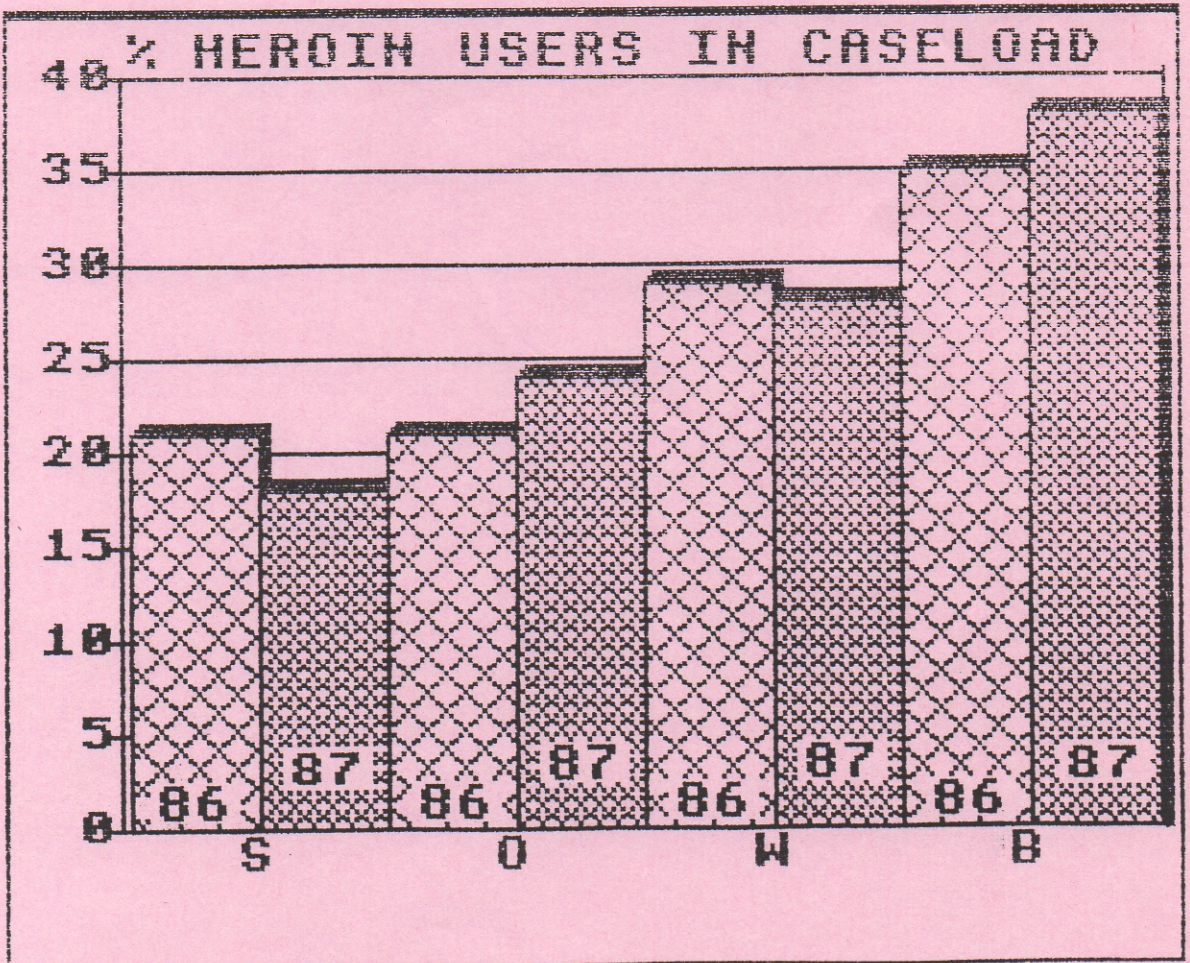
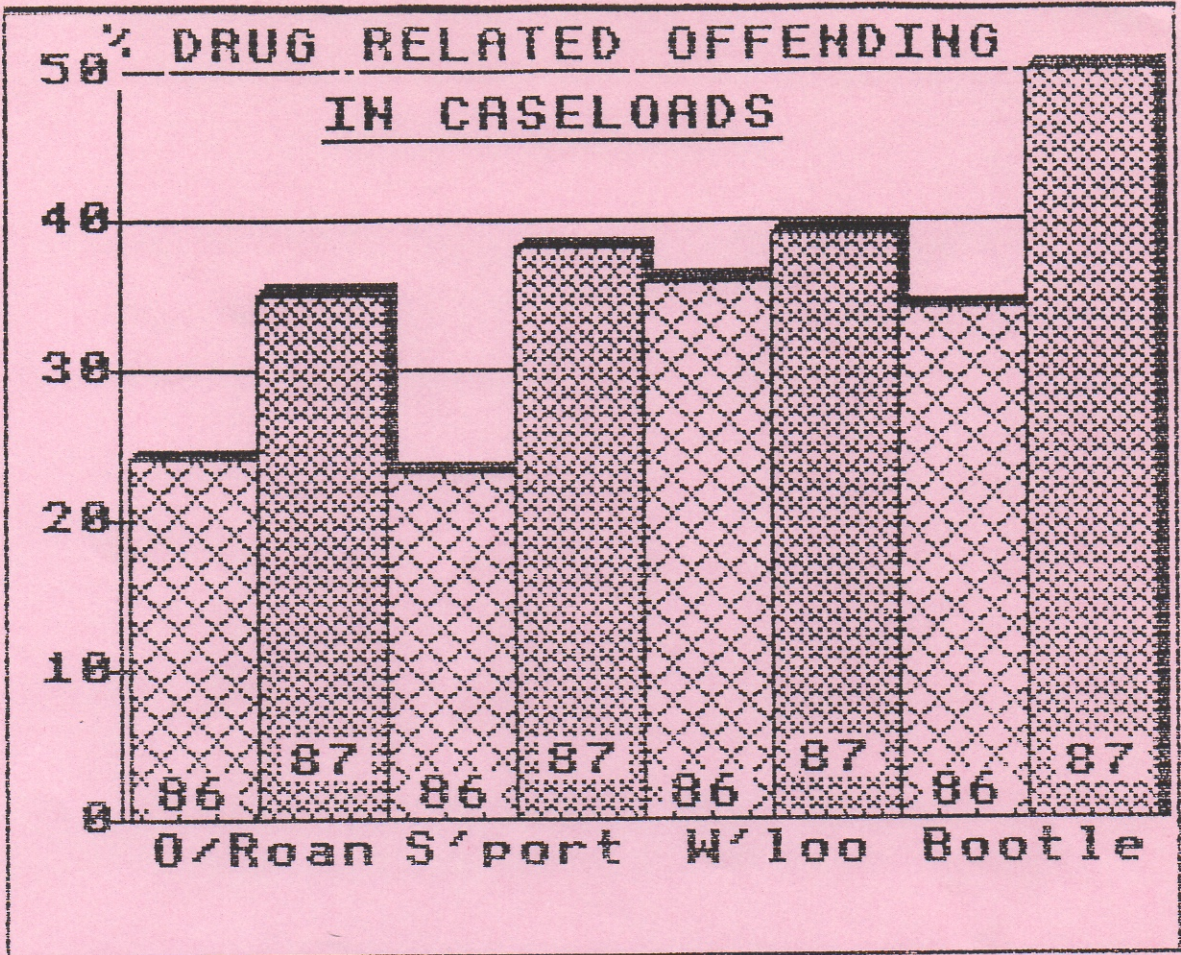
- 2) Will there be any degree of confidentiality between the workers or will all information be shared.
- 3) Would each team member be immediately accountable to their own departmental manager or would a CDT leader be appointed and responsible.
- 4) What arrangements would be made for financial contributions towards building, stationery, leaflets, clerical staff, etc.
- 5) Should there be more than one CDT covering South Sefton.

44. In all, it is our opinion that our aim, and objectives are valid and a rational response to the drug issue with Probation clientele, and further that they have largely been achieved. The same aim and objectives will continue for the coming year although the strategies to achieve them will vary slightly. In addition to continuing to provide the same service we intend to devote time to:

- a) The promotion of a Community Drugs Team initiative.
- b) The promotion of a local drug clinic in South Sefton.
- c) Assessing and possibly establishing an alcohol package available to the Courts targetted at drink drivers.
- d) Encouraging CSO to become more accessible to drug users.
- e) Encouraging Hostels to become more accessible to drug users.
- f) Providing professional support and advice to The Bosco Hostel, Merton Road, Bootle.
- g) Creating a Directory of Leisure Service.

AUGUST 1988

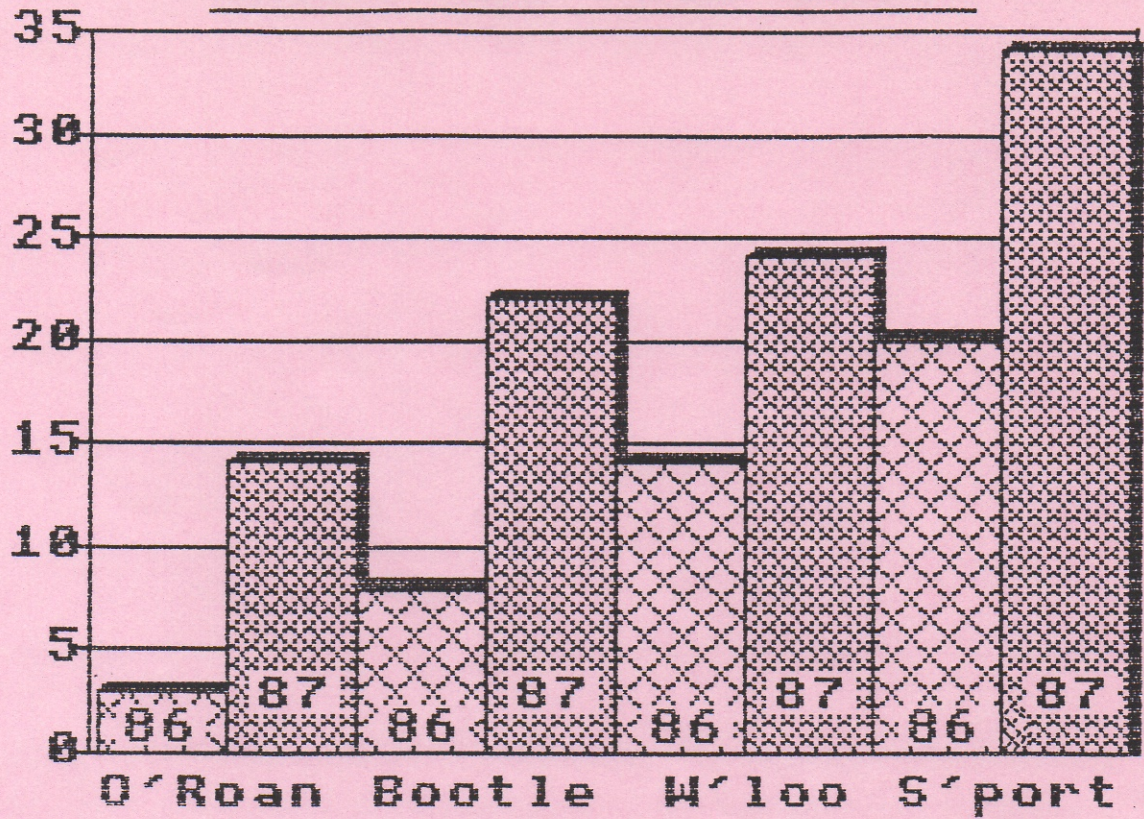
JULIAN BUCHANAN  
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SEFTON DRUGS TEAM  
2 TRINITY ROAD  
BOOTLE  
MERSEYSIDE  
051-922-6032





No.

### INJECTING DRUG USERS



### DRUGS IN USE 1986+1987

