

DRUGS RELAPSE PREVENTION: GIVING USERS A VOICE

A
report
for

Bootle Maritime City Challenge

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THE UNIVERSITY of LIVERPOOL

“No one wants to be on drugs all their life.”

(Male aged 25)

*“If I had a chance.
I need my self esteem back,
it just effects everything.”*

(Woman Aged 30)

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Last, but by no means least, our sincere appreciation to the fifty Bootle residents who agreed to share their knowledge, opinions and experiences with us - this study could not have been undertaken without their assistance.

Julian Buchanan and Lee Young
January 1996

SUMMARY

1. The University of Liverpool were commissioned by Bootle Maritime City Challenge (BMCC) to undertake a study of the perceived needs of a sample of drug-users towards the proposed setting-up of a drugs relapse prevention project - specifically in relation to issues of employment, education and training.

The Bootle Maritime City Challenge Area

2. The BMCC area, in common with many other inner city areas, shows signs of "structural adjustment" having taken place over a number of years with evidence of population loss, the decline of traditional manufacturing industries and persistent and high levels of unemployment.

3. Given the limited economic opportunities that are available within the local economy, recovering drug-users wanting to reintegrate back into the community are faced with considerable challenges - not least their own shortage of skills, qualifications and confidence.

The Sample, Research Process and Methodology

4. The research sample comprised a cross-section of fifty drug-users from the BMCC area who volunteered to be interviewed for the study. The ratio of male to female interviewees was 2:1 which ensured a female perspective was obtained.

5. Forty-four per cent of the sample were cohabiting with a further 13% living with either their family of origin or another family member. Just under 60% of the sample, therefore, were in settled relationships with 46% also living with and caring for their children.

6. Four primary intake variables were used in defining the sample: gender, age, `race`/ethnicity and nature of drug use.

7. The principle data gathering instrument was the in-depth interview utilising a guided interview schedule. Interviews were carried-out in a number of locations including: South Sefton CDT, GP`s clinic, Bosco House, Bootle Probation Office and in the homes of a number of Bootle residents.

Drug Use in Context

8. Merseyside's "drug problem" has to be set within the context of increasing drug misuse nationally. However, a worrying feature of drug-use on Merseyside is that it has consistently shown proportionately higher levels of addiction in relation to the size of its population than any other area of the United Kingdom.

9. Sixty-two per cent of the sample described the nature of their drug-use as 'stable-maintained' and therefore constitute the primary target population for a relapse prevention project. Twenty per cent of the sample described the nature of their drug-use as 'chaotic' and it is likely that this group will require significant levels of support to enable them to advantage of any opportunities made available.

10. Ninety-four per cent of the sample were attending a CDT or GP in connection with their drug-use with 58% having been registered for between three and seven years. Thirty-eight per cent of the sample had referred themselves for treatment. More than 85% were being prescribed methadone linctus.

11. Ninety per cent of the sample said that they were still using illicit drugs with at least 20% using heroin and cocaine on a daily basis. From this group of 40% were injecting heroin or cocaine.

12. More than 86% of the sample thought that using drugs had caused them problems. Of these, sixty-two per cent said that they had experienced "a lot" of problems in relation to: finance, relationships and confidence / self-esteem.

13. Almost every interviewee said that they had thought about /wanted to stop using drugs. Of these, 68% had entered a detoxification unit, rehabilitation unit or had moved away from the local area in an effort to stop using drugs. A further 46% had either tried stopping or had cut down their use of illicit drugs, made contact with a prescribing agency or reduced the amount of medication being taken.

Education, Training and Employment

14. Forty per cent of interviewees failed to complete their education with a third of the sample having been expelled from school. Only 22% gained any educational qualifications.

15. Just over a half of the sample had at some time in their life been enrolled on a course, mainly Youth Training Schemes, NVQs and Employment Training. Most interviewees said that they had enjoyed these courses and about half had completed their training.

16. Unemployment amongst the sample (90%) was above average in respect of local and national levels. More than half the sample had been unemployed for more than five years with 12% of interviewees never having had a job. Only two people out of the fifty interviewed were formally employed.

17. Employment was mentioned twice as often as any other issue (28%) as being most helpful in enabling interviewees to stop using drugs. A further 12% said a "change of fortune" which might include employment and / or training. Only eight per cent thought that moving away from the area was important.

18. Over a third (36%) spend their "leisure" time watching television with thirty per cent saying that they spent this time "looking after the kids". Sixty-four per cent of the sample said that they would prefer to spend this time in paid employment.

Services To Drug-Users

19. South Sefton Community Drugs Team was mentioned more than twice as often (60%) as any other agency in terms of its "significant usefulness" to drug-users. Next came Bosco House at 28% with GP's recording a response of 24% amongst the sample.

20. Thirty-eight per cent of the sample said that the CDT had been most helpful in assisting in the management of their drug use / dependency with family and/or friends being mentioned next by 20% of interviewees.

The New Bootle Project

21. A high proportion of interviewees said that they thought there were advantages to attending the New Bootle Project. Some of the reasons given were as follows: improve confidence and self-esteem (86%); positive impact on drug use (86%); improve employment prospects (96%); something to do (98%).

Chapter One: Introduction and Context

In October 1995, The University Of Liverpool were commissioned by Bootle Maritime City Challenge (BMCC) to undertake a study of the perceived needs of a sample of drug using residents, towards the proposed setting-up of a drugs relapse prevention programme in the BMCC area. This Report represents the findings of this study which was undertaken during October and November 1995.

Background to the Research

Drug services in South Sefton, in common with other areas of Merseyside, have concentrated efforts on alleviating `problematic drugs use` by adopting a pragmatic strategy underpinned by the philosophy and practice of harm reduction / harm minimization. Thus, the emphasis has been on attracting illicit drug users into service in an attempt to bring about and maintain stability in the lives of service users.

Having achieved stability however, recovering drug users are constantly at risk of periodic relapse into problematic drug use largely (users argue) because of a lack of alternative ways to fill an empty day - previously taken-up with procuring their illicit supply of drugs. Community based alternatives - such as a drugs relapse prevention programme - providing structure, choice and opportunity can, therefore, be viewed as part of a much needed continuum within the context of a harm reduction / harm minimization strategy.

A review of the extensive literature in the field of drug use will demonstrate that research has tended, in the main, to concentrate on issues concerned with prevalence studies, the procurement of drugs, method of administration and so on. Historically, therefore, drug users tend to be related to only in terms of their addiction. Rarely, if ever, are drug users actively involved or consulted about service delivery and/or service developments - their role being limited to that of "passive consumer".

The University of Liverpool has a long tradition of undertaking community based studies aimed at giving users of services a voice. This study, therefore, carries on this tradition in that its primary aim has not been to focus on the issue of drug use per se but has set-out to obtain the opinions, experiences and aspirations - of a traditionally marginalised and socially excluded group - in relation to employment, education and training within the context of drug relapse prevention.

The findings from this project provide an opportunity for service providers to take account of a 'drug user perspective' to inform the structure, content and context of any programme aimed at recovering and current drug users. More than anything else, these insights should enable service providers to meet the diverse needs of potential users of this service in addition to achieving the desired outcomes in terms of relapse prevention.

Social and Economic Data

Why people take and become dependent on drugs is a complex and contentious issue. However, if socio-economic factors such as unemployment, poverty and environmental deprivation are considered to be (at least) contributory factors then the BMCC area (see appendix ?) features highly on all counts.

The BMCC area, in common with other inner city areas, shows signs of "structural adjustment" having taken place over a number of years. For example, the 1991 Census records a population loss of 7 per cent from within this area between 1981 and 1991 when the UK population as a whole increased by some 3 per cent. Part of this reduction reflects the demographic changes that are taking place within the population generally (fewer births since the 1960s) but economic migration has also been a significant factor as the traditional industries of shipping, heavy engineering and building have all declined.

The socio-economic consequences of structural adjustment has resulted in persistent and significant levels of unemployment in the BMCC area over a number of years. Indeed, the BMCC area saw a reduction of 25 per cent of people in employment between 1981 and 1991 (1991 Census). By comparison, Merseyside as a whole lost 16 per cent of jobs over the same period.

The rate of unemployment in the BMCC area as a whole stands at some 27 per cent, and for young people between aged between 16 - 24, and arguably those most "at risk", one in three are without work or training. The overall data, however, does not reflect the high levels of people who have been without work for a year or longer. Within the Linacre ward, for instance, 1,352 were unemployed in April 1993 with 548 of these having been unemployed for more than one year. There were also 120 residents of this ward who had been without work for more than five years (Sefton MBC Economic Development Unit).

Economic down-turn means that a high proportion of residents living in the BMCC area are reliant on state benefits as their main or only source of income. For example, a survey undertaken in February 1993 showed that about one-third of households relied on state benefits for their income. Of these, nearly 40 per cent were in receipt of Income Support and over 30 per

cent received Housing Benefit (Sefton MBC, EDU). Moreover, subsistence level benefit incomes are compounded by the low wage (and often temporary) nature of the occupations that might be available. Indeed, the numbers of skilled workers in the BMCC area halved in size between 1981 and 1991 with semi and un-skilled occupations also falling by some 45 per cent (Sefton MBC, EDU).

It can be seen, therefore, that the BMCC area features all the problems traditionally associated with the inner city. Economic migration, high levels of unemployment, significant numbers of people employed in low wage occupations, declining economic infrastructure, demographic changes (ageing population) and increasing poverty.

Given the very limited economic opportunities that are available within the local economy, recovering and stable drug users wanting to reintegrate back into the community are faced with immense challenges - not least their own shortage of skills, qualifications and confidence. Therefore, without the support, advice and assistance of a programme aimed at meeting the specific needs of drug users, those people who are motivated to change and wanting to live a drug free lifestyle are unlikely to be able to do so.

Drug Dependency: The Scale of The Problem:

The number of drug addicts notified to the Home Office in 1994 increased by 6,000 (21%) to 34,000, this increase is higher than in previous years (3,300: '93 and 3,900: '92). New addict notifications rose by 1,900 (17 per cent) which indicates that a high proportion of "new" notification addicts are in fact drug users who have relapsed after being de-notified. Of continuing concern is the number of addicts reported to be injecting drugs which rose by 15 per cent to 15,400. Of these 1,500 were aged between 21 and 25. Deaths of notified addicts between '92 and '93 (most recent statistics) show an increase of seven per cent to 570.

Thus, Merseyside's "drug problem" has to be set within the context of increasing drug use nationally. However, a worrying feature of drug use on Merseyside is that it has consistently shown proportionately higher levels of addiction in relation to the size of its population than any other area of the United Kingdom.

The 1994 Home Office data shows that Merseyside recorded 2,052 notified addicts per million population which is almost double that of London and considerably more than any other area of the UK. It is only when this figure is set against the recorded rates for other areas, however, that the scale of the problem on Merseyside is brought into sharp focus.

Notified Drug Addicts by Area (per million of population 1994)	
Merseyside	2,052
Lancashire	1,161
Greater Manchester	1,139
Metropolitan District	1,121
Cheshire	942
West Yorkshire	802
Humberside	750

The figures above illustrate clearly the problem of drug use on Merseyside. However, it could also be argued that the table provides evidence of the success of Merseyside compared to other areas in the country, at bringing drug users into treatment. The pioneering harm/risk reduction approach promoted in the mid 1980s (Buchanan & Wyke 1987) and embraced across Merseyside has undoubtedly resulted in more drug users coming forward, hence one of the reasons for an increase in notifications. Drug dependency in the Merseyside conurbation, and Bootle in particular, is none the less at alarming levels. Drug use seems likely to continue into the next millennium as a major problem for individuals, their families, communities and service providers.

Further, there is also concern at the number of young people in the north west region being exposed to, and experimenting with, illicit substances. For example, a recent study undertaken by researchers from Manchester University found that one-in-three 14-15 year olds surveyed had access to and had tried drugs. In the twelve months following the original survey the number having tried drugs had increased from 36 to 47 per cent (Parker, Measham and Aldridge, 1995). Indeed, research currently being undertaken by researchers from Liverpool University indicate even higher levels of exposure and use in some areas of Merseyside.

This data gives rise for concern and is an indication of the potential for continued problematic drug use both in the BMCC area and for wider Merseyside generally.

Thus, the need for a comprehensive and coherent programme aimed at preventing relapse amongst recovering and current drug users is self evident.

Such a community based programme will not only complement the very good work already being undertaken by drug services in this area but will also enable and facilitate the process of rehabilitation and reintegration back into the wider community.

Chapter Two: Research Sample and Methodology

Research Process

The primary aim of the research project was to gain a drug-user perspective in relation to their self-defined training, education and employment needs within the context of the proposed development of a drug relapse prevention programme.

The time-scale for undertaking this study and producing a report based on the findings was eight weeks - October to November 1995. The limited time available imposed a number of constraints not least the difficulty of being able to make contact with a cross section of recovering and current drug users within the specified BMCC boundary. In common with many other groups, the drug using community tend to be suspicious of "outsiders" particularly if the intention is to gather information about sensitive and personal issues. Ordinarily, the research team would have spent some weeks organising and attending meetings with a range of agencies, community organisations and key individuals. Given the limited time-scale, however, this was not a feasible option.

In order to overcome these difficulties the researchers made the decision to focus their point of contact on established agencies with a long association of providing services to drug users within the defined area (South Sefton CDT, Bosco House, and to a lesser extent local G.P's and the Bootle Probation Office). In drawing on the existing relationships that exist between these services and service users the researchers quickly developed the credibility and trust required to gain entry and co-operation from a wide range of drug users within the target population.

Methodology

The researchers were concerned that notwithstanding the time-scale of the project, the research design should attempt to provide an enabling and empowering opportunity for service-users to share their experiences, perspectives and experiential `expertise`.

Towards this end, therefore, it was decided that the most appropriate principle data gathering instrument consistent with these principles was the in-depth guided interview. A interview schedule (see appendix ?) was designed so as to provide focus and structure to the process at the same time allowing an element of flexibility. This enabled interviewees to seek clarification if required and thereby respond on an informed basis.

This methodological approach also allows the researcher to make sense of interviewee responses without imposing rigid pre-existing expectations and/or

hypotheses which might not correspond with the experiences, interests or aspirations of the service user.

Further, this approach enables the researchers to ensure that an element of standardisation was maintained across the sample by asking the same questions to all service users. Essentially, this inductive process allows individualised responses to be combined, aggregated and compared thereby allowing generalised collective responses and patterns to be identified and analysed.

Interviews were held in a number of locations including: South Sefton CDT, GP's clinic, Bosco House, Bootle Probation Office and the homes of a number of Bootle residents. The style of guided interviewing was flexible and informal allowing service users to emphasize particular points of interest and to develop any specific issues that were of importance to them. However, the focused nature of the interview prevents total digression from the key objectives of the study.

Both data gathering and analysis utilising this approach is demanding of resources and extremely time-consuming. Finding an appropriate and available person to interview can be particularly frustrating. Indeed, the interviews alone taking on average one hour per person. Each interviewer took detailed written notes during the interview which required collation, transcription and analysis. Given the nature of this study, however, the researchers remain convinced that this approach was the most appropriate and that that this is borne out by the replication of a number of findings from a similar study undertaken by Liverpool University in 1994 (Goldson, Kennedy and Young).

The Research Sample

The sample comprised fifty drug-users who lived in the BMCC catchment area and volunteered to be interviewed for the study either through their key worker, a drug-using friend who had already been interviewed or in response to being approached directly by a researcher whilst attending an agency appointment.

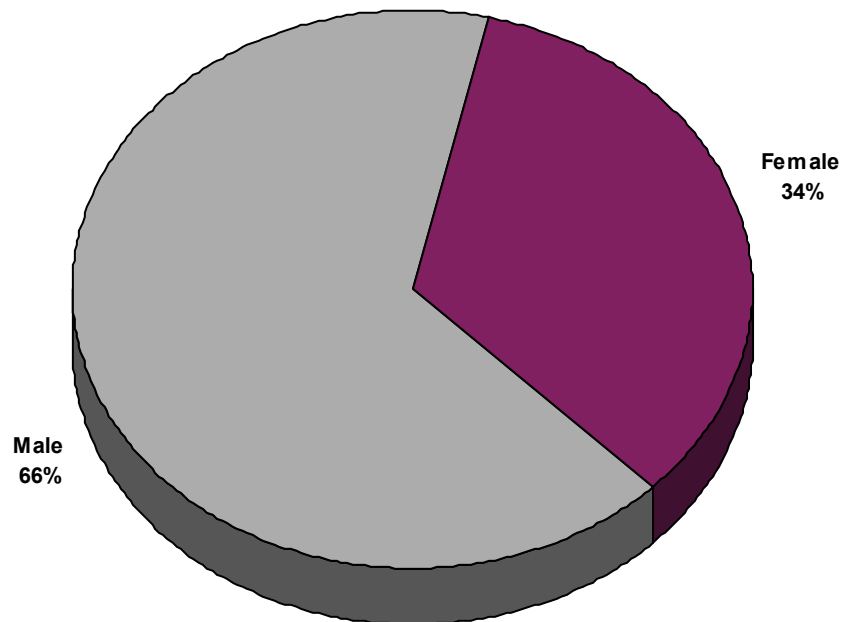
It is appreciated that this sample is largely concentrated upon drug-users "in contact" with services and therefore, by definition, it tends to exclude the views of users not in contact with services. It is always extremely difficult to identify and interview drug users who choose to remain outside of drug services. Within the very limited time-scale available it was unrealistic to attempt to make contact with, and gather data from this "hidden" group. It may be that the sponsors of this study will want at some stage to commission a study aimed specifically at discovering the perceptions, aspirations and needs of the many drug users not known to agencies.

Analysis of the Quantitative Data of the Research Sample:

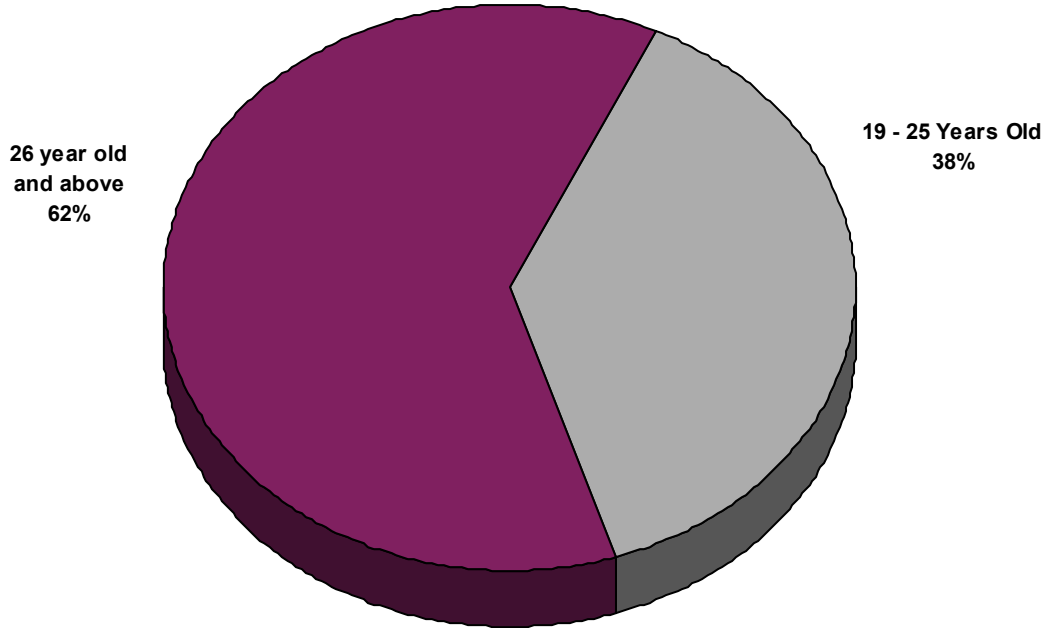
It was the intention of the researchers to ensure a wide cross section of drug-users as far as possible within the sample, particularly with regard to four key intake variables:

- Gender
- Age
- Race/Ethnicity
- Nature of Drug Use

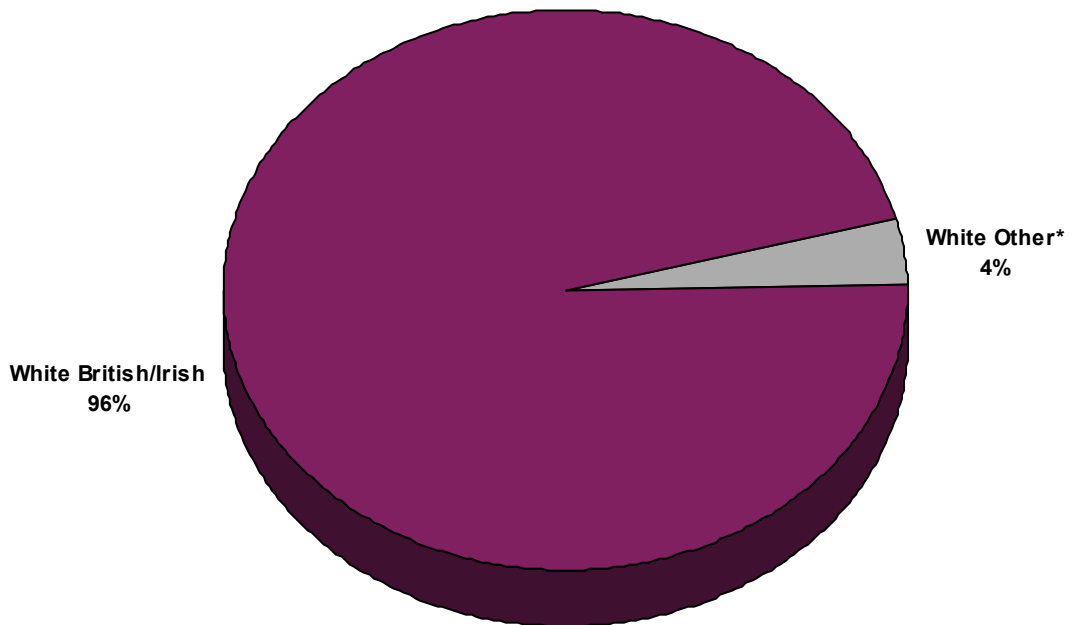
Gender Breakdown of Sample



Age Breakdown of Sample



Race & Ethnicity Breakdown of Sample



[* (1) Polish (1) Greek]

Commentary

Gender.

Research carried out by the Mersey Regional Health Authority, Drugs and HIV Monitoring Unit in 1990, indicates a male to female ratio of users of drug services in the region of 3:1. The real ratio in the community may well be more evenly balanced than these figures suggest as many women are reluctant to seek help or disclose a drug problem due to pressure and stigma imposed through stereotypical prejudice (Ettorre 1992). Indeed, women with children are likely to feel that their parental ability is much more under scrutiny than their male counterparts.

The ratio in this sample is more at slightly more than 2:1 but trends in recent years have seen an increase in the number of women attending for treatment. The researchers believe that a female perspective on the nature and range of opportunities that should be made available as part of a Bootle relapse prevention programme was essential, and therefore actively ensured a reasonable number of women were included in the sample.

The researchers were not able to have much influence to determine the age range of the sample interviewed and therefore this sample might not be representative of the age distribution of drug-users within the BMCC area overall. However, it is fair to say that in general terms the ages of the people questioned are reflective of the target group that a relapse prevention programme would be interested in attracting.

It will be noted that it was not possible to interview any drug users under the age of 19. Moreover, of those interviewed aged 19 and 20 respectively researchers were able to interview only one of each. This raises a number of questions relating to issues of access to services and/or the differing nature of drug use amongst this age group. This observation requires further detailed study if the project intends to attract drug users in the younger age range.

Interestingly, 30 (60%) of those questioned were aged 25-30 years old, while 12% were over 30 years old. All but 3 of the 17 women interviewed were over 25 years old. The reasons for this high distribution of "older" drug-users is not clear. It might be that older drug-users are more likely to be settled and therefore in contact with drug services. To discover whether this is indeed the case, would require further observation.

Race/Ethnicity

Only 1.2% of Bootle residents are from a non-white ethnic group (1991 Census) and therefore researchers were not surprised that no members from these groups were interviewed. Service providers should not be complacent, however, as this can be interpreted in a number of ways. For example, as with younger drug-users, people from ethnic groups might not be aware of services available or might feel that the services that are available are not suitable to meet their particular needs. These important issues can be determined only by further detailed investigation.

Further Sample Data

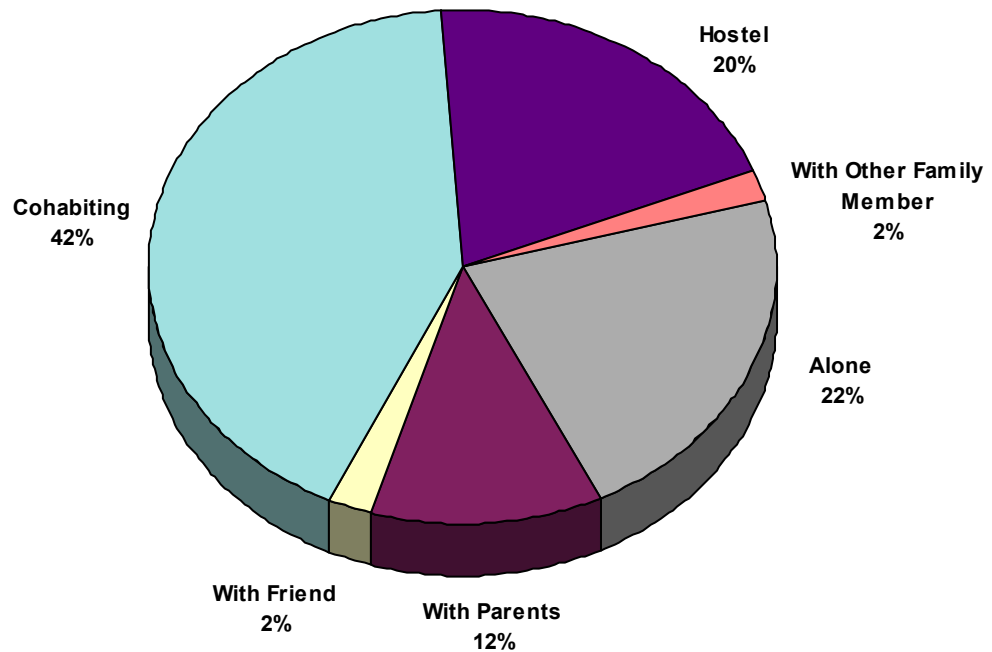
Marital Status	
Single	56%
Married	2%
Cohabiting	42%

Did They Have Children:	
Yes	62%
No	38%

Of those that have children, do they live with them?	
Yes	74%
No	26%

If your children live elsewhere who are they living with?	
Child /rens Other Parent	7 (87%)
Grandparents	1 (13%)

Breakdown on who the Sample Live With



Commentary

Of the fifty people interviewed 42 per cent said that they were cohabiting with a further 14 per cent saying that they lived with either their family of origin or another family member (it may be that this data is under-reported as people often cohabit but claim benefits separately). Thus, just under 60 per cent of

this sample are living in settled relationships with 46 per cent of the overall sample living with and caring for their children.

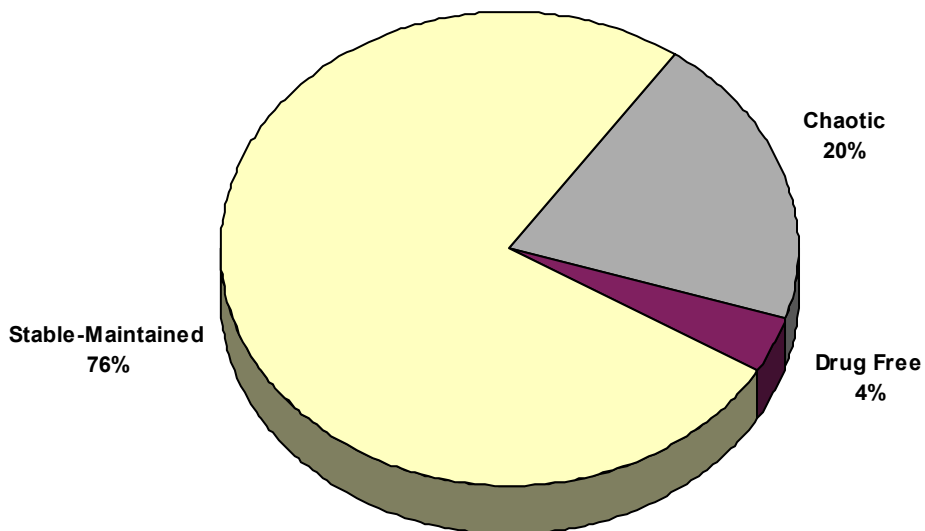
It appears, therefore, that within the BMCC area there is a relatively large population of drug-users. Despite the older age range of the sample only one person was married, while 42% lived with a partner. Of those who had children a quarter of them were living separately from their children. While these figure do not appear typical of society generally, only through a further study of the local area would it be possible to know if these findings are untypical of the non drug using Bootle population.

Chapter Three: Patterns of Drug Use.

Length and Nature of Drug Use

On the basis of the experience of the research team and previous research undertaken by Liverpool University (Second Chance Opportunities, 1994) it is clear that drug-users do not form a homogenous group with the nature of their drug use being diverse across a range of variables. It will be noted, however, that the sample distribution is not evenly spread between the three defined categories (chaotic, stable-maintained and drug free), adopted for the purposes of the study.

Breakdown of Present Drug Lifestyle



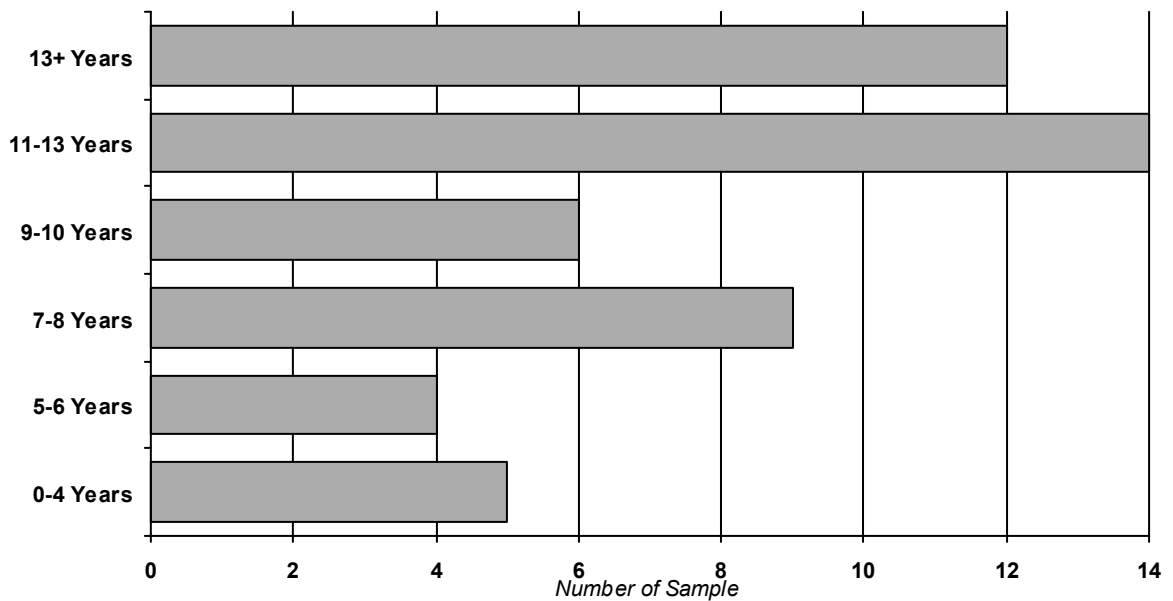
Commentary

As previously mentioned this was in large part due to situational factors beyond the control of the research team. This said, however, it is likely that the 38 (76%) drug-users interviewed in the 'stable-maintained' category do constitute the primary target population for a relapse prevention programme. Moreover, within this category, 27 (54%) had been 'stable-maintained' for between six months to three years with a further 6 (12%) having been stable for up to five years.

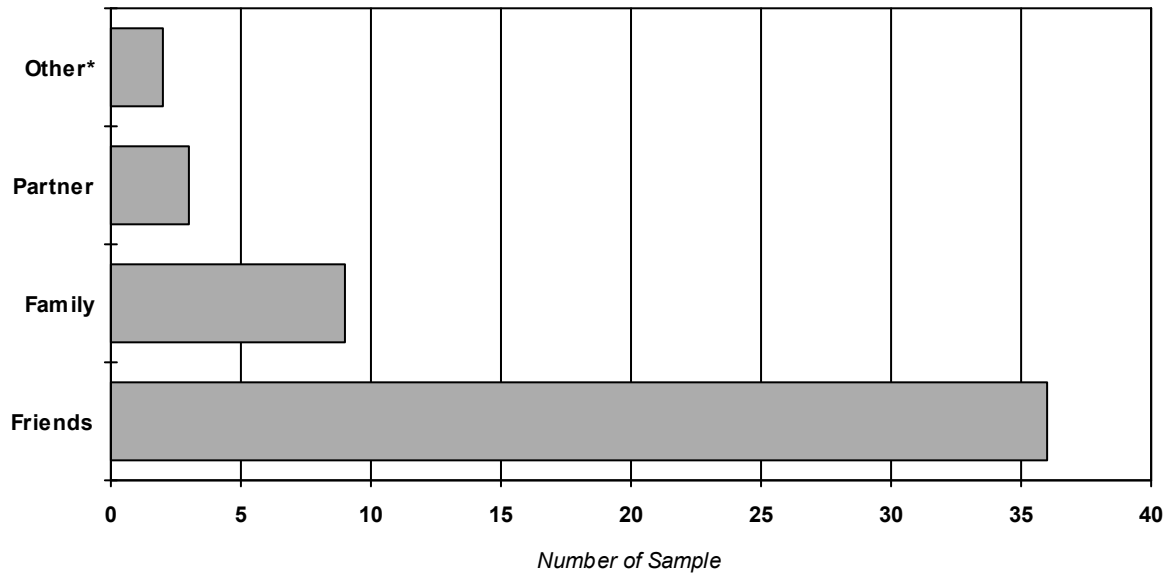
Of concern, is that 10 (20%) of the sample defined themselves as 'chaotic' in their drug use. It is likely that this group of drug-users will require significant levels of support if they are going to be in a position to take advantage of any new opportunities available.

Not-with-standing the caution that must be used with regard to self-defined responses, it does appear that there are significant numbers of people in the BMCC area who have reached a plateau in respect of their drug use. The development of a prevention programme aimed at meeting their specific and diverse needs could do much to prevent the risk of relapse into further drug-use.

Length of Drug Use



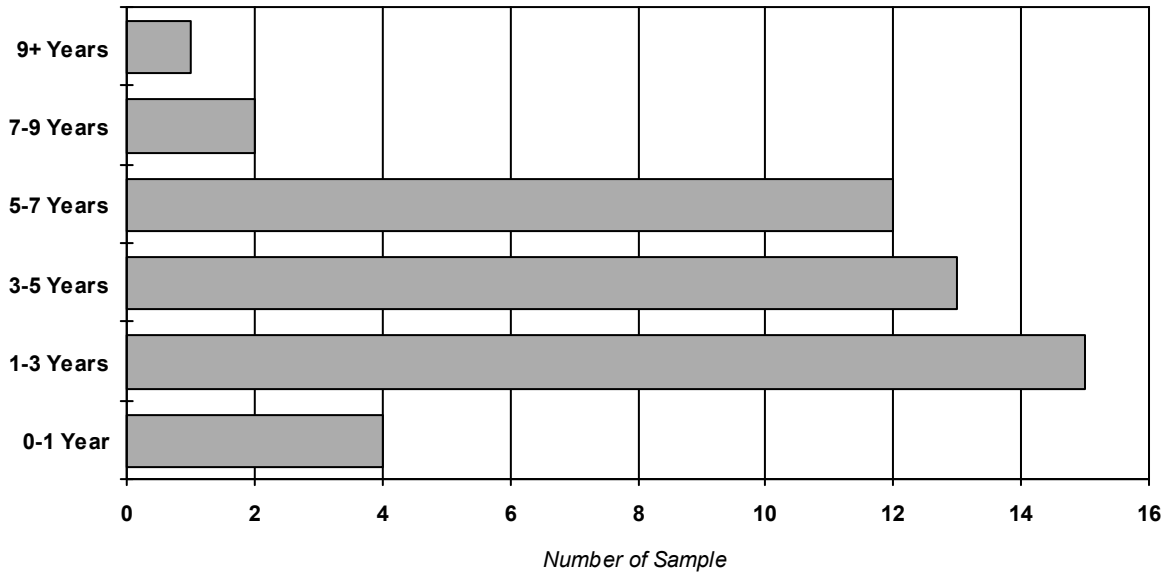
How the Sample were Introduced to Drugs



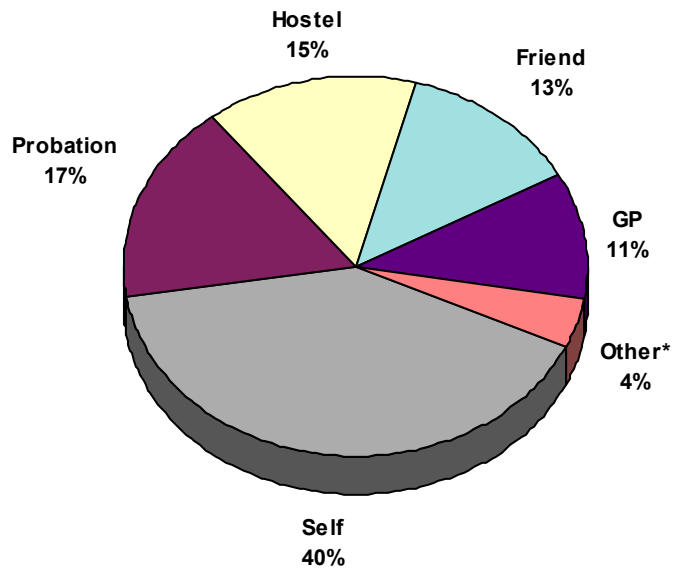
[* not specified]

Are they Home Office Registered as Drug Addicts	
Yes	47 (94%)
No	3 (6%)

Number of Years Registered



Breakdown of who Referred the Sample for Treatment



[* not specified]

Commentary

An analysis of the data presented so far, tends to suggest a long established pattern of drug-use with 52 per cent of interviewees saying that they have been using drugs for more than 11 years. A feature of some concern is that 80 per cent of the sample have been registered for treatment for between one and seven years. Contrary to media notions of strangers `pushing' drugs upon youngsters, all but two of the sample were introduced to illicit drug use through friends or family.

The impression gleaned from this data of long term drug use suggests that these people have been "caught-up in the system" which, whilst providing valuable support and enabling users to gain some initial control over their lives, has been unable (because of a lack of resources and realistic alternatives) to help move people away from a lifestyle centred around the drug culture.

It is very encouraging to note that just under forty per cent of the sample self-referred themselves for treatment which could be interpreted as an indicator of peoples` desire for change in their life.

Nature of Present Drug Use

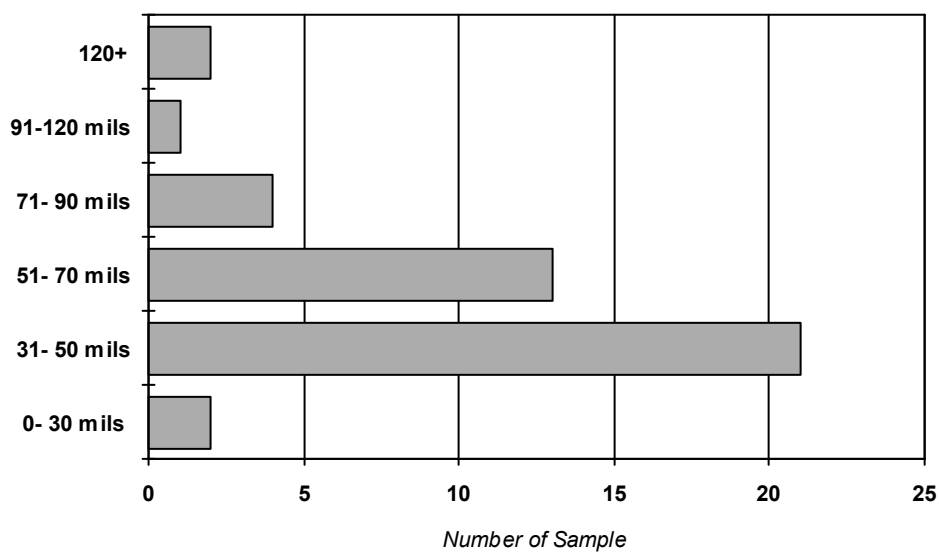
<i>Are they currently being prescribed medication in connection with their drug dependency:</i>	
Yes	46 (92%)
No	4 (8%)

Those who answered yes, were asked what type and in what form the medication was being prescribed:

<i>Type of medication</i>	<i>Number</i>	<i>Form</i>
Methadone	43 (93%)	Oral Linctus
Methadone	3 (7%)	Ampoules

Interviewees were also asked the amount of medication they were being prescribed on a daily basis:

Breakdown of Amount of Oral Methadone Prescribed



Did they still used illicit drugs:	
Yes	45 (90%)
No	5 (10%)

Those who answered yes to this question , were then asked what illicit drugs they used, the frequency of use, and method of use:

Breakdown of Illicit Drug Use					
Drug	Total Number	Injecting	Daily	Weekly	Monthly
Heroin	27	20	11	12	4
Cocaine	24	21	11	10	3
Cannabis	18	0	8	8	2
Crack	3	0	3	0	0
Tranquillisers	3	0	0	0	3
Amphetamine	2	0	0	1	2
Ecstasy	2	0	0	0	2
LSD	2	0	0	0	2

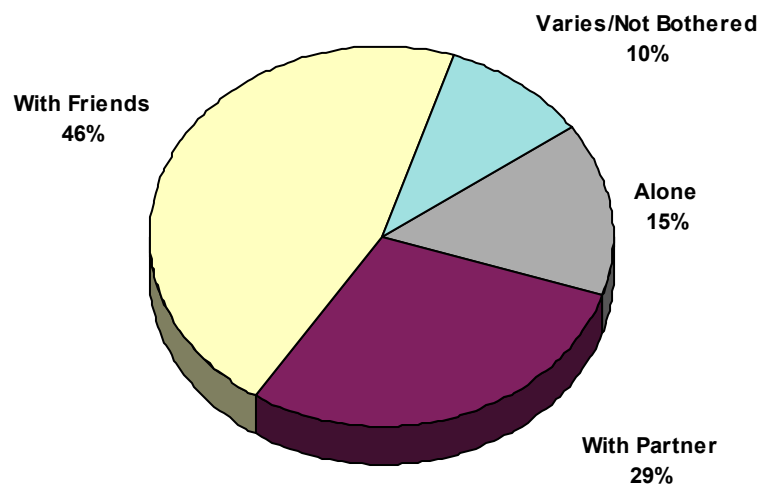
[NOTE: Some people use more than one illicit drug]

Commentary:

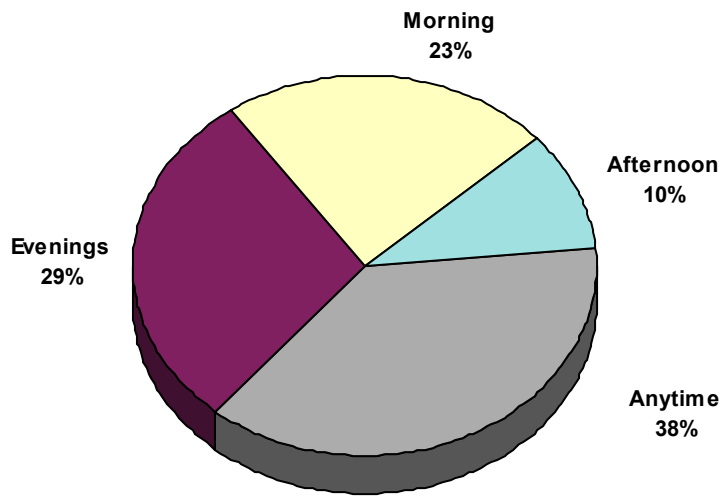
The data on personal drug-use is surprising in that a significantly high proportion of those interviewed - forty-five per cent - continue to use illicit drugs on a regular basis. Moreover, heroin and cocaine/crack feature highly within this sample being used on a daily or at least weekly basis (46 and 24 per cent respectively). Further, well in excess of a third of the sample are injecting drugs. It is interesting that 76% of the sample regard themselves as stable-maintained. These findings may cast doubt upon the accuracy of self assessment, or may instead challenge common assumptions that any level of illicit drug taking automatically culminates in a chaotic lifestyle. It is worth recognising that around 80% of the sample do not use illicit drugs on a daily basis.

Interviewees were asked whether they preferred to use their drugs alone or with others:

Preferred Social Context of Drug Use



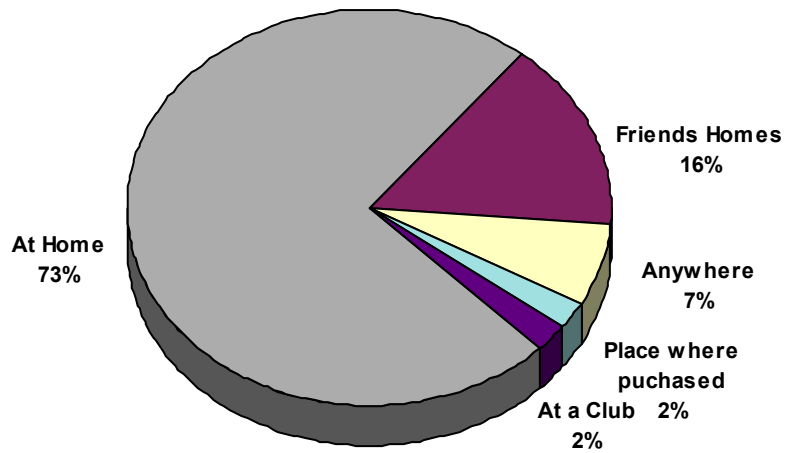
Preferred Time of Day for Drug Use



Many in the sample used drugs at specific periods of the day in order to allow them to function more effectively, or to ensure a level of privacy. For example Taking drugs before going to work, or taking drugs once the children are in bed.

Interviewees were asked whether there was a particular venue that they prefer when using drugs:

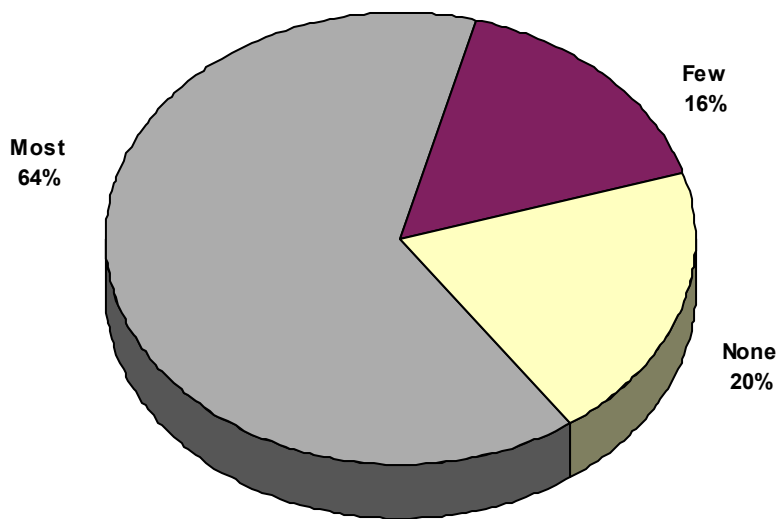
Preferred Location for Drug Use



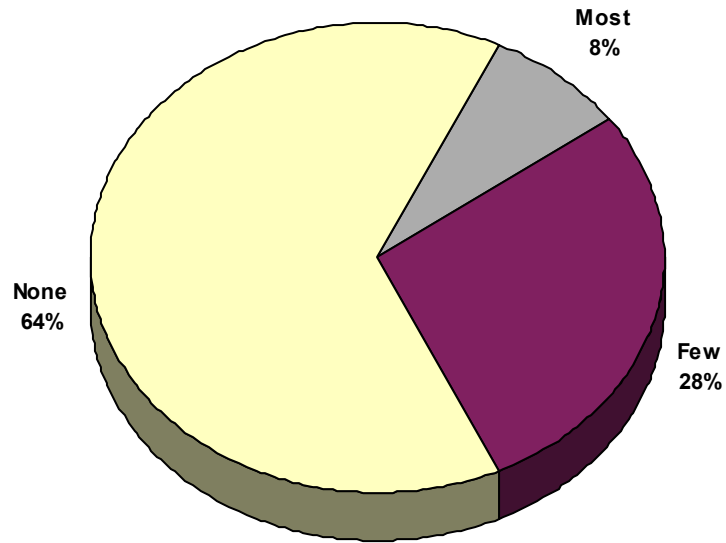
Drug Use: Family and Social Networks

Interviewees were asked how many of their (a) friends and (b) family used drugs on a regular basis:

How many Friends Use Drugs



How many of your Family Use Drugs

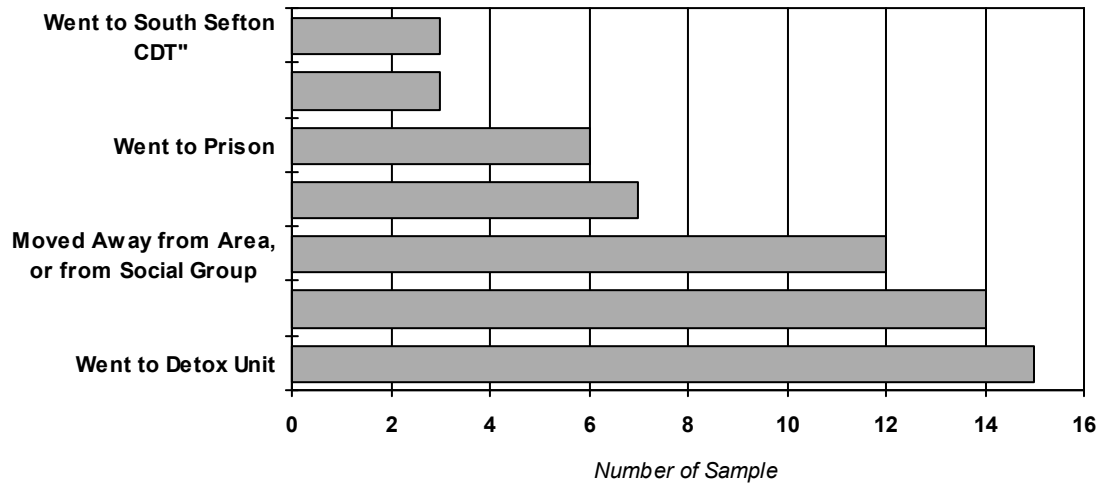


Interviewees were asked whether they had ever thought about/wanted to stop using drugs:

Yes	49 (98%)
No	1 (2%)

For those who had made attempts to become free of illicit drugs they were asked what action had they taken. Some had tried a number of options:

What Action have you Taken to Give Up Illicit Drugs



Commentary

The impression gained in response to this set of questions tends to point to the social aspect of drug-use in the lives of this sample. For example, 72 per cent said that they prefer to use drugs with their partner or with friends. Only 14 per cent said that they prefer to use drugs on their own.

Moreover, eighty per cent of the sample also said that they prefer to use their drugs `at home` or at `friends homes` indicating perhaps that the use of drugs is a "normal" part of the leisure and social activity amongst this group. Indeed, the concept of drug-use being a normal part of their shared experience is demonstrated in that it sixty-four per cent of the sample said that most of their friends also used drugs. The vast majority of the sample regarded themselves as settled despite their ongoing drug taking.

However, the most poignant response in this section refers to the ninety-eight per cent of interviewees who said that they had thought about and/or wanted to stop using drugs. Each interviewee had made significant sacrifices towards achieving this goal. For example, sixty per cent of the sample had entered a detoxification unit, rehabilitation unit or had moved away from the local area in an effort to stop using drugs. A further forty-six per cent had either tried stopping or had cut down their use of illicit drugs, made contact with a prescribing agency or reduced the amount of prescribed medication being taken.

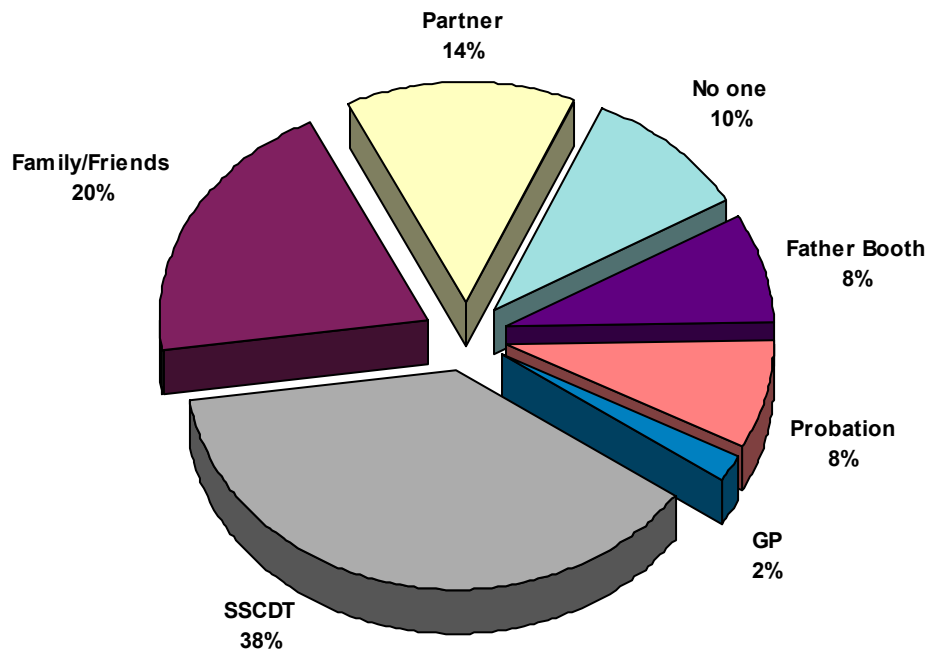
The data would suggest, therefore, that many of these people are or have been motivated to stop using illicit drugs at some time in their drug using careers. Moreover, whilst a very high proportion are still using illicit drugs, it should be noted that seventy-six per cent consider themselves to be in the 'stable-maintained' category in terms of the nature of their drug use.

Thus, the majority of people in this sample have clearly demonstrated their willingness and motivation to attempt to bring about an alternative drug-free lifestyle. Moreover, it should be acknowledged, that many have been successful in achieving a some measure of control and stability in their drug-use. Unfortunately, it would appear, that without the development of some new initiative to provide an alternative routine and enable users` to move out of a predominately drug-using lifestyle and environment, it seems likely that many users will remain in a state of dependency with periodic relapses into chaotic, and at times, chronic drug use.

Drug Use - Problems, Assistance and Prevention.

Interviewees were asked who, if anyone, had they found most helpful in assisting in the management of their drug use/dependency:

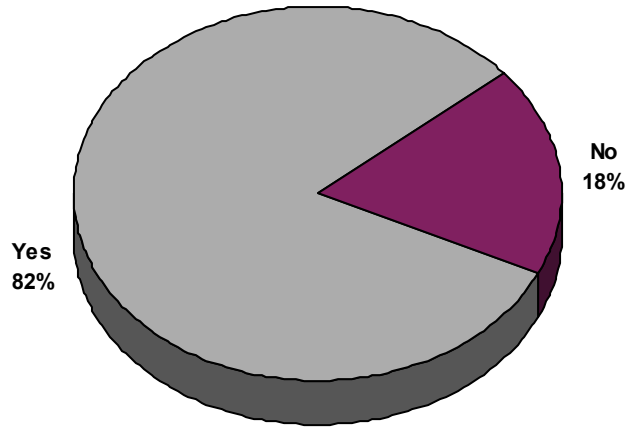
Those Most Helpful in Assisting You to Manage Your Drug Use.



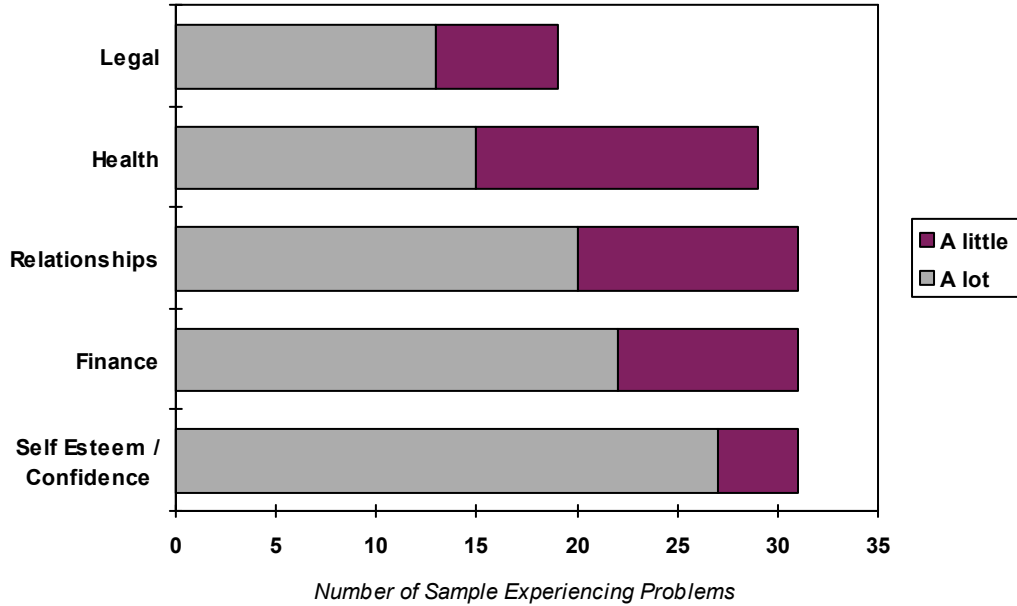
Interviewees were also asked:

- whether their drug use caused them problems;
- If so, in what areas;
- To what extent (i.e. a lot / a little/ none at all)

Does Your Drug Use cause You Problems?

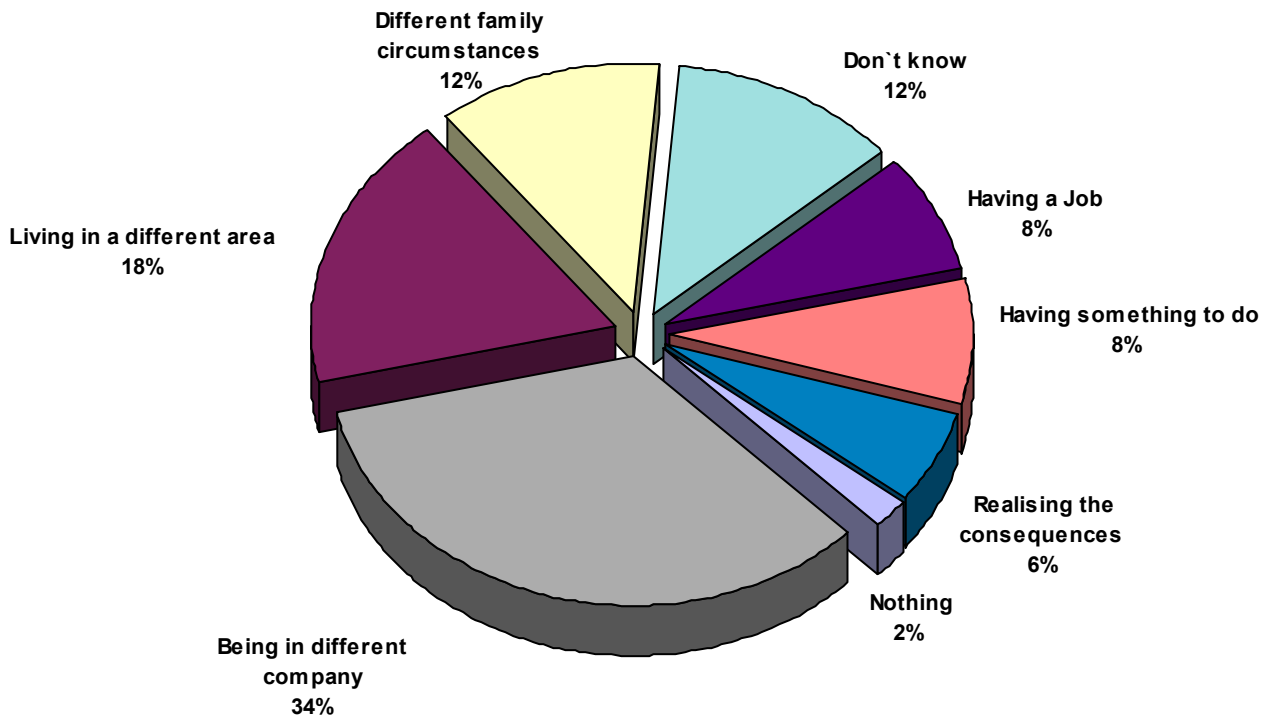


Degree of Problems Caused by Drug Use

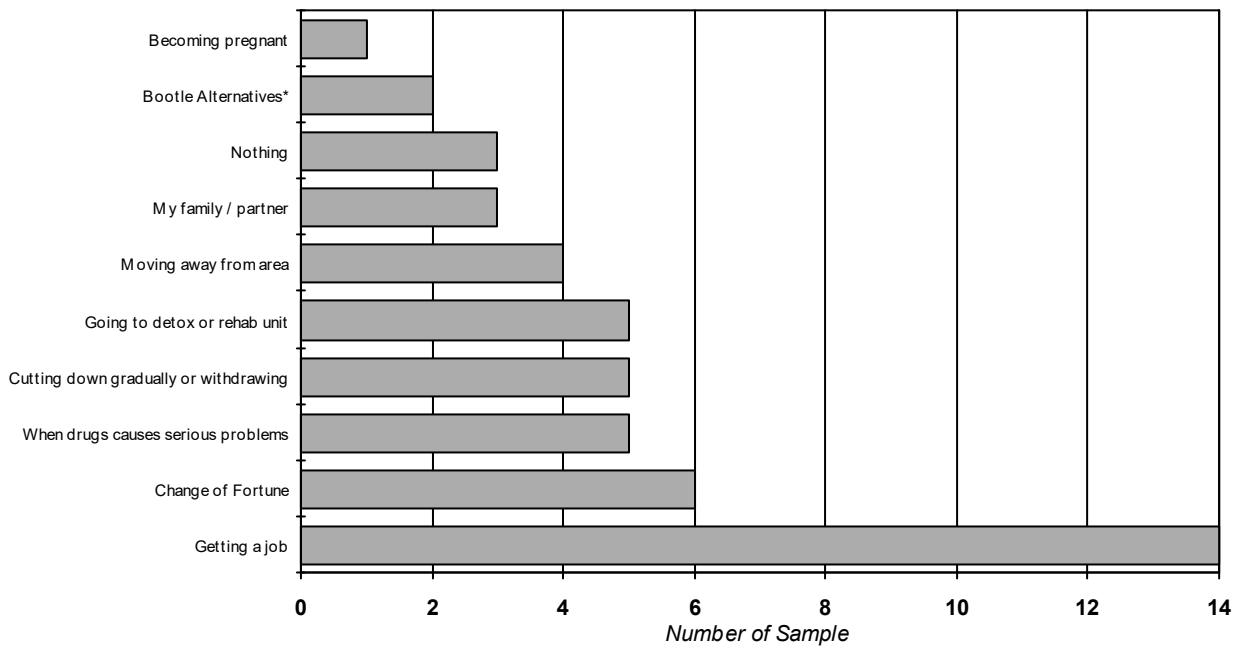


Interviewees were asked what single thing would have been most likely to have prevented you from getting into drugs?

What might have Prevented them from Getting into Drugs?



What is Most Likely to Help You Stop Taking Drugs?



*[These 2 interviewees had attended the Bootle Alternatives Project]

Commentary:

An examination of table ? shows that thirty-eight per cent of the sample believed that the CDT had been most helpful to them in assisting in the management of the drug use / dependency. A close second at thirty-four per cent were family, friends and partners and this could represent an important finding in terms of intervention strategies. For example, if families, friend and partners are providing a high level of supportive and assistance to drug-users they may also be encouraged to participate in any new programme, although they themselves might need appropriate advice and good support networks.

A high proportion of the sample (82%) said that using drugs had caused them problems. When asked to specify what these problems were sixty-two per cent of interviewees mentioned finance, with relationships and self-esteem/confidence being particular problems. These are issues which any programme concerned about relapse prevention will need to be mindful of and the research team will be making a number of recommendations with regard to these.

In terms of what might have prevented people in this sample from getting into drugs the response, as might be expected, was quite diverse. However, "being in different company", "having a job" and "having something to do" was mentioned by forty-eight per cent of the sample and whilst this was a retrospective question, it is quite relevant in relation to this study in that, the aim of a community based relapse prevention programme would be an attempt to address all three of the issues.

Finally, it is interesting to note that, when asked what single thing would be of most help in stopping interviewees taking drugs the issues of employment was mentioned more than twice as often as anything else at twenty-eight per cent. Obviously, this raises issues for a relapse prevention programme faced with structural unemployment as a feature of the BMCC area. However, the researchers will be including a recommendation with regard to this issue.

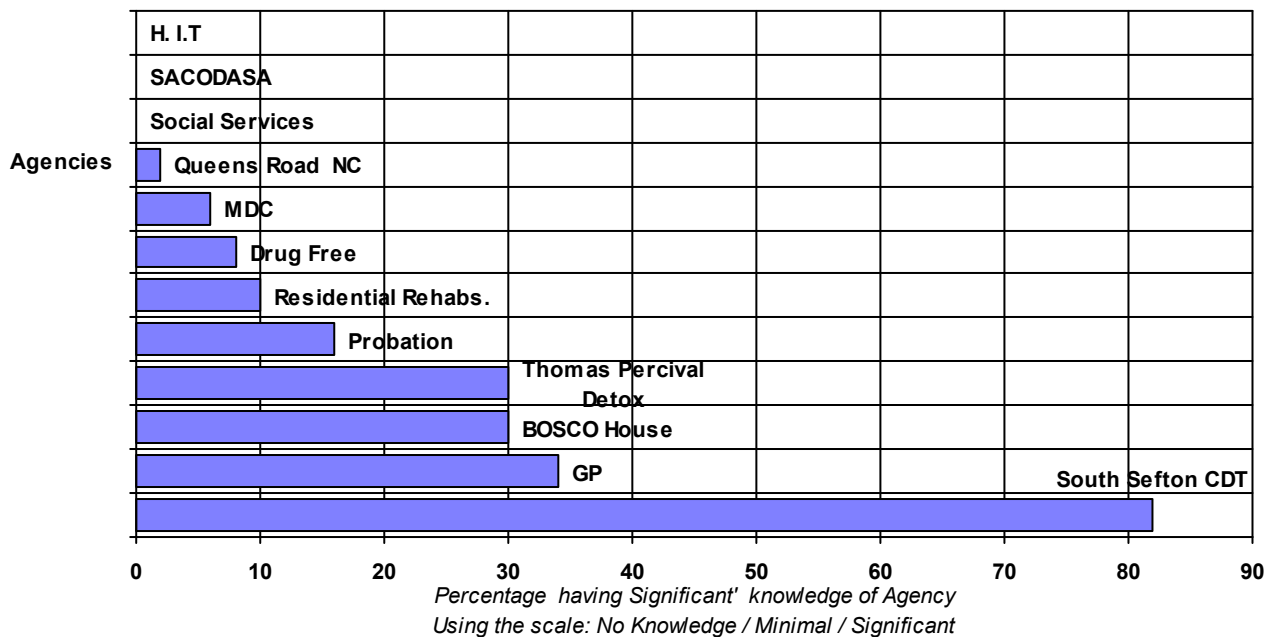
Chapter Four:

Knowledge, Contact and Usefulness of Agencies.

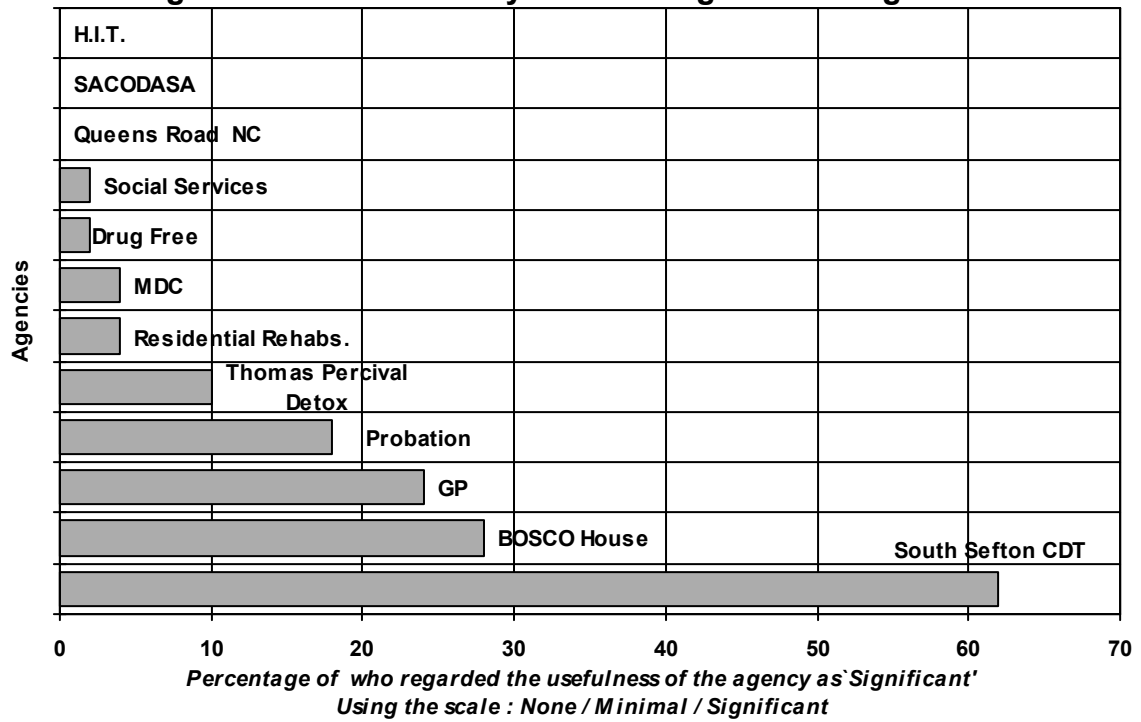
Agencies - Involvement

This section seeks to identify what level of knowledge drug users have of the agencies available to them, what frequency of contact is maintained, how useful these agencies are perceived and in what respect the agencies are preventative or rehabilitative.

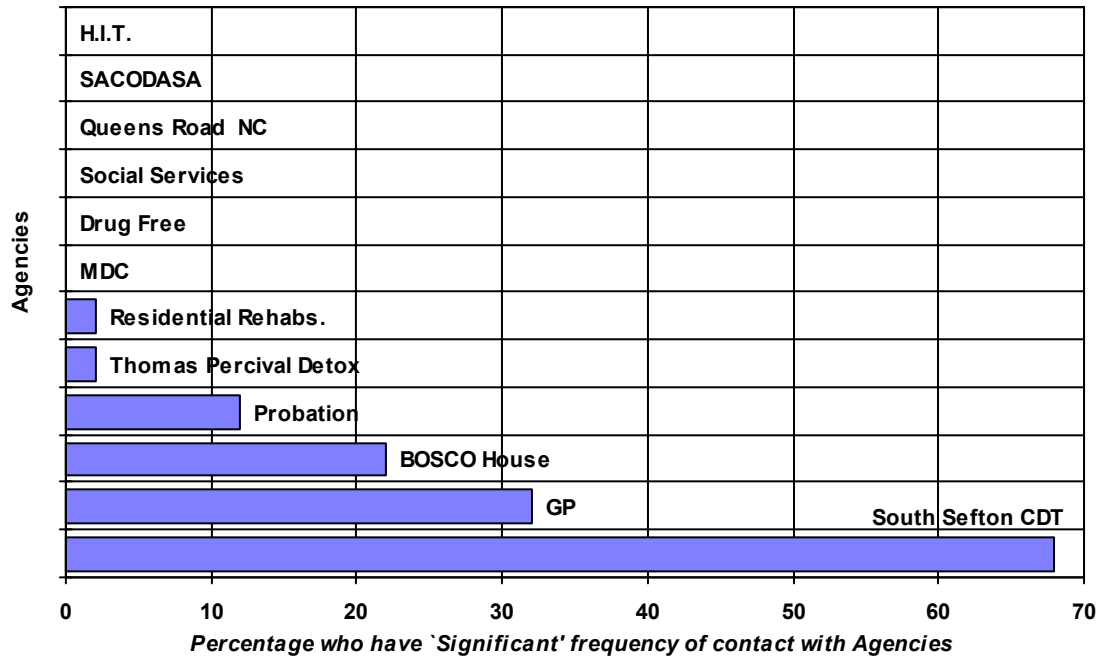
Significant Knowledge by Bootle Drug Users of Agencies



Significant Usefulness by Bootle Drug Users of Agencies



Significant Frequency of Contact by Bootle Drug Users with Agencies



Commentary

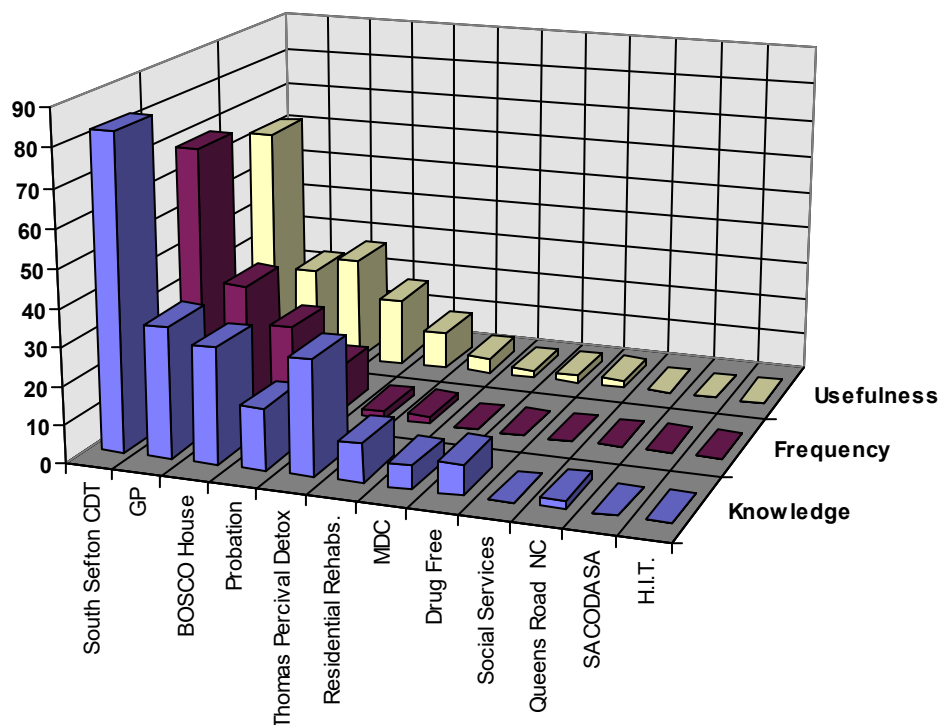
The high level of significant knowledge in respect of the South Sefton Community Community Drugs Team was to be expected, but it is still nevertheless, encouraging for the multi-agency organisation (Health Service, Social Services and Probation Service), which seeks to provide a specialist drug service for Bootle and the wider South Sefton community.

It is striking that those interviewed did not have much knowledge about the voluntary organisations (apart from BOSCO House) operating either in the geographical area (SACODASA, Queens Road Neighbourhood Council), or those outside in Liverpool (MDC, Drug Free, and HIT) which specifically provide a service for drug users.

South Sefton Community Drugs Team are regarded as significantly useful by more than 60% of those interviewed. However, no other agency seems able to command anywhere near the same level of usefulness. Interestingly, BOSCO House a small scale venture, run largely by the Roman Catholic Priest providing shelter for homeless male drug users is seen as making an important contribution in the Bootle area.

The South Sefton Community Drugs Team had regular contact with just over two thirds of the sample, followed by GPs, Bosco House and the Probation Service. To some extent this may be interpreted as 'forced' involvement, due to the compulsory conditions of attendance associated with court orders (Probation) or the requirement of prescribing (G.P. or South Sefton Community Drugs Team), or in relation to BOSCO House the simple fact that those interviewed resided at the agency. If this accounted for the vast majority of significant contact then the figures presented above illustrate the isolation and lack of close contact between drug users and many Voluntary and Statutory Agencies.

Percentage Comparisons: Significant Knowledge, Frequency and Usefulness



Contact with Agencies by Bootle Drug Users

	Knowledge			Frequency			Usefulness		
	s	m	n	s	m	n	s	m	n
South Sefton CDT	82	10	8	68	18	14	62	24	14
GP	34	32	34	32	32	36	24	26	50
BOSCO House	30	24	46	33	6	72	28	4	68
TPC Detox	30	36	34	2	12	86	10	10	80
Probation	16	6	78	12	4	84	18	4	78

Res. Rehabs.	10	24	66	2	2	96	4	8	88
Drug Free	8	6	86	0	6	94	2	6	92
MDC	6	18	76	0	6	94	4	12	84
Queens Road NC	2	6	92	0	2	98	0	2	98
Social Services	0	6	94	0	2	98	2	2	96
SACODASA	0	8	92	0	0	100	0	2	98
H.I.T.	0	6	94	0	2	98	0	0	100

Commentary

If HIT, SACODASA, Queens Road Neighbourhood Centre, Drug Free and MDC are seeking to provide a service for Bootle residents with drug problems then work is needed to improve the knowledge and understanding of what these agencies offer. Given that 90% of the sample have been taking drugs for more than four years the level of knowledge and contact with these agencies is almost non-existent. It may be that to provide a service the agency needs to be situated locally. It is worth recognising that South Sefton Community Drugs Team while based at Waterloo does have outreach bases in the Bootle area.

Despite the limited knowledge and frequency of use of the BOSCO project it is regarded as particularly useful relative to other services on offer.

Liverpool Drug Services such as HIT, Drug Free and MDC would appear to have very little impact in the Bootle area, despite being only three miles away. One single agency the South Sefton Community Drugs Team appears to be engaging with the vast majority of 'known' drug users, with consistent support from BOSCO, G.P's. and Probation.

Preventative Work

a) Using Drugs Dangerously

<i>How helpful are various agencies in preventing you from using drugs dangerously?</i>	
Agency	Percentage
South Sefton CDT	54
Bosco House	16
GP	2
Bootle Alternatives	2
Probation	2
Hospital	2

<i>Ways in which Agencies have helped prevent drugs being used dangerously</i>	<i>Number</i>
Providing advice and information on risks and technique	15
Providing support and counselling	12
Providing a needle exchange	8
Providing a 'clean' legal and regular supply of substitute drugs	6
Reading Leaflets	1
Taking part in activities	1

Commentary

Apart from Bosco House and South Sefton Community Drugs Team no other agencies are seen as providing any recognisable level of assistance in terms of preventing dangerous drug misuse. 54% of those interviewed believed the South Sefton Community Drugs Team had helped them in this way. Interestingly, despite the plethora of well designed leaflets on safer drug use, only one person had been influenced through this medium.

Normally, providing easy access to clean needles, and a regular supply of prescribed drugs is generally regarded as the most significant strategy to prevent dangerous drug misuse. It is then interesting to discover that a much larger number of the sample (63%) identified they had received help through advice, techniques, support and counselling. To receive such advice some level of relationship must have been established in the first instance.

b) Criminal Activity

How helpful are various agencies in preventing you from getting in trouble with the Police?	
Agency	Percentage
South Sefton CDT	12
Probation	6
Bosco House	6
Bootle Alternatives	4

Ways in which Agencies have helped prevent you from getting in trouble with the Police.	Number
Providing support and counselling	5
Providing a 'clean' legal and regular supply of substitute drugs	2
Providing Somewhere to live	2
Taking part in activities	2

Commentary

Possibly many involved in the sample (who had identified themselves as stable) were no longer getting into trouble with the police, hence the relatively small number in the sample who felt assisted in this way. Of those helped in this way support and counselling was seen as particularly effective, though the numbers involved are too small to draw and reliable insights.

c) Relationship Problems

How helpful are various agencies in preventing relationship problems?	
Agency	Percentage
South Sefton CDT	28
Probation	6
Bosco House	2
Bootle Alternatives	2

Effective Preventative Measures to Prevent Dangerous Drug Misuse



Ways in which these Agencies have helped prevent relationship problems.	Number
Providing support and counselling	14
Providing Bus Fare for Family visits	1

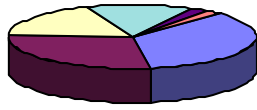
Commentary

28% of the sample felt they had received assistance which prevented problems developing in their relationships. This was offered through the support and help they received in counselling. While this was largely provided by the South Sefton Community Drugs Team the Probation Service featured with 6% of the sample. Interesting, is that despite over 30% having 'significant' frequency and contact with their G.P., assistance with relationship problems wasn't identified by anyone in the sample. Perhaps this begins to highlight the different role and boundaries from various service providers.

d). Low Self Esteem

How helpful are various agencies in preventing you from feeling bad or negative about yourself?	
Agency	Percentage
South Sefton CDT	48
Bosco House	2
Bootle Alternatives	2
Probation	2

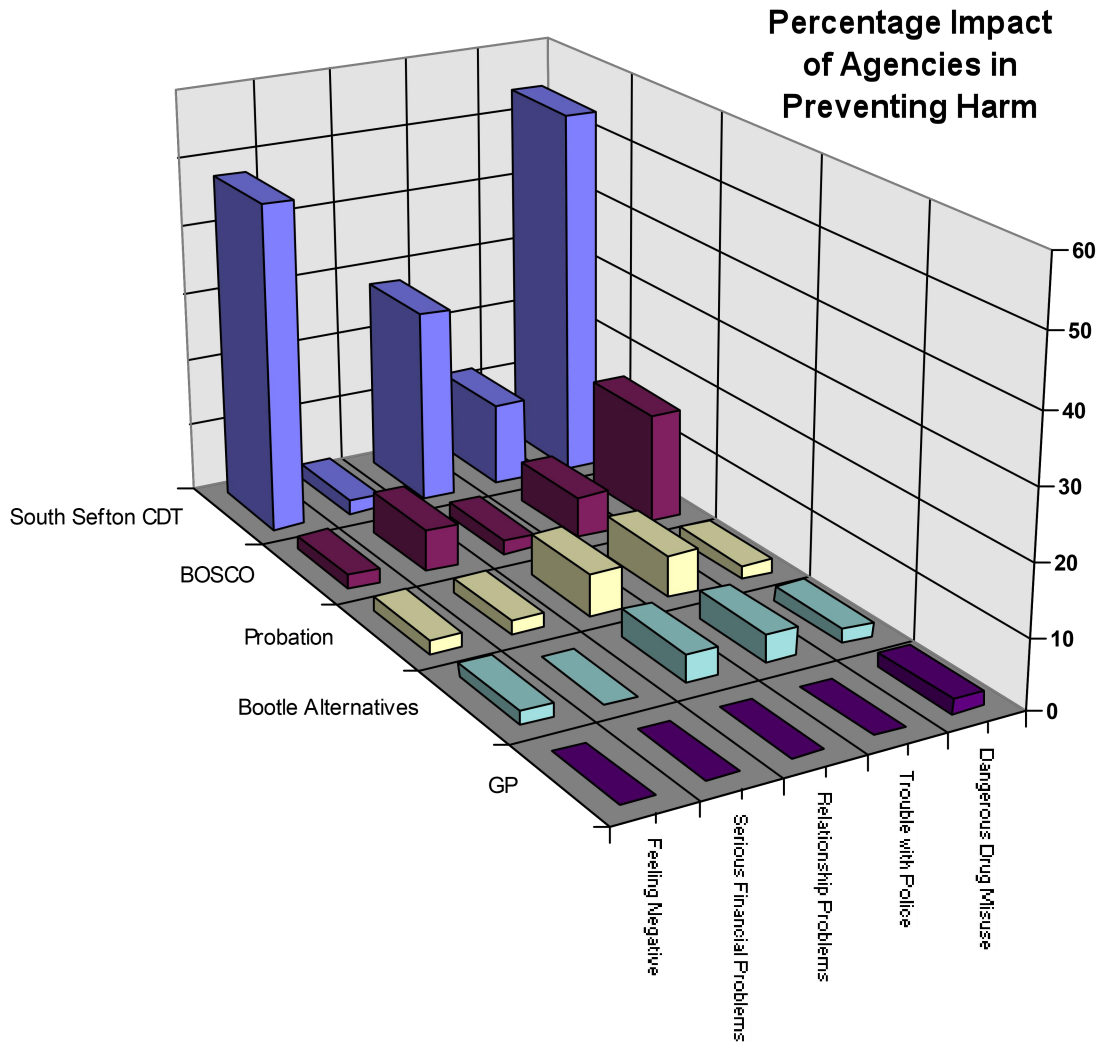
**Effective Preventative Measures
to
Prevent Dangerous Drug Misuse**



Commentary

When asked how they received help to prevent low self esteem becoming a problem, every person (100%) identified counselling & support as the sole means. However, the only agency that provided this in any significant proportion was the South Sefton Community Drugs Team. The fact that virtually half the sample identified and acknowledged the risk of low self esteem was significant. In comparison to other areas of prevention, (i.e. trouble with the police, relationships, money, and using drugs dangerously), this figure suggests that low self esteem, lack of confidence and feeling negative are important issues for Bootle residents with a drug problem.

IMPACT OF AGENCIES ~ PREVENTATIVE MEASURES	Dangerous Drug Misuse	Trouble with Police	Relationship Problems	Serious Financial Problems	Feeling Negative
South Sefton CDT	54	12	28	2	48
BOSCO	16	6	2	6	2
Probation	2	6	6	2	2
Bootle Alternatives	2	4	4	0	2
GP	2	0	0	0	0



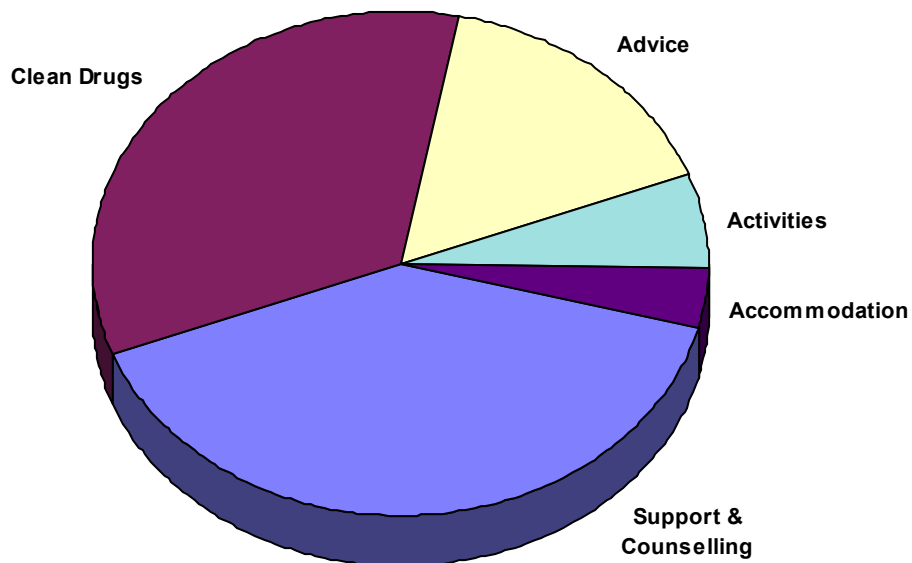
Commentary

Clearly there is an important preventative role with drug users. However, the sample do not feel particularly helped by many agencies. BOSCO House seems to have an unexpected larger impact than might have been expected upon preventing dangerous drug use. While at South Sefton Community Drugs Team the counselling available is to be valued. To be successful at preventing harm in the areas mentioned above will require the cooperation and determination from the person with a drug problem.

Rehabilitation

Which agencies are helping you return to a normal life?	
South Sefton CDT	64%
BOSCO House	10%
GP	8%
TPC Detox	2%
Probation	2%
Bootle Alternatives	2%

How the Agencies Help to Restore Normal Living



What more could be done to help you? (unprompted)	
Provide Somewhere to Go	18%
Provide Easier Access to Detox/Rehab	12%
Restore Bootle Activities	4%
Provide Encouragement to Reduce Prescription	4%
Provide Help with Child Care	2%
Provide More Support	2%
Provide Meetings with Other Users	2%

Commentary

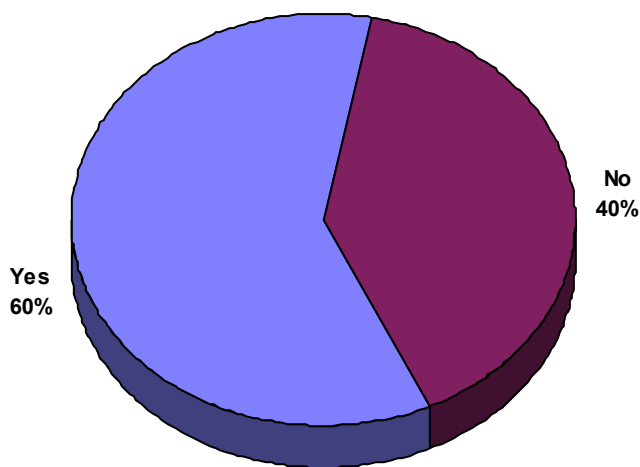
Once again the pattern emerges that the South Sefton Community Drugs Team are having by far the most positive impact upon Bootle residents with a drug problem, with counselling, advice and clean drugs seen as the most effective intervention. When asked the open ended question of 'what more could be done?' A fair proportion without the prompting of any tick boxes stated they needed somewhere to go. Presumably something to occupy their time, to provide an alternate structure and routine to their day and a chance to socialize.

Easier access to residential drug services is another significant area which needed improvement. It can be frustrating when needing help and perhaps more importantly being ready to receive help for drug users to find themselves having to wait not days or weeks but months before a hospital detoxification, or drug rehabilitation centre place is available.

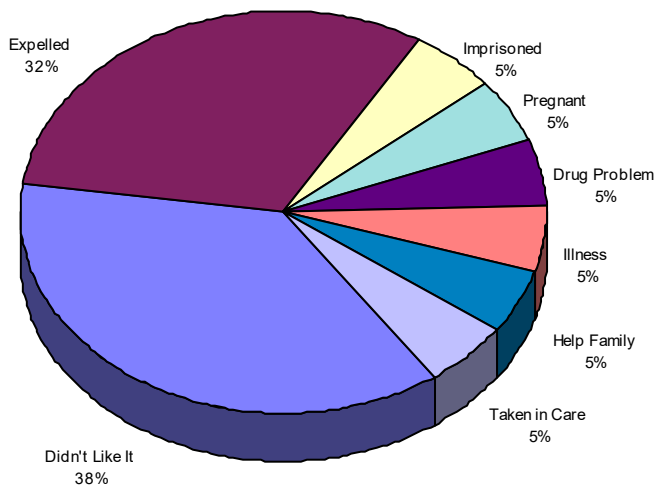
Chapter Five: Past Experience of Education and Employment.

Educational Experience

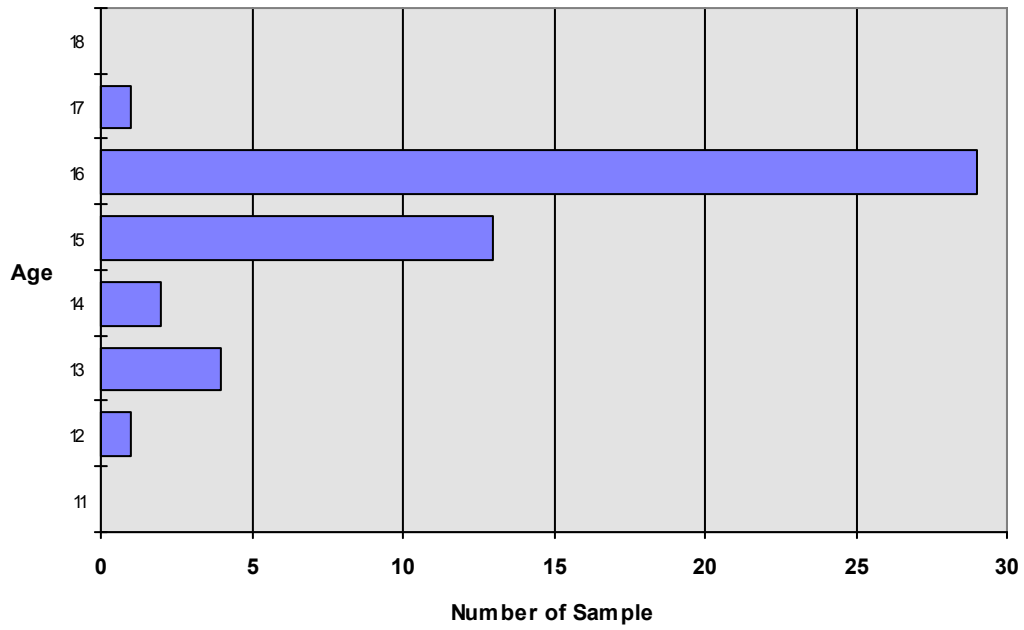
Did You Complete Your Education?



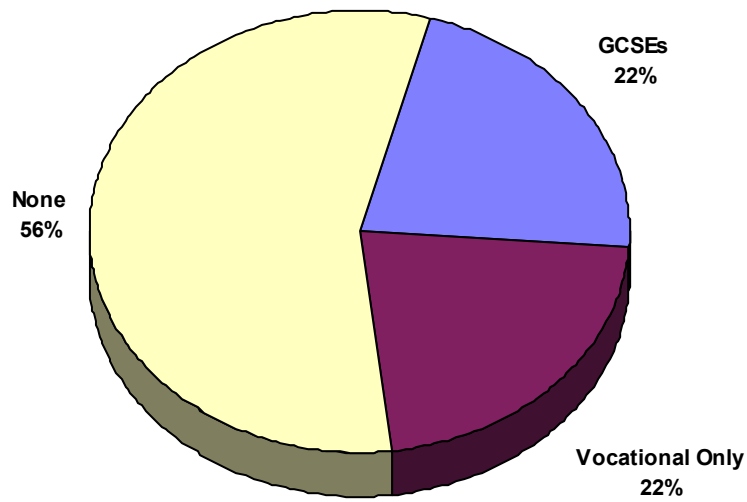
Reasons For Not Completing Education



Age They Left School



Qualifications Held

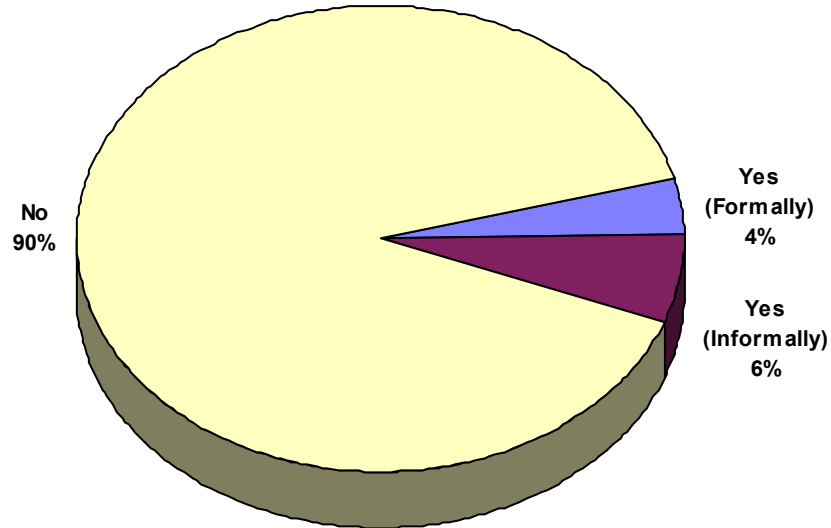


Commentary

The sample of drug users from the BMCC catchment area have tended to have a limited and sometimes difficult educational experience. A third were expelled from school, 78% failed to obtain any qualifications, and 40% didn't complete their education. However, some did later go on to achieve Vocational qualifications. These findings tend to suggest that for some drug misuse was not necessarily the cause of their social dislocation but it could even have appeared a respite from such problems which had already become apparent during their school days. Of the twenty people who failed to complete their education only one person identified drug use as the cause.

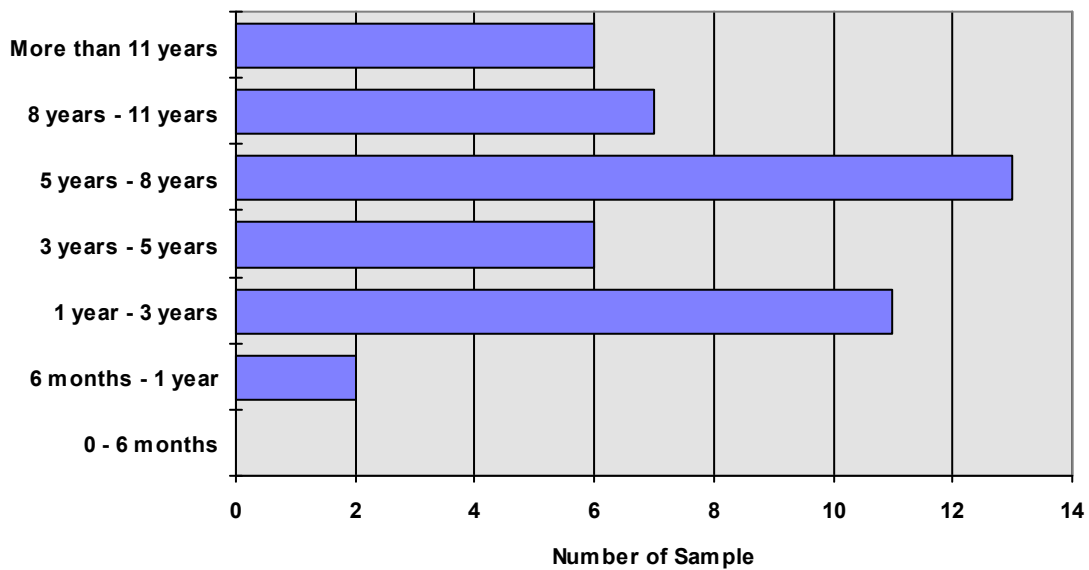
Employment Experience

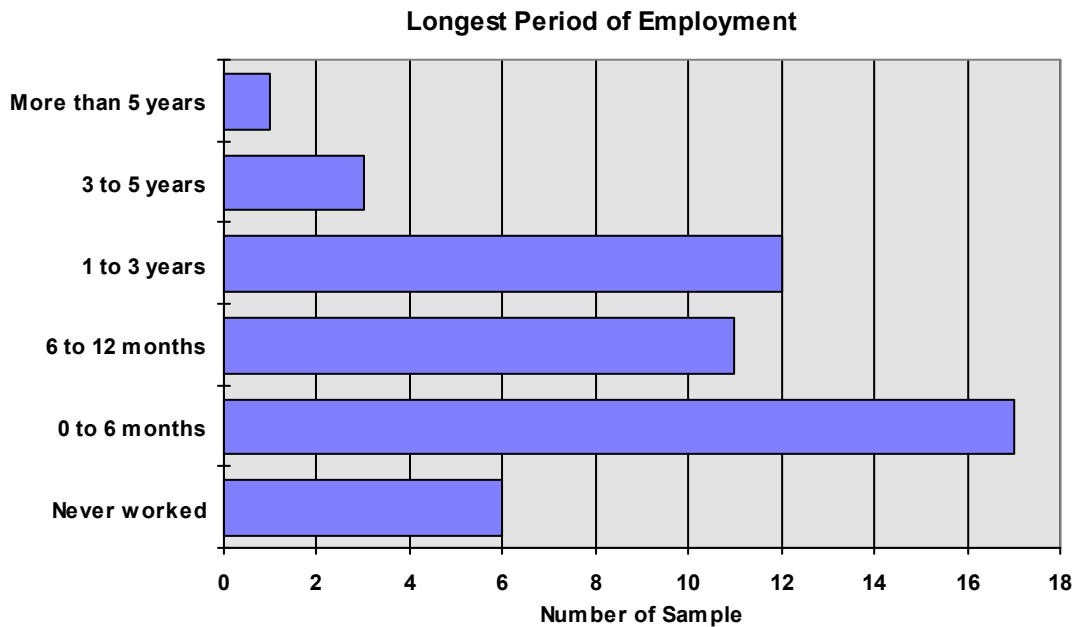
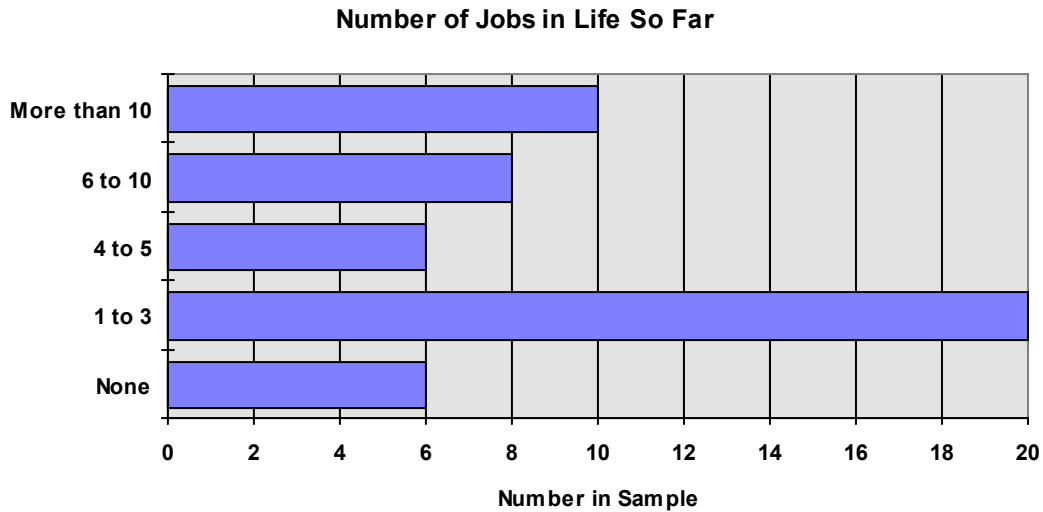
Are You Currently in Paid Employment?



The five people currently employed (three men and two women) are working as a Shop Assistant, Care Assistant, Labourer, Warehouse Worker, and Demolition Worker. They all stated that they enjoyed their work, though one of them felt that a negative aspect of his work was having to be up at 6.30am each morning. The unemployment rate amongst the sample was much higher than the national average and the figure for the BMCC area.

Length of Unemployment

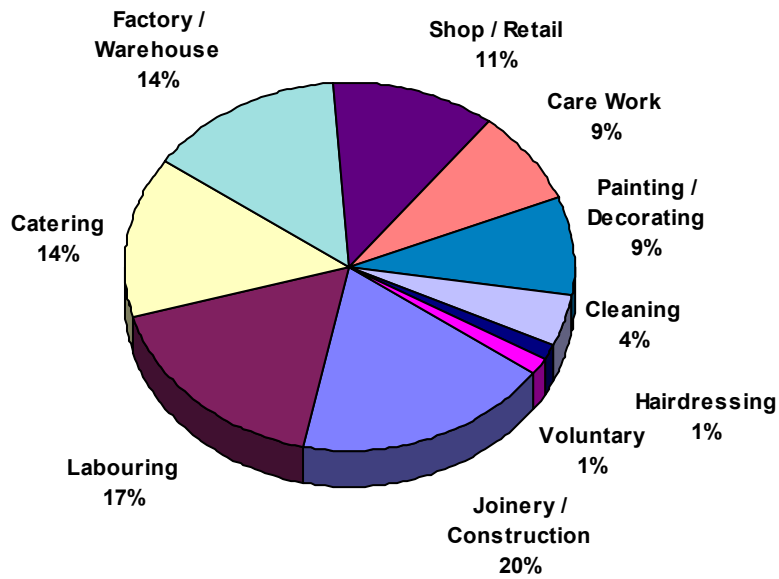




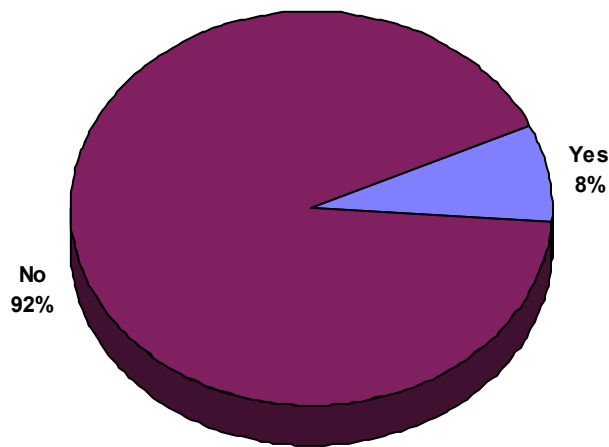
Commentary

Long term unemployment is a major problem for an unacceptably high number of Bootle residents, however, having a drug problem seems to exacerbate both the availability and opportunity for employment. More than half the sample had been unemployed for more than 5 years. 12% had never had a job. Of those that had worked, 64% had never worked continuously for more than one year. The problem of unemployment will to some extent be both a cause as well as a consequence of drug taking. These findings illustrate dramatically the disconnection of the sample from 'mainstream' society. Whether they remain excluded will depend largely upon the support, the encouragement and realistic opportunities available to them.

Range of Work Undertaken



Are You Currently Enrolled on a Course?

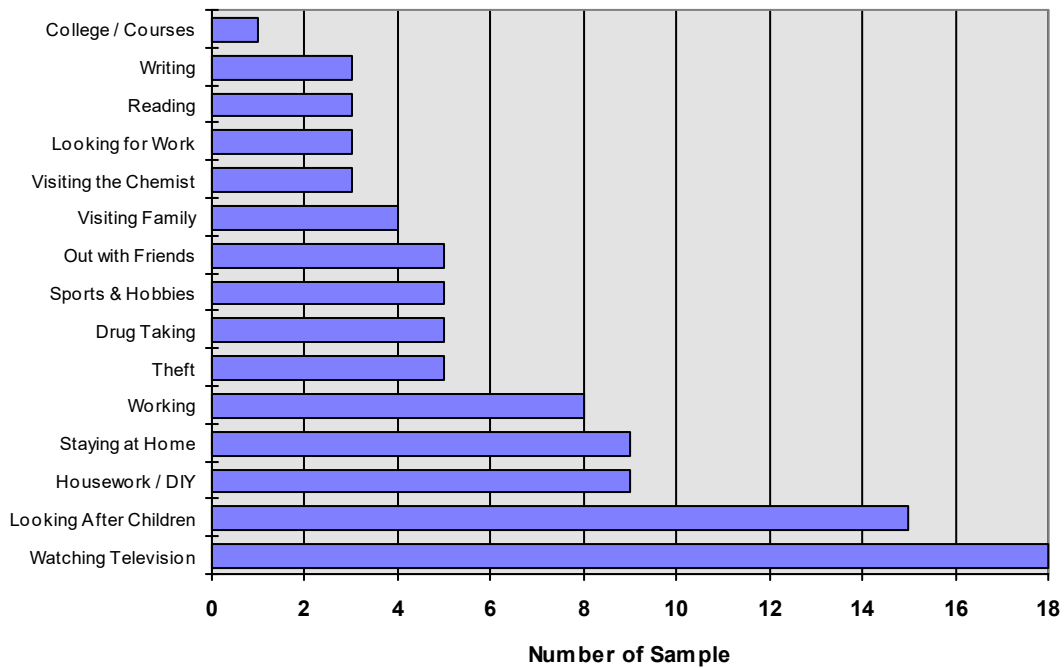


Commentary

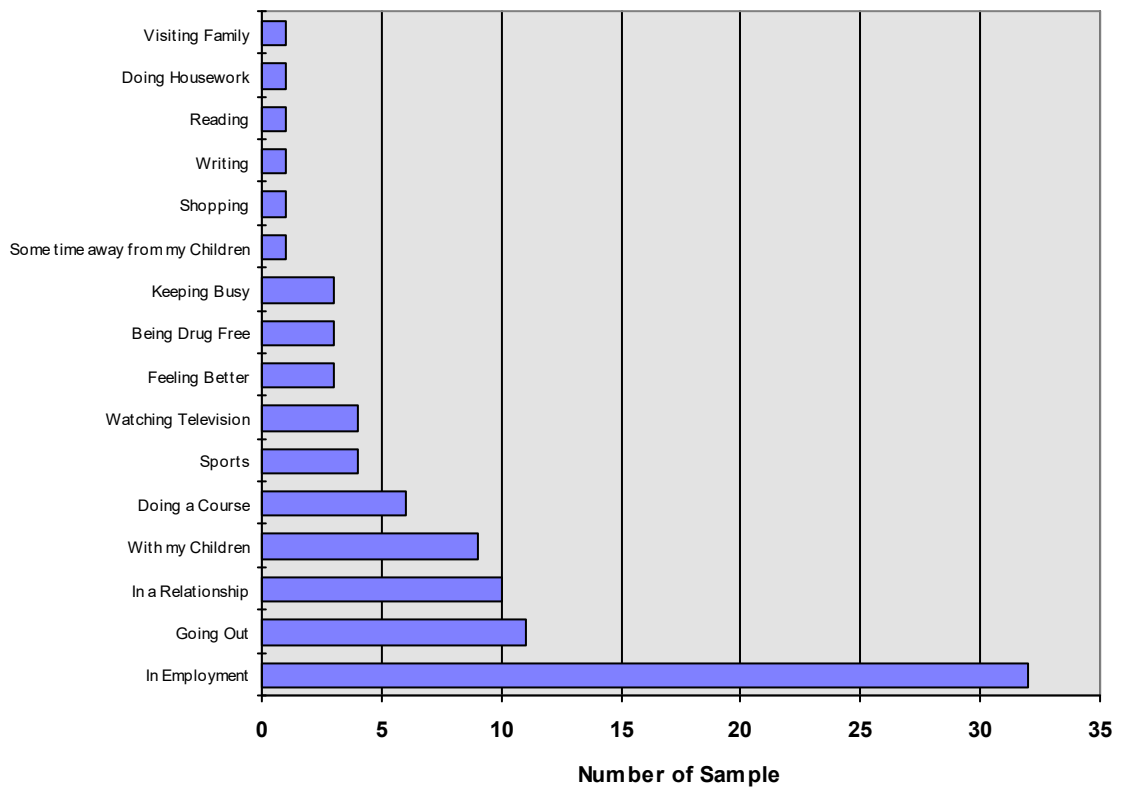
The four people in the sample are currently enrolled on an NVQ in Joinery, a Work Training Scheme at Bosco House, Basic English at Cambridge Road, and Hairdressing and Beauty course at Hugh Baird College. At some time in their life 52 % of the sample said they had been enrolled on a course, mainly Youth Training Schemes, NVQs and Employment Training.

Leisure Interests

How Time is Spent



How Would You Like to Spend Your Time?



Commentary

The sample appear to have been fairly honest about how they are currently spending their time, with 5 people (10%) admitting to spending at least part of their day committing crime and taking drugs (the former presumably to finance the latter). The vast majority indicate involvement in home based activities, watching television, doing housework/DIY, looking after children or just sitting at home. This level of home based activity probably reflects the fact that 90% of the sample are unemployed. Despite the apparent time available the responses indicate little diversity of interests.

When asked what they would prefer to do with their day/night, one answer dominated all others - 'to be working'. Around 20% expressed a desire to go out more, to enjoy a settled relationship, and to spend time with their children. These aspirations are simple aspects of everyday life taken for granted by many.

Chapter Six: Future Education and Employment

a) Practical Courses

**Would you be interested in
Practical Courses?**

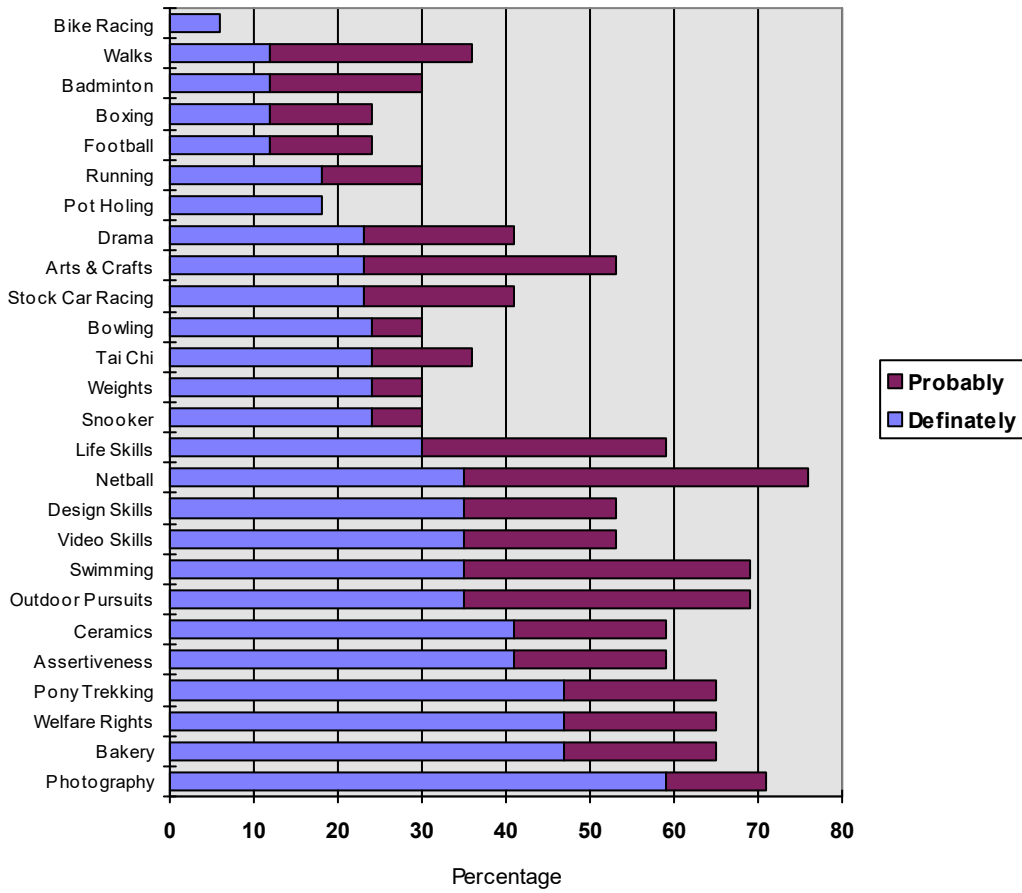
Yes=94% No=6%

Activity (Rank Order)	Definitely			Probably			No		
	M	F	T	M	F	T	M	F	T
Stock Car Racing	70	23	54	21	18	20	9	59	26
Snooker	67	24	52	21	6	16	12	70	32
Outdoor Pursuits	61	35	52	12	34	16	27	41	32
Football	70	12	50	6	12	8	24	76	42
Photography	33	59	42	18	12	16	49	29	42
Bakery	39	47	42	18	18	18	42	35	40
Welfare Rgts.	42	47	42	18	18	18	42	35	40
Arts & Crafts	46	23	38	12	30	18	42	47	44
Swimming	36	35	36	30	34	28	33	41	36
Assertiveness	33	41	36	18	18	18	49	41	46
Life Skills	39	30	36	24	29	26	36	41	38
Pony Treking	27	47	34	27	18	24	46	35	42
Video Skills	30	35	34	24	18	22	46	47	44
Design Skills	30	35	32	18	18	18	52	47	50
Bike Racing	46	6	32	18	0	12	36	94	56
Weights	33	24	30	15	6	12	52	70	58
Pot Holing	36	18	30	25	0	16	39	82	54
Tai Chi	30	24	28	9	12	10	42	64	62
Bowling	30	24	28	21	6	16	49	70	56
Boxing	36	12	28	25	12	20	39	76	52
Running	27	18	26	12	12	12	51	70	62
Badminton	30	12	24	30	18	26	39	70	50
Walks	27	12	22	21	24	22	52	64	56
Drama	21	23	22	18	18	18	61	59	60
Ceramics	9	41	20	9	18	12	82	41	68
Netball	3	35	18	3	41	16	94	23	70

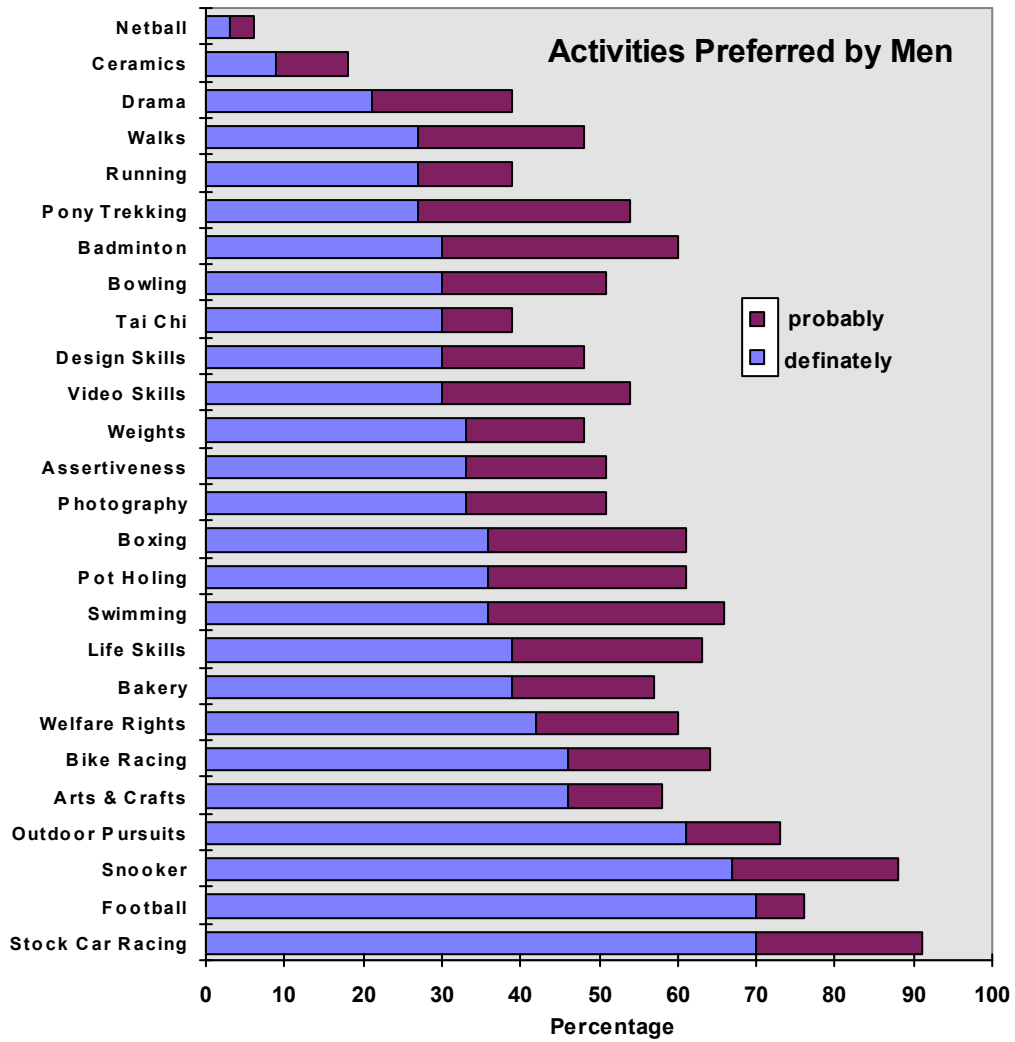
M=male F=Female

T=Total

Activities Preferred by Women



Other activities suggested without prompting include; fishing (3 people), Water Sports (2 people), and DIY, Camping, Hang Gliding, Abseiling, Curling, Basketball, Tennis, Baseball, American Football, Archery, Shooting, Learning to Drive (1 person)



Commentary

Virtually all the entire sample expressed an interest in a practical course (94%), this probably meets the need verbalised by some of the sample that they need something to do. Using a questionnaire the sample were given a whole range of activities to consider, many of them received overwhelming support and interest. Generally the findings indicate that men had relatively more interest in such activities. The grading of definitely, and probably has helped to identify potentially more successful events. For example, men may not feel able to give an enthusiastic `definitely` to badminton, perhaps because it doesn't fit with the masculine gender stereotype, but they where much more willing to agree to a `probably` for badminton. This does effectively move the potential success of badminton up seven places

For women rating netball may not be as dynamic or stimulating as other options but with the `probable` included, it has the potential to be the most popular and successful event on offer. While gender has not often shown

different patterns, it is in this area of practical activities that gender difference must be recognised, otherwise the interests of women will become submerged by the larger proportion of men in the sample. It is interesting to note that every activity is supported by men and women to varying degrees, though some clearly have a gendered bias such as netball, football, ceramics and photography, which tends to reaffirm the stereotype. However, a fair proportion of women are also interested in weights and stock car racing, while a similar proportion of men are interested in drama, arts and crafts, and Bakery.

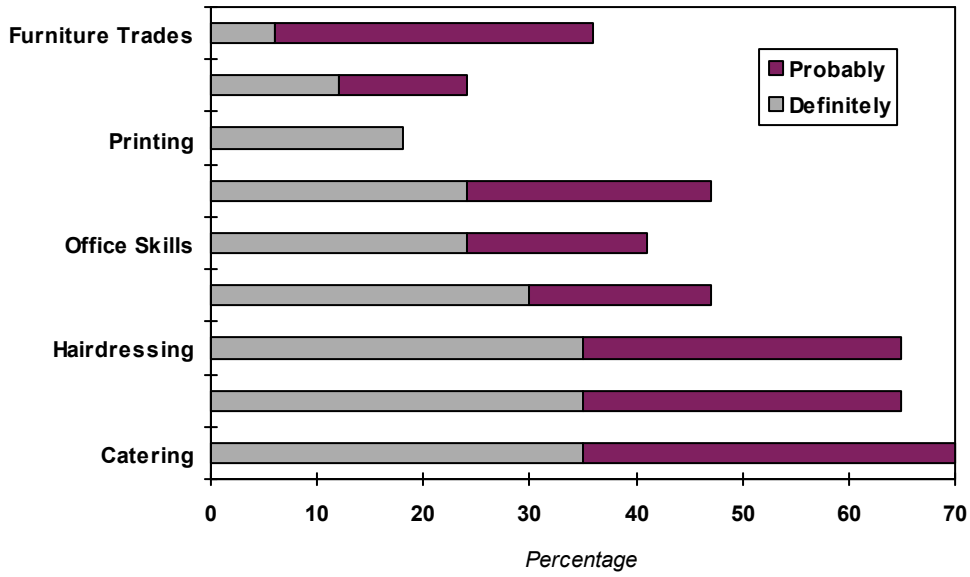
Many of the activities The sample would like to be involved in are relatively easy to set up, and some are already available elsewhere (e.g. netball, snooker, football). This raise the question as to why these facilities are not being accessed by this particular group of Bootle residents.

b) Vocational Courses

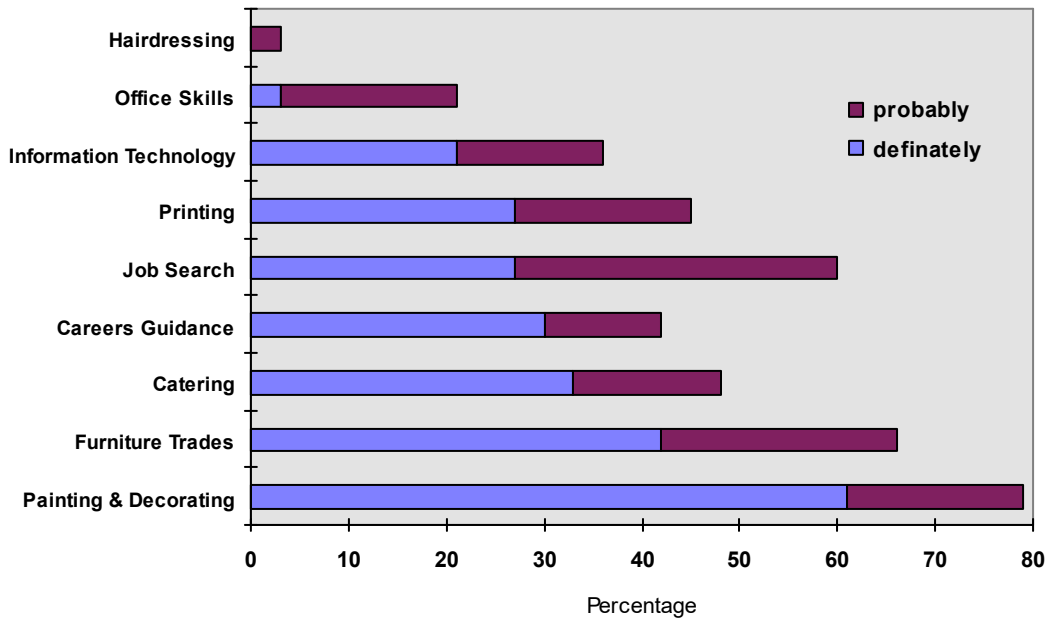
Would you be interested in Vocational Courses?									
Yes = 98% No = 2%									
Course (Rank Order)	Definitely			Probably			No		
	M	F	T	M	F	T	M	F	T
Painting & Decorating	61	35	52	18	30	24	21	35	24
Catering	33	35	34	15	35	22	52	29	44
Furniture Trades	42	6	30	24	30	26	33	64	36
Careers Guidance	30	30	30	12	17	14	55	53	56
Job Search	27	24	26	33	23	30	39	53	44
Printing	27	18	24	18	0	12	58	82	64
Information Technology	21	12	20	15	12	14	64	77	66
Hairdressing	0	35	12	3	30	10	97	35	78
Office Skills	3	24	10	18	17	18	79	59	72

M= male F= female T= total

Vocational Courses Preferred by Women

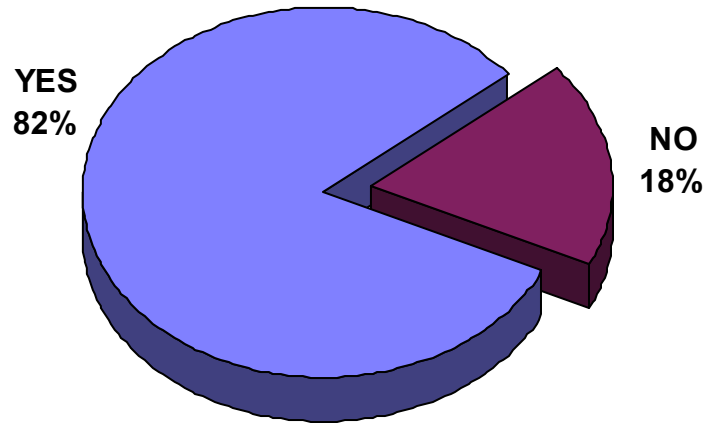


Vocational Courses Preferred by Men

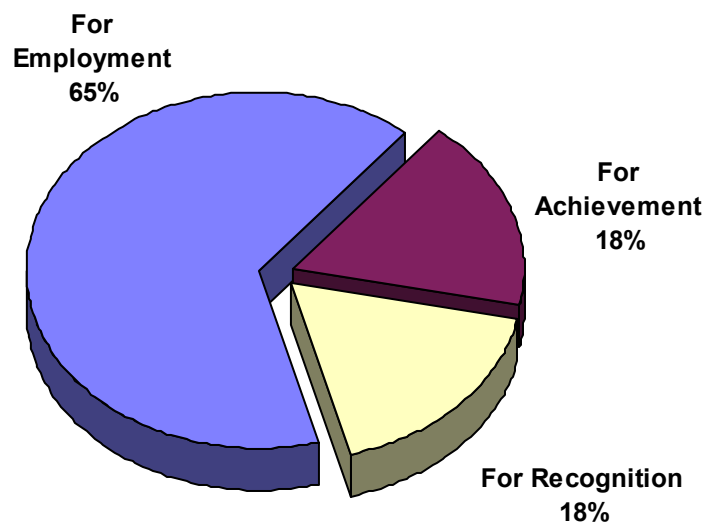


Qualifications

Is it important to you that these courses lead to a certificate or qualification?



Why are Qualifications Important to You?



Commentary

Vocational Courses not listed but suggested by the sample included; Joinery (3) people, counselling, care work, sports leadership (2 people) and, bricklaying, desktop publishing, glass blowing, beautician, car mechanics, and building work (1 person).

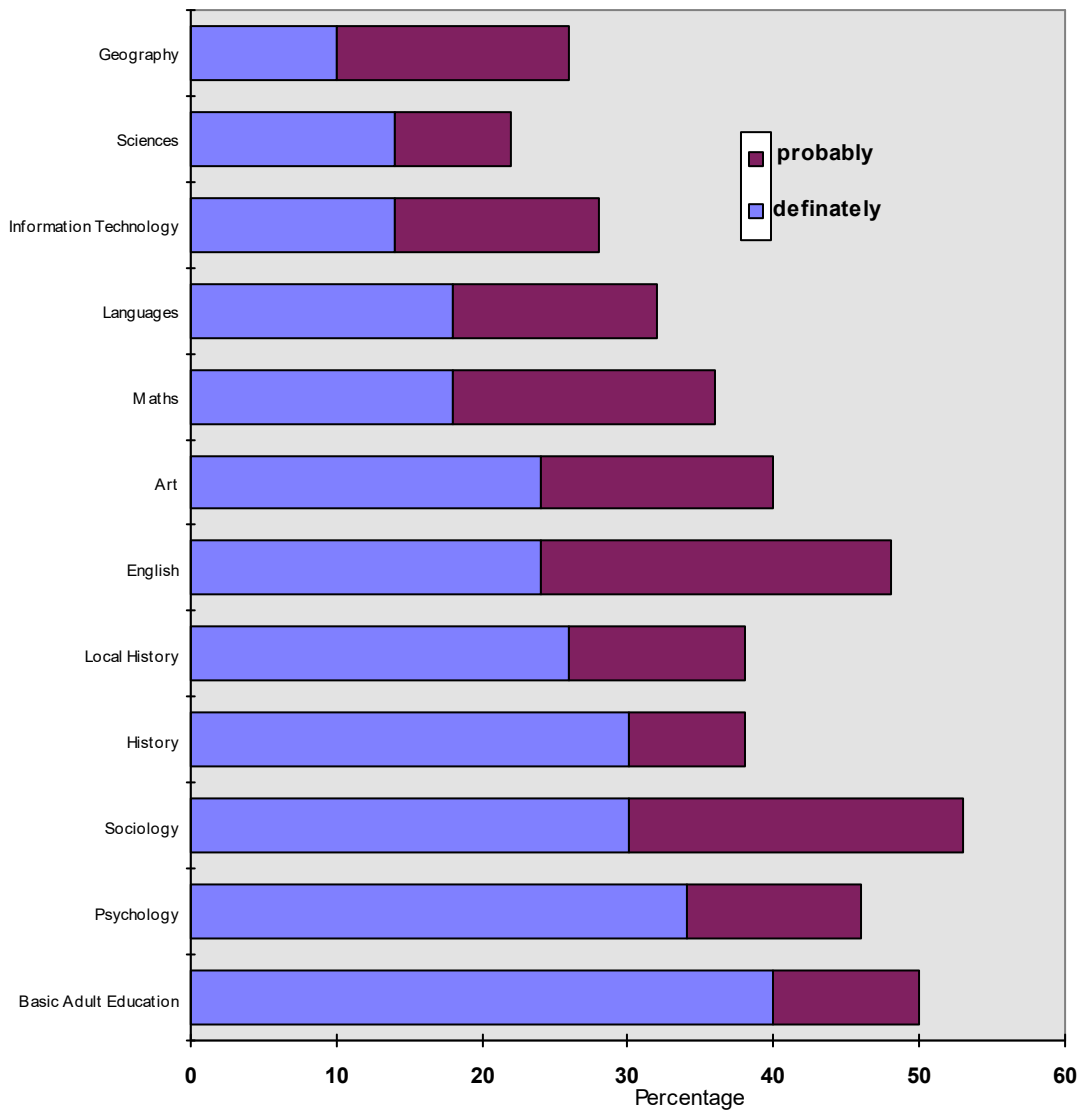
Despite the massive growth of information technology in the workplace it was somewhat surprising to note that few men or women identified an interest. Possibly this may reflect the level of disconnection of drug users from regular office based employment. However, there was overwhelming interest in participating in Vocational course (98%). Painting and Decorating was popular with both men and women. A course on hairdressing interested 65% women but only 3% of men, whereas, Furniture Trades interested 66% of men but only 36% of women.

For most of the sample a qualification is important, though it is not simply because they want to improve their prospects of employment. Over a third of the sample wanted a vocational course that led to a qualification primarily to give them some recognition or sense of achievement. This may be particularly important to a group of people who have drastically under achieved and feel generally dispirited.

c) Educational Courses

Would you be interested in Educational Courses? Yes=76% NO=24%			
Course (Rank Order)	Definitely	Probably	No
Basic Adult Education	40	10	50
Psychology	34	12	54
Sociology	30	23	47
History	30	8	62
Local History	26	12	62
English	24	24	52
Art	24	16	60
Math's	18	18	64
Languages	18	14	68
Information Technology	14	14	72
Sciences	14	8	78
Geography	10	16	74

Interest in Educational Courses



Commentary

The interest in educational courses was significantly lower than the interest shown for practical activities or vocational courses, however, three quarters of the sample still expressed a clear interest. Generally there was no significant difference in courses between men and women. Perhaps the fact that half the sample expressed an interest in Basic Adult Education illuminates the findings. If so many feel they need a basic education they are much less likely to express an interest in studying a specific academic subject. Of those interested in pursuing academic subjects psychology and sociology proved the most popular. This perhaps reflects the desire to explore their own situation, or of those around them.

When asked why they were interested some stated;

- * *'It's something positive to show my child.'*

- * *'I didn't really get anything from school so I'd really like another try.'*

- * *'It would let me do things I've always been interested in but never had the chance.'*

- * *'To prove to myself that I can do it.'*

These comments highlight the need to be given another chance, to discover and demonstrate to themselves and to others, their personal resources and ability.

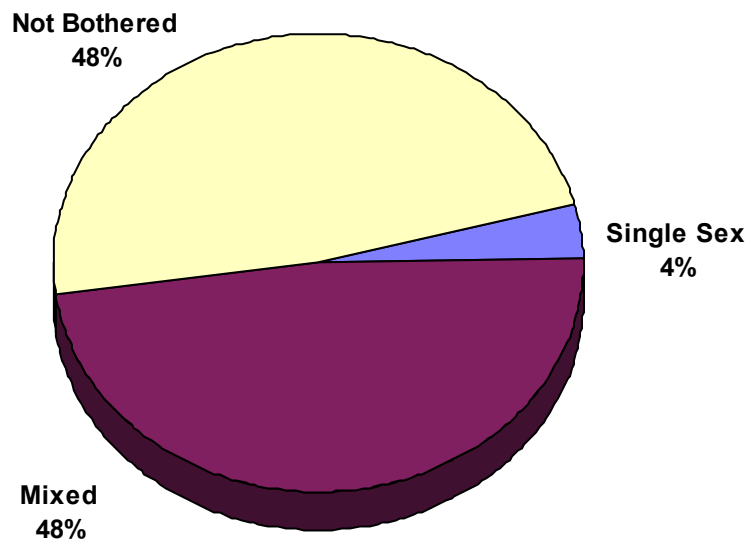
Chapter Seven: Preferences, Aspirations & Issues

This section seeks to identify preferences and issues that will need consideration before establishing a Bootle relapse Prevention Initiative for stable and drug free residents of BMCC.

a) **Composition**

The sample were asked whether the groups would be better single sexed or mixed.

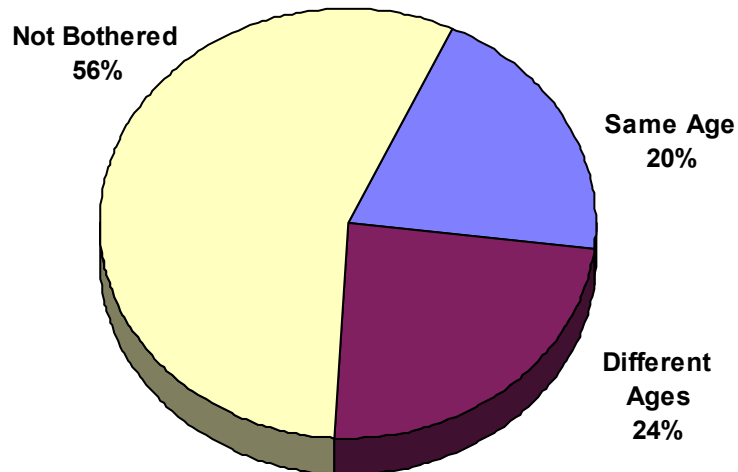
**Gender Composition of Groups
(preferences)**



- * *'I'm used to mixing with men and women. It's boring if there are no men!'*
- * *'I'd feel more confident with all women -at first anyway.'*
- * *'A room full of lads is a bad influence.'*

The sample were asked if the composition of the group should be limited to particular age ranges or mixed.

Age Composition of Groups



- * *'People of the same age have the same outlook.'*

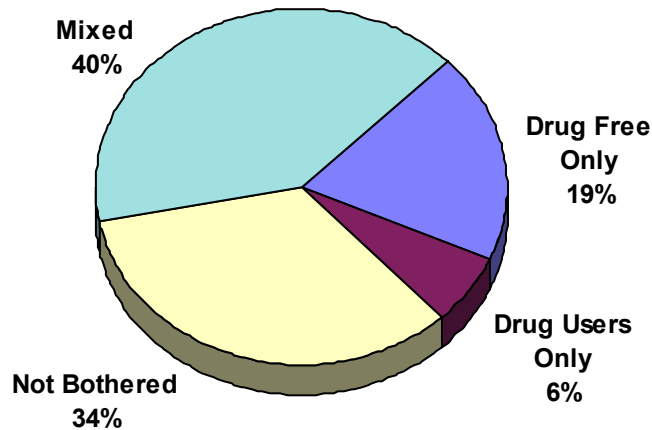
- * *'I wouldn't like to be with young lads they are too cheeky.'*

- * *'It is good to have a mix of people.'*

- * *'I'd feel better mixing with different people.'*

The sample were asked whether the group should accommodate drug users at different stages.

Composition of Groups: Drug Usage



- * *'We can exchange information find out where we've all gone wrong, learn from each others experience.'*

- * *'I might feel ashamed I'm on the gear if non drug users are there.'*

- * *'It's good to have people who know what you are talking about. Not just drug users or you'd only ever talk about drugs.'*

- * *'A drug free group would mean no added pressure. It'd be good being with non users.'*

- * *'I wouldn't mind being in a non-users group if they didn't look down on us.'*

- * *'Being around non users gives you something to aim for.'*

- * *'I'd like to meet new friends without drug backgrounds.'*

- * *'If you say I do or don't want drug users it's discrimination.'*

- * *'I'm not prejudiced why should it be only men or only drug users.'*

- * *'I'm interested in the course, not the age, gender or drug usage of other people on it.'*

- * *'I would work with all people it doesn't matter how they look or what they do.'*

Commentary

The sample are clear that the preference would be for mixed groups in terms of gender, and though not as strongly felt, for a mixture of age ranges too. However, the decision about the different stages of drug users is not as clear. The comments above reflect this. The majority who express a clear interest would prefer a mixed group 40% compared to 19% who wanted a drug free group, and 34% who were not bothered. Creating an atmosphere of acceptance without divisions seemed to be important in many of the comments, as did having a diversity of people in order to create new friendship and have role models to aspire to. One of the problem drug use is the social isolation which tends to leave the drug user surrounded by other people in a similar position. This perpetuates and reinforces a life centred around drugs.

Categorising and streaming drug users is highly problematic and can raise ethical issues. The issue is by no means straightforward, though the sample tend to favour a mixed group in every respect including drug usage, This has the potential for reintegration and new relationships, but it could for some lead to relapse.

b) Referral



- * *'If you have to be referred then you are going because someone is asking you to go, not under your own steam.'*

- * *'I would rather volunteer it helps my confidence.'*

- * *'If I'm referred by an agency they'll know a bit about me, it's less embarrassing.'*

- * *'I could get myself down I just need a push.'*

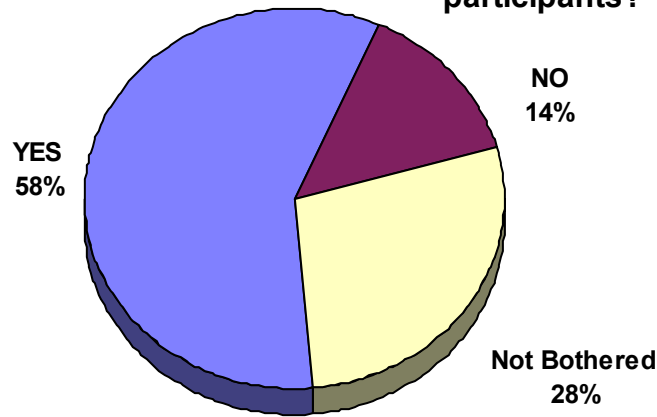
- * *'If you get referred they must think you can make it, that helps.'*

Commentary

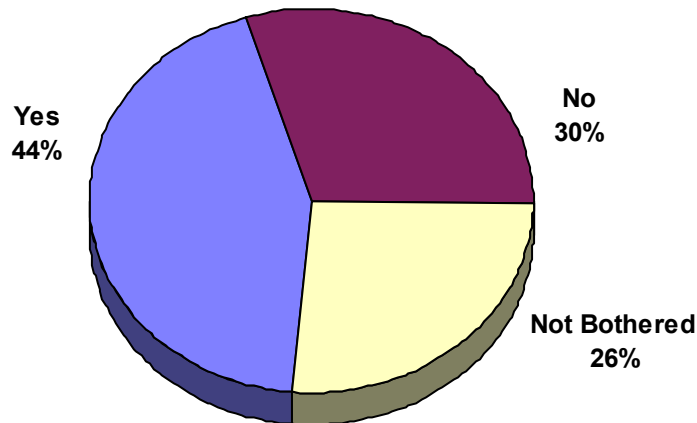
It seems that it may be best to employ a dual track referral process which allows both self referral and agency referral, as the sample have identified advantages of each. Whatever the system it will need to be user friendly, accessible and incorporate some form of assessment to ensure individuals are at an appropriate stage to be able to take full advantage of the New Bottle Project.

c) Confidentiality

Should your Drug Use be kept confidential from other participants?



Should your Drug Use be kept confidential from the course staff?



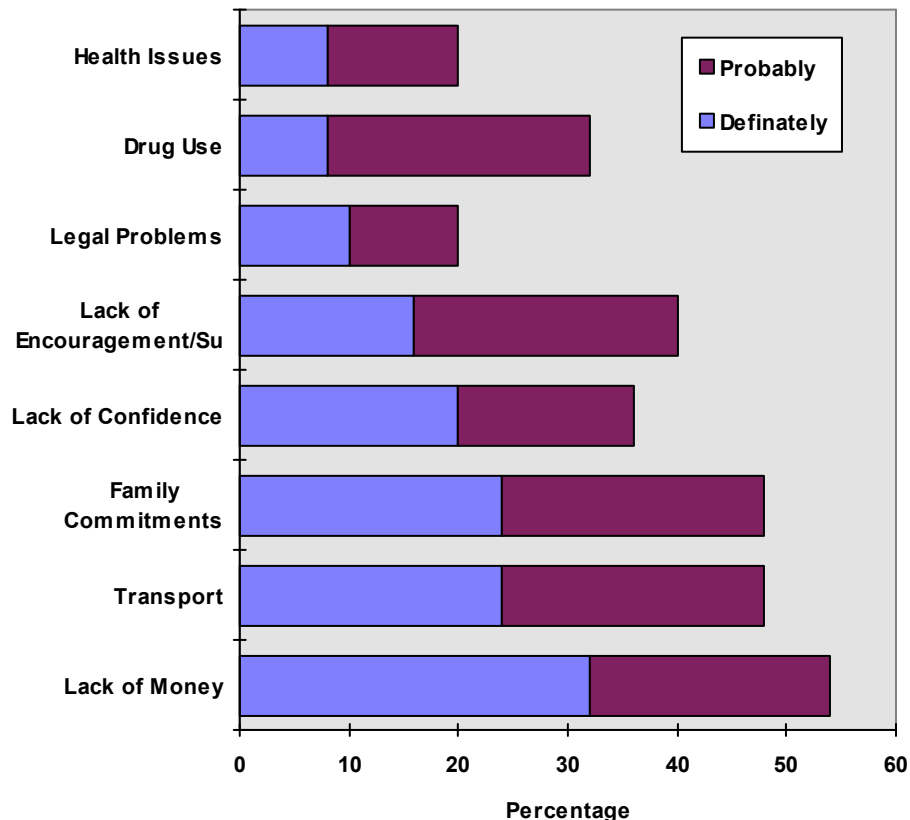
Commentary

The issue of confidentiality was unresolved, though there is much more sensitivity about disclosing information to other participants than to staff. Generally it should be acknowledged that a large proportion of the sample would prefer confidentiality to be kept from both staff and participants. It is an issue which any new project must be clear about from the outset. Discussion will be needed on who needs to know, what they need to know, and why they need to know.

d) Blockages

When asked about where they would like to attend 82% of those interviewed preferred to attend a training centre close to their home area. The sample were then asked what factor is likely to hinder their progress on a new project.

Potential Blockages to Progress



Some may have been expected that drug misuse, legal problems and health problems would have been the biggest problem for this sample of drug users. However, much more practical problems more often associated with poverty proved to be major blockage. The issue of transport may also be linked with the main concern about lack of money. It may not be that the transport is not available but that the cost is inhibitive. Issues of confidence, support and encouragement also featured highly, as did family commitments.

Some of the following comments illustrate these points;

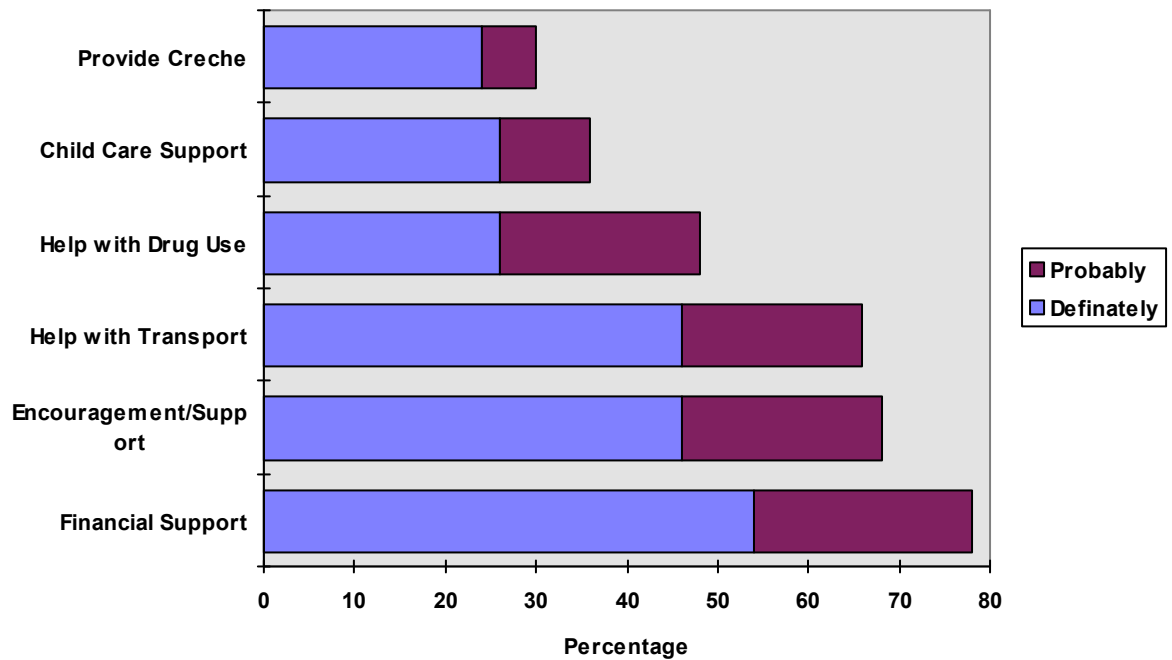
* *'It doesn't matter about anything else if you don't have confidence.'*

* *'If I had a bus pass I wouldn't need to worry about getting there.'*

- * *'It is difficult to start these things without help.'*
- * *'Dinner money would help.'*

The sample were asked if anything could be done to remove or lessen the impact of the identified blockages.

Removing or Lessening the Blockages to Progress



- * *'I need after school care for my children.'*
- * *'It may be difficult for me to get to the chemist.'*
- * *'I could do with support to get a kick start.'*
- * *'Bus fares are a problem.'*

* *'A creche is vital for toddlers.'*

*

*

Commentary

64% of women identified that a child care support would definitely lessen or remove a potential blockage to progress, compared to 6% of men. 85% of men interviewed believed financial help would help to lessen or remove a potential blockage, compared with 59% of women.

There is a need for the transport problem to be clearly addressed if any project is to avoid a high failure rate. The suggestion of a bus pass (zone ticket) seems one worth considering, as does the idea of providing lunches. The use of a BMCC mini bus to serve as a taxi is a further consideration. These practical and largely non transferable means of assistance would go some small way to address part of the financial problem.

Flexible hours, creche facilities, and child minding following after 3.30pm seems to be an issue that should be addressed. A much more intangible but no less important issue is one of support and encouragement. Over two thirds of the sample believed that personal support and encouragement would be helpful to alleviate the potential blockages. This lack of confidence is a crucial issue for any new project to tackle.

Those who lead stable lives and are maintained on methadone will need to be accommodated so they can visit the chemist and can take their prescription as required.

e) Aspirations

There was unanimous support for this new venture, 100% believed the New Bootle Project was a good idea. Comments were as follows;

- * *'It'll get people motivated to get up and do things.'*

- * *'There is nothing to do in the Bootle area for drug users or other young people.'*

- * *'Users need a higher profile people need to be shown that methadone users can do the same things as others.'*

When asked upon the potential success of the project for them all the sample were optimistic, 48% believed the New Bootle Project would work for them, while the remaining 52% believed it would probably work for them. No-one felt it would not work for them. Comments included;

- * *'I'd make it work. I feel I've been on drugs for years, I've got to stop.'*

- * *'If you've got something to do you don't think about drugs.'*

- * *'If I had a chance. I need my self esteem back, it just affects everything.'*

- * *'There are so many things on offer it could help people find their vocation.'*

- * *'Everyone needs another chance.'*

If you were in charge of the project what would you do to make it useful and attractive to drug users?

- * *'Advertise, let people know it is there.'*

- * *'Have lots of activities, pool rooms, a cafe for a cup of tea and a chat where you can just drop in if you want.'*

- * *'Leaflets shouldn't look too official. It mustn't look too much like college.'*

- * *'Have a creche open all the time and more activities for women.'*

- * *'Get more ex-users as paid staff so they know what they are talking about.'*

- * *'Have flexible hours with someone always there.'*

- * *'Make it feel like it was their own, get them to paint it etc.'*

- * *'Be honest, explain what people can get out of it.'*

- * *'Do it on an individual basis, cater for individual people.'*

- * *'Make it for the committed ones, treat them as normal people.'*

- * *'Have a place where you can drop in, like a social club.'*

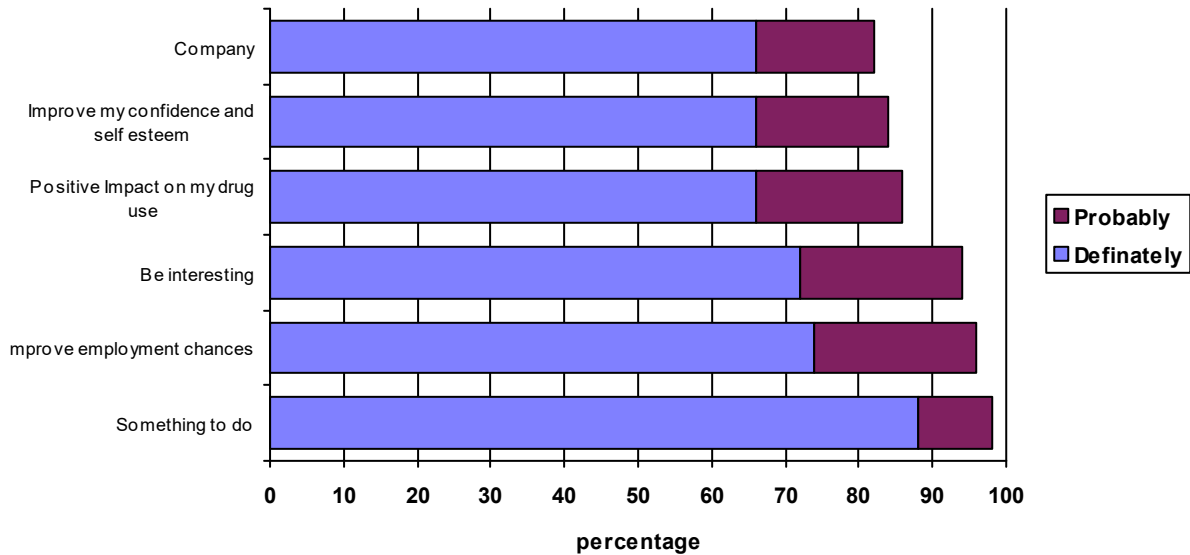
Commentary

Comments from the sample listed above suggest they want somewhere to go and something to do. They want an opportunity to reintegrate, to meet folk different from themselves. They want to be given another chance. They want to try and prove themselves, to demonstrate that they can achieve. They want to be treated as normal people. They want others to believe in them and to

encourage and support them. They want to be understood and treated like an individual. They want to make progress in their life.

f) Benefits.

Advantages in Attending the New Bootle Project



- * *'No one wants to be on drugs all their life.'*
- * *'I spend all my time stealing to feed my habit.'*
- * *'I wont be spending all day trying to score.'*
- * *'You've got to have a job to get on and be independent.'*
- * *'With better confidence you've more chance of carrying things out.'*
- * *'If you haven't got confidence you can't do anything.'*
- * *'It is embarrassing not being able to read and write.'*

Commentary

The sample could see lots of advantages with each question receiving a positive statement with over 80% support. The need for something to do was undoubtedly the benefit identified by most. Though the project was seen as beneficial in every respect. Comments illustrating some of the hopes in the New Bootle Project contrasts with some of the despair of present experiences by some of the sample.

When asked what they would like to be doing upon completing the course 82% of those interviewed stated they would like to find employment. 18% stated they would like to 'stay clean.' Others stated they would like to find a flat, make new friends, become more confident, get qualifications, do another course, and help others.

Chapter Eight

QUESTIONS AND OBSERVATIONS

To be included in the final report

RECOMMENDATIONS

The principle recommendations of the study are as follows:

1. New Bootle Project

Interviewees were unanimous in their support for the development of a relapse prevention project (called the 'New Bootle Project' for the purpose of this study). They showed interest in the provision of recreational activities, vocational training and educational courses. The implicit message from this research is the sense of isolation and disconnection experienced by the sample. The BMCC should consider providing a 'drop-in' facility where drug users can meet with others, socialise and become reintegrated.

2. Information Technology

It is of concern that few men or women expressed an interest in this area of vocational training. It is likely that this is a reflection of the degree of disconnection of drug-users within the community and also a lack of confidence in their own ability to adapt to new technology / skills.

However, for drug-users to break out of the low paid manual and service sectors of employment this experience is essential. The New Bootle Project should make every effort to facilitate learning of information technology within a supported environment.

3. Qualifications

Eighty-two per cent of the sample expressed their preference for vocational courses which lead to a certificate or qualification. For the majority of interviewees this was, as might be expected, related to improving their prospects of employment.

It has to be acknowledged, however, that drug-users are in a very weak position in terms of immediate employment prospects and this presents the management of any relapse prevention project with a potentially serious problems in not being able to meet the expectations and aspirations of project "graduates".

Confidence and self-esteem are two of the main determinants in improving employment prospects. Therefore, the research team are of the opinion that one of the primary stated aims of The New Bootle Project should be to enable drug-users to regain and develop a positive self-image (Indeed, over a third of the sample mentioned the acquisition of qualifications in relation to personal achievement or a sense of recognition). This should prevent the Project being criticised for creating false hope.

4. Potential Blockages: Confidentiality

A high proportion of interviewees expressed concern about their drugs history an /or status being disclosed to non-drug using participants of courses and course staff. This is clearly a sensitive issue which requires careful consideration. It is recommended that a policy operating on a `need to know` basis is adopted with any requirement for disclosure being discussed and agreed with the individuals` concerned.

5. Potential Blockages: Location of Courses

Over eighty per cent of the sample said that they would prefer to attend a training centre close to their home area. The requirement to attend a training centre outside of the locality could prevent drug-users from taking advantage of any opportunities. Whenever possible, therefore, courses should be made available within the BMCC area.

6. Potential Blockages: Gender Preferences

The New Bootle Project needs to be mindful of the preferences expressed by women in this sample. For example, hairdressing and catering scored between 60 and 70% respectively, but painting and decorating (possibly considered a traditionally male interest) also scored over 60%.

7. Potential Blockages: Educational Factors

Under-achievement at secondary school was a significant feature of this sample and it is not surprising therefore a high proportion of interviewees expressed an interest in attending adult basic education classes. How this need is met, however, requires careful consideration as potential participants will be starting from a very low level of confidence and learning should take place within a supported environment.

8. Potential Blockages: Money

Lack of money was mentioned by over eighty per cent of the sample as a potential block that will would prohibit them from taking advantage of a drug relapse prevention project. Transport costs and being able to afford to buy lunch were the main concerns. The New Bootle Project should consider supplying zone tickets and luncheon vouchers.

9. Potential Blockages: Child Care

A critical factor for over sixty per cent of women was crèche facilities, after-school child minding and flexible hours. The New Bootle Project will need to address these issues if it intends to attract and retain female drug-users.

10. Potential Blockage: Under Confidence

This issue featured in many different ways throughout the study and is a potential critical block to drug-users taking full advantage The New Bootle Project. Support packages tailored to the needs of individual participants will be required if drug-users are to be enabled maximise their potential.

11. Potential Blockage: Inter-agency Co-operation

Programme providers need to work in partnership to ensure that the needs of drug-users` taking part in the relapse prevention project are paramount. Thus, there should be close co-operation, regular liaison and an agreed strategy aimed at ensuring that drug-users receive a coherent approach from initial assessment to post-conclusion of the project. Failure to adopt a model based on these principles is likely to result in a high failure rate.

12. Potential Blockage: Information

Clear aims and objectives are critical factors in enabling potential recruits to make choices. Therefore information should be produced in written form in an attractive style that is easily understood. This information should be made available within agencies and the wider community generally. Project participants might be involved in the design of this material.

13. Potential Blockage: Referral Process

A high proportion of the sample (70%) felt that drug-users should be able to self-refer themselves to the Project. This could present potential problems but consideration needs to be given to how a flexible referral system can be adopted without `unsuccessful` applicants being made to feel rejected. A method of supporting these people through the referral process needs to be made available.

14. Monitoring, Evaluation and Further Research.

The New Bootle Project should be independently monitored and evaluated at regular intervals incorporating a service user perspective. Further research should be considered to explore and clarify the different needs of the `hidden` and younger drug users.

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