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Executive Summary

# Accessing Drug Services: Needs and Views of Drug Service Users

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## Executive Summary

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The research was focused on understanding the nature of needs of drug users presenting to treatment services across the North of England. The background literature suggests that drug users can have problems in multiple areas of life functioning and that treatment efforts may be needed to address other problems that are functionally related to drug use. The purpose of this study was to examine the range of interventions offered to presenting clients by drug treatment services in the North of England; the pathways, enablers and barriers to access as experienced from the clients' perspective; and the extent to which drug users receive provision in relation to their needs.

There were three main parts to the study:
**Part 1:** Examination of pathways and access into services, encompassing user views regarding service development and involvement

**Part 2:** Retrospective data collected at five drug treatment agencies examining the needs of and services provided for newly presenting clients seen at tier 3 drug services.

**Part 3:** Development and application of a schedule for the assessment of needs of drug users, examination of the extent to which user needs were met by treatment services, and consideration of client satisfaction in relation to provision for needs.

## Part 1: Pathways and access into services

This part of the study involved a series of semi-structured interviews carried out with 46 service users and 51 drug service providers at different locations across the North of England. The interviews were undertaken in the period November 2001 to March 2003.

The study area covered 10 county areas or part-areas: Cheshire, Derbyshire, Greater Manchester, Lancashire, Lincolnshire, Merseyside, Nottinghamshire, South Yorkshire, Staffordshire, West Yorkshire. 174 statutory and non-statutory drug treatment services were identified as providing services within the study area. There was very wide variation in their catchment areas. In rural parts, particularly in Derbyshire and Lincolnshire, there were a few services each covering a large geographical area, whereas in parts such as Merseyside and Greater Manchester there were many services covering smaller areas. As there was such wide variation in catchment areas, the aim was to recruit at half of the services in those county areas with small number of services and at one third of the services in areas with larger numbers.

### Service provider interviews:

The service provider interviews were undertaken with the agency manager (or the deputy in a few cases when the manager was unavailable for extended period). Only one manager declined to be interviewed on the grounds that she was too busy.

Prescribing interventions were a core activity. 88% of statutory services provided community detoxification programmes and 85% provided maintenance prescribing, compared with 39% and 11% respectively for non-statutory services. 55% of the agencies also provided treatment for alcohol problems but only 18% reported provision in relation to cigarette smoking cessation interventions. 12% of agencies said they would like to provide help in future for smoking, but the majority did not want to provide these.

A large percentage of the agencies reported that they provided counselling (84%), motivational interventions (82%) and CBT: cognitive-behavioural therapies (66%). Provision of relapse prevention work, either in group sessions or on a one-to-one basis, was reported by 90% of the services. Complementary therapies were provided by 76% of services: acupuncture (52%); massage (39%); electrostimulation therapy (30%); reflexology (20%); arts therapy (14%).
Half of the agencies provided employment/training advice and just less than one half provided social activity/leisure counselling. Debt counselling was provided by about one third of agencies.

The main desired service developments identified by the service providers were increasing provision of complementary therapies, psychological interventions and structured counselling; increasing overall resources and staffing; and increase in shared care provision.

The level of service user involvement reported was quite low overall, with 16% of services having no service user involvement at all. The most frequently reported type of involvement was satisfaction questionnaires, but only one third of the agencies had utilised these. Just over a quarter of the services had user groups. Four services mentioned 'user involvement in choosing treatment or care' as a type of user involvement. It seemed that these service providers had confused user involvement in services with user involvement in decision-making about their own treatment. The aspirations of the service providers regarding user involvement were also quite low. Less than half of the services expressed desire to have service users working as volunteers, helpers or staff members and only one third of the agencies desired user groups, user involvement in service away-days, and as participants in staff interviews.

### Service user interviews:

The service user interviews were focused on the reported experiences of drug users in accessing services. It was a requirement of the multicentre ethical committee that the researchers should not approach clients directly but should contact via service staff. This requirement may possibly have resulted in recruitment of a higher proportion of service users already active in user groups and service user involvement.

The service users reported on 165 service access episodes within two-year period prior to interview. These covered all of the tiers described in Models of Care for the Treatment of Drug Users (DOH, 2002), other than tier 4b (highly specialised non-substance misuse services such as liver units, specialised forensic services, etc). The main concerns of service users in accessing services across all tiers were in relation to waiting times, flexibility in application of service rules, and staff attitudes. They were critical of services requiring long waiting times and highly praised others in relation to short waiting times. Service location, transportation access and good opening hours were also very important. Those service users who had been on DTTOs recognised that they had jumped waiting lists for treatment and they appreciated the faster access to treatment that the criminal justice pathway had facilitated. At the same time, they recognised that it was unsatisfactory that they had not been able to access intervention prior to committing a crime.

Service users valued staff accessibility, particularly in relation to being able to get in contact with their worker by telephone and the importance of reception and administrative staff in facilitating access to drug workers was also recognised. Positive staff attitudes, mainly encompassing respectfulness and treating clients as equals, were identified as extremely important in facilitating access to treatment. Service users felt that many services applied their rules too strictly, and those services that took more flexible approaches were appreciated.

Difficulties such as lapses and poor attendance were often indicative of clients 'hitting a bad patch' and the service users felt that more support at such times would be helpful. By contrast, the actions of some services in response to lapses were quite punitive, such as stopping clients' scripts. Service users reported that this made it difficult to be honest with key workers regarding open discussion of lapses or relapse.

The majority of the clients interviewed had received prescribing interventions. Only a few clients had received structured interventions such as cognitive-behavioural therapy, motivational interventions, 12-step programmes or relapse prevention. The main client concerns in relation to service improvements were improved waiting times, increased staffing and resources, and increased availability of psychological counselling and aftercare provision. Service users had high level of desire for user and ex-user involvement in services, compared with the low aspirations for this expressed by service providers.

## Part 2: Five agencies retrospective data collection

This part of the study examined access pathways for all new clients seen at five tier 3 drug services within a six-month time frame. The data were taken from examination of 1418 case note files.

The main access routes into the services were referral by GP and self-referral, with significant numbers of clients also referred by probation services and from other drug services. Few clients were seen within the context of shared care or GP liaison. The majority of presenting clients were taking heroin, with just over half using two or more drugs and they were mostly identified as needing assistance in reducing reliance on drugs, generally through a detoxification programme, or as needing prescribing treatment for maintenance or stabilisation.

Surprisingly only 6% of clients were identified by the treatment service as needing help for relapse prevention.

Logistic regression analyses were used to examine factors which contributed to likelihood of uptake of assessment appointment with drug worker and retention in treatment. Uptake of assessment appointment was not affected by waiting time, client age, gender, or service agency. However clients referred by probation services were significantly less likely to attend compared with those clients who self-referred.

Retention in treatment at three months post-assessment was influenced by the following factors: site/agency, referral pathway, primary drug problem, and gender. Waiting time, age, and fast-tracking did not have an effect on likelihood of being retained in treatment.

Clients at some agencies were more likely to be retained in treatment than at others. The agency with the best retention rate had five times more clients remaining in treatment at three months than the

agency with the poorest retention rate. The service user feedback given to the researchers from different parts of this study indicated that the agency with the highest retention rate had a particularly friendly and 'laid back' atmosphere and this may be at least part of the reason for effective retention of clients in treatment.

Clients who were referred from mental health or general hospital referrals were eight times less likely to be retained in treatment than those who self-referred. Those whose primary drug problem was heroin were more than four times as likely to be retained in treatment as those clients whose primary problem was a substance other than heroin. Women were found to be more than twice as likely to be retained in treatment as men. The length of time that clients had to wait for treatment did not have a significant effect on retention.

## Part 3: Problems and needs of drug users

This part of the study focused on examining the needs of drug users newly-presenting at tier 3 drug services. The Drug Users Needs Assessment Schedule (DUNA) was developed using a staged model of need decision-making which utilises the type of procedures that drug service professionals might use in their everyday practice. It incorporates the views of drug users directly into the assessment process. It covers 16 potential problem areas which were derived from a review of the literature and feedback from service users and providers interviewed in part 1 of this study. Ratings of importance of the problem areas showed considerable similarity for service users and providers, and supported the inclusion of the problem areas in the assessment schedule.

70 newly-presenting clients were recruited during the period July to September 2003 at the five tier 3 drug services which participated in part 2 of this study. These clients completed the DUNA at the time that they were initially seen at the treatment service and were then tracked at three months follow-up in relation to the interventions they had received and satisfaction with treatment provided. Data concerning interventions provided was available in all cases from case notes and 44 clients responded to request to complete a follow-up interview.

The needs assessment showed that drug users presenting for treatment have multiple needs. Not only are they looking for help with reducing reliance on drugs or maintenance/ stabilising prescribing, but also in relation to broader needs and concerns arising from and impacting on extent of drug use. Although a majority of the drug users were offered prescribing interventions, few reported receiving any other structured intervention. This was particularly evident in relation to relapse prevention work, where help offered to clients was not always appropriately targeted and fell well short of being an adequate structured intervention.

No relationship was found between client satisfaction and the level of client needs that had been met at three months follow up, but this may reflect the very low levels of client needs met by services other than for prescribing interventions.

Those clients who had most needs identified at initial presentation to services were least satisfied three months after. These clients were looking to drug services to provide more than just a script, and were less satisfied as these other needs were generally not met.

## Conclusions and policy implications

The study found that there are a number of factors which impact on retention in treatment. Primary opiate users were more likely to be retained in treatment and this may reflect services having less to offer to stimulant or other drug users. The agency itself makes a difference in retention of clients in treatment and further research to examine why some agencies are better than others at retaining clients in treatment is clearly warranted, particularly in relation to key aspects of agency working and style. A main service user concern was long waiting times and this is now being addressed through clear guidance on drug service waiting times and monitoring by the National Treatment Agency for Substance Misuse. The other main service user concerns were negative staff attitudes and that service rules were applied too rigidly. Service users recognised and endorsed the need for services to have rules, but it was the manner of their implementation and disregard for individual circumstances that have caused most concern. The key seems to be achieving a balance between the needs of services and the needs of users, with sufficient flexibility to accommodate individual circumstances. Increasing service user involvement in drug treatment services may help to facilitate this balance. An increased focus on staff training to improve communication of positive regard and understanding of client concerns, for example training in motivational interviewing style or client-centred counselling, may also help in facilitating client engagement and

equipping staff with skills to effectively defuse difficult interactions.

Whilst prescribing interventions are important to drug users, this study has shown that clients are looking to drug service agencies to provide more in relation to broader needs and concerns. Shame/negative emotions about drug use was a key area of concern for many service users who wanted help in finding different ways of coping with these feelings. Although the majority of drug agencies reported that they already provided psychological and counselling interventions, by contrast the service user interviews, the retrospective analysis of case records, and the needs assessment interviews all indicated that these were only offered to a very small proportion of service users. The inadequacy of current provision for structured psychological and counselling interventions was recognised by service users who included these in their 'wish list' for service developments.

Many drug service clients expressed interest in getting help for relapse prevention, but few were offered help and what help was offered rarely constituted an effective structured intervention. Although relapse prevention has long been regarded as 'bread-and-butter' work for drug treatment services, there is still a need to ensure that all drug workers receive effective training and support in delivering these interventions in day-to-day service work. ■