

Why most of Britain's drug users are not LOOKING FOR HELP

IN ITS REPORT 'Treatment and Rehabilitation' the Advisory Council on the Misuse of Drugs expressed concern that some, perhaps many, drug users appeared reluctant to approach agencies, even when in difficulty. When drug users did seek help, then often they did so only after a delay of several years. "If only a rather small proportion of people in need of help actually seek help, treatment and rehabilitation services are very imperfectly achieving their purpose", the council observed.

This paper describes some of the main findings of a study of help-seeking and service usage commissioned by the Department of Health to investigate this issue. The key question was: "Why do some drug users seek help while others, with similar patterns of drug use, do not? Of those who did seek help, we also asked how satisfied they were with the services they were offered, and how their behaviour had changed compared to those who had not sought help.

Are help-seekers different?

The basis of the study was a comparison between two samples of regular drug users; one, the 'agency' group, was currently seeking help; the other, the 'non-agency' group, hadn't sought help in the past year and most had never been in treatment (details in Methodology panel). The two groups were similar in age, male-female split, and background. They also reported similar patterns of drug use in the past, though those seeking help admitted to a greater frequency of drug arrests and episodes of drug-related hospitalisation.

One difference was that the agency group had been two years younger at each milestone in their history (first use, etc). On average, they had also been using drugs three years longer (14 years compared to 11 years). However, this difference was largely due to some clients in the agency group with very extensive histories of drug use and agency contact. When we excluded these we found the drug use histories of the groups were similar, and also similar to those of other agency-based samples.

The current drug use patterns of the two groups were also broadly similar, though the agency group reported slightly more frequent opiate use, consumed higher doses, and were more likely to inject (80 per cent versus 66 per cent). They were also more likely to report increases in their drug use over the past three months, suggesting the drug use of the two groups might have recently diverged.

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The most wide-ranging 'market research' study of potential drug agency customers yet done in Britain helps answer the crucial question of why some people in drug trouble seek help while others stay away from the services.

Richard Hartnoll and Robert Power

The considerable overlap between the two groups on all measures of past and present drug use suggests that differences in drug use were probably a relatively small factor in why they did or did not seek help. Nor did differences in access to illicit drug supplies differentiate the two groups.

There were, however, greater differences in indicators of control over drug use, with the non-agency group saying they used more, and more varied, strategies to restrain their drug use. These ranged from self-imposed limits on the amounts bought or the frequency of use, to going away for a few days or varying the drugs used. As a result, the non-agency group spent proportionately less of their income on drugs, though for most drugs still accounted for over half their expenditure. The significance of this finding is underlined by the fact that financial problems were cited as a major reason for seeking help.

The agency group were less likely to have a legitimate income and more likely to live in insecure accommodation. They were also more likely to be involved with the law, despite the fact that the non-agency group reported just as much criminal activity and were more likely to be supplying drugs.

The implication is that those seeking help were less able to avoid arrest and less enterprising in how they supported themselves and where they lived. But, as with drug use, these characteristics did not sharply differentiate the two groups. On markers of current physical health and emotional state there were also few differences.

Support networks

It's when we turned to personal relationships and social networks that some important differences emerged. The agency group spent much more time with other drug users, but were less likely to have friends or others they could turn to for help. The help-seekers were also twice as likely to have a partner who did not use drugs. As a result, they experienced a greater degree of conflict over their drug use and more pressure to 'do something' about it, yet had fewer alternative sources of help.

In contrast, the regular drug users who did without help not only deployed a range of strategies to control their drug use, but also experienced less conflict between their drug use and their personal and social life. They also had more consistent networks of friends for support in times of need.

Significantly, those who sought help did so after experiencing a marked increase in drug-related problems over the past three months. They also expressed much greater concern about their drug use and related problems, and a

much greater need for help. Many saw the process leading up to their seeking help as one of increasing drug use, loss of control, accumulating drug-related difficulties, growing social conflict, and increasing anxiety.

Reasons for not seeking help

No one in the non-agency group had sought help for at least a year, yet a quarter of them expressed an urgent need for help and as a group their drug-related problems were by no means insignificant. The overlap between the two groups on all indices emphasises the fact that help-seeking was not simply a function of severity of drug use and its consequences.

One important factor differentiating the two groups was that the agency group had a better knowledge and understanding of services, including the specific agencies in our study. Simply in terms of information, the drug users who did not seek help were less well placed to know where and how to find it. They were particularly ill-informed about agencies other than drug dependency units, such as street

Methodology

Between November 1985 and January 1988 we carried out in-depth interviews with 240 regular drug users in inner north and central London. All were using illicit drugs on a daily/almost daily basis (usually heroin, but also other opiates, amphetamines, and cocaine, as well as various sedatives, cannabis and other illegal drugs). All had been using opiates and/or stimulants regularly for at least two years; in most cases, much longer. The sample was divided into two halves.

► The 'agency' group were contacted when seeking help from a range of local agencies: an outpatient drug dependency unit and its satellite clinic in the West End; a therapeutic day programme; a short-term residential crisis intervention centre; a street agency; and three GPs. The staff member who assessed the client was also interviewed about their perception of the client's needs.

► The 'non-agency' group was contacted by 'snowballing' from the help-seeking clients, or through various contact points in the community. Over half had never been in treatment, and none had received treatment in the previous 12 months.

Over a third of both groups were women. Half of both the agency and the non-agency groups were reinterviewed three months later.

The implications for drug services

There are two broad areas where our findings have implications for drug services, though it is impossible to do any more here than to outline some possibilities.

● The first area is building on the existing informal self-help support structures and control strategies among drug users who do not seek help. Outreach work could aim to harness the positive aspects of such structures and strategies (especially for risk-reduction) and might also facilitate help-seeking. Information could also be channelled through significant others such as partners, families and friends. There was a notable demand for the guide to do-it-yourself detoxification and the booklet for friends and others produced by the Blenheim Project some years ago.

● The second broad area concerns making agencies more accessible. Imaginative tactics are needed to advertise services and disseminate information about them. Outreach workers, education of generic professionals, the 'grapevine', comic-style literature — all these and more can play a part. Ideally, contacts should be

totally confidential and clearly publicised as such, with no notification, at least at first contact.

An initial response should be offered rapidly, even if a full service cannot immediately be provided. Clarity over the expected time course is important. Opening times should be flexible and designed with the needs of potential client sub-groups in mind (eg, full-time employed, parents of schoolchildren, etc).

Service location should be based on the territorial structures of the client group, especially important among young people who may be unwilling to go to a strange agency outside their area. Informal settings are better than large institutional bases. There should be as few 'gatekeepers' (such as porters and receptionists) as possible, particularly if they are not part of the service.

Agencies need to review whether they are equally accessible and attractive to different client groups — women, parents of young children, ethnic minorities, adolescents, and so on.

agencies.

But not only was knowledge of services important; the range and substance of those services was critical. Both groups indicated that the most important factor they had taken (or would take) into account when going to an agency was what services were offered. Most saw an opiate prescription as important, though only a minority wanted long-term maintenance. Of equal importance was help with practical issues like housing, health, means of support, skills training, legal problems, and childcare.

Most saw counselling as a valuable adjunct, though only if on an individual basis. Women in the non-agency group also emphasised the attractiveness of services that included facilities aimed at women.

Accessibility of agencies was another important influence on help-seeking — not only in terms of waiting lists, location and opening hours, but also in terms of 'psychological' openness (institutional setting, referral requirements, number of 'gatekeepers', etc).

Two important issues were reported by the non-agency group, but not by the agency group, as significant barriers to seeking help. These were confidentiality, especially notification of addiction to the Home Office; and concern about the consequences of becoming known as a drug user with young children.

Did the help help?

In the three months after they came for help, the agency group reported much greater change than the non-agency group in the same time period. There were large falls in illicit drug use and in injecting, accompanied by reduced expenditure on drugs and less involvement with other drug users. Although not necessarily long term, these changes were very significant in terms of lowering the risk of HIV infection and in terms of a reduced demand on the illicit heroin market and a lower level of criminal activity.

In other life areas there was less objective

evidence of change, though clients reported improvements and reduced anxiety in most areas of significant concern when they sought help. An important exception was increased anxiety over their relationships with partners and children.

Despite these improvements, there remained substantial evidence of the need for continued help and support, especially regarding drug use, emotional and psychological state, means of support, and accommodation.

Key findings

▶ The decision to seek help is not simply a function of the severity of an individual's drug problems or the length of their drug using careers, though both these are factors.

▶ Knowledge of services is important but so too is what these services have to offer.

▶ Short-term objectives relating to practical needs and to mitigating the problems and harm that result from drug use were viewed as a priority among clients and potential clients.

▶ Help seeking was often followed, in the short-term at least, by changes beneficial both to clients and to society.

▶ Drug users are neither a homogeneous nor an inherently irrational population. They often make pragmatic decisions over help-seeking. Services should be flexible and able to respond to individual circumstances.

▶ There should be a softening of the boundaries between 'gateway' or front-line services and drug users and greater attention to harnessing the informal support systems and control strategies found in the drug using community.

When we looked at how clients felt about the services they'd received, we found two-thirds were broadly satisfied and less than a fifth actively dissatisfied. Most felt they'd been helped in the areas where they most wanted it — their drug use, health, and psychological state.

They were especially positive about the importance of personal relationships with individual staff and the informal support received through these contacts. They were also positive about the prescription provided as well as about practical advice and help.

However, the agency attenders were largely neutral about counselling or therapy, suggesting it was the human dimension that was important from the clients' point of view, rather than the specific type of therapy offered.

When asked why clients had sought help and what kind of help they'd wanted, the replies from agency staff were remarkably similar to those given by the clients themselves. In most cases staff appeared to have accurately perceived clients' needs, at least in broad terms. The main area where these were underestimated was in relation to children.

Public health implications

Our study underlined the important role that attracting drug misusers into treatment can play in preventing the spread of HIV. When they first came for help injectors in the agency group were already behaving in ways that put them at a lower risk of HIV infection compared to their counterparts in the non-agency group. But after seeking help they further reduced their risk behaviour — partly through abstinence, more commonly through large decreases in injecting while being prescribed substitute drugs to take by mouth.

A further social benefit associated with agency contact was reduced involvement in the illicit market as consumer or supplier, and a parallel decrease in crime. A major issue for the future is how these short-term changes can best be maintained.

Another major issue is how to contact a wider range of drug users earlier in their drug using careers. It is true that those who did not seek help were more controlled in their drug use and less likely to see themselves as needing help. But to this should be added: 'from existing services as they perceived them'.

One interpretation is that the non-agency group were simply three years less advanced in their drug using careers than the agency group. The implication is that extra efforts to reach new clients are unnecessary since many will seek help as crises arise over the next few years.

But the fact that half our sample sought help, and the other half did not, cannot be explained away simply in terms of their years of drug use. There is too much overlap in their drug histories, and too much evidence of differences in personal and social characteristics, to justify a perception of these groups as basically the same people at different stages in their drug careers.

In any event, regardless of the extent to which drug careers explain differences in help seeking, it is clinically complacent and socially irresponsible to leave people to seek help when they are sufficiently desperate. Among the agency group were cases where earlier intervention might well have been helpful, and the non-agency group are precisely the sort of drug users who should be the target of earlier intervention and future harm-minimisation measures.