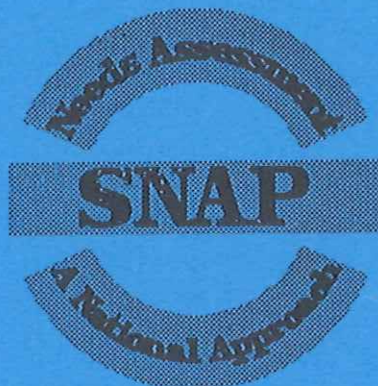
Scottish Needs Assessment Programme



Problem Drug Use

SCOTTISH FORUM FOR PUBLIC HEALTH MEDICINE

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Health Promotion Network

Problem Drug Use

Mr Brian Gardner — Department of Health Promotion, Highland Health Board

Mr John Boswell — Department of Health Promotion, Forth Valley Health Board

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This Report has been distributed to the General Managers and Directors of Public Health of Scottish Health Boards and further copies are obtainable from Jacqueline Gregan, Scottish Forum for Public Health Medicine, 69 Oakfield Avenue, Glasgow G12 8QQ, to whom the evaluation sheets should be returned.

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Cataract Surgery
Congenital Dislocation of the Hip
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Breastfeeding in Scotland
Improving Gynaecological Services Within Existing Resources - A Programme Budgeting and Marginal Analysis Approach
Cancer Care in Glasgow - A Model for Regional Cancer Care in Scotland
Inpatient Resources for Communicable Disease in Scotland

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Dental Caries in Children
Oral Cancer
Cardiac Disease
Stroke
Mental Health

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Appendix

EXECUTIVE SUMMARY

The misuse of both legal and illegal drugs within Scotland represents one of the most serious problems facing the Scottish population. Although we lack good information on the national prevalence of problem drug use there can be little doubt that this has increased dramatically over the last 10 years. There is probably no part of Scotland where drug use in one form or another is not occurring. It would be impossible to overestimate the impact of such drug use upon individuals, families and local communities. Equally, problem drug use represents one of the greatest challenges facing a wide range of services operating within the health and personal welfare arena. Two important current or expected Government documents will be helpful in focusing discussion in this difficult area of work. The Scottish Affairs Committee has recently produced a first report and the Scottish Office Ministerial Task Force on Drugs is due to be published in late summer.

The range of problems associated with drug use coupled with the diversity among drug users militates against any single model of care or intervention. Patterns of problem drug use differ markedly between different geographical areas. This suggests the need for drug services not only to respond to local circumstances but also to be sufficiently flexible to modify practice in the light of what may be rapid and unpredictable changes in the behaviour of drug users.

There is an important need for work in the area of drug prevention. Previous research has shown that once patterns of drug taking are established, the impact of treatment services tends to be modest. As a result, attention has to be directed towards reducing the levels of recruitment among young people.

It is unrealistic to expect that all drug users will be prepared, or able, to cease or reduce their drug use. In the light of this it is important for services to identify ways of reducing the harm associated with continued drug use. This will include the use of substitute prescribing as well as the provision of detailed information and counselling on the effects of different drugs and the ways in which such drugs may be used with minimal harm.

It is essential that services provided to drug users are readily accessible. For female drug users in particular this may require that drug services include some provision for child care arrangements. Although it is unreasonable to expect services to be accessible 24 hours a day, seven days a week, it is also the case that drug users do not fit easily into a 9 to 5 working day.

At any one time only a minority of drug users are in contact with any agencies. There is a need for drug services to consider ways in which they might be more pro-active in contacting drug users, perhaps using outreach services and satellite drop-in facilities in areas of high drug use prevalence. There is likely to be a continuing need for residential services to provide detoxification, rehabilitation and short term crisis intervention. The needs of drug users in the more rural areas relating to levels of provision, confidentiality and so on also require to be understood and addressed.

Independent monitoring and evaluation of the **cost** and the **effectiveness** of services has to become an integral part of the climate of drug services. Without such information purchasers will continue to find themselves in the difficult position of having to choose between competing service options with little to guide them in making such decisions. There is a need to ensure that the results of such monitoring and evaluation are speedily fed back to service providers and purchasers in order that model practices may be identified and built upon.

Finally, it has to be recognised that no one service or agency can solve the multiplicity of problems associated with drug misuse. In this area, as in others, close collaboration and communication between agencies is essential. On occasion this may be difficult to foster given that different agencies may view drug use in quite different terms and have evolved their own preferred styles of working. Despite this, close collaboration between agencies and an openness to consider alternative styles of working has to be fostered between services.

RECOMMENDATIONS

The following recommendations are for consideration for both purchasers and providers to ensure equity for clients. The considerations for research are valid at both national and local level to ensure local needs and issues are assessed, addressed and can also be placed within a wider context.

Purchasers and providers should ensure within contracts that services and service development in this field include:

- Equality of access to care and treatment should be available for problem drug users.
- A flexible menu of treatment options should be available to enable interventions to be matched to individual problem drug users' needs.
- A basic information database should be established with details of numbers of drug users, range, effectiveness and cost of services available and impact of drug use on families and local communities.
- A health awareness and prevention package for all relevant client groups in the community should be provided, focused through Health Promotion Departments.
- Research should be focused on evaluating and monitoring the needs of clients and the effectiveness of services in meeting these needs.

Considerations for research should include the following:

- Examination of the routes into and out of drug use to discover the critical factors which influence behaviour and thus can inform service development in the fields of prevention, intervention, support and rehabilitation.
- Evaluation of the effectiveness and efficiency of all services in this area in the fields of health promotion, prevention, treatment and rehabilitation in general and in particular substitute prescribing.
- Estimation of the impact of problem drug use on families and communities.
- Better understanding of protective factors - how young people in areas of widespread problem drug use resist the drug culture
- Measurement of the prevalence of problem drug use in different parts of the country to ensure consideration of the mix of the rural and urban environments.
- Estimation of the experience and needs of young people who use dance/recreational drugs on an occasional or irregular basis.
- Measurement of the needs and experiences of people who have problems with prescribed psychoactive drugs and of the service development required to meet these needs.

1 STATEMENT OF THE PROBLEM

Problem drug use is increasing for reasons which remain unclear. Two recent surveys illustrate the current incidence and prevalence of drug use in the United Kingdom. The British Crime Survey suggested that the use of drugs had doubled in the decade to 1992 (Mott and Mirlees-Black 1993). A four cities survey (Glasgow, Bradford, Nottingham and Lewisham) conducted in 1992 paints a similar picture (Sheffield University 1992). However, the survey concluded that heavy use was still rare with very frequent use and injecting more prominent in those of lower socio-economic status. The respondents in both surveys reported little difficulty in obtaining the drugs of their choice.

Apart from alcohol, tobacco, prescribed and over-the-counter medicines, drug use is invariably a private and hidden experience where any estimates of prevalence of activity are invariably inaccurate. As expressed by the National Audit of Drug Use Statistics (1991): "Assessing the prevalence of drug misuse in Britain is more like piecing together a jigsaw with most of the pieces missing (and the rest fitting poorly or not at all) than an exercise in statistical estimation". In Scotland, where social disapproval, illegality and confused understanding of definitions interact with patchy service development of varying quality, the problem is intensified.

Epidemiology is a specific approach applicable to the examination of disease. Such an approach can be useful in considering the issue of problem drug use although care must be taken to see that this does not convey the impression that problem drug use is in itself a disease or that this assessment considers it as such. The use of the disease state concept, however, would support the philosophy that drug users should have equality of access to treatment and care.

a) Definition of the Problems

In considering problem drug use the following factors are important:

- the substance or substances used
- the method or methods of use
- the pattern of use
- the definition, by whom, of what constitutes a problem

The problems that may arise from a chaotic, intravenous opiate injector are certainly different from those of a recreational dance drug user or those who take prescribed psychoactive drugs on a daily basis.

Any assessment and associated service development will have to consider each client group on their terms rather than attempt to put all behaviour in this arena into the same format. The major concern for health boards, however, is presented by illegal drug use, particularly by injecting, and this is acknowledged throughout this paper.

It may be helpful to assess issues and problems on the following levels:

- Firstly, to look at the prevention of substance use in the community, promoting non drug use as the norm and minimising recruitment into drug use.

- Secondly, to consider how to minimise the problems/issues for those who are experimenting or dabbling with drug use and to help divert them from a drug using lifestyle.

- Thirdly, to introduce recreational drug users to appropriate services and to promote healthy alternatives.

- Finally, to introduce problem drug users to services using harm reduction regimes to stabilise health status, reduce problems and prevent virus infections.

A model, adapted from Thorley (1980), shows how this range of problems can be viewed (see Appendix).

b) Epidemiological Overview

Studies measuring drug-taking do occur. They are, however, relatively rare and few encompass a national perspective. From prevalence studies conducted, it is apparent that there has been a recent increase in problem drug use although there is not a robust overall figure.

The Scottish Drug Misuse Database monitors the contact of a variety of drug "agencies" with new problem drug users who are defined as those attending the service for the first time ever or who have not attended for at least six months.

Only a small percentage of drug users who are experiencing problems, however defined, are likely to be in contact with services, at any given time, so the Drug Misuse Bulletin gives no real indication of recreational and/or non-problem drug use in Scotland. Other data, however, such as number and types of drugs used, as well as demographic details, are recorded for the database.

There have been a number of recent developments in estimating the size of covert populations including drug injectors (Fisher 1992, McKeganey 1992). The drawback of such work is that it provides retrospective estimates of population size. There is a clear need to provide prospective estimates of size of current drug-misusing population. There are a number of methodological difficulties in such work (McKeganey 1992) but work in this specific area is currently under way both in Scotland and in Wales (Bloor 1993). It is important for such work to encompass both urban and rural populations.

2 EFFECTIVE CARE

Much of the research on treatment regimes has shown that no one type of service or intervention is more efficient or effective than another and this confirms the importance of a range of services being available. Miller (1992) argues that for particular types of individuals it makes a considerable difference which treatment is used. Practitioners must, therefore, aim to match interventions to individuals. He maintains that a menu of alternative strategies should be available from which to choose. He states that "within this array of options, the chances are good for finding at least one that will be beneficial for any particular individual."

Knowledge of accurate matching schemes could greatly increase the cost-effectiveness of treatment. McKeganey (1992) states "The impact and cost-effectiveness of a treatment system are diminished when treatment is standardised rather than individualised". He concludes that "Interventions are best tailored to the needs and characteristics of individuals, with regard to the optimal length, setting, goals and methods of treatment".

At a minimum provision should be available for:

- **Basic Information**

  This should include leaflets and literature designed to raise awareness and give a balanced understanding of drug issues.

- **Education and Alternatives**

  This should include promotion of proven drug education methods and packages. Realistic alternatives to drug taking should be suggested using resources available, or which can be created, in local areas.

- **Minimal Intervention**

  Minimal intervention includes a range of brief interventions which, when delivered at an appropriate stage, may be effective in addressing problem drug use.

- **Crisis Intervention**

  Chaotic drug users may require urgent access to treatment and removal from situations in which they cannot cope. Similar to the concept of "designated places" for people with serious alcohol problems, crisis centres provide problem drug users with an opportunity to stabilise their drug use. Most other types of inpatient provision operate on an abstinence orientated model and require applicants to have undergone detoxification already. Crisis intervention facilities such as those available in Edinburgh and Glasgow are appropriate for significant numbers of problem drug users.

- **Detoxification**

  For people with sufficient commitment inpatient and home detoxification provision should be available. There is a need for minimum medical/nursing care and supervision.

- **Home or Residential Rehabilitation**

  Care in their own community is recommended for most problem drug users. Individuals should be encouraged to address drug-related problems and be provided with appropriate medical and social support in their normal milieu. For a significant number, however, residential rehabilitation will continue to be necessary. The respite which this form of provision creates for families of drug users must also be considered.

- **Prescribing**

  Pharmaceutical drugs such as methadone and dihydrocodeine where appropriate should be used to encouraged intravenous drug users to stop injecting and to stabilise drug-taking. Clinicians may also wish to prescribe tranquillisers. The effectiveness of using supported prescribing services, in collaboration with other services, both to recruit clients to services and to encourage shifts away from risk behaviours of injecting and sharing injecting equipment merit very serious consideration (Griffin, Pelets and Reid 1993). Treatment regimes, which may include prescribing, require to be developed for drug users who inject amphetamines.

- **Needle and Syringe Exchanges**

  Sterile injecting equipment and access to knowledge and cleaning materials for used needles and syringes must continue to be made available for injecting drug misusers who are unable, or unwilling, to stop injecting. Information regarding safer sexual practices can usefully form part of such service delivery.

- **Counselling and Support**

  Treatment regimes depend on ongoing one-to-one counselling and group work for maximum positive outcomes. Help for individuals in relation to employment, accommodation, voluntary work and so on greatly assist lifestyle change. Support for families and friends of problem drug users also requires consideration.

These services should be available for the users themselves, their dependants, carers and partners and on an individually assessed needs basis.

3 WHAT IS CURRENTLY PROVIDED?

The range of services for problem drug users include both medical and non medical provision in general practice, police surgeons, specialist drug services, outpatient, inpatient, residential rehabilitation and penal establishments. The specialist drug services can be voluntary or statutory and can be uni- or multi-disciplinary in nature. A full listing of all drug services in Scotland is published annually by Health Education Board for Scotland (7th edition 1992) collated by the Scottish Drugs Forum and many regions publish their own listings of helping agencies.

Types of interventions may be categorised into:

- **Health Promotion**

  Assistance with preventative measures such as drug education in the formal and informal education sectors. Targeting of priority groups such as parents and parent/teacher associations and a range of professional groups for responding appropriately to drug problems. Information, advice and guidance to the general public on drug issues. Needs assessment of groups involved in different forms of drug use. Risk reduction techniques such as safer injecting and cleaning of used equipment.

- **Generic Social Work Services**

  Identification of problem drug using clients. Referral to appropriate organisations and agencies in line with arrangements under Community Care legislation for drug misusers.

- **Primary Health Care**

  Involvement of general practitioners, health visitors, district nurses, practice nurses and community psychiatric nurses in identifying and responding to drug users. These responses might include minimal intervention, referral, prescribing and a range of longer-term techniques such as maintenance prescribing, counselling and joint working with others operating in the drug field, especially drug work specialists.

- **NHS Non Specific Services**

  These would include Accident and Emergency, psychiatric beds for concomitant psychiatric disorders such as schizophrenia and depression, general hospital beds, mobile and static clinics where a range of services and referral could occur. This setting might usefully be included in short-term, common recording research regarding contact with drug users.

- **NHS Specialist Services**

  A broad range of inpatient and outpatient services may be provided by dependency units. Care must be taken, however, to avoid medicalisation of problem drug use. Such units must be mindful that fiscal, legal and, in particular, social harms are generated by problem drug use. Close liaison and cooperation with a wide variety of organisations and agencies (voluntary and statutory) is essential.

- **Statutory Services**

  Local authorities which have workplace policies assisting problem drug-using employees contribute to and refer to other general and specific provision. The Local Government Drugs Forum has been developed to focus on drug issues from a local authority perspective.

- **Voluntary Services**

  The range of provision for drug users in the voluntary sector includes a wide range of responses encompassing informal drop-in centres to therapeutically based concept houses. Many of these agencies, funded by statutory bodies, are able to change direction quickly to pilot and evaluate innovative interventions not feasible for larger organisations.

- **Penal and Offender Services**

  Programmes designed to follow up problem drug users during incarceration are in place in some prisons. The provision of cleaning materials for injecting equipment has also recently been agreed and implemented. In conjunction with Offender Services Sections, prisons have put, or are putting, in place measures and opportunities for drug users to plan for release. This involves inmates in addressing drug-related offending by participating in group work and one-to-one situations. Through these activities, coping skills can be acquired to secure lifestyle change both in prison and in the community.

In outlining the range of services available, the importance of good joint working and close links among the various providers cannot be overemphasised. We need better information on models of care and service delivery and it would be unwise to assume that these are the same across the range of services.

4 FRAMEWORK FOR CONSULTATION

Purchasers are being encouraged to consider the views of local people in the purchase of services, to promote informed local debate about health issues and to involve the consumer in the process of assessing need.

A broad framework for consultation will include the following:

- Development of a strategy for communicating with local people
- Establishment of arrangements for listening, discussing and reporting decisions to local people (public meetings, information leaflets, newsletters and so on)
- Conduct of direct consumer surveys which may be incorporated into regular adult and young people's lifestyle surveys to gauge opinion about services as well as determining lifestyle and behaviour
- Establishment of focus groups and consumer groups to contribute to needs assessment
- Consultation with general practitioners to get their views and views on behalf of their patients (the consumers)
- Close cooperation with the Local Health Councils
- Establishment of arrangements for working with local communities and their representatives (community development approach)

In the area of problem drug use, however, it has to be recognised that the illegality of the activity does introduce a different dimension. Efforts to obtain the views of drug users on their access to and use of services will require research oriented to them which confronts the difficulties and sensitivities of contacting people involved in an illegal activity.

5 GAPS IN PROVISION AND PRIORITY ACTION AREAS FOR FUTURE

The provision of drug services around Scotland is patchy. Treatment modalities are applied, often dominated by the concept of harm reduction where their efficacy is unknown or little research into measuring outcomes has been undertaken. Some Health Boards offer a range of services designed to address the needs of drug users relating to medical, social, legal and community issues. There appears to be little commonality of view regarding treatment strategies. In addition examples of good work methods and efficient interventions are not shared routinely by practitioners. As stated earlier in this report, closer focus on matching interventions to individuals is necessary.

In sum, areas requiring further investigation/work are:

- Local databases of proposed outcomes for all substances and client groups should be established.
- Measurement should be made of effectiveness and efficiency of all intervention techniques.
- A comprehensive strategy of service development for all substances and client groups should be encouraged.
- Local surveys, research and investigations should be used to inform service development locally and provide examples of good practice in other regions and nationally.
- The routes into and out of drug use should be studied to generate novel ideas of intervention, support and service development.
- Further work should be considered on groups not currently receiving services who might benefit from doing so.
- Further information is needed on what services might be targeted on those in the early stages of their drug using career who may not yet be injecting.
- Further work might be useful on the particular needs of young women drug users, with or without children.

6 COSTED OPTIONS WITH EXPECTED BENEFITS

Using an economic approach to review services and set priorities

Programme budgeting and marginal analysis (PBMA) is an approach to priority setting which was developed in the 1970s and has recently enjoyed a revival with the introduction of the purchaser/provider split and the more explicit need for purchasers to set priorities. The process is described in more detail by Mooney, Russell and Weir (1993). The aim is to shift resources around within a programme to produce the greatest health gain possible from a given budget.

Briefly, the process involves first breaking down a programme of the health service into component parts. This might be by client group/setting (for example, GP clinic, hospital, community) or type of intervention (for example, prevention, education, acute) to produce a matrix which describes the service, the resources currently used and the extent to which the objectives to be met are identified. This is the programme budgeting part of PBMA.

The idea is to provide a framework within which to consider whether and how the budget given over to a programme could be spent differently within the programme to produce greater benefits overall. This might mean targeting a particular box of the matrix to produce a more cost-effective service or shifting resources between the boxes from an area of the service which seems relatively ineffective to one which seems to be producing greater effect. This is the marginal analysis part of PBMA.

In some services it is quite clear what the programme of services looks like and where the areas for improvement are. In such cases it may not be necessary to go through the programme budgeting stage of this approach. The fragmented and diverse nature of services for drug abusers makes an approach like this particularly appealing and potentially useful.

It is clear, however, that there has to date been very little work on costed options for services in this area and there is need for independent research to assess the effectiveness and relative costs of a range of services.

7 MONITORING - CRITERIA AND MEASURES

Many outcome measures are possible and each could be considered separately under the main interventions itemised on pages 6 and 7 in the section on what is currently provided.

Health Promotion, for example, would offer a range and number of educational programmes together with evaluation of participants' levels of knowledge, attitudes and beliefs about substance use.

Similarly, for Treatment Services the level of use of the services, reduction in risk behaviour and measurement of movement to safer and non drug use would be standards. Because of the complex interrelationship between health status, social relationships and criminal activity in the drug field, changes in these behaviours are important markers for measuring the effectiveness of service interventions.

Part of the monitoring will include cost-effectiveness studies - for example, programme budget and marginal analysis as an option. Drug users are not, however, a homogenous group but a wide and diverse range of people of all ages from all walks of life and this has to be borne in mind.

Main outcome measures could be approached in the following manner:

- Level of use of substances
- Level of knowledge, attitudes and beliefs about Substance Use
- Level of use of services
- Level of health status
- Level of risk factors/behaviours
- Level of involvement in criminality
- Level of social adjustment

Sub-measures, relevant to different areas, can be identified using these criteria and monitored as appropriate.

8 PURCHASING ISSUES

The current trend towards establishment of Trusts as providers and Health Boards as purchasers will have impact on the style and extent of service provision for drug users. The impending changes, from 1996, with regard to Local Government re-organisation will also play a part in service arrangements. Social Work Departments will be charged with the lead role in changes required by Community Care legislation. Joint consultation and working between Health Boards and Social Work Departments will be crucial in forming the nature and extent of drug use services within these developments.

For an interim period it is likely that purchasers will honour the existing reality of statutory and voluntary provision for drug use in Scottish Regions. Given that outcome measurement and cost-effective analysis will be the rocks upon which services will sink or swim, purchasers will increasingly focus on these aspects of provision. Interventions, work methods and outcomes will, therefore, be scrutinised relevant to their specific cost and in relation to the costs of competing treatment modalities.

Under the constraint of finite financial resources purchasers will be seeking value for money. As outlined previously, current research suggests that maximum treatment effectiveness, in terms of outcome and cost, can be best achieved by matching interventions to individuals. Thus, standardised therapeutic programmes for the majority of drug users might seem inappropriate for service provision. In the future, providers should seek to establish a menu of options, some elements of which will suit certain individuals while other interventions will more closely match the needs of others. Flexibility is paramount.

Much research is needed concerning the efficacy of particular treatment modalities and the interventions and work methods they contain. The results of such research will have significant bearing on the types of service provision Health Boards may purchase for drug users. Whether these purchases will be cost or volume contracts must await future research or be based on realistic local needs assessment.

The reality of problem drug use, from a Scottish wide perspective, is not well understood. Many of the strategies and priorities currently in place are not known to address such drug use effectively. It is crucial, therefore, that the information database mentioned earlier is established on as firm and accurate a foundation as possible in an uncertain area such as this. Without this, it is not possible to make informed decisions on whether purchasers should continue to support existing provision in their area or to change or expand the range of services available if they wish to address effectively the needs of problem drug users. Such an audit should encompass the whole range of potential interventions from prevention and health promotion to residential rehabilitation.

The coverage of services is uneven, and consequently purchasers may be faced with a limited choice of providers. This may limit the possibility of matching interventions to different types of drug users.

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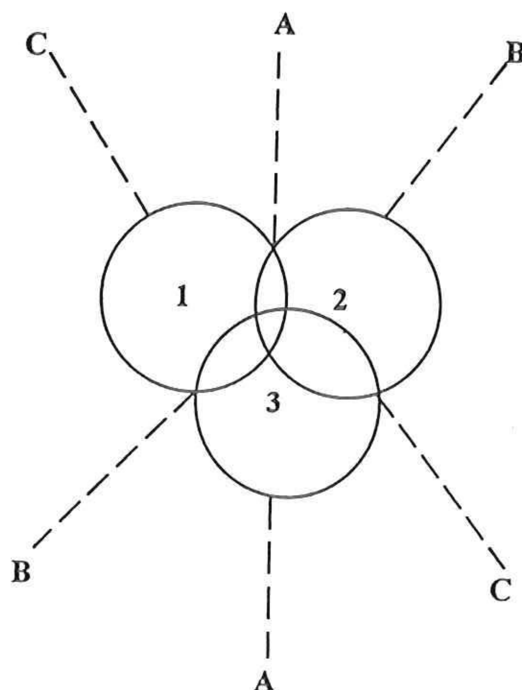
APPENDIX

The following model, adapted from Thorley, attempts to show the range of potential problems that can occur in the social, health and legal fields. These would vary for different substances and can also reflect the different client groups such as individual users, families, careers and dependants as well as the community as a whole.

This would allow a method of approaching needs assessment in as simple or as complex a fashion as required for local needs yet offer consistency across Scotland for comparison.



1 Problem drug use due to intoxication by substances

2 Problem drug use due to regular use of substances

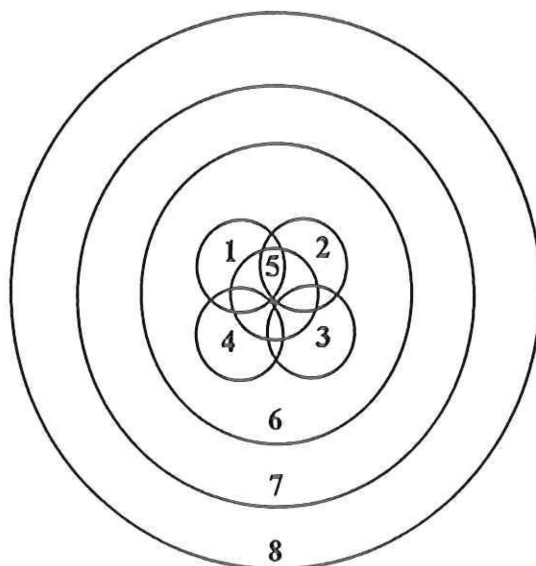
3 Problem drug use due to regular excessive use of substances

A Legal - illegal continuum

B Socially acceptable - socially unacceptable continuum

C Medically prescribed - self prescribed continuum

An alternative or complimentary method of assessing the number of individuals within a community experiencing problems with substance use is suggested below from the model of the Drug Indicators Project. Clients may be in contact with no agencies, or a number of agencies, over a fixed time period and utilisation of statistical methods would be able to generate incidence and prevalence numbers for different substances and across substances.



Problem drug use seen by 'Health' staff

Problem drug use seen by Social Work staff

Problem drug use seen by Education staff

Problem drug use seen by Police

Problem drug use seen by drug agencies, drug workers and so on

Problem drug use seen in the community but not reported

The hidden problem drug use in the community

The total drug using population

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The range of problems associated with drug use coupled with the diversity among drug users militates against any single model of care or intervention. Patterns of problem drug use differ markedly between different geographical areas. This suggests the need for drug services not only to respond to local circumstances but also to be sufficiently flexible to modify practice in the light of what may be rapid and unpredictable changes in the behaviour of drug users.

There is an important need for work in the area of drug prevention. Previous research has shown that once patterns of drug taking are established, the impact of treatment services tends to be modest. As a result, attention has to be directed towards reducing the levels of recruitment among young people.

It is unrealistic to expect that all drug users will be prepared, or able, to cease or reduce their drug use. In the light of this it is important for services to identify ways of reducing the harm associated with continued drug use. This will include the use of substitute prescribing as well as the provision of detailed information and counselling on the effects of different drugs and the ways in which such drugs may be used with minimal harm.

It is essential that services provided to drug users are readily accessible. For female drug users in particular this may require that drug services include some provision for child care arrangements. Although it is unreasonable to expect services to be accessible 24 hours a day, seven days a week, it is also the case that drug users do not fit easily into a 9 to 5 working day.

At any one time only a minority of drug users are in contact with any agencies. There is a need for drug services to consider ways in which they might be more pro-active in contacting drug users, perhaps using outreach services and satellite drop-in facilities in areas of high drug use prevalence. There is likely to be a continuing need for residential services to provide detoxification, rehabilitation and short term crisis intervention. The needs of drug users in the more rural areas relating to levels of provision, confidentiality and so on also require to be understood and addressed.

Independent monitoring and evaluation of the **cost** and the **effectiveness** of services has to become an integral part of the climate of drug services. Without such information purchasers will continue to find themselves in the difficult position of having to choose between competing service options with little to guide them in making such decisions. There is a need to ensure that the results of such monitoring and evaluation are speedily fed back to service providers and purchasers in order that model practices may be identified and built upon.

Finally, it has to be recognised that no one service or agency can solve the multiplicity of problems associated with drug misuse. In this area, as in others, close collaboration and communication between agencies is essential. On occasion this may be difficult to foster given that different agencies may view drug use in quite different terms and have evolved their own preferred styles of working. Despite this, close collaboration between agencies and an openness to consider alternative styles of working has to be fostered between services.

RECOMMENDATIONS

The following recommendations are for consideration for both purchasers and providers to ensure equity for clients. The considerations for research are valid at both national and local level to ensure local needs and issues are assessed, addressed and can also be placed within a wider context.

Purchasers and providers should ensure within contracts that services and service development in this field include:

- Equality of access to care and treatment should be available for problem drug users.
- A flexible menu of treatment options should be available to enable interventions to be matched to individual problem drug users' needs.
- A basic information database should be established with details of numbers of drug users, range, effectiveness and cost of services available and impact of drug use on families and local communities.
- A health awareness and prevention package for all relevant client groups in the community should be provided, focused through Health Promotion Departments.
- Research should be focused on evaluating and monitoring the needs of clients and the effectiveness of services in meeting these needs.

Considerations for research should include the following:

- Examination of the routes into and out of drug use to discover the critical factors which influence behaviour and thus can inform service development in the fields of prevention, intervention, support and rehabilitation.
- Evaluation of the effectiveness and efficiency of all services in this area in the fields of health promotion, prevention, treatment and rehabilitation in general and in particular substitute prescribing.
- Estimation of the impact of problem drug use on families and communities.
- Better understanding of protective factors - how young people in areas of widespread problem drug use resist the drug culture
- Measurement of the prevalence of problem drug use in different parts of the country to ensure consideration of the mix of the rural and urban environments.
- Estimation of the experience and needs of young people who use dance/recreational drugs on an occasional or irregular basis.
- Measurement of the needs and experiences of people who have problems with prescribed psychoactive drugs and of the service development required to meet these needs.