

# Research Plus+

*Contemporary Social Issues and Business Research*

## **North Earlham, Larkman and Marlpit Drug and Alcohol Needs Assessment**

**Prepared for the NELM Development Trust**

February 2005

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### **Research Plus+**

February 2005

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‘Drugs and alcohol do not make you a bad person. We are not scum we need help. They look at us as undesirable. How can they judge us? How do they know our pain and turmoil.’ (focus group participant)

# Executive Summary

## E1 The purpose of the research

The main purpose of the research was the collection of data related to drug and alcohol services available in the NELM (North Earlham, Larkman and Marlpit) area of Norwich in Norfolk to assist in the planning of future services.

The provision of substance misuse services in the NELM area could not be looked at without considering the nature and extent of substance misuse in the area and the research brief was called a 'needs assessment'. Therefore, although looking at substance misuse in the area was not explicitly part of the original research brief, it formed an integral part of the research.

## E2 The research methodology

The research was based on a combination of qualitative and quantitative data obtained from a number of sources. These included:

- Interviews with local agencies that provide drug and alcohol services or are in contact with substance misusers and/or their families / carers.
- Focus groups with substance misusers and/or their families / carers.
- An examination of available statistics on drug and alcohol use and related issues in the NELM area.

## E3 Substance misuse in NELM

- The illegal drugs most used in the NELM area were heroin, crack-cocaine, amphetamine and cannabis. There was little or no mention of dance drugs, such as ecstasy, and LSD.
- The illegal drugs that created the most concern were heroin and crack-cocaine. Heroin has been used in the NELM area for a long time; crack-cocaine is a more recent addition.
- Considerable poly drug use was identified.
- The legal drugs mentioned were methadone, alcohol, tobacco and prescription drugs. Both tobacco and alcohol were available via unlicensed suppliers. Prescription drugs were either prescribed legally to individuals by their GP or they were purchased on the illegal market.
- There were some reports of illegal dealing of methadone. However the supervised consumption schemes were said to have largely addressed this problem.
- Some people felt that alcohol was the biggest and most hidden substance misuse problem in the area, but that it was often overlooked.
- Alcohol was often part of a pattern of poly drug use and it was also pointed out that opiate replacement could lead to people drinking heavily.
- Considerable concern was expressed about the use and abuse of prescription drugs in the NELM area. This included long term use of prescription drugs such as tranquillisers and anti-depressants, as well as the unlicensed sale of them.
- National statistics revealed that prescribing of drugs that affect the central nervous system (CNS drugs) by Norwich PCT was higher than by other PCTs in the Eastern region and other demographically similar PCTs.
- Within the Norwich PCT, the Wensum Valley Practice, which includes the NELM area, had the fourth highest spend on CNS drugs. It was 50% higher than the national average.

- Most of the agencies working with young people, who were interviewed as part of this research, were not aware of any extensive drug use amongst young people in the NELM area. Misuse of alcohol by some young people was seen as a serious issue.
- Limited information was obtained about substance misuse amongst travellers and people of black and minority ethnic origin.
- Sex workers used both heroin and crack-cocaine. There was considerable poly drug use, including alcohol and benzodiazepines.
- Substance misuse was considered to be prevalent across the whole NELM area, but some areas were seen as having more problem substance misusers than others.
- Reasons for substance misuse included social and recreational reasons, peer pressure and reasons associated with deeper social and emotional problems.
- The difficulties of stopping substance misuse were also commented on.

#### **E4 Impact of substance misuse in NELM**

- Substance misuse had an impact on the lives of substance misusers, their families and the wider community.
- It was generally recognised that drug and alcohol misuse can have a huge impact on substance misusers' lives. The research identified a range of effects on the physical health, mental health, sexual health and social life of substance misusers in the NELM area.
- The research explored the impact of substance misuse on substance misusers' homes and their families. This included:
  - lack of money and debt
  - lack of care for the home
  - homelessness and the threat of homelessness
  - the effects on other family members and adult carers.
- Particular concern was expressed about the effects of substance misuse on the users' children
- The inter-generational nature of substance misuse and the need to minimise this was stressed.
- The research explored the impact of substance misuse on the wider NELM community.
- Statistics provided by the Norfolk Constabulary and the Norfolk Community Safety Team suggested that the NELM area is a high crime area but does not have the highest recorded crimes for drugs or other offences in the Norwich area.
- Statistics provided by the Norfolk Youth Offending Team suggested that substance misuse amongst young people in the NELM area might be more serious than was indicated by the agencies interviewed for this research.
- The research also explored:
  - the different crimes associated with heroin, crack-cocaine and alcohol misuse
  - the impact of substance misuse on domestic abuse
  - the impact of substance misuse on sex work
  - the impact of substance misuse on general anti-social behaviour
  - public health issues related to sharps and other drug paraphernalia in public places
  - the impact of substance misuse and illegal sales of tobacco and alcohol on the local economy.

## **E5 Substance misuse services and statistics**

- Based on the statistics provided by the national DTMS and individual agencies, the main substance misuse services used by people from the NELM area were Contact NR5, the Bure Centre and the Matthew Project Counselling and Support Team.
- People from the NELM area were over represented, as a proportion of the population of Norwich, being referred to or using these services.
- No statistics were provided on the number of people from the NELM area who used the Victoria Street Alcohol Service, the Matthew Project Arrest Referral Team, the Matthew Project Housing Support Team or the NORCAS Homeless Outreach Team.
- Contact NR5 provides Tier 2 and 3 services to patients in the Wensum Valley Practice, which includes the NELM area. Their services address patients' wider health and social issues, as well as their substance misuse.
- Between January and November 2004, Contact NR5 received 130 referrals from patients in the Wensum Valley Practice and in November 2004, it had 120 current patients.
- Based on the statistics provided, it appeared that the people referred to Contact NR5 before January 2004, but still on the caseload, were more serious poly drug users than more recent referrals. The service may now be reaching more new substance misusers, who have not presented for treatment before.
- The Bure Centre provides Tier 2 and 3 services. Within Norwich, 13% of the Bure Centre's referrals were from the NELM area. This appears to be an over representation of people from the NELM area, especially as other parts of the city do not have locally based substance misuse treatment services similar to Contact NR5 in their area.
- People from the NELM area accounted for approximately 17% of the Norwich caseload for the Matthew Project Counselling and Support Team. A third of the NELM clients were misusing alcohol, the main drugs used were crack-cocaine, heroin and cannabis, including some poly drug use.
- From the statistics provided, other treatment services available to substance misusers in Norwich do not appear to be well used by people from the NELM area.
- From the statistics provided, it appeared that few young people in the NELM area were being referred for substance misuse treatment.
  - Only a very small proportion of referrals to Contact NR5 were for people under 21 years.
  - T2 and Impact (Tier 2 and Tier 3 services, respectively), which are designed for young substance misusers in Norwich, do not appear to be used much by young people from the NELM area.
  - The Matthew Project Youth Team (providing Tier 1 and Tier 2 services) have not undertaken any specific outreach work in the NELM area.
- Although none of the substance misuse services within the criminal justice system (Arrest Referral Scheme run by the Matthew Project, ADAPT Link Worker Resettlement Scheme and CARATS teams) provided any statistics for this research, it is likely they would have had contact with some people from the NELM area, who have been involved in the criminal justice system.
- The Matrix Project works with sex workers, some of whom are from the NELM area.
- The Norfolk Needle and Syringe Exchange Scheme and supervised consumption schemes operate in the NELM area.

## **E6 Other support services and statistics**

- There is a range of agencies, both within the NELM area and in Norwich, that either do or could provide support on substance misuse or related issues.
- Within the NELM area these include: the Community Wardens, the Community Support Workers, Earlham Youth, Health First, the Earlham Credit Union and the area housing office.
- Services just outside the area include: the Earlham High School, the NR5 Project, the Excellence Centre, the YMCA Pastoral Care Workers, Norfolk Connexions and the local police.
- Services further away include: the Mancroft Advice Project, the Magdalene Group, women's refuges and the Voices against Violence Forum.
- Statutory services working in the area include social services, primary health care services, the Norfolk Probation Area and the Norfolk Youth Offending Team.
- A few services for parents/ carers of substance misusers were identified, but the extent to which they were used by people from the NELM area was not known.

## **E7 Mapping of links between services**

- There is considerable variety in the relationships between different agencies.
- The mapping of links between agencies and the standards and protocols that they work to highlighted the difference between the relationships within the statutory sector compared to relationships between the statutory sector and the voluntary sector/community projects.
- Agencies in the voluntary sector and community projects would benefit from adopting or developing standards and protocols for their work.
- There is a need for more information sharing protocols between agencies.

## **E8 Gaps in services**

- **Gaps identified in substance misuse services related to:**
  - Trained substance misuse workers
  - Services for users of crack-cocaine
  - Alcohol services
  - Tier 2 services
  - Residential rehabilitation services and assessment places
  - Protocols for work with young people
  - Supervised consumption
  - Needle exchange
  - Post drug and alcohol use support
  - Support groups.
- **Gaps in other support services included:**
  - Mental health, emotional well-being and dual diagnosis
  - Gaps due to involvement with the criminal justice system
  - Services for children and families
  - Housing support
  - Advocacy and support
  - Support for family members / carers
  - Relationships and communication between agencies

- Education of agencies on working with sex workers
- Community Warden's night service
- Health services and young people
- Future funding of NELM projects and community development
- Provision for non English speakers
- Access to non stigmatising adult education for NELM people
- People feeling let down by the inability of the authorities to stop drug dealing in the area.

### **E9 Conclusions and recommendation**

Section Nine of the report provides overall conclusions and areas for action. It recommends that:

The NELM Development Trust holds a conference for local people and relevant agencies to discuss the findings of the research and how to take them forward. This would also provide the opportunity for agencies to build further links with each other and the community.

# Section One Introduction

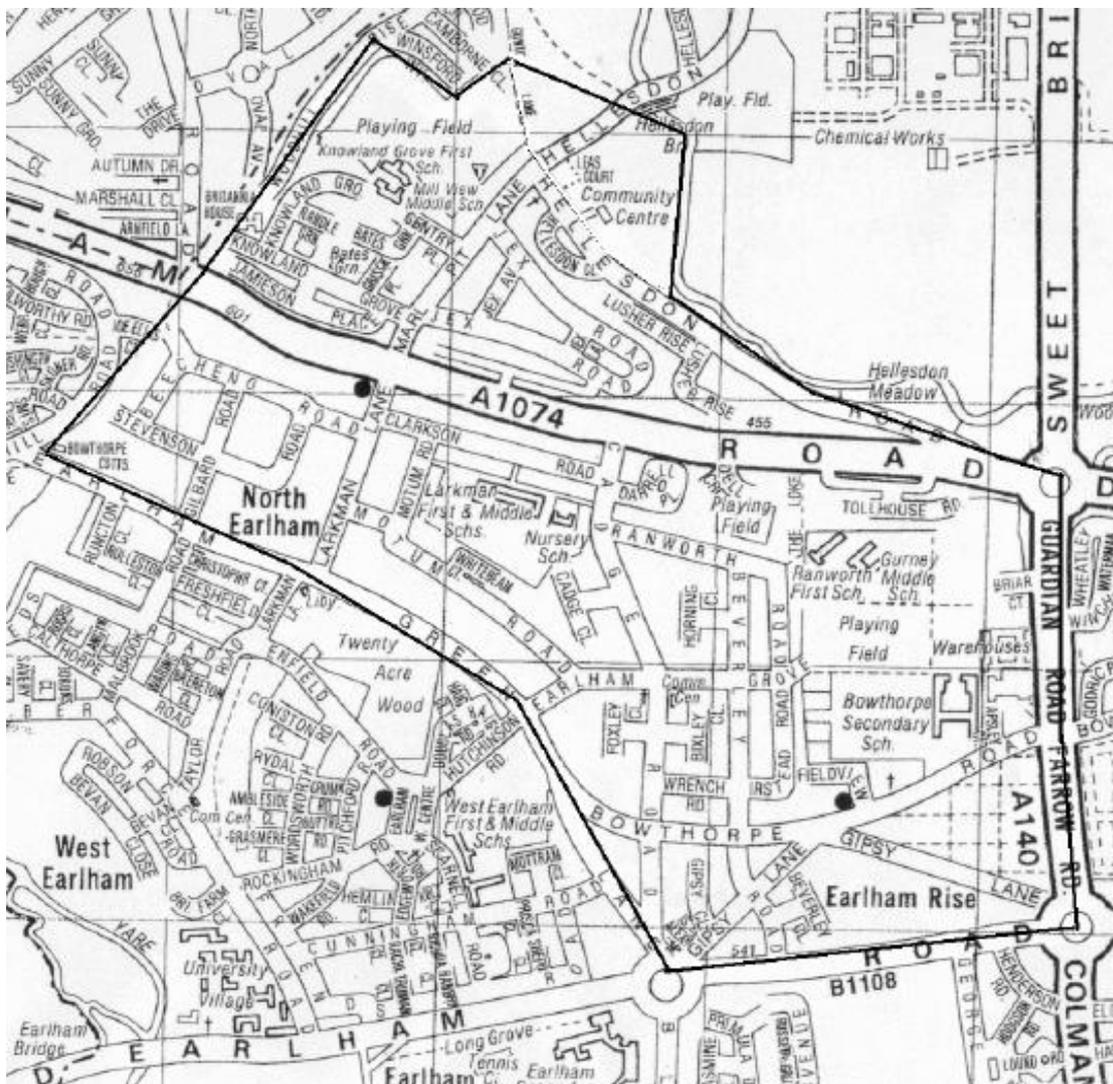
## 1.1 Introduction

This report presents the findings of research on substance misuse and substance misuse services in the NELM area of Norwich (North Earlham, Larkman and Marlpit). The research was commissioned by the NELM Development Trust Health Focus Group and was undertaken between August and December 2004.

## 1.2 The NELM area

The NELM area consists of the North Earlham, Larkman and Marlpit areas of Norwich. They are predominantly social housing estates situated to the west of Norwich city centre, see Map 1.1. The Dereham Road, a major arterial route into Norwich city centre, runs through the middle of the NELM area. This separates the Marlpit area from the rest of NELM. Based on the 2001 Census, the NELM area has a population of 8,247 people and Norwich has a population on 121,550 people. Thus NELM residents represent 7% of the population of Norwich.

**Map 1.1 NELM boundaries**



Most of the housing stock was originally built by Norwich city council. The houses on the North Earlham and Larkman estates were mostly built in the late 1930s. The accommodation on the Marlpit estate is a mixture of 1930s and 1960s properties. The area also includes some privately owned properties. Some new houses have been built in the area in recent years and a major development of new housing is taking place on the site formerly occupied by the Bowthorpe secondary school. Community sports facilities will also be included in the development. According to the 2001 Census, the total number of households in the NELM area is 2,712. The majority of the housing in the area is three bed-roomed houses.

The area is generally recognised as suffering from social and economic deprivation and has received national government funding under New Deal for Communities. This is managed by the NELM Development Trust. Their vision is to create 'a sustainable, confident and outwardly looking community'. The delivery plan for 2000 to 2010 sets out their strategy and plans for achieving this.

### **1.3 Background to the research**

The NELM Development Trust Health Focus Group has identified the need to develop a clear and robust drug and alcohol strategy. This strategy needs to be linked to NELM's overall strategy, the Norfolk DAT (Drug and Alcohol Action Team) strategy of helping the police and communities tackle local drug problems and associated crime and various other national drug and alcohol strategies. The NELM Development Trust Health Focus Group identified a number of key areas that they needed to work on:

- "NELM needs to develop a clear and robust drugs and alcohol strategy.
  - NELM needs to undertake a 'needs assessment' relating to drugs and alcohol issues. This needs to be linked to the Norfolk DAAT and national strategies.
  - Identification of drugs and alcohol services that are already in place within the NELM area.
  - The mapping of links between the drug and alcohol services in the NELM area, starting with NELM funded projects.
  - The mapping of how the drug and alcohol services in the NELM area link to the wider strategies such as prevention, education and the interface with the criminal justice agenda.
  - The identification of the care pathways in use within the NELM area.
  - Compare the NELM mapping to that of the DAAT.
  - The identification of the needs and 'gaps' in current provision.
  - Liaison with the Drugs Adviser at the Government Office."
- (NELM Development Trust Health Focus Group paper, 29<sup>th</sup> January 2004)

In order to progress this, they commissioned research to collect data related to drug and alcohol services available in the NELM area.

### **1.4 The purpose of the research**

The main purpose of the research was "the collection of data related to drug and alcohol services available in the NELM area to assist in the planning of future services" (NELM Development Trust Health Focus Group paper, 29<sup>th</sup> January 2004). The research brief stated that the research was to:

- “Identify all the NELM provided drug and alcohol services working in the area.
- Identify all the various drug and alcohol services already working in the NELM area.
- Undertake short interviews with all service providers to identify:
  - What they are doing
  - Who they work with
  - Number (statistics)
  - Their links with other agencies
  - Their knowledge of any gaps in service provision.
- Undertake interviews with drug and / or alcohol users and their families (both service users and non service users) to gain an insight of their views of present service provision.
- Mapping of the links between the service providers in the NELM area.
- Comparing the NELM mapping to that of the DAAT [Norfolk Drug and Alcohol Action Team].
- Mapping of other processes such as referral routes and care pathways.
- Mapping of how the services in the NELM area link to the wider strategies such as prevention, education and the interface with the criminal justice agenda.
- Identification of those areas in service provision which are lacking or missing.
- Liaise with other agencies such as DAT to obtain further information and compare data.”  
(NELM Development Trust Health Focus Group paper, 29<sup>th</sup> January 2004)

The provision of substance misuse services in the NELM area could not be looked at without considering the nature and extent of substance misuse in the area and the research brief was called a ‘needs assessment’. Therefore, although looking at substance misuse in the area was not explicitly part of the original research brief, it formed an integral part of the research.

### **1.5 Format of the report**

The format of the report is as follows:

- Section Two describes the research methodology
- Section Three provides an overview of substance misuse in the NELM area
- Section Four looks at the impact of substance misuse on individuals, their families and the community
- Section Five provides an overview of substance misuse services to support substance misusers and their families in the NELM area, and related statistics on substance misuse in NELM
- Section Six provides information on other support services and related statistics
- Section Seven maps the links between services and the standards and protocols that they work to
- Section Eight identifies gaps in services to support substance misusers and their families
- Section Nine presents the conclusions and the main recommendation.

A glossary of abbreviations is provided at the end of the main report, after the references.

## **Section Two**

### **The Research Methodology**

#### **2.1 Introduction**

This section describes the research design and how the research was carried out.

#### **2.2 The research design**

The research was based on a combination of qualitative and quantitative data obtained from a number of sources. Qualitative or 'soft' data is information that describes peoples' experiences, thoughts and feelings. Quantitative or 'hard' data consists of facts and figures.

For this research qualitative and quantitative data were obtained from:

- Interviews with local agencies that provide drug and alcohol services or are in contact with substance misusers and/or their families / carers.
- Focus groups with substance misusers and/or their families / carers.
- An examination of available statistics on drug and alcohol use and related issues in the NELM area.

These are described in more detail below.

##### **2.2.1 Interviews with local agencies that provide drug and alcohol services or are in contact with drug and alcohol users and/or their families / carers**

A range of local agencies working in the NELM area were contacted to obtain information on drug and alcohol services available to NELM residents, their perceptions of drug and alcohol misuse in the area and its impact on people's lives. A total of 17 face to face interviews were conducted with 25 people in 14 agencies. An interview schedule covering a range of topics was used for each interview. Others agencies were contacted by telephone and provided relevant information over the telephone or by email. A list of all those contacted is provided in Appendix 1.

##### **2.2.2 Focus groups with drug and alcohol users and/or their families / carers**

It was considered essential to include the views and experiences of substance misusers themselves and of families / carers affected by the substance misuse. A number of methods for doing this were considered. There were insufficient funds to carry out a large number of one to one interviews. It was therefore concluded that focus groups would be the most effective means to obtain people's views. It was considered that it might be difficult to get the normal 8 – 12 people together for a focus group, therefore groups of 5 – 8 people were aimed for. The assistance of local projects was sought to help organise these.

Originally it was planned to hold separate focus groups with substance misusers, who were in contact with local drug and alcohol treatment agencies, and with the families of substance misusers, who may or may not be seeking help to reduce their drug and alcohol use. In practice however, the focus groups contained a mixture of users and family members / carers and some of the individual participants had experience of being both users and carers.

Three focus groups were held, one with young people aged under 25 years and two with people aged 25 years and over. A total of 17 people participated and another person, who was not able to attend, provided a written report on their experiences. Further information on the focus groups is provided in Appendix 2.

### **2.2.3 An examination of available statistics on drug and alcohol use and related issues in the NELM area**

Statistical information on the numbers of people with substance misuse problems was sought from the agencies interviewed. Other agencies provided additional related statistics. The statistics complement the more qualitative data on the nature of substance misuse in the NELM area.

As the research progressed it became clear that the commissioning group, the NELM Development Trust Health Focus Group, required more statistical information. Therefore considerable additional effort was made to obtain more detailed statistics on substance misuse and service provision in the NELM area. A list of all those contacted for statistics is provided in Appendix 1.

### **2.3 Support from the NELM Development Trust**

In order to help progress the work, the NELM Development Trust provided:

- Copies of relevant reports already held by the NELM Development Trust.
- Contact details for some of the community groups, drug and alcohol treatment agencies and other relevant agencies working in the NELM area.
- An introductory letter explaining the research, this was provided to the agencies contacted for interviews / information.
- Venues for the focus groups.

### **2.4 Data analysis**

The formal interviews were recorded and/or notes were taken. The interviews were then written up in note form and, in most cases, were sent back to the interviewees to verify them for accuracy etc. The focus groups were recorded and notes were taken on a flip chart. The focus groups were then written up in note form.

The textual / qualitative information from the interviews and focus groups was collated and analysed with the assistance of MAXqda, a computer package for the analysis of textual data. The statistical information was collated and analysed using Excel and SPSS, a computer package for the analysis of statistical data.

## Section Three

### Substance Misuse in NELM

#### 3.1 Introduction

As part of the research, the nature and extent of substance misuse in the NELM area was explored. The drugs used were split into two categories, illegal and legal drugs, some of which were used illegally. The information in this section is mainly based on information from the interviews with agencies / projects and the focus groups.

#### 3.2 Illegal drugs

The illegal drugs most used in the NELM area were heroin, crack-cocaine, amphetamine and cannabis. There was little or no mention of dance drugs, such as ecstasy, and LSD. There was reported to be considerable use of cannabis, but this drug was not the main focus of concern. However, there was some problematic cannabis use, which contributed to mental health and other problems.

‘Cannabis is widespread but it is not such an issue. You don't beat people up when you are high. There is an increase in paranoia and anxiety. There are more chemicals in it though that can increase mood swings and psychosis.’  
(focus group participant)

‘Dance drugs are not a particular problem in the NELM area. They are more common in the city centre, where there is high use of amphetamines and ecstasy.’ (interviewee)

‘Drug and alcohol use in the NELM area is high. You can't put a figure on it but it is disproportionate compared to other areas. Substance misuse is more prevalent than in other areas of Norwich. NELM has all the major problems of inner city deprivation. The situation has changed due to crack-cocaine and dealers coming in from other parts of the country.’ (interviewee)

The illegal drugs that created the most concern were heroin and crack-cocaine. Heroin has been used in the NELM area for a long time; crack-cocaine is a more recent addition. Both of these drugs were associated with the misuse of other legal and illegal drugs and considerable poly drug use was identified.

‘Heroin is the primary problem drug for the police. Crack-cocaine is fast catching up, particularly over the past two years.’ (interviewee)

‘The most common drugs of misuse are a combination of crack and heroin combined with alcohol and benzodiazepine and cannabis use.’ (interviewee)

‘Hash and weed, heroin, crack, speed, pills - valium, temazepam. You can usually get anything.’ (focus group participant)

The School of Medicine, Health Policy and Practice at the University of East Anglia has undertaken a needs assessment on crack-cocaine for the Norfolk DAAT (Holland et al, 2003). The research estimated that approximately 8,200 people, or 20% of Norfolk's population aged 15 – 54 years, had problem substance misuse. Approximately 12% of the problem drug users, or 1,000 people, were using crack-cocaine in a way that suggested severe dependence and a further 1,500 had some dependence on crack-cocaine. The research identified a very strong inter-relationship between the use of heroin and crack-cocaine.

The traditional treatment for heroin is to replace it with methadone, and more recently subutex. The increasing use of crack and crack-cocaine presents a challenge to drug treatment providers, as there is no established replacement drug for them.

'We give people subutex instead of methadone. Methadone makes people feel washed out, subutex makes them feel better and more able to work.'  
(interviewee)

'Crack use seems to be increasing and the problems that this present are a challenge to drug treatment providers and require a special approach.'  
(interviewee)

### **3.3 Legal Drugs**

The legal drugs mentioned were methadone, alcohol, tobacco and prescription drugs. Tobacco was mentioned in the interviews as both tobacco and alcohol were available via unlicensed suppliers. Prescription drugs were either prescribed legally to individuals by their GP or they were purchased on the illegal market.

#### **3.3.1 Methadone**

Methadone is provided legally for substance misusers who are coming off heroin. There were some reports of illegal dealing of methadone. However the supervised consumption schemes were said to have largely addressed this problem.

'Until 18 - 24 months ago there was street level dealing of methadone, along the same lines as heroin dealing. This was Norwich (and county) wide. The witness consumption scheme has greatly reduced the amount of methadone dealt on the streets citywide.'  
(interviewee)

#### **3.3.2 Alcohol**

Some people felt that alcohol was the biggest and most hidden substance misuse problem in the area, but that it was often overlooked. Alcohol was often part of a pattern of poly drug use and it was also pointed out that opiate replacement could lead to people drinking heavily.

'Alcohol is on every corner. It is depressing. People need their cans or they go mad. Drink leads to violence.' (focus group participant)

'People on low incomes (low wages or benefits) buy cheap alcohol to drink in the home. They can't afford pub prices. It is very sad because it reduces their social life and they can become quite reclusive.' (interviewee)

'There are people who take lots of crack-cocaine and lots of alcohol.' (interviewee)

'People move from heroin and crack onto alcohol. But alcohol is a bigger killer than drugs. There are more knock on effects and it is a learned behaviour'. (interviewee)

### **3.3.3 Unlicensed sales of alcohol and tobacco**

Alcohol, together with tobacco, is available from unlicensed sources but there were differing opinions as to the amount available in the NELM area. This can create a culture of using an unlicensed market. It was suggested that it is then a shorter step to using the services of drug dealers. Some agencies expressed concern that there were fewer age checks by these suppliers.

'Drink is the easy way. There is a black market in drink and tobacco in the area. They are not going to ask about the age of young people, so they start drinking at an early age. They are then on a route that can take them from drink to cannabis to heroin.' (interviewee)

### **3.3.4 Use and abuse of prescription drugs**

Considerable concern was expressed about the use and abuse of prescription drugs in the NELM area. This included long term use of prescription drugs such as tranquillisers and anti-depressants, as well as the illegal sale of them.

'There is a mixture of misuse and long term use of prescribed drugs.' (interviewee)

In some cases people misuse prescription drugs, such as benzodiazepines, valium and sleeping tablets, alongside their illegal drugs, as part of their poly drug use. When people are withdrawing from illegal drugs they are often prescribed legal drugs such as anti-depressants, hypnotics and tranquillisers to help them deal with the withdrawal process. This can lead to dependence on the new drugs.

‘People will take prescription drugs if there is nothing else available. There are plenty around.’ (focus group participant)

‘There is a lot of abuse of benzodiazepines in the NELM area. They get it prescribed and then sell it on.’ (interviewee)

Some prescription drugs, particularly benzodiazepines are highly addictive. It was suggested that many people in the NELM area are addicted to prescription drugs that are legally prescribed to them by their GP. National guidance has recently been re-issued that certain drugs should only be used for a limited length of time (such as four weeks) so that people do not become dependent on them (Committee on Safety of Medicines, British National Formulary, Sept 2004, page 173). However, once people have been on them for a long time it is difficult for them to stop taking them. It was pointed out that it can be more difficult and dangerous to come off some prescription drugs than heroin. Therefore, GPs cannot suddenly stop prescribing them.

‘GPs do not give drug takers a good service, unlike the rest of us. Not all doctors are sympathetic. They are giving out a lot of prescription drugs to deal with the symptoms of drug taking or coming off drugs while not looking at the causes. There will be drugs for sleeping, anxiety, depression plus others. GP’s are not trained in what to do for drugs and alcohol.’ (interviewee)

‘Anti-depressants hide the problem. Some prescription drugs from the GP make you unable to look after your kids.’ (focus group participant)

‘Some people are legally prescribed drugs such as anti-depressants and valium and are then on them for years and years. It is then difficult for them to come off them.’ (interviewee)

‘If people stop taking benzodiazepines they are at risk of having a fit and dying. With heroin you do not die if you come off it.’ (interviewee)

### **3.3.5 Statistics on the prescribing of central nervous system drugs**

In order to assess the level of use of certain prescription drugs in the NELM area, the Norwich Primary Care Trust (PCT) provided information on drugs that affect the central nervous system (CNS drugs). Central nervous system drugs are used for a wide range of conditions. They include:

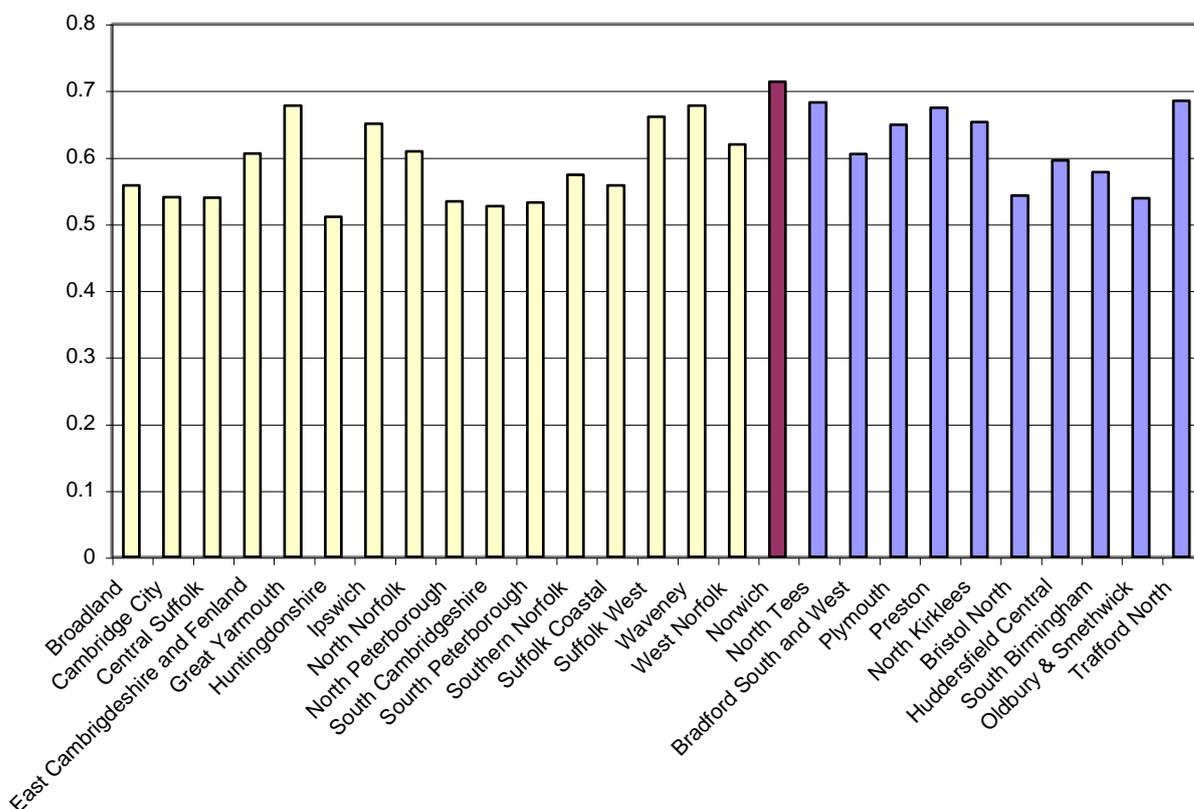
- Anti-depressants, such as prozac
- Tranquillisers / benzodiazepines / hypnotics, (such as diazepam/valium and sleeping pills, and including rohypnol the ‘date rape’ drug)
- Anti-psychotic drugs
- Analgesics (painkillers)
- Drugs used for substance dependence, such as methadone, subutex and nicotine replacement therapies
- Drugs used for stimulation, such as Ritalin and Concerta used for ADHT (Attention Deficit Hyperactivity Disorder).

- Anti-epileptic drugs
- Drugs used for nausea and vertigo
- Drugs used for obesity
- Drugs used for Parkinson’s disease
- Drugs used for dementia, such as Alzheimer’s.

Chart 3.1 shows the amount spent on central nervous system (CNS) drugs per weighted patient across selected PCTs in England, between April and June 2004. The maroon (dark coloured) column is for Norwich PCT. The yellow (light coloured) columns on the left right show the amount spent on CNS drugs per weighted patient in the Eastern Region PCTs. The blue (mid coloured) columns on the right show the amount spent on CNS drugs per weighted patient in PCTs that are demographically similar to Norwich.

Over the three month period, April to June 2004, the average amount spent per weighted patient for England was 54p and the average amount spent per weighted patient for the Eastern Region was 60p. The average amount spent per weighted patient for Norwich PCT was 71.3p, this was the highest of all PCTs in the Eastern Region and PCTs that are demographically similar to Norwich. The chart clearly shows that the amount spent on CNS drugs by Norwich PCT is very high.

**Chart 3.1 Cost of CNS drugs per weighted patient by selected PCTs in England, April 2004 – June 2004**



Source: Data from the Prescription Prescribing Authority, provided by Norwich PCT

Within Norwich PCT, the Wensum Valley Medical Practice, serves the NELM area. The Wensum Valley Practice consists of three health centres: Bates Green, West Earlham and Adelaide Street. The Bates Green and West Earlham health centres cover the NELM area. Information on the amount spent on CNS drugs per weighted patient by practices within Norwich PCT, between April and June 2004, showed that the Wensum Valley Practice had the fourth highest spend on CNS drugs. It spent over 50% extra on CNS drugs than the England average, 84p compared to 54p (chart supplied to the researchers, but not in an electronic form that could be included in the report).

Information on the number of prescriptions for CNS drugs by practices within Norwich PCT, between April and June 2004, showed that the Wensum Valley Practice had the fifth highest number of prescriptions per weighted patient for CNS drugs within the PCT (chart supplied to the researchers, but not in an electronic form that could be included in the report).

In the following charts, Charts 3.2 to 3.5, the maroon (dark coloured) column shows the figure for the Wensum Valley Medical Practice. The blue (lighter coloured) columns show the figures for other medical practices within Norwich PCT, these have been anonymised.

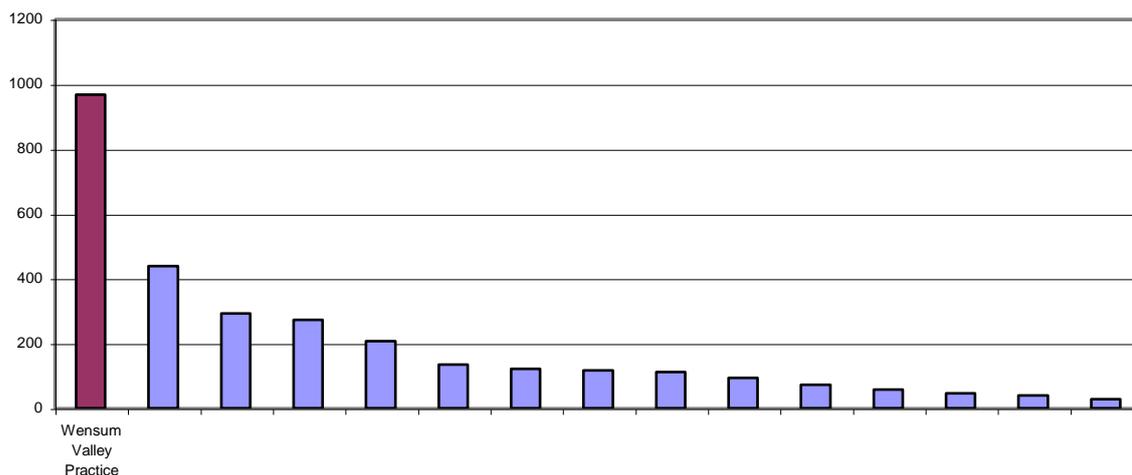
Chart 3.2 shows the volume of methadone prescribing by practices within Norwich PCT. This clearly shows that it was higher in the Wensum Valley Medical Practice than in other practices. This is due to the presence of the Contact NR5 drug and alcohol treatment service based at the practice. Some other CNS prescriptions issued by the Wensum Valley Practice are also likely to be increased due to the presence of Contact NR5. However the researchers were advised that this would not make a significant difference to the figures, compared to other practices, as the number of people treated for substance misuse is very small compared with the total number of people using the practice.

Chart 3.3 shows the volume of anti-depressant prescribing by practices within Norwich PCT. The Wensum Valley Practice had the fifth highest volume of anti-depressant prescribing.

Chart 3.4 shows the volume of Benzodiazepine receptor prescribing by practices within Norwich PCT. The Wensum Valley Practice had the sixth highest volume of anti-depressant prescribing.

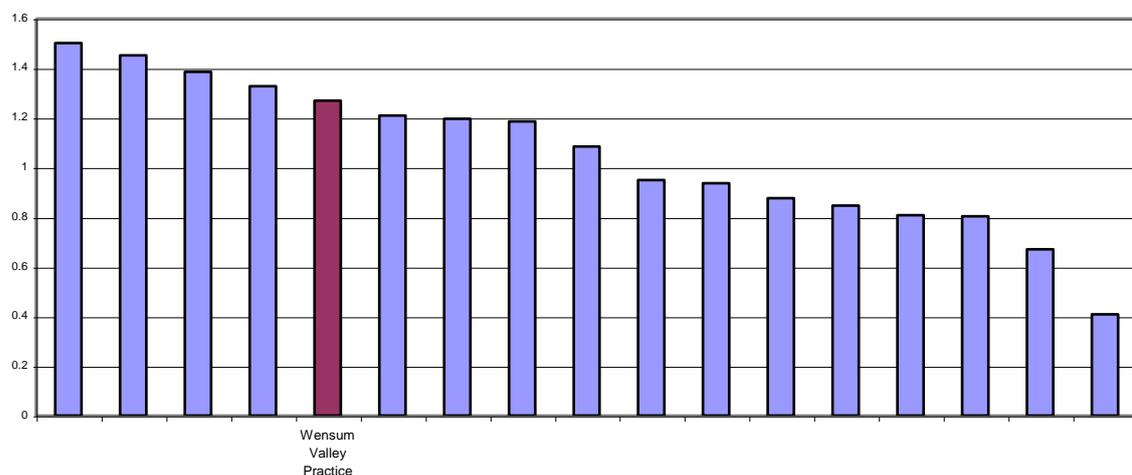
These figures indicate that there is a high level of prescribing of anti-depressant and benzodiazepine receptor drugs in the NELM area, but it is not as high as in some other areas of Norwich.

**Chart 3.2 Number of methadone prescriptions by medical practice within Norwich PCT, November 2003 – October 2004**



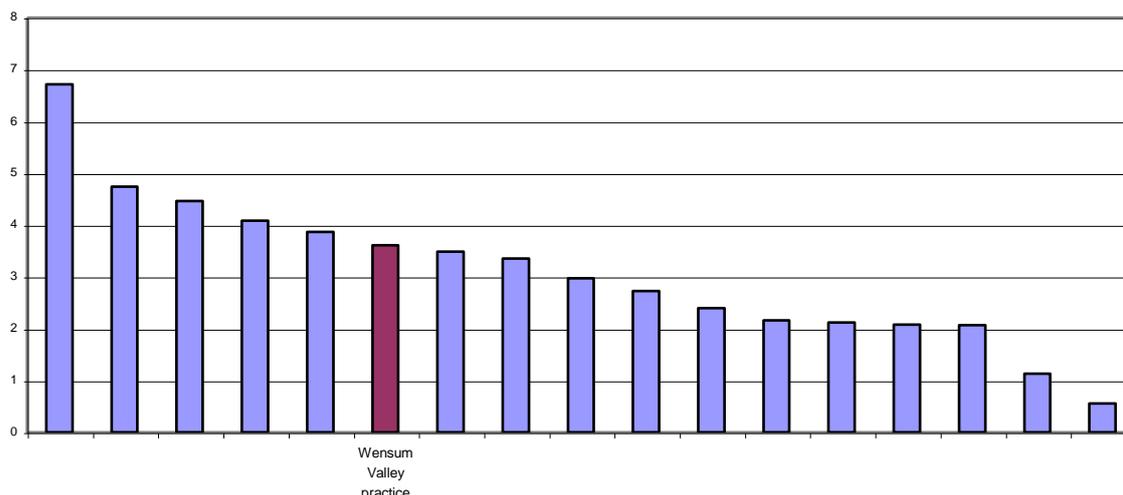
Source: Data from the Prescription Prescribing Authority, provided by Norwich PCT  
 Note: does not include prescriptions by the Bure Centre

**Chart 3.3 Anti-depressant prescribing – volume per weighted patient by medical practices within Norwich PCT, April 2004 – June 2004**



Source: Data from the Prescription Prescribing Authority, provided by Norwich PCT

**Chart 3.4 Benzodiazepine receptor prescribing – volume per weighted patient by medical practices in Norwich PCT, April 2004 – June 2004**



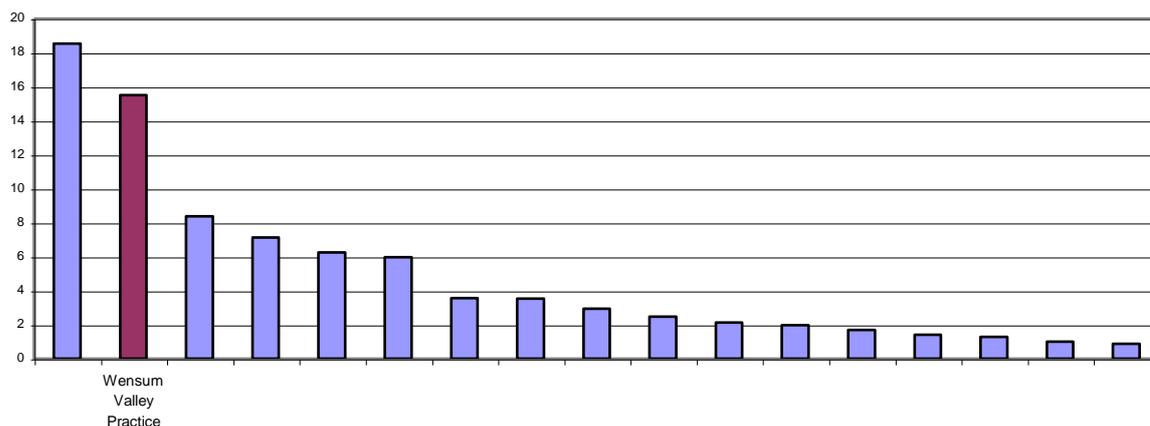
Source: Data from the Prescription Prescribing Authority, provided by Norwich PCT

Concern was also expressed about the use of Ritalin and related drugs, which are prescribed for children with ADHT (Attention Deficit Hyperactivity Disorder) and ADD (Attention Deficit Disorder). Young people can be taking these for several years but it is not normally prescribed to those over the age of 18 years. Ritalin is an amphetamine based drug and some of those interviewed expressed a concern that there might be a rise in the consumption of amphetamines in the future as young people seek to replace the drug they have been taking legally with illegal supplies. Little research is available on the effects of taking Ritalin for many years and then stopping it. One American study has suggested that this may fear may be unfounded (described in email from Ian Small, Norwich PCT, December 2004) It was felt that many young people in the NELM area were on Ritalin and related drugs. One interviewee pointed out that there was a high level of ADHD treatment for children in the areas that had the highest levels of adult drug misuse.

Chart 3.5 shows the volume of prescriptions for CNS stimulate drugs by practices within Norwich PCT. Almost all (96%) of the of CNS stimulate drugs are Ritalin type drugs, which are used for ADHT. The Wensum Valley Practice had the second highest volume of CNS stimulate drugs prescribing.

These figures indicate that the prescribing of CNS stimulate drugs, which are predominantly Ritalin type drugs used for the treatment of ADHT, was particularly high in the NELM area, compared with nearly all other areas of Norwich.

**Chart 3.5 Prescription items per weighted patient of CNS stimulate drugs by medical practices within Norwich PCT, April 2004 – Sept 2004**



Source: Data from the Prescription Prescribing Authority, provided by Norwich PCT  
 Note: 96% of CNS stimulate drugs are Ritalin type drugs

### 3.4 Young people and substance misuse

Most of the agencies working with young people, who were interviewed as part of this research, were not aware of any extensive drug use amongst young people in the NELM area. It was suggested that they did not have enough money to fund regular use of Class A drugs. Alcohol was said to be the drug of choice for younger people in the NELM area, especially as cider and higher strength lager were available at cheap prices. There was also some use of cannabis. Misuse of alcohol by some young people was seen as a serious issue.

‘My perception is that there are very few young people in the NELM area misusing drugs, it is mainly the adults whom they live with. There is some substance misuse by young people e.g. cannabis. They do not have enough money to develop a culture of drug use.’ (interviewee)

‘There are a lot of young people drinking. They drink either in the park or at home. They then want more of a hit. They get bored with drink and look for something more. Young people of 14 to 16 are going to the pub. As they see the older people doing it, then it is seen as attractive.’ (focus group participant)

‘Alcohol is available to children. They will then be more open to taking other things because it reduces your inhibitions.’ (focus group participant)

Young people in the focus group reported that the drugs they knew of being used in the area were dope and weed [cannabis], heroin, crack, pills (speed and ecstasy) and sniffing (glue, aerosols, petrol etc.). They were also aware of the danger of their drinks being spiked e.g. with rohypnol.

The pattern of mainly alcohol and cannabis misuse broadly reflects the findings of a needs assessment of substance misuse amongst young people in Norfolk, which was commissioned by the Norfolk DAAT

### **3.5 Substance misuse amongst travellers and people of black and minority ethnic origin**

NELM has a history of housing travelling families. It also has a small proportion of people of black and minority ethnic origin. As the NELM area is predominantly local authority housing, a number of refugees and asylum seekers have been placed in the area in recent years. Little detailed information was provided about substance misuse within these groups. However, it was discussed in one of the focus groups and there appeared to be growing concern about drug misuse amongst travellers in the region. Some research on public health and travellers has been undertaken by Sheffield University in five areas of the country, including Norfolk. It identified considerable lack of knowledge of how to deal with, and fear of, both drug and alcohol misuse amongst travellers living on authorised and unauthorised sites (Van Cleemput et al, 2004). Substance misuse amongst travellers is likely to be the subject of further research on a regional basis with funding from the DAATs (Drug and Alcohol Action Teams).

‘Some have been victims of racist abuse and we have moved them from the area. There are a few travellers, mostly of Irish descent. Some settle here, then move to Ireland, then come back again, etc. etc. There is more alcohol misuse than drug misuse amongst the travellers.’ (interviewee)

‘I have worked with one person [with an alcohol problem] with a travelling background. We discussed how his upbringing affected his experiences as an adult – he had experienced oppression and discrimination as a child due to his travelling background.’ (interviewee)

‘There is an increase of heroin use in the traveller community. There is prejudice to the travellers and the black and minority ethnic communities. There are quite a lot of travellers who take drugs.’ (focus group participant)

### **3.6 Sex workers and substance misuse**

Some of the sex workers that the Matrix Project work with come from the NELM area. The Matrix Project reported that the number of sex workers using heroin only was decreasing and the number using crack only was minimal. The majority of their clients were using both heroin and crack-cocaine. Sex workers also used benzodiazepines and there was considerable poly drug use, including alcohol. The Magdalene Group, which works with sex workers in Norwich, has also reported that nearly all of the sex workers that they work with use drugs (Research Plus+, not yet published).

### **3.7 Prevalence of substance misuse in NELM**

Substance misuse was considered to be prevalent across the whole NELM area, but some areas were seen as having more problem substance misusers than others.

‘There is drug and alcohol misuse across the whole estate, there is no road that does not have someone who misuses drugs or alcohol.’ (interviewee)

'There are certain roads where many families have a high dependency on prescribed drugs.' (interviewee)

'There are a few problem families / areas where it is much more of a problem than the whole area. Drugs and alcohol are much more outside and there is a lot more noise about it.' (focus group participant)

### **3.8 Reasons for substance misuse**

The focus group participants and interviewees also provided some insights into why people embarked on drug and alcohol misuse. These included social and recreational reasons, peer pressure and reasons associated with deeper social and emotional problems.

'People take drugs to relax and chill out. They could be bored. They might have emotional problems. It could be a social or a party. Living here it is a stressful area. It is an estate. There is high unemployment.' (focus group participant)

'People take drugs because they are sensitive and anxious. They take it for their own trauma. People take drugs because they lose people. Things build up and then it explodes.' (focus group participant)

'Alcohol is used as a way of coping. It is a coping strategy.' (interviewee)

People also spoke about the difficulties of stopping their substance misuse. It was pointed out that, once you knew the effect the drug could have in making you feel better, it was far more difficult to keep away from them than if you had never tried them.

'From being an addict to stop being an addict you know that they are always there. They are out there and it can get rid of a bad day just like that. Once you have taken drugs it is so hard to stay away.' (focus group participant)

### **3.9 Summary**

- The illegal drugs most used in the NELM area were heroin, crack-cocaine, amphetamine and cannabis. There was little or no mention of dance drugs, such as ecstasy, and LSD.
- The illegal drugs that created the most concern were heroin and crack-cocaine. Heroin has been used in the NELM area for a long time; crack-cocaine is a more recent addition.
- Considerable poly drug use was identified.
- The legal drugs mentioned were methadone, alcohol, tobacco and prescription drugs. Both tobacco and alcohol were available via unlicensed suppliers. Prescription drugs were either prescribed legally to individuals by their GP or they were purchased on the illegal market.
- There were some reports of illegal dealing of methadone. However the supervised consumption schemes were said to have largely addressed this problem.

- Some people felt that alcohol was the biggest and most hidden substance misuse problem in the area, but that it was often overlooked.
- Alcohol was often part of a pattern of poly drug use and it was also pointed out that opiate replacement could lead to people drinking heavily.
- Considerable concern was expressed about the use and abuse of prescription drugs in the NELM area. This included long term use of prescription drugs such as tranquillisers and anti-depressants, as well as the unlicensed sale of them.
- National statistics revealed that prescribing of drugs that affect the central nervous system (CNS drugs) by Norwich PCT was higher than by other PCTs in the Eastern region and other demographically similar PCTs.
- Within the Norwich PCT, the Wensum Valley Practice, which includes the NELM area, had the fourth highest spend on CNS drugs. It was 50% higher than the national average.
- Most of the agencies working with young people, who were interviewed as part of this research, were not aware of any extensive drug use amongst young people in the NELM area. Misuse of alcohol by some young people was seen as a serious issue.
- Limited information was obtained about substance misuse amongst travellers and people of black and minority ethnic origin.
- Sex workers used both heroin and crack-cocaine. There was considerable poly drug use, including alcohol and benzodiazepines.
- Substance misuse was considered to be prevalent across the whole NELM area, but some areas were seen as having more problem substance misusers than others.
- Reasons for substance misuse included social and recreational reasons, peer pressure and reasons associated with deeper social and emotional problems.
- The difficulties of stopping substance misuse were also commented on.

## Section Four

### The Impact of Substance Misuse in NELM

#### 4.1 Introduction

This section looks at the impact of substance misuse on the lives of substance misusers, their families and the wider community.

#### 4.2 Impact of substance misuse on substance misusers

It was generally recognised that drug and alcohol misuse can have a huge impact on people's lives. Some of the focus group participants described how it took over their lives.

'Self medication means that you can cope better. When it is all your life then it is a problem. You start taking drugs because they will help, but then it mucks you up as the drugs become the problem.' (focus group participant)

'Chaotic drug users spend their time seeking drugs and having callers.' (interviewee)

'I used to go to bed with aluminium foil in my hand and I would wake up with it in my hand. I won't have it in the house now.' (focus group participant)

It was also pointed out that some substance misusers live fairly stable lives, whilst others are more chaotic. Therefore, not all of the effects described below apply to all substance misusers.

'It is not all bad if you are on drugs. Some people are able to hold it together.' (focus group participant)

'It is usually OK if they are steady and are on methadone.' (interviewee)

'People on heroin can have a stable life.' (interviewee)

#### 4.2.1 Physical health

Drug and alcohol misuse affects people's physical health, both through the direct effect of the substances misused and due to people not looking after themselves. Alcohol can damage all parts of the body – the liver, the central nervous system and the digestive system. As well as the harm done by the drugs themselves, injecting damages the veins and can lead to abscesses.

'The main issues that are presented are health problems, some of which may be related to drug and alcohol misuse and others which may have been overlooked as a result of drug and alcohol misuse and a chaotic lifestyle.' (interviewee)

'Their personal health and hygiene goes down the pan.' (interviewee)

'Dentists are hard to find. Methadone is sugary and acidic both of which are bad for your teeth, therefore you need a dentist.' (interviewee)

It was reported that some substance misusers might have difficulties accessing a GP due to inappropriate or abusive behaviour towards their GP. They might be put on a GP rota and this could lead to issues of continuity of care.

#### **4.2.2 Mental health**

It was reported by substance misuse treatment agencies that it was common for their clients to have mental health problems. These might be drug and alcohol related or they might not. There was a complex inter-relationship, and it was often difficult to tease the different symptoms apart.

Mental health problems included anxiety, depression, paranoia, psychosis and suicidal thoughts. People also experienced emotional and psychological difficulties. Many had had a difficult childhood, and might have experienced various kinds of abuse, bereavement and loss.

'There are mental health issues. About 40% or 50% have both mental health and drug issues. There is a lot of abuse in the background and there may be associations with offending or sex work.' (interviewee)

'There are self harming issues. These are mental health issues. Some people are not injecting safely. Is this because they are bad at it or is it part of their self harm pattern? If they go on a safe injecting course and it still happens then perhaps there is a self harm issue as well.' (interviewee)

'Cocaine tends to make people feel depressed afterwards. There is increased depression in young people. People take heroin to come down off the crack. Young people do not do this as much, and so get much more of a downer afterwards.' (interviewee) '

Some of the people interviewed during the research stated that substance misusers had difficulties in obtaining diagnosis and treatment of their mental health problem. It was stated that some mental health agencies would not provide a service until the person had ceased their substance misuse, thus preventing people from accessing these services. Many people identified the need for a service to cover people with both mental health and substance misuse problems. When mental health was linked with substance misuse people often had chaotic lifestyles. This increased the level of support they required.

'Many of the people we see have a history of a very abusive childhood. There is an over representation of current and past sexual and emotional abuse amongst the substance misusers we see. Those with low key mental health problems do not get enough mental health services.' (interviewee)

'There is no link between mental health services and drug services. There are psychological effects of coming off drugs. People get paranoid when they come off drugs. It is seen as a drug issue by the mental health services.' (interviewee)

'We need more mental health workers who will work with drug users.' (interviewee)'

'Some of the people that I work with have such difficulty looking after themselves, due to a combination of substance misuse, mental health and physical health problems, that they need to live in residential care.' (interviewee)

The Department of Health has issued guidance on dual diagnosis: 'Dual Diagnosis Good Practice Guide' (Department of Health, 2002). In response to this, a Norfolk wide definition of dual diagnosis has been developed under the auspices of the Norfolk PCTs (Pike, 2004a and 2004b). The definition encompasses people with a wide range of mental health problems, not just those diagnosed with a severe and enduring mental illness. The definition is:

"An individual who presents with co-existing mental health (and/or Personality Disorder) and substance misuse problems (drugs and/or alcohol)."

This definition has only recently been agreed (November, 2004) and the first stage of implementation will be concentrating on the training of staff. In the longer term it could lead to a significant increase in the availability of mental health support services for people with substance misuse problems. The Norfolk DAAT supports the implementation of provision for this client group, using an integrated model of service delivery. This means that substance misusers can receive both mental health and substance misuse services at the same time.

#### **4.2.3 Sexual health**

Sexual health issues were mentioned in relation to young people, particularly in relation to alcohol reducing their ability to make informed decisions about sexual activity.

'There are lots of alcohol problems but they are not seen as drug or substance misuse problems because it is a legal drug. People are falling over and getting injuries that way. They are also having unsafe sex and so girls are going for pregnancy tests after drinking too much. We give them advice on thinking skills so that they can get drunk, but in a safer way.' (interviewee)

For sex workers, crack-cocaine was identified as having changed their behaviour and increased the instances of risky sex.

'The influx of crack has changed the whole scene in the red light district, it has changed their behaviour. It is more chaotic and ad hoc as their need for the drug is more immediate. ...They used to have a timetable for the day. Now they get what they can as soon as possible. Therefore, they are not always properly assessing the risk or practicing safer sex.' (interviewee)

#### **4.2.4 Social life**

It was reported that substance misuse limited people's social life and could lead to social isolation. In addition, the shame and stigma associated with substance misuse created barriers to social interaction.

'Through my work I see people whose lives are very severely restricted by their substance misuse, it leads to a chaotic lifestyle.' (interviewee)

'If people's motivation is not strong enough or money is tight this limits their ability to travel. They may also have anxieties about going out and socialising. They may only go out for drugs or alcohol or if they have had enough of them to overcome their anxieties.' (interviewee)

'There is a lot of shame with drug and alcohol misuse.' (interviewee)

### **4.3 Impact of substance misuse on home and other family members**

Substance misuse also affected people's home life and other family members, especially children.

#### **4.3.1 Lack of money and debt**

Financial difficulties were identified as one of the biggest problems created by substance misuse. This could then impact on the security of people's home and the care of their children. People might not be claiming all the benefits that they were entitled to. Those with financial difficulties were vulnerable to loan sharks.

'People will use money for drugs and alcohol rather than pay their debts.' (interviewee)

'People sell stuff to get drugs, even children's toys.' (focus group participant)

'With crack you get the loan sharks moving in. People have lost everything because of the drugs. There are a lot of moneylenders. They come to you and they shouldn't do it. People do it because they are so desperate for money. £200 can quickly become £400. The interest rates are extortionate. People can't repay, so they get depressed.' (focus group participant)

Some people built up debts with drug dealers. Drug debts were often collected by third parties, sometimes using extreme violence in order to get back the money owed. Some people had been solicited into higher levels of drug dealing and drug couriating to pay off their debts. It was also said that dealers withheld people's benefit books in order to recoup debt. This increased the pressure on families because of the reduced money coming in.

'There are people with drug debts who have to go and live in safe houses.'  
(focus group participant)

'Debt is particularly a problem where debt is to drug suppliers who may not resort to conventional means to collect the monies owed. The violence associated with this usually goes unreported and is of particular concern with regard to the individual and community safety in general.' (interviewee)

#### **4.3.2 Lack of care for the home, the threat of homelessness and homelessness**

Substance misuse and associated financial problems can lead to a lack of care for the home and, where rent has not been paid, homelessness or the threat of homelessness.

'The house is a tip and the rest of the family have to live like this. It becomes "the norm" for the children.' (interviewee)

'There is need to support the whole family and change their routines. They are used to hiding the effects of a drug taker in the family. They have to learn to change. There is a lack of structure in the household because they are running around after the person with the problem.' (interviewee)

'Substance misuse can lead to utilities being disconnected due to non payment of bills.' (interviewee)

The Housing Department reported that tenancy failures in the NELM area were highest for young men aged 18 – 25 years. Once a person becomes homeless they are in a whole new situation. The agencies and individuals who participated in this research did not specifically discuss this. However, other research in London and West Yorkshire (the Greater London Authority Research Group, 2000, and James et al, 2004), has explored the relationship between homelessness, substance misuse and other issues. Homeless people are particularly vulnerable, and are at greater risk of substance misuse, physical ill health, mental health problems and criminal behaviour. A report for the Office of the Deputy Prime Minister stated that between half and three quarters of homeless single people have in the past been problematic drug users. Amongst homeless people, those who are sleeping rough have the highest concentration of multiple support needs. The report provides guidance on drug services for homeless people (Randall and DrugScope, 2002).

Some of the hostels for homeless people in Norfolk do not accept substance misusers and some only accept them if they are already on a treatment programme (VHG, 2003 and Research Plus+, not yet published). This limits the accommodation options available to homeless substance misusers.

#### **4.3.3 Impact on other family members and adult carers**

There was some mention of the impact of substance misuse on other family members and carers. They would be concerned about the substance misuser and would want to help them. It was pointed out that sometimes they needed to step back and be less involved and only provide help within certain boundaries. The worry created by other people's substance misuse sometimes led to mental health and substance misuse problems for the other family members / carers. Nationally, there is a paucity of research on this topic. The Norfolk DAAT has recently commissioned a research and development project on the support needs of parents / carers of substance misusers in Norfolk. The research report will be available in mid 2005 and will be followed by development work on ways to meet their support needs.

'Families / carers have issues related to guilt; worry, anxiety and concern; finances as the user may be stealing from them and how to deal with the police and probation. .... Families try hard to not get their child in trouble, but sometimes the child has to get into trouble.' (interviewee)

'It is also common that substance misusers' families are under treatment for, e.g. depression or anxiety. They may have a substance misuse issue themselves.' (interviewee)

'There is a clear lack of services for the families and carers of substance misusers. We receive frequent requests for information and advice from people in this situation desperate for sources of help.' (interviewee)

#### **4.3.4 Parenting and child care issues**

The topic that people were most concerned about was the impact of substance misuse on substance misusers' children. Substance misuse could lead to a chaotic lifestyle for children. They might be neglected and vulnerable to various forms of abuse. Money might be spent on drugs and alcohol rather than on the needs of the child. As a result they might be hungry and poorly clothed, arrive late for school or have irregular attendance and become isolated at school because they were different. In some cases older children might be caring for parents and the younger children. It was also pointed out that some children of substance misusers were well cared for.

'Drugs can even get in between the bond between a parent and a child. They and the addiction are that strong.' (focus group participant)

'The huge issue is child protection. The majority of women users feel desperate and guilty and try to over compensate. Some really struggle, especially the sex workers. Hearing people use crack is not conducive to a stable life.' (interviewee)

'Children are not intentionally neglected but they do lose their childhood. They are growing up quicker when they are helping to run the family. The older siblings are losing out when they are doing a parenting role. They can also get very confused if this role is taken away if the younger children, or all the children, are taken into care.' (interviewee)

'Children get too old for their age. They are looking after their parents and the kids grow up too quick. It is not fair on the family, especially the children.' (focus group participant)

'Too many people do not know what reality is because of the drugs and alcohol taken by their parents. The children need a view of normality. They have not seen someone fix a plug, they do not know what a normal day consists of.' (focus group participant)

Social services child protection services were involved with some substance misusers. In some cases they were able to offer family support workers to provide support and help parents establish regular routines in the home. In other cases it was felt necessary to remove the children from the home. Sometimes grandparents or other relatives were able to care for them, in other cases they were put into foster care.

There were mixed views about the effects of removing children from the home. In some cases, people reported that it took away their reason to live and keep going. In other cases, people recognised that it had to happen to help them decide to stop their substance misuse.

'Taking kids from people will push people who are low further down. They need help.' (focus group participant)

'Parents are not always willing to tackle their substance misuse, we then have to decide what to do. They may not be ready to change yet because they have not yet reached rock bottom. Losing their child may lead to them reaching rock bottom.' (interviewee)

'You seek help because you are afraid for your children.' (focus group participant)

Concerns were also expressed that some children were 'in need', but did not meet the social services thresholds for services, and therefore no support was offered by social services.

'Patients may present with concerns regarding children in need who do not meet the criteria for referral to social services.' (interviewee)

'Social services thresholds are so high, it has got to be severe for them to pick it up, it has to involve sexual abuse. It takes a long time to get any help. It is very, very difficult to get anything picked up by social services. I have been involved in child protection for [many] years, it can't just be "neglect" it has to be "severe neglect" now to get their attention. The children live in chaotic households but do not meet the criteria for social services help.' (interviewee)

One young person, who was unable to attend a focus group, provided a written statement on his/her experiences and feelings of being taken into public care. Extracts from this are presented in the box below:

'It would have been better for me and my siblings to have stayed at home with daily help from social services because going into care, so far away from family, and being split up from other siblings and my mum, made me more anxious and done more damage, I think, to me and my brothers and mum than staying with her. ....Mum got a lot worse because of the guilt, she became much worse than she ever was and it also broke a bond between a mother and her children, which is OK now but still not as it was, because we were apart for so long. When we got home we felt like strangers. ....From a child's point of view, wherever possible families should be kept together because going into care has caused me and my siblings more problems and damage than being with our mum ever did.' (written statement by the child of a substance misuser)

#### **4.3.5 Inter-generational substance misuse**

Having seen the effect on their parents, the children of substance misusers often stated that they would not become substance misusers themselves. However, both the focus group participants and agencies reported that, in practice, many children of substance misusers did use drugs and alcohol themselves. It thus became an inter-generational problem. They need for appropriate support for children of substance misusers was stressed.

'You don't want to pass it on to your children. You have to break the cycle. You learn a lesson from losing people. Children despise drugs from having to care for their parents.' (focus group participant)

'Some kids are put off by seeing the state that their parents get into. You have to tell the kids the truth. Be open with them and do not lie.' (focus group participant)

'A big issue is how to break the cycle between generations. The children are often adamant that they will not touch drugs and alcohol, and then they do. They use drugs and alcohol to block out goodness knows what, or they are just isolated and have little support.' (interviewee)

'We need to do something now to stop the next generation getting onto drugs.'  
(focus group participant)

#### **4.4 Impact of substance misuse on crime and criminal behaviour**

Substance misuse was seen as having a negative effect on the community as a whole. Much of this was linked to substance misuse related crime.

##### **4.4.1 Crime statistics**

The Norfolk Constabulary provided data on the crimes reported during the period April 2003 to March 2004. The statistics covered the four sectors that cover Norwich and some of the surrounding area and five selected beats within Norwich. Across the four sectors, 3% of the crimes were drugs offences. As with other areas of the city, the most frequent crimes in the NELM area were criminal damage, theft and violence against the person. Other significant crimes were theft from a motor vehicle and burglary. Looking at the figures on the five selected beats, the NELM beat had the third highest number of drug offences (45) and the third highest proportion of drugs offences within a beat, 1.9%. For further details see Appendix 3. The Norfolk Community Safety Team provided figures based on the old council wards. The figures showed that Henderson ward (which covered the North Earlham and Larkman areas) was the fourth highest for criminal damage and the seventh highest for violence against the person. Mile Cross and Bowthorpe wards were both higher than Henderson Ward. Both of these crimes are associated with drug taking. These figures indicate that the NELM area is a high crime area but does not have the highest recorded crimes for drugs or other offences in the Norwich area.

The Norfolk Youth Offending Team provided data on the assessments made on young offenders, aged 10 to 18 years, from August 2003 to June 2004. Young offenders from the postcodes covering the NELM area accounted for 15% of young offenders from Norwich. In the postcodes covering the NELM area, 14% of the young offenders had a current conviction for drugs offences, the equivalent figure for Norwich was 7%. Approaching half (44%) of the young offenders from the NELM area had substance misuse issues associated with their offending, the equivalent figure for Norwich was 33%. These figures indicate that young offenders from the NELM area were over represented amongst Norwich young offenders, they were more likely to have a current conviction for drugs offences and to have substance issues associated with their offending. For further details see Appendix 3. These figures suggest that substance misuse amongst young people in the NELM area may be more serious than was indicated by the agencies interviewed for this research.

Previous research revealed that many adult offenders supervised by the Norfolk Probation Area had substance misuse problems – 54% had drug misuse linked to their offending and 49% had alcohol misuse linked to their offending. For further details see Appendix 3. The research identified that the most critical time

for offenders to resume their substance misuse was immediately after release from prison. If offenders were using drugs prior to entering prison they needed to be referred to GPs or drug agencies on release. This needed to be set up prior to their release. If there was a gap before they saw anyone, the opportunity to keep them off drugs could be lost. If offenders were released without accommodation arranged they were also more likely to resume their substance misuse (Research Plus+, to be published).

Home Office research found that around half of ex-prisoners were using heroin daily four months after release, and less than half had somewhere secure to live (Burrows et al, 2001).

The needs assessment on crack-cocaine undertaken for the Norfolk DAAT found that the pattern of drug use amongst prisoners was more orientated towards dependence on crack-cocaine than heroin compared with their community sample. They also identified a clear need for supportive discharge arrangements for crack-cocaine users to prevent a return to their previous lifestyle/behaviour (Holland et al, 2003).

#### **4.4.2 Relationship between different types of substance misuse and crime**

The NELM area is considered a high crime area by the police and other agencies. Some crimes are committed as a result of taking drugs and alcohol and some crimes are committed to pay for drugs and alcohol.

'NELM is and remains a high crime and high drug community.' (interviewee)

The police reported that the criminal activity associated with heroin and crack-cocaine was different. The reason for this was explained by the different effects that they have on a person. They reported that crack-cocaine led to more crimes of violence against the person. Other agencies also reported that those who took crack-cocaine engaged in more impulsive, risky and adrenalin inducing activities. Local people and external agencies reported that they could tell which drugs were being used most in the area.

'There are two distinct patterns of crime with the different drugs. Heroin leads to property crime as they need to have it on a regular basis and they know when they are going to need it again. .... Crack is increasingly readily available. It leads to a different pattern of offending. There is more robbery against the person. The crimes are more violent as the need for the drug is more immediate.' (interviewee)

'The crack houses have created new patterns of crime. The dealers sit in a house of a vulnerable person, who may have mental health problems or use crack themselves, and deal from the house for a couple of weeks. Whilst they are there, there is a donut of crime around the house. They move around a lot.' (interviewee)

'There is an increase in crime from crack. This is because it gives a quick high.' (focus group participant)

'Crack stopped for a while and the estate was noticeably calmer. You can tell that it is on the way back in again. There has been an increase in attacks and an increase in violence and violent crime. There is more desperation with crack, as it is more in the brain. People feel that they are heroes. They are chasing that first hit, which will never be the same.' (interviewee)

The needs assessment on crack-cocaine undertaken for the Norfolk DAAT (Holland et al, 2003) also reported that crack-cocaine led to a strong need for involvement in crime or prostitution to fund the drug use.

The crimes associated with alcohol consumption were crimes of violence, especially domestic abuse (also referred to as domestic violence).

'Alcohol is worse. It increases violence and it is available.' (focus group participant)

'Alcohol leads to shoplifting to get the drink.' (focus group participant)

'There are drugs and alcohol that lead to violence. Drink leads to a blind rage, more confidence, but that can lead to trouble. You get a change in your personality.' (focus group participant)

'With alcohol there are domestic violence issues and anti social behaviour. There are youth problems and vulnerable people with predatory males about. Alcohol leads to aggression and driving offences. There is increased damage to communal property as it is not seen as belonging to anyone.' (interviewee)

#### 4.4.3 Domestic Abuse

As seen in the quotes above and below, domestic abuse was linked with substance misuse, especially alcohol misuse.

‘Alcohol leads to domestic violence.’ (focus group participant)

‘We recognise a high incidence of domestic violence within our client numbers.’ (interviewee)

Police data on domestic abuse was provided through the Norwich Voices Against Violence Forum. This recorded the number of incidents of domestic abuse reported to the police by postcode area, and whether alcohol was involved.

Over the two year period, April 2002 to March 2004, there were 795 reported incidents of domestic abuse in the NELM area. These accounted for 19% of the reported domestic abuse incidents in Norwich and 5% of the incidents in Norfolk (795 as a percentage of 4,171 and 16,496), see Table 4.1.

Looking at alcohol misuse by the perpetrator, 31% of reported incidents in the NELM area involved alcohol misuse by the perpetrator, compared to 33% in Norwich and 40% in Norfolk. Looking at alcohol misuse by the other party involved, 16% of reported incidents in the NELM area involved alcohol misuse by the other party, compared to 19% in Norwich and 18% in Norfolk.

Thus, the NELM area was over represented in the reported incidents of domestic abuse within Norwich. Whilst alcohol misuse is a feature of domestic abuse, compared to other areas of Norwich and Norfolk, it was not more frequent in incidents reported to the police in the NELM area.

**Table 4.1 Domestic abuse incidents reported to the police April 2002 – March 2004**

	NELM		Norwich		Norfolk	
Number of reported incidences of domestic abuse	795		4,171		16,496	
	<b>No.</b>	<b>%</b>	<b>No.</b>	<b>%</b>	<b>No.</b>	<b>%</b>
Cases involving alcohol misuse by perpetrator	246	31%	1,372	33%	6,553	40%
Cases involving alcohol misuse by the other party	125	16%	808	19%	3,006	18%

Source: Norfolk Constabulary provided through the Norwich Voices Against Violence Forum  
 Note: 2,731 incidents had no postcode.

#### **4.4.4 Impact of substance misuse on sex workers**

Substance misuse was seen as contributing to an increase in sex work to pay for drugs. People's involvement was not always entirely voluntary.

'Women are drawn into sex work to pay for the drugs. I have known of people get through £4,000 a week on drugs.' (focus group participant)

'Prostitution is not necessarily voluntary. It may be coerced by their partner or dealer.' (interviewee)

'I think that the numbers involved in sex work has increased. They are also younger than five years ago, e.g. a 13 year old. The drug use normally comes before the sex work. The sex work can be a deliberate choice by the women. Sex work is convenient because you are not robbing people to fund your drugs, therefore you do not run so much risk of going to prison.' (interviewee)

#### **4.4.5 Anti social behaviour**

There were also reports of general anti social behaviour. These would not necessarily be reported to the police or appear in any crime statistics.

'In the area there is anti social behaviour, shouting and arguments in the street, criminal behaviour (theft, dealing and violence, mainly related to substance misuse).' (interviewee)

'We hear second or third hand reports of problems with adults. It is hardly ever reported first hand. We are told about fights, stabbings and drinking in the street. We are told informally, not with the intention of [the organisation] taking action. It is only recorded if a specific family is affecting specific people.' (interviewee)

#### **4.4.6 Public health issues**

Sharps (used needles) and other drug paraphernalia in public places create public health dangers to children and other residents.

#### **4.4.7 Impact on the local economy**

Substance misuse is often linked to social deprivation and unemployment. Unemployment contributes to substance misuse and substance misuse, in turn, makes it less likely that people will be employed in a regular job.

As well as taking money from people, substance misuse, through drug dealing, can also be seen as contributing to the local economy. Similarly, illegal sales of tobacco and alcohol provide a profit for the sellers. However this can be at the cost of the licensed suppliers.

‘What will stop it going on as it is? There is a lot of money in drugs. It is seen as quick and easy money. People dabble and then deal to feed their own habit.’  
(focus group participant)

‘The pubs are struggling. This is probably because there are people selling smuggled cigarettes and drink.’ (interviewee)

#### 4.5 Summary

- Substance misuse had an impact on the lives of substance misusers, their families and the wider community.
- It was generally recognised that drug and alcohol misuse can have a huge impact on substance misusers’ lives. The research identified a range of effects on the physical health, mental health, sexual health and social life of substance misusers in the NELM area.
- The research explored the impact of substance misuse on substance misusers’ homes and their families. This included:
  - lack of money and debt
  - lack of care for the home
  - homelessness and the threat of homelessness
  - the effects on other family members and adult carers.
- Particular concern was expressed about the effects of substance misuse on the users’ children
- The inter-generational nature of substance misuse and the need to minimise this was stressed.
- The research explored the impact of substance misuse on the wider NELM community.
- Statistics provided by the Norfolk Constabulary and the Norfolk Community Safety Team suggested that the NELM area is a high crime area but does not have the highest recorded crimes for drugs or other offences in the Norwich area.
- Statistics provided by the Norfolk Youth Offending Team suggested that substance misuse amongst young people in the NELM area might be more serious than was indicated by the agencies interviewed for this research.
- The research also explored:
  - the different crimes associated with heroin, crack-cocaine and alcohol misuse
  - the impact of substance misuse on domestic abuse
  - the impact of substance misuse on sex work
  - the impact of substance misuse on general anti-social behaviour
  - public health issues related to sharps and other drug paraphernalia in public places
  - the impact of substance misuse and illegal sales of tobacco and alcohol on the local economy.

## **Section Five**

### **Substance Misuse Services and Statistics**

#### **5.1 Introduction**

This section provides an overview of the substance misuse services that work with people from the NELM area, together with relevant statistics where these were provided. A summary of the statistics that were requested and received from the substance misuse agencies is provided in Appendix 4.

#### **5.2 Limitations of the statistics**

It is very difficult to accurately estimate the extent of substance misuse in the NELM area. The statistics that are available each provide a partial picture. This section presents the statistics that were obtained from substance misuse treatment services. In most cases, the substance misuse treatment services were requested to provide information on the number of referrals from April 2003 to March 2004 (or some other time period more convenient to them) together with information on the individual's gender, age group, ethnic origin, substance misuse and source of the referral. Not all agencies were able to provide this and in most cases the statistics were not very robust.

The NELM area is part of the Norwich City district council. It is not a distinct district in terms of either wards or postcodes. The postcodes that cover the NELM area are NR5 8.., NR4 7.. and NR6 5... When seeking statistics, information for these postcodes was therefore requested. Postcodes NR1 to NR6, cover Norwich city and some of the surrounding areas. For the purposes of this research, data from the NELM postcodes was compared with data from the NR1 to NR6 postcodes to calculate approximate percentages of NELM data out of the total Norwich data. In a few of cases the statistics were provided by medical practice rather than postcode area and in one case the statistics were provided by ward.

#### **5.3 Commissioning of substance misuse services**

The National Treatment Agency for Substance Misuse (NTA) 'Models of Care' document (NTA, 2002) provides a national framework for commissioning substance misuse services for adults in England. The framework provides four levels or tiers of service. These are:

- Tier 1: Non substance misuse specific services requiring interface with drugs and alcohol treatment. These include a full range of health, social care, housing, vocational and other services, health promotion and advice on substance misuse.
- Tier 2: Open access drug and alcohol treatment services. These include services to reduce risks caused by injecting drugs including needle exchange, outreach services, specialist drug and alcohol screening and assessment, care planning and management.
- Tier 3: Structured community based drug treatment services. These provide specific community care assessment and care management, specialist structured community based detoxification services and shared care prescribing and support treatment via primary care.
- Tier 4: Residential services for drug and alcohol misusers. These include: inpatient drug and alcohol detoxification or stabilisation services; drug and alcohol residential rehabilitation units and residential drug crisis intervention centres.

In Norfolk the drugs and alcohol treatment services are commissioned by the Norfolk DAAT. Many of the services are countywide. Norfolk has developed a common assessment and referral tool, which facilitates relevant information sharing between agencies

#### 5.4 National Drug Treatment Monitoring System statistics

Substance misuse treatment agencies are required to provide monthly statistics for the NTA. The data collection for the Eastern area is handled by the Drug Treatment Monitoring Unit (DTMU) based in Oxford and is part of the National Drug Treatment Monitoring System (NDTMS). Information is required on all individuals presenting for substance misuse (including alcohol) treatment and all people being discharged from treatment. The treatment refers to Tier 3 and Tier 4 treatment as defined in 'Models of Care' (NTA, 2002).

The statistics collected for national purposes are on substance misusers who seek treatment, and only relate to new referrals (and discharges). Therefore, the figures do not show the total number of substance misusers receiving assistance at any one time, let alone the total number of substance misusers in an area. However, the number of people seeking treatment can provide an indication of the extent of substance misuse in an area.

Initially, the Norfolk DAAT provided the DTMS figures for the whole of the NR5 postcode, by treatment agency, for the period April 2003 to March 2004. It was stressed that there had been severe problems with the data for 2003/4, that 16% of cases did not have a postcode, there was likely to be missing data and that the data was still not finalised. The figures are shown in Table 5.1. Given all the provisos about the data it was not appropriate for the DAAT to provide more detailed information. The main conclusion that can be drawn from it is that the key Tier 3 drug treatment services for those in the NELM area are Contact NR5 and the Bure Centre.

**Table 5.1 DTMS figures for new clients resident in post code district NR5**

<b>Agency</b>	<b>Number of new clients presenting in 2003 / 2004</b>
Contact NR5	17
Matthew Project	3
Bure Centre	19
Matthew Project	1
The Norfolk Young Person's STMS (Impact)	2
Addaction Norfolk *	7
<b>Total</b>	<b>49</b>

Source: DTMS statistics provided through Norfolk DAAT

\*Notes: Individuals using Addaction may already be counted in the other agencies' figures. See also the provisos under table 5.2.

There are two entries for the Matthew Project, which provides a range of services.

At a later stage of the research, the Norfolk DAAT also provided the DTMS figures for the three postcodes that cover the NELM area of Norwich together with the figures for all NR postcodes in the county, for the period April 2003 to March 2004. The NELM figures are shown in Table 5.2. Again it was stressed that the data was not necessarily accurate. It was subject to various constraints as listed underneath the table.

A total of 206 cases were in Norwich (i.e. had a postcode of NR1 to NR6). Due to the large number of cases with incomplete postcodes, the percentage of NELM cases out of the Norwich cases was somewhere between 2.4% and 26.7% (this was based on 5 or 55 as a percentage of 206).

**Table 5.2 DTMS figures for new clients resident in the NELM post code districts (NR5 8., NR4 7.. and NR6 5..)**

<b>Post code</b>	<b>Number of new clients presenting in 2003 / 2004</b>
<b>NELM postcode areas</b>	
NR4 7..	1
NR5 8..	3
NR6 5..	1
<b>Total</b>	<b>5</b>
<b>Additional people with only the district level postcode provided for postcodes NR4, NR5 &amp; NR6</b>	
NR4	10
NR5	36
NR6	4
<b>Total</b>	<b>50</b>

Source: DTMS statistics provided through Norfolk DAAT

Note: It is important that data in these tables is not passed on, published or utilised without the following constraints being attached:

- This information is derived from the CHAI dataset, which did not always include February and March 2004.
- The first table shows postcode district and first digit of postcode sector, which is the most complete information available to NDTMS.
- The postcode field is not completed for every client: this dataset may not represent the total number of individuals resident at these postcodes.
- Some postcodes did not have the space inserted between the first and second part of the postcode. I have inserted the space manually where it is obvious to do so. However, other postcodes may be incorrect because there is not a space where there should be.

Due to the unsatisfactory nature of the NDTMS statistics, individual treatment agencies in Norfolk were asked to provide data directly to the researchers.

## 5.5 Contact NR5

Contact NR5 is a community based primary care service based in the Wensum Valley Medical Practice in the NELM area. It provides Tier 2 and Tier 3 services for clients and their families who are affected by substance misuse. It is jointly funded by the NELM Development Trust and Norwich PCT.

Patients access the service through the three Wensum Valley Medical Practice Health Centres. This includes the Adelaide Street Health Centre, which is outside the NELM area. Appointments are offered within three days of referral and patients are often seen on the same day. Efforts are made to triage emergencies without undue delay. Assessments are based on Norfolk's Common Assessment Tool and include a baseline health check together with blood tests and urine screening. At the end of assessment, a Care Plan is prepared based on the patient's prioritised needs.

Clinical treatments provided include home detoxification from either drugs or alcohol. They organise in-patient detoxification and patients might be prescribed methadone or other replacements. They also offer counselling and a range of complementary therapies. They employ a support worker who addresses social issues, particularly housing issues, benefits and access to other appointments. Contact NR5 also work with family members affected by substance misuse.

'Success in treatment is recognised as a reduction in the harm that drug and alcohol use is causing to the individual and to the family. We engage with patients with their own priorities, not our own.' (interviewee)

'We offer one-to-one help [to families] and are aware of the agencies in and around Norfolk, which family members may avail themselves of.' (interviewee)

There was almost universal praise for the services provided by Contact NR5.

Contact NR5 is unique. I know of no other service like it and I visit a lot of other areas in the country. Nationally it is looked at as a pilot – a model of good practice. .... Contact NR5 is a hugely successful project, if it was not there people on the estate would notice.' (interviewee)

'At Contact NR5 they will get their other health needs looked at not just their drug use. If we have someone come in who needs health issues sorted I am pleased if they live in the NELM area as they will be able to get to see a doctor. That is not so in other parts of the city in the same way.' (interviewee)

Contact NR5 reported that they had an equal split between referrals for alcohol and drug problems. Of the people presenting for drug misuse, the most common drugs misused were a combination of crack and heroin together with alcohol, benzodiazepine and cannabis.

Contact NR5 belatedly provided detailed statistics on their patients. Since they opened in February 2000 a total of 643 people had been referred to the service – an average of 14 referrals a month. This covered people who received Tier 1 and 2 services as well as those who received Tier 3 and 4 services. Detailed information was provided on a total of 219 patients, this included 89 referrals prior to January 2004, who were still patients, and all referrals between January and November 2004 – 130 people. It therefore provided a different dataset to the data provided by the NDTMS, which covers the number of new referrals in a year for Tier 3 and Tier 4 services only.

The patients were looked at in two groupings - those referred between January and November 2004 (130 people) and the current caseload as at the end of November 2004. The latter was calculated by excluding from the total dataset of 219 those who had been discharged between January and November 2004. This created a current caseload of 120 people.

The patients' gender, age group and detailed information on their substance misuse are provided in Tables 5.3 to Table 5.9 Please note that some of the percentages do not total 100% due to the rounding up or down of the percentage figures. Detailed analysis of the data was not possible due to its late arrival and the potential that individuals might be identifiable from a more detailed breakdown of the data.

Although most of the Contact NR5 patients were male, over a third were female, see Table 5.3. Most of their patients were aged between 21 and 39 years see Table 5.4. There was only one current patient under 20 years and a few over 60 years. All of the patients were white. Nearly everyone either referred themselves or were referred by a GP, see Table 5.5.

**Table 5.3 Contact NR5 patients – Gender**

	Patients referred from Jan – Nov 2004		Patients on current caseload Nov 2004	
	No.	%	No.	%
Male	78	60	76	63
Female	52	40	44	37
<b>Total</b>	<b>130</b>	<b>100</b>	<b>120</b>	<b>100</b>

Source: Contact NR5

**Table 5.4 Contact NR5 patients – Age group**

	Patients on current caseload Nov 2004	
	No.	%
Up to 20 years	1	1
21 – 29 years	44	37
30 – 39 years	34	28
40 – 49 years	19	16
50 – 59 years	15	13
60 years and over	5	4
No information	2	1
<b>Total</b>	<b>120</b>	<b>100</b>

Source: Contact NR5

**Table 5.5 Contact NR5 patients – Referral source**

	Patients referred from Jan – Nov 2004		Patients on current caseload Nov 2004	
	No.	%	No.	%
Self	60	46	65	54
GP	57	44	45	38
Arrest Referral	1	1	1	1
Drug Service Statutory	1	1	1	1
Probation	1	1	0	0
Community Care Assessment	1	1	0	0
Other	6	5	4	3
No information	3	2	4	3
<b>Total</b>	<b>130</b>	<b>100</b>	<b>120</b>	<b>100</b>

Source: Contact NR5

Overall, the most common main problem drugs were heroin and alcohol, see Table 5.6. In 2004, the proportion referred with alcohol as their main problem drug was 45%, and cannabis and crack-cocaine was the main problem drug for 8% and 5% of patients respectively.

**Table 5.6 Contact NR5 patients – Main problem drug**

	Patients referred from Jan – Nov 2004		Patients on current caseload Nov 2004	
	No.	%	No.	%
Heroin	40	31	56	47
Methadone	2	2	3	3
Dihydrocodeine	0	0	2	2
Other opiate	2	2	1	1
LSD	0	0	0	0
Crack-cocaine	7	5	5	4
Cocaine	1	1	0	0
Amphetamine	2	2	1	1
Alcohol	58	45	45	38
Benzodiazepine	1	1	0	0
Mdma/ Ecstasy	0	0	0	0
Methamphetamine	0	0	0	0
GHB	0	0	0	0
Ketamine	0	0	0	0
Cannabis	10	8	6	5
Tranquillisers	0	0	0	0
Anti-depressants	0	0	0	0
Glue	1	1	0	0
Other	3	2	1	1
No information	3	2	0	0
<b>Total</b>	<b>130</b>	<b>100</b>	<b>120</b>	<b>100</b>

Source: Contact NR5

Amongst the current caseload, 228 secondary drugs were identified for 120 patients. The most common secondary problem drugs used by current patients were cannabis (36%), benzodiazepines (32%), crack-cocaine (22%), alcohol (18%) and methadone (16%), see Table 5.7. However there was a quite dramatic difference in the secondary problem drugs between the current caseload and those referred during 2004. For the 130 patients referred between January and November 2004, only 87 secondary drugs were identified. These were primarily benzodiazepine (10%), tranquillisers (10%) crack-cocaine (9%) and alcohol (8%). This appears to indicate that those referred to Contact NR5 before January 2004, but still on the caseload, were more serious poly drug users than more recent referrals.

**Table 5.7 Contact NR5 clients – Secondary problem drugs**

	Patients referred from Jan – Nov 2004		Patients on current caseload Nov 2004	
	No.	%	No.	%
Heroin	2	2	4	3
Methadone	7	5	19	16
Dihydrocodeine	3	2	16	13
Other opiate	1	1	17	14
LSD	1	1	1	1
Crack-cocaine	12	9	26	22
Cocaine	2	2	6	5
Amphetamine	4	3	9	8
Alcohol	11	8	21	18
Benzodiazepine	13	10	38	32
Mdma/ Ecstasy	2	2	3	3
Methamphetamine	2	2	1	1
GHB	1	1	0	0
Ketamine	1	1	0	0
Cannabis	13	10	43	36
Tranquillisers	2	2	9	8
Anti-depressants	6	5	12	10
Glue	1	1	0	0
Other	3	2	3	3
<b>Total</b>	<b>87</b>	<b>-</b>	<b>228</b>	<b>-</b>

Source: Contact NR5

Note: More than one response could be given, percentages are out of total cases (130 and 120) not the total responses.

Half of the current caseload (52%) had had a previous referral for Tier 3 or Tier 4 treatment but between January and November 2004, this decreased to only a third, see Table 5.8. Thus it appears that Contact NR5 may now be reaching more substance misusers who have not presented for treatment before.

**Table 5.8 Contact NR5 clients – Previous Tier 3 or 4 Treatment**

	Patients referred from Jan – Nov 2004		Patients on current caseload Nov 2004	
	No.	%	No.	%
Yes	43	33	62	52
No	61	47	48	40
No information	26	20	10	8
<b>Total</b>	<b>130</b>	<b>100</b>	<b>120</b>	<b>100</b>

Source: Contact NR5

Looking at the types of treatment offered, welfare support, health screening, advice and information, community prescribing, care planned counselling and/or social rehabilitation had been offered to at least half of the patients on the current caseload, see Table 5.9. In contrast only welfare support had been offered to as many as half of the patients referred during 2004. Just over a third (38%) were offered community prescribing. This also supports the view that the Contact NR5 is now attracting slightly different patients.

**Table 5.9 Contact NR5 clients – Treatment Modality**

	Patients referred from Jan – Nov 2004		Patients on current caseload Nov 2004	
	No.	%	No.	%
Welfare Support	65	50	99	83
Health Screening	38	29	82	68
Advice and Information	32	25	78	65
Community Prescribing	50	38	87	73
Care Planned Counselling	46	35	63	53
Social Rehab	19	15	60	50
Education Opportunity	25	19	58	48
PCT Community Staff	8	6	45	38
Needle Exchange	8	6	19	16
Structured Day Programmes	1	1	0	0
In Patient Drug and Alcohol Misuse Treatment	3	2	8	7
<b>Total</b>	<b>295</b>	<b>-</b>	<b>599</b>	<b>-</b>

Source: Contact NR5

Note: More than one response could be given, percentages are out of total cases (130 and 120) not the total responses.

Contact NR5 commented on the numbers of substance misusers that present for treatment:

'We are aware that there are large numbers of drug and alcohol misusers within the area that do not present to treatment services. Gaining insight into why this is, despite accessibility and the good range of services available, remains an enigma. We are also aware of the very low numbers of referrals from the black and minority ethnic substance misusers. We have to also respect that some people don't want to do anything about their drug use. However, it is often that people are experiencing so many problems that they do not know where to start. In this instance, it is important to unpick the problems little by little at a pace the patient can cope with.' (interviewee)

## 5.6 Bure Centre

The Bure Centre is part of the Norfolk Drug and Alcohol Treatment Service managed by the Norfolk and Waveney Mental Health Partnership NHS Trust. It provides a Tier 3 substance misuse treatment service, covering both drugs and alcohol. Its Colegate Service provides services to Norwich residents, although all referrals are taken at the main office on Unthank Road. The Norwich team receive about 40 referrals each month and the workers each have a caseload of about 80 clients.

They use a shared care approach with key workers, and the specific intervention depends on the drugs involved. For example, cocaine and amphetamine users are often offered cognitive behavioural therapy. Work may be done on relapse prevention and what behaviour drives them to take drugs. The Bure Centre prescribes opiate replacement to be taken orally or as an ampoule to be administered by injection. They also provide access to a specialist psychiatrist and they offer counselling, but there is a waiting list for this.

The Bure Centre provided statistics on referrals received for the period January 2003 to mid December 2004. The statistics were not complete and no details were provided on the type of substance misused. As individuals could be referred more than once, the actual number of individuals referred was calculated. The Bure Centre received a total of 724 referrals from clients from the Norwich area (postcode areas NR1 to NR6). Of these, 93 were for people with postcodes in the NELM area. Thus 13% of the Bure Centre's referrals were from the NELM area. This appears to be an over representation of people from the NELM area, especially as other parts of the city do not have substance misuse treatment services similar to Contact NR5 in their area.

## 5.7 Victoria Street Alcohol Service

The Victoria Street Alcohol Service is part of the Norfolk Drug and Alcohol Treatment Service managed by the Norfolk and Waveney Mental Health Partnership NHS Trust. It provides a Tier 3 alcohol treatment service, in Norwich, South Norfolk and North Norfolk.

Individuals have to refer themselves to the service. Referrals from other sources are only accepted if the individual concerned is aware that it is happening. They are able to access detoxification places. Those with more severe social needs are referred to the mental health social worker, who provides an after care programme and support to clients. Support in the community includes housing, benefits, employment and other activities aimed at reducing social exclusion together with the psycho-social support. They can see people at the centre or in their own area. They do at least one visit to people's homes so that they are seen in their own environment. They do some work with the families, who they may meet during the home visit. NORCAS provides the counselling for the families.

'We have found that those who take drugs, especially heroin, will use alcohol. Alcohol users will not use drugs in the same way. There is an order of substance misuse.' (interviewee)

The Victoria Street Alcohol Service did not provide any statistics on the number of people they work with from the NELM area. From the interviews it appeared that only a few NELM residents used their services.

### **5.8 The Matthew Project**

The Matthew Project provides a range of Tier 1 and Tier 2 services. These include a Youth Team, an adult and young people's Counselling and Support Team, a Housing Support Team and an Arrest Referral Scheme. They also provide advice on drug or alcohol use via drop in, telephone, email or post. The Matthew Project also has a website for parents and carers and has received funding to set up a Norfolk Parents' Resources Room. Only the Youth Team and the Counselling and Support Team provided information for this research. Additional information was obtained from the Matthew Project website and other sources.

The Youth Team provide information and advice service for 12 – 25 year olds across Norfolk. Most of their work is based around schools and outreach work, some of it is in clubs. In schools they offer assemblies, lessons and the Matthew Project Voicebox (a caravan / youth club on wheels). They go to all high schools in the county, visiting for a maximum of two days per school per year. The work is part of the PHSE (personal, health and social education) curriculum, with funding from the Schools Drugs Adviser. They do outreach work with the caravan at various locations around the county. In Norwich they are currently targeting Chapelfield Gardens and Bowthorpe. Schools and outreach work provide the first point of contact with people and if they need more in depth support they are referred on.

They are currently doing short term work in specific areas. They do four weeks' initial input and then monthly visits. They contact young people, do an initial assessment and then refer them onto the Matthew Project counselling service, T2 or elsewhere. T2 do more individual 1:1 work with young people. The Matthew Project has received CDRP funding in the past to work with NACRO (Norfolk Association for the Care and Resettlement of Offenders). They do not currently do any outreach work in the NELM area, although there has been some discussion about this with the NELM Development Trust.

In the last twelve months, they have been visiting primary schools with funding from Healthy Schools as part of the Healthy Schools programme. The Youth Team also provides substance misuse education for foster carers (via social services) and parents.

The number of people attending the Matthew Project 'drop in' sessions has increased dramatically since April 2003. In April 2003 a total of 31 people attended the drop in sessions, in April 2004 this increased to 295 people. The project attributed this to their open door policy and the fact that people knew that they would receive help and support from the project.

The Matthew Project Counselling Support Team provided statistics on the number of clients on their caseload. In December 2004, 25 people had postcodes in the NELM area, see Tables 5.10 to 5.12. Their total caseload for Norwich was approximately 150 (it varies between 130 and 173). People from the NELM area therefore accounted for approximately 17% of the Norwich caseload.

Although the majority of the NELM clients were male, 40% were female, see Table 5.10. Over half were aged under 30 years, see Table 5.11. None of them had a black or minority ethnic background.

**Table 5.10 The Matthew Project counselling service caseload from NELM – Gender**

	No.	%
Male	15	60
Female	10	40
<b>Total</b>	<b>25</b>	<b>100</b>

Source: The Matthew Project counselling service

**Table 5.11 The Matthew Project counselling service caseload from NELM – Age group**

	No.	%
18 – 19 years	7	28
20 – 29 years	7	28
30 – 39 years	5	20
40 – 49 years	6	24
<b>Total</b>	<b>25</b>	<b>100</b>

Source: The Matthew Project counselling service

A third (36%) were misusing alcohol, a fifth (20%) were using crack-cocaine and a sixth (16%) were using heroin and / or cannabis, see Table 5.12.

**Table 5.12 The Matthew Project counselling service caseload from NELM – Drugs used**

	No.	%
Alcohol	9	36
Crack-cocaine	5	20
Heroin	4	16
Cannabis	4	16
Cocaine	3	12
Methadone	1	4
Amphetamine	1	4
Ecstasy	1	4
Tranquillisers	1	4
<b>Total</b>	<b>29</b>	<b>–</b>

Source: The Matthew Project counselling service, December 2004

Note: More than one response could be given, percentages are out of total cases (25) not the total responses

The Matthew Project also runs an Arrest Referral Scheme, which carries out assessments of drug and alcohol users in police custody and court cells. No information was provided about the scheme for this research. However some statistics had been provided to Research Plus+ for another research project (Research Plus+, not yet published). Between April 2000 and mid June 2004, the Arrest Referral Scheme saw over 2,600 people in Norfolk. The main substances misused were alcohol (29%), heroin (23%) and cannabis (18%). It is likely that the Arrest Referral Scheme would have had contact with some people from the NELM area who were involved with the criminal justice system.

### **5.9 NORCAS**

NORCAS operates in various areas of Norfolk. In Norwich, it provides two Tier 2 services for substance misusers and their families/friends. The counselling service in central Norwich is an open access service for anyone with a drug or alcohol problem or who is concerned about a relative friend or colleague. It provides free confidential advice, assessment, counselling, group support, harm reduction and relapse prevention.

NORCAS provided information on the number of referrals received between October 2003 and September 2004 for the Norwich PCT area and the Wensum Valley Medical Practice, which includes the NELM area. Less than 4% of the referrals received were for those who lived in the area covered by the Wensum Valley Medical Practice. The majority of these eight referrals were for alcohol misuse.

NORCAS also has a Homeless Outreach Team, which works with substance misusers who are homeless or vulnerably housed. No information or statistics were provided on the number of people whom they work with who originate from the NELM area.

### **5.10 Impact**

Impact provides a Tier 3 countywide multi-agency and multi-disciplinary substance misuse treatment service for young people aged 19 years and under. Impact provided data on referrals from April 2003 to October 2004 for people from Norwich (i.e. from postcodes NR1 to NR6). A total of 55 clients were referred from Norwich Only two of their clients (4%) came from the NELM area. Both were referred for alcohol misuse with no secondary substance misuse identified. Thus it would appear that Impact is not used much by people who live in the NELM area.

### **5.11 T2**

T2 is a Tier 2 service provided through a partnership between the Mancroft Advice Project, the Matthew Project and the Norfolk Youth and Community Service. It provides advice, support and guidance for vulnerable young people, their parents/carers and those who work with them. For a variety of reasons it was not possible for them to provide any statistics on the number of people they had worked with from the NELM area.

### **5.12 Hebron House and the Bethany Lodge**

The Hebron Trust run Hebron House in Norwich, which provides residential treatment for women with serious drug and alcohol problems who are between 18 and 45 years. They also run Bethany Lodge, which provides a similar service for women accompanied by one or more children aged up to 12 years. They reported that they had had no clients from the NELM area in the past 12 months.

### **5.13 ADAPT**

ADAPT (Alcohol and Drug Addiction Prevention and Treatment) is a charity committed to the treatment of any person, whether resident in the specialist centres, prison or the community. ADAPT has a residential treatment centre in North Norfolk. No one from Norwich was at the residential treatment centre when they were contacted and they did not think that they had had anyone from NELM in the past year.

Until recently, ADAPT also ran a Link Worker Resettlement Scheme. This was funded by the Norfolk DAAT and some of the Norfolk CDRPs (Crime and Disorder Reduction Partnerships). The Link Worker Resettlement Scheme worked with prolific offenders whose offending was drug related, i.e. they had committed crimes to feed their substance misuse. The team included two workers, based in Norwich prison, who covered work in the prison, Norwich and South Norfolk. Attempts by the researchers to contact the two workers were not successful. It is likely that the team would have had contact with some people from NELM who were involved with the criminal justice system. This project has now ended.

### **5.14 CARATS (Counselling, Assessment, Referral, Advice and Throughcare Services)**

In most prisons there are CARATS (Counselling, Assessment, Referral, Advice and Throughcare Services) teams and other initiatives which aim to reduce substance misuse on release. In January 2004 the CARATS team in HMP/YOI Norwich had a caseload of 301. It received an average of 90 referrals per month. For offenders from Norfolk, the majority of people on the CARATS team's caseload were returning to Norwich and Great Yarmouth (Research Plus+, not yet published). Although none of the CARATS teams were contacted as part of this research, it is likely they would have had contact with some people from NELM who had been sentenced to prison.

### **5.15 The Matrix Project**

The Matrix Project is based in the Adelaide Street Health Centre, which is part of the Wensum Valley Medical Practice. It is funded by the Norwich PCT. The main aim of the service is to engage with sex workers in harm reduction. It provides an outreach service to sex workers five evenings a week in the red light district of Norwich. They have a mobile unit where they see both male and female sex workers. The Matrix Project reported that some of their clients are from the NELM area. Most of their clients are chaotic drug users and many are homeless and living in other people's homes. The Matrix Project has staff from other agencies on their mobile unit, including the NORCAS Homeless Outreach Team. The mobile unit provides a way to link the sex workers to other agencies in a confidential setting. This increases their confidence to visit the agencies themselves. The Matrix staff also accompany sex workers to appointments.

'It can be really difficult to engage with them [sex workers] as they are on edge all the time. Therefore we have to be very flexible with them. We can't make appointments with the most chaotic. We engage with them when we can, that is the most important part.' (interviewee)

'We are concerned with the difficulty engaging sex workers in effective treatment as they are targeted by drug dealers as good sources of income.' (interviewee)

### **5.16 Norfolk Needle and Syringe Exchange Scheme**

The main aim of the Norfolk Needle and Syringe Exchange Scheme is to provide clean injecting equipment to intravenous drug users in an effort to stop the possible spread of blood borne viruses such as HIV and Hepatitis C. Within the NELM area, needle exchanges are located at Contact NR5, Health First and some chemists shops.

'The needle exchange schemes have drastically reduced the amount of needles in the NELM area. This service needs to be provided very locally. ... There is probably a need for more needle exchanges in the NELM area.' (interviewee)

'There is a needle exchange scheme at West Earlham. The people who are going to West Earlham are made to feel welcome there. The drug injectors are also more aware of what to do and therefore they do it carefully.' (interviewee)

The Needle Exchange Co-ordinator provided data on packs issued and sharps (used needles) collected through the needle exchange scheme. People can choose which outlets they collect packs from or return sharps to. If they are in contact with an agency outside of the NELM area, they might well use their services, e.g. the Bure Centre or the Matthew Project. Also the data recorded the numbers of bins returned, it did not cover whether the bin was full or partially full, or the actual number of sharps in each bin. Meaningful analysis of the data was therefore not possible. Norwich City Care employees collect sharps that are left in public places. Data on this is collected but was not provided to the researchers.

The figures for the number of sharps and other drug paraphernalia collected by the NELM Community Wardens are shown in Tables 5.1 and 5.2. Overall, the average number of sharps collected has decreased over the past two years, from over 30 to about 11 a month, see Table 5.1. The largest number of sharps was collected in the North Earlham area (337). The number collected per month in 2004 was considerably fewer than in 2002 but was higher than the number in 2003. The total number of sharps collected in the Marlpit area was 211. The number collected per month went up in 2003 but has now decreased. The number of sharps collected in the Larkman area was considerably fewer (117), and the number collected per month has consistently decreased.

Overall, the average number of items of other drug paraphernalia collected has decreased over the past two years, from about 13 to about 3 a month, see Table 5.2. The pattern within different areas broadly mirrors the pattern for the number of sharps collected.

**Table 5.1 Sharps collected up by NELM Community Wardens**

Location	North Earlham		Marlpit		Larkman		Total	
	Actual	Monthly average	Actual	Monthly average	Actual	Monthly average	Actual	Monthly average
2002 March – Dec. (10 months)	188	18.8	72	7.2	56	5.6	316	31.6
2003 Jan. – Dec. (12 months)	69	5.8	105	8.8	56	4.7	230	19.2
2004 Jan. – Nov. (11 months)	80	7.3	34	3.1	5	0.5	119	10.8
<b>Total</b>	<b>337</b>		<b>211</b>		<b>117</b>		<b>665</b>	

Source: NELM Community Wardens

**Table 5.2 Other drug paraphernalia collected up by NELM Community Wardens**

Location	North Earlham		Marlpit		Larkman		Total	
	Actual	Monthly average	Actual	Monthly average	Actual	Monthly average	Actual	Monthly average
2002 March – Dec. (10 months)	65	6.5	33	3.3	31	3.1	129	12.9
2003 Jan. – Dec. (12 months)	16	1.3	25	2.1	5	0.4	46	3.8
2004 Jan. – Nov. (11 months)	24	2.2	11	1.0	1	0.1	36	3.3
<b>Total</b>	<b>105</b>		<b>69</b>		<b>37</b>		<b>211</b>	

Source: NELM Community Wardens

### 5.17 Supervised consumption schemes

Supervised consumption schemes have been introduced in Norfolk to reduce the amount of methadone that is prescribed and then sold on. Within the NELM area there is supervised consumption at Contact NR5 and three chemists shops.

## 5.18 Summary

- Based on the statistics provided by the national DTMS and individual agencies, the main substance misuse services used by people from the NELM area were Contact NR5, the Bure Centre and the Matthew Project Counselling and Support Team.
- People from the NELM area were over represented, as a proportion of the population of Norwich, being referred to or using these services.
- No statistics were provided on the number of people from the NELM area who used the Victoria Street Alcohol Service, the Matthew Project Arrest Referral Team, the Matthew Project Housing Support Team or the NORCAS Homeless Outreach Team.
- Contact NR5 provides Tier 2 and 3 services to patients in the Wensum Valley Practice, which includes the NELM area. Their services address patients' wider health and social issues, as well as their substance misuse.
- Between January and November 2004, Contact NR5 received 130 referrals from patients in the Wensum Valley Practice and in November 2004, it had 120 current patients.
- Based on the statistics provided, it appeared that the people referred to Contact NR5 before January 2004, but still on the caseload, were more serious poly drug users than more recent referrals. The service may now be reaching more new substance misusers, who have not presented for treatment before.
- The Bure Centre provides Tier 2 and 3 services. Within Norwich, 13% of the Bure Centre's referrals were from the NELM area. This appears to be an over representation of people from the NELM area, especially as other parts of the city do not have locally based substance misuse treatment services similar to Contact NR5 in their area.
- People from the NELM area accounted for approximately 17% of the Norwich caseload for the Matthew Project Counselling and Support Team. A third of the NELM clients were misusing alcohol, the main drugs used were crack-cocaine, heroin and cannabis, including some poly drug use.
- From the statistics provided, other treatment services available to substance misusers in Norwich do not appear to be well used by people from the NELM area.
- From the statistics provided, it appeared that few young people in the NELM area were being referred for substance misuse treatment.
  - Only a very small proportion of referrals to Contact NR5 were for people under 21 years.
  - T2 and Impact (Tier 2 and Tier 3 services, respectively), which are designed for young substance misusers in Norwich, do not appear to be used much by young people from the NELM area.
  - The Matthew Project Youth Team (providing Tier 1 and Tier 2 services) have not undertaken any specific outreach work in the NELM area.
- Although none of the substance misuse services within the criminal justice system (Arrest Referral Scheme run by the Matthew Project, ADAPT Link Worker Resettlement Scheme and CARATS teams) provided any statistics for this research, it is likely they would have had contact with some people from the NELM area, who have been involved in the criminal justice system.
- The Matrix Project works with sex workers, some of whom are from the NELM area.
- The Norfolk Needle and Syringe Exchange Scheme and supervised consumption schemes operate in the NELM area.

## Section Six

### Other Support Services and Statistics

#### 6.1 Introduction

This section provides an overview of the projects and services, in addition to the substance misuse agencies, that work with people from the NELM area to provide support to substance misusers and their families. It includes projects within the NELM area and other projects that cover Norwich or Norfolk.

#### 6.2 Community Wardens

The community wardens project is funded by the NELM Development Trust. It provides uniformed wardens for the NELM area who carry out patrols, respond to incidents and respond to phone call outs. They aim to assist the public, help victims of crime and provide a visible presence that will discourage crime and anti social behaviour. They also deal with environmental issues in the area, such as organising skips to clear out people's gardens.

The community wardens have helped to make the area safer for people by the removal of sharps (used needles). They have also helped with general education to reduce the number of sharps being disposed of irresponsibly in the area.

'We pick up sharps in the area. They are all over the area. There are regular drops in sheds and garages but others are being dropped out of cars so we have all the correct equipment to do the job properly.' (interviewee)

'We will help people get down to the Bure Centre. People are coming to the NELM area to use here and then go home. The police target this area, they do not target where they live.' (interviewee)

#### 6.3 Community Support Workers

The Community Support Workers project is funded through the NELM Development Trust. The project combats social exclusion by giving practical help to families and individuals in stress, building bridges between statutory and voluntary agencies, promoting independence within the community in tackling issues individually and collectively. It promotes independence for local people by assisting them to become self advocates and to resolve issues for themselves.

Due to their very high caseloads, social services cannot always provide the amount of support that is required by families. The Community Support Workers work with local families and try and prevent a crisis from occurring. They provide a valued resource as they are available evenings and weekends as well as during the working week.

'We will work with anyone in the community. We will help with housing repairs, we will help them if they are in danger of losing their kids due to drink or drugs. We go and check to see that people are ok. If they are on a home detox. an agency worker may see them once a week whereas we will go round and see them on a daily basis.' (interviewee)

'We will also act as an advocate at meetings if that is what is required. We go to meetings with people as they can be terrified about going into the building, let alone what will happen in the meeting.' (interviewee)

Agencies recognised the good work that the community support workers carry out.

'The community support workers are good for the area.' (interviewee)

The NELM Community Support Workers provided a snapshot of the type of work that they do. This covered 41 households over a three month period in the North Earlham part of the NELM area. The reason or reasons for contacting the community support workers was recorded, as was the agency that a referral was made to.

A total of 134 people lived in the 41 households. There were 423 reasons for contacting the community support workers during the three month period. The most common reason was for housing repairs (76). The other most frequent reasons were for stress (40), child protection (26) and domestic abuse (23). Substance misuse was a reason for contact in 14 cases.

There were 829 referrals to other agencies. The most referrals were to the Housing Department (81), some of which linked in with the housing repairs. Other agencies with frequent referrals were benefits (66) and probation (50). Referrals to substance misuse agencies accounted for 9 referrals.

#### **6.4 Earlham Youth**

The project provides activities for young people, aged 8 to 18 years, in the NELM area. It receives funding from the NELM Development Trust, together with funding from statutory agencies for specific activities, such as summer play schemes. It aims to encourage teamwork, capacity building and a greater sense of responsibility. They offer alternatives to substance misuse to break the cycle of anti social behaviour by creating good role models for young people and by using peer education. The successful local dance group, Backstreet Energy, is part of Earlham Youth. The youth clubs and holiday activities include drug and alcohol workshops and they undertake other preventative work with young people. They provide advice and support to young people with drug and alcohol issues and refer them onto other agencies via the Community Support Workers.

## **6.5 Health First**

Health First is part funded through the NELM Development Trust and is a recognised NACAB (National Association of Citizen's Advice Bureaux) agency. The project offers a community based welfare benefits, health advice and guidance service. It is based in West Earlham and also operates from the Communications Centre in Marlpit. The West Earlham office includes a needle exchange. They provide assistance to substance misusers as part of their normal service to local residents. This includes help with: food, rent arrears and other housing problems, other debts, benefits advice, school attendance, referral to specialist support agencies and accompanying them to court.

## **6.6 Earlham Credit Union**

The Earlham Credit Union is part funded through the NELM Development Trust and provides a savings and low interest borrowing facility for the local community. This helps people to avoid debt and manage their money better. This project was not originally identified as a local project to be contacted as part of the research and it was not mentioned by any agency or individual contacted during the research. However, given the link between substance misuse and financial problems this could be resource to help tackle some of the effects of substance misuse.

## **6.7 Housing**

The Norwich City Council has a housing office in the NELM area. This covers tenants in the NELM, Bowthorpe, North Earlham and Colman Road areas. The staff at the housing office do not see the vast majority of their tenants. If tenants pay their rent and manage their tenancy the housing staff have no reason to contact them. They only see the tenants with problems. People's drug and alcohol problems emerge because of other issues, such as rent arrears. If people have drug or alcohol problems the housing staff try to signpost them to appropriate agencies. Floating tenancy support, to help people maintain their tenancies, is provided via the housing office to some of the tenants. The actual support is often provided by other agencies.

The local housing workers try to deal with any anti social behaviour before it requires legal action. The housing department have a specialist team who take the legal action that can lead to the issuing of an Anti Social Behaviour Order (ASBO). An ASBO requires joint action by the police and housing. They need evidence of repeat nuisance behaviour, which is taken to the civil court to make the order. A breach of the ASBO is then a criminal offence. If people continually breach the ASBO they may end up with a custodial sentence.

A pre-cursor to the ASBO is the 'Acceptable Behaviour Contract' (ABC). It is a non legal contract between the council, police, young person and the young person's parents/guardians. The ABC was reported to have worked well as very few had led to an ASBO. For children under 10 years old a 'Parental Control Agreement' (PCA) could be used. The PCA places more responsibility on the parent for the child's behaviour.

## **6.8 Earlham High School**

Earlham High School is the main secondary school that serves the NELM area. It works closely with social services when there are child protection issues. The school was due to commence operating as a Full Service Extended School in

early 2005. A Full Service Extended School provides health and social care services for the community on the school site. This could have implications for the provision of substance misuse and related services.

'It is too early to say how effective the extended / full service schools will be in helping families. Not all children have access to or enjoy school. Parents may not have had a good experience of school, so may be reluctant to use any services there. Travelling families may not be happy accessing services through education.' (interviewee)

### **6.9 NR5 Project**

The NR5 Project works with young people from Earlham High School. It works on education and inclusion using the arts, and provides music and arts based skills training, a youth club, Princes Trust xl Club, The Kick Project, Future Radio and NR-G Magazine. They also make videos with the young people. The project is funded by a range of agencies including the NELM Development Trust. The staff are not counsellors or drug workers and do not work on substance misuse. However they do provide support to young people from the NELM area, some of whom are dealing with issues related to substance misuse by their parents or other family members.

### **6.10 YMCA Pastoral Care Workers**

The YMCA Pastoral Care Workers are based in the Earlham High School and the middle schools that serve the NELM area. They provide support to individual pupils.

### **6.11 The Excellence Centre**

The Excellence Centre is based on the Earlham High School site. Its aims to improve the educational achievement and social support for children and families of the partnership cluster which includes Earlham High School. The Excellence Centre has 13 learning mentors working in partnership with 13 schools, taking pupils from 5 years plus. The mentors work with the pupils and their families.

### **6.12 Norfolk Connexions**

Norfolk Connexions funds a NYCS youth worker who provides intensive work with young people throughout Norwich. There are two Connexions Personal Assistants who work in Earlham High School and with the NR5 Project, attached to Earlham High School.

### **6.13 Criminal justice agencies**

The Norfolk Constabulary have a base close to the NELM area on the Norwich ring road. The police are very aware of substance misuse and related crime in the NELM area. They work with the housing department on anti-social behaviour and in relation to vulnerable people who may be pressured into hosting drug dealing. They hold community surgeries in the Cadge Road community centre and the Marlpit area.

The Norfolk Probation Area provide pre-sentence reports on adult offenders from the NELM area, where requested by the courts, and supervise those who receive a prison sentence of twelve months or more or a community sentence. Some offenders may receive a Drug Treatment and Testing Order, which is supervised by the Norfolk Probation Area.

The Norfolk Youth Offending Team (YOT) provide pre-sentence reports on young people (aged 12 – 17years) from the NELM area, where requested by the courts, and supervise all young offenders sentenced to supervision or custody. Some specialist substance misuse workers, are seconded to work with the Norfolk YOT.

#### **6.14 Other statutory services**

Other statutory services working in the area include social services and primary health care services.

#### **6.15 Mancroft Advice Project (MAP)**

The Mancroft Advice Project is based in Norwich city centre and offers information, advice, counselling and support to young people, aged 11 – 25 years. The service includes advice and information on drugs and alcohol, including harm minimisation, housing advice and pregnancy testing. No information was provided on the number of people that they see from the NELM area. They provide statistics on this to the Norfolk DAAT.

#### **6.16 The Magdalene Group**

The Magdalene Group, based in Norwich city centre, offers support, guidance and care to those working in prostitution and/or at risk of being involved in abusive or exploitative relationships. They provided information on their work as part of another research project (Research Plus+, not yet published). They work with women and a few men. They offer a drop in centre, with the provision of shower facilities, change of clothes and washing and street outreach services. The support is ongoing and consistent. They reported that 98% of the people they work with have a drug or alcohol problem and a large proportion have mental health problems Most have experienced abuse – sexual, emotional and/or physical. The Magdalene Group workers signpost people to various supportive agencies in Norfolk and will accompany women to meetings and appointments (NORCAS, the Bure Centre, Pregnancy Crisis, the Matthew Project). They are able to provide long-term support and offer an “open door” approach. If people wished to leave sex work they often needed to move out of the area. However, they reported that there were few places for women on drugs.

#### **6.17 Women’s refuges**

There are five women’s refuges in Norfolk for women fleeing domestic abuse. However all the refuges stated that they would not take people with a history of violence and they have restrictions on those who are substance misusers (VHG, 2003, and Research Plus+, not yet published).

Recent local research on domestic abuse revealed that ‘there is a real lack of resources for victims with substance misuse and with mental health issues’ (Arthurton et al, 2004). If women are escaping domestic abuse they often need to get away from the area and may therefore be referred to a refuge out of

Norfolk. A research project is currently underway to assess the level of need for housing and related support services for victims of domestic abuse across the eastern region. It is funded by the ten Supporting People teams and regional crime reduction monies.

### **6.18 Norwich Voices Against Violence Forum**

The Norwich Voices Against Violence Forum, in partnership with Norfolk Constabulary, Leeway Women's Aid and the Norwich CDRP has recently published the findings of research into domestic abuse in Norwich. This looked at the extent of domestic abuse and explored whether 'establishing a Dedicated Centre for Domestic Abuse would offer a viable solution in terms of enhanced service delivery and would be right for the City of Norwich' (Arthurton et al, 2004).

### **6.19 Services for families / carers**

As already identified, some of the substance misuse treatment agencies reported that they worked with the families / carers of substance misusers and many of the NELM projects worked with local carers / families of substance misusers. In addition, a NELM based carers self help group, Friends, had been set up, but it was not operating at the time of the research. Other services, such as Al-Anon, Al-Ateen, Families Anonymous and Narcotics Anonymous, were part of city or countywide provision. Otherwise national help lines and organisations could be contacted. No one reported how much these were used by people from the NELM area.

### **6.20 Other community support**

In many respects, the NELM area was seen as a close knit area. Many people had lived in the area all their lives and in some cases their parents as well. Some people felt that there was support to tackle substance misuse in the area but others were isolated by their substance misuse.

'It is embarrassing for people to know that you are taking drugs but people will always know. There is less stigma in NELM to being an ex-substance misuser. Now people say well done for doing something to change. As there is less stigma here there is increased compassion and increased community spirit.'  
(focus group participant)

'It is affecting all the families so bring it out from behinds closed doors. Stop the stigma that makes people apprehensive to come forward.'  
(focus group participant)

### **6.21 Summary**

- There is a range of agencies, both within the NELM area and in Norwich, that either do or could provide support on substance misuse or related issues.
- Within the NELM area these include: the Community Wardens, the Community Support Workers, Earlham Youth, Health First, the Earlham Credit Union and the area housing office.

- Services just outside the area include: the Earlham High School, the NR5 Project, the Excellence Centre, the YMCA Pastoral Care Workers, Norfolk Connexions and the local police.
- Services further away include: the Mancroft Advice Project, the Magdalene Group, women's refuges and the Voices against Violence Forum.
- Statutory services working in the area include social services, primary health care services, the Norfolk Probation Area and the Norfolk Youth Offending Team.
- A few services for parents/ carers of substance misusers were identified, but the extent to which they were used by people from the NELM area was not known.

## Section Seven

### Mapping of Links Between Agencies

#### 7.1 Introduction

This section explores the links between different agencies and the standards and protocols that they work to.

#### 7.2 Links between different services

As part of the questions asked in the interviews, people were asked about the links that they had with other organisations. They were also asked which organisations they made referrals to and which they received referrals from. In nearly all cases the interviews were returned to the interviewees for checking, so they were able to add any organisations that they did not recall during the interview. For those who were contacted by telephone, there was often no additional contact following the interview. They could have links with other organisations that they did not recall at the time of the phone call. The responses are summarised in Table 7.1.

Agencies listed in the left hand column of the table provided information on links with agencies listed in the top row. If the agency mentioned any form of working relationship, this link is denoted with an **X**. The information was not robust enough to distinguish between accepting and making referrals from / to another agency or some other working relationship. In the table 'Housing' refers to Norwich City Council Housing Department, 'Hospital' refers to the Norfolk and Norwich University Hospital and 'Mental health' refers to the Norfolk and Waveney Mental Health Partnership NHS Trust, including Hellesdon hospital and the services based at 80 St Stephens in Norwich. Although not shown in the table, most substance misuse treatment agencies also mentioned their relationship with the Norfolk DAAT. Some sat on specific sub groups, where they would meet other agencies.

The agencies that people had most contact with were the Matthew Project, Contact NR5, the Bure Centre, MAP, social services and NORCAS. Impact and T2 were both mentioned only twice. No agency mentioned having links with the Victoria Street Alcohol Service.

Earlham Youth had few links with other agencies. This was because it has tended to work with other agencies through the Community Support Workers. As the organisation has matured it has recognised the need to develop its own relationships with other organisations and has plans to do this.

The Norfolk and Norwich University Hospital was mentioned by six agencies. Some of the substance misuse agencies based in the city centre were having to find new methods of accessing health care, especially for chaotic drug users. The reason for this was that, since its relocation, the drug users could no longer walk to the hospital. It was also not possible to drive everybody to the hospital. As a result of this, the City Reach health services at the ARC Centre were mentioned a couple of times.

Some organisations were mentioned in addition to the agencies shown in the table. Housing and finance were amongst the key issues affecting substance misusers. As well as the four agencies that had links with Norwich City Council, four other agencies mentioned links with other housing providers. These included Julian Housing Support, Stonham Housing and St Martins Housing, which includes Bishopbridge House the direct access hostel for homeless people. Leeway, the Norwich women's refuge was mentioned by one agency. A number of agencies that provide housing advice were also mentioned, including the NORCAS Homeless Outreach Team. The benefits office and the Citizens Advice Bureau were mentioned by three agencies in relation to ensuring that people had the correct benefits or were receiving the correct advice to deal with utility and rent debts.

Although Earlham High School was not mentioned by name, social services said that they relied on the schools to pick up on distress and significant harm. Only Connexions mentioned having contact with the YMCA pastoral care workers, who are based in the Earlham High School and associated middle schools.

As well as contacts with the Matrix Project, three agencies said that they had links with the Magdalene Group, which also works with sex workers. Two agencies mentioned carers' self help organisations. Contact NR5 were considering linking in with Mind to provide more complementary therapies to their clients.

Contact NR5 reported that they will link in with the Criminal Justice Intervention Programme (now called the Drug Intervention Programme) when it is launched. Only the Community Support Workers mentioned contact with the prisons. However, the NORCAS Homeless Outreach Team (which did not itself provide any information for this research) has been known to meet people as they leave prison. No agency mentioned the Norwich CDRP (Crime and disorder Reduction Partnership), which is a formal partnership of agencies with the responsibility of preparing the Crime and Disorder Strategy for the city. Only one agency reported having contact with anyone from the NELM area who had a black and minority ethnic background.

### **7.3 Standards and protocols used by agencies**

As well as providing the four tier framework for commissioning substance misuse treatment services, the NTA 'Models of Care' document (National Treatment Agency, 2002) provides guidance on developing integrated care pathways, local screening and assessment systems, care planning and co-ordination of services and monitoring. In Norfolk, the Norfolk DAAT has developed common referral and assessment forms for use by local agencies. As part of the questions asked in the interviews, people were asked whether they followed any local / national procedures / protocols, e.g. 'Models of Care', in their work with substance misusers or their families / carers.

The 'Models of Care' framework was mentioned by name by three agencies. The Matthew Project and Contact NR5 were currently using it, and Contact NR5 reported that they had linked with other providers in Norfolk with regard to Integrated Care Pathways.

**Table 7.1 Reported links between agencies**

	Contact NR5	Bure Centre	Matthew Project	NORCAS	Impact	T2	MAP	Matrix Project	Comm. Support Workers	Comm. Wardens	Earlham Youth	Health First	Earlham High School	NR5 Project	Housing	Social services	GP/ HV	Mental health	Hospital	Police	Probation	YOT
<b>Information from full interviews</b>																						
Contact NR5		X	X	X			X	X				X		X	X	X	X	X	X	X	X	X
Bure Centre	X		X	X			X	X	X										X		X	
Victoria Street Alcohol Service	X		X	X			X		X							X		X	X		X	
NORCAS		X														X	X	X				
Mancroft Advice Project	X	X	X																X			X
Community Support Workers	X	X	X	X			X				X				X		X	X			X	
Community Wardens	X	X							X						X							
Earlham Youth									X							X						
Health First	X						X		X	X							X					
NR5 Project	X			X			X						X							X		X
YMCA pastoral care workers			X										X	X		X		X				X
Housing	X	X								X						X	X	X	X	X		X

Agencies in the left hand column of the table provided information on links with agencies listed in the top row. If they had a link it is denoted with a X.

**Table 7.1 Reported links between agencies (continued)**

	Contact NR5	Bure Centre	Matthew Project	NORCAS	Impact	T2	MAP	Matrix Project	Comm. Support Workers	Comm. Wardens	Earlham Youth	Health First	Earlham High School	NR5 Project	Housing	Social services	GP / HV	Mental health	Hospital	Police	Probation	YOT
Social services		X	X	X	X				X		X						X			X		X
West Earlham Police			X						X		X	X	X	X	X	X						
Matrix Project	X	X	X	X	X											X	X	X	X		X	
<b>Information from telephone interview / contact</b>																						
Matthew Project – Youth Team						X	X						X									
Matthew Project – Counselling Support Team	X	X		X			X									X	X	X	X			
Impact															X							X
Earlham High School																X						
Excellence Centre			X				X						X						X			
NELM Comm Dev	X		X																			
Probation		X																				
Connexions			X			X	X						X	X								
Community Safety				X																		

Agencies in the left hand column of the table provided information on links with agencies listed in the top row. If they had a link it is denoted with a X.

The Victoria Street Alcohol Service said that they will be introducing 'Models of Care' as they come under the auspices of the National Treatment Agency. The Victoria Street Alcohol Service mentioned that its practice is also determined by legislation, e.g. the NHS and Community Care Act, the Carers Recognition and Services Act, the National Assistance Act and the Mental Health Act. The Bure Centre referred to the 'shared care' approach.

Contact NR5 described its working relationship with the Bure Centre. There were two way referrals between the two agencies. Contact NR5 received referrals from the Bure Centre for people moving into the NELM area. The Bure Centre received referrals, and worked jointly with Contact NR5, in relation to pregnant women and those with severe mental health problems who needed to be seen by a specialist psychiatrist. The Bure Centre also prescribed opiate replacement to be administered by injection for Contact NR5 patients who requested it, as Contact NR5 did not provide this service. There are established protocols relating all these activities.

The Matthew Project's Arrest Referral Scheme followed 'Models of Care'. As 'Models of Care' does not apply to young people, the Matthew Project's Youth Team was working with the DAAT to develop protocols for work with young people along the lines of 'Models of Care'. The Matthew Project's Counselling and Support Service reported that it used the DAAT forms for triage and referral.

Many of the agencies mentioned the local Child Protection and ACPC (Area Child Protection Committee) protocols and the need to adhere to them in their work. Norfolk Social Services children's services reported that they had a drugs and alcohol protocol for substance misusers. It was drawn up with health agencies but was not 'Models of Care'. There were separate protocols for work with sex workers under 18 years. Social services stated that it had information sharing protocols with statutory agencies but not with voluntary or community agencies. This limited what information they could share with NELM projects.

'There are issues of confidentiality with the NELM projects. Some of the workers live and work in the NELM area, which leads to issues around confidentiality. NELM think that we can share information with them but we can't because they are not a partnership agency. Some say they do not want NELM to be contacted. Parents do not know what information will be shared.' (interviewee)

The police had protocols for information sharing with the local authorities (the police contact with some of them could not be shown in Table 7.1, as the agencies were not identified by name). The police mentioned the joint referring protocol and form for referrals to the Matthew Project Arrest Referral Scheme.

The police did not have any information sharing protocols with the community wardens. As the community wardens were employed by the NELM Trust there was a limit to the amount of information that the police could share with the wardens. Equally, because of the way that the wardens operated, the police accepted that there was a limit to the amount of information that they could share with the police.

The police shared information with the community support workers on a case by case basis, and again there were constraints on the amount of information that they were able to exchange. Part of this was the risk that the police would place the workers in if they were known to have information. The police said that there had been an increase of racist incidents and that they would like to work more on this with groups in the NELM area, in line with the McPherson report.

Earlham Youth staff and the Community Support Workers had received training in identifying and supporting substance misusers in the community. NORCAS provided the training on drugs and the Victoria Street Centre Alcohol Service provided the training on alcohol. Earlham Youth followed the child protection policies re sex and drugs and alcohol. The Community Support Workers had also been trained in home detoxification by the alcohol services.

The Matrix Project reported that they had joint protocols for work with a variety of agencies. These included protocols with social services for work with sex workers under 18 years, Impact, the Bure Centre re substance misuse and pregnancy and Contact NR5 re mapping physical abuse. The Matrix Project followed the philosophy of Models of Care and filled out referral forms. They also had very strict boundaries on the use of their mobile unit to protect the health and safety of themselves, their clients and other agencies working with them on the unit. Other agencies said that they had their own protocols e.g. the YMCA pastoral care workers.

It was pointed out that there are no local procedures with regard to referral for family members. It was suggested that the 'Models of Care' referral form could be used to refer family members / carers to the NORCAS Counselling and Support Service, which provides one-to-one counselling for substance misuse carers.

No agency mentioned the Data Protection Act or the six Caldicott Principles on information sharing. The Caldicott Principles were originally developed for health services and are relevant to all agencies that work with health agencies. There was also no mention of initiatives to develop more information sharing on children as initiated by the government Green Paper 'Every Child Matters' (Chief Secretary to the Treasury, 2003). In line with government policy, Norfolk County Council has taken a lead in Norfolk in co-ordinating the development of a multi-agency strategy for preventive services for children and young people, aged up to 19 years, at risk of social exclusion. This includes developing information sharing protocols and information systems for children at risk of social exclusion, who are in contact with statutory and other agencies.

#### **7.4 Summary**

- There is considerable variety in the relationships between different agencies.
- The mapping of links between agencies and the standards and protocols that they work to highlighted the difference between the relationships within the statutory sector compared to relationships between the statutory sector and the voluntary sector/community projects.
- Agencies in the voluntary sector and community projects would benefit from adopting or developing standards and protocols for their work.
- There is a need for more information sharing protocols between agencies.

## Section Eight

### Gaps in Services

#### 8.1 Introduction

This section presents the main gaps in services, as identified by the people contacted during the research. It also includes some of the solutions that were suggested and details of work that is already in progress to address these issues.

#### 8.2 Gaps in substance misuse services

A number of gaps in substance misuse services were identified. Some of these were not specific to the NELM area, but will affect NELM residents

##### 8.2.1 Trained substance misuse workers

The need for more trained drugs workers and practitioners was identified. The Bure Centre reported that it had been struggling to see people referred within the time limits set by the NTA.

##### 8.2.2 Services for users of crack-cocaine

How to treat crack and crack-cocaine is still under discussion as there is no established replacement drug for them. The needs assessment on crack-cocaine undertaken for the Norfolk DAAT (Holland et al, 2003) found that there was an almost universal belief that there was no treatment for crack use and that services were almost exclusively orientated to opiate use. Successful treatment programmes for crack-cocaine were characterised by strong personal relationships between clients and drug treatment workers.

‘There are yawning gaps everywhere re services for stimulant users. No one really knows what to do with cocaine users. You can look to provide support, therapy and perhaps some kind of medication. It is not easy to get off cocaine. ... Responding to cocaine is still “work in progress”. ’ (interviewee)

##### 8.2.3 Alcohol services

It was generally felt that less attention was paid to alcohol abuse and there were not enough alcohol treatment services. Any campaigns to encourage people to tackle alcohol abuse need to be accompanied by an increase in treatment services.

‘As with all areas, major gaps in alcohol provision, even more so than drugs, although alcohol is the more major problem, especially in socially deprived areas.’ (interviewee)

##### 8.2.4 Tier 2 services

It was suggested that there is a lack of Tier 2 projects in the NELM area. Although Contact NR5 provides both Tier 2 and Tier 3 services, there are no specific Tier 2 services in the NELM area. It was suggested that the NELM Development Trust could commission agencies to provide more Tier 2 services in the NELM area, so that young people could get advice and support re drugs

and alcohol. For example, the Broadland CDRP have funded a worker from T2 to work with young people in their area.

'There could be partnership working between NELM and the DAAT.'  
(interviewee)

### **8.2.5 Residential rehabilitation services and assessment places**

A need for more residential detoxification and rehabilitation places was identified. The normal practice has been either to go to a residential rehabilitation centre away from the area, to use beds in the local psychiatric or general hospital or to undergo a home detoxification. There has been some discussion about having a purpose-built detoxification facility in the NELM area.

'There is the need for more rehabilitation places. The police see people at a good time to get them referred into rehabilitation. Places are not readily available though.'  
(interviewee)

'We lack places where we can assess parents, they have to go to hospital or another residential setting and thus be separated from their children.'  
(interviewee)

### **8.2.6 Protocols for work with young people**

There is currently no framework, along the lines of 'Models of Care', for substance misuse work with young people. The Norfolk DAAT is currently working on this.

### **8.2.7 Supervised consumption**

The three pharmacies providing supervised consumption in the NELM area were reported to be reaching their full capacity. If this is the case, ways of expanding the capacity could be explored.

### **8.2.8 Needle exchange**

One person suggested that there is a need for more sharps containers. The Norfolk DAAT is exploring the option of public sharps bins to reduce the number of sharps left in public places. They are working with the CDRPs to identify 'hotspots'. A public collection place could be included in the NELM area. Based on the statistics provided by the Community Wardens, this should be in North Earlham.

### **8.2.9 Post drug and alcohol use support**

Several agencies and individuals identified the need for more support for people after they have stopped using drugs and alcohol. This would help them to deal with the pressure and temptation that built up when they have stopped using drugs or alcohol, and teach them new skills. This ongoing support could be provided by the substance misuse treatment agency the person was already working with or through another agency. In the focus groups the usefulness of a structured day care programme was commented on.

'People have to have things to do. There has to be something put in place to replace the drugs. There has to be something in place instead of them lying around all day getting bored. They need structure. When they were using drugs and alcohol they had a structure of scoring and thieving to get the drugs. When they are in rehab there is a lot of structure. When they get back home there is an emptiness with long days. This is especially so if the children are no longer in the home.' (interviewee)

'They need a support group so that the days are not empty. Give people something to do to fill their day. They need to be taught how to do housework, cooking a meal, or training for a career. It is hard if they were used to having plenty of money in their pockets and then they are down to living on benefits.' (interviewee)

'Day treatment services are not available for those who want to fill in their time. There is the need for a specific place for substance misusers to have help to reintegrate, develop other interests, gain skills etc.' (interviewee)

Contact NR5 will only help with the drugs. When you have stopped taking 24 hours is a long time. You are left with nothing. With counselling you can only say so much.' (focus group participant)

'You need a day centre to help with time management. It would be for people who have given up the drugs. There would be a daily drop in where you can learn the things that you learn in rehab. There is a gap. Art therapy is a great way to express things.' (focus group participant)

### **8.2.10 Support groups**

One of the focus groups generated considerable interest in developing a support group from the focus group. People valued the opportunity to share their thoughts and feelings with each other and wished to take this further.

'People need people to talk to, not more agencies. You don't want to talk about your problems all the time, you want to talk about normal things.' (focus group participant)

## **8.3 Gaps in other support services**

Gaps in other services that affected substance misusers were also identified. Again some of these were not specific to the NELM area, but will affect NELM residents.

### **8.3.1 Mental health, emotional well-being and dual diagnosis**

As already noted, in Section Four (4.2.2), a number of people identified the need for more work on mental health issues with substance misusers, and the new definition on dual diagnosis should assist this process.

The UEA is currently undertaking a needs assessment of the number of people with dual diagnosis. They are due to report at the end of 2005. They are developing a tool to screen for substance misuse in mental health services and a tool to screen for mental health in substance misuse services and will be identifying 'hotspots'.

Many people identified the need for more counselling services. It was also suggested that there was also a need for more cognitive behavioural therapy and anger management courses.

'There is a lack of access to cognitive behavioural therapy, it would be good for NELM to put money into this. It can be provided by clinical psychologists, but there has been a lack of them in mental health services in the past. There is a strong evidence base that cognitive behavioural therapy works for people with anxiety and moderate depression, but it is not suitable for the suicidal.' (interviewee)

'There are limited places on anger management courses. They are increasingly private and cost a lot of money. The NHS has two places a year. Voices Against Violence again have limited places.' (interviewee)

### **8.3.2 Gaps due to involvement with the criminal justice system**

If people are involved with the criminal justice system and are sentenced to custody, this can interrupt their treatment. The Norfolk DAAT is currently working to establish in-reach into prisons by drug treatment providers who will be able to pick these patients up. Contact NR5 already has formal arrangements to provide this sort of service and encourages patients to refer themselves back immediately on the day of discharge from prison.

Some agencies commented on challenges encountered with Drug Treatment and Testing Orders (DTTOs). It was pointed out that if people were not really ready to stop taking drugs, a DTTO was not really suitable for them. Also the type of programme offered did not suit everybody.

'Patients frequently refer themselves following a conviction and begin treatment only to then face sentencing to either imprisonment or DTTO, both of which interrupt the treatment which had been previously started. During imprisonment patients are detoxed and although they manage whilst in the prison environment they are unable to maintain this following release.' (interviewee)

'DTTOs are too regimented. It is too easy to fail. There is a lot of group work, which is not for everybody. There is no after support. There are no different levels of groups. Someone new could be in the same group as someone who has been in for about 18 months. There are different levels of rehabilitation.' (interviewee)

'If parents offend they could go to prison and the children are then taken into care. We need to look at what support they receive when they come out of prison, it is a risky time for them. We need to look at whether there is any more support that we can provide or that the prison can provide.' (interviewee)

### **8.3.3 Services for children and families**

As discussed in Section Four, one of the largest gaps identified related to support to families and children, in cases where the parents were using drugs or alcohol.

'More support for children. Children need more places where they can go to talk. We need more crisis places for them - people that can go in and live with them for one or two nights. It is better for people to go and live with the family rather than removing the children.' (interviewee)

'We aim to keep families together and we may need more people in the area helping with this.' (interviewee)

### **8.3.4 Housing support**

The city council area housing office pointed out that they often did not see their tenants unless there was something wrong. They did not visit their tenants on a cyclical basis like other housing providers, but they would like to do so if they had the resources. However it was recognised that, whilst some people would be quite happy to let housing staff in, others might be very reluctant to let housing staff enter their homes.

'If we did regular visits we would check if they were adequately housed and happy with their home, and if the house was properly maintained. We could make recommendations around drug and alcohol problems and step in earlier before there is a crisis. .... Some are not coping well, they are ashamed at how they are living and are reluctant to admit it. Some would be reluctant and ashamed to let us know of their problem. Others would be grateful and relieved. Some people are just sitting there with their problems, which they feel are just too big to tackle. If housing could not help them, we could find someone else who could.' (interviewee)

The need for more floating support to help people maintain their tenancies was also identified.

'Floating support is great but you need enough to go round. Lost tenancies are a real problem.' (interviewee)

### **8.3.5 Advocacy and support**

One area of need identified was the need for a form of advocacy services. Some people just needed help to get to a meeting, others needed more support. Some said that agencies coming out and holding surgeries in the NELM area had been a great help.

‘There is need for practical support of taking people to appointments. There is a need for practical support and advocacy.’ (interviewee)

### **8.3.6 Support for family members / carers**

The need for more support to family members and carers of substance misusers was identified. It was reported that most family members did not appear to be interested in group therapies, but requested one-to-one help or to be involved in the treatment process.

### **8.3.7 Relationships and communication between agencies**

Some agencies had a challenge with information sharing because of the lack of protocols with other agencies. As highlighted in Section Seven, there are protocols between most of the statutory agencies but not with voluntary agencies and community projects. Some agencies had not been in contact with each other. Others were unaware of the current services that other agencies provide.

‘There is a lack of communication. There needs to be respect between agencies. There needs to be information sharing for the benefit of the individual. They are the person that we are working for.’ (interviewee)

‘The professionals can get too territorial sometimes.’ (interviewee)

‘There needs to be more communication between the projects so that we can help each other deal with the problems.’ (interviewee)

### **8.3.8 Education on working with sex workers**

The need for education for agencies on working with sex workers was identified.

‘I have experienced judgemental attitudes to our clients [sex workers] by staff in other agencies. The women have zilch self confidence and do not need to be put down.’ (interviewee)

### **8.3.9 Community Warden’s night service**

It was pointed out that Community Wardens’ hours had been reduced, due to changes in funding, and they no longer operated through the night. If, as was stated, people were out on the streets late at night, this would have ended the reassurance the wardens provided at night, especially for older residents in the NELM area.

### **8.3.10 Health services and young people**

It was suggested that there was the need for more health support for young people, especially GP services and mental health workers.

‘More doctors are needed. They need to engage with the health care of the young people and respect the young people. That would boost their confidence as well as help with their health issues.’ (interviewee)

### **8.3.11 Future funding and community development**

A longer term concern, and possible gap, related to the future funding of projects when the New Deal funding ends. The need to focus on capacity building within the NELM community was emphasised.

‘We do not know what will happen when the NELM money finishes, there is no guarantee of future funding. We may have to downsize the project. We would like the government to sustain the funding or provide core funding.’ (interviewee)

‘Over the next five years NELM is focussing on community development. We need to develop the community and empower them to set up their own groups and organisations ready for when the money runs out in 2010. We need more community representatives involved, we need education to build people's self confidence.’ (interviewee)

### **8.3.12 Other gaps**

Other gaps identified were:

- Provision for non English speakers
- Access to non stigmatising adult education for NELM people
- People feeling let down by the inability of the authorities to stop drug dealing in the area.

## 8.4 Summary

- **Gaps identified in substance misuse services related to:**
  - Trained substance misuse workers
  - Services for users of crack-cocaine
  - Alcohol services
  - Tier 2 services
  - Residential rehabilitation services and assessment places
  - Protocols for work with young people
  - Supervised consumption
  - Needle exchange
  - Post drug and alcohol use support
  - Support groups.
  
- **Gaps in other support services included:**
  - Mental health, emotional well-being and dual diagnosis
  - Gaps due to involvement with the criminal justice system
  - Services for children and families
  - Housing support
  - Advocacy and support
  - Support for family members / carers
  - Relationships and communication between agencies
  - Education of agencies on working with sex workers
  - Community Warden's night service
  - Health services and young people
  - Future funding of NELM projects and community development
  - Provision for non English speakers
  - Access to non stigmatising adult education for NELM people
  - People feeling let down by the inability of the authorities to stop drug dealing in the area.

'In terms of recovery from drug misuse, the hardest obstacle to overcome is the low expectations that people have for themselves.' (interviewee)

'Don't penalise us because of the past. We were an addict, we have been unemployed for a long time. People don't give you a chance to prove that you have changed. Stopping your future because of your past is damaging. Be less judgemental. Substance misusers are not bad people. They are intelligent people.' (focus group participant)

## **Section Nine**

### **Conclusions and Recommendations**

#### **9.1 Introduction**

This section draws together the main findings of the research, identifies the main areas for action and makes one recommendation.

#### **9.2 Conclusions and areas for action**

##### **9.2.1 Statistics on substance misuse**

Statistics on new people presenting for substance misuse treatment are collected on a national basis from the individual Tier 3 and Tier 4 substance misuse agencies. There have been difficulties with the collection and collation of this data. The research obtained the nationally collated data, but, due to problems with the data, could not examine it in detail. Therefore, additional, more detailed, statistics were requested from individual substance misuse agencies, including statistics on Tier 2 substance misuse services. Not all agencies were able to provide these.

The Norfolk DAAT and the substance misuse treatment services are aware of the challenges with the nationally collated statistics. Therefore, they are currently exploring setting up a centralised database for submitting the Norfolk substance misuse services' statistics.

This research supports the initiative by the Norfolk DAAT to develop a centralised database for submitting the Norfolk substance misuse services' statistics. As well as providing the statistics required by the NTA and meeting the need for ongoing data for substance misuse services and commissioners, this will provide future research with more detailed information on people presenting for substance misuse treatment. It should also reduce the need to request statistics from individual substance misuse services, that are already very busy providing services.

##### **9.2.2 Substance misuse in the NELM area**

Information from the interviews indicated that a substantial proportion of people in the NELM area are substance misusers. The main substances causing concern were heroin, crack-cocaine, alcohol and prescription drugs.

There was less evidence of serious drug misuse amongst young people in the NELM area. Alcohol misuse amongst young people was, however, thought to be a bigger problem.

The statistics indicated that people from the NELM area are over represented amongst people in Norwich referred to substance misuse agencies.

##### **9.2.3 Substance misuse services in the NELM area**

Based on the statistics that were provided and the interviews, the main substance misuse services used by people from the NELM area were Contact NR5, the Bure Centre and the Matthew Project's Counselling and Support service. Substance misuse services for young people do not appear to be well used by young people from the NELM area.

The need for more cognitive behaviour therapy and counselling for people reducing or ceasing their substance misuse was identified. Contact NR5 is already exploring the possibility increasing the provision of complementary therapies to support substance misusers. Research could be undertaken to see if this reduces the need for prescription drugs for people who are reducing or ceasing their substance misuse.

The need for more support to people when they have ceased drug and alcohol misuse was highlighted. Ways to provide this could be explored.

The focus group generated a request for an ongoing support group. Support groups for substance misusers and / or ex substance misusers could be explored, as could the setting up of a user involvement group. The Norfolk DAAT Service User Involvement Co-ordinator could provide advice and assistance with this.

#### **9.2.4 Impact of substance misuse**

Substance misuse has an impact on the lives of the substance misusers, their families and the wider community. The Contact NR5 substance misuse treatment service looks at the wider health and social needs of its patients and other treatment agencies do this to a lesser extent.

The areas causing most concern were the effects on the children of substance misusers, the increase in crime caused by substance misuse and the inter-generational nature of substance misuse.

#### **9.2.5 Services to tackle the effects of substance misuse**

A range of agencies provide services in the area or are available to people from the NELM area. These include agencies working with the children and families of those affected by substance misuse. However it was considered that more support was needed, particularly for the children of substance misusing parents. This could be developed through the Community Support Workers in liaison with voluntary and statutory agencies.

There was only limited mention of substance misusers, who are sentenced to custody and / or are homeless. They may originate from the NELM area or be housed in the area. They may have particular support needs.

#### **9.2.6 Links and protocols**

The people in the NELM area could benefit from stronger relationships being developed between the community projects in the area and statutory agencies. This would need to be accompanied by the development of information sharing protocols.

The NELM development project could explore opportunities to fund specialist drug workers to work alongside staff in existing projects. For example, a worker from the Matthew Project's Youth Team could work with Earlham Youth on a long term basis. For example, a trained drugs worker could work closely with the Community Support Workers.

### 9.3 Recommendation

The gaps identified in Section Eight and the above conclusions identify a number of areas where more services are needed. Which of these should have priority and how these should be provided should be decided by local people in consultation with the relevant agencies.

It is therefore recommended that:

The NELM Development Trust holds a conference for local people and relevant agencies to discuss the findings of the research and how to take them forward. This would also provide the opportunity for agencies to build further links with each other and the community.

‘There has to be something positive coming out of the research. It has to come quickly so that people can see a positive outcome.’ (focus group participant)

‘We need a public meeting to get the Bure Centre and the DAAT to come out here and listen to what we have to say.’ (focus group participant)

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## Glossary of Abbreviations

CDRP	Crime and Disorder Reduction Partnership
DAAT	Drug and Alcohol Action Team
DTMU	Drug Treatment Monitoring Unit
MAP	Mancroft Advice Project
NDTMS	National Drug Treatment Monitoring System
NTA	National Treatment Agency for Substance Misuse
NACRO	National Association for the Care and Resettlement of Offenders * This is a national charity not the local organisation Norfolk ACRO
NHS	National Health Service
NYCS	Norfolk Youth and Community Service
PCT	Primary Care Trust
PHSE	Personal, Health and Social Education
YOI	Young Offenders Institution
YOT	Youth Offending Team

# Appendix 1

## List of Organisations Contacted

### A1.1 Face to face interviews

- Bure Centre, Colegate Service, Norfolk and Waveney Mental Health Partnership NHS Trust
- Contact NR5 (2 people)
- Earlham Police
- Earlham Youth Ltd
- Health First
- Mancroft Advice Project (+ T2 )
- Matrix Project
- NELM Community Wardens (4 people)
- NELM Community Support Workers (4 people)
- Norfolk County Council Social Services
- NR5 Project (2 people)
- Victoria Street Alcohol Service, Norfolk and Waveney Mental Health Partnership NHS Trust (2 people)
- West Area Housing Office, Norwich City Council
- YMCA Pastoral Care Workers (3 people)

### A1.2 Other agencies contacted – telephone interviews and / or other contact

- ADAPT
- Alcoholics Anonymous
- Al-Anon Family Groups /Al Ateen
- Earlham High School (2 people)
- Excellence Centre at Earlham High School
- Friends
- Government Office for the East of England Drugs Adviser
- Hebron Trust
- Impact
- NELM Community Liaison
- NORCAS Counselling Service
- NORCAS Homeless Outreach Service
- Norfolk Constabulary
- Norfolk Connexions (2 people)
- Norfolk County Council School Drugs Adviser
- Norfolk Drug and Alcohol Action Team (DAAT)
- Norfolk Probation Area DTTO (Drug Treatment and Testing Order) Team
- Norfolk Youth Offending Team
- Norwich City Council Community Safety
- Norwich Primary Care Trust
- T2
- The Matthew Project (2 people, see note on next page)
- Urbecon, London
- West Earlham Surgery

### **A1.3 Agencies contacted specifically for statistics**

- Individual drug and alcohol treatment services, as listed above
- Needle Exchange, HIV/Aids and Sexual Health Unit, Norfolk NHS
- NELM Community Wardens
- NELM Community Support Workers
- Norfolk Community Safety
- Norfolk Constabulary
- Norfolk Drug and Alcohol Action Team (DAAT)
- Norfolk Probation Area
- Norfolk Youth Offending Team
- Norwich Crime and Disorder Reduction Partnership
- Norwich Primary Care Trust
- Norwich Voices Against Violence Forum

#### **Notes:**

- The Youth Team and the Counselling and Support Service of the Matthew Project provided information for this research. The Arrest Referral Team and the Housing Support Team of the Matthew Project did not themselves provide information for this research. Information was obtained from their website and other sources.
- A total of 17 face to face interviews were conducted with 25 people in 14 agencies.
- The local Health Visitors and Earlham Early Years Centre were also contacted, but were no information was obtained.

## **Appendix 2**

# **Focus Group Methodology and Details of the Participants**

### **A2.1 Introduction**

This appendix provides additional information on how the focus groups were organised and conducted and presents details of the characteristics of the focus group participants.

### **A2.2 Focus group methodology**

As the residents who participated in the focus groups were potentially vulnerable, a number of precautions were taken. Both the researchers possessed police 'enhanced disclosure' checks and had experience of working with vulnerable people. The residents were contacted through local projects in the NELM area, who had regular contact with them. Information about the focus groups, their purpose, content, issues related to confidentiality etc. and how the information would be used was supplied to the project staff as part of the negotiations for setting up the focus groups. The project staff then explained the focus groups to the potential participants.

The focus groups were held in buildings in the NELM area. At the beginning of the focus groups, the researchers went through details about the focus group to ensure that the participants understood its purpose, the topics that it would cover, issues related to confidentiality etc. and how the information would be used. The circumstances under which confidentiality might be broken were explained. The researchers stated if people wished to speak to them in private after the focus group they could do so. It was stressed that people did not have to stay in the focus group if it was uncomfortable for them and that if the focus group stimulated any distress for them they could speak to the project staff afterwards. The focus groups were structured so that they covered lighter topics towards the end of the session.

One focus group was held with young people under 25 years. Two of the participants were under 18 years and they provided forms signed by their parent / carer giving consent for them to participate. The other two focus groups were with people over 25 years. One person came to the focus group venue but was not well enough to participate. One young person, who had experience as a carer of a substance misuser, could not attend the focus group and provided a written report on his/her experiences, views and feelings.

### **A2.3 Content of the focus groups**

The focus groups explored:

- How people get involved in using drugs and alcohol and what drugs they use.
- How using drugs and alcohol affects the people using them.
- How using drugs and alcohol affects other family members.
- How using drugs and alcohol affects other aspects of people's lives.
- What drugs and alcohol services are available.
- What sort of help they provide to people using drugs and alcohol and their families.
- What other sorts of help and advice are available for people using drugs and alcohol and their families.

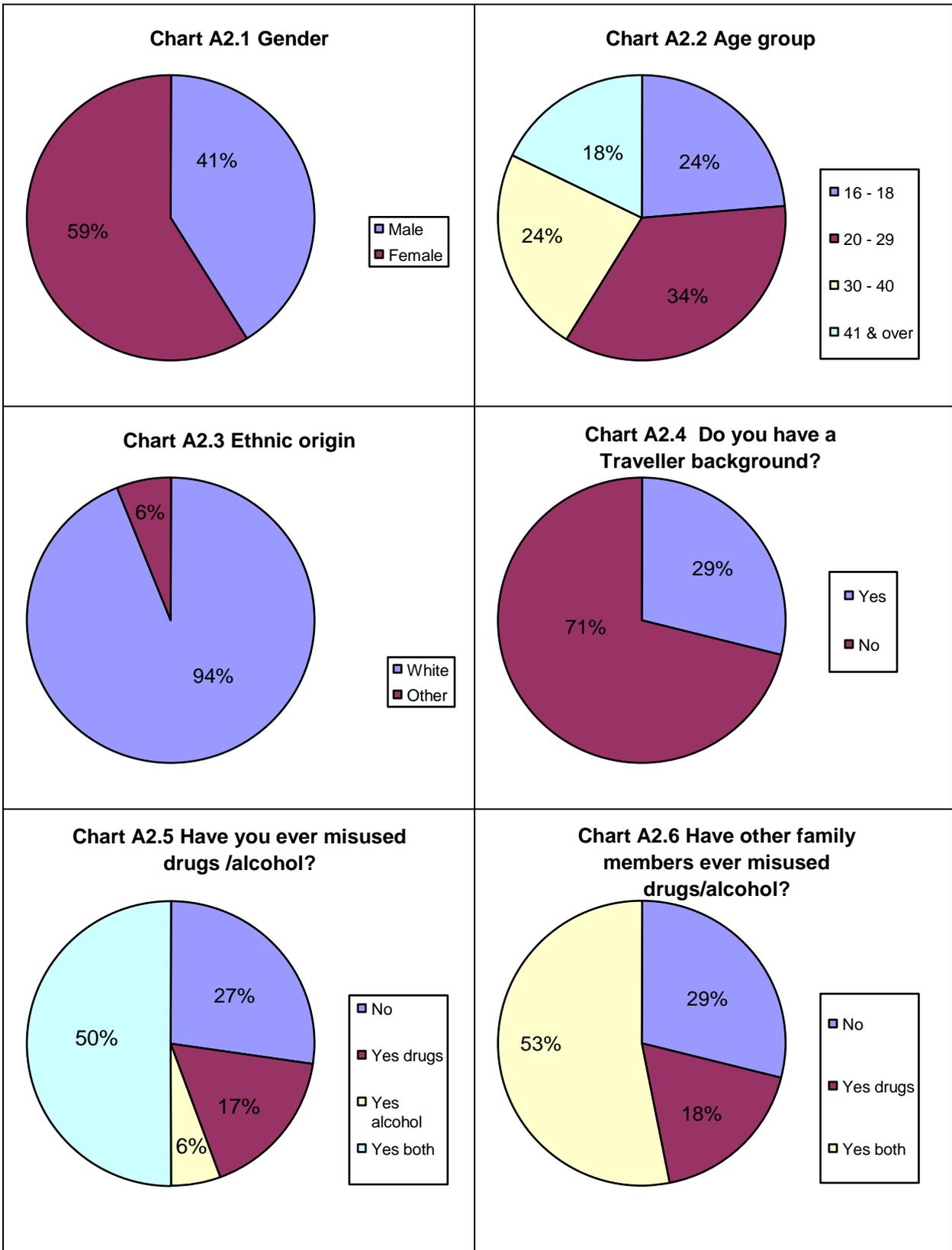
- Your views on drugs and alcohol use in the NELM area generally and how it affects life in the area.
- Your ideas on how to improve the help available for people in the NELM area who use drugs and alcohol and their families.

#### **A2.4 Thank you vouchers**

The people who participated in the focus groups were given a voucher worth £10. This acted both as an incentive for them to participate and as a thank you for their time. The staff at each venue suggested the type of voucher offered, as they knew what would most appeal to people. In most cases participants could choose between two types of vouchers. The vouchers offered were for the Castle Mall shopping centre, HMV or Smiths. These were purchased immediately after the focus groups and delivered to the participants either directly or through the project staff.

#### **A2.5 Details of the participants**

At the end of the focus group the participants filled out anonymous forms, which provided information about themselves. This information is shown in Charts A2.1 to A2.6. These demonstrate that the focus groups included a good mix of people. The participants included men and women, different age groups and some variety of ethnic background. Approaching three quarters had personal experience of substance misuse (73%) or experience of substance misuse by other members of their family (73%). Approaching half of the participants (47%) had both personal experience of substance misuse and experience of substance misuse amongst other family members.



Source: Research Plus+, December 2004

## Appendix 3 Crime Statistics

### A3.1 Introduction

This appendix presents statistics and information provided by the Norfolk Constabulary, the Norfolk Youth Offending Team (YOT) and the Norfolk Probation Area.

### A3.2 Police crime statistics

The Norfolk Constabulary crime statistics provide information on the number of recorded crimes by type of crime and area. Table A3.1 shows the number of crimes recorded for each of the sectors that cover Norwich and nearby areas. Overall 3% of the crimes were drugs offences. The highest figure was for the city centre sector, 4.9%. The next highest was for the Mile Cross sector (which includes beats in Mile Cross and Catton) at 2.8%. NELM is part of the Earlham Sector, which had 1.9% drug offences.

**Table A3.1 Recorded crime by selected police sectors, 1<sup>st</sup> April 2003 – 31<sup>st</sup> March 2004**

	Sectors					Total for the 4 Sectors	%
	B1 City Centre	B2 Mile Cross	B3 Earlham	B5 Wymondham			
<b>Offence</b>							
Drugs offences	348	224	135	43	750	3.0	
Violence against person	1413	1282	972	371	4038	16.3	
Robbery	100	88	74	6	268	1.1	
Sexual offences	78	75	69	46	268	1.1	
Burglary dwelling	90	446	477	157	1170	4.7	
Burglary non dwelling	282	498	425	222	1427	5.7	
Theft of motor vehicle including twoc	63	403	222	73	761	3.1	
Theft from motor vehicle	336	946	641	266	2189	8.8	
Theft other	3165	1480	1621	686	6952	28.0	
Criminal damage	732	2116	2151	709	5708	23.0	
Crime other	543	332	260	160	1295	5.2	
<b>Totals</b>	<b>7150</b>	<b>7890</b>	<b>7047</b>	<b>2739</b>	<b>24826</b>	<b>100.0</b>	
<b>% drugs offences in each sector</b>	<b>4.9</b>	<b>2.8</b>	<b>1.9</b>	<b>1.6</b>	<b>3.0</b>		

Source: Norfolk Constabulary

Table A3.2 shows the number of crimes recorded for selected police beats that cover Norwich and nearby areas. Some of the beats cover quite diverse areas, so caution is needed in interpreting the figures. Mile Cross had the highest number of reported crimes (3,274) and NELM had the second highest (2,367). Overall, 219 (1.9%) of the crimes were drugs offences. The highest number of drugs offences were in Catton and Mile Cross beats (64 and 52 respectively) and the highest proportion of drugs offences within a beat were in Catton and Tuckwood beats (2.7% and 2.1% respectively). The NELM beat had the third

highest number of drug offences (45) and the third highest proportion of drugs offences within a beat, 1.9%. The lowest figures for the actual number of drug offences and the proportion within a beat were for Bowthorpe, but this beat includes a number of small villages near Norwich. These figures indicate that the NELM area is a high crime area, but does not have the highest recorded crimes for drugs or other offences in the Norwich area.

**Table A3.2 Recorded crime by selected police beats, 1<sup>st</sup> April 2003 – 31<sup>st</sup> March 2004**

	Beats					
	Beat 32 NELM	Beat 51 Bowthorpe	Beat 22 Mile Cross	Beat 21 Catton	Beat 34 Tuckswood	Total 5 beats
Total number of crimes	2367	1403	3274	2330	2017	11391
<b>Type of offence</b>	<b>% in beat</b>	<b>% in beat</b>	<b>% in beat</b>	<b>% in beat</b>	<b>% in beat</b>	<b>% in beat</b>
Drugs offences	1.9	1.1	1.6	2.7	2.1	1.9
Violence against person	16.8	14.8	16.4	15.5	16.4	16.1
Robbery	0.9	0.1	1.1	1.1	1.0	0.9
Sexual offences	1.4	0.9	0.8	0.9	1.0	1.0
Burglary dwelling	5.5	7.4	5.1	7.2	4.7	5.8
Burglary non dwelling	5.4	7.3	6.5	7.3	6.9	6.6
Theft of motor vehicle including twoc	4.0	3.0	4.9	4.5	3.5	4.1
Theft from motor vehicle	8.9	9.1	13.9	13.3	8.0	11.1
Theft other	20.1	22.0	21.0	17.6	21.4	20.3
Criminal damage	31.1	29.0	24.5	26.1	31.2	27.9
Crime other	4.1	5.3	4.3	3.9	3.7	4.2
<b>Totals</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>

Source: Norfolk Constabulary

**Notes to Table XX:**

Beat B32 – NELM consists of wards Henderson, Heigham (Marlpit only) and Bowthorpe (N W Earlham only).

Beat B51 – Bowthorpe consists of Bowthorpe Ward, less N. W. Earlham, and the parishes of Costessey Great Melton, Easton, Marlingford and Bawburgh.

Beat B22 – Mile Cross consists of wards Mile X and Heigham (ex Marlpit).

Beat B21 – Catton consists of wards Catton Grove , Coslany and Mousehold

Beat B34 – Tuckswood consists of Wards of Town Close and Lakenham and the parish of Trowse

**A3.3 Statistics provided by Norfolk Community Safety Team**

The Norfolk Community Safety Team provided information on offences of violence against the person and offences of criminal damage in Norwich by the old ward boundaries. Henderson Ward covered the North Earlham and Larkman areas of the NELM area.

The highest number of violence against the person offences in April 2003-March 2004 was Mancroft ward, which covers the city centre. Henderson ward was the seventh highest.

**Table A3.3 Number of offences of violence against the person in Norwich by ward, April 2003 – March 2004**

WARD	Volume (count)	Rank (volume)	Population mid 2001	Incidence (rate per 1000 population)	Rank (incidence)
Mancroft	1281	1	7,950	161.1	1
Thorpe Hamlet	371	2	8,655	42.9	2
Mile Cross	259	3	7,340	35.3	3
Bowthorpe	205	4	12,165	16.9	10
Catton Grove	172	5	7,020	24.5	4
Lakenham	167	6	6,930	24.1	5
<b>Henderson</b>	<b>164</b>	<b>7</b>	<b>7,680</b>	<b>21.4</b>	<b>7</b>
Town Close	139	8	6,175	22.5	6
Heigham	128	9	6,980	18.3	8
Coslany	123	10	7,250	17.0	9
Mousehold	102	11	7,685	13.3	11
Crome	75	12	6,265	12.0	12
St.Stephen	72	13	6,445	11.2	13
University	71	14	8,655	8.2	14
Eaton	45	15	7,565	5.9	15
Nelson	34	16	6,890	4.9	16
<b>NORWICH</b>	<b>3408</b>		<b>121,650</b>	<b>28.0</b>	

Source: Norfolk Constabulary crime data, provided by the Norfolk Community Safety Team

The highest number of criminal damage offences in Norwich in April 2003-March 2004 was Mancroft ward. Henderson ward was the fourth highest.

**Table A3.4 Number of criminal damage offences in Norwich by ward, April 2003 – March 2004**

WARD	Volume (count)	Rank (volume)	Population mid 2001	Incidence (rate per 1000 population)	Rank (incidence)
Mancroft	860	1	7,950	108.2	1
Mile Cross	404	2	7,340	55.0	2
Bowthorpe	390	3	12,165	32.1	12
<b>Henderson</b>	<b>387</b>	<b>4</b>	<b>7,680</b>	<b>50.4</b>	<b>4</b>
Lakenham	381	5	6,930	55.0	3
Thorpe Hamlet	345	6	8,655	39.9	6
Catton Grove	304	7	7,020	43.3	5
Heigham	278	8	6,980	39.8	7
Coslany	271	9	7,250	37.4	9
St.Stephen	251	10	6,445	38.9	8
University	240	11	8,655	27.7	13
Crome	229	12	6,265	36.6	10
Town Close	219	13	6,175	35.5	11
Mousehold	206	14	7,685	26.8	14
Eaton	195	15	7,565	25.8	15
Nelson	115	16	6,890	16.7	16
<b>NORWICH</b>	<b>5075</b>		<b>121,650</b>	<b>669.0</b>	

Source: Norfolk Constabulary crime data, provided by the Norfolk Community Safety Team

### A3.4 Norfolk Youth Offending Team Statistics

Statistics from the Norfolk YOT are another source of information on substance misuse and crime. Tables A3.5 and A3.6 provide information on the assessments made on young offenders, aged 10 to 18 years, by the Norfolk YOT over a twelve month period, 1<sup>st</sup> July 2003 and 30<sup>th</sup> June 2004.

Young offenders from the postcodes covering the NELM area accounted for 15% of young offenders from Norwich (36 out of 244). Across Norfolk, 5% of young offenders had a current conviction for drugs offences. In the postcodes covering the NELM area, 14% of young offenders had a current conviction for drugs offences, the equivalent figure for Norwich was 7%, see Table A3.5.

**Table A3.5 Norfolk YOT assessments – drugs offences by area**

	<b>NELM</b>	<b>Norwich</b>	<b>Norfolk</b>
Number of young offenders assessed	36	244	944
Number of young offenders with a current conviction for drugs offences	5	16	47
Percentage of young offenders with a current conviction for drugs offences	14%	7%	5%

Source: Norfolk YOT assessments, 1<sup>st</sup> July 2003 and 30<sup>th</sup> June 2004

The Norfolk YOT officers also assess whether young people's offending is associated with substance misuse issues. They do not distinguish between drug and alcohol misuse. Across Norfolk, 29% of young offenders had substance misuse issues associated with their offending. In the postcodes covering the NELM area, 44% of young offenders had substance misuse issues associated with their offending, the equivalent figure for Norwich was 33%, see Table A3.6. These figures indicate that young offenders from the NELM area were over represented amongst Norwich young offenders, were more likely to have a current conviction for drugs offences and to have substance issues associated with their offending than other young offenders in Norwich or Norfolk.

**Table A3.6 Norfolk YOT assessments – substance misuse associated with offending by area**

	<b>NELM</b>	<b>Norwich</b>	<b>Norfolk</b>
Number of young offenders assessed	36	244	943
Number of young offenders with substance misuse associated with their offending	15	81	272
Percentage of young offenders with substance misuse associated with their offending	44%	33%	29%

Source: Norfolk YOT assessments, 1<sup>st</sup> July 2003 and 30<sup>th</sup> June 2004

Amongst the young offenders that had substance misuse issues associated with their offending, approaching half (48% in both Norfolk and Norwich) also had mental health issues associated with their offending and just over a fifth

had accommodation that was considered to be unsuitable (22% in Norfolk and 23% in Norwich). No figures on this were obtained for NELM as the numbers would have been very small. The equivalent figures for all the young offenders assessed were 35% for those with mental health issues associated with their offending and 15% for those in accommodation that was considered to be unsuitable. Thus young offenders who had substance misuse issues associated with their offending appeared to be more likely to have mental health problems associated with their offending and be in unsuitable accommodation. This indirectly supports qualitative information, provided through the interviews and focus groups, about the relationship between substance misuse and other aspects of people's lives.

### **A3.5 Norfolk Probation Area caseload statistics**

The Norfolk Probation Area assess whether people's offending is linked to drug misuse or alcohol misuse. Information for the whole of Norfolk was obtained for another research project earlier in the year (Research Plus+, 2004). Unfortunately, at the time of this research, the Norfolk Probation Area computer system was not fully operational and therefore statistics relating to the postcodes covering Norwich and the NELM area were unobtainable.

The Norfolk Probation Area caseload statistics for the whole of Norfolk, on June 30<sup>th</sup> 2004, showed that across the county, 54% had drug misuse issues related to their offending – 17% had previously used heroin and 8% were currently using heroin, 13% had previously used crack and 4% were currently using crack. Across the county, almost half (49%) had alcohol issues linked to their offending behaviour.

## Appendix 4 Statistics Requested / Received

This appendix provides a summary of the statistics requested / received from different agencies, during the research.

### A4.1 Statistics from substance misuse agencies

Agency	Statistics requested	Statistics received	Notes
Norfolk DAAT	Yes	Yes	Limited data by postcode from the DTMS database
Contact NR5	Yes	Yes	Data for the whole service, covering Wensum Valley Medical Practice
Bure Centre	Yes	Yes	Limited data by postcode
Victoria Street Alcohol Service	Yes	No	
Matthew Project Counselling and Support Service	Yes	Yes	
Matthew Project Homeless Outreach Team	Yes	No	
Matthew Project Arrest Referral Team	Yes	No	Not directly requested from the team. Requested as part of the initial contact with the Matthew Project
NORCAS	Yes	Yes	Data by medical practice
Impact	Yes	Yes	Data by postcode
T2	Yes	No	Data not available for various reasons
Hebron Trust	Yes	No	No NELM clients
ADAPT	Yes	No	No NELM clients

## A4.2 Statistics from other agencies

Agency	Statistics requested	Statistics received	Notes
Norfolk Constabulary	Yes	Yes	Offences by Home Office category for sectors in Norwich area, and selected individual beats including NELM beat
Norfolk Community Safety	Yes	Yes	Police statistics on anti social behaviour and criminal damage by ward
Norfolk Youth Offending Team	Yes	Yes	Data by postcode
Norfolk Probation Area	Yes	No	Data unavailable as computer system not fully operational
NELM Community Wardens	Yes	Yes	Data on sharps and drug paraphernalia collected from the three areas of NELM
NELM Community Support workers	Yes	Yes	Data on referrals from households in North Earham area of NELM
Mancroft Advice Project	Yes	No	
Voices Against Violence Forum	Yes	Yes	Police data on domestic abuse incidents
Norwich PCT	Yes	Yes	Data from the Prescription Prescribing Authority, by medical practices and PCTs
NELM Development Trust	Yes	Yes	Contact NR5 monitoring data, but not used in the report

Additional substance misuse statistics used in the report from the CARATS Team in HMP/YOI Norwich, the Matthew Project Arrest Referral Team and Norfolk Probation Area were obtained prior to the research (Research Plus+, not yet published).