Access, Barriers and Facilitators to Drug Treatment Programmes in Wolverhampton: A Review of the Literature

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With proportionally the highest drug misusing population in the West Midlands, it is vital that Wolverhampton attempts to increase the number of drug misusers in treatment, in order to reduce the social, economic and personal costs of drug abuse. The literature suggests that only around half of all drug users in Wolverhampton are thought to access any form of treatment, and due to the high levels of economic hardship and deprivation in the All Saints and Blakenhall Community Development area, it is highly likely that drug-using residents of this largely transient population encounter even more barriers to engaging in treatment programmes. In line with existing national and international research, a preliminary investigation of drug use in Wolverhampton as a whole suggests that crack cocaine users, drug users from BME groups, female drug users, and young drug users are all underrepresented in drug treatment services. The literature pertaining to access barriers and facilitators for these underrepresented groups is reviewed to inform recommendations for service development in Wolverhampton.

Key words: Drug treatment, Wolverhampton, Barriers

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The primary and fundamental goal of drug treatment services is to support drug misusers by helping them to minimise the harm they do to themselves, reduce their use of illicit drugs and rebuild their lives (Mattick et al, 2004). Tackling drug misuse also delivers important benefits to the wider community. As drug problems often fuel social exclusion, anti-social behaviour and crime, effective treatment services can potentially improve all citizens’ quality of life and play an important role in wider community renewal and regeneration strategies, such as Wolverhampton’s ABCD project.

Anecdotal evidence strongly suggests that drug misuse is more prevalent in ABCD than other areas of Wolverhampton. Engaging users with treatment programmes has been shown to vastly reduce the cost of drug addiction to society in a number of ways: for every £1 spent on drug treatment, there is a saving of £9.50 to society as a whole (Department of Health, 2008). However, the literature suggests
that only around half of all drug users in Wolverhampton are receiving treatment (Safer Wolverhampton Partnership, 2009) and that due to a combination of social and economic factors, this figure is likely to be even lower in ABCD.

This initial report forms the first phase of a project to make drug treatment services more accessible to inhabitants of ABCD, and consists of a brief review of statistical and anecdotal evidence of drug use in Wolverhampton and the ABCD area in terms of prevalence, and whether there are any particular groups who seem to be underrepresented in Addictions Services. The literature pertaining to access barriers and facilitators for drug users - particularly for these underrepresented groups – will then be evaluated to inform recommendations for service development.

Drug Use in Wolverhampton

With an optimistic estimate of just 50% of Wolverhampton’s drug using population in treatment (The Glasgow Estimates: Singleton, Murray and Tinsley, 2006), there are clearly barriers to accessing addictions services which apply to all groups of people. These barriers include lack of motivation, fear of stigmatisation, beliefs about treatment, limited opening hours, and narrow treatment options (Digiusto and Treloar, 2007). It must be noted that a major barrier which has repeatedly been mentioned in anecdotal evidence is the location of Wolverhampton’s main drug treatment service, Horizon House, which is situated adjacent to the busy markets and bus stop. Drug users wishing to obtain treatment are required to enter via the front door, in full and obvious view of passers by. There is a back door, down a quiet backstreet, but service users are not permitted to enter this way.

A review of data drawn from the National Drug Treatment Monitoring System (NDTMS) for Wolverhampton (2006-07) (Safer Wolverhampton Partnership, 2007) highlights particularly low levels of service access and engagement in the following groups:

- Crack cocaine misusers
- Asian drug misusers (access) and Black and Minority Ethnic (BME) misusers (engagement)
- Female drug users
- Young drug users

This stands in line with a plethora of both national (Audit Commission, 2002; DrugScope, 2002; Scott et al, in Press) and international research (Popova, Rehm and Fisher, 2006; Ravndal and Vaglum, 1994; Zule and Desmond, 2000), and is highly likely to be all the more pertinent to communities in ABCD, given the high levels of deprivation in the area. A review of the literature identified barriers universally experienced by these groups of people, and highlighted several ways in which services can be made more accessible.

FINDINGS

Crack Cocaine Misusers

Due to its social composition, ABCD is likely to have a particularly large number of crack cocaine misusers. The British Crime Survey (2008) identified four types of area as particularly prone to drug use: affluent urban areas; inner city areas; areas with high densities of council housing; and low income areas. ABCD is, with the exception of affluent urban areas, largely made up of these types of neighbourhood. The literature suggests that the majority of crack users who contact services seek help for a co-existent heroin dependency rather than their use of crack. Those who contact services specifically for their crack cocaine use are often disappointed with the service they receive. Many of those who do not contact services feel treatment providers offer little to meet their needs, or are simply unaware of services (Bottomley et al, 1997; Greater London Authority for Drugs and Alcohol (GLADA) 2004).

Findings from the afore-mentioned studies advise that crack users would benefit from an informal drop-in service, staffed partly by ex-users, and targeted specifically at crack cocaine or stimulant use. Confidentiality, rapid access, later opening hours, better information about crack cocaine, and housing, careers, education and mental health support are also identified as key issues.
Black and Minority Ethnic (BME) Misusers

Wolverhampton has a large number of BME communities, many of whom – particularly South Asians (Indians, Pakistanis, Bangladeshis) – live in the ABCD area. According to GP records, people from BME groups represent 80% of the population in some areas of ABCD, over 17 times the national average of 4.6%. According to the NDTMS (2006-07), people from BME groups, particularly those of ‘Asian’ origin, are under-represented in drug treatment services.

Ethnicity, to a degree, overlaps with other social variables including, for example, unemployment and socio-economic status, so that is becomes very difficult to identify the specific influence of ethnicity on drug use (Advisory Council for the Misuse of Drugs (ACMD), 1998). However, whatever the link between ethnicity and drugs, there is little doubt that people from BME groups encounter major barriers to accessing drugs services.

The literature suggests that service access barriers for BME drug misusers include fear of stigma, lack of knowledge of services, lack of familiarity with the concept of counselling, seeing services as ‘for white people’, fear that services may be unwelcoming/betray confidentiality, fear of incarceration, and cultural inappropriateness of services (Department of Health, 2003; Fountain et al, 2003).

According to previous research, services could be improved by developing cultural ownership of services, meeting the distinct needs of different ethnic communities, offering alternative and holistic forms of help for drug users, creating services which are not so heavily focused on opiate use, employing BME workers, and working in and with the community (Fountain et al, 2003; Sangster et al, 2003).

Female Misusers

The prevalence of problematic drug use among Wolverhampton’s female population is far higher than in the rest of the West Midlands. However, while females are more likely than males to seek help in most areas of healthcare (Galdas, Cheater and Marshall, 2005), statistics suggest than women in Wolverhampton are less inclined than men to seek help for drug misuse problems, and also less likely to seek help than women in other parts of the country (NDTMS 2006/07).

Although more men die of drug-related deaths than women, the gap is narrowing: the ratio was 3.3:1 in 1997, having been around 7.2:1 for the period 1971-1995 (ACMD, 2000). Interestingly, women attending services have a higher level of mortality than men and appear to be more likely to die if they are injecting (O’Doherty and Farrington, 1997). Frischer et al (1993) found that female injectors were four times more likely to die than their non-injecting counterparts, while male injectors were only 1.4 times more likely to die.

It is widely reported that women face particular barriers that can restrict their access to drugs services, and that those women who do access drugs services often find the provision they receive to be inadequate or inappropriate (Marsh, D’Anino and Smith, 2000; Vogt, 1998). Documented barriers to service access include lack of childcare and transport facilities (Gilbert, 1997; Marsh et al, 2000), stigmatization (Klee, Lewis and Jackson, 1995) and child protection issues (Taylor, 2000), lack of women-only services (Gilbert, 1997; Hodgins, El-Guebaly and Addington, 1997), weakness in maternity services (Morrison, 1995), negative attitude of health professionals (Green, Ward and Day, 1999), ineffective inter-agency working (Brent, Kensington, Chelsea and Westminster Substance Misuse Service, 2000), and lack of services within the Criminal Justice System (The Howard League, 2000).

It is suggested (Becker and Duffy, 2002) that services could be made more accessible to women by utilising outreach work; providing women-only space, support for children and assisting travel to services; adopting a holistic, needs-led and client-centred approach; and facilitating better working with female drug users through staff education and development. It is also advised that the effectiveness of inter-agency working is addressed in order to meet the needs of women with multiple or complex needs
Young Misusers

Drug misusers receiving treatment in Wolverhampton are, in line with National statistics, around two years older than those who have never sought treatment (NDTMS, 2006/07; Weisner et al, 2001, 2002; Wu et al, 2000). This delay in treatment-seeking is thought to reflect an accumulation of drug-related problems (Wu et al 2002) that motivate treatment seeking, more opportunity over time to become aware of the nature and value of treatment, and ‘maturing out’ of drug use (Di Giusto and Treloar, 2007). It is likely then, that for many young people, their drug problem may take several years to manifest itself as a problematic addiction, as opposed to merely a fun pastime. This lack of acknowledgement could well be the most significant barrier to service access. Therefore services for young people should focus largely on drug prevention work.

However, the literature also details that, in order to be more accessible to young people, addiction services should be young person-specific, but do not need to be addiction specific (DrugScope, 2002); be local and accessible; have multiple disciplines available on-site; and be able to offer assessment, treatment and aftercare (Irish Department of Health and Children, 2005).

CONCLUSION

As most community drug services have evolved in response to the needs of white male opiate users (Audit Commission, 2002), what they offer is likely to be out of step with the above groups’ own perceptions of need. In Wolverhampton, emphasis ought to be placed upon systematically reviewing the needs of crack users, BME users, female users and young users, and developing new services to promote their engagement more effectively. It is hoped that this report will act as a first step towards achieving a drugs service which is able to cater to the needs of all members of Wolverhampton’s diverse society.

References


