

# New Deal for Communities

## The National Evaluation

### Research Reports

#### **Drug prevention or reduction: Early findings**

Research Report 9

The Neighbourhood Renewal Unit is currently sponsoring the 2002-2005 national evaluation of New Deal for Communities. This evaluation is being undertaken by a consortium of organisations co-ordinated by the Centre for Regional Economic and Social Research at Sheffield Hallam University. The views expressed in this report do not necessarily reflect those of the Neighbourhood Renewal Unit.

Those wishing to know more about the evaluation should consult the evaluation's web site in the first instance  
<http://ndcevaluation.adc.shu.ac.uk/ndcevaluation/home.asp>



*Sheffield Hallam University*

**Drug prevention or reduction:  
Early findings**

Research Report 9

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## Executive Summary

### Background:

- Members of the local New Deal Communities (NDC) identified drug-related problems as an important issue.
- The overall aim of the projects is to reduce the level of drug misuse through prevention of use or prevention of recurrence of use.
- Drug projects have been established either through the health theme programme or the crime theme but most of the health theme drug projects are in their very early stages of development.

### Appropriate interventions:

- There is some variation between NDCs but all have appointed additional workers who work independently or engage with existing teams, such as drug teams.
- Local drop-in centres are providing non-threatening opportunities for making contact and building trust with clients.

### Appropriate outcome measures:

- The increase in the amount of more appropriately used time by other trained staff, an outcome from the appointment of additional workers, can be measured.
- Harder targets include reductions in waiting times for detoxification through the additional staffing.
- The physical, financial and psychological benefits and improvements in quality of life for users, their families, and members of the wider community are less easy to measure but are important.

### Building on pre-existing initiatives:

- There is the opportunity to communicate with other drug-concerning agencies, such as Drug Action Teams. This would help to prevent duplication of resources and result in a sharing of experiences.
- Examples from other business sectors with good financial practice and time management skills could be used to inform NDC drug project management.

### Understanding the importance of clear objectives:

- Projects need to have more clear quantifiable aims and objectives and well-defined measurable outcomes. Without these it is difficult to determine if a project has achieved its objectives or to measure its effectiveness.
- In parallel with this, ongoing monitoring and evaluation from the start of the project will provide a better understanding of what works in order to guide mainstreaming decisions.

### Barriers to effective working:

- A lack of intelligence on the scale of drug use locally within and across the NDC area means resources may not be targeted efficiently, such as specifically at problem areas
- Poor management skills have a negative impact on financial and time management.
- Fairly frequent staff changes, because of short-term funding, can impede effective partnership building.
- External factors such as changes in the NHS, including the slow consolidation of Primary Care Trusts have had an impact on development and progress of drug projects.

## Introduction

The Government published a ten-year strategy in April 1998 for tackling drug misuse (Cabinet Office 1998). Drug misuse and the problems associated with this, such as crime, are a central theme in many New Deal for Community neighbourhoods (NDCs) and these NDCs are in the process of establishing drug strategies and drug action programmes to address the problem. This overview of drug prevention and treatment interventions is based upon case study visits to four NDC areas, where projects are being or have been implemented:

North Huyton, Knowsley  
King's Norton, Birmingham  
Doncaster  
Bradford

All findings are provisional as all the projects are still in their early stages of development, even though there is some variation between them in the length of time they have been established. The approaches taken by each NDC to set up and implement their drug prevention strategies also vary considerably between the four NDCs.

This report covers the following areas:

- The context in which the drug prevention/reduction strategies have been established and the local problems they are trying to address.
- The nature of the intervention in terms of its objectives and the local population targeted.
- The methods chosen for delivery of each drug prevention/reduction intervention, the rationale for each choice and a comparison of them.
- Current outcomes, process measures and impacts where these can be assessed given the early stage of implementation of all of these local initiatives.
- Key lessons learnt to date.

## Context and problem

Department of Health figures show that the number of drug misusers treated by drug misuse services and/or GPs in England from April 2000 to March 2001 was 118,500. There was a 16 percent increase in the number of drug users accessing drug treatment services between 1998/9 and 2000/1. Drug use not only affects the lives of users but the families of drug users. Two to three percent of all children in England and Wales and up to five percent in Scotland suffer many physical and mental health problems related to drug use in the family (Advisory Council on the Misuse of Drugs 2003). There is also the wider impact upon the health of the community in which the drug problem is located. Drug markets contribute to damaged community confidence and poor neighbourhood reputation, consequently having a negative impact on both social and health capital and increases in local crime committed by drug users.

The Government introduced its first cross-cutting strategy to tackle drugs in an integrated way in 1998 (Cabinet Office 1998) and followed this up with some targets (see box 1).

### **Box 1: Targets set in the national plan 2000/2001**

**Young people:** to reduce the proportion of people under the age of 25 reporting use of illegal drugs in the last month and previous year substantially and to reduce the proportion of young people using drugs which cause the greatest harm – heroin and cocaine – by 25% by 2005 and by 50% by 2008.

**Communities:** to reduce levels of repeat offending amongst drug misusing offenders by 25% by 2005 and by 50% by 2008.

**Treatment:** to increase participation of problem drug misusers, including prisoners, in drug treatment programmes which have a positive impact on health and crime by 66% by 2005 and by 100% by 2008.

**Availability:** to reduce access to all drugs amongst young people (under 25) significantly, and to reduce access to the drugs which cause the greatest harm, particularly heroin and cocaine, by 25% by 2005 and by 50% by 2008.

The development of drug interventions in NDC areas is proceeding within the national context of taking the Government's strategy forward through national targets, structural changes and initiatives. However the impact on NDCs and their local drugs project of some of the factors associated with the national strategy will vary. One issue for local communities, such as NDCs, is that some of the strategies proposed to meet these targets, such as reducing the availability of new drugs entering the UK, will be seen as remote in relation to the identified immediate direct needs of the NDC.

The Government's 10-year drugs strategy focuses around the work of local Drug Action Teams who co-ordinate the work of local authorities, police, medical services and many voluntary and other agencies. Drug Action Teams are supported by the Drugs Prevention Advisory Service, based in nine regional offices, and they have a remit for promoting effective community-based drugs prevention. However one of the national directives, the realignment of geographical boundaries for Drug Action Teams in England with those of Youth Offending Teams to enhance partnership action will have little impact on individual NDCs and their work on drug prevention and/or treatment, because the NDC represent only one small part of the total area involved.

There are other developments and ongoing changes within the local authority and health arena which will impact upon the perceived emphasis on, and importance of, the local drug problem. Local Strategic Partnerships (LSPs) have recently been set up in each city. They are single over-arching bodies with the remit to bring together and involve at a local level, local services, agencies and bodies including the community, public, voluntary and private sectors in the creation and execution of a strategy for neighbourhood renewal. The focus, priorities and targets that the LSP adopt to tackle drug issues will have an impact on any NDC drug initiatives in that area and conversely the LSP should be aware of, and consider as part of their neighbourhood renewal strategy, drug-related activities being undertaken within a local NDC programme.

In parallel with NDC funding, other national funding, much of it targeted at identified geographical areas or populations within the UK, is available for tackling drugs, such as the Young People's Substance Misuse Grant, Special Grants within the Neighbourhood Renewal Fund, and the Frank funding scheme. Thus for some NDC areas they may already be part of

other funded drug initiatives and the funding provided to them as NDCs, and used to tackle drug problems, is in addition to this.

## **Prevention**

The most effective way of reducing the harm drugs cause is to prevent their use. Approaches to prevention can be grouped in terms of:

- Primary prevention – to prevent the onset of drug use.
- Secondary prevention – to intervene in those groups where drug taking is likely to occur i.e. high risk groups, or is occurring but at a very early stage.
- Tertiary prevention – to prevent further harm in those already addicted or to prevent recurrence following successful treatment (relapse prevention).

## **Available evidence**

There is some evidence on the effectiveness of prevention strategies and interventions for prevention. However the quality of the evidence is mixed, little is based on British populations and few studies have examined the role of the provider in prevention strategies (Canning et al 2003). There is better evidence available on what works in terms of treatment and on how services can be improved. All NDCs received some guidance from the Department of Health and Health and Neighbourhood Renewal Unit (2002) on initiatives for prevention of drug use and treatment for drug users.

## **Background**

All the NDCs in this report included drug issues in their programmes because local communities either focused on the high levels of demand for, and misuse of, drugs along with youth disorder and crime (North Huyton, King's Norton); or drugs were seen as a barrier to health (Bradford); or there was a lack of services to help drug users in detoxification programmes (Doncaster). Due to the strong links with crime and especially youth crime, drugs projects are unusual within the NDCs health initiatives as they are driven directly by community concern, and are often raised as one of the key issues which the community feels should be addressed but under the crime theme. Brief overviews of each of the four NDCs covered in this report are given in boxes 2-5.

## **Box 2: Doncaster Central**

The Doncaster Central NDC is adjacent to the town centre and includes part of four electoral wards: Wheatley, Townfields, Balby and Central. These are all included within the most deprived 10% of wards in England. Around 13% of the population in the NDC area are from ethnic minority groups, and for 10% English is not the first language.

The NDC area encompasses five different residential areas covering 4,200 properties (Nether Hall, Balby Bridge/St James, Hyde Park, Hexthorpe, and Woodfield). The areas have their own neighbourhood identities but share the common problems of worklessness, poor educational attainment, crime and health.

The areas all suffer from lack of social facilities, prostitution and anti-social behaviour, problems surrounding increasing numbers of asylum seekers, and geographic isolation. The area as a whole has a poor image, high crime rates, little community infrastructure, houses in multiple occupation and absentee landlords, a limited skills base, low educational attainment and higher than average mortality rates.

In consultations with families, community groups, drug users, and ex-users using focus groups, to identify current service provision and gaps, residents were primarily concerned with the increasing problem of drug use in the area which they felt was linked to increasing crime rates. A gap in service provision was also identified.

The Doncaster NDC drugs project is two fold and will provide new premises for a local drugs rehabilitation project along with community support workers to assist people through the detoxification programme.

The aim of the drug rehabilitation project is to increase the number of drug-free people in the Doncaster Central area. This will be done by developing premises large enough to accommodate two community detoxification beds and ten protected residences where people can stay after detoxification to assist their integration into a drugs-free lifestyle. Despite earlier problems, premises within the NDC area have now been purchased for redevelopment.

The aim of the drugs dependence support workers is to improve the effectiveness of the detoxification programme by providing extra support immediately before detoxification and after to allow successful re-integration and maintenance of a drugs free lifestyle. The ultimate endpoint would be to secure mainstream funding for these positions after the three-year NDC pilot.

The NDCs targeted in this report who are tackling drugs and health have all focused on psycho-active drugs including illicit drugs and non-prescribed pharmaceutical preparations. Their concern is with substance misuse, defined as illegal or illicit drug taking which leads to a person experiencing social, psychological, physical or legal problems related to intoxication or regular excessive consumption and/or dependence. Whilst alcohol was also identified as an issue in some of these NDC communities, the early projects, which are reviewed here, all relate to illicit drug use and drug users.



### **Box 3: Knowsley - North Huyton**

North Huyton in the borough of Knowsley on Merseyside is bounded to the north and west by the M57 motorway, the A57 to the south, which is the main arterial route into Liverpool and to the east by residential areas within the city of Liverpool's jurisdiction. It incorporates all of Princess ward and parts of Longview and Knowsley Park wards with an estimated population of 11,310. The Index of Multiple Deprivation score for the area is 78.77, which places it in the most deprived 10% of wards in England. Just over half of the population lives on low incomes (as measured by receipt of Income Support and Job Seekers Allowance). Only 36% of young people stay on at school beyond compulsory education. Its standardised mortality and illness and disability ratios are (just under) 178 and 274, respectively (against national indices of 100).

In North Huyton 45% of community members surveyed said drug dealing and drug taking were a problem in the area with 85 drug notifications in the NDC area. This represents 37% of the borough's notifications in an area with only 7% of its population.

The community drugs prevention project has had considerable difficulties in becoming established. The original partner agency had financial problems and couldn't deliver the originally planned school based project. Knowsley NDC are now looking into re-establishing the project.

There is now a local drugs action team and co-ordinator, but there are no local data specific to the NDC area. This means that the scale of the local problems and key NDC hotspots remain unknown. The Public Health Observatory (at John Moores University) have been commissioned to find this data to provide a clear baseline for the NDC project and allow achievable targets to be set.

NDC will provide extra funding and will invest alongside the local Drug Action team to provide more intense services to this specific locality.

#### **Box 4: Birmingham - Kings Norton**

The 3 Estates New Deal for Communities, Kings Norton, Birmingham, is a pathfinder partnership located to the south east outer ring of Birmingham City, in the West Midlands. A population of about 10,000 live on three residential estates with large areas of open space blighted by abandoned cars and dumping. The estates form part of the Kings Norton ward. Covering an area of 2.5 square kilometres, the estates are a mix of high-rise flats and low-rise, high-density housing built between the 1950's and 1970's. Much of the property remains in the ownership of the local authority and has recently been the subject of a "no transfer" vote.

There are few local facilities or employers on the estates and the city centre is a couple of bus rides away. Unemployment levels are high with 47% of those of working age in households where no one is working. The NDC programme average is 41% and the national figure 16%.

The population is predominantly white, with high levels of disability, poor levels of health and low levels of educational attainment. There is lower access to a PC than across the NDC programme as a whole (36% against 42%) and less satisfaction with secondary schools (57% compared to an NDC average of 66%). The estates have a relatively high resident turnover (25 % have lived at their current address for less than 3 years against an NDC average of 30%) and higher than average fears about crime.

The number of drug notifications in 1998/99 was approximately 0.5% of the population compared with the Birmingham average of 0.13%. Drug misuse notifications increased by over 100% in 1999/2000.

In Kings Norton drugs issues are just coming onto the agenda and it is hoped that the proposed community consultation on these specific issues will engage the community. The proposed project will be a school-based education project aiming to prevent the use of drugs in young people. The NDC also recognises the vital importance of parental involvement if such a project is to succeed.

## Nature of Intervention

### Delivery models

Different models of drug prevention have been adopted in the four NDCs although some commonality of approach can be seen in that in most cases the intervention has involved the appointment of additional workers. In two areas, King's Norton and Bradford, new appointees have joined existing teams, usually existing drug teams as partners, although in Bradford they are working in partnership with a Housing Association. In North Huyton a programme is being developed through the local Drug Action Team in partnership with Social Services and the Primary Care Trust whilst Doncaster has taken a different approach and appointed a separate group of drug dependency support workers.

The focus of the projects also varies between the four NDC areas as described below.

### Aims and objectives

Some of the NDCs have identified clear aims and objectives and have set targets against which to measure their success. In Doncaster the objectives are explicit:

- To establish information on dependency services and referral networks
- To agree appropriate training to ensure high quality service provision for clients
- To work with the early intervention workers in supporting clients prior to treatment
- To develop 'drop-in' service provision and assertive outreach
- To assist with support through treatment and maintenance

In addition, in King's Norton they have been quantified:

- To reduce the gap between drug misuse notifications, measured as the proportion of the population in the three Estates compared with Birmingham, by:
  - 20% in three years
  - 40% in five years and
  - 75% in ten years

However in other areas the aims and objectives are less specific. North Huyton's objectives, which are set through both their health and healthy living and crime and community safety programmes are:

- To reduce the level of drug and alcohol misuse and to reduce the effect of these on families and the community
- To reduce the levels of vandalism, crime and drug misuse in the area.

In Bradford NDC the aim stated is to reduce drug and alcohol misuse but the objectives through which to achieve this aim are not specified.

### Beneficiaries

The beneficiaries of the proposed interventions are wide ranging. All projects are targeted at drug users, but some are also involved with drug users' families and ultimately there should be benefits for members of the wider community in which the drug users live or are active, if projects are successful and the numbers of drug users are reduced. The Bradford drugs

counselling and support programmes are specifically aimed at reducing drug dependency in the individual and the impact of drug dependency on drug users as well as its impact on their families. In the Doncaster project, the provision of additional support workers has benefited other professionals through the added benefit of freeing up nurse time thus enabling the nurses to deliver more effectively the job for which they are qualified.

## **Delivery**

A number of different approaches have been adopted by the four NDCs both in making contact with drug users or would-be users, and in working with them to reduce or prevent use, or to implement treatment interventions. The client group for these interventions will not necessarily be looking for help and one of the first approaches has been to work with the community on issues surrounding drug misuse and to engage their trust and participation. The setting up of local 'drop-in' centres is an example of one of the methods being employed to achieve this.

The actual work with clients and potential clients to date has been through counselling and support and a raising of awareness through increasing knowledge.

The establishment of new services and facilities has also been proposed but not executed to date.

## **Outcomes and Impact**

The projects are all still at a relatively early stage. Indeed for two of them, for various reasons, they have not yet been implemented. The initial ideas in North Huyton did not get off the ground as the NDC Agency had financial problems and could not deliver the original planned project. North Huyton are currently looking at re-establishing this. Similarly in Doncaster, several attempts to purchase suitable premises for a drugs rehabilitation centre initially failed, for a number of reasons, some of which have been to do with unsuitability of identified properties. Objections from local residents were also an issue in one case.

However other projects have been more successful. The Doncaster Dependency Support Workers project is starting to have an impact. The Support workers have mapped the existing services and established 'drop-in' services. This project has the potential to be rolled out to other community members as a training programme has been developed for training new Dependency Support Workers. This offers local NDC residents, along with workers in the voluntary and statutory sector, the opportunity to train on a career pathway. In addition the activities of the three appointed Dependency Support Workers in conjunction with community health workers have produced some hard measurable outcomes: waiting lists for detoxification have been substantially reduced since their appointment.

Other outcomes have been less easy to define and measure. Discussion groups around drugs and crime, such as those being held in King's Norton with local women, have identified a number of issues around drug users and dealers on the three estates. The residents have also been shown how to recognise the different drugs, drug users and drug taking. It is unclear how the topics of this discussion will or can be actioned or how any outcomes from such discussion groups could be defined and measured apart from an increase in knowledge.

## Problems

One of the ongoing problems is that although local communities have identified drug use as a problem, there is a lack of robust local information on the scale of drug use and drug users within the NDC area, to support the observations of local residents. There is a need to identify geographical hot spots and at risk populations in order to maximise the impact of these drug-related projects. However without the necessary intelligence this will not be possible. In two NDCs such information is being collected and collated by enlisting the services of local workers, as illustrated in Doncaster or by commissioning other organisations, such as Public Health Observatories to find this data, as North Huyton have done.

A second concern is the lack of an evidence base in order to implement effective programmes and messages. Thus the ideas being developed and implemented are often innovative. It will be important that such projects are as robustly delivered as possible and fully evaluated in order to be able to understand and interpret the findings. Linked with this individualistic approach is a concern that there is a danger that some of the NDCs will not work in partnership with Drug Action Teams who work at regional level or access their expertise but will duplicate activities in an area, or even introduce conflicting interventions.

A third concern is the lack of ongoing monitoring and evaluation of the NDC drugs projects. This is not unusual within the NDC health projects as it is often seen as a later concern for when the projects are better established. Setting clear objectives and goals at the onset of the project would prepare the projects better for evaluation and continual monitoring would help to ensure a more successful achievement of the project aims.

## What works and lessons, barriers

It is difficult to come to any conclusions on what works as the projects in these four NDCs are all at an early stage in their development or implementation. Indeed the messages emerging are more to do with what doesn't work at this stage. For example, having an idea does not necessarily mean it can be implemented when planned. Other extraneous factors can affect plans, as Doncaster discovered in their attempts to identify suitable property or land to create a detoxification unit.

An important issue acting as a barrier to success has been identified by a number of NDC staff; the short-term nature of funding and secondments for some of the key projects results in low staff morale and difficulty in long term planning, especially in limiting partnership working. A key issue for the health themes has been the untimely initiation of many projects which coincided with the massive NHS structural re-organisation. In most cases progress in the health theme, most notably around partnership working and appointment of seconded staff, has been severely delayed by the slow establishment of local Primary Care Trusts.

There are further lessons to be learnt around the establishment and organisation of NDC projects. NDC projects do not differ in any great respect from projects implemented in the commercial or public sector. They also need planning, financing and managing effectively and efficiently in order to avoid financial problems. The NDCs should look to examples of good project management from other sectors.

### **Box 5: Bradford - Little Horton**

The Bradford Trident area covers an area of about 195 hectares on the south west side of the city and encompasses three natural communities - Little Horton, Marshfield and West Bowling. The Manchester Road, a six lane motorway, divides the area and provides access problems for local business. The residential areas are densely populated with very few open spaces or facilities. Much of the housing in the area has suffered from lack of investment over many years and contributes to the feelings of social exclusion expressed by many of the residents. The Little Horton city ward (encompassing most of the NDC area) was identified in the DETR Index of Deprivation as the second most deprived ward in England.

The community of around 12,000 is culturally diverse and includes 4,600 Asian (Indian, Bangladeshi and Pakistani), and 620 African/Caribbean residents, the remainder being mostly white including Italians, Polish and others of East European origins.

The misuse of illegal drugs is a serious problem in the area and was highlighted as the greatest cause of concern for NDC residents in initial community consultations, and poses significant problems for individuals, families, communities and agencies working in the area.

The prevalence of drug misuse in the NDC area has been gradually increasing and the number of drugs problems presented at the Day Shelter has increased from 35 in 1994, to over 50 in the six months from September 1996 to April 1997. Users are accessing methadone provision externally but there is evidence that this is not deterring the use of street heroin and that methadone is being sold and shared among users.

## **Conclusions**

This overview of four NDC prevention-related drug projects has identified a number of issues and areas. Such issues are likely to be relevant to a number of other NDCs, as many NDCs have highlighted drug problems as an issue for their area and expressed their intention of introducing projects to address them. Issues to be aware of include the need for:

- Identification of clearly defined measurable outcomes as well as process measures to assess progress
- Sound planning and management to maintain the viability of a project
- Establishment of partnerships with others with expertise in the drug prevention/ treatment arena, such as the Drug Action Teams

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