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DRUG SERVICE PROVISION IN GLASGOW

Building from a previous study in 1990 David Shewan looks at current drug service provision in Glasgow and finds that there is still a gap between what is required and what is provided

INTRODUCTION

It has now been 2 years since the claim that a new public health paradigm had come into being with respect to drug policy (Stimson, i 99o). This paradigm shift, largely driven by HIV and AIDS, was said to represent a move away from abstentionist and prohibitionist approaches, and instead focused on risk reduction among drug users, promoting behavioural change in the desired direction, and being non-judgemental and 'user-friendly' in relationships with clients. The new paradigm, it was suggested, represented'the care of the drug user becoming an accepted mainstream responsibility' for public health services. The harm-reduction approach has become a major influence in drug policy and practice in the UK (Strang and Stimson, 1990;-

O'Hare et al., 1992). Less attention has been paid to the broader significance of harm-reduction drug policy, particularly in the context of the demarginalisation of drug users. A range of potential problems is associated with drug use, but in practice the harm-reduction approach has largelyfocused on health issues, specifically the risks of HIV and AIDS (Strang and Stimson, 1990). Further analysis and debate is required about the role of harm-reduction strategies in ensuring that the rights of drug users as members of society are defended and maintained.

The present study is concerned with monitoring changes in service provision for drug users. Monitoring the services actually available to drug users can provide some indication of whether harm-reduction objectives are an enduring part of drug policy generally.

Providing a description about what is takingplace at the level of service provision can also be of some use in informing the broader debate about the position of drug users in society. It cannot automatically be assumed that the demarginalisation of drug users is shown by the provision of harm-reduction services. However, where harm-reduction initiatives have been introduced and remained in place over time, this provides some indica., TABLE 1: Availability of particular service options tion of prevailing policy trends, as does the desire of drug agencies to expand or reduce the harm-reduction basis of their service.

DRUG USE AND DRUG SERVICE PROVISION IN GREATERGLASGOW

The present study offers an opportunity to compare policy and practice among drug agencies in Glasgow from 1990 to the present. A survey was carried out among the city's drug agencies in each year from 1990, the aim being to provide an overview of the service options generallyavailable todrugusers in Glasgow. Neither survey addressed the question of the effectiveness of particular options and no claim is made that these surveys take the place of a more in-depth analysis of changing trends in drug policy. What this research does provide, however, is some indication of how drug policy is developing in the 1990s in one major city.

A recent study estimated the numbers of injecting drug users in Glasgow at between approximately 7000-12 000, a prevalence rate of approximately 15 per 1000 population aged 15-5 5 (Frischer et al., 199 1). These figures are by no means insignificant, and although Glasgow has, as yet, not experienced the high rates of HIV infection among injecting drug users associated with other Scottish towns and cities (Haw' et al., 1991), a range of personal and social problems will occur among the city's drug-using population.

Since 1990 there has been some movement towards developing a more integrated and coordinated drug policy in Glasgow. This is proving to be a slow process, however. The Misuse of Drugs and Alcohol Liaison Forum was set up in 1990 (3 years after the initial Scottish Office

recommendation), but has still to produce a policy statement for drug service provision in the city. Individual aspects of service provision deserve to be highlighted, however. The city's needle-exchange schemes have continued to expand and attract new clients, but, conversely, there is still no city-wide policy on prescribing for drug users, and provision of this particular service option remains sporadic.

The previous survey (Shewan, 1992) indicated a general acceptance among drug agencies of a harmreduction approach, with a high proportion of agencies providing information and advice on safer drug use (90%) and safer sex (84%). But although appropriate information and advice are central to a harm-reduction approach, it is also important that specific services are available that enable the drug user to act on the advice given. In this respect, the lower level of provision of equipment exchange (30%), supply of condoms (39%), prescribing of oral drugs (26%) and prescribing of injectable drugs (3%) indicated that in some cases actual delivery of these specific services lagged behind good intentions. Most of the prescribing Which took place was occasional and limited to prescription of antidepressants during detoxification or as part of a drug-reduction programme. Significant numbers of agencies were in favour of adding certain of these services to what they already offered to drug users, namely equipment exchange and supply of condoms. There was, however, no significant trend for greater availability of prescribing schemes.

TABLE 1 Availabilty of particular service options from drug agencies in GHreater Glasgow

Service	*No. agencies making this service available*	*%*
General information/advice about drug use	23 of 23	(100)
General information/advice HIV/AIDS	23 of 23	(100)
Referral to other agencies	23 of 23	(100)
Information/advice on safer sex	22 of 23	(96)
Counselling	22 of 23	(96)
Help with social/legal housing problems	21 of 23	(91)
Information/advice on safer drug use	20 of 23	(87)
HIV testing	13 of 23	(56)
Provision of condoms	17 of 23	(74)
Detoxification	13 of 23	(56)
Services for pregnant drug users	12 of 23	(52)
Primary health care	11 of 23	(48)
Oral prescribing	8 of 23	(35)
Equipment exchange	6 of 23	(26)
Prescribing of methadone	4 of 23	(17)
Prescribing of injectable drugs	0 of 23	(0)

The present survey involved contacting all of the statutory and voluntarydrug and/or HIV agencies within the Greater Glasgow area. Thirty-eight such agencies were contacted by way of a postal questionnaire with follow-ups where necessary - with a return rate of 61% (23 of 38)

which is not unacceptably low by the standards of postal surveys.

RESULTS

Service provision from Agencies

Agencies were asked about the availability of particular service options from their organisation. Responses are summarised in Table 1.

In addition to the service options listed in Table 1, agencies were also asked if they made any other service options available. This produced a range of varied response, the most common of which were group work with drug users (4 of 23) and providing transport to needle exchanges (2 of 2 3).

Where prescribing was offered as a service option, the agencies concerned were asked about the nature of these prescribing schemes. The eight agencies who made prescribing available only prescribed oral drugs, with no prescribing of injectable drugs. Seven of the eight agencies prescribed on a reduction basis only; the remaining agency prescribed on both a reduction and a maintenance basis. Four of the agencies concerned prescribed oral methadone.

The services agencies want to provide

Agencies provided information on the services they would want to be able to offer to clients. Responses are summarised in Table 2.

TABLE 2: Summary of services which drug agencies would want to be able to offer their clients

Service	*No. agencies making this service available*	*%*
General information/advice about drug use	22 of 23	
General information/advice HIV/AIDS	21 of 23	
Referral to other agencies	20 of 23	
Information/advice on safer sex	22 of 23	
Counselling	21 of 23	

Help with social/legal housing problems 16 of 23
Information/advice on safer drug use 21 of 23
HIV testing 13 of 23
Provision of condoms 17 of 23
Detoxification 13 of 23
Services for pregnant drug users 16 of 23
Primary health care 8 of 23
Oral prescribing for users 12 of 23
Equipment exchange 10 of 23
Prescribing oral methadone 8 of 23
Prescribing injectable drugs 3 of 23

General information/ad vice about drug use Information/advice on safer sex General information/advice HIV/AIDS Counselling Information/advice on safer drug use Referral to other agencies Provision of condoms Help with social/legallhousing problems Services for pregnant drug users HIV testing Detoxification Oral prescribing for users Equipment exchange Primary health care Prescribing oral methadone Prescribing injectable drugs

TABLE 3: Summary of services which drug agencies would like to see available in Greater Glasgow

Service No. agencies making this service available %
General information/advice about drug use 23 of 23
General information/advice HIV/AIDS 23 of 23
Referral to other agencies 23 of 23
Information/advice on safer sex 23 of 23
Counselling 23 of 23
Help with social/legal housing problems 22 of 23
Information/advice on safer drug use 20 of 23
HIV testing 21 of 23
Provision of condoms 22 of 23
Detoxification 22 of 23
Services for pregnant drug users 22 of 23
Primary health care 21 of 23
Oral prescribing for users 22 of 23
Equipment exchange 22 of 23
Prescribing oral methadone 22 of 23
Prescribing injectable drugs 12 of 23

Services agencies want to see provided in Greater' Glasgow

Agencies were also asked which services they would like to see available in Greater Glasgow as a whole, though not necessarily from their agency. This is summarised in Table 3.

Table 3, by and large, represents a high consensus for providing a wide range of services within Greater Glasgow. The one aspect of service provision that does not attract broad support is the prescribing of injectable drugs; provision of all other services is either given the support of the large majority of drug agencies or is unanimously supported.

Comparisons between existing service provision and perceived required service provision

Statistical analysis (Wilcoxon matched pairs signed ranks tests) was carried out to compare current service provision with: the service provision which agencies would want to be able to provide, and the service provision which agencies would want to see in Greater Glasgow as a whole. This analysis was intended to identify specific and significant trends among agencies towards either greater or lesser provision of a service.

Current service provision and *services agencies want to* provide

Only one significant difference was found between agencies current provision of services and their perceptions of services they should be offering. This was for prescribing oral drugs to users ($p < 0.05$), the trend being for agencies who are not providing this service to want to provide it.

Current *service provision* and services that agencies want *provided* in *Greater Glasgow*

When current service provision from agencies is compared to the services they want to see provided in Greater Glasgow as a whole, a range of significant differences arises. In each case, the consensus is towards a particular service not available from an agency being made available within Greater Glasgow. These differences were as follows: HIV testing ($p < 0.05$); primary health care ($p<0.05$); services for pregnant users ($p < 0.005$); detoxification ($p < 0.005$); prescribing of oral drugs ($p < 0.005$); prescribing of oral methadone ($p < 0.0005$); prescribing of injectable drugs ($p < 0.005$); provision of equipment exchange ($p < 0.0005$); provision of condoms ($p < 0.05$).

DISCUSSION

In terms of current service provision, there is a broad acceptance of providing information and advice aimed at promoting safer drug use, but the level of availability of equipment exchange and prescribing schemes has not increased significantly in the years 1990-1992. There has, however, been an increase in agency provision of condoms, in line with the high proportion of agencies offering information and advice on safer sex.

The high level of availability of information and advice on social, legal and housing issues is to be welcomed. This indicates that, on the surface at least, there is a recognition that a response to clients is required which does not just focus on particular aspects of their behaviour, but which also looks at that behaviour in a broader social context.

Just over half of the agencies surveyed provided services for pregnant drug users. Several agencies noted their concern that adequate services were not being provided for women drug users generally. There is longstanding acknowledgement that women drug users are generally perceived more negatively than their male counterparts, and that while some progress has been

made, their specific needs are still not being sufficiently addressed (Dorn er al., 1992; Henderson, 1992).

The agencies surveyed seemed by and large satisfied with the range of services they offered to drug users. Apart from the concerns described above over services for pregnant users, the only other option which significantly more agencies would like to provide than doing so at present was oral prescribing.

In contrast, there was a high consensus that services not being provided at present by individual agencies should be provided on a city-wide basis. This refers to HIV testing, primary health care, services for pregnant' users, detoxification, prescribing of oral drugs, prescribing of oral methadone, prescribing of injectable drugs, provision of equipment exchange, provision of condoms.

It would appear, therefore, that among drugs workers there is a general acceptance that a wide range of services should be made available, and that this should include a range of harm-reduction services, such as prescribing and equipment exchange.

Implications

It is possible that the policy changes associated with harm-reduction are underpinned by an emphasis on a disease or public health model (De Haes, 1987), and that therefore drug users have only become 'accepted' within the mainstream of public health care (Wibberley and Whitelaw, 1990). If this is the case, there is the danger that policy changes which are essentially pragmatic in nature, and aimed at changing individual behaviour, will be subject to change at the political, level. The continued, and in some ways strengthened, links between policy-makers and the medical establishment (Berridge, 1992) makes this process more likely.

At one level it is necessary to argue that drug use is primarily a public health issue. It is also necessary however, that this is accompanied by an argument for a corresponding shift at the sociocultural level, in that drug use is perceived as neither a 'delinquent' behaviour, which leads to a primarily penal response, nor a'diseased' behaviour, which leads to a primarily medical response. Drug use is a complex social and psychological phenomenon, and suggested

solutions based on simplistic theories are not helpful in enabling drug users to minirmse the harm to themselves which results from their drug use, or in helping to stabilise the effects of drugs, drug use and HIV/AIDS on society (Davies, 1992). It is necessary to accept that drug users are a part of society, and that drug policy should be '...assimilative, rather than coercive, that seeks to integrate drug users into society rather than marginalise them' (McDermott, 1992).

The shift to a harm-reduction perspective, therefore, and the consequent provision of services such as equipment exchanges and prescribing, should be underpinned by a move towards the dernarginalisation of drug users, as much as by a series of pragmatic decisions based on a disease or public health model.

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