



SCOTTISH EXECUTIVE

Evaluation of the Incite Project

Summary

Crime and Criminal Justice



**EVALUATION OF THE INCITE PROJECT
A PILOT PSYCHOSTIMULANT PROJECT
IN ABERDEEN**

SUMMARY

Human Factors Analysts Ltd.

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CHAPTER ONE INTRODUCTION

Overview

1.1 The pilot psychostimulant drugs project, Incite, was set up in Aberdeen in September 2003. It was established to provide services to people experiencing drug problems and who are primarily psychostimulant drugs users.

1.2 Factor Analysts Ltd (HFAL) were commissioned to carry out an evaluation of this project in 2004-2005, looking at both service processes and outcomes. The aim of the exercise was to assess the effectiveness of Incite, highlighting areas of good practice and indicating how the service might be developed and improved in the future.

1.3 This document summarises the evaluation report and suggests how its main findings might be applied constructively to the implementation and operation of similar psychostimulant drugs projects in Scotland.

Identifying the need for psychostimulant drug services

1.4 Psychostimulant drugs are substances that excite the central nervous system, having the potential to produce feelings of well-being and alertness. They include cocaine, crack cocaine, ecstasy and amphetamines (Effective Interventions Unit [EIU] 2002).

1.5 Research indicates that the use of psychostimulant drugs has increased in Scotland in recent years, especially in 'hotspot' areas such as Glasgow, Edinburgh and Aberdeen (Scottish Advisory Committee on Drug Misuse [SACDM] 2002; EIU 2002). Recommendations from the National Psychostimulant Working Group (SACDM, 2002) have highlighted the need for basic stimulant services in these 'hotspots'.

1.6 The EIU publication, *Psychostimulants: A Practical Guide* (2002), splits psychostimulant drug users into 3 groups. These are:

- opiate users who also use psychostimulants
- primary (and heavy) psychostimulant users
- recreational users

Prevalence

1.7 The numbers of new service users reporting psychostimulant drug use on admission to services in Scotland in 2003/4 are shown in Table 1. These figures are based on the Scottish Drug Misuse Database (ISD, 2004) and a report on the prevalence of drug misuse in Scotland by the Centre for Drug Misuse Research (CDMR, 2005). Every instance of reported use has been included, which means that people who report using both cocaine and ecstasy, for example, will have been counted twice. The figures for Grampian for those identifying a psychostimulant drug as their 'main drug of choice' are reported separately.

Table 1.1 New service users reporting psychostimulant drug use

	Scotland	Grampian NHSB	
	Numbers reporting use	Numbers reporting use	Cases where drug is main drug of choice
Amphetamine	547	31(6% of national total)	7 (23%)
Cocaine	917	70 (8%)	7 (1%)
Crack Cocaine	382	154 (40%) ¹	8 (6%)
Ecstasy	426	21 (5%)	3 (14%)

1.8 In Scotland overall, cocaine was the psychostimulant drug most likely to be used by those being admitted to services. Grampian users made up 8% of the total for cocaine. A striking feature was that the use of crack cocaine in Grampian was more often reported, with the users of this drug in Grampian making up 40% of the national total.

1.9 The high incidence of crack cocaine use suggests an already established market in Grampian; police intelligence suggests this may, in part, be due to prostitutes using crack cocaine from the Midlands moving to the Aberdeen area and therefore stimulating demand (SACDM, 2002). It is then perhaps not surprising that 70 of the 80 seizures of crack cocaine in 2002 were made by Grampian police (ISD, 2004). ISD figures are likely to under-estimate stimulant use compared with opiate use because a high percentage of reporting agencies would concentrate on opiate treatment e.g. methadone prescribing.

Designing services

1.10 *Psychostimulants – A Practical Guide* (EIU, 2002) and other published research discuss the types of services that can be offered to people using psychostimulant drugs. One of the main issues appears to be whether or not stimulant users can, or should, use traditional drug services which have a history of dealing predominantly with opiate users. Evidence from other areas suggests that stimulant users often regard generic drug services as not having anything to offer them (COCA & Turning Point, 2005).

1.11 The research clearly indicated that the more people who present to services with poly-drug use, the greater the demand for services that can competently address the demands of different drug use. This may include further provision for psychiatric/ mental health services and alternative therapies. Rapid access is another dominant theme as stimulant users have a particular need for rapid response services.

1.12 The National Treatment Agency in England and Wales (NTA) highlights a need to offer more psychosocial-based services to psychostimulant drug users, particularly as there is little in the way of evidence for in the absence of a validated effective pharmacological treatments substitute. Examples of these services include Cognitive Behavioural Therapy techniques, counselling and relapse prevention techniques (NTA, 2002; EIU, 2002). It is also recognised that a key factor of the successful retention of service users in most drug services

¹ The CDMR reports the number of people in Grampian using crack cocaine as 254, making up 66% of people using the drug in Scotland.

is not just the services that are available, but the manner in which they are delivered, i.e. the rapport built up between service user and key worker (Bottomley et al, 1997).

About the Incite project

1.13 The Scottish Executive has worked closely with Grampian NHS Board and Drugs Action Aberdeen to design and set up a pilot service for psychostimulant drugs users. The design of the service was based upon the findings of an initial needs assessment, and through observation of other existing services located across the UK.

1.14 With funding from the Scottish Executive, Grampian NHSB and Drugs Action Aberdeen set up the 'Incite Stimulant Users Project' (known as Incite) in September 2003 to provide services to people who are experiencing drug problems, and who are primarily psychostimulant drugs users. Drugs Action Aberdeen runs the service.

1.15 The aims of the project are:

- in the first instance to attract primary stimulant users into the service. This includes people with problems related to opiate misuse if they have an identified primary problem with psychostimulants.
- where possible provide a 'signposting' service to those psychostimulant drug users also using opiate drugs.
- to provide whatever service is required, such as harm reduction, crisis intervention, counselling, education, etc.
- to provide psychostimulant drug training and support to other service providers as identified in the Pilot Psychostimulant Service Training Needs Assessment for Aberdeen.

1.16 To meet these objectives, Incite was expected to undertake the following activities:

- provide outreach services to attract clients and market the service
- provide a flexible range of treatment, support and rehabilitative interventions
- increase and improve the range of pathways into other specialist treatment and generic support for clients
- provide multi-agency interventions to assist clients to capitalise on high motivation and secure good treatment outcomes
- provide easily accessible 'drop-in' and appointment-based services for referrals, as well as referrals from specialist and generic services

1.17 Incite is based within the premises of Drugs Action in the centre of Aberdeen. This set-up gives Incite staff administration support and a route for service users into the service via the Drugs Action helpline, drop-in, needle exchange, community outreach, and sex industry outreach services. It also allows staff time to work with service users on a one-to-one basis. One-to-one sessions give service users an outlet in which they can discuss problems or situations with their designated worker in a comfortable, safe environment. The sessions may also include acupuncture to help service users relax.

1.18 Contact can be made with the Incite service via telephone (Incite number and Drugs Action helpline), referral from other service providers, or self-referral. The Incite telephone number is advertised on posters and flyers distributed to clubs and pubs and to other services and agencies as well as being handed out at outreach sessions.

1.19 The original staffing provision for the service was 2 full-time project workers and .5 team leader. At the time of writing, Incite have 2 permanent members of staff which make up just short of 2 full-time drug worker posts.²

1.20 Incite offers a range of client-led interventions designed to address any service user need from harm reduction to crisis intervention, counselling and education. Types of interventions offered to individual clients include:

- General information: introduction to the project service
- Assessment: initial needs assessment, goal setting, Addiction Severity Index Assessment
- General drug information: drugs history work, drug effects information, pros and cons of drug use
- Skills building: decision making skills building, communication skills building, confidence/self esteem building, work on personal identity
- Talking therapies: harm reduction information, motivational work, identifying positive lifestyle change, identifying triggers/patterns, person-centred counselling
- Immediate interventions: crisis interventions, working with cravings, dealing with crash and comedown, developing coping plans
- Complementary therapies: relaxation techniques (Qi Gong³), acute detox, magnet therapy, acupuncture
- Physical health support: identification and information on physical health concerns
- Mental health support: identification and information on mental health concerns, strategies for coping with mental health issues
- Medical support: exploring pharmacological needs
- Social relationships/networks: work on removing negative relationships and building positive ones, identification of social concerns, exploring impact of drug interactions, exploration of personal support networks
- Interagency working: liaison with other services, advice referral to other agencies, advocacy work.

² In the closing stages of the evaluation one full-time drug worker post has become vacant however this factor is not individually taken into account because it does not affect the content of the evaluation.

³ Qi Gong (*or chi kung) is a Chinese system of philosophy and healthcare that combines physical movements, breathing techniques and meditation.

1.21 Although it is within Incite's remit to provide a drop-in facility, this service is not currently available because of inadequate staffing resources. Should a new service user 'drop-by', however, staff always endeavoured to provide an appointment. Service users also reported that on the majority of occasions when requesting an emergency appointment they had been seen the same day by their worker.

Aims of the Incite evaluation

1.22 The Scottish Executive Effective Interventions Unit (now the Drugs Misuse Research Team) commissioned Human Factors Analysts Ltd (HFAL) to carry out a process and outcome evaluation of the pilot Incite project during the period August 2004-August 2005. The primary aim of the evaluation was to assess the effectiveness of the service, focusing on its ability to attract, engage and retain service users. This would highlight areas of good practice, suggest improvements for development of the service in the future and provide a basis for future learning in the development of other psychostimulant drugs services in Grampian and Scotland.

1.23 The process strand of the evaluation was designed to provide information about the processes and practices of the service. The outcome strand was designed to measure the effectiveness of interventions by monitoring the progress of service-users.

1.24 Chapter 2 details the methodology employed by HFAL in conducting the evaluation.

CHAPTER TWO METHODOLOGY

2.1 The methodology was designed to evaluate two specific aspects to the service – **processes and outcomes**.

Process evaluation

2.2 The process strand of the evaluation was designed to provide as much information as possible about Incite's processes and practices. The aim was to assess how well the service identified, recruited and retained service users, the quality of its response to service user need and its ability to work successfully with other agencies and services in the Grampian area. The process evaluation included a programme of interviews, observation and data monitoring.

Interviews

2.3 These investigated and compared perceptions and expectations throughout the course of the evaluation. They were completed at timed intervals with staff (3 staff members at 3 timed intervals, 3-4 months apart), service providers (16 completed Time 1 interviews, 9 completed Time 2 interviews), current service users (9 completed Time 1 interviews, 6 completed Time 2 interviews), ex-service users (1 interview).

Data monitoring and service activity

2.4 This gauged the level and quality of monitoring within the service by investigating data collation and reporting. It provided a breakdown of service user profiles including patterns of service use and a measure of service activity in relation to the project's original aims and goals.

Outcome evaluation

2.5 The outcome strand of the evaluation was designed to measure the effectiveness of interventions provided by Incite by monitoring the progress and improvement of service users. This covered changes experienced across a number of areas, such as in patterns of drug use, physical and mental health and in current relationships. Outcome evaluation included a programme of interviews, data monitoring and case studies.

Interviews

2.6 Staff and service provider interviews were used to show changes to the service over the evaluation period. Service user interviews focused on the tangible work staff did with clients. Information was also used from the interviews to gather an indication of service effectiveness.

Data monitoring

2.7 Information from the Orion database, Drugs Action database and pro-formas designed by HFAL supplied information about the current standing of the project with regard to activity levels and specific outcomes.

Case studies

2.8 Case studies were drawn up for all services users who had completed two interviews. They were put together using information from interview transcripts and client case files. They were conducted to provide more robust information for the outcome evaluation by helping to measure change in a small group.

CHAPTER THREE PROCESS EVALUATION

3.1 Process evaluation focused on the following three aspects of Incite's service delivery:

- identifying, recruiting and retaining service users
- interagency working
- responding to service user need

3.2 This chapter summarises the results of a series of interviews conducted with Incite staff, service providers and service users.

Staff interviews

3.3 Interviews were designed to investigate and compare staff perceptions and expectations against actual project activity. Three members of staff were interviewed at 3 points during the evaluation project, each 3 to 4 months apart.

Main findings

Identifying, recruiting and retaining clients

3.4 The Drugs Action helpline had acted as a useful link into the Incite service.

3.5 Text messaging had proved an extremely successful method of communicating with service users. It offered support and reminders about appointments.

3.6 Extended opening hours to target individuals in employment, and a carefully designed programme of complementary therapies (auricular acupuncture and Qi Gong) were integral to Incite's ability to attract, engage with and retain clients. Clients were able to be involved with the service for as long as they felt necessary receiving whatever interventions they, and staff, thought would be beneficial. No cut-off point was mentioned with regards time connected to the service. There had not been any waiting lists for the service.

3.7 Overall, Incite staff felt that client interventions had worked well and that the original objectives surrounding provision of a unique service for psychostimulant drug users had been met.

Interagency working

3.8 Referrals to the Incite service had been made as flexible and informal as possible. Referrals from Incite to other agencies were low in number, but took place when need arose.

3.9 Initial publicity had been widespread at the early stages of the project, with Incite promoted through other agencies, service leaflets, service flyers, clubs and pubs, Drugs Action and student health fairs. Activity had since tailed off. Staff recognised the need to maintain visibility of the project.

3.10 Incite staff had given a number of training sessions to other service providers but demand had been less than expected, attributed to staffing and recruitment issues in the other services .

3.11 Staff felt their own personal training needs had been addressed well.

Design and delivery of Incite

3.12 An initial needs assessment was conducted in Aberdeen in the first 6 months of the project to help inform the type of service Incite needed to be. The findings of this assessment indicated that a separate service (as opposed to a psychostimulant service ‘embedded’ within a generic service) would be preferable. The decision to base the project with Drugs Action was based on the agency’s history and track record with stimulant drug users and the fact that it was a street level/non-statutory service.

3.13 Staff had developed a service which offered a flexible approach to individual clients, tailored to their needs. This includes the offer of immediate appointments, extended opening hours and a number of complementary therapies.

3.14 Sharing space with Drugs Action had meant that Incite could not be as distinct or flexible as originally intended.

3.15 Low staffing levels had meant that staff spent most of their time performing daily client casework, which was seen as ‘done very well’. There had been little opportunity or time to develop other activities, such as promotion, outreach work, training and service developmental work.

3.16 Staff confidence in dealing with service users had grown, particularly when dealing with the complex issues of mental health.

Service provider interviews

3.17 Service providers were asked for their views on how Incite was dealing with client needs and the level of interaction they were receiving from Incite to meet the service needs indicated by the initial needs assessment. Participants were recruited from 8 statutory and 8 voluntary services across Aberdeen City and Aberdeenshire who potentially had contact with psychostimulant drug users. Sixteen providers were interviewed at Time 1 and 9 at Time 2, with approximately 6 months elapsing between interviews.

Main findings

General knowledge/awareness of Incite

3.18 Although participants were aware of Drugs Action and most were aware of Incite, mainly through conferences and training days, there had been no significant increase in knowledge about the project between the two interview time points.

Interagency working

3.19 Approximately half the service providers interviewed had referred people to Incite (or Drugs Action) or would if the need arose.

3.20 The referral process was viewed as straightforward and easy.

3.21 Interagency working was thought to be important and participants expected that Incite would take a flexible approach and be open to co-working.

Training

3.22 The majority of service providers were open to the idea of psychostimulant drug training from Incite or another training body such as STRADA.

3.23 Issues raised included the cost of courses and lack of confidence in Incite's experience and ability to deliver the type of training required.

Identifying, recruiting and retaining service users

3.24 Most participants commented favourably on Incite's flexibility, which allowed service users to 'dip in and out'.

3.25 Several who had regular contact with the Incite service were impressed with the range of services on offer and the openness, knowledge and helpfulness of the staff.

Design and delivery of Incite

3.26 Most service providers commented on the innovative nature of Incite's work, citing the alternative therapies offered, advocacy and outreach work.

3.27 Several participants felt that the Incite service could be more effectively promoted, through better publicity circulated both to service users and to the other agencies. The medical sector, especially GPs, should be given more information about the project.

Service user interviews

3.28 Service user interviews were designed to gather opinions on the services provided by Incite, to give a chance to note the positive and negative aspects of the service offered, suggest improvements and provide further information about the process. Nine current and 1 ex-service user were interviewed at Time 1. Six of the current users completed the follow-up interview at Time 2.

Main findings

Identifying, recruiting and retaining service users

3.29 Most participants had made contact with the Incite service by telephone, sourcing the number on flyers, the Drugs Action helpline, the telephone book or from someone they knew. Incite's central location was appreciated. All participants took less than 30 minute to reach the premises. The co-location with a number of Drugs Action services had not proved an issue.

3.30 Some participants found the weekday daytime opening hours inconvenient. Weekend and evening opening and extension of the acupuncture sessions were suggested as positive additions to the service.

Design and delivery of services

3.31 The majority of respondents were in contact with the service on a weekly basis. Some had experienced periods of 'time-out' but did not view this as breaking contact. They viewed Incite's open-door policy as a positive benefit.

3.32 The use of text messages were felt to be a helpful, non-pressurised form of communication. They enabled service users to keep in touch remotely with their designated worker and acted as appointment reminders.

3.33 Most participants felt the service provided had exceeded their expectations and expressed satisfaction with the range of services on offer.

3.34 Initial appointments had been provided on the day of contact or the next day. Service users were comfortable with the friendly and informal assessment process – 'more like a conversation than a question and answer session.'

3.35 Acupuncture sessions were singled out as being particularly helpful in inducing feelings of calmness and relaxation.

Staff/service user relationships

3.36 Service users appreciated the relaxed atmosphere provided by staff and the building set-up, which afforded them privacy.

3.37 They were satisfied with the staff approach and felt that they were treated as equals. They found staff to be supportive, non-judgemental, approachable and trustworthy.

CHAPTER FOUR SERVICE PROFILE, PROCESSES & CASE STUDIES

4.1 This chapter covers the Incite service, user profiles and processes and gives a brief summary of 6 case studies. It supplements the process evaluation in Chapter 3 which was based on interviews with staff, service providers and service users and it also supports the outcome evaluation in Chapter 5.

4.2 The information is drawn from a number of sources, including the Drugs Action database, a series of pro-formas collected from Incite staff from January to May, full versions of the case studies and an interim version of the Orion database.

4.3 The small number of Incite clients and the absence of other comparable research evidence means that these findings should be reviewed with caution.

Service Profile summary

Referrals

4.4 By May 2005, Incite had received 102 referrals. Of these, 57 had become active clients and 20 remained in contact with the service.

4.5 Active clients spent on average 6 months with the service.

4.6 The majority of service users had had no previous contact with services.

4.7 Self-referrals made up the majority of referrals into Incite (75%).

4.8 More than half of these referrals (58%) found out about Incite through Drugs Action.

Service user profiles

4.9 The mean age of all referrals to the service was 28.5 years.

4.10 Where reported, referrals classed themselves as 'white' (56.6%).

4.11 Over three quarters of all referrals had an Aberdeen City postcode.

4.12 98% of active clients reported first using drugs at 19 years or under, with 48% reporting their drug use as becoming a problem in this age bracket. A further 38% reported problem use before age 30.

4.13 65% of active clients did not report any involvement with criminal justice at time of referral.

4.14 The most frequently reported drugs in order of frequency were crack cocaine, amphetamines, cocaine and ecstasy.

4.15 An examination of the prescribed drugs reported by some active clients indicated some mental health problems.

4.16 Most active clients (77%) were reported as living with friends or family or in supported/rehabilitation units on referral. Some 23% reported living alone or in a hostel.

4.17 Over two thirds (68%) of those becoming active clients were unemployed on referral, with most of these (69%) having been unemployed for more than a year.

Service Processes summary

Appointments

4.18 Approximately 20 appointments were made each week during most of the project's life (June 2003-May 2005).

Outreach/training (February – May 2005)

4.19 Staff spent 4 sessions providing Incite service information and general information and advice on the use of psychostimulants to sex industry workers (11 hours).

4.20 Training was given to 5 other services on 5 occasions during this period.

Interventions and final outcomes

4.21 Of the 57 referrals, 5 clients were classified as having no further requirement for a service, having achieved their goals. A further 28 clients had their cases closed through defaulting on appointments and the remaining 24 were current active clients with no final outcome.

4.22 A group of 11 clients with a 'positive' outcome, or who were currently active, emerged with a pattern of similar interventions received. These included interventions for physical and mental health, social skills and relationships, rather than financial or accommodation help. Relaxation techniques and auricular acupuncture were also received by this group.

Case Studies summary

4.23 Six short case studies were compiled for 6 service users who consented to Time 1 and Time 2 interviews. These were typically based on case files which contained a Drugs Action Referral sheet, an SMR 24 form, an Interventions and Monitoring form, and an Identification of Problems sheet. Two out of the 6 case studies had completed the ASI-S (formal Assessment tool).

4.24 Information was not systematically recorded or standardised between workers. Monitoring of individuals and outcomes appeared anecdotal, and depended on worker

opinion rather than systematic recording and evidencing. Measurable outcomes for service users were more to do with physical health, mental health and social relationships than change in drug use. For example, 'agreed actions' only recorded actions such as making follow-up appointments. The data did not measure progress or support the use of specific interventions.

4.25 Relapse prevention interventions were frequently delivered in one-to-one sessions, along with interventions addressing mental health issues. Non-acute physical health issues were also frequent themes running through the case files - for example, staff frequently worked with service users on regulating their sleeping patterns or diet.

4.26 Improvements to 'perceived' problems were sometimes attributed to specific help and support from staff. At other times, they were felt to be something which clients had worked on themselves.

4.27 Service users at times refrained from contacting the service, by breaking their appointments and not responding to contacts from staff. Staff put in a great deal of effort contacting service users who had defaulted on appointments (by text message), but there seemed to be no pattern to determine when clients would choose to re-establish contact.

4.28 Some case files showed that staff communicated formally with other professionals on a case-by-case basis where appropriate. Although service providers did not report regular contact between themselves and Incite staff, the case files provide evidence that Incite did liaise with other agencies when required.

CHAPTER FIVE OUTCOME EVALUATION

5.1 The outcome strand of the evaluation was designed to measure the effectiveness of interventions provided by Incite by monitoring the progress and improvement of service users.

5.2 Such project effectiveness has not proved easy to verify, although Incite staff and active clients have verbally described several positive outcomes. These include:

- **Attracting primary stimulant users**
The majority of Incite's clients self-referred to the service and were not formally referred by another agency. This indicates that Incite was successfully attracting primary stimulant users to the project, one of its key objectives
- **Health improvements**
All case study clients reported some improvement to physical health, mainly in relation to improved diet and better sleeping patterns. They also reported improvements to mental health, better concentration and enhanced social relationships.
- **Increased motivation**
A number of clients mentioned that they had become more focused since making contact with Incite, attributed to the encouragement and support received from staff.

5.3 These improvements and successes are evidenced through client interviews and case studies. However, this is not reflected in case files. The outcome data Incite collected did not therefore show the true activity and successes of the project.

5.4 A wide range of client information was collected and recorded by Incite staff and included details of basic drug use, history, referral information, and reasons for referral. Evidence relating to client outcomes, however, was not collected. For example, there were no details within case files that recorded whether or not identified client issues had been addressed, how they had been addressed and what outcomes had been experienced. This has meant that there was no way of quantitatively measuring how effectively Incite staff performed.

5.5 Formal recording of Incite client data would help to monitor outcomes, allow for comparisons to be made between users and evaluate the success of specific interventions. It would help to:

- **Justify the provision of specific interventions to specific active clients**
The high frequency of indirect drug use work, covering work on areas such as housing, finance and daily routines, is a common factor when working with people using psychostimulant drugs (*The Crack Report* 2005) but users of services should be aware of what interventions they are receiving and why.

- **Assign a common format to client data**
Although there were many general assessment forms for recording client information, instructions for completing these were not clear or standardised which led to variations in the way data was recorded.
- **Enable formal client assessments** through the use of a formal assessment tool, such as the ASI-S tool. This would help to monitor the effectiveness of the Incite service, assess the status of clients and provide a useful framework for development.
- **Provide a cross tabulation of presenting problems and interventions offered** to make sure that problems identified are compatible with programmes.

CHAPTER SIX CONCLUSIONS AND RECOMMENDATIONS

6.1 The Scottish Executive, Grampian NHS Board and Drugs Action Aberdeen worked together to design Incite, a pilot service for psychostimulant drug users. Incite is based in the Drugs Action premises in Aberdeen city centre and has been operating since September 2003.

6.2 Incite was set up to:

- provide outreach services to attract clients and market the service
- provide a flexible range of treatment, support and rehabilitative interventions
- increase and improve the range of pathways into other specialist treatment and generic support for clients
- provide multi-agency interventions to assist clients to capitalise on high motivation and secure good treatment outcomes
- provide easily accessible ‘drop-in’ and appointment-based services for referrals, as well as referrals from specialist and generic services

6.3 This evaluation was commissioned to examine Incite’s effectiveness, particularly its ability to attract, engage and retain service users and work effectively with other services. It also investigated the service’s delivery of interventions and where possible the impact that these interventions have had on clients’ lives.

6.4 This chapter reports on each of these issues in turn and examines some of the underlying issues that affect delivery of the project’s objectives. Key findings from the evaluation are summarised at the end of the chapter, selected to help inform the development of existing and future services.

Achieving the project aims

Attracting service users

6.5 Potential barriers to service takeup can be overcome by providing separate services and/or good publicity and referral routes. The original needs assessment conducted in Aberdeen prior to this pilot suggested that a separate service (as opposed to a psychostimulant service ‘embedded’ within a generic service) would be preferable, but due to the available budget this was not possible. The sharing of premises and overheads with Drugs Action proved to be a much more cost-effective solution. However Incite did employ publicity and outreach to ensure that the service had its own identity and make prospective service users aware of the range of interventions on offer.

- **Publicity:** COCA (2005) suggests that services to crack cocaine users should be publicised widely and be sensitive to the wording and imaging used to engage clients. Incite took COCA’s comments on board when originally designing their promotional material. Promotion and advertisement activity, however, was one aspect of the service which was lower than expected by staff and described as poor by a number of service providers since the project launch.

- **Outreach:** The project has made some inroads into accessing some especially hard-to-reach groups of service users but the outreach component of the service is developing slowly. Recently the regular presence of Incite staff at a sex industry drop-in has enabled positive contact to be made with sex industry workers using psychostimulant drugs.

6.6 Developing outreach within Incite could be advantageous for a number of reasons. One reason is its geographical location: if Incite were to expand its service to meet the needs of drug users in Aberdeenshire, it would be advisable to conduct outreach from satellite premises in less accessible areas⁴. Another reason is that outreach is a more proactive form of service delivery and would help the service access what is widely regarded to be a hard-to-reach population. Outreach sessions in other services undertaken across Aberdeen city could perform a number of different functions. As well as enabling the service to identify and target a wider range of clients, it could also facilitate transfer of knowledge and expertise from Incite staff to other service providers.

Engaging service users

6.7 Evidence suggests that conducting outreach work and provision of drop-in facilities are conducive to working with psychostimulant drug users (e.g. Turning Point 2005, COCA 2005, Home Office 2002). Outreach, discussed above, has been a small but important aspect of the project's work. Provision of drop-in, however, has not been possible for Incite because of limited staff resources. To a certain extent, this issue could be overcome by the outreach model described above, by using other services' premises for drop-in sessions. Development of these aspects of the service would be contingent on having more staff resources available.

Retaining service users

6.8 Active clients in contact with Incite have tended to attend erratically. This may be due to the fact that some clearly did not see themselves as clients of a service in a 'traditional' sense. Clients tended to report to the service at the relapse prevention stage, and therefore may not have regarded themselves as receiving regular interventions. As length of treatment and early abstinence are predictive factors of positive treatment outcomes (Turning Point 2005), this is an area which may require further investigation.

6.9 It has been suggested by other psychostimulant drug services that client retention figures can remain low throughout pilot stages of a project and that building up rapport with clients can take a considerable amount of time. Also, although Incite has a number of active clients who 'dip in and out' of the service, it has demonstrated an ability to provide appointments on demand, especially for referrals, and has not had to maintain a waiting list.

6.10 One difficulty for Incite in measuring how effectively it is retaining service users is that there has been a great deal of ambiguity in how 'open' and 'closed' cases are defined. This has impeded monitoring of the client's progress as well as examining the overall performance of the service.

⁴ See EIU Guide *Rural and Remote Areas: Effective approaches to delivering integrated care for drug users* (2005) for further discussion of improving accessibility for service users in rural areas.

6.11 One pattern seen throughout this evaluation was that clients attended a number of sessions and then failed to keep numerous appointments. When considering crack cocaine use in Greater Manchester, Bottomley et al (1997) observed marked differences in the patterns of use of cocaine and heroin. The different pharmacology of cocaine means that it can be used in varying quantities without noticeable withdrawal symptoms – unlike heroin.

6.12 Because drug use can fluctuate, individuals' perceptions of drug use as a problem also changes and this can affect motivation and the perceived need for help. Many service users believe that they can take drugs in the future without it becoming a problem and this came across in numerous interviews.

6.13 Creating a relationship which allows clients to re-contact the service after missing appointments is crucial, as services need to be 'accessible at those times when users themselves recognise that they have a problem' (Bottomley et al, 2004).

6.14 Incite have demonstrated the ability to provide appointments and support 'on demand', and have effectively used the medium of text messaging to provide an open avenue of communication to active clients. Evidence suggests that regular text messaging may help retain service users in treatment for longer (COCA, 2005).

6.15 While one of the most influential factors in retaining opiate users in services may be the provision of substitute medication, this is not usually an option for psychostimulant users and such a provision has not been available through Incite. It is clear, however, that the provision of alternative therapies has been an extremely popular element of the project, and has been regarded as successful by both service users and providers. The provision of complementary therapies is also an effective way of attracting and retaining service users in psychostimulant services⁵. Again, this is backed up by qualitative evidence from the staff and users of Incite.

Delivering interventions

6.16 Incite offers a wide range of interventions to active clients, and whilst there was no demonstrable pattern for use of specific interventions on the basis of quantitative data available, the cluster of clients with positive final outcomes received interventions directed more towards physical and mental health issues and social skills than financial or accommodation issues. Active clients with positive outcomes also received help in identifying and avoiding the triggers that lead to relapse through a range of crisis intervention, harm reduction, and relapse prevention techniques.

6.17 Mental health has also been an issue at the fore of reports such as *The Crack Report* (2005) and *Tackling Crack: A National Plan* (2002). The individual histories of active Incite clients and the interventions they have received also reflected a high level of mental health problems. Incite have been well-placed to deal with such clients because of the depth of experience and training the staff had in dealing with mental health issues.

⁵ See *Psychostimulants: A Practical Guide* (EIU 2002) for further discussion of this subject.

Underlying factors

Co-location with other Drugs Action services

6.18 The housing of Incite under the Drugs Action umbrella has had an impact on the project in various ways which were mostly positive. There has been a lot of shared resource e.g. administrative, staffing support (secondment of Drugs Action workers to Incite), and it has allowed Incite all the advantages of being part of an established drugs service. This has been particularly beneficial in terms of covering case work during the project's staffing shortages.

6.19 Although it was within Incite's remit to provide a drop-in facility, this was not possible as there were not enough staff to meet this need. Separately-located and run premises might well be able to provide this useful facility, as well as provide more dedicated private space for treatment procedures and extend opening hours.

Staffing and structuring of the project

6.20 Incite staff have demonstrated a high level of knowledge and commitment to their work, demonstrated through the high opinions held by service users regarding the help and support they had received. Throughout the evaluation staff have been helpful and have shown great rapport with their clients. The staffing capacity and structure of Incite has, however, limited the development of the service.

6.21 If the service is to develop it is recommended that a manager/development worker should be employed full time to run the project. Research has shown that service providers talk more favourably and perceive themselves as having better communication and referral links when contact is regular and consistent (HFAL, 2004). It is also recommended that the manager's caseload should be kept to an absolute minimum (if this post is to include casework at all) and the work focused on maintaining and developing the service.

6.22 The project had originally intended to recruit GP support as well as psychological input to its service users. GP support has largely been met in partnership with community GPs. Psychological service input has been provided to staff at different stages as a support and information point regarding service users. It was not offered to clients directly. Although a number of service users are in contact with other mental health services, some suggested that seeing a psychologist at Incite might be beneficial.

Efficient data collection and monitoring

6.23 Monitoring is an on-going process involving the continuous and regular collection of key information on the inputs, outputs and outcomes of a service, intervention or partnership. The main aim of monitoring and recording of activity is to establish if things are going to plan, and whether any change in activity is necessary.

6.24 Setting targets can aid this process and allow services to compare forecast and actual performance.

6.25 Case files should contain details of the “*essential steps in the care of a drug and alcohol misuser and describe the drug and alcohol misuser’s expected treatment and care course*” (NTA, 2003). Standardising case file information is essential. This lets different cases be compared on a uniform basis, enables routine monitoring of clients and provides the information to create care plans. Care plans are an important method of providing a visible care pathway for individual service users.

6.26 Standardised case files also allow the transfer of information either from one service to another or between workers internally in the same service. This can be helpful should a member of staff leave the service or be on long- term sick leave. If standardised assessment tools have been used, completed forms should also be included in case files.

6.27 Important monitoring information should ideally be transferred on to a suitable database to allow a service to collate information on its referrals and active cases. It is from such databases that reports can be compiled to provide profiles of service users and service activity, examine whether targets have been reached and provide reports for funders.

Future development of psychostimulant drug services – key lessons

6.28 The Incite project has indicated ways in which future psychostimulant services might be developed:

- **Flexibility**
Incite has demonstrated that offering a prompt response to referral and a flexible, bespoke approach appears to increase a service’s ability to attract and engage new service users.
- **Friendly, fast response**
Incite has shown that gaining client information unobtrusively (rather than by completing lengthy assessments) is favoured by psychostimulant drug users. This factor appears to have helped retain clients within the service. Incite has also demonstrated that when this client group requires intensive interventions, it is imperative they are offered quickly, again aiding retention rates.
- **Effective, unobtrusive communications**
Frequent text messaging between staff and clients has encouraged service-users to maintain contact with the service, another factor in successfully engaging and retaining clients.
- **Extensive choice of interventions**
A wide range of interventions, including the ability to carry out harm reduction and crisis intervention work, is crucial. Auricular acupuncture is beneficial because it helps clients relax and facilitates the engagement process.

- **Professional, effective staff**
The provision of well-informed and credible staff is essential and this has been one of Incite's key strengths. The ability to demonstrate in-depth knowledge of psychostimulant drug use and experience of mental health issues has helped to build up service user confidence. In turn, being perceived as a credible service has substantially helped Incite to engage with clients and enhanced rapport and trust. Effective staff training has played a vital part in this process.
- **Robust infrastructure and information management**
When developing innovative services, it is advisable to have a strong management structure and robust systems in place for monitoring service developments. This helps services to detect what is and what is not working with their clients and to adapt service provision accordingly.
- **Targeted outreach**
It is widely accepted that psychostimulant drug users are a difficult group to reach. Ways of engaging with and retaining this group may include delivery of outreach to other services, promoting the service at nightclubs/dance events and providing drop-in facilities.

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