



Turning Point Scotland

Information Paper

Beyond the City:

Turning Point Scotland Services
in More Rural Communities



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1. INTRODUCTION

- 1.1 Turning Point Scotland has been managing drug services in Scotland since 1994. The Glasgow Drug Crisis Centre opened in November of that year and we have gone on to develop drug services across Scotland.
- 1.2 Drug misuse is often thought of as being an urban issue but Turning Point Scotland has responded to need in more rural communities by providing services in Aberdeenshire, Dumfries and Galloway and Scottish Borders.
- 1.3 This paper uses soft and hard data from these services to explore some of the challenges for service users and service delivery in rural areas. It argues that there are crucial lessons to be learned for those developing or delivering drug services in rural areas.

2. PROBLEM DRUG USE IN RURAL AND NON RURAL AREAS

- 2.1 A recent study by the Centre for Drug Misuse Research (Estimating The National Prevalence Of Problem Drug Use, 2005) uses data from a range of sources to estimate the number of problem drug users in Scotland in 2003.
- 2.2 It classifies council areas as rural if they have a population of less than one person per hectare. By this definition, all of Turning Point Scotland's "rural services" are classified as rural. Table 1 shows the number and prevalence of drug use in all the council areas in which our services are located.

Table 1: Estimates of the Number of Problem Drug Users (age 15 to 54) by Council Areas, 2003

Council Area	Number	Prevalence %
<i>Non rural</i>		
Glasgow	11,235	3.3
Edinburgh	5,667	2.1
Renfrewshire	2,295	2.4
<i>Rural</i>		
Borders	680	1.25
Dumfries and Galloway	1,806	2.4
Aberdeenshire	1,220	1.1
SCOTLAND	51,582	1.8



- 2.3 As the table shows, just under 2 per cent of Scotland's population aged 15 to 54 are estimated to be problem drug users. The research found, not surprisingly, that problem drug use is more prevalent in non-rural areas with Glasgow showing the highest prevalence at over 3 per cent of the population. Glasgow was followed by Dundee (2.8 per cent) and Inverclyde (2.6 per cent). The next highest was Renfrewshire at 2.4 per cent.
- 2.4 Problem drug use was found to be much less prevalent in rural areas, with the Islands, Highland and Moray lowest of all. However, Dumfries and Galloway, the location of one of our rural services, has, at 2.4 per cent of the population, as high a prevalence as Renfrewshire.

The Turning Point Scotland Picture

- 2.5 Table 2 below presents some figures from our service user databases and splits the services into those provided in urban and rural areas. It is not possible to give a total of urban service users because, particularly in Glasgow, service users may be in touch with more than one service. This is less likely to be the case with our rural services because of their locations in very different parts of the country.
- 2.6 As the table shows, by far the highest number of service users attend our Glasgow services (Timeout 218, South East Alternatives and particularly the Glasgow Drug Crisis Centre). This reflects both the scale of the issue in Glasgow and the nature of the services – the Drug Crisis Centre is the busiest walk-in centre in Scotland.
- 2.7 Some of our services in urban areas are very specialised, for example, Timeout 218 is a service specifically for women involved in the criminal justice system. As we discuss later in this paper, that level of specialism is difficult to achieve in a more rural environment. As a result, all our services in rural areas provide a range of services under the same roof.
- 2.8 Our biggest rural service, in terms of number of people seen is Big River, with 234 service users in 2003/04. Comparing its figures to the national figures shown at Table 1 suggests that Big River may be in touch with over a third of the estimated 680 problem drug users in the Borders.

Table 2: Users of Turning Point Scotland Services, Urban and Rural Areas: 2003/04

Urban Services	No of Service Users
Timeout 218 *	52
SEA	110
Cactus	171
Chrysalis	60
GDCC	7,000
Integrate **	52
Links	183
Midpoint	18
Rural services	
Northern Horizons	160
Big River	234
Dumfries and Galloway Drug Services	170
Total Rural Services	564

*218 TimeOut opened in December 2003

** Integrate opened in September 2003

- 2.9 Dumfries and Galloway Drugs Services was in contact with 170 service users in 2003/04. As Table 1 shows, Dumfries and Galloway has an unusually high prevalence of problem drug use and our service there has recently expanded from its base in Stranraer to reflect this. The figures for 2004/05 are likely to show an increase in the number of users of Dumfries and Galloway Drug Services.
- 2.10 Northern Horizons, based in Peterhead, was in contact with 160 service users in 2003/04. Aberdeenshire has the lowest prevalence of problem drug use of all the areas we work in.

3 PROVIDING TPS SERVICES IN RURAL AREAS

- 3.1 Working with drug users in rural areas presents very different challenges from those in urban areas. Different challenges imply different responses and Turning Point Scotland's rural services have evolved to meet these challenges.

Confidentiality

- 3.2 One of the most pressing issues is the need to preserve confidentiality. Service users are very visible in small communities. Where and when we see people for one-to-one work needs to be considered carefully. New service users are often anxious about the disclosure of information to GPs, social workers, or family members.

- 3.3 The extent of the challenge of maintaining confidentiality is illustrated by the experience of a senior member of staff in one of our rural services. Not only did she go to school with many of our current service users, but she also lives next door to the mother of one of her service users.
- 3.4 It is essential that staff are aware of these potential conflicts and the fears of service users. All new service users have the confidentiality policy explained verbally and are given copies of both Turning Point Scotland's confidentiality policy and the project's own policy.
- 3.5 In order to assist in preserving service users' confidentiality, it is our experience that it is important to use a range of venues for one-to-one work, particularly during early contact with new service users. This can include generic services, cafes, service users' homes, community halls and local parks. Our three rural services have discreet premises with limited external evidence of what the premises are used for.

Hidden Poverty

- 3.6 Rural towns and villages often mask hidden poverty, hidden homeless and hidden crime beneath a veneer of apparent affluence. This can make it even more difficult for people to approach services for help. There is a sense that should the community know, there will be shame for both the individual and their families.

Poly Drug Use

- 3.7 Poly drug is more widespread in rural areas because of inconsistent supply mechanisms. It is our experience that people will use whatever is available and consequently avoid physical dependencies from using the same drug habitually. However, such drug use is not without significant risks as people use a cocktail of substances that can cause severe medical complications.
- 3.8 We are looking at ways in which we can record information about poly drug use consistently across areas in order to continue to improve our services.

Fewer Services, Limited Access

- 3.9 People living in rural areas do not have the same access to services as people in urban areas. There is far less choice of prescribing, rehabilitation, and other treatment options. In some areas there is no prescribing service and where there is, access to, and quality of the service can be poor. Service users are reliant on the prescribing policies of the addiction consultant or community practitioners. In some areas there is no methadone maintenance service and where there is there can be a long wait for service and limited public transport can make it difficult for potential service users to access the service.

- 3.10 Research evidence shows that keeping in touch with drug services is crucial if service users are to achieve successful outcomes. It becomes increasingly difficult for our rural services to hold people in service if there is no easily accessible prescribing service.
- 3.11 People in rural areas also have limited access to a residential treatment service. Where it does exist, it is often provided in an inappropriate location, such as a general psychiatry ward, or is so far away from the service user's home that it is impossible to sustain family and social relations.

4 THE SERVICES

- 4.1 All of Turning Point Scotland's rural services provide a broad range of services and facilities for service users. Services are based on an assessment of the needs of the individual service user:
- 4.2 Key to all their work is the development of effective partnership arrangements with other local agencies, in particular the local authorities, health services and voluntary sector agencies. Forging these links enables them to provide fully integrated services for their service users.
- 4.3 **Dumfries and Galloway Drug Services** includes Turning Point Stranraer, Annan, and Kirkcudbright. The overall aim of the service is to provide service users and their families or carers with a quality service that brings them into treatment or rehabilitation.
- 4.4 All the services in Dumfries and Galloway offer:
- A crisis intervention service
 - One-to-one support and other psychosocial interventions
 - Relapse prevention strategies
 - An information resource for service users, their families and their carers
 - Individual plans and programmes which may include group work as appropriate
 - Links with local housing providers to ensure that service users can gain access to appropriate tenancies
 - Housing support
 - Support to enable service users to access employment and training opportunities.

Case Study: Dumfries and Galloway Drugs Services

Y's first contact with the project was in 2001 but it was not until September 2004 that she eventually joined the Methadone prescribing clinic. The delay was due to a number of issues: serving a prison sentence at various times each year; being admitted to Crichton Hospital; continued drug use and dealing; an initial deep suspicion of the project, its service users and staff; and a lack of motivation to leave drug use behind and make a positive move forward with her life.

Y was abused sexually when she was five years old. In later life she suffered physical and mental abuse from a violent partner. She first began using illicit drugs at the age of 30, acknowledged one year later that she had a problem and first sought help at the age of 35. Another 2 years passed before she finally reached the prescribing programme.

Her progress since beginning the Methadone Programme has been significant. Her levels of Methadone increased to 50ml per day on which she was stable and as a result certain improvements were noticeable. Her communication skills and confidence improved, her social interaction also improved, her facial features softened and she began to take an interest in her appearance.

She is now able to address past issues and face up to mistakes she has made in her life. She can discuss freely most of the problems she encounters in her daily life.

Y has come a long way and is about to embark on an Open University course to enhance her learning and future prospects.

4.5 In addition to the above, Turning Point Stranraer provides the following harm-reduction services to service users in Wigtownshire:

- substitute prescribing
- needle exchange
- supervised consumption of methadone or other prescribed medication.

4.6 **The Big River Project** has been in operation since 2000. It operates across the Borders with bases in Galashiels, Eyemouth, Kelso and Hawick. Service users can choose to attend a Drop-In at Galashiels, Hawick, Kelso or Eyemouth, or to arrange an appointment with a worker in any community setting in the region. The service currently runs both residential weeks for service users and a variety of community-based activities throughout the year.

- 4.7 Big River's activities include:
- Counselling
 - Advice, information and support,
 - Needle exchange
 - Complementary therapies
- and the service works with:
- SORTID (Stop Offences Related to Illicit Drug Use),
 - Arrest Referral,
 - A Parent and Children Affected by Drug Misuse Programme.
- 4.8 In addition, a Drug Testing and Treatment Orders service is expected to be coming into operation shortly.
- 4.9 **Northern Horizons** is based in Peterhead and covers North Aberdeenshire. Northern Horizons workers also do outreach work to the surrounding area for example, Fraserburgh, Turriff, Banff, MacDuff and Portsoy.
- 4.10 Services on offer include:
- One-to-one counselling
 - Structured groupwork on issues such as harm reduction, offending behaviour, relapse prevention, anger management and self-esteem/confidence building
 - Needle exchange
 - An arrest referral scheme
 - Support to get back into employment, education and training
 - Advice and assistance on issues such as housing, benefits, childcare and social skills
 - Arts and crafts group
 - Leisure and sports activities
- 4.11 A Project Worker based in Banff currently covers the area from Gardenstown to Portsoy offering one-to-one counselling and groupwork.
- 4.12 As the descriptions above make clear, all our rural drug services provide a very wide range of services for drug users under one roof. This highlights again the difference between providing drugs services in rural areas and in urban areas, where highly specialised services are sustainable.
- 4.13 Turning Point Scotland rural services are continuing to learn about how to best serve the communities in which they operate. Our rural services have expanded or added new areas of work to their service over the last year to respond to the changing and varied needs that present in the wide geographical areas they cover.

Turning Point Scotland, 54 Govan Road, Glasgow G51 1JL

Tel: (0141) 427 8200 Fax: (0141) 427 8201

Email: info@turningpointscotland.com Website: www.turningpointscotland.com

Turning Point Scotland is a company limited by guarantee No. 194639 (Scotland)
Registered Office: 7 West George Street, Glasgow G2 1BA Charity No. SC028827