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SOCIAL WORKER IN DRUG DEPENDENCE

Introduction

Appointment: I took up the post of Social Worker in Drug Dependency on 31 March, 1970. This was a new appointment created jointly by the Health Department of the Local Authority and by the United Cambridge Hospitals in response to increased recognition and concern about the misuse of drugs among young people in the area. It was understood at the time of my appointment that I would be in Cambridge for the following 18 months.

Cambridge Scene:

Cambridge provides a quite major centre of illegal distribution of drugs to surrounding towns. Some thousands of emphetamines are brought into Cambridge weekly by well organised "pushers". LSD, cannabis are also fairly readily available. From doctors prescriptions barbiturates and Mandrax also find their way readily to the black market.

Heroin abuse was first recognised in the community in about 1967 when the number of registered addicts rose rapidly from 3 to many more. The Maudsley Addiction Research Centre set up a unit in Cambridge at the time which contacted some 30 to 40 users. A 4 year follow up research programme was set up based in rooms at Essex House in Regent St. which provided an informal drop in centre for addicts. This prospect finished in July 1971. A voluntary organisation, the Cambridge Association for the Prevention of Addiction was set up to help individual addicts and to educate the community. In April 1968 with changes in the law about prescription of heroin the Containment Unit was set up as a special clinic for addicts. The aim of "containment" seems to have had success in that the number of opiate addicts in Cambridge has not increased significantly in the last 3 years.

While there is some drug use among Cambridge University students (a considerable number smoke cannabis) few seem to become social, medical or legal casualties through this and the great majority of young people in difficulties with drugs are Town rather than Gown. More boys than girls seem to have drug problems and the main age range is from 15 to 25.

Scope of Work:

My work has been focussed basically in the following areas which I will discuss in more detail later:-

a) With registered drug users (opiate addicts) and their families both at the Containment Unit in Cambridge and in Newmarket.

b) With other young people misusing drugs: and their families in the Cambridge area.

c) In wider aspects of community social work including co-ordinating, public education, etc.

... cont.

2. Bene't Place

I made my base at the Psychiatric Out-Patient Clinic as although it is a joint appointment organisationally it seemed preferable to have one office. This also facilitated working closely with members of the Psychiatric Staff treating drug users at Bene't Place. With the co-operation of the Staff of the Social Work Department I have been able to make use of their resources although I am not actually part of their establishment.

Local Authority:

From the point of view of the Department of Health, Dr. Tyser Cambridge Medical Officer of Health described my role as "field worker for the Containment Unit". I met the Mental Welfare Officers and other Health Department Staff but did not become an integrated part of the Health Department, in part I feel because of lack of regular meetings which I could have attended.

With the creation of the Social Services Department in April, 1971, my appointment was transferred from the Health Department. I have subsequently met with Miss Watson, Director of the S.Services Department and have discussed my work and ways in which I can fruitfully build up a closer contact with the new Department to facilitate both referrals and consultation.

Containment Unit

Structure:

The Containment Unit Clinic was started in April 1968 when prescription of heroin was restricted to licensed doctors at treatment centres. At the time of my appointment (March 1970) the Clinic was held weekly on Monday evenings between 8 and 9 p.m. at Bene't Place and was staffed by four G.P.s working as Clinical Assistants (Drs. Cole, Emerson, Milne and Roughton), and on a volunteer basis by 3 nursing sisters. Dr. Mitchell is Consultant Psychiatrist in charge of the Unit.

The patients see their doctors weekly or fortnightly at the Containment Unit and are given a supply of needles and syringes. The prescriptions are sent to Mr. Border, Pecks Chemist, Trumpington Street, who dispenses the drugs daily.

From January 1971 the Containment Unit has been held on Tuesday evenings at 5 p.m. and is thus within normal opening hours of Bene't Place. Dr. Cole left Cambridge in August 1971 and will not be replaced at the Containment Unit unless numbers of patients increase considerably. Number attending generally ranges from 14 to 18. The majority are prescribed physeptone as ampoules and/or orally. One or two still remain on heroin.

Social Worker at the Containment Unit:

Referrals of Containment Unit patients have come mostly from the following sources: Mrs. Hutchins, Maudsley Research Worker, members of CAPDA, Bene't Place nursing staff when patients 'drop in', and from within the Containment Unit.

When new patients are referred to the Containment Unit, I have made social assessments if possible before the Containment Unit appointment. I have also prepared a summary of the Containment Unit structure for new patients.

I have found some difficulty in clarifying my position in relation to Containment Unit patients. A number had been in regular contact with a number of professional people over some years (including doctors, probation officers, CAPDA members) and additional Social Work contact seemed superfluous in spite of the continuing problems of the patients. Of those not in contact with other social agencies, some stated quite definitely they did not want social work contact and some tended to see the Containment Unit solely as a source of supply of drugs. Some saw the social worker as part of the Containment Unit and therefore saw her role as assisting them in getting "tomorrow's script today", a role I have generally refused to fulfil. My role was clearer in other liasing functions such as arranging hospitalisation.

It would seem an important therapeutic role could be played by the social worker in the Containment Unit as someone who, while in contact with the patients, is not in the "bargaining" relationship about drugs in which the prescribing doctor is often involved.

...

Work with required addicts

Attendence at Containment Unit:

From September, 1970, I attended the Containment Unit Clinic weekly in an attempt to get to know the patients, even if on a superficial level, as I had known little of the background of those referred to me before that time. This gave me a chance to introduce myself to all the patients and see them informally. It provided a useful further contact with those whom I was seeing at other times and it has facilitated communication with the prescribing doctors. I feel, however, the superficial contact with some of the patients not otherwise known to me is not very useful. A possible future development would be SW participation group discussion although when other patients are in the waiting room this may not be appropriate.

Containment Unit Lunch Meetings:

Lunch-time meetings of prescribing doctors, Dr. Mitchell and myself have been held since December 1970 once a month or once a fortnight to discuss general policy and individual patients.

I prepare a list of patients attending the Containment Unit each month for use at this meeting. Attempts have also been made to prepare a policy statement.

Co-ordination Meeting (see below)

Accident Service - New Addenbrooke's and Stuart Ward, Fulbourn:

In case of loss of prescribed drugs, it has been arranged for Containment Unit patients to be able to receive oral physeptone at Stuart Ward (Monday - Friday to 7 p.m.) or the Accident Service (after 7 p.m. and at weekends). There have been discussions between Mr. Munley at the Accident Service and Dr. Mitchell and myself of those arrangements and I have subsequently maintained informal contact with the nursing staff at the Accident Service to see which patients are using the service and what problems arise from this.

Admissions Unit, Old Addenbrooke's:

A room has been put aside in the Admissions Unit daily from 8.30 a.m. - 10 a.m. for Containment Unit patients to inject their drugs. Problems arise from outsiders using the room and from demands for syringes and occasional disturbances in the unit. I have maintained an informal contact with nursing staff there in case of problems.

Type of Contact:

I tend to see Containment Unit patients at the Containment Unit; also at Bene't Place - this is generally emergency contact or to take social histories; on home visits - both for long term contact and in crises; and in hospital when admitted to Addenbrooke's or Fulbourn. The majority of contacts have been short terms for social assessment, crises intervention and liason. Longer term work involving regular home visits has been built up in some half dozen cases involving 3 married couples, 2 mothers of patients, and one single girl.

Newmarket

Structure of community programme

By the time of my appointment a comprehensive community based organisation had been set up to contain and treat the drug problem which had emerged in Newmarket involving a group of about 20 boys injecting opiates. The deaths of 2 boys late in 1969 and early in 1970 made the town acutely aware of the problem.

The organisation involved the addicted young people being prescribed physepton by their G.P.'s who were within the one practice. The boys also saw Dr. Heron as Consultant Psychiatrist individually at Bene't Place, and attended a monthly group meeting with Dr. Heron, Dr. Walker (one of the Newmarket G.P.'s), Peter Lee (Youth Tutor at Foley House, Newmarket Community Centre). Also at Foley House was held a monthly co-ordination meeting of various people in contact with the drug problem, including G.P.'s, social workers, probation officers, youth workers, President of Newmarket Association for Prevention of Drug Dependence (NAPDD). Soon after my appointment a monthly meeting of parents of boys misusing drugs was initiated, also attended by Dr. Heron, Dr. Walker, Peter Lee and myself.

Over the last 18 months a number of changes have occurred. In the summer of 1970 a group of some 5 or 6 boys who were not previously known, emerged as out of contact drug users injecting a variety of drugs and frequently being admitted to the General Hospital with overdoses. Three of these boys were eventually sent to Borstal. Otherwise there does not seem to have been any spread of drug use in Newmarket from the original group which itself had decreased to about 8 boys being prescribed.

In August 1971 there was a general change in policy about prescription by the G.P.'s, as it was agreed they could not continue prescribing physeptone and it was decided that all prescription would stop in December the boys being cut down by one ampoule a week in the meantime. This decision was discussed in a meeting with the boys. It was decided that if any boy was unable to cope with this reduction, that Dr. Heron should arrange for him to transfer to the Containment Unit for continued prescription.

At the Cp-ordination meeting in September 1971 there was a general shift of concern from drug misuse which is apparently contained to the widespread excessive use of alcohol by young people in the town.

Social Work:

My place in the team has involved participation in boys, parents, and co-ordination meetings as well as individual and family casework and more general liason. I received referrals generally from Dr. Heron and in most cases worked with the families while he saw the young people. On a number of occasions we had joint family meetings. I had individual contact with some of the boys, on an informal basis when they called in at Bene't Place, and in connection with admission and planned admission to Fulbourn. Over the last year, 3 or 4 of the boys have married, so family casework involves working with wives as well as parents. Continuing liason with G.P.'s and Probation Officers has been particularly relevant.

Parents Meetings:

Seven parents meetings were held in 1970 and 4 to date this year. Numbers attending have ranged from 2 to 6 parents per meeting, the average number being 4. One or both parents of 6 of the boys have attended these meetings. Participants have often expressed disappointment about small number attending but I do feel that the meetings have been very valuable in allowing parents to express and share their considerable anxieties about their sons' drug use. These meetings I imagine would continue.

Boys Meetings:

Seven meetings of the drug users were held last year, but at the end of that time it was decided that meetings would not continue regularly but be called as the need arose.

Non-Registered Drug Users:

My contact with young drug users who are not receiving drugs legally on prescription is much more unstructured than with registered addicts, and of course involves a potentially very large number of people. While the continued prescription of drugs provides a very strong course of motivation for registered addicts to maintain contact with the prescribing team, this motivation is not present for other drug users, whose referral generally involves either external pressure or a crisis situation. In my first year, approximately half of the young people I saw were registered addicts.

A wide spectrum of problems is encountered in this group, ranging from parents concerned lest their offspring may experiment with cannabis, to very disturbed young people injecting a variety of drugs, to delinquent amphetamine addicts, a number of whom take twenty or more pills daily. Amphetamine users often come to the psychiatric service when they feel threatened by the police or hope for prescriptions. Amphetamines seem most generally used among 15 to 20 year olds to give them a feeling of self-confidence and also because 'there is nothing else to do'. A number of referrals were received of polydrug users, who injected opiates, emphetamines and barbiturates depending on availability. These patients often raise the problem of whether they should become registered and be prescribed opiates, which they are not 'physically' dependent on in an attempt to alter their chaotic life styles. LSD presented a number of occasions as the main drug of use and some patients referred were suffering from disorientation some time after their last trip. Cannabis is widely used but seldom a presenting problem, except as defined by parents or community.

In general, my work has been concerned with young people using drugs illicitly or who are registered as addicts. In Cambridge, these form a number of subgroups, though with some overlap, and drug taking has definite social connotations. I have had only one or two referrals of the middle aged person who is addicted to barbiturates, generally acquired from prescription, although this is a numerically large group.

Referrals of non-registered drug users have come from a wide variety of sources, many community based (see appendix). Often a crisis precipitates referral, for example, admission to hospital with an overdose, as drug use in itself is often not defined as a problem by young people. As drug misuse is generally symptomatic of underlying problems it is often relevant to focus on these rather on drug use, which led to referral. It is in this reppect that family casework seems so relevant. Some educative information about drugs is often also useful within families. At times, drug use causes so many problems in itself that it is not possible to look at underlying difficulties until the young person has achieved some stability in relation to drug taking.

Work in the Wider Community:

Apart from individual and family casework the position of social worker in drug dependence seems to allow excellent opportunities for liaison, co-ordination and education functions in the wider community.

Some aspects of community work have already been mentioned. In connection with the Containment Unit, liaison with Accident Service, Admissions Unit, Research workers, the Probation Service and other treatment centres has been important.

In Newmarket, there has also been liaison with GPs, Probation Service and participation in regular co-ordination meetings. I have attended discussion meetings arranged for local teachers by the Newmarket Association for the Prevention of Drug Addiction. I have also had some contact with the Newmarket press in reference to the drug treatment programme.

The Co-ordination Meeting held monthly in Cambridge has been a useful meeting place for a number of professional people in contact with local drug use. Participants include County Medical Officer for Health, Health Education Officer, youth leaders, psychiatrists, Containment Unit doctors, pharmicist, educationalists, C.A.P.D.A. representative, research worker, nursing sister, probation officer and myself. The meeting is chaired alternately by Dr. Mitchell and Dr. Heron, and I have been minute secretary.

Cambridge Association for the Prevention of Drug Addiction. Contact with CAPDA has taken a number of forms, and has been an important link in the community. CAPDA is a voluntary organisation started some four years ago in Cambridge in response to concern about the drug problems of the town, the focus originally being on heroin users. At times CAPDA members have been able to offer help to individual drug users, financial help, social contacts, transport to rehabilitation units, hospital visiting, etc., and I have been able to refer people to CAPDA members and they to me. For some time, a group of drug users met, led by Rev. Bill Lintock under the auspices of CAPDA, but this had ceased to function by 1970. There have been two groups of parents of drug users run by CAPDA members. One led by CAPDA Chairman, Mrs. Hilary Nelson, and Dr. David Emerson, continues meeting monthly. In October, 1970, a wider meeting of parents was arranged and from it, a new supportive group of parents formed which met a couple of times. I have attended parents groups occasionally. CAPDA have also sponsored a series of public meetings on topics relating to drugs and young people. These meetings have been held each winter.

In 1969, there was felt to be a need for rehabilitation hostel for addicts in Cambridge, and CAPDA started an appeal with this in mind. However, as the situation had changed, the need becoming less, the project was dropped after a meeting with the Medical Advisory Committee in April, 1970. From this time, CAPDA has sought to widen its area of concern from opiate users to young people at risk. Two further projects have developed over the last year, both of which I have had some involvement with.

a) Youth Project. I was a member of the sub-committee formed to look into possible facilities for unattached young people in Cambridge. The sub-committee met between November, 1970 and May, 1971, and members visited various youth projects in other areas, and carried out a brief survey of attitudes of over 100 young people in Cambridge. I visited, among other places, the 3C's coffee bar, Norwich, the Hoxton Club, Hoxton, London, and the Young People's Counselling Service at the Tavistock. The recommendations involving need for a detached worker and possible coffee bar discotheque with trained youth workers are currently being prepared by Dr. Heron and Mrs. Anna Newton.

b) CAPDA Information Service. I was also a member of a sub-committee formed in October, 1970, to set up a drug information service. After a number of planning meetings, the service was started in March, 1971, at the St. Columba's Centre. The service aimed to provide a 'drop in' centre for information about drugs and referral to appropriate sources of help, and was thought it might fulfill a need for parents and young people experimenting with drugs, rather than for 'addicts', as a number of such enquiries were received by CAPDA members. The

service has been manned by eight volunteers, two spending from 7.30 to 9.30 p.m. each Monday night at St. Columbas. The service has been advertised by posters, in the personal column of the local newspaper, and there has been an article in the local press. Mrs. Mavis Middleton is chairman of the service, and I have attended the monthly meetings of the volunteers, which have been both training sessions about drugs and interviewing, and have been organisational. Mrs. Middleton circulates rosters and minutes to volunteers. Miss Catherine Whitehead, Warden of St. Columbas, also attends the meetings. There has been some concern at lack of response to the service, as in the first six months, only five enquiries were received. However, this is evidently the experience of early days at similar services in other parts of the country, and the volunteers decided to continue to run the service after a review meeting in September. Continued social work support to the volunteers in training and consultative capacity seems relevant.

Work in the Wider Community (cont'd)

Contact with Social Agencies

I have made a number of visits to various social agencies in Cambridge, both voluntary and local authority. The purpose was twofold. I felt it was important for my own experience to meet the people involved in various services and to learn of their scope and activities. I also felt it was important to make known the establishment of the position of social worker in drug dependence, to discuss both my views, and the view of those I visited, of the local drug problems and to open the way for referrals of drug problems to me. Local authority personnel I visited include in the health department, the County Medical Officer of Health, the then mental welfare officers, health education officers and district nurses and health visitors. I had limited contact with school medical officers. I met staff of the Children Department. In the Education Department of County and City, I met Chief Education officers, youth leaders, and educational welfare officers. I visited a number of secondary schools and village colleges. I also met housing welfare officers, had phone contact with Careers Advisory Service, and disablement resettlement officers. I visited police (drug squad), and probation service. Other organisations and people visited include Cyrene community, CAB, Cambridge Association for Social Welfare, Marriage Guidance, University Medical Counselling Service, Technical College social supervisor, Samaritans, St. Columba's.

Training and Public Education.

I have been asked to participate in a variety of meetings in my professiona role as social worker in drug dependence. These have included speaking to groups of youth leaders, district nurses and health visitors, a PTA group, a newly forming APA group at Swaffham, and a class at a village college. I have also been interviewed for a couple of articles in the local press, for one in a medical paper 'Pulse', and for local radio. I have felt a number of these meetings have been quite valuable. However, I did not feel my 'expertise' to lie in the field of edudation within schools or in the field of speaking at large groups. I, personally, prefer speaking to small groups in which discussion plays a larger part.

Conferences.

I had the opportunity to attend a number of conferences and meetings which I found quite educative. These include an APA workshop on drug treatment in London, a meeting of people concerned in drug rehabilitation held at St. Annes, Soho, a day conference on LSD held at 3C's Coffee bar, Norwich, a five-day International conference on alcoholism and addiction, held in Cardiff, and a number of meetings of social workers in London drug dependence units held in Dean's Yard, Westminster.

Other Meetings:

I have participated in regular meetings, not specifically concerned with drugs, within the psychiatric service. These have included professional staff education sessions at Fulbourn Hospital, the psychiatric social work staff meeting, a group concerned with exploring aspects of family therapy through role play, and a sensitivity training group.

Comments:

- The concept of social worker in drug dependence has advantages and disadvantages. The label could tend to lead to focus on the drug rather than the young person's underlying problems, focus by both worker and client. Also this specialised post runs against the trend of the Seebohn re-organisation of social work. On the other hand, the specialised position is important as a focus which facilitates liaison and co-ordination among the 'non-specialist' people in contact with drug problems throughout the community. Coming in contact with a large number of young people using drugs enables the building up of a more complete picture of drug use in Cambridge than seeing just a few drug users, and this is important in seeing trends in drug use in the area in terms of community strategy for containment. It also is important in working with individual young people misusing drugs as many of them know each other well and contact can be maintained with some through their friends and also the importance of the social context is very obvious.

- My strongest identification has been with the psychiatric service, and my contact with the local authority has been more casual. I feel with the establishment of the social services department that more regular contact is more feasible and certainly desirable to facilitate referrals and consultations in both directions.

- Being based in the psychiatric service has had considerable influence on my work and some two thirds of my referrals have come from within the service. Approximately 85% of my clients have also been seen by a psychiatrist. There is, however, considerable room for improvement in liaison within the service, particularly in referral of non-suicidal overdose patients and patients at Fulbourn Hospital, who have drug problems.

- In the community, I feel further contact with individual GPs would be relevant. This has been most developed in Newmarket.

- I have visited the head teachers of some Cambridge schools, but feel that in general schools are at present likely to try to deal with drug problems within the school rather than referring them outside. Further contact with School Medical Officers could be useful in this area.

- Almost one third of my clients have had contact with the probation service and I have worked quite closely with a number of probation officers. However, there at times seems to be considerable overlap of our roles and this seems a relevant topic for continuing discussion. In part, my role in relationship to the probation service has been as a link with the psychiatric service.

- I have felt group work with parents of drug users, in my somewhat limited experience of it, has a very real value in breaking the isolation parents feel because of the stigma of having an 'addict' in the family, and in providing mutual support in the living with the often difficult and self-destructive behaviour of their offspring, who are involved in a scene quite outside their parents' own experience. The Newmarket parents group seems to have almost outlived its use, but I feel the formation of further groups should always be a possibility. It could be noted that the young drug users often dislike the thought of their parents talking about them 'in public' but to me, the parents have a right to, and a need for, help with their own anxieties, guilt and feelings of failure, rejection, etc. For these reasons as well as others, I also feel a focus on family casework is often invaluable.

- While working within the structure of the psychiatric service, I have tried to make myself available to referrals in as unstructured a way as possible, encouraging referrals from all sources. I am often able to see people who call in without appointments. As keeping definite appointment times is quite alien to the way of lifeof many young people with drug problems, this flexibility has enabled me to maintain contact with people who would otherwise have been put off by the 'bureaucratic' structure. A further development along these lines in part unintentional, has been the contact I have had with my clients as I have seen them on the Market Place or in pubs such as the Bun Shop. I have been able to maintain an informal contact in these settings with people who may have

been referred to me in the first place at Bene't Place, but do not see themselves as psychiatric patients or for other reasons do not continue to come to the psychiatric setting. I feel this 'semi-detached' work could usefully be further developed.

J. Taylor
Social Worker in
Drug Dependency.

APPENDIX

Social Worker in Drug Dependence-
Statistics over 18 months: April 1970 - September, 1971.

(1) New patients and appointments:

(6-month Periods)	New patients	Bene't Place & Hosp. Interviews	Home Visits	Meetings	Other Visits
April, 1970 to September, 1970	38	38	95	44	31
October, 1970 to March, 1971	39	135	117	87	39
April, 1971 to September, 1971	33	149	150	82	70
TOTAL	110	322	362	213	140

- Regular meetings include co-ordination meetings, Containment Unit Doctors' meetings, PSW meetings, CAPDA Information Service meetings, Newmarket parents' and boys groups, etc.
- Other visits include liaison with Accident Service, Admissions Unit, etc. and visits to other agencies, e.g. C.A.B., Student Counselling Service.

(2) Description of Patients: ('Patient' is defined as the person with presenting drug problem, even when family members, rather than drug user, are seen.)

Sex: male 84
female 26.

Age: range 15-50
96/110 aged 16-24 inclusive.

Main drugs used:	
prescribed opiates	41
intravenous use of drugs-not prescribed	12
amphetamines	31
LSD	10
cannabis	6
barbiturates	1
other and unknown	9
	110

Attending Containment Unit: 31
Living in Newmarket : 16

Family members seen:	
Patient only :	46
Patient and one parent:	17
Patient and twoparents:	26
Patient and spouse :	9
Patient, spouse and parents :	6
Parents only :	6
	110

(3) Sources of Referral of Patients seen:

Hospital based:

Psychiatric	:	38
Containment Unit	:	25
Overdose	:	5
Other	:	9
		77

Community based:

GPs.	:	5
Probation Service	:	5
Police	:	4
CAPDA	:	4
Maudsley Research Unit	:	3
Samaritans	:	3
Youth Leaders	:	2
Solicitor	:	1
Minister	:	1
Friend	:	1
CAB	:	1
Social worker	:	1
Homerton	:	1
		33

Patients seen by social worker, but not by psychiatrist : 17