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An investigation of the community impact of a Medically Supervised Injectable Maintenance Clinic

Background
The social problems associated with alcohol and other drug (AOD) use affect the wider community in a myriad of ways and often play a major role in the provision of services to the client group. One of the major issues facing those providing services to AOD users (current or ex-) is the community backlash when such services are proposed within a local community. Such backlash is often lumped under the banner of NIMBYism (Not In My Back Yard). However, whilst some of these reactions come about because of ignorance and / or fear, there are also many instances where local residents do genuinely suffer because of the provision of drug services in their neighbourhood. Anecdotally, many AOD services face some form of community opposition and on occasion this has led to either existing services being closed or proposed services never opening. In the end this means a reduced level of service provision for both drug users and the community. This may lead to a consequent increase in the levels of harm observed. This phenomenon can apply in the context of clinical trials, harm reduction services and even traditional abstinence-based treatment services.

Most of the literature surrounding the efficacy and impact of drug treatment interventions revolves around clinical outcomes for patients or gross crime figures. In many ways this is unsatisfactory, as the health of a community is multi-faceted and impacts directly on each of its inhabitants. Recent sociological and anthropological work has demonstrated the importance of community setting and well-being in terms of on-going management of drug-related harm.

This study documents the impact on local communities of South London (Camberwell) of a Medically Supervised Injectable Maintenance Clinic (MSIMC), implemented as part of a trial into the efficacy of the provision of injectable heroin and methadone versus oral methadone. It also documents the expectations, fears and experiences of the local community using qualitative methods.

The opportunity
The commencement of the MSIMC offers a unique opportunity to investigate this very complex and important element of the implementation of drug services in a community setting. While most drug services are controversial within local community settings, a service which provides injectable heroin is undoubtedly more unpalatable to the community than most. This trial offers the unique opportunity of documenting and contrasting the expectations and experiences of the local communities where this trial is being implemented.

The randomised controlled trial (RCT) model of the main trial also means that findings can legitimately be compared to the current service provision context.

International context
Internationally, there have been a number of relevant proposed and actual clinical trials which are relevant to the proposed trial. Previous programs have been conducted in: Switzerland, the Netherlands, Spain, Germany and most recently Canada. In addition to prescription heroin trials, there are also Drug Consumption Rooms (DCRs) running in Germany, Australia and Canada. None of these programs have yet published comprehensive community impact evaluations, although some noted a number of relevant variables. For example the Swiss prescription heroin trials reported that both the number of offenders and the number of criminal offences decreased by about 60% during the first six months of treatment (according to information obtained directly from the patients and from police records). It was also reported that income from illegal and semi-legal activities decreased from 59% of individuals’ total income originally to 10%. It was noted that “No disturbance of note was caused to the local neighbourhoods, or if so only temporarily”. However, whilst it has been assumed that these findings mean that there was little or no impact on the local community, this was not demonstrated definitively.

One example of how community responses to drug problems can affect the implementation of drug services was seen in Melbourne, Australia where the proposed
implementation of five DCRs throughout the city was ceased by the government following a sustained campaign by a number of community lobby groups and media outlets. The local Victorian State Government proposed the introduction of these DCRs, following the recommendations of a number of major independent reports and Royal Commissions. However, once the Government outlined its plans to implement these DCRs, there was outcry from community groups in two of the proposed areas and following a protracted community consultation process, the proposed DCRs were abandoned. Unfortunately documentation of this series of events was poor and valuable lessons have been lost.

The clinical trial
“We recommend that a proper evaluation is conducted of diamorphine prescribing for heroin addiction in the UK, with a view to discovering its effectiveness on a range of health and social indicators, and its cost effectiveness as compared with methadone prescribing regimes.” (Paragraph 178, House of Commons Home Affairs Committee, 2002)

The Randomised Injectable Opioids Treatment Trial (RIOTT) is a prospective, open-label randomised controlled trial. Eligible patients (in oral substitution treatment and injecting illicit heroin on a regular basis) are randomised to one of three conditions: (1) enhanced oral methadone treatment (control group); (2) injected methadone treatment; or (3) injected heroin treatment. Subjects in injectable arms of the study self-administer doses up to twice daily in a supervised injecting clinic located in South London. The clinical trial examines the role of treatment with injected opioids (methadone and heroin) for the management of heroin dependence in patients not responding to conventional substitution treatment. Specifically, the study explores whether efforts should concentrate on optimising conventional treatment for such patients (e.g., ensuring regular attendance, supervised dosing, high doses), or whether such patients should be treated with injected methadone or injected heroin.

Subjects are followed up for six months, with between-group comparisons made on an intention-to-treat basis across a range of outcome measures, including drug use, injecting practices, psychosocial functioning, criminality, treatment retention and incremental cost effectiveness. The primary research site is Marina House, a service run by the South London and Maudsley NHS Trust in Camberwell. Stages two and three of the RIOTT are being conducted in Darlington and Brighton. However, no measures of community impact are being collected at these sites. The study was proposed as a multi-site trial, with 50 patients in each group, 150 in total. At the end of data collection for the community impact study, 35 drug users had participated in the RIOTT in London.

The local context
Camberwell is bounded by Brixton to the west, Peckham to the east, Walworth to the north and Dulwich to the south. It had an estimated resident population of 51,267 in 2006, with approximately 52% female. Camberwell had more than twice the national average of children living on benefits in 2006.

Camberwell has a long history of AOD problems at a street level. There are a number of factors which have contributed to problems experienced in Camberwell. These are outlined below.

Historical factors
The history of Camberwell as the former site of the Camberwell Resettlement Unit (the Spike), its subsequent closure, and the ensuing array of rehousing difficulties factor both into the establishment of Camberwell as a major node for the homeless and into the enduring difficulties faced by poorly placed members of this group.

Social factors
Street drinkers possess a number of social and economic problems of which their drinking behaviour is a major manifestation. The social isolation arising from such disadvantage fosters the development and maintenance of public drinking schools, which serve vital social support functions for this group.

Environmental factors
Three elements of the Camberwell environment make it one which fosters the public presence, behaviour and persistence of street drinkers and other vulnerable people:
1. The concentration and practices of several service providers which service this group
2. The existence of several open public parks having no specific use and the corresponding lack of alternative open space
3. The existence and practices of a large number of off-licences in the area
Street drinkers and other vulnerable persons can have a significant impact on the Camberwell area. They do so in six major ways: 1) they cause damage to public property, 2) they discourage use of public parks, 3) they hassle traders, 4) they panhandle and attempt shoplifting, 5) they contribute to local safety fears and general discomfort, and 6) they create public disorder. Not all street drinkers engage in the above-listed practices nor do street drinkers represent the sole group engaged in such activities in Camberwell. Despite their contribution to local fears over safety, street drinkers and other vulnerable people are more likely to be victims than perpetrators of violent crime.

During 2002 and 2003, the size of street drinking groups increased significantly as did the levels of anti-social behaviour they were engaging in. It is believed locally that the increase in anti-social behaviour amongst street drinkers was the influence of Marina House and an influx of clients who were using this service and socialising with the other clients in the Camberwell area. This increase in the street presence of street drinkers also coincides with the closure of the open access day centre at St Giles Trust in 2001 that was used by street drinkers five days a week. This service had been open as an open access day centre for six years in that location. It was used by 80 – 90 people a day. In 2001, it became more outcomes-focused with clients requiring an assessment to determine their need before the project was able to work with them. For some clients this caused unrest and displacement on to the streets of Camberwell. In January 2005, the day centre closed completely.

There was considerable concern from tenants’ associations, Camberwell Traders Association, Camberwell Community Council and Community Forum. In early 2003 a Street Drinkers Services Co-ordinator (SDSC) post was established. This post holder facilitated discussion of possible solutions with street users, local agencies and local groups.

The result of this post was the Camberwell Street Drinking Initiative and its operations forum – the Camberwell Street Population Forum (CSPF). The Camberwell Street Drinking Initiative was composed of two distinct forums: the Strategic Forum and the Operations Forum.

The Strategic Forum was established to meet on a monthly basis. This operated at a management level to provide direction to the front line staff in terms of the action planning process and the overall strategy of the Camberwell Street Drinking Intervention. The membership was composed of representatives from: the Primary Care Trust (PCT), local community, council legislative, voluntary sector, Southwark Council, police, South London and Maudsley NHS Trust (SLaM) and local traders.

The Operations Forum was established to support and inform front line workers and to establish clear communication pathways between front line workers. This forum met bi-monthly. Workers discussed individual cases, strategies for working with clients, and the implications of any strategic decisions made. The membership was composed of representatives from: the Community Safety Partnership Team, the Safer Neighbourhood Policing Team, St Giles Trust and SLaM / Marina House.

Between November 2003 and June 2004, the St Giles Trust Camberwell Street Users Outreach Service engaged with 150 clients. Of this number, 34 were identified as being regularly seen on the street in Camberwell and as the core group of street drinkers in the area. The Safer Neighbourhood Team was able to take this mapping further using their enforcement powers. Using police surveillance powers and methods, the Safer Neighbourhood Team photographed street drinkers for the purpose of intelligence gathering. The police photographed a number of street drinkers over the course of a three month period, informing clients wherever possible of the reasons for the photographs. From these photographs, the Operations Forum was able to identify and name a Camberwell street drinking population of 150 individuals.

The Operations Forum began to enact strategies to reduce anti-social behaviour. This was defined as including the following behaviours: congregating in groups; threatening and intimidating behaviour; swearing; begging; urinating in public; defecating in public; spitting; fighting; obstructing walkways or public pavements; using offensive or abusive language; committing assault, criminal damage or theft; using and dealing illegal drugs, and; inciting anyone else to engage in the above behaviours. The Forum, through Marina House staff, also changed the prescriptions of some clients to coincide with other interventions. Marina House introduced an 'acceptable behaviour contract'
for their service users. This requires clients to agree to not engage in unacceptable behaviour within the Camberwell area. Increased outreach tenancy support was also supplied by St Giles Trust.

The next stage identified by the partnership was to use Acceptable Behaviour Contracts (ABCs) with street drinkers who were still congregating in the area. ABCs are not legally binding but they do provide the opportunity to highlight to the individuals they are served on the behaviour they are engaging in that is not acceptable to the local services and community. It was felt that ABCs could be useful tools to impact on the behaviour of the street drinkers.

A clear and objective protocol for implementing the ABC process was established. Support services were in place before ABCs were used. Decisions were made at the Operations Forum every two weeks. At each meeting individuals who had come to the police’s attention for committing anti-social behaviour four or more times in the preceding four weeks would be offered an ABC. Before this process was implemented there was a three week grace period. This enabled the service providers – Marina House and St Giles Trust to talk to clients about the ABC process, to show them the ABC document and to explain the consequences of breaching the ABC. It also allowed time for this to be explained to staff in these services. Key workers were encouraged to explore strategies with clients of how they could adhere to their ABCs if these were imposed (this may have included supporting accommodation issues, etc.). The protocol for Anti-Social Behaviour Orders (ASBOs) mirrored that of the ABCs. If any individual breached their ABC more than four times in four weeks, that individual would be referred for an ASBO.

Each step in this process was documented in Operations Forum records. These records have been kept and form the basis of the Camberwell Street Population Forum data presented below.

Methods

A flexible and reflective study methodology was adopted. The methodology is based on the concept of ’triangulation’, which has found that the use of three or more distinct data sources provides the best possible description of a social phenomenon. This methodology has been extensively validated in social research settings.

The study design incorporated a blend of epidemiological and social research methodologies in order to gather data from three complementary data sources: crime statistics; key informants from the local community, health and law enforcement sectors, and council employees and; data from the Camberwell Street Population Forum (CSPF) (documenting individual level data such as criminal offences, ASBOs, and public disorder offences).

Data sources

The research was conducted in two stages over a two and a half year period commencing in July 2005. These were: pre-trial key informant interviews; two year follow-up in-depth key informant interviews; and analysis of secondary indicator data.

Key informant interviews

Pre-Trial

Key informant interviews were conducted with 22 selected individuals interested in the local community for the purpose of developing and prioritising the study research questions, and to inform the development of the in-depth key informant interview schedule. Stage One key informant interviews focused on participant experiences and perceptions of the current context in Camberwell or the existing local provision of substance use services.

Twenty-one key informants took part in the study:

9 lived in the vicinity of Marina House (i.e., in the surrounding streets)
2 worked in and / or owned local businesses
2 local politicians
4 worked in local government agencies
3 worked in local health and social care organisations
9 belonged to local community groups (SE5 Forum, Camberwell Society, and / or Grove Lane Residents Association)
2 officers from the Camberwell Green Safer Neighbourhood Team
One key informant worked for the local Drug and Alcohol Action Team

All participants were interviewed face-to-face (19 at or near their place of work; 2 in their home). Interviews were conducted between May and October 2005. Each participant was asked: How they learned about the trial and what they thought it involves How the trial compares to other local issues What impact they thought would have on the local community in terms of crime, anti-social behaviour (drug problems / trading, street drinking, public intoxication), street cleanliness, and trade
Did they have other concerns about the trial?
What benefits did they envisage from the trial?
What issues they had experienced in relation to drug users in the past month?
What they would like to see happen?
Whether they had any additional comments?

To suggest other key informants.

Two Year Follow-Up In-Depth Key Informant Interviews

Forty key informants took part in the follow-up in-depth key informant interviews:
13 lived in the vicinity of Marina House (i.e., in the surrounding streets)
8 worked in and / or own local businesses (5 worked in local shops; 1 in a restaurant; 1 owned a public house; 1 owned and worked in a property development business)
2 local politicians
3 worked in local government agencies
7 worked (1 formerly) in local health and social care organisations
9 belonged to local community groups (SE5 Forum, Camberwell Society, and / or Grove Lane Residents Association)
7 officers (6 current; 1 former) from the Camberwell Green Safer Neighbourhood Team
6 local community wardens

Thirty-four participants were interviewed face-to-face (30 at or near their place of work; 2 at their home; 2 at the Addiction Sciences Building, National Addiction Centre), six by telephone. Interviews were conducted from 1st April to 14th August 2007. The interview schedule for this arm of the study was developed from the pre-trial key informant interviews study.

Each participant was asked:

How they learned about the trial and what they thought it involves.
How the trial compares to other local issues.
What impact they thought it has on the local community in terms of crime, anti-social behaviour (drug problems / trading, street drinking, public intoxication), street cleanliness, and trade.
Did they have other concerns about the trial?
What benefits did they envisage from the trial?
What issues they had experienced in relation to drug users since the start of the trial?
What they would like to see happen?
Whether they had any additional comments?

To suggest other key informants.

Crime Statistics

Crime statistics for the Borough of Southwark and the Ward of Camberwell Green were accessed from the Metropolitan Police’s crime statistics website (http://www.met.police.uk/crimestatistics/index.htm). Data was collated in Microsoft Excel and analysed using SPSS.

Crime statistics are reported for the Borough of Southwark between November 2004 and November 2006. The earliest data available for the Ward of Camberwell Green is for January 2005. The Metropolitan Police Service publishes detailed figures for the numbers of crimes reported within its operational area and the numbers of cases that are successfully cleared up.

It was decided to report ‘offences’ in this study as the most relevant statistic to demonstrate the impact on the local community. ‘Offences’ are confirmed reports of crimes being committed. All data relates to ‘notifiable offences’, which are designated categories of crimes that all police forces in England and Wales are required to report to the Home Office.

Camberwell Street
Population Forum Data

Paper records from every fortnightly Camberwell Street Population Forum (CSPF) meeting between 12/11/2004 and 08/09/2006 were kept. These records were entered into a Microsoft Access database. Data was subsequently analysed using Microsoft Excel and SPSS.

Fields recorded for each individual appearing on CSPF records included: demographic details; whether or not they were Marina House clients or RIOTT participants; date of first mention; date last mention; date commenced trial, if applicable; date finished trial; whether they had received an ABC or ASBO, and if so, when.

Fields recorded for each meeting record on CSPF records included: date of meeting; individual housing status at meeting date; borough of residence; the number of times they had been sighted / reported in the past fortnight; whether they were SLaM clients; street activity / behaviours observed; whether their photograph was held; whether they had attended the wet centre; whether they had been arrested in the past fortnight; which area they were observed in; the nature of the report; suggestions from the report; agencies mentioned in the report; drugs mentioned in the report; agency referred to; other services / care plan; any other outcome details; whether an ABC or ASBO was added; whether further intervention was required from SLaM, St Giles or the police.
Results
At the end of data collection for this study, 35 subjects had participated in the RIOTT over two years. The MSIMC commenced treating five patients on the 3rd October 2005. Pre-Trial Key Informant Interviews - summary of key themes
A total of 22 individuals were interviewed prior to the RIOTT commencing. Key informants reported that they had mostly heard about the RIOTT through: newspapers (n=6), other community members (n=2), community disclosure process at work (Camberwell Strategic Meeting, n=6) and through work contacts (NHS or other government employees, n=6). Table 1 reports the major concerns of key informants prior to the RIOTT commencing. The most common concern raised by key informants was that the RIOTT would have a ‘honey-pot effect’ or would result in an increase in the number of drug users coming to the area. More specifically, key informants were concerned that the twice-daily visits of the RIOTT subjects to the clinic would result in many more people hanging around the streets. This was closely followed by concerns around associated increases in crime, most particularly burglary and theft. Two key informants felt that the provision of a ‘chill-out zone’ for clients was necessary.

Key informants also reported that a lack of community consultation (also described as ‘secrecy’) by SLaM was a major problem. Key informants said that they believed SLaM had deliberately avoided informing the community about the forthcoming trial and that this undermined community trust in the institution. It was further reported that this undermined any confidence in the possible benefits associated with the trial. One key informant also expressed concern about increased drug dealing in the area and was worried that the knowledge of drugs being stored in the facility would lead to burglary. Other concerns included: increase in injecting litter (n=2); drain on public transport (n=1); safety for local residents (n=1) and; the treating of the community as a ‘guinea pig’ (n=2).

In general, key informants did not believe that the RIOTT would have any substantial benefits for the local community. Only workers from associated services Prior to the start of the RIOTT, these key informants reported experiencing few specific issues in relation to drug users (not street drinkers) in the past month. The most common issue reported (n=2) was a ‘small bit of injecting litter’. These key informants were understandably unable to give specific details about how commonly this occurred or how many needles were involved. One key informant also reported ‘one or two’ instances of public injecting.

What would residents like to see happen
Most non-service provider key informants reported that they would like to see better information given to the community. Other issues included: better control over patients; provision of a ‘chill-out area’, ensuring that clients hanging around is not a problem and; regular community dialogue and feedback.

One of the major points raised by local residents was that they felt that they had no control over what was happening in their neighbourhood. They also felt that Marina House and statutory bodies had a similar lack of control and that if it was clear that there were people who were responsible, accountable and dealing with the issues they faced, they would be happy for someone else to have control.

Two Year Follow-Up In-Depth Key Informant Interviews - summary of key themes
All of the people interviewed in the pre-trial phase of this study participated in the follow-up interviews.

Awareness of the trial
When asked where they had heard about the RIOTT, 13...
of 36 people who responded said that they were previously unaware of the trial. These included the majority of both the local Camberwell Green Safer Neighbourhood Police Team and the local community wardens. It might be noted that the members of both teams who were not aware of the trial had come into post after it had started. Two people reported knowledge of the trial only after it had started; twenty-one learned of the trial before it started. Some of these latter were directly or indirectly involved with the trial or worked in local services and had learned of the trial through work or colleagues. Some learned of the RIOTT at a community group meeting or from a group member in a less formal context. Others however reported that they had heard of the RIOTT only incidentally, ‘second hand’ or ‘by accident’.

Concerns about the trial
The majority of service providers (working for health and social care organisations, the police and community wardens) reported no or few concerns about the trial specifically. Some of those living in the close vicinity of Marina House and community group members voiced a number of concerns. Key among these is the issue of the security of drugs stored at Marina House, that the trial would bring more clients into the local area, and that clients would remain in the area between doses, behaving anti-socially.

Perceived benefits of the trial
Some key informants discussed the potential benefit of the trial to clients and to the community. Nearly all key informants who commented saw the trial as beneficial to the clients involved. Some saw the provision of injectables and / or injectable heroin specifically as a way of helping clients toward abstinence; others as a way of enabling them to lead healthier, non-criminal lives. Some of those who commented saw the benefits of the trial as entirely to the clients. Others however thought that the community would benefit because clients were injecting in the clinic rather than on the street thereby reducing the risk of injecting waste, by reducing the diversion of drugs, and by reducing the incidence of crime committed to buy drugs.

Introduction of and initial reaction to the trial
Key informants recalled how the community’s reaction to the forthcoming trial had been primarily one of concern and in some instances outright opposition, the most obvious expression of which was the organisation of a petition signed by more than one thousand people. This reaction was seen as warranted given the local situation into which the RIOTT was introduced.

The first key feature of this situation was the number of existing services in Camberwell, such that many residents perceived Camberwell as ‘inundated’ with services. The second was the street population / drinking problem and its relationship with Marina House. Key informants mentioned the following anti-social behaviours in relation to the street population: congregating in groups and ‘taking over’ public spaces and amenities, abusive language, drinking and using drugs publicly, urinating and defecating publicly, littering, begging, shoplifting, opportunist crime, sex working, trading drugs, and violence among themselves.

Several key informants described this situation as being compounded by a lack of adequate information about the trial. As with certain of the concerns voiced about the trial, it was felt that some people’s reactions were based on a misunderstanding of what the trial would involve. It was acknowledged, for example, that many people were unaware that Marina House require their clients to leave the area between treatments and were also unaware of the relatively small number of clients who would be recruited onto the trial. With regard the presentations at community meetings by representatives of the trial, a significant number of key informants were critical that these failed to engage with local concerns. The lack of community consultation was also raised as an important issue. Conversely, all those who commented praised the subsequent appointment and the work of the Marina House Community Link Worker.

Reaction to the trial now
A handful of key informants believed that the local community had now largely forgotten about the trial. The three key concerns currently were said to be street drinking and anti-social behaviour, alcohol licensing, and young people and violence.

The impact of the trial on the local community
Very few key informants reported either a positive or a negative effect on the local community that could be attributed to the trial specifically. Some suggested that an increase in crime might be expected on account of the additional clients coming into the area to attend the service; while others suggested that the provision of injectable heroin to
clients should lead to a decrease in criminal conduct. However, most reported no change in levels of crime, drug use and trading, street drinking, public intoxication, street cleanliness and local trade since the start of the trial. Those who did notice some difference in one or more of these domains did not relate this to the trial. Key informants mostly reported the impact of the trial as a complex issue.

The impact of Marina House and the street population on the local community

While key informants saw the trial as having little or no impact on the local community, the inability of the community to differentiate RIOTT clients from other Marina House service users is problematic. This state of affairs was attributed to the overlap between the street population and Marina House clients. The health and social care providers who were interviewed identified one group of clients as significantly more visible and liable to behave anti-socially than others. Specifically, these are clients who share the characteristics of those identified by the Street Drinking Initiative, namely those who receive a supervised consumption methadone prescription and are also street drinkers.

Crime Statistics
Metropolitan Police figures show no appreciable changes in crime levels in the Borough of Southwark over the two year study period (see Figure 1). This provides an overall context in which the crime statistics of local wards can be better understood.

Figure 2 reports crime statistics for the local council Ward of Camberwell Green where the RIOTT is being conducted at Marina House, a division of SLaM. As would be expected, the comparatively small numbers of crimes involved mean that data tends to fluctuate substantially.

Paired samples t-test comparisons of annual averages demonstrate no significant changes over the study period for any of the different categories of crime (see Table 2 overleaf).

Reporting these figures in a different manner, Figures 3-7 report the trends for each offence in Camberwell Green Ward during 2005 and 2006. None of the analyses show any significant changes in crime over the two year period.

Camberwell Street Population
Data was collected on the Camberwell street population between 12/11/2004 and 08/09/2006. In that time, 81 individuals were identified as engaging in anti-social behaviour or being a part of the street population. The vast majority of these people were identified as street drinkers. There were 19
Table 2. Camberwell Green mean crime rates 2005/6

<table>
<thead>
<tr>
<th>Crime</th>
<th>Mean 2005 (Per 1000 Population)</th>
<th>Mean 2006 (Per 1000 Population)</th>
<th>t-value (df=11)</th>
<th>p-value (df=11)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Burglary</td>
<td>1.43</td>
<td>1.43</td>
<td>1.43</td>
<td>1.43</td>
</tr>
<tr>
<td>Criminal Damage</td>
<td>1.67</td>
<td>1.67</td>
<td>1.67</td>
<td>1.67</td>
</tr>
<tr>
<td>Drugs Offences</td>
<td>1.22</td>
<td>1.22</td>
<td>1.22</td>
<td>1.22</td>
</tr>
<tr>
<td>Fraud or Forgery</td>
<td>0.89</td>
<td>0.89</td>
<td>0.89</td>
<td>0.89</td>
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<tr>
<td>Other Notifiable Offences</td>
<td>0.27</td>
<td>0.27</td>
<td>0.27</td>
<td>0.27</td>
</tr>
<tr>
<td>Robbery</td>
<td>1.67</td>
<td>1.67</td>
<td>1.67</td>
<td>1.67</td>
</tr>
<tr>
<td>Sexual Offences</td>
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</tr>
<tr>
<td>Theft and Handling</td>
<td>4.98</td>
<td>4.98</td>
<td>4.98</td>
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</tr>
<tr>
<td>Violence Against the Person</td>
<td>4.13</td>
<td>4.13</td>
<td>4.13</td>
<td>4.13</td>
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</table>

Table 3. Drug of Choice in Camberwell Street Population

<table>
<thead>
<tr>
<th>Drug of Choice</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol</td>
<td>11</td>
</tr>
<tr>
<td>Crack</td>
<td>11</td>
</tr>
<tr>
<td>Heroin</td>
<td>6</td>
</tr>
<tr>
<td>Methadone</td>
<td>7</td>
</tr>
<tr>
<td>Cannabis</td>
<td>1</td>
</tr>
<tr>
<td>Unknown</td>
<td>1</td>
</tr>
</tbody>
</table>

Drug of Choice (23%) females and 52 (77%) males. Four of the people identified in the street population died during the study period.

Individuals identified in CSPF records were mentioned for an average of 45 weeks (range: 0-95, SD=35 weeks). The main drug of choice of the street population was alcohol, followed by: crack, heroin, methadone and cannabis (see Table 3).

Of the 81 individuals identified in CSPF records, seven (8.6%) had also taken part in the RIOTT.
There were two females and five males. One person appeared in CSPF records before they took part in the RIOTT, but had ceased being identified by the time they enrolled. The remaining six people appeared in the records of the CSPF while they were participating in the RIOTT. All six individuals were identified as part of the street population prior to participating in the RIOTT.

All of the six RIOTT participants who appeared in CSPF records had stopped being identified in the street population by the time they finished treatment in the RIOTT. On average, they were enrolled in the RIOTT for 15 weeks (range 1-33 weeks, SD=13.2) before they were last mentioned in CSPF records. Last mentions typically reported that the individual had not been sighted ‘for a long time’, suggesting that some of these individuals had not been a problem for the local community for longer than this figure indicates.

In comparison, the average time on the CSPF register for the whole street population was 45 weeks (median 40 weeks; SD=35.0). The longest time spent on the register was 95 weeks. This suggests that RIOTT participants spent an average of 20 weeks less on the CSPF register than the whole street population.

As reported in Table 4 (overleaf), RIOTT participants who appeared in CSPF records were most often reported for being seen on the street (n=4), drinking on the street (n=2), giving ‘hassle’ to Police Community Support Officers (PCSOs) (n=2) and begging (n=1).

One individual had also signed an Acceptable Behaviour Contract (ABC) four months prior to their involvement in the RIOTT. None of the RIOTT participants who appeared in CSPF records progressed to ASBOs or custodial sentences. None of the RIOTT participants were arrested during this time for criminal offences.

**Discussion**

The triangulation of data sources gives a strong picture of crime and public disorder in the Ward. 

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**Figure 5. Drugs Offences (Per 1000 Population) 2005-06**

**Figure 6. Fraud and Forgery (Per 1000 Population) 2005-06**

**Figure 7. Criminal Damage Offences (Per 1000 Population) 2005-06**
of Camberwell Green and the wider Borough of Southwark. It was clear that from the outset, the problems related to street drinking threatened to 'drown out' the possibility of measuring any impact related to the RIOTT. However, this same problem, and the subsequent community responses, has also provided a unique vehicle for monitoring the effect of any intervention conducted. The Community Link Worker, whose role was to engage with the local community, deal with any drug-related issues which might arrive and educate the community about drug treatment, was employed for one year. Community members were also satisfied that conducting a study of the impact of the RIOTT on the local community would mean that their voice would ultimately be heard. Most key informants felt that a good deal of anxiety and ill-feeling among community members could have been avoided if the introduction of the trial had taken place earlier and the approach had been more appropriately tailored to the audience.

Community concerns
The major concerns about the trial expressed in pre-trial interviews were an increase in the street population, an increase in crime and an increase in drug dealing. Crime statistics, CSPF records and subsequent key informant interviews have demonstrated that none of these concerns have been realised. As will be discussed in greater detail later, it is difficult to determine how much of a positive effect the RIOTT has had on the local community. The majority of the data presented here can only state that there has not been a negative effect.

A positive effect?
The findings from analysis of crime statistics and in-depth key informant interviews show no gross positive effect on the local community. Of course, only 35 people were involved in the RIOTT during the study period. It is not clear how much difference 35 individuals could make, although were each to be a prolific offender, changes might be reflected in local crime statistics. Left at this level of data, which has been the approach in previous trials of heroin-assisted treatment, it would appear that the RIOTT had failed to achieve one of its major goals – the reduction of criminal behaviour.

However, the findings from CSPF records demonstrate a clear treatment effect. All of the six RIOTT participants who appeared in CSPF records had stopped being identified in the street population by the time they finished treatment in the RIOTT. On average, they were enrolled in the RIOTT for 15 weeks (range 1-33 weeks, SD=13.2) before they were last mentioned in CSPF records. This time line more than likely overestimates the length of time that people were on the register. People on the register would be noticed long after they had ceased to be a problem because it was the same group of people identifying them (and so more highly attuned to individuals who had been on the register in the past). Regardless of this, it is clear that every individual who presented a problem for the local community prior to enrolling in the RIOTT, ceased to be so within an average of 15 weeks. This average of 15 weeks was found to be 20 weeks less than the average amount of time spent on the register by the general street population, suggesting these people did far better in treatment than their street-based peers not enrolled in the RIOTT.

<table>
<thead>
<tr>
<th>Offence</th>
<th>Number of Individuals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Seen on Street</td>
<td>4</td>
</tr>
<tr>
<td>Drinking on Street</td>
<td>2</td>
</tr>
<tr>
<td>'Hassling' PCSO's</td>
<td>2</td>
</tr>
<tr>
<td>Begging</td>
<td>1</td>
</tr>
</tbody>
</table>

Table 3. Drug of Choice in Camberwell Street Population

at an individual level. CSPF data has allowed this study to map community impact from an independent direction to those usually employed. By having an unprecedented level of surveillance on this street population, this study was able to identify whenever a RIOTT participant became a noticeable problem for the local community – whether for a criminal offence or for anti-social behaviour.

Pre-trial key informant interviews highlighted the importance of engaging with the community prior to opening new services in the area. The lack of information available about the trial and the perceived secrecy of its launch combined to create a situation where misinformation was allowed to rule. This allowed local residents' very understandable and justified fears to come to the fore. Subsequent interventions such as the employment of a Community Link Worker and this Community Impact Study had a significant impact on the context in which the RIOTT was
Limitations
Comparing data from different sources across different time periods has many inherent flaws. The greatest confounder for this trial comes from its most sensitive data source. The fact that the RIOTT was running at the same time as the Camberwell Street Drinking Initiative means that causality is very difficult to attribute. However, CSPF data showed that the RIOTT participants spent an average of 20 weeks less on the CSPF register than the general street population. This should only be taken as suggestive of the positive treatment effect of the RIOTT, as it may be that those most likely to succeed were attracted to the trial. Exclusion criteria for the trial might have had a similar effect.

The other major limitation for this study is the extremely low numbers of people enrolled in the RIOTT during the study period. On the whole it is unlikely, outside of the worst case scenario, that 35 individuals will have a major effect on a local community. The use of CSPF records has addressed this issue substantially in terms of being able to document the behaviour of those who were visible to local enforcement officers and health workers. However, this may mean that people who are less noticeable do not appear on the record, but still have an impact on the local community.

Key informant data was also confounded to some degree because it is virtually impossible to distinguish normal Marina House or St Giles service users from those who are enrolled in the RIOTT. This has implications for being able to establish causality of impact – beneficial or detrimental – on the local community. Similarly, this study was unable to objectively document other indicators such as injecting litter (dumped needle and syringes). It would be advantageous to have a system which recorded the impact of injecting-related litter in local communities.

Conclusions
Teasing out the effects of a small-scale intervention on a community influenced by so many different factors is necessarily difficult. The level of surveillance provided by the CSPF allows unprecedented sensitivity in measuring local impact and suggests an avenue for further research into the impact on local communities. The background picture within Camberwell was one of overall stability and all available information suggests that the RIOTT has had little impact – either positive or negative. However, the use of CSPF records suggests a substantial treatment effect for the individuals who appeared on its register, even when considering the possible confounding effects of the Street Drinking Initiative.

This study has also demonstrated the importance of informing the community and setting up systems whereby their concerns can be addressed and their questions answered in a timely and personalised fashion. The employment of the Marina House Community Link Worker was repeatedly referred to by many key informants as being a valuable position for the community. The real value came from the community having a known individual who was a face for the agency who was there to answer their concerns.
References


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