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*Informing future
partnerships: Stage 2*

*Research into potential
partnerships with
Community Drug and
Alcohol Teams – alcohol
and drug misusers’
perspective*

FINAL REPORT

Prepared for: **Atal Tan Cymru / Firebrake Wales**
Contact: Richard Hall
richard@firebrake.org

Prepared by: **Beaufort Research**
Agency contact: Adam Blunt: 029 2037 6743
adam@beaufortresearch.co.uk

2 Museum Place
Cardiff
CF10 3BG

Tel: (029) 2037 8565
Fax: (029) 2037 0600
E-mail: enquiries@beaufortresearch.co.uk
www.beaufortresearch.co.uk

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1. RESEARCH FINDINGS: EXECUTIVE SUMMARY

1.1 Context

Community Drug and Alcohol Teams (CDATs) are generally part of the NHS. As such, they have access to NHS funding and are staffed by in-house professionals encompassing a variety of disciplines. Other social care organisations outside the NHS often work within the total CDAT service delivery 'package' sharing the facilities to help deliver a total service to the client.

The research was conducted among service users of local **non-NHS** support centres within Wales for misusers of drugs and / or alcohol. Several had experience of using CDAT services.

1.2 The participants

20 participants in total took part across three locations. Some only misused alcohol, some only misused drugs and some misused both. While drug and alcohol misusers tended to describe separate sets of issues relating to substance misuse, there was also a good deal of overlap.

Drugs used (in the past or currently) by participants included heroin, ecstasy, cannabis and amphetamines.

1.3 The key perceived risks

The perceived risks that service users ultimately faced fell into two broad categories although certain issues, such as relapses into alcohol or drugs, spanned both risk categories:

- **Social, mental related risks:** in particular a breakdown of relationships, mental impairment including depression owing to alcohol or drugs, financial issues and crime
- **Physical risks:** violence, death through overdose, illness, burns and fire in the home

When asked to prioritise the risks, **relationship breakdown** and **depression** featured prominently, along with **relapsing** and **overdosing** among both alcohol and drug users. **Fire** was less likely to be deemed a priority risk despite the wide ranging examples of fire risks described by participants.

1.4 Fire safety as a risk

Most participants had experienced fire related incidents at first-hand. Dominant factors contributing to these incidents frequently included **smoking** and **oven usage** combined

with, for example, losing consciousness, forgetfulness, a lack of concentration, reckless behaviour and ignoring risk, and 'gauching' (a semi-conscious drug induced state).

1.5 Fire related incidents

Fire related incidents and 'near misses' were widespread. Many incidents occurred in the kitchen, and smoking related incidents frequently occurred elsewhere in the home, for example cigarettes setting light to bedclothes. Some participants had struggled to learn from their mistakes, with similar incidents happening more than once. Damage varied from minor burns to the person and property, through to serious house fires.

1.6 Participants' strategies for minimising the risk of fire

Participants were generally aware of the dangers of their behaviour to themselves and other people, given that most had experienced fire related incidents or near misses. Some had developed a variety of routines or strategies to allow them to function more safely, even when impaired by alcohol or drugs. The strategies included:

- Avoiding cooking at all
- Getting rid of chip pans
- Using a microwave
- Smoking outside
- Not smoking in bed
- Only smoking 'roll-ups', because they tended to go out once dropped
- Ensuring candles were safely positioned
- Developing routines to check the house at night-time or before leaving the building

Responsibility for fire safety was felt to lie with the **individual initially**.

1.7 Home Fire Safety Check (HFSC)

A minority had received a HFSC, and welcomed the service as an aid to fire safety. Others expressed an interest in the service on hearing what it entailed. In addition to the FRS, participants appeared comfortable with the idea of another organisation providing such a service, as long as the individuals possessed the relevant identification and had received the appropriate training.

1.8 Additional fire intervention and support that would be useful

In the main, participants stated that they were interested in receiving support on fire safety - including those who had already received a HFSC. They tended not to know what kind of support might be useful but were open to any advice that might be beneficial to them, as this was a subject they took seriously and indeed one which many had experienced first-hand.

Such support, some participants felt, could be delivered via their **support worker**. They had regular meetings with them, and often received information from the support worker on various topics. A number of the participants who were in rehab had embarked on **peer mentoring** courses, and were open to the idea of becoming a possible **information channel** themselves in relation to fire safety. Their first-hand experience of both addiction and fire related incidents would, they believed, help with the credibility of such support.

Intervention and support in the form of a group session was raised but this suggestion was less prevalent than among users of LMAs. When discussing use of the CDAT service, some participants thought that the CDATs fulfilled less of a social function. Service users, who come in on appointment, might not know other service users very well and may feel slightly uncomfortable in a group setting.

Interestingly, all participants preferred individual interviews for this study unlike the LMA stage where participants were often interviewed in pairs or threes.

Leaflets were generally considered to be ineffective if simply left in transit areas of a CDAT / drop-in centre. Participants thought that they would need to be actively handed out to increase the chance of them being read.

1.9 Firebrake Wales' Fire Safety Checklist

Some participants were quite keen to keep this leaflet to put up at home, but some appeared less interested, either because they felt that they were already minimising the risk or because they did not think they would pay it much attention.

The suggestion was made for a more tailored checklist addressing some of the behaviours a substance misuser might display.

2. INTRODUCTION: BACKGROUND, RESEARCH OBJECTIVES AND METHODOLOGY

2.1 Introduction

Firebrake Wales, the Welsh fire safety charity, reported that a good deal of evidence exists indicating which groups of people are most at risk of suffering an accidental home fire, resulting in injury or death. These groups included people who are ‘hard to reach’, such as those who are vulnerable, marginalised, and / or resistant to adopting safer behaviours.

One report into fire fatalities in the UK¹ concluded that ‘overall, nearly 80 per cent of all fires involved victims who were impaired in some way, either through substance use, mental or physical impairment (whether or not related to age), or a combination of these factors’. The report goes on to state that ‘alongside the immediate causes of a fire (e.g. carelessly discarded cigarettes), **alcohol, mobility and mental illness** are the biggest single influences on whether a fire starts and/or whether it has fatal consequences’.

A fundamental component of Firebrake Wales’ overall strategy is to reach these people through working together with organisations which already work directly with higher risk groups.

By identifying which organisations it should approach and which are likely to want to work together, Firebrake Wales can ensure that its resources are appropriately used in, ultimately, helping to save lives.

Firebrake Wales has already conducted research amongst the Care and Repair Agencies in Wales, to inform a partnership established with Care and Repair Cymru. Building on the success of that project, Firebrake Wales now required external research to further inform its fire prevention delivery partnerships strategy.

Local Mind Associations (LMAs) and Community Drug and Alcohol Teams (CDATs) in Wales were identified as potentially important partners in the drive to reduce the incidence and consequences of accidental fires in the home. Firebrake Wales therefore commissioned Beaufort Research to carry out research among these two **service providers**, the findings from which can be found here: <http://www.firebrake.org/en/facts/documents.php>.

Firebrake Wales believes that it is important to also understand the views of those who the LMAs and CDATs seek to help. **This report is therefore concerned with the views of those who CDATs seek to help.**

2.2 Research objectives

Firebrake Wales set the following objectives for this study:

¹ *Learning Lessons from Real Fires: Findings from Fatal Fire Investigation Reports. CLG (in Arson Control Forum, Research Bulletin No.9, 2006).*

- Understand perceptions of risk/fire risk and associated risk factors
- Explore any previous experiences of fire
- Understand who is believed to be responsible for fire safety
- Establish awareness of/experiences with any fire safety initiatives, interventions and support
- Assess the role that support organisations/trusted individuals may or may not be able to play in providing fire safety support
- Elicit reactions to existing materials
- Collect suggested ideas for alternative interventions

2.3 Research methodology

Beaufort had already conducted research amongst senior CDAT representatives and for this next stage it was decided that the most cost effective and timely means of reaching this target audience would be via non-NHS, voluntary/support groups for alcohol and drug misusers based in communities. Beaufort therefore visited each of three such drop-in centres for one day: North Wales, Mid Wales and South Wales.

The centres participating were fully briefed in advance and provided with documentation to explain the research and its process to their service users who might be interested in participating.

Beaufort spoke with **20 participants** in total across the three locations using the method of individual face to face interviews. There was a wide range in terms of age, and a mix of men and women but with a bias towards men. Fieldwork took place in October 2010. Each conversation lasted between 20 minutes and one hour. Of the 20 interviews:

- 8 participants were alcohol misusers/recovering alcohol misusers
- 7 participants were drugs and alcohol misusers (in the past for some)
- 5 participants were drug misusers/recovering drug misusers

The qualitative research approach

Qualitative research is designed to explore subjects in depth with a relatively small and carefully targeted audience. As such its findings are indicative rather than based on the statistical robustness of a quantitative approach. Based on our experience, the sample size achieved for this research is sufficient in order to be able to draw valuable inferences.

3. THE RISKS THAT DRUG AND ALCOHOL MISUSERS FACE

3.1 The key perceived risks

The first part of the conversations with participants centred on the risks they face as people who misuse, or had misused, drugs and/or alcohol. All were made aware that the subject of the research related to fire safety, to ensure the reason for the research was transparent.

Participants covered a broad spectrum, from those who were still using drugs or alcohol, and whose lives were correspondingly chaotic, to others who were working hard to stay clean or sober.

They described a wide range of risks and issues that they faced. This range of risks fell into two broad categories in terms of how the individual could ultimately be affected, although certain key factors such as relapses into alcohol or drugs spanned both risk categories:

- Social, mental related risks
- Physical risks

These two main risks and their contributing factors are not mutually exclusive as one could be a consequence of, or link in with, the other. The **social, mental related risks** centred on:

- Relationship breakdowns
- Mental impairment including depression through alcohol and substance misuse
- Financial issues (for example debt) particularly among drug misusers
- Mixing with 'the wrong crowd' leading to crime (a number of participants were on probation)
- Homelessness

The **physical risks** centred on:

- Death as the ultimate risk through continuing to drink, misusing drugs, or overdosing
- Violence: for alcohol misusers, arguments leading to fights when drinking in pubs or domestic violence; for drug misusers, the consequence of non-payment of debts to drug dealers
- Illness, for example liver damage, amputation potential (alcohol and drug related)
- Burns through leaning on hot objects, dropping cigarettes when impaired (alcohol and drugs), or through reckless behaviour with others (alcohol)
- Fire in the home

The two verbatim comments below serve to illustrate just how difficult some participants' lives could be.

I used to mix my medication and drink to the point where I used to take... get my prescription,. . . and within the first four days they'd be gone because I'd be drinking and I thought oh I'll take a tablet and I'd just sleep for a couple of hours, wake up, another drink, another tablet and within, at the most I'd say a week, I'd got through my whole medication and then I'd be stuffed for three weeks, or I'd have to go the doctor and say look I've done it again, I've doubled up or whatever.

I had a bad breakdown. I spent [several] months in hospital . . . I did have a drink problem when I was younger but I got involved with heroin [a few] years ago. My [partner's], been a heroin addict for [a long time] and I tried all kinds of ways of getting [my partner] clean, . . . I thought oh I can't understand why [my partner] keeps going back, so I tried [heroin] to see what it was like, . . . I'm still struggling to stay clean to be honest.

When participants were asked to try and prioritise the risks or factors they had identified, **fire** tended **not** to be a key priority. They were more likely to pick out **relationship breakdown** and **depression** than the other social, mental risks listed above.

In terms of physical risks, **relapsing** and **overdosing** were regularly chosen among the priority risks.

The impact of alcohol (non-fire related)

For some reason this one particular night I decided to put my car up a pole because I didn't want to be in here anymore.

I'd say much more risk if you're drinking, especially if you're drunk, because you're, just your basic awareness has gone and you're dis-inhibited, you're not paying attention to things.

The impact of drugs (non-fire related)

[Financial issues] not paying your electricity bill and stuff like that, not paying debts to dealers and that sort of stuff, just general.

Overdosing. I mean I've had a few close calls with overdoses and my drug use was getting into crime, I was [involved in] a lot of crime.

[Illness] when you come off it or when you're on it, you don't know what you're doing really.

3.2 Fire safety as a risk

Despite other factors tending to take priority as risks, most participants had direct experience of fire related incidents. The particularly dominant factors contributing to the fire risks listed below were frequently combined with smoking, preparing drugs, and cooking food:

- Losing consciousness through alcohol and drug misuse
- Slipping into a semi-conscious drug induced state ('gauching')
- Experiencing forgetfulness and a lack of concentration
- Reckless behaviour and ignoring risk
- The side effects of (self) medication

The report now looks at these factors in turn. All the points discussed below are drawn from participants' own experiences and reported behaviours.

Losing consciousness (alcohol and drugs)

The effects of alcohol and drugs meant participants were passing out at dangerous moments such as when food was cooking (especially with alcohol), when they had just lit a cigarette (in bed or on the sofa) or when they had naked flames nearby (e.g. candles for preparing drugs).

Gosh, terrible. I mean with heroin you fall to sleep quite a lot, you nod off, and I mean I was in a situation where I was in bed and my partner's woke me up and [my partner's] screaming at me because I'd fallen asleep with a fag in my hand and the bed was on fire.

'Gauching'

This semiconscious state induced by drugs such as heroin involve the user becoming heavily sedated, sleepy, unable to talk, and appearing to 'nod off' for a few minutes at a time. Heroin users highlighted the serious fire related implications given the use of naked flames during drug preparation. Specific sources mentioned were tea lights and lighters staying lit once finished with or dropped, and exploding.

Especially tea lights because they get very hot and they can burn right the way through.

Because I used to smoke the heroin on tin foil, so you're using it (lighter) for a considerable length of time, and I have had a couple of them blow up on me.

There is a massive risk from the misuse of drugs. You don't really know what you're doing – you do but you've got no control over it so that happens and you're

in a different world. If you are taking drugs it's best to keep far away from fire, it's dangerous.

Forgetfulness and lack of concentration (alcohol)

These factors were particular issues among alcohol misusers who described a number of instances where they had experienced fire risk because of them. A common scenario was to forget about food cooking in the kitchen, or forgetting about a cigarette or candle which was still lit.

It's you're not focused on things and you're quite lackadaisical and, you know, you don't think about leaving sometimes maybe your cigarette in the ashtray or a candle burning because you're just not thinking about things.

Reckless behaviour and ignoring risk

This risk factor was more prevalent among alcohol misusers. Several examples were given of risky behaviour which heightened the risk of fire, including deactivating smoke alarms because their sensitivity was deemed a nuisance or else finding it difficult to turn them off once activated.

You bring a heater into the bathroom, I've done that, an electric heater in the bathroom, which is not a very smart thing to do.

I smashed my smoke alarm.....Because it went off.....It went off and I was trying to press the button to stop it and it wouldn't switch off so I "bosh" got it off the ceiling. I shouldn't have done that.

Reckless behaviour sometimes involved playing with fire itself or very hot objects, among a small number of alcohol misusers, one or two of whom had suffered burns as a result (e.g. involving bonfires, setting fires which got out of hand).

One drug misuser gave the example of heroin addicts preferring to forgo the cost of a new plug for an appliance, and attempting to use open wires directly in the socket in conjunction with the plug of another appliance.

(Self) medication side effects

Medication and self medication, when combined with alcohol or drugs, contributed to the risk of fire for some because of its impact on the individual's mental state, for example inducing a deep sleep from which it would be difficult to wake in the event of a fire. (Medication included Valium, Zopiclone and Diazepam.)

I also think sometimes it's probably worse with medication than alcohol because if at that time when you were drinking or when you're drinking and depressed you might just think oh well I'll do a couple of sleeping tablets instead of one so I just sleep, sleep through it and then again something could happen and you wouldn't

wake up in time or you would have a drink on top of that and then that would be it, you'd be out of it, you wouldn't know anything for days probably.

3.3 Fire related incidents among participants

Discussion of fire related incidents revealed the acute risk that many participants faced or had faced. The examples below are organised by area of the home and whether the incident resulted in a fire or a near miss. Most episodes occurred in the **kitchen** and involved cooking, although the bedroom was another key area with cigarettes dropped onto the bedclothes a common occurrence.

Naturally participants recognised the risk when not under the influence of drugs or alcohol. They sometimes struggled, however, to **learn from these incidents** sufficiently to change behaviours when in similar situations again. More positively, however, some had developed strategies to reduce the risk of fire, following previous incidents. (Strategies are discussed later in the report.)

The kitchen

Near misses

- Alcohol misusers regularly recalled occasions where they had started to cook food but had forgotten about it or fallen asleep, leaving the hob or oven on. Sometimes a gas ring had been left on once cooking had finished.

I used to be that blotto, I used to shove [food] into the oven and just forget about it and go to bed. Next minute, you wake up and there's all smoke everywhere, because you're that blotto you forget all about it.

My trouble is I put the cooker on, I cook something at the start of a session, I lay on the settee, out of it - 'bosh' it goes up. I had burgers the other night in the oven, put it on, on the session, fell asleep, woke up, the kitchen full of smoke.

I've left the gas on as well, which is a pretty standard one I think. . . . I'd just actually woken in the morning and seen the gas, the gas on.

- The chip pan had led to many near misses mainly among alcohol misusers.

I've put the chip pan on when I come in after a night out, then sat down and fallen asleep. Could have burnt the house down.

- The issue was also highlighted occasionally among drug misusers, for example where the individual had a mental health condition or felt that he/she had become forgetful through long term drug misuse:

Well I've gone through [so many] sets of saucepans . . . You put it on and go sit down and shut the door..... I think I forget I put the cooker on and it's only then when the smoke alarm goes off and the pan's dry and it's just like black in the

bottom, you know, and you look on the underneath and you can see the rings off the electric cooker.

Well I've got a mental health issue, . . . and I've done that myself in the kitchen, you know, put things on the stove and kind of gone off and forgotten about them and the next thing you know you're on fire or of course if you haven't cleaned your grill pan properly, and that can catch fire can't it?

Fires in the kitchen

- Most of the fire incidents in the kitchen involved chip pans catching fire through alcohol misuse

Half cut, I took it to the sink, I did the towel thing, rinsed the towel, shaken it off, but I don't think I shook it off enough like because the fire was still roaring. . . .

Well I just fell asleep and I had a chip pan on and it's just classic . . . and they come through the door, dragged me out. . . the fire brigade . . . The house was a write-off.

- Drug misuse led to one example of a house fire as the participant fell asleep having started to cook food on the hob.

I was under the influence and I sat down, left it on a pan, . . . and before I knew it I fell asleep and the thing had boiled right through, bang, set a fire and when I woke up there was people banging on the door and everything, there was smoke all over the place . . . flames and everything coming off the cooker, the place was demolished.

The Bedroom

Near misses

- Most near misses in the bedroom related to falling asleep or 'gauching' holding a cigarette – an issue therefore for both alcohol and drug misusers.

There's been times when it could have happened but it just didn't. I have smoked, . . . I have actually been in bed with a cigarette and sort of drifted off but not drifted, sort of as my hand's gone like that and it's touched the cloth I sort of woke up, but I suppose another drink or another sleeping tablet and I wouldn't have.

I have smoked in the house and in the bedroom and like fallen asleep and woke up and there's been, you know, a hole in the bedding and my [partner] actually does that a lot, you know, when he's under the influence, you kind of gauch and you kind of slump forward, and if you've got a cigarette in your hand that just goes straight into the bedding.

Fires in the bedroom

- Two of the fires mentioned were started by candles in the bedroom lit by drug misusers. In the first example the participant had knocked over the candle during the night. In the second example the participant accidentally set fire to an item of clothing when passing the candle because he was preoccupied with the next 'buzz'.

Yeah and I've also left a tall candle burning on my bedside table. I've turned over in my sleep. I woke up in the night choking in the dark, the candle had gone out, . . . [The bedding] wasn't on fire but it was smouldering, I was choking and it was like I just managed to get it out the window.

- For one alcohol misuser, the combination of falling asleep when smoking in bed, and forgetting about food cooking in the kitchen, could have proved fatal because the bed caught fire and 'black smoke' was coming out of the oven.

The Lounge

Near misses

Examples included:

- Falling asleep on the sofa when smoking and the cigarette burning their clothing
I think I've actually, I've fallen sleep and woken up with cigarette burns on my jeans, right through my jeans, but it's actually woken me up.
- An alcoholic housemate who regularly fell asleep when smoking
- An alcohol misuser who decided to attempt some DIY, but only succeeded in flooding the room and short-circuiting the TV

Fires in the lounge

Examples included:

- Setting fire to the sofa by falling asleep when smoking
- Setting fire to their own hair while using drugs
- Witnessing a severe fire started intentionally by a housemate with mental health issues

3.4 Participants' strategies to minimise the risk of fire

Given the number of fire related incidents among participants, most were keenly aware of the dangers of their behaviour and, for some, how it could also impact on others. Some therefore had developed certain routines or strategies to allow them to function more safely, even when impaired by alcohol or drugs.

- Several had stopped cooking altogether when under the influence of alcohol or drugs

I don't cook when I'm wasted, I get a take-out.

I learnt, I learnt that if you can't do those things like when you're drunk, go to the chippy or you know what I mean? Just I learnt and ever since then I won't go near the cooker when I'm pissed, I won't go near it, I don't even attempt it. I go down the chippy or you know, stay clear of the cooker.

I don't even have a cooker anymore.

- Several had got rid of their chip pans and adjusted this particular cooking activity, for example using oven chips or a deep fat fryer (mainly alcohol misusers)

Yeah well I bought myself a new one which goes off after heating, so when it gets to a certain temperature it turns itself off.

- Several (drug and alcohol misusers) had altered their smoking habits, for example by no longer smoking in bed, and only smoking outdoors. Some chose hand-rolled cigarettes partly to save money but also because they tended to self extinguish if dropped or forgotten.

Being under the influence, I've let my cigarette drop, but now it's not a problem probably because I'm starting to smoke tobacco and well, that would have, they can't do much damage. . . . They'll all maybe cause a little burn, but not like a fag.

Yeah, yeah, smoking ain't so bad though because I'm on rollies, they normally burn out themselves like. With cigarettes yeah fair enough, but I've fell asleep with a fag before you know sometimes, but I have been lucky nothing's caught on fire like.

- A number of participants routinely checked around the house for potential fire risks before going to bed or leaving the house

I'm pretty good at night time now, I'm sober most of the time, but even when I've had a drink I check everything, even when I'm sober, before I go to bed I check that the all the cooker's off and heater's off, the switch it off at the plug, switches off on the TV and stuff like that.

I'm not as bad as I was but I'm the type that leaves the house and switches everything off. When I smoked I always put the ashtray in the sink, that sort of thing. I wouldn't throw a cigarette end in the bin.

- Responsibility for children in the house influenced one participant's routine of checking for fire risks

Because I've been drinking so long, I'm a careful person . . . and I will double check everything, even before I go to bed and like, because I've got several kids . . . but I get [to see] them all anyway so I make sure everything's safe.

Other occasional strategies included:

- Ensuring ashtrays were empty before going to bed
- Making sure the bin was not full of paper
- Ensuring that sockets were not overloaded
- Testing fire alarms fortnightly

3.5 Responsibility for fire safety among participants

Participants overwhelmingly believed that responsibility for fire safety began with the individual.

Well we are, I am I suppose aren't I? Course I am. I'm responsible, I've got to make sure everything's off in the night and that, you know I've got to make sure, it's down to me really.

Yeah, well in your own home yeah course, you are ultimately responsible. I mean the council do what they can with the fire alarms. It's up to you to make sure they're maintained and always working.

*As far as I'm concerned, the people who are responsible are yourselves, if you're going to **** about you're going to be in it, simple as.*

Some of those living in rented accommodation also believed that the landlord/council was responsible for ensuring that fixed appliances, wiring etc. were up to standard and that fire safety equipment (smoke alarms, extinguishers) were regularly checked. In a few cases, participants did not think that the landlord was fulfilling this particular duty, for example by not providing any fire safety equipment.

I presume I am to a certain degree but as for the checking the wires and the electrics and all that, that's not, that's sort of [the Housing Association] but for me it's checking I haven't put too many plugs in one thing and make sure everything's turned off of a night. . . . It's their job to make sure the smoke alarms work because it's all on electric it's not batteries or anything. I don't even know if I'm allowed to actually touch them.

Well the landlords for example, my landlord, there's no fire blanket and there's no fire extinguisher, which I know that legally he should be providing these things, but there isn't.

4. AWARENESS AND PERCEPTIONS OF FIRE SAFETY SUPPORT

4.1 Home Fire Safety Checks (HFSCs)

4.1.1 Awareness of the HFSC

There was a fairly even split in the sample between those who were aware of the HFSC service and those who were not. Of those who were aware, a small number had used the service.

I've always made sure, whenever I've moved, I've always made sure that I've had a safety check done and got smoke alarms fitted and made sure everything is up to spec.

Awareness of the HFSC existed through a variety of sources such as:

- Advertising
- Promotions (for example a FRS vehicle in Rhyl handing out leaflets and collecting names and addresses)
- Friends or relatives who had used the service
- Through their supported housing management
- Through their support worker

Not until my support worker actually mentioned it to me, so I was pretty unaware of it and then my support worker said you need a new smoke alarm, call the fire brigade. I said is there some sort of check they can do and he said yes, house assessment check.

4.1.2 Interest in the HFSC

Once the HFSC was explained to participants, interest in the service was widespread. Some felt that the service would make them feel more reassured over fire safety although they did not refer to how it might impact on changing behaviours.

I think the fire checks that you mentioned, somebody coming to your own place and spending time with you and going through things would be a really good impact.

I think it's a very good idea, really is important, it really is important.

Well I'll feel a lot safer like, you know I'll feel a lot safer if I knew that everything was proper. I know the Housing Association come out and do their tests once a

year or whatever, but I would feel a lot safer if someone like that was to come out.

Only in a very small number of cases did participants believe that they did not need one, for example no longer having any cooking equipment in the home, and feeling that their routine was sufficient.

4.1.3 Delivering the fire safety checks

In addition to the FRS, participants appeared comfortable with the idea of another organisation providing such a service as long as the individuals possessed the relevant identification and had received the appropriate training.

Make sure they are actually the people they say they are, and do they actually know what they're talking about?

Somebody who knew what they were talking about wouldn't it? You'd probably take more advice off somebody that, I'm not saying necessarily a fireman, but somebody who at least knew what they were talking about.

In one exception, however, the participant was wary of the council or similar organisation delivering the HFSC service because it might be used as a pretext to check up on other aspects of a tenant's home.

The Council, you tend to let them over your doorstep, they abuse what they're supposed to be there for. They nose at other things which they're not supposed to be looking at and it's none of their business. Like if I want stains on my carpet then I'll have stains on my carpet. 'It's my carpet, I own it, it's my wax stain, mind your own business, your rent's paid, what's your problem?'

Virtually all believed that there was also **a need for ongoing fire safety support** as a regular reminder, either because they would forget very quickly or because other issues took priority.

I wouldn't remember it all [from a HFSC] . . . maybe once every six months [would be useful].

Well for me, I think it'll definitely stay because, you know, I'm full of scars.....but a check up yeah, every six months as well.

Some stated that they would be happy with leaflets to display in-home, and perhaps some reminders from their support worker.

Yes, it's like a sort of, I don't know, like a little checklist card that you can either put in your wallet or on your notice-board, like a little do's and don'ts on either side sort of thing.

It would be good to have a chat every six months with your support worker and they could give you a leaflet to re-enforce the home check.

4.2 Awareness of other support

In general, any awareness of fire safety support was limited to the HFSC. A very small number recalled seeing a poster on the subject or sitting in on a DVD presentation some time ago.

You see the odd poster. There's a couple of posters downstairs I think and in my GP's there's a poster about fire awareness or a leaflet.

5. ADDITIONAL FIRE INTERVENTION AND SUPPORT THAT WOULD BE HELPFUL

5.1 Levels of interest in receiving support on fire safety

In the main, participants stated that they were interested in receiving support on fire safety and this included those who had already received a HFSC. They tended not to know what kind of support might be useful but were open to any advice that might be beneficial on such a serious subject which many had experienced. Few appeared to make a connection that **tackling risky behaviours** might be a key factor for supporting people who misused drugs and alcohol.

I'd be very interested. Like I said, I've been in one house fire, and it really isn't very nice at all, it was so scary, really frightening, it freaked me out for a couple of months after that.

I'd take any advice you got . . . It's not just your life is it, it's the kids.

The occasional types of advice they might find useful included how to maintain smoke alarms and help with ensuring appliances (often second-hand) are safe to use.

How to change the battery in the smoke alarm because I've never, the light is still on, the green light, but I don't know, I've never, I wasn't told how to change it and I haven't asked anyone. I mean if I don't change the battery and anything happened that would be down to me then wouldn't it?

Aiming help at younger drug misusers, who had not learned by their mistakes, was also considered a useful approach by one recovering user.

Yeah especially younger addicts, . . . in their teens to like 35 I'd say, because I've only wised up in the last like five years because heroin makes you so . . . When you're on heroin I wouldn't say like you're mindless as in you're crazy but you are mindless as in you don't think about things like that, you know, because when you're withdrawing it makes you ill and all you care about is making yourself feel better. Then beyond that then comes anything else and by then you're in a state and you've forgotten about it anyway, you know?

5.2 Suggested support and intervention channels (spontaneous responses)

Fire safety support, some participants felt, could be delivered via their **support worker**. They had regular meetings with them, and often received information from the support worker on various topics.

The support workers, they give you leaflets about useful numbers, telephone numbers that you might need. You know, if you've got a gas leak or Samaritans or, you know, anything, they do these sheets. So they could actually do something like this in with them I think, you know, like a little care package (referring to Firebrake Wales Fire Safety Checklist.)

You get a lot of support, I get counselling once a week from [name] who's one of the counsellors here, she's really helpful.

In fact my last support worker, when I was in the other flat, she referred me to the Fire Service as well.

A number of the participants who were in rehab had embarked on **peer mentoring** courses, and were open to the idea of becoming a possible information channel themselves in relation to fire safety. Their first-hand experience of both addiction and fire related incidents would, they believed, help with the credibility of such support.

The fire service or better still, a person who has actually been through it, I'd say that's the best person to give advice, a person who has actually been there and it happened to them.

Intervention and support in the form of a **group session** was raised but was less prevalent than among users of Local Mind Associations (LMAs). When discussing use of the CDAT service, some participants thought that they fulfilled less of a social function, hence service users, who come in on appointment, might not know other service users very well and might feel slightly uncomfortable in a group setting.

Interestingly, all participants preferred individual interviews for this study unlike the LMA research stage, where participants were often interviewed in pairs or threes.

I might be different if there was more people here, it's the comfort zone thing, it's fine one-to-one, it might be good with two people but when you start talking like four or five people in one room who don't know each other who are at different levels, different stages of their recovery it could be a bit daunting for people, it would be for me.

Additional suggestions which participants made:

- A review of an individual's fire safety could be completed at their initial assessment at the support centre they were attending

The meeting I was in just before I came into here was a one-to-one meeting, and someone hadn't done an initial assessment with me and it covers things like your living skills, your knowledge, can you manage money, and some people need that and it could add something additional "What would you do in this situation [referring to fire]"?

- Asking landlords to become more involved in the process as another source of support and intervention

Just to explain about the cookers and about everything, you know the fat fryers and everything. Just to explain it a bit. (Housing Association)

I think people should be made more aware of, especially tenants, of their rights to approach landlords and have these things fitted.

5.3 The potential role for support organisations in providing fire safety support

Further prompted discussion about organisations which could potentially provide fire safety support revealed high levels of trust in the centres where the research was conducted. In addition, participants displayed very positive attitudes towards CDATs and their staff.

I think it's the staff [here], I think they're good, they're helpful. .. and there's always someone on hand if you've got a problem or whatever. You can have a one-on-one with them at any time of the day more or less, and it's saved my life this place, I've got to be honest with you, it has. It's got me a flat, it's got me living independent again, you know. I would never have thought I'll have four years ago, four or five years, I was on my way out, dying . . .

CDATs were considered good places to receive advice. As with certain of the support centres used in the research, service users had to be sober / not high when using the facility, which might mean that any support or intervention could be more effective.

If the counsellor was to mention it as a rule of thumb, a reminder, you know, then that would go a long way because when you come here you're not allowed to be off your face, so therefore you'll probably be a bit more mindful then when you are told it, especially youngsters, . . . That's it see, it's the repetitive isn't it? They've just got to be told every time they come in till it sinks in.

Councils and the police force were not so welcome as potential providers of support:

You're more wary of people like the Council. We hate the police, obviously, you know, because they kick our front doors in all the time and go through our underwear drawers and stuff, you know, so that's not helpful.

Leaflets were generally considered to be ineffective if simply left in transit areas of a CDAT / drop-in centre. Participants thought that they would need to be actively handed out to increase the chance of them being read.

I've never even noticed them to be honest. There's so many leaflets in this place because nobody bothers looking at them, they just get bypassed, . . . It depends on whether you've got the counsellors pushing it for you because if they just leave the leaflets out nobody's going to take them, unless your counsellor specifically mentions it to you.

They're in constant contact with you . . . I think it would be better for your support worker to actually hand it to you, because you can just walk past leaflets.

Taking everything into consideration, a number of participants wondered how easy it would be to reduce the fire risk among these two groups because of the significant

impact on risk-taking and ability to gauge risk when under the influence of drugs or alcohol.

I see people downstairs they don't know what day it is never mind worrying about [fire], and if you did tell them it wouldn't make any difference.

5.4 Firebrake Wales' Fire Safety Checklist

Firebrake Wales currently produces a bilingual fire safety checklist (right) and participants were asked for their views on the document during the discussion.

The Checklist was well received overall. Some participants were quite keen to keep the leaflet, and stated that they would display it in the kitchen, perhaps on the fridge.

That's a good idea, because I didn't think about electric blankets or folding them, and I'm sure there's plenty of things I can't think of, which could be on that list.

There's no reminders in my flat about fire, there's nothing to warn you about fire, so that's got to be a good idea

I'd put it on the fridge behind a fridge magnet.



The Checklist content was found to be informative, useful and easy to understand.

It's very good advice there . . . Take extra care when cooking, have a night time routine, fireguard. I suppose they're all, but cooking definitely for me. Never smoke in bed . . . they'd get through to people.

This is quite useful because I tend to forget things, especially when it's something like that that's going on, you know . . . particularly the stuff about when you're cooking stuff.

I didn't know that one. 'Don't use an electric blanket at the same time as a hot water bottle.' It kind of makes sense really.

Some were less interested in keeping the Checklist, for example because they felt that they were less at risk now (having developed strategies) or simply because they had other priorities.

Regardless of whether or not participants were interested in the leaflet, they thought it was a good idea. Only one participant believed it would be a waste of time as, in his mind, it relied upon 'common sense' which people using drugs and alcohol did not possess. Another participant disagreed that 'you should never fight a fire' as that was the role of having a fire extinguisher in the home.

Basically, it's telling you what you already know, . . . most of the time people won't listen to this, smoke in bed, people smoke in bed, check your fire alarm, no one's going to check. Plan an escape route, people don't think of that, if there's a plan, but as I say if it's a flat, escape route is out the window and through the door. There's nothing you can say to be honest, I'm being quite blunt like. . . . If people haven't got the common sense to do it then there's no point telling them again.

5.4.1 Suggested enhancements to the Checklist

The following single mentions were made as possible ways of improving the Checklist:

- Develop the format into a booklet, which users would be more likely to keep
- Add a note about leaving keys next to the door rather than taking them upstairs
- Include images for people with poor literacy skills
- Laminate the Checklist to make it more durable
- Enlarge the text to make it easier to read
- Develop alternative versions with information specifically targeted at alcohol / drug misusers and their fire-risk behaviours

You could come up with a more heroin user specific list because most people, most heroin addicts, if they have an electric blanket will sell it for a bag the minute they were 'clucking', you know.

Obviously when people have had a drink or have taken drugs your behaviour changes. You might come home after a skinful or something and light a few candles and that's it, you don't really think about it, so it would need to be more specialised or targeted to what behaviours you have when you're drinking or you're smoking dope or whatever.

6. CONCLUSIONS AND RECOMMENDATIONS

The need for ongoing, routine fire safety support

- The spring 2010 research among senior CDAT representatives highlighted how fire was a potentially significant risk to clients, when combined with any components of clients' overall conditions (alcohol and drug misuse, mental health issues, chaotic lives and smoking).
- It also indicated that service users could face greater risks such as overdoses and blood-borne viruses.
- The findings from this autumn 2010 research among drug and alcohol misusers confirm that, although incidents related to fire are widespread, other factors can take priority in their lives.
- Losing consciousness, forgetfulness, and reckless or impaired behaviour all played a significant role in making the fire-risk to these groups far more acute.
- There is therefore a clear need for fire safety support among this audience. It is interesting to note that participants widely recognise those behaviours which increase the risk of fire.
- When considering fire safety interventions, however, participants did not readily suggest support which might change the widespread risky behaviours described in this report. Indeed, they were often unable to think of what support would be useful, even though several of the participants had changed their own behaviours as a consequence of first-hand fire incident experience.
- In keeping with the research among LMA service users, top of mind associations with fire safety support and intervention therefore tended to centre on how to react to fire, having the appropriate equipment, how to service smoke alarms and so on.
- This insight suggests a potential opportunity to help service users at risk widen their fire safety considerations to include reviewing behaviours.

The nature of the support provision

- The findings are encouraging in that they indicate a general willingness among participants to reduce the risk of fire – deemed a serious subject – and they did not give the impression that they were overburdened with organisations attempting to reach them.
- However, the impact of drug and alcohol misuse on decision-making and behaviour in relation to fire still presents a considerable challenge in addressing those behaviours. Participants regularly admitted that risk factors were often forgotten when 'on a session' or under the influence of drugs.

- There appears to be a strong case for ongoing support to keep the subject top of mind; and there may be a case for providing support which is as tailored as possible to the individual's condition.
- Thus those in regular contact with drug and alcohol misusers, such as support workers, counsellors and individuals working in support centres may provide an appropriate channel. The suggestion of introducing fire safety into 'peer mentoring' programmes may be another avenue worth exploring.
- The first stage of the research found that funding pressures were sometimes an issue among CDATs; input from support workers would therefore have to be considered carefully. However, CDAT professionals commented that 'straightforward' involvement such as handing out leaflets or making phone calls to help arrange HFSCs might be appropriate.