



HELP

Getting help
for a drug
problem

A guide to
treatment





WHO WE ARE

The National Treatment Agency for Substance Misuse is part of the National Health Service.

We were set up in 2001 to increase the numbers in treatment, and to make treatment more effective and more widely available.

We produce guidelines for treatment in England, based on the best available evidence, and ensure these guidelines are followed.

ABOUT THIS GUIDE

We recently updated our guidelines for treatment services in a publication called Models of Care for Treatment of Adult Drug Misusers. In the light of this, we have produced this guide to explain to service users what help is available and what to expect.

Models of Care is written for professionals and is quite detailed. However, you can order a free copy by phoning 08701 555455 and quoting the code MOC3.



HOW EFFECTIVE IS TREATMENT?

Treatment can work, despite what you might have heard. It can work well for you if it is provided properly and you are ready for it.

According to our surveys, most users in treatment want to give up drugs completely at some point in their lives. However, giving up completely is not the only option. If you're not ready for this, you can still benefit from reduced drug use, better health and committing less drug-related crime.

The biggest study done on treatment in England found:

- > Big improvements in people's drug use after one year of treatment
- > Continued improvement five years after leaving treatment
- > About one-third of people giving up drugs completely

You should expect to be in treatment for at least three months, as this is the length of time found to be most beneficial. Some types of treatment are shorter than three months (like detox), but these are usually part of a longer programme.

OUR 2005 SURVEY OF USERS

In 2005, we carried out our first survey of people in treatment. We found:

Most people were satisfied with their treatment and the staff at their services, and thought treatment had improved their lives

The majority in treatment took less drugs and committed less crime

People with the shortest waits for treatment and people with up-to-date care plans were more satisfied

Clients rated residential services more highly than community services

Some clients thought their families didn't get enough support or weren't involved enough in their treatment

There was a definite minority who felt they didn't get a good service and were unhappy with their treatment

FIRST STEPS TO GETTING HELP

Advice and information

Treatment services and other local health services, such as GPs and pharmacies, will provide advice and information to help reduce the risks of your drug use.

You should be able to receive:

- > Information about the effects of drugs and alcohol
- > Support to help stop using drugs and alcohol, and to stay clean
- > Information about reducing the harm from drugs, such as safer injecting and preventing overdose
- > How to get help with other problems linked to your drug use, such as health and housing
- > Where to go for further help

Using drugs more safely

You can get specific help to reduce the risks of drug use: this is called harm reduction. Most harm reduction is about preventing infections from needle sharing (particularly hepatitis A, B and C, and HIV), avoiding overdose and preventing other medical problems.

Infections are a big problem – half of all injecting drug users have hepatitis C, and other infections, such as HIV, are increasing. You may have an infection without realising it, so it's important to get tested.

You can get free injecting equipment at needle exchanges and many pharmacies. As well as needles and syringes, some services hand out things like clean spoons, filters, wipes and citric acid.

The staff should also be able to tell you how to dispose of your used works safely and will give you sharps bins for your used needles and syringes.

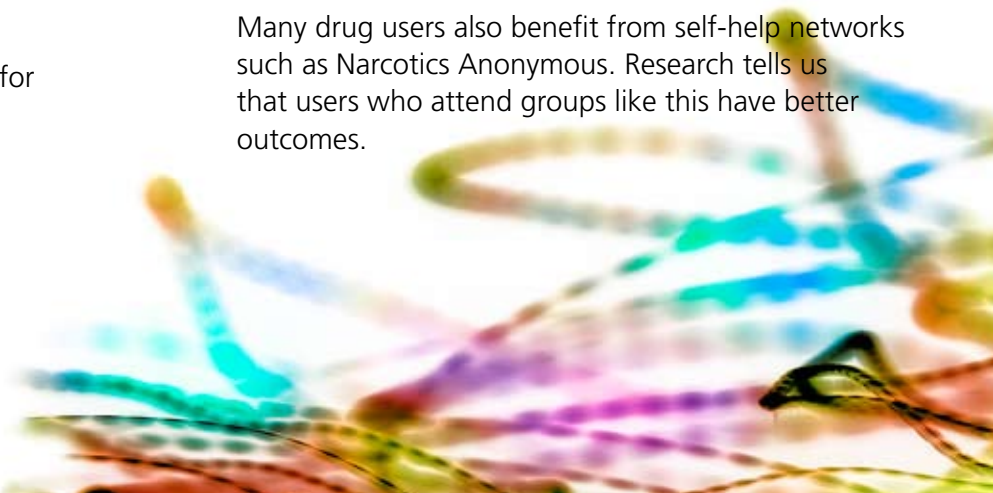
Some needle exchanges have more specialised staff and should also be able to help you with:

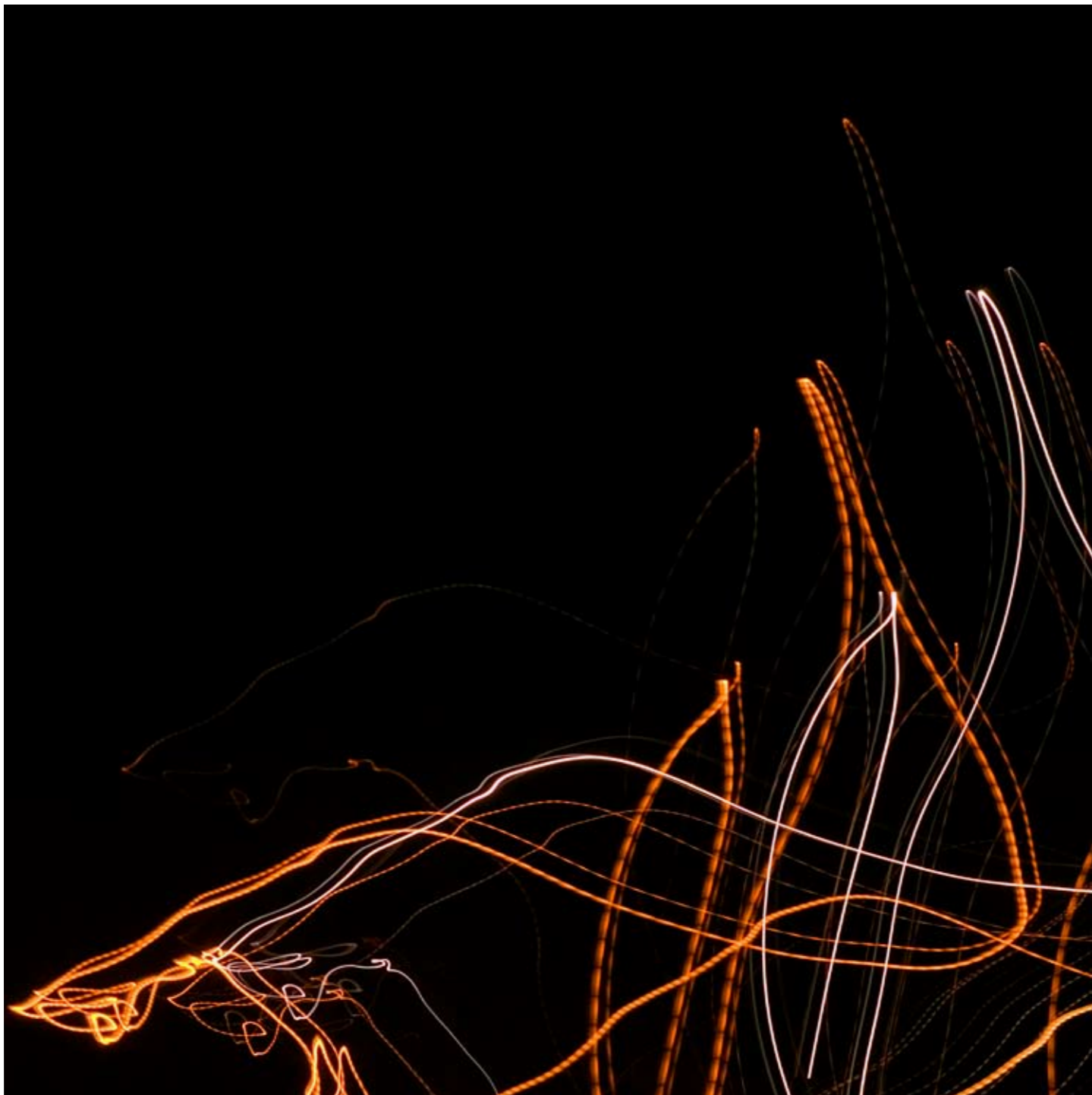
- > Checking your injecting sites and treating abscesses
- > Arranging testing for infections
- > Arranging vaccinations and treatment for infections like hepatitis

- > Safer injecting and reducing the number of times you inject
- > Helping to stop other people from starting to inject
- > Avoiding infections and preventing the spread of infections
- > Reducing the risk of overdose

Self-help

Many drug users also benefit from self-help networks such as Narcotics Anonymous. Research tells us that users who attend groups like this have better outcomes.





GETTING INTO TREATMENT

Most people access treatment by finding their nearest service – the national drugs helpline FRANK (0800 77 66 00) has a list of services by area.

Most people start treatment programmes simply by going to their nearest treatment service. Alternatively, someone like your social worker, your GP, or someone at A&E may make an appointment for you.

You may get into treatment because you are given a court order saying you have to attend. One in five people access treatment through the Drug Interventions Programme (DIP), which links the criminal justice and treatment systems.

Waiting times

Starting treatment in the community will usually mean a short wait, although you shouldn't wait more than three weeks. If a substitute drug such as methadone is suitable, you should have a similar wait to see a doctor and get a script.

ASSESSMENT

Initially you will get your drug use assessed. There are three types of assessment – which ones you'll get will depend on where you are and where you go to first.

Screening

Screening is done by non-specialists such as GPs, health centre workers, probation officers and social workers. It is simply to check for drug and alcohol problems and to find out how urgently you need help. You will be asked about any other problems related to your drug use and any immediate dangers. You will then be referred to a specialist service to start your treatment.

Triage assessment

If you arrive at a specialist treatment service, or are referred there, you will first get a triage assessment. The aim is to find out what treatment is most suitable for you. You will be asked questions to find out how serious your problem is, how urgently you need help and how motivated you are to be in treatment.

At this stage you might get an initial care plan (see page 13) to address any urgent needs before moving

to the next stage. If your needs are less serious, you could remain on this plan until you leave treatment.

After triage, you will probably be referred for a comprehensive assessment, either at the same service or at another one. Alternatively, triage and comprehensive assessment may be combined into one assessment.

Comprehensive assessment

A comprehensive assessment is for people with more serious drug problems.

The aim is to find the exact nature of drug and alcohol problems, and any other problems such as health concerns, crime and housing.

Comprehensive assessment may take some time, because it will probably involve more than one worker at a drugs service. For example, if you need prescription drugs, a doctor will have to see you. Or you may need to see a psychologist.

The aim of this assessment is to get the important information to help you and your keyworker develop your care plan.

Drug testing

Any one of these assessments may involve drug testing, with your agreement. A urine or saliva sample will be taken. Regular testing is necessary for any treatment involving prescribing and essential for checking your progress.

Risk assessment

Risk assessment is likely at every stage. This is to find out if you might cause harm to yourself or others – for example, if you have attempted suicide or overdosed.





KEYWORKERS AND CARE PLANS

After assessment you will be getting ready to start what is called structured treatment.

Your keyworker

When you start structured treatment you will be given a keyworker, who will be your main contact at the service.

Who your keyworker is will depend on where you are. Keyworkers could be drugs workers, nurses, or other health and criminal justice professionals. You will meet this person regularly to discuss your current situation, treatment and progress on your care plan. Together you will look at the goals you have set and decide if you have met them. You will then probably update them and move forward by agreeing new goals.

During keyworking, you should regularly receive different kinds of support – this could include information and advice on drugs, alcohol and harm reduction. Your keyworker will also put you in contact with any services you might need, such as education and housing. You might also get other things like

talking therapy, if your keyworker is able to provide them.

Maintaining a good relationship by keeping in regular contact with your keyworker is very important. You must let your keyworker know about any changes in your life that may affect your treatment.

If it is better for you to remain on prescribed drugs, and if you are stable and getting back to a life that doesn't involve drug misuse, you might stop attending the specialist service and get your treatment through your GP. Again, the keyworker should be able to help you through this process and help you arrange all the support you need to stay stable.

When you have achieved all or most of your goals, you could be ready to leave treatment. Your keyworker should be able to help you do this and you may agree an aftercare plan together to help with this.

Care plans

Care plans are very important and everyone in structured treatment should have a care plan.

You and your keyworker will write your care plan together. It's an agreement between you and the treatment service on a plan of action. The aim is to sort out your drug and alcohol problems and to help reduce risks to yourself and people around you.

The plan should set out the goals you want to achieve during treatment and identify who is responsible for doing what, over what period of time. It will include details of the different types of treatment you will need.

It will describe all the things you need help with and cover four main areas – drugs, health, crime and social issues (such as work and housing).

The plan should be short and easy to understand, and you should receive your own copy. It should not be done to you but written, agreed and signed by you and your keyworker.

Care plans should be reviewed regularly by those involved in your treatment. You will get opportunities to review your own progress with your keyworker and request a specific review if necessary.

Outcomes

Your keyworker should regularly review your progress in treatment using our Treatment Outcomes Profile (TOP). This will help to show your progress in reducing your drug and alcohol use, and the improvements in your health and wellbeing.

COMMUNITY TREATMENT

The care plans of people in structured treatment might contain other community-based treatments.

Prescribed treatment

Most people with drug problems will get prescription drugs through a doctor. The big choice for you is whether you go through detox or stay on prescribed drugs for the time being.

The most common treatment for people who use heroin (or similar drugs) is substitute prescribing. You will be prescribed a substitute drug – usually methadone or buprenorphine (Subutex®) – to take instead.

Some drug users agree to be prescribed less and less medication over time to get them off drugs – this is called community detoxification. Others may be kept on a steady dose for longer – this is known as maintenance.

You and your doctor will work out how much substitute medication you need. The doctor may start you on a smaller amount, to make sure you don't

overdose, and then build it up over a few days or weeks. It is important that you feel comfortable on the dose you are given. Your prescription may change as your treatment progresses.

There are national guidelines for substitute prescribing – if you are unhappy with your treatment, let your keyworker know.

Your treatment should be more than prescribing alone – you should be getting other services to help you, which should all be in your care plan. These other services could include harm reduction, information on sexual health, hepatitis B vaccination, treatment for infections (like abscesses), talking therapy and other support to help motivate you through your treatment.

Whatever substitute prescribing you get, it will usually be one of two types:



GP prescribing

Here, your prescription will come from a GP, who will be supported by other drugs workers. These workers will also offer other services such as harm reduction and talking therapy. Your keyworker will usually be one of these workers.

Specialist prescribing

This is where your prescription will come from a local specialist treatment service. Treatment here will be provided by a team that includes psychiatrists, nurses, psychologists, drugs workers and possibly social workers.

Talking therapy

Talking therapy is much more than just a friendly chat. It should be carried out by a trained and competent professional, who will help you face your problems, suggest ways to resolve them and give you clear goals. If you receive a formal talking therapy, it will

require you to work on your problems. It could be learning what triggers you to use drugs, and then developing new ways of thinking or behaving.

There are many forms of talking therapy. These may help you with your addiction, and any anxiety or underlying depression (if you suffer from these).

Talking therapy should be included in the care plan you have agreed with your keyworker and you will be expected to attend these appointments. Most specialist services will provide this.

Day programmes

Structured day programmes usually run a series of activities. You will attend the service at fixed times (usually 3–5 days a week).

These programmes often include group work, talking therapy, education and life skills, and creative activities.

RESIDENTIAL TREATMENT

Some drug users need to go into residential treatment.

People often go into residential treatment because they want to get drug-free and stay clean. Sometimes people with complex problems need hospital treatment to get them stabilised on medication. There are two main types of residential treatment – inpatient treatment and residential rehabilitation.

Inpatient treatment

Inpatient treatment usually takes place in hospitals and rehabs, and provides:

- > Detox, to clear your body of drugs. You will be given medication and medical help to make this less unpleasant
- > Help with health problems linked to drug use (such as liver problems)
- > Stabilisation on medication
- > Urgent medical care

As well as the treatment itself, other services may be available, such as preparation for entering treatment, talking therapy, help with alcohol problems, harm reduction and treatment for infections caused by injecting. There are three main types of places where you can get inpatient treatment:

- > General hospital wards (usually psychiatric wards)
- > Specialist units in hospitals (a whole ward or unit specifically for treatment of drug problems)
- > Residential rehab units with detox units

You could get any one of these types, depending on where you live and what is available. You will normally get into inpatient treatment through community drug services

It is important to have proper support in place for leaving inpatient treatment, so you can maintain any positive changes you have made and not relapse. This should be in your care plan before going into inpatient treatment.



Residential rehabilitation

Usually known as rehab, this usually involves a stay of weeks or even months, and a complete break from normal life. Rehabs normally have a mixture of group work, talking therapy, and other practical and work-related activities, to give you useful skills for when you leave.

There are about 120 rehabs in England. There are different types of rehabs with different programmes to suit different people. You should be able to get a choice of which rehab to go to.

Like inpatient treatment, you will usually access rehab through a community service. The service will decide how ready you are and help you prepare for your stay.

It is important to realise that almost all residential rehabs are drug-free environments, so everyone going there will have gone through detox before arriving. This detox could be in the rehab itself or in a hospital.

After treatment

Once you have been through any type of structured treatment, you will probably need help with being drug-free in the community. For this, you will need suitable aftercare.

If you don't reach your goals it's important that you keep trying. Not everyone manages to get clear of drugs at the first attempt. Your local treatment service should understand this, and you should be able to give it another go. Alternatively, you might want to try a different type of treatment. The important thing is to keep going.

Aftercare

The aim of aftercare is to support you when you leave treatment. Aftercare should help you to hold on to the successes you have made in your treatment and help you get back to a more normal life.

There are two main types of aftercare support that you might need:

- > Drug-related support – this may include help from community services, help in preventing relapse, and user support groups such as Narcotics Anonymous and Alcoholics Anonymous.
- > Non-drug-related support – support to help improve your life and environment. This may include housing, education and employment. You may be getting this kind of support during treatment and it should continue afterwards, for as long as you need it.

Your keyworker should help you access the local services that will continue to provide you with the support you need to stay clean, or stay stable.

USEFUL NUMBERS

Narcotics Anonymous 0845 373 3366

Alcoholics Anonymous 0845 769 7555



QUALITY OF TREATMENT

Keeping treatment up to standard

When you start treatment, it should be the best quality treatment available.

Doctors and treatment services, and their staff, work to national standards. We review the performance of treatment services each year.

Service user involvement

A good-quality treatment service involves clients in their own treatment. The service you attend should encourage service users to comment or even complain about their treatment, without fear of negative consequences. And you should be involved as a partner in the development and reviewing of your care plan.

Services should provide information about local user networks. These organisations can provide support and represent you if necessary.

If you are not happy with the quality of your treatment, remember that you have the legal right to complain. All services should have complaints procedures, and you can also inform the local drug action team, local user groups, or national groups such as The Alliance.

The service user's charter

As a treatment service user, you should expect to receive:

- > A comprehensive assessment within a specified number of days
- > Access to any treatment service within three weeks
- > Full information about your treatment options
- > An individual care plan, which you are involved in developing and reviewing
- > The care plan should be agreed and signed and a copy given to you
- > Respect for your privacy and dignity
- > Confidentiality and an explanation of any circumstances where information might be given to others without your specific consent. You should be able to choose what information about you can be shared with someone else
- > An opportunity to get a second opinion on your treatment from a GP
- > User involvement, with opportunities to have some input into the development of the treatment service
- > An easily accessible and effective complaints system.

A service user's responsibilities

Observing house rules and behavioural rules, as defined by the treatment service, such as:

- > Not using drugs on the premises
- > Treating staff, other clients and visitors with dignity and respect
- > Observing no smoking policies
- > Specific responsibilities set out in the care plan, such as keeping appointment times and taking the prescribed amount of medication at the times advised