PROTOCOLS AND GOOD PRACTICE GUIDELINES FOR WORKING WITH CRACK USERS IN GENERIC SUBSTANCE MISUSE SERVICES

c.o.c.a
conference on crack and cocaine

TURNING POINT
turning lives around

INTRODUCTION

Turning Point is the UK's leading social care organisation. We provide services for people with complex needs, including those affected by drug and alcohol misuse, mental health problems and those with a learning disability.

We provide a wide range of drug and alcohol services across all four tiers of service provision, including advice and education for young people, rehabilitation services, counselling, outreach work and support services for friends and family members. In 2003/04 we worked with 120,000 clients, including 77,000 substance misuse clients.

COCA (Conference on Crack and Cocaine) is the UK's leading charity supporting professionals and organisations with issues relating to stimulant drugs such as crack and methamphetamine. COCA provides advice and information, training and needs assessments.

This document is based on protocols produced by Turning Point and COCA for the Sheffield Drug Action Team Stimulants Working Group in 2003. We would like to thank the working group for their contributions to the document.

Turning Point and COCA have produced the following protocols for managers working in generic substance misuse services. These protocols set out some underlying principles governing crack treatment provision and management support. They are intended as a tool to help guide the work of each service by clarifying its responsibilities and should be used in conjunction with our 'Good Practice Guidelines for Working with Crack Users', which provide more practical advice for managers and staff on engaging and working with crack users. Both of these documents are aimed at generic substance misuse agencies seeing either primary crack or poly-drug users.

The protocols and guidelines are drawn from national guidance documents on commissioning and providing services for crack users produced by the National Treatment Agency (NTA) and COCA, which detail standards to which all agencies are expected to adhere in working with crack users.

PROTOCOLS FOR DELIVERING CRACK SERVICES WITHIN GENERIC SUBSTANCE MISUSE SERVICES

RATIONALE

Increasing numbers of people using crack are seeking treatment. A greater proportion of individuals seen by services are using the drug alongside other substances, such as heroin, alcohol and cannabis. The increase in poly-drug users presenting to treatment is a trend likely to accelerate due to new criminal justice entry routes via the Drug Intervention Programme (DIP) and as treatment services recognise the need to target these groups. They join an opiate treatment population in which crack misuse is also on the increase. Unless the particular needs of crack users are catered for, national and local progress towards improving health and reducing drug-related harm will be seriously hampered.

Providers play a key role in turning what has previously been an opiate-focused treatment system into one that is also capable of meeting the needs of stimulant users, particularly crack users.

GENERAL PRINCIPLES

1. All agencies are expected to respond to the needs of stimulant users especially crack users. Crack may be used as a primary substance or alongside other substances such as heroin (poly use). These underlying principles will be helpful for services supporting other stimulant users. However, separate protocols will have to be drawn up for particular substances like khat, to meet the needs of the specific communities involved.

2. Current research confirms that existing substance misuse approaches (outreach, open access, day programmes and residential services etc.) work well with crack misusers, so agencies can work with them effectively within existing services and with existing models.

3. It is acknowledged that patterns of crack use vary across the country. In areas such as London and Birmingham there are high levels of primary crack use. In other areas the majority of service users are currently using crack alongside other substances and not presenting with crack as a primary problem drug. For those presenting with and being treated for problematic heroin use, it is essential that their use of crack is included in any work when their complex needs are addressed. The use of alcohol may also be a feature of crack use, particularly primary crack use, so this should also be addressed.

4. It is important that all assessment tools assess both primary and secondary substance use to ensure that crack misuse (particularly crack use among opiate users) is not underestimated. Although crack may be described by the client as a secondary drug, it might be having a greater impact upon them and the community than their primary drug of choice.

MANAGEMENT SUPPORT

Managers in services are expected to ensure that their services and staff are equipped to work with this client group. They need to take into account the following guidelines:

1. Generic services should make it clear that they offer treatment for secondary crack use and can assess and either treat or refer primary crack misusers.

2. Services for primary crack users should publicise their service widely and consider the forms of advertising they use and its wording and image to ensure that crack users are engaged.

3. Staff should be adequately trained in working with crack misusers.

   All staff in drug treatment services working directly with service users should be trained in basic crack awareness and each agency should ensure that key staff are trained to a more advanced level, for example anyone clinically supervising staff.

4. Staff should be appropriately supervised and supported. Managers should ensure that clinical supervision is appropriate to meet the needs of those working with crack misusers. It may therefore be that alongside ordinary monthly supervision sessions, additional formal or informal supervision is set up. Within those agencies that are working with larger numbers of crack users, special supervision sessions, either group or individual or a combination of both may be useful.

5. Each member of staff should be given a copy of the following 'Good Practice Guidelines'. Clinical supervisors, through supervision, should ensure that they are putting the guidance into practice in their work.

6. Because of the chaotic nature of crack use, managers should be aware that client caseloads may be affected by increased levels of crisis intervention work.

GOOD PRACTICE GUIDELINES FOR WORKING WITH CRACK USERS

INTRODUCTION

The following guidelines have been developed to provide staff in substance misuse agencies with practical techniques to ensure their services meet the needs of those using crack.

1. Research from the US and UK concludes that the treatment of crack use is no different to or no more complicated than general substance misuse treatment. However, understanding the differences in the type of dependence that is created by crack use is essential for effective engagement and retention of these clients. Typical treatments can have a positive impact on crack problems if people remain in treatment. However, attention needs to be paid to using methods that encourage people to engage in treatment and to making use of the most effective techniques to support them and retain them once they are there.
2. Most crack users perceive drugs agencies as being only for opiate users and thus having nothing to offer them. It is important that projects publicise the fact that they are open to crack users and provide services that can help. As crack users are more likely to ask for help from their GPs, it is essential that GP surgeries are aware of specialist drugs agencies services for crack users. It is important to ensure that GPs and other primary health care staff have relevant training on crack. Services should offer training and support to GP services that are already providing shared care for opiate users. As many crack users have difficulties accessing substance misuse services in which protocols have been developed around opiate users, it may be useful to set up specific sessions to attract them, such as crack-specific drop-ins or acupuncture sessions.
3. It is important that services are staffed by workers who are knowledgeable about crack use and the needs of misusers, so up-to-date training is essential. Passing on information about the drugs and their effects has been found to empower users. It may also be beneficial for staff to be trained in crisis management and cognitive behavioural methods and to have a basic understanding of mental health issues when working with this group.
4. Research suggests that particular importance should be attributed to client centred approaches, in which the key worker demonstrates empathy and understanding, and is able to respond positively to the service users' needs.
5. Evidence demonstrates that an important factor is engagement. Crack users have been found to respond best initially to open access services that are less formal. Services should ensure they respond quickly to crack users to ensure that client motivation is not lost. Also, many crack users present in crisis and thus require immediate practical help. Assessments and allocation to a key worker should therefore be provided as quickly as is possible, preferably on the same day. If this is not possible, they should be directed to a service that offers a drop-in or outreach service. There may be certain groups who are more difficult to engage, such as black and ethnic minority people, middle class users, unemployed and heavy users, who may require more pro-active approaches such as outreach visits, evening services and specific workers.
6. It is important for workers to explain clearly how the service works, including careful explanation of confidentiality policies and their limits. Clarification helps to reduce anxieties and fears in this group,

who may be unfamiliar with drugs services and who may be paranoid and anxious as a result of their drug use.

7. The surroundings in which crack users are seen should be relaxed and welcoming, with the ability to provide privacy where needed. Access to a telephone and appropriate information materials on crack is also important.
8. The key worker/counsellor relationship is highly important; research indicates that people remain in treatment longer if the worker is able to quickly establish a relationship in which the service user feels listened to and understood. A knowledge and understanding of crack use can play a key role in establishing these relationships.
9. Initially, sessions should be kept short and to the point. Overall, cognitive-behavioural strategies have been found to be the most beneficial in working with crack users, even those who are heavy users. Harm reduction and advice/information approaches are useful in the initial stages of working with a service user, as is crisis management work. Brief interventions using techniques such as Motivational Interviewing and Solution Focused Therapy are helpful to use with this group. Relapse management and prevention and appropriate aftercare are also essential elements of effective programmes for crack users.
10. Follow up sessions should be offered within short time frames. For example, three 20-minute sessions may be more beneficial than one 60-minute session. Assessment information needs to be gathered gradually rather than insisted upon at the initial session.
11. Advocacy work can be particularly important with crack users due to the chaos often associated with binge patterns of use and mental health issues etc. On-the-spot phone calls to other professional agencies for referral, information, appointments etc. can be a valuable tool in encouraging crack users to engage with services.
12. When clients have been stabilised, group work has been found to benefit crack users. Groups allow remedial strategies to be practised, are interactive and provide social support, which is a particularly important component of aftercare.
13. Complementary therapies such as auricular acupuncture, shiatsu, reflexology and massage have been found to be particularly helpful for users of crack. Therapies attract groups who may not ordinarily use services, and help to alleviate the withdrawal symptoms, anxiety and paranoia associated with the use of crack and other drugs.
14. Some crack users may require the prescribing of antidepressants for support in the management of depressive episodes associated with crack misuse.
15. The needs of injecting users should not be forgotten. In certain areas the intravenous use of crack is on the rise, where it is being injected alongside heroin or on its own. Encouragement to access needle exchanges and support in doing so should be provided, alongside safer injecting/harm reduction and overdose risk advice.
16. Needle exchanges must therefore ensure their workers are trained and equipped to provide harm reduction advice on crack injecting. It is also important to consider the number of needles being given out, as crack users will inject on a more frequent basis than heroin users.

17. Although for some years harm reduction for crack use has been a politically sensitive area, services should seek to develop effective guidelines and information for crack use and methods of consumption. Specific attention should be paid to the common UK practice of sharing pipes in relation to the possible transmission of Hepatitis C and Streptococcus A.
18. It is helpful to introduce crack users to non-stimulating drinks to reduce symptoms of anxiety. If possible, provide decaffeinated tea and coffee and herbal drinks at the service.
19. If a service user drops out of contact it is useful to repeat offers of help and support by telephone or letter to find out how they are and to encourage them to return. Personalised, rather than formal letters can be helpful. Some services are setting up text reminder systems to remind clients of their appointments. Evidence suggests that pro-active reminders help service users to remain in treatment longer.
20. As with any drug use, once use has stopped the user will require support in terms of accessing activities and interventions to address their wide range of needs, fill their time and rebuild their lives. Aftercare work, such as housing provision, employment and training, is therefore essential, as are structured relapse prevention sessions.
21. The above techniques are extremely useful when working with crack users without complex needs. Those who have multiple problems such as mental health, housing and lack of social support may benefit from more intensive interventions provided through residential rehabilitation or structured day care.
22. For crack users who are using alcohol it is also important to assess and address their alcohol use, as the two substances combine in the liver to form cocaethylene. This increases the risk of serious cardiovascular problems and is also liver toxic. Because of this combination, alcohol can act as a trigger for crack use and so it is vital to address the links between the two substances with the client.
23. It is vitally important to raise issues of sexual health with crack users, as the substance is associated with lowering inhibitions and with consequent high-risk sexual behaviour, especially when combined with alcohol.
24. It should be remembered that many crack users are poly users, often using both opiates and crack, and so may have multiple needs relating to their drug use. All services should be aware of how the effects of crack can change when used in combination with other drugs and the possibility of increased related harm.
25. Crack users may also have additional mental health and/or physical health problems resulting from their drug use, so it is essential that agencies make links with relevant health care and mental health services in the locality to help meet these needs. Where referral and assessment forms enquire about health issues, services should ensure that they reflect the possible health concerns of crack users.
26. Working with crack users can be intensive and energy-consuming, so be clear about your boundaries as a worker. Ensure you make good use of supervisions and informal debriefing sessions and seek support from your colleagues.

BIBLIOGRAPHY

The Task Force to Review Services for Drug Misusers. Report of an Independent Review of Drug Treatment Services in England, Department of Health, 1996.

Commissioning Standards: Drug & Alcohol Treatment and Care, Substance Misuse Advisory Service, HAS, 2000.

Draft National Crack Cocaine Treatment & Response Strategy: Minimum and Maximum Requirements for Effective Practice and Service Delivery, G. Haynes, T. Bottomley and A. Gray, 2000.

Changing Habits: The Commissioning and Management of Community Drug Treatment Services for Adults, Audit Commission, 2002.

Models of Care for Substance Misuse Treatment: Promoting Quality, Efficiency and Effectiveness in Drug Misuse Treatment Services, Department of Health, 2002.

Research into Practice No.1a – August 2002, Drug Services Briefing: Treating Cocaine/Crack Dependence, J. Witton and M. Ashton, Drug & Alcohol Findings, National Treatment Agency, 2002.

© Turning Point / COCA 2005

Turning Point is a registered charity number 234887
a registered social landlord and a company limited by guarantee no. 793558 (England & Wales)
Registered office: New Loom House, 101 Backchurch Lane, London, E1 1LU T: 020 7702 2300 F: 020 7702 1456

Conference on Crack and Cocaine, a company limited by guarantee, registered in England and Wales, number 4610770. Reg Charity No: 1097073.
Registered office: Unit 8, 5 Durham Yard, Bethnal Green, London E2 6QF. www.coca.org.uk