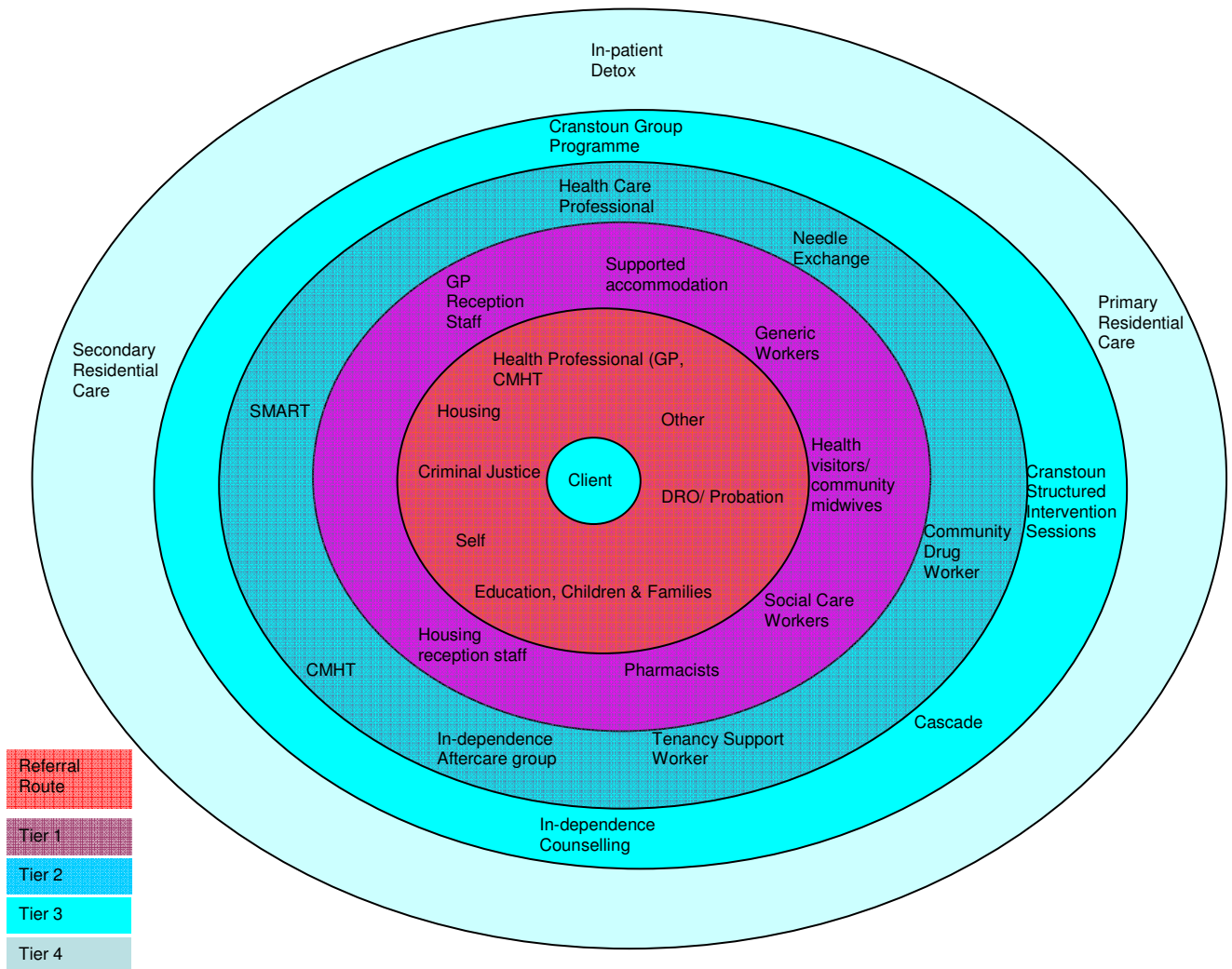


# Tiers of Treatment in the Substance Misuse System



## Tier 1 interventions: Drug-related information and advice, screening and referral by generic services

**Definition:** Tier 1 interventions comprise drug-related information and advice, screening, assessment, and referral to specialised drug treatment

**Interventions:** Commissioners need to ensure that a range of generic services provide as a minimum the following Tier 1 drug interventions:

### Interventions:

- drug treatment screening and assessment
- referral to specialised drug treatment
- drug advice and information
- partnership or “shared care” working with specialised drug treatment services, to provide specific drug treatment interventions for drug misusers within the context of their generic services.

Specific drug treatment liaison schemes may need to be commissioned to fully realise partnership work. Generic services should also provide their own services to drug misusers and some may be specifically designed for drug misusers (e.g. housing projects for those leaving rehabilitation). Commissioners should ensure that drug misusers are not marginalised from generic services by developing local strategic partnerships

### Settings:

Tier 1 interventions are provided in the context of general health (e.g. liver units, antenatal wards, accident and emergency), social care, and education or criminal justice settings.

### Competency:

Generic service staff rarely receive drug training. To enable generic services to provide Tier 1 drug interventions, commissioners may need to commission specific training or work with mainstream systems to integrate drug training into their vocational training. Competence will be required to screen, assess and refer into local specialised drug treatment systems in accordance with local protocols and to provide drug-related advice and information and to work in partnership with specialised drug treatment services. Commissioners may need to ensure competency-based training, information on local systems and drug liaison workers to support partnership projects. Of particular relevance are DANOS24 Standards (Drug and Alcohol National Occupational Standards): AA1 “Recognise indication of substance misuse and refer to specialists”; AB2 “Support individuals who are substance misusers”; AB5 “Assess and act on risk of danger to substance misusers”, and AF1 “Carry out screening and referral assessment”

*Models of care for the treatment of adult drug misusers: Update 2005 – consultation report 16/50*

## Tier 2 interventions: Open access, non-care-planned drug-specific interventions

**Definition:** Tier 2 interventions comprise drug-related information and advice, screening, assessment, referral to structured drug treatment, brief psychosocial interventions, harm reduction interventions (including needle exchange) and aftercare

**Interventions:** Tier 2 interventions which should be commissioned in each local area include:

### Interventions:

- screening, assessment and referral for structured drug treatment
- drug interventions which attract and motivate drug misusers into local treatment
- systems, including engagement with priority groups such as pregnant women,
- offenders, stimulant users etc
- interventions to reduce harm and risk due to BBV and other infections, including dedicated needle exchanges and the support and co-ordination of pharmacy based needle exchanges
- interventions to minimise the risk of overdose and diversion of prescribed drugs
- brief psychosocial interventions for drug and alcohol misuse (including for stimulants and cannabis problems if it does not require structured treatment)
- brief interventions for specific target groups including high-risk and other priority groups
- aftercare support for those who have left care-planned structured treatment.
- liaison and support for generic providers of Tier 1 interventions.

### Settings:

Tier 2 interventions may be delivered separately from Tier 3 but will often also be delivered in the same setting and by the same staff as Tier 3 interventions. Other typical settings to increase access are through outreach (general detached or street work; peripatetic work in generic services or domiciliary (home) visits) and in primary care settings. Pharmacy settings are important due to their unique role in pharmacy based needle exchange schemes and their role in supervised consumption of prescribed drugs. Criminal justice settings – including police and court settings for criminal justice referral, Drugs Intervention Programmes in community settings, as well as CARATs and prison healthcare provision within the prisons estate.

### Competency:

Tier 2 interventions require competent drug and alcohol specialist workers who should have basic competences in line with DANOS 22. Competency also depends on what cluster of services are provided. Normally front line staff would have competence in motivational techniques and drug and alcohol brief interventions. Those advising on injecting techniques should also ideally hold nursing or medical qualifications and be DANOS competent. Those providing extended pharmacy based services for drug misusers including interactive needle exchange and supervised consumption services would normally have drug specific competence, may have specific contractual arrangement with drug treatment commissioners and work in partnership with other community based drug services.

*Models of care for the treatment of adult drug misusers: Update 2005 – consultation report 17/50*

### Tier 3 interventions: Structured, care-planned drug treatment

**Definition:** Tier 3 interventions comprise community-based specialised drug assessment and coordinated care-planned treatment.

**Interventions** Tier 3 interventions that should be commissioned in each local area include:

#### Interventions:

- comprehensive drug misuse assessment
- care planning and review for all in structured treatment, often with regular keyworking sessions as standard practice
- community care assessment and case management for drug misusers
- care co-ordination for those with more complex needs
- harm reduction activities as integral to care planned treatment
- a range of prescribing interventions, in the context of a package of care, in line with the "Clinical Guidelines" (DH 1999) and other evidence-based clinical standards including: stabilisation and oral opioid maintenance prescribing; community based detoxification; injectable maintenance prescribing, and a range of prescribing
- interventions to prevent relapse and ameliorate drug-related and alcohol-related conditions
- a range of structured evidence-based psychosocial interventions to assist individuals to make changes in drug and alcohol using behaviour, and also address co-existing conditions such as depression and anxiety
- structured day programmes and care planned day care (e.g. interventions targeting specific groups)
- liaison services for acute medical and psychiatric health services (e.g. pregnancy, mental health, hepatitis services)
- liaison services for social care services (e.g. social services (child protection and community care teams), housing, homelessness)
- a range of drug treatment interventions for drug misusing offenders including drug treatment elements in Drugs Intervention Programmes, Probation Orders with drug treatment components, and drug treatment provided within prison settings.

#### Settings:

Tier 3 interventions are normally delivered in specialised drug treatment services with their own premises in the community or on hospital sites. Other delivery may be by outreach (peripatetic work in generic services or other agencies or domiciliary or home visits). Tier 3 interventions may be delivered alongside Tier 2 interventions. Some of the Tier 3 work is based in primary care settings (shared care schemes and GP-led prescribing services), but drug specialist-led services are required within the local systems for the provision of care for severe or complex needs and to support primary care. Drug treatment interventions for offenders may be delivered in prison settings by CARATs and some drug treatment programmes or within criminal justice teams (e.g. Drugs Intervention Programmes).

#### Competency:

Tier 3 services require competent drug and alcohol specialised practitioners who should have competences in line with DANOS 22. The range of competences required will depend upon job specifications and remits. Medical staff (usually addiction psychiatrists and GPs) will require different levels of competence depending on their role in drug treatment systems and the needs of the client, with each local system requiring a range of doctor competencies (from specialist to generalist) in line with joint guidance from the Royal Colleges of GPs and Psychiatrists (2005).

*Models of care for the treatment of adult drug misusers: Update 2005 – consultation report 18/50*

## Tier 4 interventions: Drug specialist inpatient treatment and residential rehabilitation

**Definition:** Tier 4 interventions comprise residential specialised drug treatment which is care planned and care co-ordinated to ensure continuity of care and aftercare.

**Interventions:** Tier 4 interventions which should be commissioned to meet local area needs include

### Interventions

- inpatient specialist drug and alcohol detoxification and stabilisation services
- a range of drug and alcohol residential rehabilitation units to suit the needs of
- different service users.
- a range of drug “half way” houses or supportive accommodation for drug misusers
- residential drug and alcohol crisis intervention units (in larger urban areas)
- inpatient detoxification provision, directly attached to residential rehabilitation units for some
- provision for special groups for which a need is identified (e.g. for drug using
- pregnant women, drug users with liver problems, drugs users with severe and enduring mental illness).
- These interventions may require joint initiatives between specialised drug services and other specialist inpatient units.

### Settings

Ideal settings to provide inpatient drug detoxification and stabilisation are specialised bespoke inpatient or residential substance misuse units or wards. Inpatient provision in the context of general psychiatric wards may only be suitable for some patients with co-morbid severe and enduring mental illness, but many such patients will benefit from a dedicated addiction specialist inpatient unit. Those with complex drug and other needs requiring inpatient interventions may require hospitalisation for their other needs e.g. (pregnancy, liver problems, HIV-related problems) and this may be best provided for in the context of those hospital services (with specialised liaison support).

Continuity of care is essential in preserving the gains achieved in residential treatments so there is a compelling argument for providing for suitable patients, inpatient detoxification beds attached to residential rehabilitation units (provided there are adequate medical supports). Other patients will need inpatient detoxification first in an addiction specialist inpatient unit (e.g. because of severity and complexity), but this still requires significant strengthening of the links with residential rehabilitation provision to ensure the seamless transition of clients between the two. Service users requiring residential rehabilitation or “half way houses” may wish to be located away from their area of residence and drug misusing networks.

### Competency

Inpatient or residential interventions providing detoxification and pharmacological stabilisation would normally require medical staff with specialised substance misuse competency (rather than be provided by generalist GPs). The level of specialised medical staff competence required will depend on the types of service provided and the severity of the problems of the clients. Addiction specialist competencies will be needed for inpatient units for severe and complex problems, but suitably competent GPs can provide support to some units for patients with less complex needs. Staff in residential rehabilitation units that are registered care homes will need to meet relevant social care National Occupational Standards. Hospital based services will also be required to meet practitioner standards for independent or NHS hospitals. All staff working in all residential settings are advised to demonstrate competence against DANOS22 at both manager and practitioner levels.

*Models of care for the treatment of adult drug misusers: Update 2005 – consultation report 19/50*