

## 1.5

### Models of Care for the treatment of drug and alcohol misusers

A. **The intervention** consists of:

- 1) Specific information, advice and support.
- 2) **Liaison services**, e.g. for acute medical and psychiatric health services and social care services (such as child care and housing services and other generic services as appropriate).
- 3) A range of **evidence-based prescribing interventions**, in the context of a package of care, including medically assisted withdrawal (detoxification) in inpatient or residential care and prescribing interventions to reduce risk of relapse.

B. There are a wide range of types of **residential rehabilitation services**, which include:

- 1) **Drug and alcohol residential rehabilitation services** whose programmes suit the needs of different service users. These programmes follow a number of broad approaches including therapeutic communities, 12-step programmes and faith-based (usually Christian) programmes. Residential drug and alcohol crisis intervention services (in larger urban areas).
- 2) **Inpatient detoxification** directly attached to residential rehabilitation programmes.
- 3) **Residential treatment programmes** for specific client groups (e.g. for drug-using pregnant women, drug users with liver problems, drug users with severe and enduring mental illness). Interventions may require joint initiatives between specialised drug services and other specialist inpatient units.
- 4) **„Second stage“ rehabilitation** in drug-free supported accommodation where a client often moves after completing an episode of care in a residential rehabilitation unit, and where they continue to have a care plan, and receive keywork and a range of drug and non-drug-related support.

C. The aim of **aftercare** is to sustain treatment gains and further develop community reintegration. Aftercare may include drug-related interventions such as open access relapse prevention or harm reduction. It may also include non-drug-related support such as housing, access to education, and generic health and social care. The aftercare plan should include measures that cover possible relapse and ensure swift access back to treatment if required.

- 1) **Drug-related support** could include open-access relapse prevention, mutual support groups (e.g. Alcoholics Anonymous, Narcomans Anonymous or equivalent user-led groups), and advice and harm reduction support. In addition a range of open-access and low-threshold interventions should be available to provide specific interventions to people who have completed treatment, but who may want or need to have occasional non-care-planned support.
- 2) **Non-drug-related support** can cover a range of issues such as access to housing, supported accommodation, relationship support, education and training, support to gain employment, and parenting and childcare responsibilities. In addition, women's services, peer mentor programmes and other social and activity groups can form elements of non-drug-related support.

(www.nhs.gov.uk)