



If you would like to find out more
about the role of the DAAT or
need information about services
in Oxfordshire, please contact us:

**Oxfordshire Drug and Alcohol
Action Team (DAAT)**

Suite O, The Kidlington Centre
High Street, Kidlington
Oxford OX5 2DL

Telephone: 01865 290800

Fax: 01865 848934

Email: enquiries@oxfordshiredaat.org

www.oxfordshiredaat.org



The Oxfordshire drug and alcohol handbook



Providing help and support
for users, families, carers
and professionals

Contents

This guide is split into the following sections:

Section 1

Essential information



..... 4

- ▶ What will happen when I access a service? 4
- ▶ Waiting times 4
- ▶ Confidentiality 5
- ▶ Recording and sharing information 5
- ▶ Service user and family and carer involvement 5
- ▶ Advocacy 6
- ▶ Safe guarding children 8

Section 2

Drug services and where to find them



..... 9

- ▶ Drop in, open access and outreach 9
- ▶ Needle exchange 10
- ▶ One to one structured support 13
- ▶ Groups 15
- ▶ Treatment (medical) 17
- ▶ Residential rehabilitation 19
- ▶ Aftercare 20
- ▶ Criminal justice 21

Section 3

A-Z of substances



..... 24

Blood Borne Viruses (BBV's)

..... 36



Section 4

Key messages for safer injecting

..... 44



Section 5

Alcohol awareness and services

..... 46



Section 6

- ▶ Alcohol awareness 46
- ▶ Alcohol services 50
 - Drop in, open access and outreach 50
 - One to one and group support 51
 - Treatment (medical) 53
 - Residential rehabilitation 54
 - Aftercare 55
 - Criminal justice 56

Young people

..... 57



Section 7

Families and carers

..... 59



Section 8

Other services

..... 61



Section 9

- ▶ Oxfordshire 61
- ▶ National 65

Essential information



What will happen when I access a service?

Assessment

Everybody referred to drug and or alcohol services will be offered an assessment.

The purpose of an assessment is to establish:

- ▶ The nature and extent of drug and/or alcohol use
- ▶ What support is required
- ▶ Risk to service user or others

The assessment will result in a care plan.

Care planning

The care plan includes individual goals that have been identified and agreed by the service user and caseworker during the assessment. All service users will be asked to sign their care plan and offered a copy of it. The care plan will be reviewed regularly.

A care plan will include:

- ▶ Service user name
- ▶ Caseworker name
- ▶ Agreed goals to be achieved
- ▶ Details on substance misuse, psychological and physical health, well being, social functioning, legal issues, accommodation and harm reduction needs identified in the assessment process
- ▶ Details of planned and agreed support such as one to ones or groups
- ▶ Roles and responsibilities of the caseworker and service user
- ▶ Details of onward, supporting referrals
- ▶ Outcomes
- ▶ Review date
- ▶ Departure planning
- ▶ Caseworker and service user signatures

Waiting times

Drug and alcohol services in Oxfordshire aim to see people within 3 weeks of a referral.

Confidentiality

All services are confidential. Confidentiality has its limits and the information shared with the caseworker will be shared with the organisation delivering the service. Service users have to give permission for information to be shared outside of this.

Confidentiality will be broken if it is believed that the service user poses a risk to themselves or others.

Recording and sharing information

Personal information about service users is recorded and stored by drug and alcohol services in line with the Data Protection Act 1998. Information may be shared, with permission of the service user, with other drug and alcohol services. The service receiving the information is bound by confidentiality and will only use the information for treatment purposes.

With permission, data will be sent in total format to the National Drug Treatment Monitoring System (NDTMS) and to Oxfordshire's Treatment Information System (OTIS).

Service user and family and carer involvement

Services are obligated, via varying Government Acts, to consult with their 'customers' on a regular basis to ensure these customers are happy with the service they receive and to act on any issues that arise.

Locally here in Oxfordshire this action is carried out in 3 separate ways, as follows:

- 1. Promoting involvement in individual care** – Through providing up to date information on services available. Informing service users of their rights and responsibilities in accessing services and fully involving service users and their families, where appropriate, in their care. Advocacy services are also available as a means of enabling service users and families to get their voices heard. Independent advocates speak up for, and with, service users and help them to make their own decisions and contributions.
- 2. Encouraging involvement in service provision** – Service user, and where appropriate family, feedback on existing services highlights both problem areas and good working practice. Service users are involved in the planning, delivery and evaluation of services.

- 3. Ensuring consultation in strategic decision making** – Ongoing service user and family input into planning and policy setting removes barriers and improves access to treatment, widening choice.

Oxfordshire User Team (OUT)

OUT is an independent registered charity that represents service users and their families across Oxfordshire providing a range of user focussed services including overdose prevention and hepatitis C workshops. OUT have a volunteering programme and carry out various service user satisfaction surveys and reviews.

OUT represent users in all stages of the user involvement process described above.

OUT also provide advocacy.

Oxfordshire User Team (OUT)

James House, 47a James Street, Oxford OX4 1EU

Tel: 01865 209111 Mobile: 07986 816955

www.oxfordshireuserteam.org.uk

Services provided:

- ▶ Specialist substance misuse advocacy service
- ▶ Peer education
- ▶ User Involvement
- ▶ Volunteer project
- ▶ Hepatitis C workshops
- ▶ Overdose prevention workshops

For further information please contact OUT on 01865 20911.

Advocacy

Many drug and alcohol users find that they come up against issues whilst in treatment or whilst trying to access treatment. These may affect an individual's treatment gains. Independent advocates can act on the individual's behalf to help resolve issues.

An advocate will:

- 1. Speak as an independent voice** and act as a 'treatment watchdog' on all issues related to the care and treatment of people with drug and alcohol issues.
- 2. Protect users** by advocating for their civil and human rights to receive humane treatment in all settings, within an acceptable time limit and within their rights as set out in

'Patients Charters' and other key documents that promote patient choice.

- 3. Work with service users** to make them aware of their own responsibilities when accessing services.

If you require the services of an advocate please contact OUT on **01865 209111**.

OUT has been operating an advocacy service with great success for individuals within the treatment system or trying to gain access to it. OUT has good links with local service providers and gives out full information on all treatment options available to drug users locally.

Advocacy services are also available for drug and alcohol users and their carers to address any other issues/complaints outside of substance misuse, regarding general health needs. Every area of the UK has one of these services available; they are called the PALS service (Patient Advice and Liaison Services).

PALS is a confidential service for patients, relatives and carers.

PALS aims to:

- ▶ help with any concerns the individual may have about the care provided
- ▶ help sort out problems quickly on the individual's behalf
- ▶ listen to any concerns, suggestions or queries
- ▶ guide the individual through the different services in the Trust
- ▶ negotiate immediate solutions or speedy resolution of problems

PALS can:

- ▶ provide accurate information to patients, carers and families, about the Trust's services, and other health related issues, using accredited, reliable sources
- ▶ act as a catalyst for change and improvement
- ▶ be a key source of information, feedback and an early warning system for the Trust
- ▶ monitor problems in the Trust
- ▶ proactively seek patients' experiences of health care, including problems arising and highlight gaps in services
- ▶ work within local networks across organisational boundaries to ensure a seamless service for patients who move between and use different parts of the NHS for the care they need

Contact PALS on one of the numbers below
Monday to Friday 9am-5pm:

John Radcliffe Hospital	Tel: 01865 221473
West Wing and Children's Hospital	Tel: 01865 743324
Churchill Hospital	Tel: 01865 225956
Horton Hospital	Tel: 01295 229259
Warneford Hospital	Freephone: 0800 328 7971
Nuffield Orthopaedic Centre NHS Trust	Tel: 01865 738126
South Central Ambulance Service NHS Trust	Tel: 01962 892 622

Specialist Housing Advocacy and Advice is provided via Shelter in Oxford City. Shelter can provide specialist housing advice and support in respect of tenancy issues.

The areas they cover are:

- ▶ Housing and Homelessness
- ▶ Council and Social Housing

Shelter holds a housing surgery on Tuesdays at Templar's Sq and Thursdays at St Aldates Chambers. Anyone can drop in in the morning and appointments are held in the afternoon.

Safe guarding children

All adults have a duty of care to safe guard and promote the welfare of children and young people. The Childrens Act 2004 places this duty on all organisations. All caseworkers have a responsibility to ask service users if they have children or are in contact with somebody else's child and assess any risk. Where there are concerns that a child is, or may be, at risk of harm, the overriding consideration is to safeguard the child. In this instance confidentiality will be breached.

Drug services and where to find them



Drop in, open access and outreach



These types of services offer advice and support to help people access drug services. They can be the first port of call for people who are unsure about what is available; they are informal, friendly and welcoming. They can carry out an assessment and referral for structured drug treatment. The list below is an outline of the types of things to expect from these services:

- ▶ Harm reduction advice including the risk of blood borne virus transmission
- ▶ Information on other available services in the area
- ▶ Needle exchange
- ▶ Drug related support
- ▶ Referral to drug treatment or support services
- ▶ Referral to other services including housing, GP, aftercare
- ▶ Support that may be needed before accessing more structured treatment

An appointment is not needed to access these services.

Community Drug Service

SMART, The Old Music Hall, 106-108 Cowley Road, Oxford OX4 1JE

Tel: 01865 403151 www.smartcjs.org.uk

The aim of the service is to reduce the harm caused by problematic drug and alcohol use providing a range of interventions aimed at drug and alcohol users.

Services provided:

- ▶ Advice and information
- ▶ Assessment
- ▶ Outreach
- ▶ Drug and stimulant specific awareness
- ▶ Access to one to one support
- ▶ Access to group support
- ▶ Signposting and information on other support services in Oxfordshire
- ▶ Referral to other structured treatment

- ▶ Harm reduction advice and information and specialist stimulant packs
- ▶ Access to alternative and complementary therapies

Access

Drop in and open access sessions are held across the county. Please call 01865 403151 for the nearest drop in session.

The Women's Service

Cranstoun Drug services, 3 Collins Street, Hooper House, Cowley Road, Oxford

Tel: 01865 793880 www.cranstoun.org

This is a female only service that aims to meet the needs of female drug users and provide a safe space for women. The service is staffed by female caseworkers who have specialist knowledge of child support issues, domestic violence and sexual health.

Services provided:

- ▶ Advice and information
- ▶ Assessment
- ▶ Access to one to one support
- ▶ Access to groups
- ▶ Specialist support for female specific issues
- ▶ Access to a crèche
- ▶ Signposting and information on other support services in Oxfordshire

Women's Initiative on Street Health (WISH) – Outreach project aimed at drug using women; in particular, street based sex workers.

Access

You can be referred to the Women's Service or you can attend the drop in/open access session which is held every Friday 10am-4pm at Hooper house.

The WISH outreach project operates every Thursday from 8pm – 12am when outreach workers are present in East Oxford.

For more information please contact the Women's Service on 01865 793880.

Needle exchange

Injecting drugs is very risky practice. Needle exchanges exist to reduce the risks by providing clean and sterile equipment to promote safer injecting and reduce the spread of blood borne viruses (BBV's).



Injecting equipment provided can include needles, syringes and a bin to dispose of used equipment safely. The needle exchange will also arrange for the disposal of the used equipment. Needle exchange provision takes place in a number of different settings including pharmacies.

In Oxfordshire needle exchange services in pharmacies are part of the Sterile Works for Oxfordshire Premises (SWOP) scheme.

SWOP Scheme

Free needle packs and safe disposal of used equipment provided from pharmacies and specialist harm reduction services throughout Oxfordshire.

Services provided:

- ▶ Clean injecting equipment and paraphernalia
- ▶ Written harm reduction advice and information (including safer injecting and sexual health)
- ▶ Condoms
- ▶ General Healthcare screening
- ▶ Advice on immunisation and testing for Blood Borne Viruses

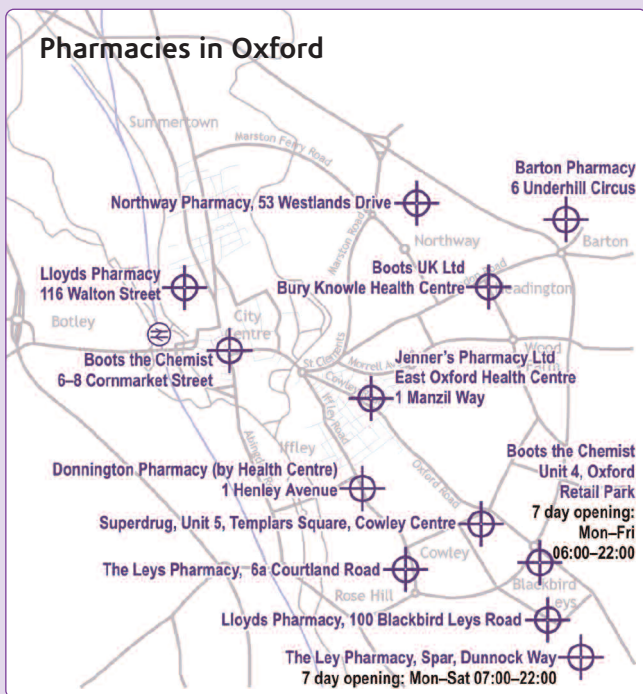
Access

SWOP services are open access and are provided in the following pharmacies across the county:

Pharmacies in Oxfordshire

Knights Pharmacy 2 Burchester Place Banbury	Cox & Robinson Pharmacy, South Bar House, Banbury	Lloyds Pharmacy 34 Sheep Street Bicester	Mid-Counties Co-op Pharmacy, 5 Barbary Place, Bicester
Boots the Chemist 18 High Street Chipping Norton			Superdrug 39 Sheep Street Bicester
Rowlands Pharmacy Nuffield Health Centre Welch Way, Witney			Lloyds Pharmacy 18 The Parade Kidlington
S & C Reavley 124 High Street Burford			Tesco Pharmacy Marcham Rd Abingdon
Lloyds Pharmacy 7 Burford Road Carterton			Lloyds Pharmacy 19 Bury Street Abingdon
Lloyds Pharmacy 7 Peachcroft Shopping Centre, Abingdon			Chalgrove Pharmacy 60 High Street, Chalgrove
Boots UK Ltd Market Place Faringdon			Boots UK Ltd off West St, Henley-on-Thames
Bretts Chemist Ltd 11-12 Milbrook Square, Grove			Boots the Chemist 5/7 Bell Road Henley-on-Thames
	Tesco Pharmacy Wallingford Road Didcot	Lloyds Pharmacy 20-21 Market Place Wallingford	

See overleaf for Oxford City pharmacies...



Needle exchange is also available from:

- ▶ The Nightshelter and
- ▶ The Gap

Specialist Harm Reduction Advice and Support

SMART, Harm Reduction Coordinator, The Old Music Hall, 206-208 Cowley Road, Oxford OX4 1JE

Tel: 01865 403151 www.smartcjs.org.uk

A comprehensive range of harm reduction paraphernalia and interventions are available such as:

- ▶ SWOP Packs
- ▶ Pick n mix including water, condoms and stericups
- ▶ Assessment
- ▶ Specialist harm reduction advice and 1-1's
- ▶ Hepatitis C screening

Access

You can be referred for specialist one to one harm reduction advice or request this service when accessing the needle exchange.

For more information please contact 01865 403151.

One to one structured support

One to one structured support gives an individual the time and the space to address their drug use with a caseworker in order to reduce harm and improve health and wellbeing. They can include cognitive behavioural therapy, coping skills and relapse prevention approaches. An assessment will determine if an individual will benefit from attending one to one sessions. A care plan will be agreed between the service user and a caseworker and will be reviewed regularly.

The individual will be expected to attend regular appointments either weekly or fortnightly depending on need.

Community Drug Service

SMART, The Old Music Hall, 106-108 Cowley Road, Oxford OX4 1JE

Tel: 01865 403151 www.smartcjs.org.uk

The aim of the service is to reduce the harm caused by problematic drug and alcohol use by providing care planned structured one to one support for drug and alcohol users requiring treatment throughout Oxfordshire.

Services provided:

- ▶ Assessment
- ▶ Care planning
- ▶ Harm Reduction
- ▶ Relapse prevention
- ▶ Cognitive Behavioural Therapy
- ▶ Motivational Enhancement Therapy
- ▶ Personal awareness development
- ▶ Coping and social skills development
- ▶ One to one sessions addressing substance misuse and needs identified in the care plan
- ▶ Stimulant specific one to one sessions
- ▶ Access to group work
- ▶ Access to acupuncture and complementary therapies
- ▶ Referral to other services

Access

These services are available across Oxfordshire at the following locations:

- ▶ Oxford
- ▶ Witney
- ▶ Abingdon
- ▶ Banbury
- ▶ Bicester
- ▶ Didcot

There is also a mobile treatment centre that covers smaller towns and villages.

You can self refer to this service by calling 01865 403151 or by attending one of the drop in/open access sessions.

You can also be referred to this service by your GP or caseworker.

The Women's Service

Cranstoun Drug Services, Hooper House, 3 Collins Street, Cowley Road, Oxford

Tel: 01865 793880 www.cranstoun.org

This is a female only service that aims to meet the needs of female drug users and provide a safe space for women. The service is staffed by female caseworkers who have specialist knowledge of child support issues, domestic violence and sexual health.

Services provided:

- ▶ Assessment
- ▶ Care planning
- ▶ One to one sessions addressing substance misuse and needs identified in the care plan
- ▶ Access to group work, including women only groups
- ▶ Open access drop-in
- ▶ Complementary therapies
- ▶ Specialist support and advice for female specific issues
- ▶ Access to a crèche
- ▶ Referral to other services
- ▶ Women's Initiative on Street Health (WISH) – Outreach project aimed at drug using women; in particular, street based sex workers

Access

You can self refer to this service by accessing the drop in/open access session held on a Friday from 10am – 4pm.

You can be referred by your GP or caseworker.

Counselling Service

SMART, The Annexe, The Old Music Hall, 54a Marston Street, Oxford

Tel: 01865 403210 www.smartcjs.org.uk

This service offers short-term counselling to anyone in Oxfordshire who has current issues around drug or alcohol use. Part of the focus of the counselling will be to explore what role substance use plays (or has played) in people's lives, by understanding how they use substances to manage their feelings and relationships, and recognising how their sense of who they are is tied into using them.

Services provided:

- ▶ Up to twelve 50-minute sessions
- ▶ Review after 6 weeks

Access

Before accessing this service it is important to have a full and honest discussion with your caseworker about whether it is the right time to see a counsellor. If there are immediate, pressing needs around substitute prescribing/medication or housing, it might be best to address these beforehand. It is important to be aware that being in a counselling relationship involves challenging beliefs and it also frequently involves talking about events or issues that you may never have spoken about to anyone else.

For an informal discussion before referral caseworkers can call the service on 01865 403210.

This service is accessible through caseworkers; the service does not take self referrals. Please note there is often high demand for this service.

Groups

People often find treatment within a group setting beneficial. As part of the individual's treatment package, a range of groups can be chosen that are delivered in various locations across the county.



Oxfordshire Group Work Modules

There are dedicated groups for drug users, alcohol users and female service users.

Please contact the Women's Service directly for details of the women's only groups. The following are the types of groups available and a brief description of what each entails.

Introduction to treatment

- ▶ Four sessions, 4 week open rolling group
- ▶ Suitable for initial DRR clients and clients new to the treatment system

These can be completed in any order and explore drug and alcohol awareness, harm reduction, treatment options and group dynamics.

Motivational enhancement

- ▶ A six session group
- ▶ Suitable for clients assessed as requiring an additional motivational intervention

This group works to increase a person's awareness of potential problems caused, consequences experienced and risks faced as a result of their drug/alcohol use. The group focuses on increasing individual awareness, thinking about change, making change happen and setting and working towards goals.

Cognitive Behavioural Therapy Substance misuse – making changes

- ▶ An eight session group
- ▶ Suitable for clients assessed as needing to address problematic substance misuse issues and suitable for structured group interventions

This group is all about change. It focuses on thinking and behaviours that are needed to create and maintain change within a framework of identifying individual need and setting goals to meet those needs. Particular attention will be paid to positive thinking and problem solving.

Offending behaviour

- ▶ An eight session group
- ▶ Suitable for clients that have been through the criminal justice system as a result of substance misuse

This group will offer participants the opportunity to consider their offending behaviour and examine the impact offending has on their lives and on others. It looks at social exclusion and the pressures to change and offers practical strategies in both addressing offending behaviour and identifying other sources of satisfaction.

Relapse prevention

- ▶ A six session group
- ▶ Suitable for clients stable on a maintenance prescription, are on a programme of community detox or who have achieved abstinence

The group focuses on equipping participants with skills and knowledge to maintain change and manage relapse if it occurs. The sessions focus on previous experiences of relapse and the identification of cravings and triggers. Particular attention is paid to participants developing coping strategies and problem solving techniques.

Managing emotions

Four separate groups, each with four sessions. Clients can be booked on one, or a combination of all four according to need.

► **Managing anxiety**

This group looks at anxiety itself and its relationship to thoughts and behaviours. It identifies how it affects you and ways of relaxation

► **Managing relationships**

This group looks at what a relationship is, what the good and bad qualities of a relationship are, and how to maintain them. It also looks at the responsibilities and rights within them

► **Anger management**

This group looks at understanding the role and function of anger, the warning signs and monitoring your own expression of it

► **Emotional communication**

This group looks at understanding emotions and recognising them in ourselves, and how they are expressed

Complementary therapies

Caseworkers can also book their clients onto these therapies to complement their package of care. These include massage; Indian head massage, auricular acupuncture and reflexology. Priority is given to those accessing the following groups: CBT based substance misuse, offending behaviour and the four managing emotions groups.

Access

Groups are held at the Old Music Hall in Oxford city and a selection of groups are held in venues across the county.

Individuals must be booked on to the modules by a professional from within the Oxfordshire drug and alcohol treatment system.

To book a service user on to a module or to check availability, please contact the administrator at The Old Music Hall on 01865 403151. Service user details will need to be faxed on 01865 403169. Please refer to the Operational Manual for full module information.

Treatment (medical)

Medical treatment for substance misuse is an intervention that requires an assessment and care plan. Medical treatment for substance misuse is the provision of safe and appropriate substitute prescribing primarily for opiates, including stabilisation, maintenance and detoxification. It also includes treatment for alcohol.



The role of this treatment is to reduce the harms associated with substance misuse, specifically:

- ▶ Reduce drug related deaths and risk behaviour
- ▶ Managing addictive behaviour
- ▶ To reduce injecting as a route of use
- ▶ To reduce crime and the social ill consequences of drug misuse
- ▶ By stabilising patients on substitute medication
- ▶ Assisting patients to undertake community detoxification
- ▶ Reduce the transmission and spread of blood borne viruses associated with drug and alcohol use

When a GP prescribes substitute medication such as methadone or buprenorphine (Subutex) they will request that the pharmacy supervises the taking of the medication for normally 3 months. This is an opportunity for the service users to speak to the pharmacy about any general health concerns, to ensure there are no adverse effects from taking the medication and to ensure that the medication is taken.

Medical treatment for substance misuse should always be part of a package of care that includes other interventions.

Oxfordshire Shared Care Scheme

Shared Care is the joint participation of specialist nurses (SCAS nurses), GPs and pharmacists in providing medical interventions for substance misuse. This will usually involve prescribing of methadone or buprenorphine (Subutex)

Services provided:

- ▶ Assessment
- ▶ Care planning
- ▶ Prescribing substitute medications – stabilisation, maintenance and detoxification
- ▶ Supervised consumption or instalment dispensing
- ▶ Referral, assessment and facilitate access to in-patient detoxification
- ▶ Health promotion, harm reduction and relapse prevention advice
- ▶ Advice and support for families and carers of patients
- ▶ Referral to other drug services for one to one interventions
- ▶ Access to groups
- ▶ Promotion of the uptake of immunisation and testing for blood borne viruses (BBV)
- ▶ Onward referral for BBV treatment
- ▶ Community detoxification

Access

Shared Care can be accessed via GP's or Drug Treatment Clinics across the county. Ask for details at any GP practice.

Specialist Community Addictions Service (SCAS)

The Rectory Centre, Rectory Road, Oxford OX4 1BU

Tel: 01865 455634 www.obmh.nhs.uk

This is a secondary care service provided by Oxfordshire and Buckinghamshire Mental Health NHS Partnership Trust. It is aimed at service users with serious substance misuse problems that cannot be managed within the Shared Care Scheme.

Services provided:

- ▶ Comprehensive assessment
- ▶ Care planning
- ▶ Case management
- ▶ Community prescribing for service users not suitable for Shared Care – stabilisation, maintenance and detoxification

Access

You have to be referred to this service by a GP or nurse.

Residential rehabilitation (residential rehab)

The aim of residential rehab is to help an individual achieve continuing abstinence from addiction and to improve their life and functioning in support of continued abstinence.

Residential rehab usually involves staying in a facility for weeks or months, having a complete break from current circumstances. Residential rehabs normally have a mixture of group work, counselling and other practical and vocational activities.

There are several types of rehabs:

- ▶ Traditional rehab units, with programmes to suit the needs of different service users. Different units have different approaches, for example therapeutic communities and the 12-Step programmes used by Alcoholics Anonymous and Narcotics Anonymous
- ▶ Crisis intervention units (usually in urban areas) that help people in drug-related crisis. These are generally shorter stay units
- ▶ Residential treatment programmes for specific client groups, for example pregnant women, people with liver problems and clients with mental illness

- ▶ Second stage or move-on supported accommodation, where some clients go to after rehab
- ▶ Other supported accommodation, with the rehabilitation interventions (therapeutic drug-related and non-drug-related interventions) provided at a different nearby site(s)

Individuals can access rehab through community drug services and medical treatment services. An assessment will take place to see whether rehab is a suitable treatment option and to assess which centre would be most suitable to the individual's situation and needs. People entering rehab will usually have gone through detoxification before entering which can be done in the community, at the rehab itself (if it has an attached detox unit), or at a residential detoxification unit.

Local authorities have a duty of care to carry out assessments for people believed to be in need, this is called a community care assessment and will normally be carried out by social worker. A community care assessment is carried out to assess the need for residential rehabilitation. This does not include a financial assessment.

Residential Rehabilitation Assessment Team

Rectory Centre, Rectory Road, Oxford

Tel: 01865 455614

Services provided:

- ▶ Assessment
- ▶ Care planning
- ▶ Community Care Assessment
- ▶ Referral to residential detoxification
- ▶ Referral to residential rehabilitation
- ▶ Care coordination and review during your stay in residential rehabilitation
- ▶ Coordination of aftercare services for people returning to Oxfordshire from a residential rehabilitation and/or inpatient detoxification placement.

Access

You have to be referred to this service either by your GP or caseworker.

Aftercare

Aftercare is a package of support that can be accessed when a drug and/or alcohol user reaches the end of a community, residential or prison based programme. Aftercare aims to assist individuals



in sustaining treatment gains and to help reintegrate into the community. Aftercare services provide support to individuals who want to lead a productive and drug free life.

Aftercare is also suitable for those who have achieved abstinence and who are motivated to making further changes in their lives. The service is also available to those who have previously completed a treatment programme but require additional support to prevent a return to drug or alcohol misuse.

The individual will be assigned to a worker who will complete an assessment and care plan, looking at all of the person's needs and goals. These could include relapse prevention work, counselling or access to courses, IT and training, employment.

Aftercare Service – Restart Plus

**SMART CJS, The Annexe, The Old Music Hall,
54a Marston Street, Oxford**

Tel: 01865 403210 www.smartcjs.org.uk

Restart Plus is an aftercare service that individuals can access once they have completed, or are near the end of completing, a drug or alcohol treatment programme. The service is also suitable for those who are stable on substitute prescriptions, and clean from illicit drugs, who are motivated to making further changes in their lives. The service provides support to individuals who want to lead a productive and drug free life.

Services provided:

- ▶ Assessment
- ▶ Care planning
- ▶ One to one case management
- ▶ Peer support
- ▶ Relapse prevention
- ▶ Use of IT and resource suite
- ▶ Access to vocational training programmes and training agencies
- ▶ Development of transferable skills and employment related opportunities, such as CV writing
- ▶ Routes into education
- ▶ Access to counselling
- ▶ Access to groups
- ▶ Mentor support
- ▶ Help getting a job

Access

You can self refer to Restart plus or you can be referred by your caseworker as you are nearing the end of your treatment.

Criminal justice



Drug and alcohol services work with people coming through the criminal justice system, both in the community and in prison.

Oxfordshire has developed a joint approach with the police and probation service under the banner of Integrated Offender Management (IOM). One element of IOM is the Drugs Intervention Programme (DIP) which started off as a Home Office initiative made up of 3 stages:

- ▶ Testing on arrest
- ▶ Required Assessment
- ▶ Restriction on Bail

Upon arrest for an acquisitive crime, such as robbery, theft and burglary, an individual will be drug tested at the police station. If this test comes back positive for cocaine or opiates it is a legal requirement to have an assessment with a caseworker. This assessment will normally take place in custody, unless the arrest takes place on a weekend or in the middle of the night. If this is the case the individual will be given an appointment to see the caseworker within the next few days. After this assessment, it is a legal requirement to attend a follow up appointment with the worker. If the individual fails to attend these appointments they can be re-arrested and can be charged with a separate offence of 'Failing to Attend'.

If an individual is charged with an offence, attends court and is given bail, the third stage of DIP comes into force which is 'Restriction on Bail'. It will be made a condition of the person's bail to attend appointments with a caseworker. If the individual does not attend these appointments, it is a breach of bail and they can be arrested. Attendance will be reported back to the court for their sentencing date.

If someone regularly commits crime and reoffends they may be classed as a Prolific and Priority Offender and put onto the Oxfordshire PPO scheme. This provides intensive support and supervision designed to bring about beneficial changes in the offenders lifestyle and offending behaviour, with the focus on rehabilitation.

Drug Rehabilitation Requirement (DRR)

A Drug Rehabilitation Requirement forms part of a community sentence. The DRR is made up of a treatment plan which is agreed between the individual and the probation substance misuse worker, with the number of hours of engagement and treatment ultimately decided by the court.

The aim of the DRR is to help reduce drug related offending and to help the individual to reduce their drug use or stop completely.

The components of the DRR can include drug testing, appointments with the probation substance misuse worker, attendance at groups, counselling, substitute prescribing and any other necessary treatment. If the individual does not stick to the plan or does not attend the activities/treatment agreed, they will be in breach of the community order and returned to court.

Integrated Offender Management

**SMART CJS, Drug Interventions Programme (DIP),
The Old Music Hall, 106-108 Cowley Road, Oxford**

Tel: 01865 403240 www.smartcjs.org.uk

DIP aims to assist drug using offenders out of crime and into treatment. Some of the contact is voluntary and some is not; this will be explained to service users.

Services provided:

- ▶ Assessment
- ▶ Care planning
- ▶ Restrictions on Bail
- ▶ Access to groups
- ▶ Support into structured treatment
- ▶ Referral to other services
- ▶ Access to the rapid prescribing clinic

Probation Substance Misuse Team

Albion House, Littlegate Street, Oxford OX1 1JN

Tel: 01865 240750

This team work with drug using offenders who are being assessed for or have been sentenced to a community order Drug Rehabilitation Requirement (DRR) or Alcohol Treatment Requirement.

Services provided:

- ▶ Assessment
- ▶ Care planning
- ▶ Case management
- ▶ Access to groups
- ▶ Drug testing

A-Z of substances



Terminology buster

Below is an explanation of terms used in this section that relate to what occurs in your brain when you take drugs.

- ▶ **The Brain's Reward Centre** – All drugs of abuse directly or indirectly target the brain's reward system by flooding the circuit with dopamine. Dopamine is a neurotransmitter present in regions of the brain that regulates movement, emotion and feelings of pleasure. The overstimulation of this system, which rewards our natural behaviours, produces the euphoric effects sought by people who abuse drugs and teaches them to repeat the behaviour.
- ▶ **Psychological dependence** – This is when a person who has taken a drug for a long time feels that they cannot stop taking the drug because they cannot function without it. If the person stops taking the drug it can lead to psychological withdrawal symptoms including anxiety and depression.
- ▶ **Physical dependence** – This is when a person experiences physical symptoms when a drug is stopped this is called withdrawal syndrome. Heroin and alcohol can cause physical withdrawal symptoms such as aches, joint pains and shakes.
- ▶ **Neurotransmitter** – Neurotransmitters are chemicals that allow the movement of information from one neuron across the gap (which is called the synapse) between it and the adjacent neuron. The release of neurotransmitters from one area of a neuron and the recognition of the chemicals by a receptor site on the adjacent neuron causes an electrical reaction that facilitates the release of the neurotransmitter and its movement across the gap.
- ▶ **Serotonin** – Serotonin is a neurotransmitter that transmits information to the brain. Serotonin is a chemical that helps maintain a "happy feeling," and seems to help keep moods under control by helping with sleep, calming anxiety, and relieving depression. Changes in the serotonin levels in the brain can alter the mood for example low levels of serotonin could be the cause of depression.

- Dopamine** – The brain makes dopamine, which makes people more talkative and excitable. It affects brain processes that control movement, emotional response, and ability to experience pleasure and pain. All of these chemicals are natural chemicals that affect our bodily processes.

The Law

The Misuse of Drugs Act 1971 regulates what are termed 'controlled drugs' and divides these drugs into three classes:

Class A

Ecstasy, LSD, heroin, cocaine, crack, PMA, magic mushrooms, methadone, amphetamines (if prepared for injection), methamphetamine

Penalty for possession

Up to 7 years in prison or an unlimited fine or both

Penalty for dealing/supply

Up to life in prison or an unlimited fine or both

Class B

Amphetamines, cannabis, methylphenidate (Ritalin)

Penalty for possession

Up to 5 years in prison or an unlimited fine or both

Penalty for dealing/supply

Up to 14 years in prison or an unlimited fine or both

Class C

Tranquilisers, some painkillers, Gamma Hydroxy Butyrate (GHB), ketamine, buprenorphine (Subutex), benzodiazepines

Penalty for possession

Up to 2 years in prison or an unlimited fine or both

Penalty for dealing/supply

Up to 14 years in prison or an unlimited fine or both

Offences under the Misuse of Drugs Act can include:

- Possession of a controlled substance unlawfully
- Possession of a controlled substance with the intent to supply it
- Supplying or offering to supply a controlled drug (even where no charge is made for the drug)
- Production, cultivation or manufacture of controlled drugs
- Allowing premises you occupy or manage to be used unlawfully for the purpose of producing or supplying controlled drugs

Alcohol

Alcohol is a depressant and is a legal drug. Alcohol is absorbed into the bloodstream and the length the effects last depend on the strength and amount of alcohol consumed. People can feel aggressive, less inhibited and uncoordinated. Alcohol is often used with other drugs, and it exaggerates the effects. Long-term use of alcohol can lead to severe health problems such as liver cirrhosis, kidney failure and obesity.

For more information please see alcohol section of the guide.

Amphetamine

Street names: speed, phet, billy, whizz, sulph, base, paste, dexies

'Speed' is the street name for a range of amphetamines such as amphetamine sulphate and dexamphetamine. Like cocaine, amphetamines are stimulants that people take to keep them awake and alert. The effects of amphetamine kick in within half an hour of taking it by mouth. If you inject it you'll experience the effects quicker and these effects can last for up to six hours. The high is generally followed by a long slow comedown.

An intensified release of the neurotransmitters dopamine and adrenaline forms the basis of speeds effects; adrenaline is released throughout the body.

Speed is available in tablet or powdered form and is either swallowed or is snorted in lines like cocaine. Sometimes it's rolled up in cigarette paper and swallowed, called a speedbomb. It is water soluble so can be hidden in drinks.

Prescription amphetamines can be used to treat conditions like Attention Deficit Hyperactivity Disorder (ADHD).

Law: *Amphetamine is a Class B drug. It's illegal to have, give away or sell. Prepared-for-injection speed becomes a Class A.*

Benzodiazepines

Street names: benzos, temazies, jellies, eggs, moggies, vallies

Benzodiazepines are doctor-prescribed drugs for reducing stress and anxiety, promoting calmness, relaxation and sleep and as anti-depressants.

These drugs have been commonly found in medicine cabinets across the world for many years. They have also been commonly used by drug users for many years too. However they are much harder to get hold of nowadays, leaving lots of room for tablets from this group being purchased over the internet. This is a problem as they are not the same as UK produced.

Benzodiazepines are not an evidenced based medication to treat heroin addiction.

Law: *Benzodiazepines are a Class C drug and as with any other Class C drug it is illegal to possess without a prescription.*

Cannabis

Street names: draw, skunk, solid, dope, blunt, puff, weed

Cannabis comes in two forms, either 'resin' or 'herbal'. Cannabis has been around for many years in many different varieties of strength and origin. The 'active' substance in cannabis that produces the desired effect is brought on by the presence of THC (tetrahydrocannabinol).

Cannabis works by indirectly stimulating the brains reward centre, the effects arise because THC disrupts the action of the neurotransmitter anandamine, found in different parts of the brain.

In small doses it produces a high that is described as making you 'relaxed, contented and slightly intoxicated'. In higher doses, it can bring on paranoia, hunger and impairment of memory function. A long-term side effect of cannabis would be a psychological dependence.

Law: *This drug is now a Class B drug. This new law came into effect on the 26th January 2009.*

Cocaine

Street names: charlie, snow, coke

Cocaine is an alkaloid found in the leaves of the 'coca' plant. Coca leaves have been chewed by South American Indians for many thousands of years to induce a mild and long-lasting euphoria. It is available in the UK in a white powder form and varies widely in purity.

An intensified release of the neurotransmitter dopamine forms the basis of the effects produced from cocaine. Dopamine is then released in the reward centre of the brain. Cocaine can also stimulate the reward centre and arouse pleasurable feelings.

Cocaine is a heavily addictive drug. Its stimulating and addictive effects result from a disruption of the brains reward system. Tolerance to cocaine increases over time. Cocaine users need more of the drug to produce the same effects they gained initially. Regular use of cocaine also heightens the risks of side effects. Cocaine users will become more irritable, agitated and paranoid; ultimately this can lead to full blown psychosis, whereby users can completely lose touch with reality.

Cocaine users find that this drug to begin with enhances confidence, even in those already confident. However, over time confidence will reduce significantly and produce feelings not expected by the user.

Law: *Cocaine is a Class A drug.*

Crack

Street names: rock, white, stones, bone

Cocaine powder, freebase and crack are all forms of cocaine. They are stimulants with powerful, but short-lived, effects. Stimulants temporarily speed up the processes of your mind and body.

'Freebase' cocaine and 'crack' cocaine, can be smoked, and so can reach the brain very rapidly. The effects of crack smoking are virtually immediate, peaking for about two minutes and lasting for only about 10 minutes. For snorted coke there is a slower time to peak and the effects last for around 20-30 minutes.

Crack is very addictive. It can be difficult to resist the craving and can lead to strong psychological dependence due to changes in the brain, low moods and feeling very rough soon after stopping can tempt people to take more.

Recent evidence suggests possible long-term changes to the nervous system.

All forms of cocaine prepared for injection can also reach the brain rapidly.

Law: *Crack is a Class A drug.*

Ecstasy (MDMA)

Street names: pills, biscuits, XTC

Ecstasy is often called the original designer drug because of its synonymous relationship with rave culture in the early 90s. Clubbers took ecstasy to stay awake and dance for hours. The effects take about half an hour to kick in and tend to last between 3 to 6 hours, followed by a gradual comedown.

The effects of ecstasy derive from an intensified release of serotonin. This serotonin release gives feelings of euphoria. Ecstasy can cause overheating and dehydration and as a result may make you feel very thirsty and gulp too much water. Water must be drunk slowly (sipped).

Regular use of ecstasy may result in memory impairments and depression.

Law: *Ecstasy is a Class A drug.*

GHB

Street names: liquid ecstasy, Gamma Hydroxy Butyrate, GBH

'GHB' stands for Gamma Hydroxy Butyrate, sometimes it is referred to as 'liquid ecstasy' but it has nothing to do with MDMA (ecstasy). It was originally developed as an anaesthetic for surgery but because of its side effects it is no longer in use.

Because it can knock people out, has very little flavour and cannot be smelt it has been linked to date rape. At lower doses GHB has a euphoric effect similar to alcohol, and can make the user feel relaxed, uninhibited and sociable. Higher doses can make the user feel dizzy and sleepy, and can sometimes cause vomiting, muscle spasms, and loss of consciousness.

Sometimes, and particularly if mixed with alcohol, GHB can slow breathing down to a dangerously low rate. The effects on the body can vary, a teaspoon might be perfect one time, but fatal the next.

Mixing GHB with alcohol or other depressants is extremely dangerous and has caused many deaths due to respiratory failure.

Physical withdrawal symptoms appear in some people who stop using GHB after more than a few consecutive days of repeated use. Symptoms can include difficulty sleeping, anxiety, edginess, chest pain and tightness, muscle and bone aches, sensitivity to external stimuli (sound, light, and touch), dysphoria, and mental dullness.

Law: *GHB is a class C drug.*

Heroin

Street names: brown, skag, H, horse, gear, smack, dark

Heroin is a natural opiate made from morphine and is a depressant. Morphine is extracted from the opium poppy. Like many drugs made from opium, including synthetic opioids (e.g. methadone) heroin is a very strong painkiller.

Heroin comes as a white powder when it's pure (diamorphine), such as that used by doctors. Owing to the range of substances it's cut with, street heroin can be anything from brownish white to brown. Heroin is often adulterated with other substances, for example paracetamol, so the user has no way of knowing what their heroin is mixed with. It can either be smoked or dissolved in water and injected or, if high purity, it can be snorted.

Heroin is highly addictive. Over time, effects of heroin on the brain cause 'craving' and a strong psychological and physical desire to keep on using.

Physical Dependence occurs when, after a regular supply of the opiate, the brain shows a physical adaptation or change. The brain expects the drug to be delivered and when that drug is taken away the brain's chemicals are imbalanced and the brain instructs the body to react to this, and therefore physical withdrawal symptoms occur, these being nausea, muscle spasms, cramps, anxiety, fever and diarrhoea.

Tolerance builds and the desired effects reduce so users have to take more just to get the same effects and even more just to feel 'normal' or to avoid a very unpleasant withdrawal state. The risk of overdose can increase after a period off heroin because the body's tolerance for the drug goes down.

There are approximately 2000 drug related deaths per year in the UK which includes deaths from heroin overdoses.

Overdoses can lead to coma and even death from respiratory failure (i.e. when breathing stops). There's also a risk of death due to inhaling vomit as heroin stops the body's cough reflex working properly. If heroin is taken with other drugs, including alcohol, there is a higher risk of overdose.

Injecting heroin can damage your veins and has been known to lead to gangrene (death and decay of body tissue) and tissue infections. Sharing needles and other works puts you in danger of getting infections like hepatitis B or C and HIV/AIDS.

Drugs have been developed to help treat heroin addiction. These include opiate substitutes for heroin such as methadone and buprenorphine (Subutex) and also drugs like naltrexone that block the effects of heroin.

Law: *Heroin is a Class A drug.*

LSD

Street names: acid, dots, drop, l, liquid acid, micro dot, tab, smilies, and sometimes LSD is known by the pictures on them

Lysergic Acid Diethylamide or LSD is a hallucinogenic drug. It is usually sold as a tiny square of paper with pictures on it, but it can also be found as liquid or as tiny pellets.

Hallucinogenic describes a drug which alters perception, the way the user will see, hear, smell or touch. People may see colours much more brightly or hear sounds differently, or say that they can hear colours and see sounds; this is known as synaesthesia. They might also see things that aren't there and this can be very frightening for some people.

LSD is frequently sold as tabs in which the liquid is absorbed into stamp size pieces of paper decorated with coloured designs. It is usually taken orally and takes 20 minutes to 1 hour to take effect and lasts for about 12 hours.

Effects can vary from mild perceptual distortions to a full blown trip for up to a day. There is little evidence to suggest LSD causes long-term damage. However, if the person is susceptible to mental illness it could make the problems worse.

Law: LSD is a Class A substance.

Ketamine

Street names: green, K, special K, super K, vitamin k

Ketamine is an anaesthetic with stimulant and psychedelic properties. It can make you feel numb and paralysed when taken. It comes in liquid, pills and powder form so can be injected, swallowed, sniffed or smoked.

Ketamine takes effect over varying time periods, depending on the route of admission. Reported physical effects include an initial cocaine like rush and many users report a temporary paralysis and out of body experiences.

Ketamine can also cause vomiting and nausea, slurring of speech and vision, numbness and muscle spasms. Users are less likely to feel pain under its influence and may hallucinate therefore there is the real potential for injury. Long-term use of ketamine could cause psychological dependence, psychosis

and gradual loss of contact with the real world. There are also reports of 'K' cramps (stomach cramps) and serious urinary tract infections that do not let up after use has finished.

Law: *Ketamine is a Class C drug.*

Khat

Street names: chat, quat, qat, qaadka

Khat is a stimulant with similar effects to amphetamine and is a green leaf plant and the leaf is chewed over a number of hours.

It can make the individual feel alert and chatty and can suppress the appetite. Although it is a stimulant, after hours of chewing it can make you feel calm.

If Khat is used a lot, it may cause sleep problems and insomnia.

Law: *Khat is not an illegal drug in the UK.*

Magic mushrooms

Magic mushrooms produce similar effects to LSD and grow wild. They are eaten raw or dried and can cause distortion of colour, sound and objects and can slow or speed up time or movement.

The effects can take 30 minutes to 2 hours and then last between 4 – 10 hours with up to 6 hours of after effects.

If the wrong type of mushroom is eaten it can be poisonous and cause death. Taking magic mushrooms may complicate existing mental health problems.

Law: *Magic mushrooms are a Class A substance whether they are fresh or prepared.*

Methadone

Street names: mixture, meth, linctus, green

Methadone is one of a number of synthetic opiates (also called opioids) that are manufactured for medical use and have similar effects to heroin. Methadone and Subutex (Buprenorphine) are used as opiate substitutes for heroin in the treatment of heroin addiction.

Methadone is a synthetic opioid, used medically for use in patients on opioids. It was developed in Germany in 1937. Although chemically unlike morphine or heroin, methadone also acts on the opioid receptors and thus produces many of the same effects.

Methadone is useful in the treatment of opioid dependence. Oral doses of methadone can stabilise patients by assisting in getting rid of opioid withdrawal symptoms.

Law: *Methadone is a Class A drug and is illegal to possess without a prescription or to supply or produce without a license.*

Methamphetamine

Street names: crystal meth, ice, glass, yaba, christine

Methamphetamine is a stimulant drug and a member of the amphetamine group of drugs. It can be found in powder, tablet or crystal form and can be swallowed snorted or injected. Unlike other amphetamines it can also be smoked.

As with other amphetamines crystal meth affects the brain. It brings a feeling of exhilaration and an intense rush which lasts between 4 and 12 hours. It can reduce tiredness and suppress the appetite.

With the intense effects it becomes very addictive and the user needs to take more and more to get the same effects. It is both psychologically and physically addictive, if used long-term and frequently you can become restless, unable to sleep and lose weight.

Law: *Methamphetamine is a Class A drug.*

PMA

Street names: chicken yellow, chicken fever, Mitsubishi turbo, red Mitsubishi, killer, double stacked, para-methoxyamphetamine.

PMA is often sold as ecstasy. It is sold in tablet form and the effects are similar to ecstasy but much stronger. Effects include feeling alert, awake and being able to dance for hours without feeling tired. PMA can cause muscle spasm and make the person feel sick. The user will get a buzz or rush a few minutes after taking it and it can increase the body temperature and pulse rates.

PMA can cause overheating and dehydration and as a result may make you feel very thirsty and gulp too much water. Water must be drunk slowly (sipped).

Law: *PMA is a Class A Drug.*

Solvents

Street names: thinners, volatile substances

Inhaled solvent vapours are absorbed through the lungs and rapidly reach the brain. Part of the effect is due to reduced oxygen intake. Body functions like breathing and heart rate are depressed and repeated or deep inhalation can result in an 'overdose' causing disorientation, loss of control and unconsciousness. Long-term heavy solvent use can result in moderate lasting impairment of brain function, affecting the control of movement.

It is an offence to supply or offer to supply solvents to persons aged under 18 if the supplier has reason to believe they intend to misuse them. Other than this, selling, possessing or sniffing solvents is not restricted.

Sniffers may be charged with offences such as unruly or offensive behavior.

Solvents have been ruled to be drugs in the offence of being in charge of a vehicle while unfit through drugs or drink.

Law: *Solvent misuse isn't illegal. Although, it's illegal in England and Wales for shopkeepers to sell you intoxicating substances if they think you're likely to be inhaling them.*

Since October 1999, the law makes it an offence to supply gas lighter refills to anyone under the age of 18. This law applies to the whole of the UK.

Steroids (Anabolic)

Street names: roids. Product names include Sustanon 250, Deca-Durabolin, Dianabol, Anavar, Stanozolol

The male hormone, testosterone, is an anabolic steroid. The effects of the other anabolic steroids are often very similar to the effects of testosterone. The anabolic steroids can be used in medicine to treat anaemia and muscle weakness after surgery. They shouldn't be confused with the other main kind of steroids, corticosteroids, which are used to treat other medical conditions, such as asthma, eczema and skin inflammations.

Users claim the drug makes them feel more aggressive. Normally calm people can become irritable and aggressive, or even violent, and they can experience mood swings.

Injecting any drug can cause vein damage, ulcers and gangrene particularly with dirty needles.

Shared needles and other injecting works can help the spread of HIV and hepatitis virus infections. If you're male, regular use can lead to erection problems, growing of breasts, becoming sterile and developing acne. It can also make your testicles shrink. If you're female, you can get acne, extra facial hair, a deep voice, shrinking breasts, an enlarged clitoris, an increased risk of menstrual problems and changes in sex drive.

Law: *(Anabolic) Steroids are Class C Possession, importation and exportation are lawful as long as the drug is for personal use and is in a medicinal form. But possession or importing with intent to supply (which includes giving them to friends) is illegal and could lead to 14 years in prison and an unlimited fine.*

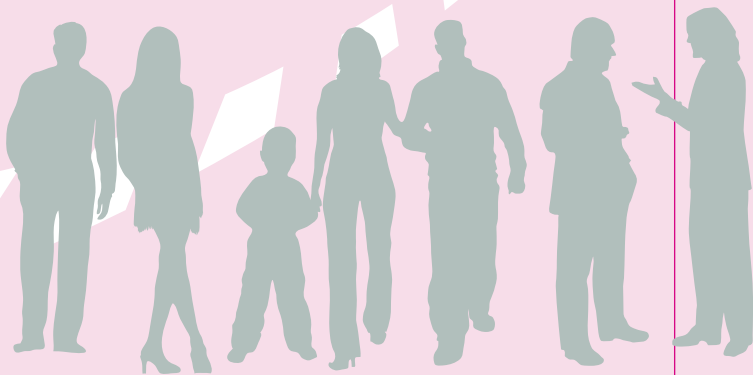
Subutex (buprenorphine)

Street names: **subbies, subs**

Buprenorphine (trade name Subutex) is a prescribed opioid drug used as a treatment for heroin addiction.

Buprenorphine comes in tablet form and takes up to seven minutes to dissolve under the tongue and is absorbed straight into your bloodstream from your mouth.

Law: *Buprenorphine is a Class C drug and as with any other Class C drug it is illegal to possess without a prescription or to supply or produce without a license.*



Blood Borne Viruses (BBV's)



There are many preconceived, usually incorrect, ideas about BBV's in relation to infection and vaccination.

Here we have broken down each BBV that a drug user may be exposed to or be infected with, and offered you FACTS to be taken on board by users, their peers, their carers, family members and significant others.

Hepatitis means inflammation of the liver.

Hepatitis A

Hepatitis A is an infection of the liver caused by the hepatitis A virus (HAV). The infection is generally mild with non specific nausea and vomiting; severity of symptoms tends to increase with age when jaundice may occur and rarely liver failure. There is no chronic carrier state and chronic liver damage does not occur.

Transmission – Hepatitis A is normally spread by the oral-faecal route through person-to-person or contaminated food or drink.

Vaccination – There is a two dose vaccination available for Hepatitis A. This can be used to prevent groups at high risk of exposure to the virus or of complications from the disease including:

- ▶ People who have been in contact with someone else who has the infection
- ▶ Travellers to countries where the infection is common
- ▶ Injecting drug users
- ▶ People with severe liver disease
- ▶ People with chronic hepatitis B or C infection
- ▶ Men who have sex with men

Prevention – Infection is prevented by good hygiene, especially hand washing, safe drinking water and food especially in hostels and amongst injecting drug users.

Treatment – There is no specific treatment for hepatitis A and most people recover completely within two months. Resting and taking care not to spread the infection to others is the advice given to people with hepatitis A.

Hepatitis B

Hepatitis B is an infection of the liver caused by the hepatitis B virus (HBV) The virus is transmitted by exposure to infected blood or body fluids.

Hepatitis B is a virus that is carried in the blood which infects and damages the liver. A virus is a tiny particle that needs to infect and control the cells of your body in order to live and reproduce ('replicate').

Hepatitis B is very infectious – 100 times more infectious than HIV. However, there is a simple test to find out whether you have the virus and an effective vaccine is available to protect you from it.

Where is hepatitis B common?

Hepatitis B is the most widespread form of hepatitis. It is common in South-East Asia, the Middle and Far East, Southern Europe and Africa.

The World Health Organisation estimates that one third of the world's population has been infected at some time and that there are approximately 350 million people who are infected long-term. In Europe, there are estimated to be one million people infected every year.

In the UK, approximately one in 1,000 people are thought to have the virus. In some inner-city areas with a high percentage of people from parts of the world where the virus is common, as many as one in 50 pregnant women may be infected.

Transmission – Mostly occurs:

- ▶ As a result of blood-to-blood contacts (e.g. sharing of needles and other injecting paraphernalia)
- ▶ Through vaginal or anal intercourse. Even oral sex can pass on the virus
- ▶ Through perinatal transmission from mother to child (risk during delivery of the baby hepatitis B is usually transmitted to the baby during delivery, as the baby is exposed to the mother's blood in the birth canal)

Since April 2000, all pregnant women in the UK are tested for Hepatitis B.

Work and environment

Certain jobs can put people at risk from hepatitis because they may involve contact with infectious body fluids e.g.

- ▶ Healthcare workers
- ▶ Prison staff and prison inmates are also at risk

- ▶ People who might have injuries and come into contact with others with injuries, such as people involved in contact sports or in the building industry.
- ▶ Foster carers and people who live or work in accommodation for people with severe learning disabilities
- ▶ Other workers who might come into contact with body fluids including morticians, sewage workers, those in emergency services and people in the fitness industry

Vaccination – Anyone who is at increased risk of being infected with the hepatitis B virus should consider being immunised including:

- ▶ All current Injecting drug users
- ▶ Those who intermittently inject
- ▶ Those likely to progress to injecting
- ▶ Non-injecting users who are living with current injectors
- ▶ Sexual partners of injecting drug users and close household contacts
- ▶ Children of injectors
- ▶ Those who change sexual partners regularly
- ▶ Those at risk of exposure to needle stick injuries and other peoples' blood
- ▶ Foster carers
- ▶ Prison inmates and all new inmates entering prison
- ▶ People travelling to or going to reside in areas of high or intermediate prevalence

The usual plan for vaccination is the accelerated schedules (0,1 and 2 months or 0,7 and 21 days are now widely recognised as the most appropriate for people at high risk including drug users).

Prevention

- ▶ Avoid sharing any drug paraphernalia
- ▶ Safe handling of sharps
- ▶ Practice safe sex
- ▶ Wear gloves when exposed to blood or bodily fluids
- ▶ Immunisation of high risk individuals

Babies born to mothers who are chronically infected with HBV or who have had acute hepatitis B during pregnancy are usually vaccinated at 0 with further doses at one and two

months of age and a fourth dose at one year of age. Testing at one year of age will identify any babies who have not been successful with the vaccination.

Treatment – Treatment of chronic hepatitis B will be initiated by a specialist and may involve interferon which stimulates the body to fight the infection given as an injection or antiviral drugs.

Hepatitis C

Hepatitis C is an infection of the liver caused by the hepatitis C virus (HCV) that predominantly infects the cells of the liver. This can cause inflammation of and sometimes significant damage to the liver and affect its ability to perform its many essential functions. Although it has always been regarded as a liver disease, recent research has shown that hepatitis C affects a number of other areas of the body including the digestive system, the lymphatic system, the immune system and the brain.

Hepatitis C was discovered in the 1980s when it became apparent that there was a new virus (not hepatitis A or B) causing liver damage. It was known as non-A non-B hepatitis until it was properly identified in 1989. A screening process was developed in 1991 that made it possible to detect it in blood samples. It is thus a relatively newly identified disease and there are still many aspects of it that are little or poorly understood.

There are an estimated 200 million people worldwide infected with hepatitis C but the level of infection, known as prevalence, varies widely from country to country. In some countries, such as Egypt it is over 10%; in the US it is believed to be nearly 2% and in northern Europe around 1%.

A hepatitis C infection can be categorised into two stages, firstly an acute infection (following initial infection) and secondly a chronic infection. The acute stage refers to the first 6 months of infection and does not necessarily mean there are any noticeable symptoms. Approximately 20% of those infected with hepatitis C will naturally clear the virus from their body and experience no long-term effects from the infection. However, for the remaining 80% a chronic (long-term) infection will develop.

The course of a chronic hepatitis C infection is extremely varied and unpredictable. Many people experience very few symptoms for long periods, sometimes decades. Confusingly there seems to be no clear relationship between the degree of

liver damage and the experience of symptoms. Some may develop liver disease and/or liver cancer or end stage liver disease, while others experience very little liver damage even after many years.

Because of the common absence of symptoms, many people are unaware that they have a hepatitis C infection until some time after infection. Another reason so many people with hepatitis C remain undiagnosed is that many of the symptoms are subjective, at least in severity, and easy to put down to something else. So, for example, depression, fatigue, skin problems, insomnia, pain and digestive disorders could all have other causes. For these reasons hepatitis C is often referred to as the silent epidemic.

There are different strains of the hepatitis C virus which dictate how receptive your body would be to treatment. Treatment is now widely available in the UK, but, it has some quite heavy side effects and does not always clear the virus.

Certain factors are associated with more rapid progression:

- ▶ Over 40 years old at time of infection
- ▶ Alcohol consumption
- ▶ Male gender
- ▶ Co-infection with HIV or HBV
- ▶ Immuno-suppressive therapy

Transmission – Is by contact with infected blood and can be transmitted through:

- ▶ Injecting (or snorting) drug use with shared, unsterilised equipment
- ▶ Tattooing or piercing that does not use new sterilised needles and ink
- ▶ Medical or dental procedures with unsterilised equipment, including kidney dialysis (rare)
- ▶ Needlestick accidents in health care workers
- ▶ Sharing items that may contain blood, such as razors, toothbrushes, nail scissors and nail files
- ▶ Sex with someone who has hepatitis C

The hepatitis C virus can live for several days outside the body in dried blood, so infection is possible from old injecting equipment, not just needles; this includes spoons, filters, water and any other drug taking equipment.

Hepatitis C (HCV) is mainly transmitted when infected blood directly enters another person's bloodstream, mainly via

injecting drug use. Saliva and tears are not infectious. Semen and genital fluids may be infectious, but the number of those infected via this route is very, very low.

Hepatitis C can also be transmitted from **mother to infant** during pregnancy, or during labour and delivery.

As with HIV, you **cannot** transmit or catch hepatitis C by touching, kissing, hugging, or from sharing cutlery and crockery.

Vaccination – There is no vaccination to protect against hepatitis C.

Prevention – Although there is no vaccination for the virus there are ways to prevent transmission:

- ▶ Never share drug paraphernalia including needles, syringes, spoons, filters
- ▶ Dispose of used drug paraphernalia safely via needle exchanges (Oxfordshire SWOP Scheme)
- ▶ Never share razors, toothbrushes etc
- ▶ Practice safe sex

The virus is so small, it is not visible to the naked eye and no matter how much you clean used works, it is not possible to be 100% certain you have killed the virus completely.

Who should be tested?

- ▶ Anyone who has ever injected drugs
- ▶ Current injecting drug users
- ▶ People who have or are currently snorting or smoking drugs such as cocaine, particularly if they have shared pipes or straws
- ▶ Recipients of blood (before 1991) or blood products (before 1986 in UK) and/or organ transplants (before 1992)
- ▶ People from countries where hepatitis C is endemic (e.g. Bangladesh, Egypt, India, Japan and Pakistan)
- ▶ People who may have had unsterile medical or dental procedures abroad
- ▶ People involved in high risk sexual practices with a person who is HCV positive
- ▶ People who are positive for hepatitis B and/or HIV
- ▶ People who may have had ear piercing, body piercing, tattooing or acupuncture with unsterile equipment. Particularly tattooing before the mid 80s or tattooing

abroad as pre HIV awareness many tattoo parlours had inadequate sterilising facilities

- ▶ Children born to mothers with HCV who are HCV RNA positive
- ▶ There is some remote risk of social transmission through sharing of contaminated items such as razors or toothbrushes
- ▶ Healthcare workers who have been accidentally exposed or needle stick injury

Treatment – There is effective treatment available for those infected by HCV that can clear the virus. The success of the treatment will depend on which type of HCV you have acquired. Ask your caseworker, GP or nurse about how to get tested.

Summary of treatment

Treatment of hepatitis C is usually with a combination therapy involving pegylated interferon and ribavirin. Treatments for hepatitis C have become more effective clearing the virus on average, in more than half of those treated. Success rates can be higher depending on the type of hepatitis C virus that you have.

Who can be treated?

Treatment is suitable for people over 18 who have mild or moderate to severe chronic hepatitis C. Treatment may be contraindicated for patients with pre-existing medical conditions (particularly heart, blood, kidney or liver or severe psychological conditions).

Treatment is available to people on opiate substitute prescribing and for those who continue to use intravenous drugs.

HIV

Human Immunodeficiency Virus (HIV) is a virus that attacks the body's immune system – the body's defense against diseases. The latest research suggests that between 70 and 90 per cent of people may experience symptoms of infection a few days after having been infected. Three symptoms occurring together: fever, rash and a severe sore throat should always be considered a potential indicator of HIV infection. These symptoms usually disappear within two or three weeks. Other people may not have symptoms to start with. In all cases, without effective treatment the immune system will eventually become very weak and no longer be able to fight off illnesses.

Are HIV and AIDS the same?

No. When someone is described as living with HIV, they have the HIV virus in their body. A person is considered to have developed Acquired Immunodeficiency Syndrome (AIDS) when the immune system is so weak it can no longer fight off a range of diseases with which it would normally cope.

Transmission – The HIV virus can be spread through the exchange of bodily fluids, such as blood, semen and vaginal fluids.

Millions of people worldwide are injecting drug users (IDUs), and blood transfer through the sharing of drug taking equipment, particularly infected needles, is an extremely effective way of transmitting HIV. More recent evidence suggests that HIV now lives outside the body in dried blood longer than hepatitis C.

Prevention – Although there is no vaccination for the virus there are ways to prevent transmission:

- ▶ Using a condom during sex
- ▶ Never share drug paraphernalia including needles, syringes, spoons, filters
- ▶ Dispose of used drug paraphernalia safely via needle exchanges (Oxfordshire SWOP Scheme)

Treatment – If you are diagnosed with HIV you will be referred to an HIV clinic. There is no cure for HIV and no vaccine to stop you from becoming infected. However, since the 1990s, treatments have been developed that enable most people with HIV to stay well and live relatively normal lives.

The illegal nature of injecting drug use can also create barriers to accessing adequate treatment and prevention, such as needle exchange programmes, making injectors' more vulnerable to HIV and its effects. Ask your caseworker, GP or nurse about how you can get tested.

For more information please go to the Key messages for safer injecting section of this booklet.

Key messages for safer injecting



There is no completely safe way of injecting drugs. Injecting carries a higher risk of overdose, vein damage and infection. However, following these key messages can reduce the risks.

Where possible please try to follow the guidelines below:

- ▶ Use a new, sterile needle and syringe for every injection
- ▶ Get needles from needle exchange services. In Oxfordshire this is known as SWOP
- ▶ Prepare, clean and clear the space where you are using
- ▶ Use cooled boiled water
- ▶ Dispose of works in a sin bin
- ▶ Use your own paraphernalia and do not share which includes spoons, filters, tourniquet, water as well as needles and syringes
- ▶ Use a filter
- ▶ Clean the injecting site vigorously
- ▶ Use the smallest amount of citric possible (you do not need the whole content of the sachet)
- ▶ Use the smallest volume of water possible (your drugs should easily dissolve in 1ml of water or less)
- ▶ Remove or loosen tourniquet before injecting
- ▶ Inject into the vein
- ▶ Point the needle in the direction of the blood flow (towards the heart)
- ▶ Puncture the skin with the finest point of the needle. Dark red blood in the syringe means you are in a vein
- ▶ Test new gear by injecting with a small amount to gauge its strength
- ▶ Inject slowly into the vein, do not press quickly down on the plunger
- ▶ Remove the needle slowly, cap it and bin it
- ▶ Use fine needles for fine veins for example SWOP never share or 1ml orange packs
- ▶ Apply pressure to the injection site to help stop bleeding and bruising after injecting
- ▶ Rotate the site of injection

Never:

- ▶ Share any paraphernalia
- ▶ Pre or back load into the syringe
- ▶ Inject alone
- ▶ Flush (draw blood) into a syringe at the end of the hit
- ▶ Let anyone else use your injecting paraphernalia
- ▶ Inject in front of non injectors

Finding a vein

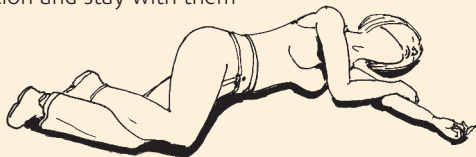
- ▶ Relax
- ▶ Keep warm
- ▶ Flex your muscles
- ▶ Put the injection site in warm water but do not inject if you are in the bath!
- ▶ Use a tourniquet – do not make it too tight and release it as soon as you are ready to inject

Injecting site wounds

- ▶ If the area around the injecting site is swollen, hot red or sore seek medical attention

Overdose

- ▶ If someone goes over call 999, put them in the recovery position and stay with them



- ▶ If someone is showing any of the following signs call 999
 - The person is unconscious and
 - Not responding to pain
 - Breathing slowly or erratically
 - Snoring and cannot be woken
 - Turning blue
 - Being sick
 - Has taken a mix of drugs including alcohol and benzo's before using heroin
 - Has not gained full consciousness in 3 minutes

For further information on safer injecting:

Contact the Harm Reduction Coordinator on 01865 403151.

Read the Safer Injecting handbook, sixth edition – Exchange Supplies January 2006 or access the 5th addition online at www.saferinjecting.org

Alcohol awareness and services



Alcohol awareness

Alcohol and health

Alcohol is a legal drug but can be just as harmful as any other. Alcohol is absorbed into the bloodstream; the length of time the effects last depends on the strength and amount of alcohol consumed. People can feel aggressive, less inhibited and uncoordinated. Alcohol is often used with other drugs, and this exaggerates the effects. Long-term use of alcohol can lead to severe health problems such as liver cirrhosis, kidney failure and obesity.

As alcohol is widely consumed, it is easy to forget the harm it can cause to an individual's physical and mental health. The NHS recommended regular daily limits are:

MALE

3-4 units of alcohol a day
(there are 3 units in one pint of premium strength lager or beer)

FEMALE

2-3 units of alcohol a day
(that's one large glass of wine or one double gin and tonic)

The table below provides information on the number of units contained in some common drinks, based on typical alcoholic strengths. The ABV (alcohol by volume %) shows what percentage of the drink is pure alcohol – the higher the percentage, the stronger the drink.

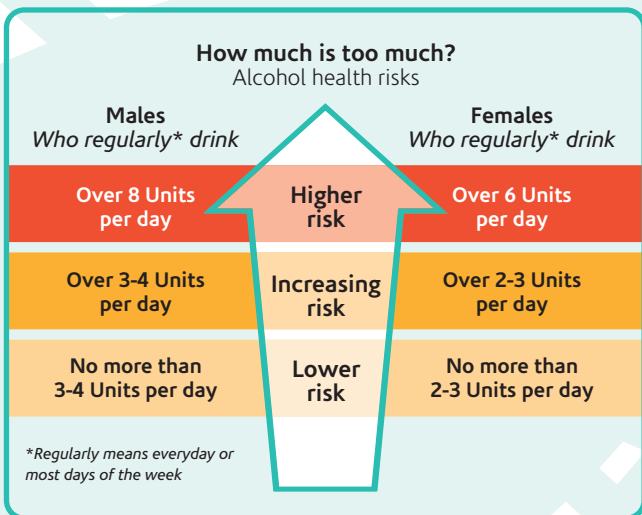
Beer, Lager & Cider	Bottle (330ml)
Ordinary strength (4%)	1.3 units
Premium strength (5%)	2 units
Super strength (9%+)	3 units+
Alcopops	Bottle (275ml)
Ordinary strength (5%)	1.4 units
Spirits (38% - 40%)	Small measure (25ml)
<i>Spirits above 40% will contain more units</i>	
Spirits (e.g. Gin, rum, vodka & whisky)	1 unit
Wine (Red, White, Rose or Sparkling)	Standard glass (175ml)
10%	1.75 units
12%	2.1 units
14%	2.5 units

People who drink heavily are not necessarily dependant on alcohol. They may have got into the habit of regularly drinking alcohol or in 'binges' of heavy consumption.

Drinking regularly above the recommended levels increases the risk of developing health problems, either in the short-term or as longer term serious illnesses.

It is advised to try and avoid alcohol for 48 hours after a heavy drinking session to give your body time to recover.

The harmful effects of regular heavy drinking when you are young may not become obvious for several years. As you get older, the risks from alcohol consumption to your health can increase.



Can (440ml)

1.8 units

2.2 units

4 units+

Pint (568ml)

2.3 units

3 units

5 units+

Litre

4 units

5 units

9 units+

Large measure
(35ml)

1.4 units

Small double
(50ml)

2 units

Large double
(70ml)

2.8 units

Large glass (250ml)

2.5 units

3 units

3.5 units

Bottle (75cl)

7.5 units

9 units

10.5 units

Short-term risks of heavy drinking can include:

- ▶ Anxiety
- ▶ Depression
- ▶ Disrupting normal sleeping patterns
- ▶ Sexual difficulties such as temporary impotence
- ▶ Slowed breathing and heartbeat
- ▶ Loss of consciousness
- ▶ Accidents and injuries
- ▶ Skin problems and premature ageing
- ▶ Suffocation through choking on your own vomit
- ▶ Potentially fatal poisoning

Long-term risks of heavy drinking above the recommended levels over a longer period of time can lead to serious illnesses and ultimately premature death:

- ▶ Certain types of cancer, especially breast cancer
- ▶ Memory loss, brain damage or even dementia
- ▶ Gastrointestinal problems
- ▶ Increased risk of high blood pressure, heart disease and certain types of stroke
- ▶ Liver disease, such as cirrhosis and liver cancer

People with serious or long standing health and social problems from alcohol, may have also developed a level of dependence on alcohol. This may include drinking to relieve or avoid physical discomfort from withdrawal symptoms, habitual daily alcohol use or heavy use over prolonged periods.

Pregnancy

There are also risks of drinking alcohol whilst pregnant. The unborn baby cannot process alcohol as fast as its mother and is exposed to greater amounts of alcohol for longer periods of time. Too much exposure to alcohol can seriously affect the development of unborn babies.

Many problems triggered by drinking can be reduced by moderating alcohol consumption. If you want to cut down on your alcohol consumption and reduce the risks to your health here are a few tips to get you started:

Try to have a few days a week that you specifically don't drink alcohol on

Don't let people top up your drink – this will make it easier to keep track of how much you are drinking

Choose drinks that contain less alcohol (ABV %) without drinking more than you would normally

Alcohol and cocaine

Using alcohol and cocaine together, results in a chemical reaction in the body producing cocaethylene. Cocaethylene is a highly toxic substance that has serious physical and psychological side effects and takes twice as long to leave your system as cocaine does. It increases the dopamine release in the brain, potentially enhancing the length of the high; however the risk of death is significantly increased.

Effects of Cocaethylene include:

On the Heart:

- ▶ Chest pains
- ▶ Increased blood pressure
- ▶ Heart attack
- ▶ Increased heart rate
- ▶ Irregular heart beat
- ▶ Seizure or convulsion
- ▶ Stroke
- ▶ Respiratory failure
- ▶ Sudden death
(increased by 18-25 times)

On the Brain:

- ▶ Constantly tired
- ▶ Anxiety and paranoia
- ▶ Depression
- ▶ Panic attacks
- ▶ Violent behaviours
- ▶ Impaired memory
- ▶ Impaired ability to learn
- ▶ Emotional outpourings
- ▶ Loss of sense of smell
- ▶ Increased suicidal tendencies
(16 more times)

Alcohol and relationships

Drinking alcohol affects your mood and behaviour which means it will also affect the people around you, your partner, your friends, your children and the people you work with. Family, friends and work colleagues of excessive drinkers can suffer very seriously from the effects of another's drinking; often long before the negative health effects become apparent to the individual drinker.

Alcohol makes you less sensitive to other people's emotions and can be damaging to relationships through lack of judgement. Family and friends often have to deal with the consequences of an individual's drinking, such as increasingly having arguments, domestic abuse or covering for times when they have let others down.

It is important for family and friends to realise that they cannot force someone to cut down or stop drinking or that the situation will change suddenly even if they do. Support can be given by encouraging them to set achievable goals if they are ready to do so.

Children learn behaviour largely from their parents, including associations with alcohol consumption. How, when and the amount parents consume may affect how young people drink

now and in the future. Where parents frequently drink to excessive levels, this increases the chances that their children will experience alcohol-related harm.

The children of parents who misuse alcohol are at a greater risk of mental ill-health, behavioural problems, involvement with the police, and substance misuse (including alcohol). Parental alcohol misuse also increases the likelihood of young people having carer responsibilities at a young age, not reaching their full potential in school and witnessing domestic abuse or experiencing the breakdown of the parental relationship.

Alcohol services

Drop in, open access and outreach services



These types of services offer advice and support to help people access alcohol services.

They can be the first port of call for people who are unsure about what is available; they are informal friendly and welcoming. They can carry out an assessment and referral for structured alcohol treatment. The list below is an outline of the types of things to expect from these services:

- ▶ Harm reduction advice
- ▶ Information on other available services in the area
- ▶ Alcohol related support
- ▶ Referral to alcohol treatment or support services
- ▶ Referral to other services including housing, GP, aftercare
- ▶ Support that may be needed before accessing more structured treatment

An appointment is not needed to access these services.

Oxfordshire Alcohol Service

SMART, The Old Music Hall, 106-108 Cowley Road, Oxford OX4 1JE

Tel: 01865 403151 www.smartcjs.org.uk

These services are all available across Oxfordshire and there is also a mobile treatment centre that covers smaller towns and villages. The aim of the service is to reduce the harm caused by problematic alcohol use.

Services provided:

- ▶ Initial assessment
- ▶ Brief interventions

- ▶ Alcohol awareness
- ▶ Signposting and information on services available in Oxfordshire
- ▶ Direct access to one to one sessions and groups
- ▶ Referral to other structured treatment
- ▶ Harm reduction advice and information
- ▶ Access to alternative and complementary therapies

Access

Drop in and open access sessions are held across the county. Please call 01865 403151 for the nearest drop in session.

One to one structured support

One to one structured support gives an individual the time and the space to address their drug or alcohol use with a caseworker in order to reduce harm and improve health and wellbeing. They can include cognitive behavioural therapy, coping skills and relapse prevention approaches. An assessment will determine if an individual will benefit from attending one to one sessions. A plan will be agreed between the service user and the caseworker; this care plan will be reviewed regularly.

The individual will be expected to attend regular appointments either weekly or fortnightly depending on need.

Groups

People often find treatment within a group setting beneficial. As part of the individual's treatment package, a range of groups can be chosen that are delivered in various locations across the county.



Oxfordshire Alcohol Service

SMART, The Old Music Hall, 106-108 Cowley Road, Oxford OX4 1JE

Tel: 01865 403151 www.smartcjs.org.uk

These services are available across Oxfordshire. The aim of the service is to reduce the harm caused by problematic drug and alcohol use by providing care planned interventions for drug and alcohol users requiring treatment throughout Oxfordshire.

Services provided:

- ▶ Assessment
- ▶ Care Planning
- ▶ Harm reduction

- ▶ Relapse prevention
- ▶ Cognitive Behavioural Therapy
- ▶ Motivational Enhancement Therapy
- ▶ Personal awareness development
- ▶ One to one sessions addressing alcohol use and needs identified in the care plan
- ▶ Alcohol specific advice and support
- ▶ Access to groups
- ▶ Access to acupuncture
- ▶ Referral to other services

Access

These services are all available across Oxfordshire and there is also a mobile treatment centre that covers smaller towns and villages.

You can self refer to this service by calling 01865 403151 or by attending one of the drop in/open access sessions.

You can also be referred to this service by your GP or caseworker.

Please note: Those who have complex problems may be not be suitable for this service, and may be referred to other specialist services or for residential treatment.

Oxfordshire Alcohol Group Work Modules

Cognitive Behavioural Therapy Alcohol

- ▶ An eight session group
- ▶ Suitable for clients needing additional support addressing their alcohol misuse and who are harmful or moderately dependant alcohol users

This group is all about change. It focuses on thinking and behaviours that are needed to create and maintain change. It will look at individual need and setting goals to meet those needs. It especially focuses on positive thinking and problem solving.

Alcohol Awareness

- ▶ An eight session group
- ▶ Suitable for clients with a range of alcohol abuse and dependence levels; harmful, hazardous and moderately dependant. Clients who are suitable for group intervention

The main themes of the module include the overall impact of alcohol on behaviour and health, the effects on family life and relationships, The sessions show how to reduce risk, where to get help and how to make progress. They will also look at different options for the future and what to do if things go wrong or setbacks occur.

Access

Groups are held at the Old Music Hall in Oxford city and a selection of groups are held in venues across the county.

Individuals must be booked on to the modules by a professional from within the Oxfordshire drug and alcohol treatment system.

To book a service user onto a module or to check availability, please contact the administrator at The Old Music Hall on 01865 403151. Service user details will need to be faxed on 01865 403169. Please refer to the Operational Manual for full module information.

Treatment (medical)

Medical treatment is another intervention that requires an assessment and care plan. Medical treatment for alcohol may include medically assisted detoxification. The role of this treatment is to reduce the harms associated with alcohol use specifically:



- Reducing alcohol related deaths and risk behaviour
- Managing addictive behaviour
- To reduce crime and the social ill consequences of alcohol misuse
- Reduce the use of alcohol by relieving and reducing alcohol withdrawal syndrome and delivering treatment for maintaining abstinence
- To treat addictive behaviour
- Assist patients to undertake community detoxification

Medical treatment is also any treatment provided in a GP, hospital or inpatient setting. Medical treatment for substance misuse should always be part of a package of care that includes other interventions.

To access medical treatment contact your local GP.

Residential rehabilitation (residential rehab)

The aim of a residential rehabilitation is to help an individual achieve continuing abstinence from addiction and to improve their life and functioning in support of continued abstinence. Residential rehab usually involves staying in a facility for weeks or months, having a complete break from the individual's current circumstances. Residential rehabs normally have a mixture of group work, counselling and other practical and vocational activities. There are several types of rehabs:

- ▶ Traditional rehab units, with programmes to suit the needs of different service users. Different units have different approaches, for example therapeutic communities and the 12-Step programmes used by Alcoholics Anonymous and Narcotics Anonymous
- ▶ Crisis intervention units (usually in urban areas) that help people in drug/alcohol-related crisis. These are generally shorter stay units
- ▶ Residential treatment programmes for specific client groups, for example pregnant women, people with liver problems and clients with mental illness
- ▶ Second stage or move-on supported accommodation, where some clients go to after rehab
- ▶ Other supported accommodation, with the rehabilitation interventions (therapeutic drug/alcohol-related and non-drug/alcohol-related interventions) provided at a different nearby site(s)

Individuals can access rehab through community drug/alcohol services and medical treatment services. An assessment will take place to see whether rehab is a suitable treatment option and to assess which centre would be most suitable to the individual's situation and needs. People entering rehab will usually have gone through detoxification before entering which can be done in the community, at the rehab itself (if it has an attached detox unit), or at a residential detoxification unit.

Local authorities have a duty of care to carry out assessments for people believed to be in need, this is called a community care assessment and will normally be carried out by social worker. A community care assessment is carried out to assess the need for residential rehabilitation. This does not include a financial assessment.

Residential Rehabilitation Assessment Team

Rectory Centre, Rectory Road, Oxford

Tel: 01865 455614

Services provided:

- ▶ Assessment
- ▶ Care planning
- ▶ Community Care Assessment
- ▶ Referral to residential detoxification
- ▶ Referral to residential rehabilitation
- ▶ Care coordination and review during your stay in residential rehabilitation
- ▶ Coordination of aftercare services for people returning to Oxfordshire from a residential rehabilitation and/or inpatient detoxification placement.

Access

You have to be referred to this service either by your GP or caseworker.

Aftercare

Aftercare is a package of support that can be accessed when a drug and/or alcohol user reaches the end of a community, residential or prison based programme. Aftercare aims to assist individuals in sustaining treatment gains and to help reintegrate into the community. Aftercare services provide support to individuals who want to lead a productive and drug/alcohol free life.



Aftercare is also suitable for those who have achieved abstinence and who are motivated to making further changes in their lives. The service is also available to those who have previously completed a treatment programme but require additional support to prevent a return to drug or alcohol misuse.

The individual will be assigned to a worker who will complete an assessment and care plan, looking at all of the person's needs and goals. These could include relapse prevention work, counselling or access to courses, IT and training, employment.

Aftercare Service – Restart Plus

SMART CJS, The Annexe, The Old Music Hall,
54a Marston Street, Oxford

Tel: 01865 403210 www.smartcjs.org.uk

Restart Plus is an aftercare service that individuals can access once they have completed, or are near the end of completing,

a drug or alcohol treatment programme. The service provides support to individuals who want to lead a productive and drug/alcohol free life.

Services provided:

- ▶ Assessment
- ▶ Care planning
- ▶ One to one case management
- ▶ Peer support
- ▶ Relapse prevention
- ▶ Use of IT and resource suite
- ▶ Access to vocational training programmes and training agencies
- ▶ Development of transferable skills and employment related opportunities, such as CV writing
- ▶ Routes into education
- ▶ Access to counselling
- ▶ Access to groups
- ▶ Mentor support
- ▶ Help getting a job

Access

You can self refer to Restart plus or you can be referred by your caseworker as you are nearing the end of your treatment.

Criminal justice

Alcohol Treatment Requirements (ATR)



An Alcohol Treatment Requirement is a community sentence (ATR). An ATR is for a minimum of 6 months and is for offenders assessed as having a serious alcohol problem. The components of an ATR include attending six one to one appointments with an experienced alcohol worker, attendance on an alcohol awareness module, appointments with the probation substance misuse worker and attendance at other necessary treatment.



Young people

Oxfordshire has a dedicated young people drug and alcohol service for any young person under 19 years old.

It is often more difficult to engage young people in services, and for them to overcome the stigma of seeking help for themselves. There are a number of interventions available to young people, starting from drugs education in schools to youth workers delivering brief interventions, to specialist drug and alcohol treatment and counselling. It is often the case that young people have underlying issues and problems that lead to their drug and alcohol abuse, such as family problems, school or traumatic experiences.

A Parent and carers guide to drug and alcohol is available; for your copy please contact Oxfordshire DAAT on 01865 290800.

www.evolveoxon.co.uk is a dedicated website for young people, professionals, families and carers and provides advice and information and details on how to contact services.

Evolve – Young People's Drug and Alcohol Service

**Unit 18, Kings Meadow Industrial Estate,
Ferry Hinksey Road, Oxford, OX2 0DP**

Tel: 01865 723909

www.evolveoxon.co.uk

Evolve is Oxfordshire's Young Person's Drug and Alcohol Treatment Service. Evolve is a confidential treatment service which provides community support for 10-19 year olds with complex and serious substance misuse issues in Oxfordshire. Evolve work with young people to bring about change around their substance misuse, whilst also addressing related issues and risks.

Services provided:

- ▶ Assessment
- ▶ Care Planning
- ▶ Brief interventions

- ▶ Harm reduction advice and information
- ▶ Open access and outreach provision
- ▶ One to one appointments
- ▶ Referral to specialist prescribing and clinical services
- ▶ Referral to other services
- ▶ Advice and support on sexual and physical health
- ▶ Assessment and facilitated access to education, skills and training
- ▶ Access to alternative therapies
- ▶ Help and support to overcome a drug and or alcohol problem
- ▶ One to one support for children of drug or alcohol using parents

Access

You can be referred to the service or you can self refer by contacting Evolve directly. There are workers available across Oxfordshire.





Families and carers

A carer is someone of any age who without payment provides help and support to another person. A person could need help due to physical or mental illness, addiction or disability. Carers may not always live with the person they care for and may be caring for a partner, child, relative, friend or neighbour. You are a carer if you feel responsible for someone who cannot manage without support.

A Parent and carers guide to drug and alcohol is available; for your copy please contact Oxfordshire DAAT on 01865 290800.

There is a variety of support for families and carers of drug and alcohol users across Oxfordshire.

Bicester Carer Support Group

Oxfordshire Mind, 25 The Causeway, Bicester, Oxon OX26 4FD

Every Tuesday 6.00pm – 8.00pm

Tel: 01869 249864

Services provided:

- ▶ Weekly support group aimed at parents, carers and families of drug users
- ▶ Advice and information

Access

You can just turn up to the group.

Families against Drugs

Community Hall, Didcot Baptist Church Centre, 43 Wantage Road, Didcot, Oxon OX11 0BS

Tel: 01235 811668 (Keith and Anna)

www.familiesagainstdrugs.org.uk

Services provided:

- ▶ Support group meeting for any family member of those with substance misuse issues
- ▶ An accepting, confidential and supportive atmosphere for mutual support

- ▶ Guest speakers to gain understanding and ask questions
- ▶ Space and time to share stories, laugh and cry together
- ▶ A reflective moment to conclude to help gain a sense of peace
- ▶ Occasional social events

Access

The group meet on the first Tuesday of every month, 8pm in the Community Hall, Didcot Baptist Church Centre, 43 Wantage Road, Didcot, OX11 0BS. You can just turn up at the meetings or alternatively contact Keith or Anna.

MyZone

**The Community Hall, Didcot Baptist Church Centre,
43 Wantage Road, Didcot, Oxon, OX11 0BS**

Tel: Anna 01235 811668

www.familiesagainstdrugs.org.uk

Every Friday from 4-6pm

A group for 5 – 11 year old children where there are drug or alcohol issues in the family.

Services provided:

- ▶ Fun activities
- ▶ Two course meal

Access

This group is only for children from Didcot. You can be referred to this service by a health visitor or caseworker or you can self refer by contacting Anna on the number above.

Family and Carer Support Service

**SMART, The Old Music Hall, 106-108 Cowley Road,
Oxford OX4 1JE**

Tel: 01865 403151

www.smartcjs.org.uk

Services provided:

- ▶ 1-1 Family and carer support
- ▶ Support for whole families
- ▶ Support groups
- ▶ Training for volunteers
- ▶ Family support volunteer programme

For more information please contact SMART on 01865 403151.



Oxfordshire

Housing

Lucy Faithful House	Tel: 01865 243071
---------------------	--------------------------

Julian Housing	Tel: 01865 304600
----------------	--------------------------

Oxford Nightshelter	Tel: 01865 304600
---------------------	--------------------------

Luther Street Medical Centre	Tel: 01865 726008
------------------------------	--------------------------

Simon House	Tel: 01865 260501
-------------	--------------------------

The Gap	Tel: 01865 201818
---------	--------------------------

One Foot Forward	Tel: 01865 794410
------------------	--------------------------

The Gatehouse	Tel: 01865 792999
---------------	--------------------------

Connection Floating Support:

Oxford	Tel: 01865 711267
--------	--------------------------

South and Vale	Tel: 01235 437888
----------------	--------------------------

West Oxon	Tel: 01993 709087
-----------	--------------------------

North Oxon	Tel: 01993 709087
------------	--------------------------

Banbury Youth Homeless Project	Tel: 01295 259442
--------------------------------	--------------------------

Oxford City Council Housing Needs Team	Tel: 01865 252858
---	--------------------------

Cherwell District Council Housing	Tel: 01295 221809
-----------------------------------	--------------------------

South Oxfordshire District Council Health and Housing Department	Tel: 01491 823325
---	--------------------------

Vale of the White Horse District Council Housing Team	Tel: 01235 520202
West Oxfordshire District Council Housing Services	Tel: 01993 861010
St Mungo's Osney Court	Tel: 01865 721329
St Mungo's 195 Iffley Road	Tel: 01865 243769
Connexions	Tel: 0845 6029315

Help and advice

Barton Advice Centre	Tel: 01865 744152
Oxford Citizens Advice Bureau 95 St Aldates, Oxford	Tel: 0870 220 0608
Banbury Citizens Advice Bureau 26, Cornhill Banbury OX16 5NG	Tel: 0844 848 7922
Biceser Citizens Advice Bureau The Garth, Launton Road, Bicester, Oxfordshire OX26 6PS	Tel: 0870 220 0608
West Oxfordshire Citizens Advice Bureau The Old Print House, Marlborough Lane, Witney, Oxfordshire, OX28 6DY	Tel: 01993 705691
Didcot Citizens Advice Bureau Civic Hall, Britwell Road, Didcot, OX11 7JN	Tel: 01235 813632
Wallingford Citizens Advice Bureau The Bullcroft, High St, Wallingford	Tel: 01491 833118
Henley-on-Thames Citizens Advice Bureau 32 Market Place, Henley, RG9 2AH	Tel: 01491 572129

Health

NHS Direct

Tel: **0845 4647**

Oxfordshire Primary Care Trust

Tel: **01865 336800**

GU Medicine Clinic

These clinics offer information and advice on sexual health. It offers a free and confidential service including;

- ▶ Testing for sexually transmitted infections
- ▶ Advice and treatment
- ▶ Support after sexual assault and rape
- ▶ Testing for HIV/AIDS and hepatitis C
- ▶ Emergency contraception

In Oxford and Banbury there is a choice of appointments and a daily walk in clinic.

In **Oxford** the walk in clinic runs from 12.15 – 3.15pm, Monday – Friday at The Churchill Hospital, Old Road, Headington, Oxford OX3 7LJ, for an appointment call **01865 231231**.

In **Banbury** the walk in clinic runs from 9.15 – 12.15pm, Monday – Friday at the Orchard Health Centre, Cope Road, Banbury OX16 2EZ, for an appointment call **01295 819181**.

Contraceptive and Sexual Health Service

This service offers free and confidential advice and information over the telephone or at the drop in service. Other services include:

- ▶ Pregnancy tests
- ▶ Emergency contraception
- ▶ Cervical smear tests

Oxford

Alec Turnbull Clinic, First floor, Raglan House, between Towns Road, Cowley, Oxford OX4 3JH

Opening times:

- ▶ Monday – Thursday 9.30 – 7.00pm
- ▶ Friday 9.30 – 4.00pm
- ▶ Saturday 10.30 – 1.30pm

Tel: **01865 456666**

Satellite contraception and sexual health clinics

Abingdon Hospital

Out-patients department
Marcham Road, Abingdon

Tel: **01235 205761**Wednesday 5.00 – 7.30pm

Orchard Health Centre

Cope Road, **Banbury**

Tel: **01295 819166**

Monday 4.30 – 6.30pm
Wednesday 12.30 – 5.30pm

The Health Centre

Coker Close, **Bicester**

Tel: **01869 243321**Tuesday 6.00 – 8.00pm

The Health Centre

The Broadway, **Didcot**

Tel: **01235 814240**

Monday 4.00 – 6.00pm
Thursday 6.00 – 8.00pm

The Health Centre

Exeter Close, **Kidlington**

Tel: **01865 374797**Monday 6.00 – 8.30pm

Victoria Cottage Hospital

Out-patients Department, **Thame**

Tel: **01844 213887**Monday 5.00 – 7.30pm

The Health Centre

Mabley Way, **Wantage**

Tel: **01235 774555**Thursdays 5.30 – 8.00pm

Community Hospital

Welch Way, **Witney**

Tel: **01993 209439**

Monday 5.00 – 7.00pm
Wednesday 5.00 – 7.00pm

Oxfordshire domestic abuse helpline

Tel: **0800 731 0055**

Men's advice line

Tel: **0808 801 0327**

National

The Princess Royal Trust for Carers
Unit 14, Bourne Court, Southend Road,
Woodford Green, Essex IG8 8HD

Tel: **0844 800 4361**
www.carers.org

FRANK National drugs helpline

Tel: **0800 776600**
www.talktofrank.com

Alcoholics Anonymous

Tel: **0845 768 7555**

Narcotics Anonymous

Tel: **0845 373 3366**

NHS stop smoking headline

Tel: **0800 022 4332**

Al Anon

Tel: **0207 403 0888**

Drugs Scope

Tel: **0207 928 1211**

National Treatment Agency
(South East Region)

Tel: **01483 882427**



Notes:

The Oxfordshire drug and alcohol handbook

This handbook has been produced by Oxfordshire
Drug and Alcohol Action Team (DAAT).

The DAAT commission drug and alcohol services throughout the county. The DAAT works together and in partnership with other agencies to develop and performance manage these services to make sure they operate safely, effectively and to a high standard.

The DAAT regularly seeks the views and opinions of the whole community through a variety of forums including service users via the Oxfordshire User Team (OUT). The purpose of this is to ensure that the right types of services are provided where they are needed, within acceptable waiting times.

Oxfordshire Drug and Alcohol Action Team (DAAT)

Email: enquiries@oxfordshiredaat.org

www.oxfordshiredaat.org

The DAAT would like to thank Oxfordshire User Team for their help in producing this handbook.

