

Types of treatment

Modalities explained:

Models of Care (2002) Department of Health has described a tiered system of treatment modalities. This is a means of classifying drug treatment services in a way that is easy to understand. Each drug treatment provider in this database is clearly identified according to which modality it belongs.

Tiers of drug treatment provision

Tier 1: Non-specific (general) Service:

General Practitioners (General Medical Services)
Probation
Housing

Tier 2: Open Access Service:

Advice & Information
Drop-in Service
Harm Reduction Services

Tier 3: Community Services:

Community Drug Teams
Drug Dependency Units
Day Treatment

Tier 4a: Specialist Services (Residential)Service:

Inpatient
Residential Rehabilitation

Tier 4b: Highly Specialist (non-Substance Misuse)

Service:
Liver Units
Forensic Services

Tier 1 and Tier 4b are not the subject of Helpfinder.

The following definitions are adapted from *Models of Care: Consultation Document*, Department of Health (2002).

Tier 2 - Open Access Services

Advice and Information Services

Advice and information services provide factual information on drugs and drug treatment. The advice and information should be provided in an accessible and meaningful (in terms of context, language, comprehensibility) to the recipient. The advice and information provided can be conveyed in a variety of ways such as verbal, written, audio-visual, in person or over the telephone. Advice and information may cover topics such as:

- potential psychological and physical implications of drug misuse;
- guidance on how to reduce or stop drug misuse safely;
- harm reduction information and guidance;
- where to get help

Harm Reduction Services

This category incorporates drug treatment services that primarily fulfil a drug-related harm reduction function. A needle exchange operates by providing sterile injecting equipment to injecting drug users and disposing of used injecting equipment, with the aim of reducing infection. Harm reduction schemes may also offer the following:

- immunisation against hepatitis B;
- information on the prevention of infection from blood-borne diseases, such as HIV and hepatitis;
- advice and information on HIV, hepatitis and drug problems;
- advice and information on overdose prevention/response, safer sex and sexual health;
- provide referral to other treatment services

Tier 3 - Community Services

Community Prescribing Specialist

Community prescribing services offer the provision of a medically supervised substitute to an illicit drug misuser. The substitute maintains the individual's tolerance to the drug of misuse. The prescribing programme is the basis for providing medical and psychosocial counselling and support. Most prescribing in the UK is for opiate dependence.

The most common pharmacotherapy in the UK concerns substituting an opioid substitute (usually oral methadone) for illicit heroin, at a level that will prevent the onset of withdrawal symptoms. Pharmacotherapy for dependent users of amphetamines is also available, albeit less common. There is currently no pharmacotherapy aimed at cocaine and crack cocaine dependence.

In UK policy, it is recommended that community prescribing takes place within a context in which the co-existing physical, emotional, social and legal problems are addressed as far as possible.

Community Prescribing GPs

Community prescribing services offer the provision of a medically supervised substitute to an illicit drug misuser. Based on recent Department of Health guidelines (1999), which stressed the importance of a shared care approach between primary (GPs) and secondary care (specialist drug treatment) in the management of drug misusers.

GPs are encouraged to provide specialist treatment programmes which may involve them prescribing substitutes. They are also encouraged not to prescribe in isolation but to liaise with other professionals who will help with factors contributing to drug misuse. A multi-disciplinary approach to treatment is therefore essential.

Structured Counselling

Structured counselling is defined as formal counselling approaches with assessment, clearly defined treatment plans and treatment goals and regular reviews. It is distinct from advice and information, drop-in support and informal key-working.

Structured Day Programmes

Drug treatment providers in this category offer intensive community-based support, treatment and rehabilitation. Programmes of defined activities for a fixed period of time will be on offer and will require a specific level of attendance, usually four to five days a week.

Aftercare

Drug Treatment services providing structured support for clients on exit from another programme. The development of an appropriate package of aftercare and support should take place in the final phase of the treatment episode of service users aiming to achieve abstinence.

Tier 4a: Specialist Services (Residential)

Inpatient Detoxification

Inpatient detoxification programmes are specialised units for people with substance misuse disorders, which provide medically supervised withdrawal with 24-hour medical cover (and usually relapse prevention) and aftercare referral services.

Residential Rehabilitation

These drug treatment providers offer intensive and structured programmes in controlled residential or hospital inpatient environments. Some crisis intervention services have open access, others require formal referral via a health or social care agency. Rehabilitation services vary in approach programme structure, intensity and duration. The majority of residential rehabilitation services require users to be drug-free on entry, although some may have on-site detoxification facilities.

Criminal justice interventions

Individuals accessing drug treatment services may have done so as a result of engagement in a criminal justice intervention. The follow describes specific criminal justice drug treatment interventions that are provided in the community. These definitions are taken from Enhancing Drug Services, DrugScope (forthcoming). Other more informal interventions may be provided in partnership with Probation and young people, those under 19, may also receive drug treatment as a result of engagement with a Youth Offending Team.

Arrest Referral Schemes

Arrest Referral Schemes were introduced nationally from 1st April 2000. The aim of Arrest Referral Schemes is to bridge the gap between the criminal justice system and treatment services by identifying drug user detainees and referring them into appropriate treatment shortly after arrest. Referral is not an alternative to prosecution.

Drug Treatment and Testing Orders

Drug Treatment and Testing Orders (DTTO) are a community sentence introduced as part of the Crime and Disorder Act 1998. The order targets persistent offenders aged 16 years and over, that offend to fund serious drug dependency. The aim is to promote a reduction and/or cessation in drug use therefore reducing drug related crime. DTTOs run for 6 months to no more than 3 years. A DTTO can be imposed alone or alongside a Community Rehabilitation Order (replaced Probation Orders), duration of the treatment and testing period must be specified within the order and subject to regular court review hearings. Frequent urine analysis is mandatory through out the order. Offenders are required to give their consent before a DTTO can be made. The principle of consent is fundamental to the order due to the general medical principle that a person should not be compelled to undergo treatment without giving consent.

Drug Abstinence Orders

Drug Treatment and Testing Orders (DTTO) are a community sentence introduced as part of the Crime and Disorder Act 2000. The order has similarities to Drug Treatment and Testing Orders as it compels the individual serving the order to undergo regular drug testing, however, there are differences. Firstly, the aim is to be drug abstinent rather than reduce drug use, and secondly drug treatment is not a formal part of the order, although this may be undertaken voluntarily.

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