

Blenheim



Executive
summary

**Good Practice
within Stimulant
Services**

**Learning
from
experience**

Blenheim CDP

An Independent Review

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Introduction

What works with stimulant problems – notably cocaine and crack?

This review examines the practice of a major, London-based organisation that has extensive experience of working with stimulant users – *Blenheim CDP* – and attempts to learn from its history of work with this population.

The review uses a combination of description and analysis to: capture learning that is now embedded within *Blenheim CDP's* services; identify features of good practice; and, approach some answers to the wider questions above.

Stimulant use in the UK

Today, rates of cocaine use in Britain are among the highest in the European Union [1]. The use of crack has become a feature of drug use across the country. Crack problems nevertheless appear to be very much concentrated in London, where it is reported as the 'main problem drug' by 16% of people in treatment. By contrast, the equivalent rates in other English regions range between 1% to 6% [2]. There is also some evidence that among injectors 'speedballing' (the combined injection of heroin and crack) is becoming normalised and may substantially be increasing risks and harm [3, 4].

Stimulant services in the UK: Guidance and good practice

The relatively recent development of specialist services for people with stimulant problems means that we are only gradually developing an understanding of what best practice might comprise. There are, nevertheless, some noteworthy publications regarding our national strategic response, practice guidance and evaluating the way that specialist services are delivered [4-10].

Blenheim CDP: developing specialised responses to stimulant problems

The early adoption and diffusion of cocaine/crack use across London meant that the *Blenheim Project (BP)* and *Community Drug Project (CDP)* were each at the forefront of the development of specialised services for people with cocaine/crack problems within the UK. Their recent merger into a new organisation – *Blenheim CDP* – in 2007 has further concentrated the expertise contained within these two services and provides a unique opportunity to take stock of

the way that specialist services for people with stimulant problems are provided. By drawing on a case-study approach to examine the work of this leading, national, treatment provider, this review aims to contribute to the evidence base concerning the way that:

- different models of provision have developed in response to differing local needs
- services have been organised to attract and retain stimulant users effectively
- the performance of services for stimulant users compares with treatment services in general.

At the time of writing, *Blenheim CDP* provides services from sixteen different centres in ten different boroughs across London. These comprise programmes that are a) either community based or residential b) either specialist stimulant services or generic (i.e. working with stimulant, opiate and other drug problems). Most of *Blenheim CDP's* services also provide a combination of Tier 2 (low threshold) and Tier 3 (structured treatment) services.

Table 1 Services provided by Blenheim CDP

| Service | | Tier 2 | Tier 3 | Residential |
|---------------------------------------------------|------------------------------------|--------|--------|-------------|
| BOROUGH | | | | |
| Portobello Road Project | | | | |
| Portobello Road KENSINGTON & CHELSEA | Generic | YES | YES | |
| Southwark Contact | | | | |
| Great Guildford Street SOUTHWARK | Generic | YES | NO | |
| Directions | | | | |
| HARROW & HILLINGDON | Generic | NO | YES | |
| Evolve | | | | |
| Camberwell Road SOUTHWARK | Stimulant specialist | YES | YES | |
| Hackney Day Programme | | | | |
| Lower Clapton Road HACKNEY | Stimulant specialist | NO | YES | |
| Eban | | | | |
| Bruce Grove HARINGEY | Stimulant/poly drug use specialist | YES | YES | |
| Healthy Options Team | | | | |
| Portobello Road KENSINGTON & CHELSEA | Generic | YES | YES | |
| Kappa Project | | | | |
| Old Kent Road SOUTHWARK | Generic | YES | YES | |
| Lambeth Harbour | | | | |
| Coldharbour Lane LAMBETH | Stimulant/poly drug use specialist | YES | YES | |
| Latch House | | | | |
| Clapham Road LAMBETH | Stimulant specialist | NO | NO | YES |
| Linx | | | | |
| Angelsea Road GREENWICH | Generic/Stimulant Specialist | YES | YES | |
| Quantum Project | | | | |
| Dartmouth Road LEWISHAM | Generic | YES | YES | |
| Novo | | | | |
| Creek Road LEWISHAM | Stimulant Specific | YES | YES | |
| Rise Day Programme | | | | |
| Camberwell Rd SOUTHWARK, LAMBETH & LEWISHAM | Generic | NO | YES | |
| Step | | | | |
| Garratt Lane WANDSWORTH | Generic | YES | YES | |
| The Source | | | | |
| Palmerston Way WANDSWORTH | Stimulant specialist | YES | YES | |

Training and Workforce

Blenheim CDP is committed to ensuring that all non-professionally trained practitioner staff have the opportunity to work towards NVQ level 3 or equivalent qualifications. The expectation is that in the future all non-professionally qualified staff will have or are working towards such qualifications. Similarly the organisation expects its managers to have or be working towards relevant management qualifications. *Blenheim CDP* has made a decision that all the organisations practitioner staff will become members of the Federation of Drug and Alcohol Professionals (FDAP) professional certification scheme.

Methods

This review uses a case study approach in which a sample of services has been selected. Seven of *Blenheim CDP's* Services were sampled purposively to include the organisation's only residential service, four specialist stimulant services and two generic services – highlighted in Table 1. The choices were guided by a desire to include services with differing operational models and serving diverse communities.

Each service was visited and the relevant service manager interviewed about a) the way the service operated b) distinctive features of the treatment programme. This qualitative information was augmented by the collation of a standardised set of treatment data information that adopts a similar framework to that used recently within the national evaluation of crack cocaine treatment and outcome study [9].

 Projects included in study

Performance on key indicators

Blenheim CDP's services are first appraised with reference to the criteria used by Weaver and colleagues in the national evaluation of crack cocaine treatment and outcome study (NECTOS) [9]. Regarding waiting times, four services saw all clients within the three week NTA standard and the two other services met this standard in more than 90% of cases. It is of note that for four services, average waiting times are in the order of one week and for the others this is less than two weeks. The opportunity for people to commence treatment within 48 hours in services such as the *Hackney Day Programme* seems especially impressive.

In contrast to the services described by Weaver and colleagues, retention within *Blenheim CDP's* services (as per NDTMS definitions) appears to be high. Only one service has a retention rate below 75% and the highest rate (88%) is achieved within two of the specialist stimulant services – *Evolve* and *Lambeth Harbour*.

Uptake of services by women is generally at similar rates to those that are found nationally, and services are generally very successful at attracting mixed race and black clients. Asian service users are attracted at lower rates, but this seems likely to reflect underlying population differences in the epidemiology of problem drug use within London [11, 12].

Distinctive features of the services' responses to stimulant problems

The physical environment

Services are mostly provided within clean, modern buildings with careful attention to interior design with good levels of light and space. In general there is good provision of space to accommodate group work, individual therapy and clinical treatment (including complementary therapies); as well as space for treatment staff. The buildings and clinical environment within *Evolve*, *Lambeth Harbour*, *Quantum*, and *The Source* can reasonably be regarded as examples of excellence.

Assessment

All community services emphasised the importance of a structured assessment that could be tailored to the attention span and needs of the client. Tensions between gathering more and more information and developing a therapeutic alliance were evident, but engaging the client was prioritised over completing all assessment information on a first encounter.

Immediacy and comprehensiveness of responses

All community services discussed the importance of providing an immediate response to the client's needs – as the client perceived them. Although the detailed arrangements varied, services had well developed connections to services addressing: maternal and child health; housing; education, training and employment; legal advice; mental health services; domestic violence, welfare assistance and family support. This is probably best exemplified within the *Kappa Project*, which operates as a 'one-stop shop' for almost any need the client could have and serves as an example of good practice.

Evening services

Flexibility was discussed consistently, both with regard to the accessibility of services and their content. Each of the community services provided at least one evening clinic and it was noted that the client group using evening services overlapped but differed from that of the day time. In particular, these services seemed important for engaging employed cocaine sniffers as opposed to crack users and poly drug users who were more often unemployed.

Specialised materials

Client information booklets for each service give clear information about the operation of the service, the expectations the client should have and the expectations that the service has of the client. Alongside this information, *Evolve* had included a wide range of harm reduction information, exercises and advice geared specifically to stimulant users, which seemed likely to function well as a brief intervention for people, even if they did not remain with the service. These might usefully be emulated.

Adapting groups to immediate and wider needs

There was much evidence of group content being adapted to the needs of clients: a process that appeared to be dynamic and ongoing. Services generally described core groups that were well established alongside others that were in development as a response to an evolving understanding of need. It seems important to note that alongside those groups that focused specifically on drug problems, each service running groups operated others relating to wider issues including leisure skills and cultural identity: the latter being especially well-developed to meet the needs of black clients.

Complementary therapies

To a greater or lesser extent, each service provided a range of complementary therapies. Services consistently discussed the value of complementary therapies for engaging and retaining clients and demand for complementary therapies appeared high.

International Treatment Effectiveness Project (ITEP)


Several *Blenheim CDP* services were participants in the NTA's ITEP evaluation. The ITEP project built on this internationally evaluated model of service improvement and adapted the model to evaluate the use of such psychosocial interventions in drug services in the UK. The psychosocial interventions developed through this model are now used extensively by *Blenheim CDP* workers in all projects and are effective in both one-to-one and group settings. Training is provided as standard to all *Blenheim CDP* staff involved in the delivery of services, from volunteers to trainees, front line workers to senior managers.

A few of the more experienced practitioners felt ITEP added relatively little to their existing practice; however, most had embraced it enthusiastically and found it valuable within their work. As a pilot service, *Blenheim CDP* is well-positioned to build on and integrate this programme across its services.

Combined provision of a day programme with residential services

Latch House is a distinct and innovative service with few, if any, parallels. In many ways its group programme is similar to those in *Blenheim CDP's* community services; however, linking hostel accommodation and treatment in the way that it does means that there is less possibility for some of the most marginalised stimulant users to fall into the cracks between services. One especially important observation concerns the way that joint working between *Blenheim CDP* and NACRO has led to a progressive process of learning for each organisation.

Contingency management

There is a strong, largely North American, evidence base for contingency management and it is now recommended as an appropriate intervention with drug users by both the National Institute for Health and Clinical Excellence [14] and within the most recent national clinical guidance for drug misuse and dependence – the 'Orange Book' [15]. *Blenheim CDP*, in partnership with the Institute of Psychiatry, the South London and Maudsley NHS Trust and Lambeth 

PCT, is undertaking the only NTA-funded randomised controlled trial of Contingency Management. The study will contrast voucher-based reinforcement therapy (based on principles of contingency management), group based cognitive-behaviour therapy, and standard care-plan based key working.

Conclusions

One of the strongest impressions that emerges from this review is of the diverse ways that services have evolved to meet local needs, and reflect opportunities and constraints within differing localities.

On the basis of conventional measures of effectiveness, each of these services performs well: an observation that holds irrespective of whether the service is designed for users of all drugs, or stimulants specifically. This suggests that when planning the provision of services for stimulant users, there is no substitute for thoughtful, needs-led commissioning that examines the gaps in current provision at the local level and meets these creatively and with reference to existing best practice, whilst resisting a doctrinaire approach.

The performance indicators for the services examined are encouraging and suggest that much is being done right and might therefore be learned from. However, it should be noted that although they are widely used, indicators such as waiting times and retention are relatively weak proxy measures for effectiveness, and tell us little about end outcomes and the ultimate well-being of the people for whom services are provided. To this end, the forthcoming TOPS outcome system may, in time, become a valuable means for better understanding the outcomes achieved by different services for different groups of clients, including stimulant users.

Despite these limitations, this review has identified a number of features of the services examined that both reinforce existing understandings of good practice, and point to areas for consideration and further research as services evolve in response to stimulant use - a problem that itself continues to evolve.

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