Partners in Reduction

Chapter 3: Drug treatment providers

3.1 Strategic development
3.2 Basic (Primary) interventions
3.3 Programmes

Adfam
Families, drugs and alcohol

NOMS
National Offender Management Service

Working together to reduce re-offending

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3.1 Strategic development

Consider:

There is a growing evidence base to support the positive involvement of families in the treatment of family members with substance misuse problems. Not only does this support the premise that working with families can increase engagement of users into treatment, but it also demonstrates the potential to improve retention rates and treatment outcomes.

Failure to consider ways of engaging and involving families of substance users in the recovery process could undermine the longer-term benefits of treatment provision, thereby reducing potential for continuing recovery - and a subsequent reduction in re-offending - and negatively impacting on the ability of provider agencies to achieve desired outcomes.

Useful related documents:

- Updated Drug Strategy (Home Office 2002)
- Models of Care - National Treatment Agency for Substance Misuse
- CARAT Practice Manual

Suggested Good Practice

National drug treatment providers: family strategies

- 3.1.1 Reference family engagement/involvement activities in strategic reviews, development and action plans
- 3.1.2 Ensure that issues relating to families and diversity are identified and addressed when developing family services. (See Chapter 5.)
- 3.1.3 Provide general information for families on national prison based treatment approaches and access criteria. (This can be included in other substance related family information resources such as: Prison, Drugs & You)
- 3.1.4 Ensure that family needs are assessed at least every 3 years. (See Chapter 5.)

Regional drug treatment providers: family strategies

- 3.1.5 Reference family engagement/involvement activities in strategic reviews, development and action plans
- 3.1.6 Ensure that issues relating to families and diversity within the region are identified and addressed (See Chapter 5.)
- 3.1.7 Ensure that family needs are assessed at least every 3 years. (See Chapter 5.)
3.1 Strategic development

**Suggested Good Practice**

Local drug treatment providers: family strategies

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<thead>
<tr>
<th></th>
<th>Immediate implementation desirable</th>
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<tr>
<td>✓</td>
<td>3.1.8 Reference family engagement/involvement activities in strategic reviews, development and action plans</td>
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<td>✓</td>
<td>3.1.9 Ensure that issues relating to families and diversity within the establishment are identified and addressed (See Chapter 5.)</td>
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<td>✓</td>
<td>3.1.10 Ensure that family needs are assessed at least every 3 years. (See Chapter 5.)</td>
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3.2 Basic (Primary) interventions

Consider:

Going to prison, whether on remand or as part of a sentence, is the point at which many substance users decide to seek help to overcome their drug/alcohol problems. Whatever the nature of the user’s substance problem, and whatever period of time they spend in custody, there are opportunities to engage their families in treatment and support.

However, what is ‘basic’ to a user and/or service provider can seem confusing, frightening and exclusive to a family member. Whilst it may not be appropriate for families to share in all aspects of a user’s treatment and support, it is highly appropriate (and can be extremely beneficial to the user) for them to be given sufficient information, and support in their own right. This can help enable them to support the user and themselves effectively - both during imprisonment and after release.

Useful related documents:

CARATs Practice Manual

### Suggested Good Practice

#### C.A.R.A.T.s

<table>
<thead>
<tr>
<th>3.2.1</th>
<th>At initial assessment, provide users with information about the impact on families of continued drug activity in prison</th>
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<tr>
<td>3.2.2</td>
<td>Explore the pros and cons of being able to share information with significant others. (e.g. They could offer appropriate support (P); openness may help build/restore trust (P); confidence may be undermined if the user lapses (C)) (Ask clients who consent to information sharing with their family to nominate 2 specific individuals with whom information can be shared)</td>
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<tr>
<td>3.2.3</td>
<td>Encourage users to disclose (to their families) information about drugs or paraphernalia that has been left in the home. Provide them with information to give to their families about how these can be safely dealt with.</td>
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<tr>
<td>3.2.4</td>
<td>Provide CARATs Referral Forms in visitors’ centres and/or visits waiting rooms.</td>
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<tr>
<td>3.2.5</td>
<td>Publicise current assessment waiting times in visitors’ centres and/or visits waiting rooms.</td>
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<tr>
<td>3.2.6</td>
<td>Where one is available, enable the user to make a confidential referral of family members to an appropriate proactive family support service</td>
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* Partners in Reduction: A Good Practice Toolkit for Engaging and Involving Families in the Reduction of Substance Related Problems in Prisons

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### 3.2 Basic (Primary) Interventions

#### Suggested Good Practice

<table>
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<th>C.A.R.A.T.s</th>
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- **3.2.7** Offer, or promote, opportunities for families to attend Substance Awareness Workshops at prisons/in community
- **3.2.8** Offer, or promote, opportunities for families to attend Relapse Prevention workshops for family members. (Where consent has been given by the client, proactively target families of prisoners returning to normal location after treatment or who are in the pre-release phase for referral)
- **3.2.9** Offer, or promote, opportunities for families to attend Overdose Awareness and Management classes. Where consent has been given by the prisoner, target families of prisoners who are at risk post release (e.g. Opiate users)
- **3.2.10** Establish, and promote, certain times at which families can contact CARATs by telephone
- **3.2.11** Offer regular CARATs Family ‘Surgeries’ to visitors who are concerned about the drug use of a prisoner
- **3.2.12** Meet with families of current clients (who have consented to information sharing with families) by appointment
- **3.2.13** Encourage disclosure of family problems that may impact on substance use and/or referral to appropriate treatment locations (e.g. substance use within the family; problems with travelling that might make it difficult for contact to be maintained; carer issues that may impact on residential post release support)
- **3.2.14** Co-ordinate facilitated support groups for imprisoned parents who are concerned about their children using substances. (These could help prisoners address issues, and develop strategies to deal with: communicating with young people about drugs and alcohol; positive role modelling; guilt and anger; disempowerment; blaming/being blamed etc.) Where possible, co-facilitate with a family support agency worker.
- **3.2.15** Co-ordinate facilitated support groups for prisoners who are concerned about substance using adult family members. (These could help prisoners address issues, and develop strategies to deal with: communicating concerns about use of drugs and alcohol; positive role modelling; guilt and anger; disempowerment; blaming/being blamed etc.) Where possible, co-facilitate with a family support agency worker.
### 3.2 Basic (Primary) interventions

#### Suggested Good Practice

**C.A.R.A.T.s**

<table>
<thead>
<tr>
<th>3.2.16</th>
<th>Consider adapting A Relational Intervention Sequence for Engagement (ARISE) - Garratt, Landau, Shea, Stanton, Baciewicz and Brinkman-Sull 1998 - for piloting within a custodial setting (See Appendix 1)</th>
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#### Healthcare and prescribing services

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<tr>
<th>3.2.17</th>
<th>Provide general information on: detoxification, maintenance and withdrawal prescribing services available within the establishment; what to expect when visiting someone on medication; dangers of supplying any unauthorised substances to someone receiving prescribed medication</th>
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<tr>
<td>3.2.18</td>
<td>Where one is available, enable the user to make a confidential referral of family members to an appropriate, proactive, family support service (See DT 12)</td>
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<td>3.2.19</td>
<td>Develop protocols for facilitating appropriate sharing of information relating to a + test result, or diagnosis, between prisoners and families. (These should include: arranging meetings for sharing information at times that enable the family member to access immediate and ongoing sources of support; asking the prisoner to consent to a representative from an appropriate family support service being involved)</td>
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<td>3.2.20</td>
<td>Consider running substance related health education and promotion events simultaneously for prisoners and visitors</td>
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3.3 Programmes

Consider:

The aim of programmes is to equip prisoners with the knowledge and skills that enable them to change their substance using behaviours. By doing this it is expected they will be better placed to lead healthier, more fulfilled, lives - thereby reducing their potential for future re-offending. Most families would wish to support such change.

However, it’s important to remember that change affects not only individuals but also those with whom they have significant relationships. It is equally important, therefore, that families are engaged and involved in the process of change and are supported in coping with the impact of it upon their relationships and lifestyles.

Useful related documents:

Models of Care - National treatment Agency for Substance Misuse

Suggested Good Practice

Non residential programmes (e.g. SDP; P- ASRO)

3.3.1 Provide families of participants with information about the nature and structure of the programme and its' potential impact on the user at varying stages. (This can be achieved within a wider substance related family resource such as: Prison, Drugs & You)

3.3.2 Ensure that Certificates issued following negative drug tests include a phrase such as “The urine sample provided by XXX on (Date) for Voluntary Drug Testing was found to be free of any unauthorised drugs.” in order that families are not given potentially false reassurance about a prisoners’ ongoing/uninterrupted drug free status

3.3.3 Hold family focussed sessions using invited speakers/facilitators from the community to highlight the impact of substance use and imprisonment on families. (Agree a brief outline of what the session should include and ensure that community contributors are briefed about what they should NOT include in a prison setting)

Residential programmes

3.3.4 Provide families of participants with information about the nature and structure of the programme and its' potential impact on participants at each stage and describe the environment in which the programme operates. Use a variety of mediums to do this (E.g. leaflets, video, CD/DVD) and involve prisoners in developing appropriate resources as part of the programme
3.3 Programes

Suggested Good Practice

Local drug treatment provider strategies

3.3.5 Ensure that Certificates issued following negative drug tests include a phrase such as “The urine sample provided by XXX on (Date) for Voluntary Drug Testing was found to be free of any unauthorised drugs.” in order that families are not given potentially false reassurance about a prisoners’ ongoing/uninterrupted drug free status.

3.3.6 Offer families the opportunity to attend Family Workshop Events at programme: induction; mid-point and pre completion/graduation. Design the content and structure of the Workshops so as to identify and address issues appropriate to each stage of the programme. (e.g. Induction - understanding the nature of the programme, the value of individual confidentiality, mutual support, acknowledging fears and concerns. Mid-point - coping with change, effective communication, conflict. Pre Completion/Graduation - sustaining change, relapse prevention, post programme support for participants and families). The aim of workshops is therapeutic but, where possible, they should include an opportunity for families to share a light meal, or take part in other socialising activity prior to families leaving the prison. (Families who are eligible for Assisted Visits can claim additional payments for attendance of therapeutic visits)

3.3.7 Where families are unable to attend workshops, develop alternative involvement tools. (e.g. Questionnaires; family conferencing calls) Ideally, this should be done in partnership with a family support provider so that the family receive appropriate post involvement support.

3.3.8 Offer Family Conferencing and Mediation where necessary and appropriate to resolve problems specific to individual families.

3.3.9 Provide child-care facilities/support, if necessary, to enable families to participate in family involvement opportunities

3.3.10 Consider adapting and piloting the Social Behaviour and Network Therapy intervention (SBNT) - Copello et al 2003,2005. (See Appendix 1)