

The Royal College Of General Practice

Crack Cocaine

Assess The Problem In Primary Care & Developing Simple Tools



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Principles Of Traffasi's Approach

Applying Dual Expertise

Consistent process applied in response to new problems: harm reduction, community development & motivational principles

Partnership with using community. Community level learning monitored, identified and evaluated. Lessons disseminated through peer support & social marketing techniques.

New models of practice piloted and modeled through specialist consultancy work

Training employed as a method for stimulating, gathering and promoting emerging practice



Traffasi provides bridging role between drug using community and professional field

Informal collaboration with international partners working to common models. Crack cocaine partners are Mainline & IDUUT ('I Do It')

What Works?

‘What people need is a good listening too.’

Mary Lou Casey

‘As I hear myself talk, I learn what I believe.’

D. Bem (1967)

‘Self-Perception: An Alternative Interpretation Of
Cognitive Dissonance Phenomena’

**‘It takes two to speak the truth - One to
speak and the other to hear.’**

Henry David Thoreau

‘A Week on the Concord and Merrimack Rivers’



The Challenge Of Withholding Judgment

‘Crack cocaine has attracted hysterical headlines in the press The press are not renowned for presenting a balanced view when it comes to drugs, but some of what has been said about crack may not be far from the truth. A researcher reported recently that “What is interesting about crack is how immoral people become when they use it. Crack changes people.”’

‘Crack Crazy’ (1995) Leaflet from Trafford CDT’s PIPER Project

‘For the people who need help, telling them that they can control their use if only they follow a few simple steps is such a banal misunderstanding of the nature of chaotic and compulsive use as to be almost beyond belief. If these people could control their use, then they wouldn’t have a problem in the first place’



Peter McDermott (2003) DrugLink

‘Crack harm reduction doesn’t wash’

The Effective Practitioner

‘It is the attitudes and feelings of the therapist, rather than his theoretical orientation, which is important. His procedures and techniques are less important than his attitudes. It is worth noting that it is the way in which his attitudes and procedures are *perceived* which makes the crucial difference to the client, and that it is this perception which is critical.’

Carl Rogers (1961)

‘On Becoming A Person - A Therapist’s View Of Psychotherapy’



The Client's Perception Of Treatment Services

‘I feel like I am labeled. I feel like society looks at me and junkies as lumps of shit basically.’

Male, 32, considerable experience of treatment

‘You are kept waiting and you see people being served in front of you and you feel you are being treated like a third-class citizen.....’

White female, 25 on being dosed at her local pharmacy

Both cited in:

P Fleming (2001) ‘The Role Of Treatment Services In Motivating & Deterring Treatment Entry’



Interventions With Crack Users

A Strategic Model

A client-centred strategic model for shaping work with crack cocaine users in Primary Care. Traffasi's model is informed by an assessment of the drug users aspirations avoiding the trap of imposing external goals and targets. The client's own changing engagement with crack cocaine provides the impetus for subsequent interventions, which should reduce resistance and improve retention rates.

A simple health check offers the client objective information about the health consequences of their crack cocaine use and an empathic setting creates the conditions for the crack user to work through issues as they arise. This model builds on motivational principles and prioritises the need to secure an empathic helping relationship which is the key to reducing harm and securing health gain.



Safer Drug Use

OHP What goes up...

‘Nobody is completely powerless against this drug.... There has to be a restraint somewhere and nearly everyone has a few tricks that give them a measure of self-protection. Health workers and drug users often think in black and white terms. Either you use or you don’t. In practice, however, there is a middle way: self-control.’

JP Kools (1997) ‘Self-Control’ Mainline Magazine

‘The ill effects of piping - anxiety, violence and so on - increase when excessive doses are taken. Reducing dosage brings users back into the pleasure zone.’

M Southwell quoted by P Carty (2002)

‘Caned & Able’ Guardian Newspaper



Assessment

‘Assessment needs to be an ongoing process rather than a one-off event, as an individual’s needs evolve over time.

Effective assessment needs to be tailored in terms of comprehensive and complexity in such a way that it does not present a barrier to entry to, and engagement in, appropriate treatment.’

Department Of Health (2002) Models Of Care For Substance Misuse Treatment

‘Hearing oneself state the reasons for change tends to increase awareness of the discrepancy between one’s goals and present actions. The greater the discrepancy, the greater the perceived importance of change.’



W Miller & S Rollnick (2002)
‘Motivational Interviewing Second Edition
Preparing People For Change’

Routine Health Check

The 'Routine Health Check' is a mechanism for engaging crack cocaine users in Primary Care. It is designed to raise the client's awareness and concern if their crack cocaine use is shown to be compromising their health. The tool is designed to minimize client resistance to these warning signs thus increasing their receptiveness to targeted educational interventions and a review of their 'Personal Contract'.

A Five Part Health Check For Crack Cocaine Users:

1. *Blood Pressure* - test on entry to surgery and again after a 30 minute period of observed abstinence from stimulant use. Aim to monitor potential for hypertension linked to high salt intake
2. *Peak Flow Test* - monitor emergence of 'cracked lung' or other lung irritation or damage
3. *Visual Check* - injecting related damage or burns & other injuries linked to piping or smoking crack cocaine
4. *Heart Health Check* - client asked to self-report against check list of indicators for heart damage (i.e. palpitations, chest pains etc)
5. *Weight Watch* - monitoring weight loss and setting weight gain targets



Critical Episodes

OHP All In Mind

Debriefing Sessions

‘It is also possible that the crisis nature of many initial contacts is because crack misusers resort to existing services only in extremis. Accessible and suitable services could capitalise on the more gradual disenchantment with a crack-focused lifestyle which builds up over several years.’

National Treatment Agency (2002) ‘Commissioning cocaine / crack treatment’

Debriefing Sessions:

Traffasi has begun developing a series of practice tools with supporting educational materials for clients, which it plans to pilot and evaluate. The brief interventions would de-brief crack users after a ‘critical episode’, capitalizing on their raised concern. The intervention would aim to amplify the client’s ambivalence supporting targeted harm reduction interventions.



Examples Of Critical Episodes:

Binge episodes, crack-induced paranoia, overdose (witnessed or personal experience of non-fatal OD), BBV exposure or risk episode, heroin dependency, pregnancy, sexual health risk, or legal or social crisis linked to crack-induced disinhibition.

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Summary

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Challenges

Crack cocaine piping has made high dose using accessible to a wider audience resulting in an increase in negative health, legal and social consequences

The rapid spread of crack and the demonisation of its users are both inhibiting the development of protective cultural norms and undermining controlled use

There are limited prescribing options for problem crack users and limited reasons for users to engage with services.

Practice development has focused on 'treating' those seeking help from specialist services with little attention and investment in harm reduction

Combined brown and white use is the new norm

Opportunities

Primary Care provides an valuable setting for delivering holistic health care to active crack cocaine users

Intervening away from specialist drug services may reduce the problems linked to 'institutional discrimination'

There is a clear opportunity to deliver harm reduction and self-control interventions to crack users in support of spontaneous community level trends



Traffasi's approach offers brief, contained interventions suitable for General Practice. This approach is driven by the client's experience and motivational state.

This avoids the risk of driving clients away with miss timed interventions.