Crack and Cocaine

Brief Intervention Programmes

rugbyhouse

C.O.C.A
conference on crack and cocaine

Contents:

1. Introduction:

These Intervention Programmes for crack and cocaine users were commissioned by the National Treatment Agency for Substance Misuse both as part of its Resource Database of Psychosocial Interventions (PSI) and as a standalone publication. The PSI Resource Database is an element of the Treatment Effectiveness Strategy designed to assist practitioners in improving the quality of treatment provision available to substance misusing clients. It aims to provide a resource comprising either evidence-based or expert panel-derived protocols for effective treatments for such clients. It is hoped that services will use the framework to identify treatment protocols relevant to their clients' needs and the training and supervision requirements for their staff to be able to deliver the protocols.

The two separate manualised Crack and Cocaine Interventions included here are protocols commissioned by the NTA from experts in the UK who are familiar with the treatment context. These experts developed the interventions consistent with the NTA Briefing Paper (Treating crack/cocaine dependence; NTA, 2002) that was informed by the evidence base and represented consensus view of good practice in this area. Since then the National Institute for Health and Clinical Excellence (NICE) has produced guidance (NICE Drug Misuse: Psychosocial full guideline DRAFT January 2007) on psychosocial management of drug users including crack and cocaine users. The interventions described below are cross-referenced with this guidance.

The two interventions are derived from a mixture of work developed by the Blenheim Project, COCA and Rugby House. The interventions are intended both for primary and secondary crack/cocaine users. The first programme is a one to two session psycho-educational approach focussing on giving information that users should be aware of. It is intended for use with clients who do not want to stop using crack or cocaine. As well as building rapport and offering advice on where to find further help with any problems identified in these sessions, information is given on:

- How crack works
- Most urgent problems
- Health
- Harm reduction

In terms of NICE guidance this intervention is consistent with recommendations for Brief Interventions (i.e. a maximum of two sessions incorporating elements of relapse prevention cognitive behavioural therapy; NICE guidance draft Section 7.2 P78). Its aims are also consistent with NICE guidance ("to enhance the possibility of change in terms of abstinence or the reduction of harmful behaviours associated with drug use"; as are its principles (described in NICE guidance Section 7.2 as "expressing empathy with the service user, not opposing resistance and offering feedback, with a focus on reducing ambivalence").

The second, longer (12-session), programme is for clients who want to work towards abstinence. This intervention is a hybrid of types of interventions described in the NICE Drug Misuse: Psychosocial full guideline DRAFT January 2007). As well as having elements of psycho-educational approaches, the programme is based on elements of Cognitive-Behavioural Relapse Prevention principles. The twelve structured sessions run alongside and link into keyworking sessions. The aims and all of the general principles of the intervention are as recommended by NICE (such as an appropriate therapeutic relationship, embedded within standard keyworking

and delivered by trained and competent therapists). The NICE guidelines, however, recommend that cognitive behavioural therapy (CBT) should not routinely be offered to stimulant users. This recommendation was based on the relatively weak effect sizes from randomised controlled trials (RCT) of CBT trials reviewed by NICE. As stated by NICE, the absence of this research evidence for the kind of hybrid intervention described here does not mean it is not effective. Caution should be used however (given that it includes elements of CBT) when assessing individuals for the interventions (and is discussed further in Section 2.7, P12-14, of the intervention). It should probably not routinely be given to every crack and cocaine user.

Consistent with the NICE guidance, both programmes employ the style and approaches of Motivational Interviewing (MI) although none of the sessions are devoted specifically to this. Some general training in MI is advisable in addition to the specifics of the programme (described in more detail on P14).

Weekly monitoring on detailed changes specifically related to changes in crack and cocaine use is an important part of the 12-session programme. This weekly monitoring is intended for use only as part of this programme and is additional to the summary outcome evaluation measured through the NDTMS tool introduced in 2007 and known as the Treatment Outcome Profile (TOP).

2. Brief Intervention Sessions Introduction

The **2 programmes** have been designed to be used with clients who are primary or problematic users of crack or cocaine.

After a comprehensive assessment has been completed there are 2 treatment routes outlined:

1. If the client **does not want to stop using crack or cocaine** then the 2 sessions may be more appropriate as it concentrates upon important information that users should be aware of.
2. If the client has identified that they **want to work towards abstinence** of crack or cocaine, then the 12-session programme will be more appropriate.

The programme has also been designed to be run alongside keyworking sessions to enable workers to address issues in more depth that may have been identified in the structured sessions and also to work with lapse / relapse without interrupting the flow and progression of the programme structure.

The programme structure of 12 weeks will enable workers to link into national and local treatment targets of retaining clients within services for 12 weeks or more.

This following pack contains:

- **Supporting information and guidance to run the programme**
  - This will give further information and clarity on how the programme can be run and how they link in with keywork sessions.

- **Outlines of how each session can be run**
  - These sections outline the order of work and the treatment tools / handouts to be used in each session.

- **Specific information for workers on each session**
  - It is important that workers have a broader knowledge of the subject area than is outlined in the programme sessions as this will enable workers to discuss areas that may arise from client's questions.

- **Client Handouts**
  - These provide specific information for clients on particular subject areas such as How Cocaine Works and Health Implications etc.

- **Treatment Tools**
  - These are to be used with the clients in designated sessions and should be photocopied after each session with copies given to the client for their own information and the other set kept in the clients file.

- **Keywork and weekly monitoring tools specifically for use in this intervention**
  - As above but are to be used in keywork rather than programme sessions and are intended only to be used whilst the client is receiving this specific treatment.

2.1 General Guidance:

After each section on how to structure the sessions there will be further information for the worker to read, this is designed to increase the workers knowledge in the area

of the session covered so that client's questions can be more easily answered and additional information provided around the use of the treatment tools and handouts.

They are not designed to be totally prescriptive in the way that you deliver the sessions, as it is important that individual delivery styles are allowed to develop so that the relationship between worker and client is positive and productive. However the most important element is that the information given is accurate, that each session develops understanding of the subject area and that they create a platform for the next session to be run from.

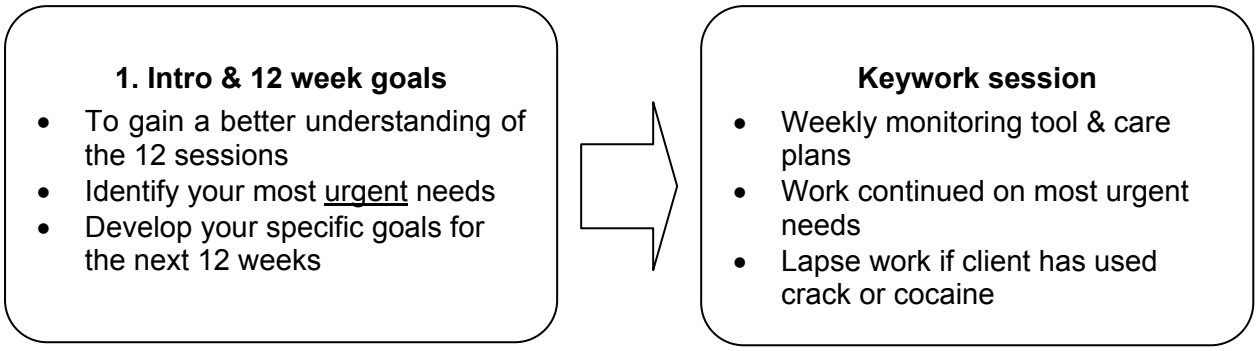
Although there is an amount of writing expected by the client this should not preclude clients who have literacy difficulties from taking part in the programme. Where there are literacy problems the worker can complete the forms with the client, as the most important thing is that the client understands the information so builds up knowledge themselves.

2.2 Session and Keywork relationship:

These sessions should be delivered over a period of 12-weeks (or 2-weeks in the case of the low threshold sessions). It is highly important that they are run alongside keyworking sessions to allow:

- The programme content to be delivered with the minimum of interruption
- Specific programme care plans to be addressed and incorporated into the clients overall care plan
- Weekly monitoring of the clients progress
- Lapse and relapse to be addressed outside the 12-week programme so that session structure is maintained
- More time for monitoring and addressing lapses / care plans

Example:



2.3 After Care

Workers may wish to continue keywork sessions for a period of time after the structured programme of work has been completed.

Sessions may change focus after the programme has finished examining employment and educational opportunities etc. This needs to be done in negotiation with clients and can help them to move away from treatment more gradually if needed becoming part of an after care package.

Keywork Connections Flowcharts

Connections

Throughout the programme it is important for workers to identify themes and help the client make connections. This will help client build up their awareness of recurring situations and develop action plans for possibly dangerous situations. There are many different themes and the simple examples below follow some connections through the programme: (CMF= Cocaine Monitoring Form, see P10).

1. Intro & 12 week goals Client identifies working towards getting her children back as a goal.	→	**Keywork session** Contact developed with Social Services, lapse work.
2. How crack& cocaine work Depression is strongly related to by the client in this session.	→	**Keywork session** Further work on depression, continued lapse work.
3. Health implications	→	Keywork session
4. Closing doors on scoring Money, other users, areas and dealers all connected with her sex work.	→	**Keywork session** Further work on / support with leaving sex industry.
5. Cycles of use Feelings thoughts of depression, guilt & worthlessness key factors in cycle of use.	→	**Keywork session** Support work around feelings / thoughts. Lapse work.
6. Patterns of using Feelings (guilt, depression), how getting money & areas all major patterns.	→	**Keywork session** Links being made on thoughts / feelings and sex work.
7. Understanding triggers *Feelings, how getting money and areas are all prime triggers for her.*	→	**Keywork session** Better understanding of links. 1st week drug free.
8. Understanding cravings	→	**Keywork session** Lapse due to review letter from Social Services.
9. Euphoric recall	→	Keywork session
10. Connections with crime	→	Keywork session
11. Dangerous situations Case review for children soon, feelings of guilt / depression very strong.	→	**Keywork session** Action plan / support networks put in place for review.
12. After care and support	→	Keywork session

Example 2

1. Intro & 12 week goals	→	**Keywork session** Lapse work.
2. How crack& cocaine work Excitement and anxiety strongly related to by the client in this session.	→	**Keywork session** Fight and Flight work expanded upon.
3. Health implications	→	Keywork session
4. Closing doors on scoring Crime, other users and dealers identified as main open doors to scoring.	→	**Keywork session** Resistance at looking at moving away from crime. Lapse.
5. Cycles of use Feelings/thoughts of highs, excitement, living on edge key factors in cycle of use.	→	**Keywork session** Further work around excitement / highs. Lapse work.
6. Patterns of using Crime and excitement of using identified as the major patterns of use.	→	**Keywork session** Starting to understand connections with crime / feelings.
7. Understanding triggers Crime, associates and excitement of using are prime triggers for him.	→	**Keywork session** Using at weekends, still mixing with associates.
8. Understanding cravings	→	Keywork session
9. Euphoric recall Was constantly chasing the highs, also identifies strongly with the buzz of crime.	→	**Keywork session** 1st week cocaine free, has also stopped crime.
10. Connections with crime Thought and feeling of crime and using very closely linked. Hand in hand.	→	**Keywork session** Fully understanding the links with crime and avoiding.
11. Dangerous situations Court case coming up soon, good chance of non-custodial sentence.	→	**Keywork session** Action plan / support put in place for court case.
12. After care and support	→	Keywork session

2.4 Handouts, treatment and keyworking tools:

Specific handouts, treatment and keyworking tools relevant to each session will be included in the appendix section. These can be photocopied for use before each session. It is important that once some of these tools have been utilised photocopies are again taken so that clients can have a copy as well as retaining a copy on file.

Keyworking tools include:

Keywork Tool 1	• **Learning from lapses**
Objectives	• To identify the stages leading up to lapse • To learn from these and develop prevention strategies to prevent them from happening again
Topics covered	Lapse and relapse
Materials required	• Keywork Tool 1

Because you are working with clients who have only just stopped or are trying to stop it is highly likely that during the course of the programme workers will need to address the issue of lapse and relapse.

If or when a client does lapse it is important that this is addressed outside of the programme session in either a keywork or an individual session organised to address the episode of lapse. However for you to be able to work with the client on issues of lapse they need to understand that this is part of the process and that they won't be judged on it.

Discuss the issue of lapse and relapse with the client. Some clients may be adamant that they will not use cocaine or crack during the course of the programme and so may not be looking at the possibility of themselves lapsing. It is important for them to realise that the process of lapse usually involves a number of steps / decisions that bring them to the act of using and that if they can become more aware of these steps then they can prevent themselves from lapsing. If they do end up having a lapse then they need to understand how they can learn from it so that they don't make the same mistakes again.

If a client does lapse it is important that you work through a process that will:

- Highlight the various stages that lead up to the lapse
- Enable them to develop prevention strategies
- Teach a process that they can use to help stop future lapses

Use **Keywork tool 1** to work through the various stages that led up to using crack or cocaine by starting with the use itself and simply asking:

'And what happened before that?'

The aim of this exercise is to make them aware of the preceding events and stages leading up to the episode of use so it should be taken slowly and look at each small event such as how they ended up in a certain area, with an old using friend and how they got the money to use. Workers may find that clients start to realise how they had set themselves up during this process but it is important to complete it so that all the contributory events are identified.

Once this exercise has been completed ask them what they have learnt from the exercise and what they could do to stop this chain of events happening again. Tell the client that now they have learnt a process of taking apart events leading up to use they have also learnt a process that can help them prevent use and if lapses do happen a process that they can learn from rather than let a lapse turn into a full relapse and the feeling that they are back at square one.

End by re-enforcing the craving beater exercise.

Keywork Tool 2	• **Cocaine Monitoring Form (CMF)**
Objectives	• To establish baseline levels • To monitor clients progress in a range of areas connected to crack and cocaine use
Topics covered	Drug and alcohol use, Harm reduction, Cravings, Health, Crime, lifestyle, support networks
Materials required	• Keywork Tool 2

The cocaine monitoring form used for this 12-session programme has been put together using previous forms devised by COCA with the added section of MAP to measure physical and psychological health. It should be used on a weekly basis in keywork sessions while the client is on the 12-session programme.

It is designed for the client to fill in (with the workers help if needed) so it is important for them to understand that this tool will help both client and worker during the course of the programme. Explain that they need to answer the questions as truthfully as possible for them to get the maximum benefit out of it.

Workers may find that scores on the CMF go up in the 2,3, and 4 weeks, this may not be indicators of the client getting worse but simply that more trust has been built up so the client is being more truthful. Examine results carefully and discuss with the client rather than jumping to conclusions.

Ideally the scores should reduce along with the progression on the programme. Scores may increase because:

- Client is being more truthful
- Client is putting themselves at more risk
- Client has recently lapsed

On the care plan / CMF form there is room for you to look at any increases in score and develop action plans that will help to reduce the potential danger in that area.

Keywork Tool 3	• **Care Plan / CMF Score Form**
Objectives	• To transfer / review action plans from programme sessions • To record CMF scores • To develop CMF score action plans
Topics covered	Review action plans and examine CMF scores
Materials required	• Keywork Tool 3

Action plans from the programme sessions should be transferred onto **Keywork tool 3** during the keywork session. This allows workers and clients the opportunity of reviewing the action plans a few days after they were set and also further review as appropriate during other keyworking sessions.

It is also used to record the CMF scores so that if the scores are going up (or down) they can be discussed with the client and action plans developed if required.

Keywork Tool 4	• **Weekly crack / heroin / methadone monitoring**
Objectives	• To monitor combination of cocaine and opiate drugs
Topics covered	Cocaine and opiate use
Materials required	• Keywork Tool 4

This tool is designed to record the weekly levels of crack, cocaine and opiates used. A proportion of the clients that you work with will be on methadone scripts; these same clients may also be in danger of losing their script by using cocaine or crack on top of it.

If you have are working with a client who is on a methadone script then it may be worth recording the levels so that you are able to demonstrate that through the programme their use has decreased and by how much. If they are still using cocaine they will test positive (no matter if they have reduced their use by 80%) and may be in danger of losing their script which could act to destabilise them.

2.5 Specific information:

All workers should read, read again and familiarise themselves with the specific information relating to each session. This information will be covered in the training but does need to be refreshed once you are about to run an individual or group session.

Each session has been designed to look at the most important areas specifically associated with crack or cocaine and will compliment other programmes of work being undertaken as part of the clients treatment journey that are less specific to these particular drugs.

It is vitally important that you understand the information well (especially how crack works) as first impressions will have an influence upon:

- How the client relates to you as a worker and the resulting therapeutic relationship
- How they engage in forthcoming sessions
- How they relate their experience to other users who may need support from your service

2.6 Ongoing monitoring:

Crack and cocaine users can move very quickly between various stages of recovery and it is important that indicators such as responses to triggers/cravings, physical and mental health, are carefully monitored in order to assess their vulnerability to lapse and relapse and respond accordingly. Whilst the client is on the 12-session programme this is done weekly using the CAF

Having established a picture of the user's pattern of crack and cocaine use and their offending behaviour profile at the triage assessment stage, a process of regular monitoring and review needs to be built into their on-going care package. The TOP is used for evaluating these changes.

The brief intervention programme provides specific monitoring tools for this purpose that are designed to be used on a weekly basis and with the inclusion of the client. These should be used in conjunction with keyworking sessions. These monitoring tools are specific to this programme and are additional to the routine Treatment Outcome Profile to be implemented in 2007 required for NDTMS reporting.

2.7 Suitability for Brief Intervention Programme:

To ascertain whether a client is suitable for the programme workers will need to conduct a comprehensive assessment. This will help provide information on whether the client is motivated, wants to stop using crack or cocaine and has the appropriate levels of cognitive ability to be able to undertake the 12-week programme.

Primary client eligibility criteria:

- Crack / cocaine primary or significant secondary
- Client wants to work towards abstinence from crack / cocaine (12 week programme)
- Appropriate level of cognitive ability to be able to engage with sessions

If the client **does not want** to give up the use of crack or cocaine then a low threshold 2-week or 2-session intervention (chapter 8) can be offered that focuses upon:

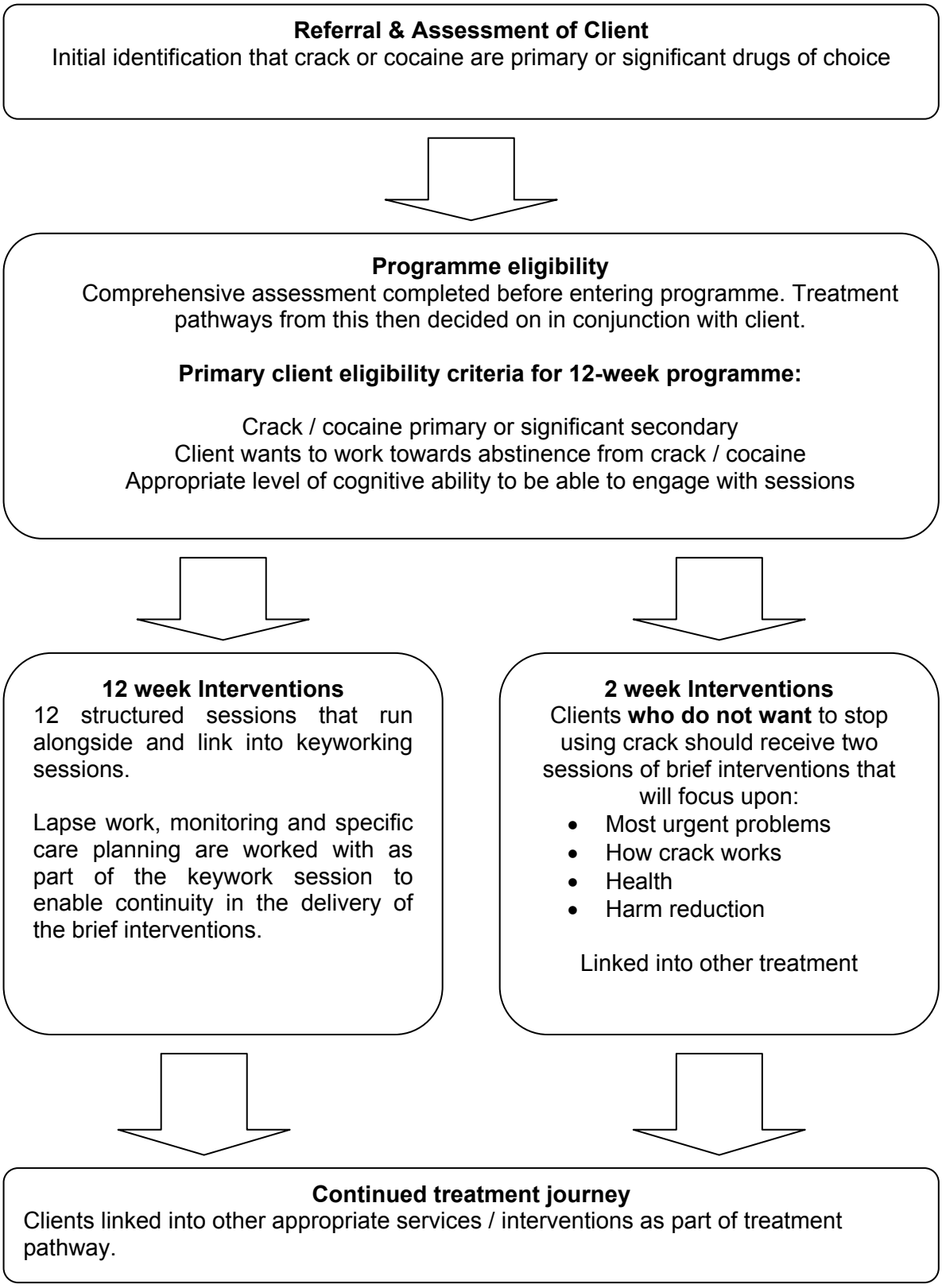
- How crack works
- Most urgent problems
- Health
- Harm reduction

After essential information and support has been given clients can then be linked into other treatment and care pathways.

NB: Please see programme flowchart on the next page for more information

Programme Flowchart

The following flowchart will give you a broad understanding of how clients can move through the programme as part of their treatment journey.



3. Training & Supervision:

Training:

For workers to become competent in delivering this programme there does need to be a degree of training. This training should be delivered in 2 main parts:

- Knowledge and understanding of crack / cocaine and surrounding issues
- Competencies and understanding in relation to the delivery of the programme and use of the treatment tools

3.1 Training Criteria

It is recommended that workers have at least 2 years experience of working within the drugs or alcohol field before embarking on training. And they should be certain that the brief interventions programme:

- Can be fully delivered (12 weeks) within the constraints of the service
- Has the support of management and other staff of the service
- Can be run alongside keyworking sessions

3.2 Training Delivery

The delivery of training for this programme will need to be undertaken by a trainer / organisation with a comprehensive understanding of:

- Crack, cocaine and other substances
- The brief interventions programme (including the treatment / keyworking tools)
- Delivering effective training

Training will need to cover the following areas:

- The main core competency areas:
    - Knowledge of crack and cocaine works
    - Health effects
    - Other drugs used with crack / cocaine
    - Harm reduction
    - Awareness of cultural and gender issues
    - Working with families and friends
    - Use management
    - Relapse prevention
    - Life skills
    - Relaxation and complementary therapies
    - After Care and Support
- Delivery of the programme
- Familiarisation with the manual, handouts, treatment and keywork tools (this should include practical demonstration sessions)

3.3 Managers training

It is also recommended that managers of services undertake some training around crack and cocaine so that they have:

- An understanding of the issues relating to crack and cocaine use
- An understanding of the programme model
- An understanding of the potential impact / changes to current service provision

The above are not only important in relation to the development of the service but also in the provision of good quality supervision to staff who are delivering the programme.

3.4 Supervision:

As referred to above it is important that managers / line managers of services have both an understanding of the needs of crack and cocaine users and also of the brief intervention programme being delivered. An understanding of the work being delivered enables appropriate supervision of workers undertaking the programme.

There will also need to be some form of programme evaluation as part of the supervision process. This will enable both workers and managers to gauge how the programme is working within the service, its effectiveness with clients and further training / support needs of workers.

Good supervision of workers delivering this programme should enable:

- Problems to be identified at the earliest stage
- The programmes objectives can be monitored and supported
- Improvements in performance on delivering the programme
- Further training and development needs can be identified
- Feedback about working with the programme in the service

3.5 Peer supervision

If more than one worker is delivering the programme in the service or workers in services are doing the same then there may be the opportunity to develop peer supervision.

Peer supervision in pairs or groups must be formalised, regular and firm boundaries for the sessions set. It should involve meeting with a colleague or other groups of workers with equal experience and knowledge around the delivery of the programme.

Low Threshold 2-Week Programme

8. Low Threshold Sessions:

The low threshold route has been designed as a treatment route for clients that do not wish to give up their use of crack or cocaine but who have become engaged with treatment services.

These clients may be using recreationally, only use crack or cocaine as a secondary drug or simply not be ready to stop. Either way it is vital that important information be given to them so that:

- Harm from crack or cocaine use is reduced
- Understanding of the risks and the drug are increased
- Trust in services and workers is developed
- Foundations for engagement into further treatment are put in place

8.2 Outline of sessions:

The 2-sessions include the following areas that, with the exception of harm reduction, have been taken from the 12-week programme:

Session 1	• **How crack works** • **Most Urgent Problems**
Objectives	• To identify what the client see as their most urgent problems • To develop clients understanding of crack and cocaine • Build trust and confidence with worker / Service
Topics covered	How crack works and Most Urgent Needs
Materials required	• Handouts 2, 3 and 6 • Treatment Tool 1

How crack works:

Understanding of how cocaine works neurologically and physiologically is primary for any client who is starting to engage in services. It not only gives them an understanding of what is happening to them (anxiety, depression etc) it is also very important in the development of trust and belief in the service and worker. Nothing turns a client off quicker than workers demonstrating that they know nothing about the area they need help with.

Most urgent problems:

Most clients coming in contact with treatment agencies have a range of problems, for some clients addressing these problems may be more urgent than addressing their drug use, even though you may be able to see that their drug use is at the heart of the matter. If you have nowhere to sleep or haven't eaten for a number of days

developing treatment plans around your drug use can seem a little inappropriate in the short term.

Session 2	• **Health Implications** • **Harm Reduction**
Objectives	• To develop understanding of crack and cocaine's health consequences • Develop understanding and highlight any existing health issues that the client may have • To increase awareness of harm reduction strategies for crack and cocaine use
Topics covered	Health Implications of crack and cocaine use and Harm Reduction
Materials required	• Handouts 4, 5 and 6

Health Implications:

Although health aspects may have been covered during the referral and assessment stages it will have focused upon identifying current health issues rather than informing and explaining the possible health consequences. This brief intervention is not only designed to increase understanding of the health implications and risks it will also help to identify any possible health consequences that may not have been identified during the assessment process.

Harm reduction:

If a client has clearly identified that they want to continue using crack or cocaine then it is important to increase their awareness of harm reduction strategies that can reduce some of the associated risks. Generally harm reduction awareness around the use of crack and cocaine is a lot lower than that of heroin users, which increases the importance of this information.

Important:

Although harm reduction is part of the low threshold programme it is not included in the 12 week programme as the goal is to support the client towards abstinence of crack or cocaine. However because of the associated risks of injecting crack / cocaine, if you are working with a client on the 12-week programme who is injecting crack and lapsing then you may want to consider giving safer injecting information to the client, as the risks of injecting are greater than smoking or snorting.

NB: Detailed information on the treatment tools and session outlines are included in the next chapter

12–Week Brief Intervention Programme

5. Session 1

Session title	**Introduction and 12 week goals**
Objectives	• To introduce clients to forthcoming programme of work • To identify what the client see as their most urgent problems • To identify the clients goals over the next 12 weeks
Topics covered	Outline of sessions, Most Urgent Needs and 12 week goal planning
Materials required	Treatment Tools 1 and 2 Keywork Tools 1, 2, 3 and 4 Handout 1 and 6

This introductory session should follow a Substance Misuse Comprehensive Assessment where the client has been identified as suitable (see programme criteria) for the brief intervention programme.

One of the most important factors in working with any drug users is the relationship that is built between the worker and client. In brief intervention work it is vitally important that this relationship be built as quickly as possible to help encourage full participation and attendance.

Start the session by introducing what will be worked on in the forthcoming sessions utilising **handout 1** (give this to the client for their own information) taking time with the client to explain:

- What will be addressed in each session
- The objectives for each session
- The importance of attending each session as learning for the new session is built upon the previous session

Workers at this stage should also explain how the keyworking system will be run alongside the sessions to enable:

- Clients to address care plans coming from each session
- Work with lapses (if they occur) showing & explaining **keywork tool 1**
- Monitor progress: show and explain **keywork tools 2, 3 and 4** (if appropriate)

Workers need to ensure that clients have an opportunity to ask questions so that they are clear about what will be happening and how it will work.

Once the client feels that they have a better understanding of what to expect during the programme move on to discuss their **most urgent needs** making sure to explain that a lot of people using drugs or alcohol also tend to have other needs that are just as important to address. As these problems start to be addressed they can also support the treatment process by:

- Reducing the anxiety / life complications associated with them
- Increasing the clients quality of life and support

Use **treatment tool 1** to help the client identify what they perceive as their most urgent problems making sure that you explain to them that they needn't just identify either:

- What they think workers might want to hear, or what they think the service can provide
- Or problems which they think are directly related to drug and alcohol use

Once the client has addressed what they consider to be their most urgent needs in column 1 ask them to rate the urgency of each problem as:

1. Immediate
2. Immediate / but can wait short time
3. Important / but can wait longer

This will give you an idea as to what needs to be worked on first and in what order. Once you have reached agreement with the client explain that these issues will be addressed / reviewed in the next keywork session or explain what action will be taken by you such as a referral to a Housing Support Worker, Debt Counsellor etc

Once the clients most urgent needs have been identified then move on to look at what goals the client may want to achieve over the next 12-weeks (some of these may link into their most urgent needs). Introduce the idea of goals to the client taking time to explain that they need to be:

- Specific
- Measurable
- And can be realistically achieved within 12 weeks

Use **treatment tool 2** to help the client identify their goals making sure that you explain that these will be reviewed during keywork sessions on a regular basis.

End the session by asking if they have any questions, thoughts or worries and explain that the next session will look at explaining how crack and cocaine work in the brain and body which will enable them to begin to better understand the information in forthcoming sessions.

Finish by taking them through the Craving Beater **(Handout 6)** breathing technique, taking time to explain that this technique can be used to reduce and even stop craving once learnt properly. This will be used at the end of each session.

NB: Make sure that you photocopy the treatment tools used at the end of each session so that you have one copy for the file and clients also have a copy to refer to.

Session 1 Worker Information:

The obvious intention of this session is to introduce the work that you will both be undertaking during the next 12 weeks but it is also vitally important that you focus upon developing the relationship between yourself and the client.

Many clients taking crack or cocaine can be:

- Extremely anxious
- Suspicious of or have a lack of trust in services and workers
- Paranoid about what treatment is

So it is really important to take time to explain / talk about / show:

- What is going to be happening over the 12-week period
- Showing / demonstrating some of the tools that will be used in keyworks
- Addressing what the client perceives as their most urgent needs
- Developing achievable goals
- Demonstrate that you have good knowledge around crack and cocaine

It is also important to consider that the possibility of starting work **straight away** upon some of the issues identified. The ability to do this may vary according to the types of services your organisation can offer and staff resources, but if some issues can be addressed quickly then this will often help to develop positive and trusting working relationships.

6. Session 2

Session title	**How crack / cocaine work**
Objectives	• To develop clients understanding of crack and cocaine • Build trust and confidence with worker / Service • Lay foundation for forthcoming sessions
Topics covered	Physiology and neurology of crack and cocaine use
Materials required	Handouts 2, 3 & 6 Treatment Tool 3

Before starting session 2, workers should refer to the information that has been gathered by the Comprehensive Assessment paying particular attention to:

- Amounts of crack or cocaine used
- Routes of use
- How supporting habit

The Comprehensive Assessment will give you information that can be used in this session and enable you to personalise how crack or cocaine are working with this client.

Start by reviewing the last session and work undertaken in the following keywork, explain that this session will focus upon understand how crack and cocaine work. Begin this by asking the client what they already know about how crack and cocaine work. Many users will have limited knowledge but some may have been through treatment agencies before and have varying degrees of knowledge. Their knowledge may also be sketchy or based upon myths rather than reality so it will be important to either fill in the gaps or correct wrong information.

Explain that by developing knowledge on how crack and cocaine works they will be able to better understand where feelings (craving, depression, anxiety etc) are coming from but also have a better ability to beat their dependence.

Knowledge is power

Use the information contained in the pack (**handout 2 & 3)** to outline / demonstrate how crack and cocaine work, starting logically with:

- **Initial release of adrenalin - Cravings**
  - The feelings produced
  - What causes these feelings (explain fight and flight response)
  - Cue triggers - information from Comprehensive Assessment will be useful in identifying how they supported their habit and how this may have contributed to triggers (crime = release of adrenalin + money or goods = craving etc)

- **Prolonged release of adrenalin – 'wired'**

- The feelings / symptoms produced
- What causes / contributes to these symptoms
- The use of downer drugs to cope with 'comedown' feelings
- How negative effects may be worsened by the mind set of the user and the environment that they are using in

- **Initial release of dopamine / serotonin**
  - The feelings produced by these neurotransmitters
  - How dopamine and serotonin work normally
  - How they work when crack or cocaine is taken (use neurotransmitter diagram in **handout 1**)

- **Prolonged release of dopamine / serotonin**
  - How depletion can lead to negative feelings (depression, mood swings) and continued compulsion to use
  - How these feelings combine with those produced by adrenalin and fit into cycles of use

Throughout this session workers should allow clients the time to discuss and explore certain sections. Most users will have areas of particular concern around their use such as depression and may want to discuss further. This will help them to:

- Gain further understanding of their use
- Build trust in the worker and service
- And provide more detailed information than might not have been gathered in the Comprehensive Assessment

End the session by giving the client **handouts 2 & 3** (if possible supply spare copies that could be given to someone they know who may not have presented themselves to treatment services) and asking the client whether there are any specific issues that have been discussed in today's session that they may want more immediate support on, such as:

- Anxiety, depression, paranoia etc

If identified then use **treatment tool 3** to record these and address during the next keywork session.

Explain that the next session will look at the health issues associated with crack and cocaine use.

Finish by taking them through the Craving Beater (**Handout 6**) breathing technique:

- To teach the technique
- To get them to practice it so that it is a learnt skill when they really need it

Don't worry if you feel that clients don't fully understand the information that you have worked through as this will come up again in future sessions, which will allow you the opportunity to recap and ensure that by the end of the sessions they will have a good all round understanding.

NB: If the client is using heroin alongside crack or cocaine then it is important to examine the relationship between these two drugs. Further information on crack and heroin is included in the worker information following.

Photocopy the treatment tools used during this session

Session 2 Worker Information:

6.1 Types of cocaine:

The coca leaf has been chewed in South America for over 3000 years. It wasn't until the mid 1800's that the active ingredient was isolated and the first cocaine was manufactured. Since then cocaine has been re-invented in many ways according to markets and users preference.

There are around 200 species of erythroxylon plants. At least 17 produce cocaine. Only two of them, erythroxylon coca and erythroxylon novogranatense, typically yield enough cocaine to justify commercial cultivation and can be harvested four times a year. When the Coca leaf is harvested they are put into large vats, crushed, pressed (similar process to making wine) and then put through a manufacturing process that includes the use of kerosene and ammonia. This removes the active ingredient and forms a paste commonly known in South America as 'Basuco'. To refine it further the coca paste is again put through a various chemical processes to produce its acid salt state or cocaine hydrochloride. Cocaine hydrochloride is usually cut during the process / route of importation into the UK. Cuts are often made with substances that can mimic the anaesthetic effect of cocaine or look similar to cocaine.

Cocaine Hydrochloride: Process of manufacture as above.

- Form - Powder (acid state).
- Route - Mainly snorted (but can also be injected and ingested).
- Effect - Starts to take effect within a few minutes and gradually rises to full high in 15 – 30 minutes. Come down is also more gradual.
- Cost - £40 - £50 per gram.
- Purity - Average around 50%
- Cuts - Most common cuts are Lignocaine hydrochloride and phenacetin

Freebase Cocaine: This process was first developed by drug dealers in the 1970's to test the purity of cocaine hydrochloride by removing the hydrochloride (acid salt). Ether or Ammonia is combined with water and the cocaine and then heated. The crystallised form of cocaine left is now returned to an alkaloid state making it easier to smoke.

- Form - Crystallised cocaine (alkaloid state).

- Route - Mainly smoked (but can also be injected).
- Effect - Starts to take effect within 5 – 10 seconds giving a short and very intense high. Come down can be very rapid and low.
- Cost - Mainly self-manufactured, but if sold same price as crack (£15 - £20 per 'rock').
- Purity - Average between 70% to 90% (but can be lower)

Crack Cocaine: This involves a similar process to that of 'freebase' but uses bicarbonate of soda instead of ether or ammonia. The name 'crack' comes from the fact that the bicarbonate of soda is not as efficient as ether or ammonia at freeing the 'base' and residues of salt and bicarb are left causing it to crackle when smoked. This form of cocaine can be easily manufactured at home leading to its popularity and abundance.

- Form - Crystallised cocaine (alkaloid state).
- Route - Mainly smoked or injected (but can also be swallowed).
- Effect - As with freebase (slower high 15 – 20 seconds if injecting).
- Cost - £15 - £20 per rock, some people will sell it for £5 - £10 but these are smaller rocks.
- Purity - Between 50% - 80% but may be decreasing

Base Cocaine: This form of cocaine has <u>not</u> gone through the process to turn it into cocaine hydrochloride, so is in its alkaloid or 'base' state.

- Form - Flaky cocaine (alkaloid state)
- Route - Mainly smoked (but can be injected or ingested).
- Effect - As with freebase or crack.
- Cost - £40 - £50 per gram.

Black Cocaine: This type of cocaine gets its name from the use of black magnetic iron particles and potassium thiocyanate to mask the cocaine when it is being transported through customs. It enables it to pass colour tests and can also bypass sniffer dogs. The mixture will then be put through a process to extract the cocaine before it is sold on the market. However the resulting street cocaine / crack may be a little darker due to the chemicals used to mask it.

General: The differences between these types of cocaine are similar to the differences between types of alcohol. They all have different tastes and strengths, but at the end of the day they all get you drunk. There is no safe way to take cocaine, they all have their dangers and complications according to the route used.

6.2 Poly Drug Use:

The development of the poly drug culture in the UK / change in dealing networks also means that both crack and cocaine has become more widely available and has increased drug combinations and routes of use. Trends are always changing whether they are market or consumer led. It is important to keep up to date with drug combinations (and their possible implications for prison) especially with growing anecdotal reports of methamphetamine use in the UK.

Drug / combination	Routes	Effect	Types of user
Cocaine & Alcohol	Usually cocaine snorted and alcohol oral but can be combined in injection. Coke also dissolves in alcohol.	Produces cocaethelyne in the liver, which in itself interacts with reward system to produce a 'high'.	One of the most common combinations in the UK. Recreational, binge and chronic users
Crack & Heroin (Snowball, speedball)	Can be taken one after the other by smoking or injecting routes. Can also be combined together in injectable form.	When taken together cocaine and heroin seem to boost each other's effect leading to a very intense high. Also prolongs the 'comedown'.	This form of use is usually associated with chronic users. However there have been reports of heroin use within dance culture.
Crack & Cannabis	Crack can be added to a joint along with cannabis and smoked.	A less intense 'high' with cannabis alleviating the 'comedown'.	Recreational and sometimes used in clubs or by dealers because of the decreased intensity.
Cocaine & Ketamine (CK1)	Usually snorted alternately or in a combined 'line'. Can also be combined in a smokeable 'rock'.	This combination feelings of euphoria combined with 'out of body' experiences.	Recreational mainly but can also be used by chronic and binge users when combined in a 'rock'.
Cocaine & Ecstasy (dynamite)	Usually the ecstasy is taken orally and the cocaine snorted	Cocaine boosts the euphoric effect that can be felt on ecstasy.	Mainly recreational but can also fit into binge patterns of use.
Cocaine & Viagra	Cocaine snorted and Viagra taken orally.	Cocaine can heighten sexual experiences as can Viagra.	Recreational use.
Cocaine & Steroids	Both drugs taken separately	Both drugs can cause complications with moods	Recreational use.
Crack & Amphetamine / Methamphetamine	Can be taken separately or may be combined in a 'rock'. Speed rocks tend to be pinkish in colour.	Both these drugs work in a similar way, but amphetamines releases dopamine rather than prevent re-uptake.	Recreational, chronic and binge patterns of use.

6.3 Cocaine Acid and Alkaloid Forms:

There are basically two different states of cocaine:

Form	Acid or Alkali	Type
Base form	Alkaloid	Freebase or Crack Cocaine
Salt form	Acid	Cocaine Hydrochloride or crack prepared for injection using an acid

When cocaine is first produced it is in its *base form* and is therefore an alkaloid. Hydrochloric acid is then used in a process to turn it into a *salt form*, which is now cocaine hydrochloride.

When ammonia, ether or bicarbonate of soda are used in the preparation of freebase or crack the cocaine is being returned to its base form (alkaloid). In its alkaloid state it is far easier to smoke as the melting point has been reduced hence the process before smoking.

Preparation for injection:

Crack cocaine or freebase cocaine in its alkaloid state does not dissolve in water. It also does not return back to a hydrochloride state when it has been prepared for injection using vinegar, citric acid or vit C. The state depends upon the acid used.

When acids are used to convert cocaine into an injectable form the cocaine is being converted into an acid form (salt). But the form of the cocaine is dependent on the type of acid used.

- Vit C - changes crack into -cocaine ascorbate
- Citric Acid - changes crack into -cocaine citrate
- Vinegar - changes crack into -cocaine acetate

Cocaine hydrochloride is in an acid salt form so does not need to have an acid added to it as with crack and will dissolve in water alone.

Information from:

- Yale School of Medicine, Department of Epidemiology and Public Health 2002
- National Institute of Drug Addiction, USA 2002

6.4 How crack and cocaine work:

The first thing to say about crack and cocaine is that it is not physically dependent in the way that we understand heroin dependence, it can however, create a very strong psychological dependence. Crack and cocaine work by triggering the release of chemicals that are already present in the body. It is important to note that these chemicals are part of the body's response to danger and pleasure.

Adrenaline:

Adrenaline is normally released as part of a response to danger or excitement and heightens the senses and enables the body to work at peak performance. It does this by:

Increasing heart rate: This is to increase the blood flow around the body, which also increases the speed of which oxygen gets to muscles.

Increasing breathing rate: Short and shallow breaths increase the amount of oxygen in the blood stream.

Butterflies in the stomach: This is due to blood leaving the stomach and being diverted to the arms and legs where it is most needed.

Sweating: The body is getting hotter and sweating is the body's the cooling system.

Shaking: This is due to the increased energy ready for release. Muscles are primed and ready to go into action.

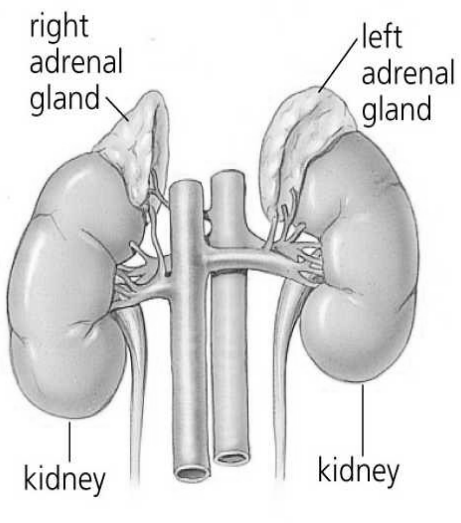


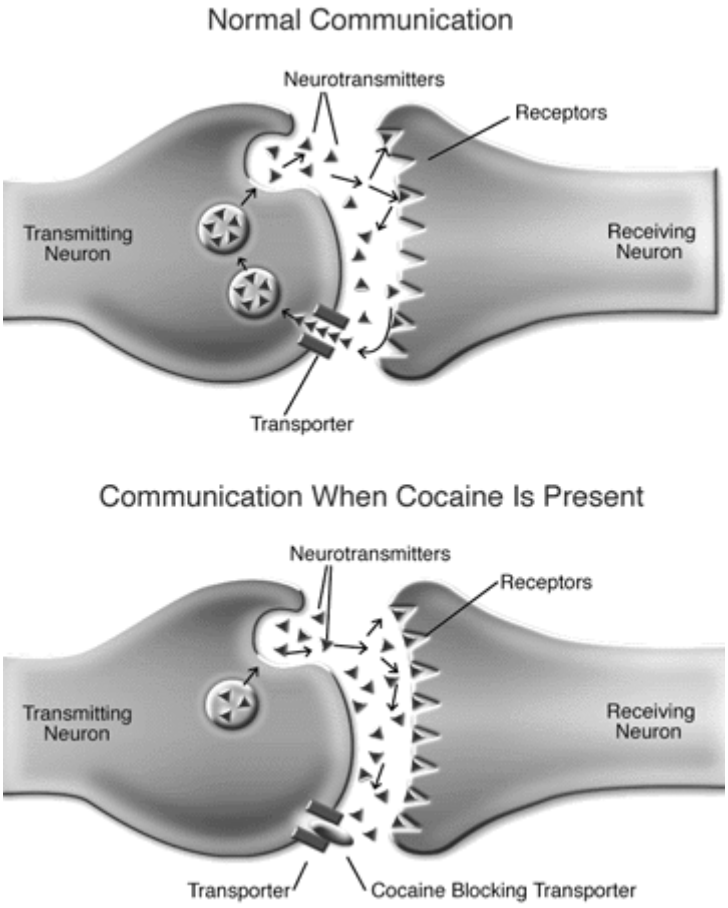
Image source: Dictionary of English Language

Users may interpret the above symptoms as the feelings they get when craving for crack / cocaine or are just about to score. When they do use crack / cocaine they are again releasing adrenaline because of cocaine's affect on the neurotransmitter noradrenalin that controls the adrenal system. The persistent release of adrenaline caused by cocaine use can lead to decreased need for sleep, loss of appetite, visual & auditory hallucinations, impaired cognitive ability (due to lack of sleep), severe anxiety and paranoia. The environment that someone is using in can also affect these feelings. For instance if used in a hostile environment like a crack house or with someone they don't trust then the feelings of anxiety and paranoia can be worse.

Dopamine and Serotonin:

The 'high' experienced when taking crack or cocaine is produced by the neurotransmitters, dopamine and serotonin. Cocaine changes the way the brain works by changing the way the nerve cells (neurones) communicate with each other. Nerve cells in the brain normally send messages to each other using chemicals called neurotransmitters. These neurotransmitters fire across a gap between each cell and attach onto receptor sites. Once the message has been received a transporter cell then collects up the neurotransmitters so that the levels in these chemicals remain balanced.

Dopamine and serotonin are neurotransmitters that help control the feelings of pleasure and are released by the use of cocaine. But by taking cocaine the transporter cell is blocked and does not return these neurotransmitters. This leads to the extended feelings of pleasure that are experienced when taking cocaine and also ultimately leads to the 'downs' experienced by causing a depletion in these chemicals because they can't get back. Imagine getting a brand new credit card, you have extended spending power for a period of time, you have fun and then the bill arrives through your letterbox.



'Chasing that high' is a lost cause because the more that people use the more blocks they are putting in place and the less dopamine they have. After their first hit they will be on a downward spiral and it is impossible to reach the high they are aiming for. In this way all that is really happening is that they are kidding themselves into thinking that 'this will be the one' and the next, and the…

Image source: NIDA Website

The depletion of dopamine is partly responsible for the 'come down' or 'crash' making users feel bad and reinforcing the need for another hit, then another and another etc. Depletion in these neurotransmitters can also cause a chemical depression, which can sometimes combine with bad things happening in their lives (loss of job, partner etc) and lead to suicidal thoughts. It may also lead to users experiencing severe mood changes.

Combination:

The combination of increased adrenaline levels and low dopamine levels after a period of using can produce the feelings of being 'wired' or 'prang'. Users may at this stage use a 'downer' drug like alcohol, cannabis or heroin to help them cope with this feeling.

Chasing the original 'high':

Many users report chasing their early highs even though this may have been years ago and their experience tells them that they will not achieve those feelings again. Although we do not fully understand this some of it may be due to the way we remember euphoric experiences (summer holidays we always longer and hotter in our childhood etc) and also how the brain can associate smells with good or bad experiences e.g.

Most people have had a bad experience on a strong smelling alcohol (usually a spirit) and in smelling that alcohol again they feel sick. The brain is linking into the memory of that smell and recalling the feelings that went with it, it also does this with memorably good experiences such as the first smoke of crack. So even if users have been smoking for 5 years once they smell crack they are taken back to the first occasions when they used, hence chasing the first highs.

6.5 Adrenaline, Dopamine and serotonin

Below is a chart that will explain further how crack and cocaine affect both the mind and body:

Adrenaline	Dopamine and Serotonin
Initial release: (craving, anticipation) Danger and excitement	**Initial release:** (first high / buzz) Reward and reinforcement
• Increased heart rate • Faster breathing • Sweating • Shaking / cant stay still • Butterflies / sickness in stomach	• Very strong first high • Feelings of confidence • Euphoric / orgasmic • Compulsion to use again
Prolonged release: (continued use can cause the following)	**Prolonged release:** (depletion of dopamine)
• Can't sleep • Don't want to eat • Increased anxiety ('wired' or 'prang') • Harder to think clearly • Hallucinations (also to do with brain chemicals) • Paranoia	• Repeated compulsion to use • Buzz getting shorter and lower • Comedown or 'crash' • Loss of interest in things not related to cocaine • Mood swings • Depression

6.6 Crack and heroin

Crack and Cocaine	Heroin
Effects on the brain: Cocaine works by stimulating pleasure-giving neurotransmitters. One of the main neurotransmitters affected by cocaine is dopamine. It stimulates the neurons to release dopamine in the limbic system; this is the part of the brain that controls among other things, feelings of pleasure. When dopamine has been released it will attach itself to the corresponding nerve cells receptor stimulating a pleasurable response. It is then normally taken back to the neuron that released it. Cocaine blocks this re-uptake causing dopamine to continue stimulating the receptor, which in turn leads to a higher, more pronounced feeling of pleasure. In the long term this depletes dopamine, causing changes in brain function such as depression and mood swings.	Effects on the brain: The limbic system, brainstem and spinal cord have nerve cells that respond to endorphins. The brain naturally releases endorphins when the body is undergoing pain or stress. Large amounts of endorphins flood the space between nerve cells inhibiting the neurons from firing thus creating an analgesic effect. They can also stimulate the neurons leading to a feeling of euphoria. Heroin mimics endorphins and binds onto endorphin-receptor sites. Because heroin is more powerful than natural endorphins the brain has no control over release, so it builds dependence. Take heroin away and an imbalance is created leading to withdrawal.
Nervous System: Cocaine works with the sympathetic part of the nervous system, which is concerned with outside stimulus such danger and anticipation. The 'Fight and Flight' response is part of this and releases adrenalin into the body.	Nervous System: Heroin works with the parasympathetic part of the nervous system. This is responsible for the opposite effect of the sympathetic nervous system and produces a 'Rest and Digest' response in the mind and body.
Cardiovascular System: Cocaine increases the heart rate through the release of adrenalin and at the same time releases a chemical called endothelin, which reduces the size of blood vessels (not a good combination).	Cardiovascular System: As well as depressing the activity of the nervous system, heroin also depresses the cardiovascular system. Heart rate lowers and the blood vessels are widened giving the feeling of warmth.
Respiratory System: Again cocaine stimulates the respiratory system through the release of adrenalin, especially when the user is craving or experiencing a bad 'come down'.	Respiratory System: When heroin is used the respiratory system is depressed slowing down breathing.
Addiction: Physical addiction to cocaine is debatable. Cravings are triggered because of thoughts of using rather than a physical need for the drug	Addiction: Heroin causes a physical addiction because the brain adapts itself to accommodate the regular use of this chemical. Cravings are often associated with periods of physical withdrawal.

6.7 Effects of Heroin and Cocaine on dopamine

Heroin-Enhanced Dopamine Activity

Heroin increases the neuronal firing rate of dopamine cells. The heroin user experiences the enhanced dopamine activity as mood elevation and euphoria.

Cocaine-Enhanced Dopamine Activity

Cocaine inhibits the reuptake of dopamine. This increases the availability of dopamine in the synapse and increases dopamine's action on the receptors. The enhanced dopamine activity produces mood elevation and euphoria.

Combined Heroin- and Cocaine-Enhanced Dopamine Activity

Because heroin and cocaine work on different parts of the mesolimbic dopamine neurons, they can be combined to produce even more intense dopamine activation. The heroin increases firing and dopamine release, while the cocaine keeps the released dopamine in the synaptic gap longer thereby intensifying and prolonging its effects.

6.8 Coca- Ethylene

When cocaine and alcohol are consumed at the same time the interact in the liver through a process called:

Transesterification

As coca-ethylene is liver toxic so rather than being flushed out it is returned to the blood stream where it eventually reaches the brain. When it does coca-ethylene has a similar effect on the dopamine neurotransmitter as cocaine. So when you take alcohol and cocaine together (and there are a lot of people doing this) you get a high from the alcohol, a high from the cocaine and also one from the coca-ethylene (you might say 3 for the price of two).

Coca-ethylene will remain in the system as long as both alcohol and cocaine remain. Fortunately cocaine has a short half-life so the effects once consumption has stopped will be relatively short.

7. Session 3

Session title	**Health implications**
Objectives	• To develop clients understanding of crack and cocaine's health implications • Build trust and confidence with worker / Service • Highlight existing health issues if not already identified
Topics covered	Health implications Blood borne viruses Harm associated with routes of use
Materials required	Handout 4 and Treatment tool 4

This session builds upon the previous session's information by continuing to develop the client's knowledge of crack and cocaine.

Again information from the Comprehensive Assessment will be of use as serious health issues should already have been identified that may be related to their crack or cocaine use. Workers may also find that clients identify with the information given, raising concerns (drug use can mask some health complaints or information on their drug use may not have been given to health professionals leading to miss-diagnosis) and indicating that further health checks / input may be required.

Briefly review previous sessions and work carried forward into keywork sessions.

Start by asking how they think that crack or cocaine use has affected their health. Workers may want to prompt clients by raising health concerns attached to particular routes of use as they can also produce associated health problems such as increases in lung problems with smoking. Enquiries should also be made about the drug paraphernalia used, acids used to break crack down with or whether they were smoking crack or ammonia 'washed' freebase as damage can also be caused by types of pipes or other associated substances (see worker information).

Explain that understanding the health implications of crack and cocaine use will enable them to better assess some of the risks that they are / have been putting themselves at when they use crack or cocaine. This will enable clients to make more informed choices about their drug use and also helps to demonstrate some of the realities of drug use counteracting euphoric recall.

Use the information provided (**Handout 4)** to outline the various areas that crack and cocaine use can affect health giving the client opportunities to discuss particular aspects that may be of concern or interest to them.

This session will also provide further opportunity for the discussion of blood borne virii such as HIV and HCV. It is important to cover this area as the majority of BBV information is usually geared towards IV users (smokers may have been missed out) and also many crack or cocaine users coming into treatment may not have had any previous contact with drug services before.

End the session by giving **handout 4** and asking the client whether the session has identified any areas of concern that they may wish to get checked out using **treatment tool 4** to record these and action to be taken such as BBV test etc.

Explain to the client that the next session will be looking at how to reduce the availability of drugs to them and closing the door on scoring.

Finish by taking them through the Craving Beater breathing technique again:

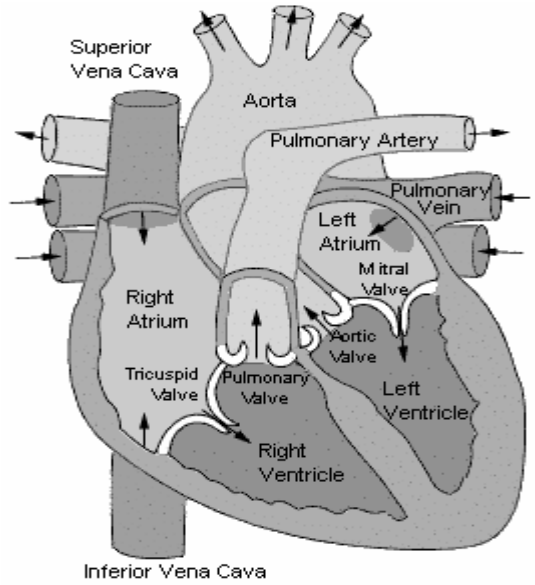
- To teach the technique
- To get them to practice it so that it is a learnt skill when they really need it

Photocopy the treatment tools used during this session

Session 3 Worker Information:

Crack and cocaine can damage health in many ways and in some instances these can be fatal. Some of these risks can be increased by the way that the drug is used and also by the route of use. The bottom line is that there is no safe way to use.

7.1 Effects on the heart:



Heart failure can happen to anyone taking crack or cocaine, it does not matter how much he or she are taking or how long he or she have been using for. People who already have heart disease or heart defects are at an even greater risk if they use the drug. Some American studies have shown that around 25% of all heart attacks in people between the ages of 18 - 45 are down to frequent cocaine use. When taking crack or cocaine, you can increase the risk of having a possibly heart attack by 23 times in the hour after use, especially if alcohol has been used in conjunction.

The increased risk of heart attack can come from a number of factors including:

- Increased adrenaline (released because of cocaine use)
- High blood pressure (increased heart rate caused by adrenaline)
- Constricted blood vessels (cocaine releases endothelin which constricts blood vessels)
- Hardening of the arteries (caused by cocaine use)
- Weakened heart (congestive heart failure)
- Arrhythmia's (erratic heart beat)
- Ashen gray skin (poorly oxygenated blood)
- Current heart problems (Made worse by cocaine)
- Other drugs that may be used in conjunction with cocaine such as Viagra and alcohol (can increase the stress upon the heart)

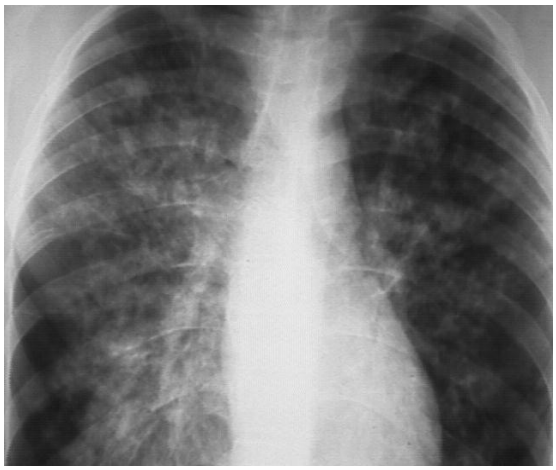
Sodium bicarbonate (used to 'wash' cocaine to turn it into crack) may have some effect upon the heart putting it under further stress. And cocaethylene, a chemical that is produced in the liver when using crack / cocaine and alcohol together, also exerts more pressure on the cardiovascular system, than if cocaine were just taken on its own.

7.2 Strokes and Seizures:

Strokes are thought to be caused by the constriction of blood vessels and the repeated increase in blood pressure. These combined factors can sometimes cut off the blood supply to parts of the brain and also in some cases cause delicate blood vessels to break (causing bleeding in the brain). Blackouts and seizures mat also be caused by the above coupled with high body temperatures.

7.3 Respiratory System:
Taking crack or cocaine can cause many lung problems. These problems are not just isolated to smoking crack as injecting crack or cocaine can also cause lung problems. Some of the problems that are associated with the use of crack or cocaine include:

- Pulmonary edema - Build up of fluid in the lungs
- Pulmonary haemorrhage - Bleeding in the lungs
- Pulmonary barotraumas - Air escaping lungs (by holding in crack smoke)
- Foreign bodies in lungs - Poor pipes, no gauze's used
- 'Crack Lung' - Cough, shortness breath, fever, inflamed lungs



Crack use can affect the cilia (small hairs) that line the main tubes of the lungs. These help to clean the lungs and prevent infections, which in turn leads to crack and cocaine users being more susceptible to bronchitis, pneumonia, pleurisy etc (this can be made worse by the impaired immune system).

Tuberculosis may be a new risk factor for crack and cocaine users as there is emerging evidence from the USA *(University of Texas-Houston Health Science Centre)* that is suggesting that there is an increased chance of catching TB. This is probably due to impaired immune systems, long spells within enclosed environments (crack houses etc), poor diet and reluctance to present for medical interventions. The symptoms of TB are similar to those of someone heavily using crack or cocaine so may not be identified. The only sure way of sure diagnosis is through a chest x-ray or skin test.

Damage to the lungs may also be caused by deep inhaling ammonia (freebase rocks).

11.4 Liver Damage:
If alcohol is used in conjunction with cocaine then the stress upon the liver will become increased, as a liver toxic substance called cocaethylene is produce. If users are Hep C positive then the stress exerted upon the liver could have more serious consequences.

7.5 Immune System:
Crack and cocaine impair the immune system by damaging CD4 T Cells (they don't work as effectively as they should). This cell helps fight off infections throughout the body. Prolonged use can lead to depletion in vitamins (particularly C and E) minerals and amino acids (the building blocks for neurotransmitters). Poor diet and unhealthy lifestyle can also contribute to a poor immune system. This should recover once the client has stopped using crack or cocaine.

7.6 Excited Delirium:
Excited delirium (agitated delirium) is thought to be caused by the build up of dopamine in certain areas of the brain after repeated binges of crack or cocaine. The symptoms of excited delirium may be followed by a heart attack (some deaths in

custody are now being attributed to excited delirium especially following restraint). Symptoms include:

- Bizarre or violent behaviour (incoherent shouting)
- Hyperactivity (lots of energy)
- Hypothermia (inability to regulate body temperature)
- Extreme paranoia

7.7 Pregnancy:
Crack or cocaine use is definitely **not** advisable during pregnancy as taking any illegal substance during this time could affect the foetus. Much of the research regarding issues such as 'crack baby syndrome' have now been shown to be overblown and had more to do with public and professional reactions to crack being used during pregnancy than any factual evidence.

However, crack and cocaine use during pregnancy **MAY** cause:

- Miscarriage (high blood pressure)
- Low birth weight (under nourishment)
- Premature birth
- Disturbed behaviour in new-born babies (possibly high adrenaline levels)

Cocaine can be passed on to the child through breast milk so it is advisable that if clients continue to use after the birth of their child that they bottle-feed.

It is important that if someone has used crack or cocaine when they are pregnant that they receive proper medical attention and look after themselves during the course of the pregnancy. However lifestyle and other substances may have a more serious effect such as avoiding proper medical care, not eating properly, smoking cigarettes and drinking alcohol can all have a major effect upon the health of the baby during pregnancy.

7.8 Psychiatric Issues:
Some diagnosed psychiatric disorders can appear to get better with the use of crack or cocaine, this does not mean that the issue has gone away as when the use of crack or cocaine stops these conditions may reappear. It is therefore vitally important that if there has been a psychiatric diagnosis made in the past that they are receiving the appropriate support from mental health professionals. Psychiatric illnesses that may be complicated by the use of crack or cocaine:

- Attention Deficit Hyperactivity Disorder (cocaine may act as self medication)
- Paranoia / Anxiety disorders (cocaine can make these worse)
- Bi-polar (manic depression)
- Schizophrenia (dopamine theory may indicate possible medication action)
- Depression / suicidal thoughts
- Visual and auditory hallucinations

- Compulsive and eating disorders

- Crack /cocaine induced psychosis

7.9 Other Health Issues:

- Stomach pains and digestive disorders

- Weight loss (usually happens with people using on a daily basis, can become more complicated if combined with an eating disorder)

- Kidney damage

- Skin problems (poor diet, depletion in vitamins, burns from smoking etc)

- Hyperthermia (increased body temperature)

- Can exacerbate asthma and increase attacks

- Complications with epilepsy and sickle cell anaemia (increased attacks)

7.10 Crack and blood borne viruses

The issue of BBV's in connection with crack and cocaine use has to a large extent been ignored unless the route of use is injecting and even then important elements are not being addressed. There is a need to challenge this and disseminate information to users who are at risk.

HIV:
HIV can be spread by the sharing of injecting equipment (as with heroin use) and also by the practice of unsafe sex. Some crack and cocaine users may have multiple partners and recent research into crack and the commercial sex industry (Mainliners, 2002) has highlighted that some working women are willingly having unprotected sex for an increased price to support their habit.

The main transmission route for HIV amongst crack and cocaine users is either through sharing contaminated needles or risky sexual behaviour. There is a tendency generally for risk taking behaviour to increase when taking cocaine, which in itself could increase the likelihood of the above transmission routes.

Recent research from the University of California (The Journal of Infectious Diseases, 2001) has discovered that cocaine not only influences risk taking behaviour and consequent possible transmission but it also affects the AIDS viral load in the blood. Cocaine affects HIV in two ways;

1. Cocaine can double the amount of HIV infected cells
2. Cocaine can deplete the number of CD4 T-Cells by up to nine times

The above combination can obviously have a dramatic affect upon the health of an individual who is HIV positive and taking cocaine, whether it is on a recreational basis or dependent use.

HCV:
The dangers of contracting Hepatitis C are not confined to intravenous drug use as we know both smoking and snorting are transmission routes, what we do not know at this stage is how effective these routes are at transmitting Hepatitis C.

Injecting:
As mentioned above cocaine use can increase risk-taking behaviour and anecdotal information suggests that injecting users of cocaine who are fully aware of safer injecting behaviour can ignore this when caught up in the chaos and compulsion of using.

Smoking:
The use of crack can seriously dehydrate the body leading to lips becoming chapped. These can often be picked producing open wounds and the virus transmitted by pipe sharing. Some pipes can also cut the mouth when smoking, again increasing the risk.

Snorting:
When cocaine is snorted on a regular basis damage to nasal mucus membranes can occur causing the nose to bleed. The practice of sharing straws to 'snort' is quite common leading to the possibility of blood-to-blood transmission via the straw.

12. Session 4

Session title	**Closing the Door on Scoring**
Objectives	• To identify opportunities that the client may still have to score crack or cocaine • To raise awareness of other opportunities to score • To develop strategies to close existing opportunities and reduce / stop the use of crack or cocaine
Topics covered	Identifying opportunities to score and closing the door on scoring
Materials required	Treatment Tool 5

The last 3 sessions will have developed a client's knowledge base about crack and cocaine and will also have allowed the development of a trusting working relationship. This is really important as in this session the worker will begin to start asking questions that are more personal to the user that will probably not have been covered before.

Briefly review previous sessions and work carried forward into keywork sessions.

Start by explaining to the client that during their time using crack or cocaine they have probably opened up numerous opportunities for them to 'score' the drug such as:

- Having several dealers telephone numbers
- Acquaintances that they use with
- Places they use in etc

These opportunities should be looked at as **open doors to scoring** and although they have started a programme to try to stop / stay away from crack or cocaine there may be some doors still left open. This session will help identify the doors still open and look at how they can be **closed.**

Use **treatment tool 5** to examine with the client some of the areas where they may have left doors open:

- **Is money for using still available to them?**
  - Even small amounts of money can be saved up to use
  - How are / were benefits / books used in relation to scoring
  - Are credit / debit / cash point cards still available

- **If money is still available, how are they getting the money?**
  - Is how they are getting the money to score related to using such as crime
  - Is it an integral part of using such as sex work (dealers, emotions etc)
  - Is money coming through a wage or a salary with binges happening on payday etc

- **Do they still mix with people who still use crack or cocaine?**
    - Is this seen as a test of will power?
    - Are these people the only support network they have?
    - Do they live with people who are still using / dealing?

- **Do they still go to areas / places that they used to score from?**
    - Areas associated with use may be linked to the work they do to support their use
    - Pubs, clubs, bookies etc
    - Local shopping areas, high streets or dealing areas that are close to where they live

- **Have they still got dealers numbers?**
    - Dealers numbers may still be in their phone
    - Numbers may also be coming up on itemised bills
    - Numbers may be memorised

- **Have they actually told people that they don't want to use anymore?**
    - They may not have told anybody that they are trying / or have given up
    - Using acquaintances if not aware, may act as if they are still using opening opportunities to score

Once you have worked your way through the first 6 questions (getting the client to explain how the doors are still open) in column 1 ask them if there are any other doors that they think they have left open. By now your knowledge of the client and their use may allow you to suggest other more personally related doors to look at.

When you have identified the open doors, explain to the client that you are both going to look at how these doors can be closed. It is important to get the client to do most of the thinking (prompting is OK) on this so that they learn a process, as it is doubtful that every single door has been looked at and they will probably need to close other doors further down the line.

End the session by agreeing what actions the client can work on now and what will need further support. Some of the actions identified can be put into action straight away increasing empowerment and others may need a bit more thought or support in putting them into practice. If this is the case then explain to the client that these actions can be supported during the next keywork session.

Explain to the client that the next session will be looking at cycles of using and the thinking that occurs at different stages of this cycle.

Finish by taking them through the Craving Beater breathing technique again:

- To teach the technique
- To get them to practice it so that it is a learnt skill when they really need it

Photocopy the treatment tools used during this session

Session 4 Worker Information:

Workers may experience barriers, justifications and obstacles during this session and it is important to acknowledge these with the client.

However by addressing the potential open doors you have started to build processes of thinking that can be developed further in forthcoming sessions (patterns of use, triggers) and also when / if you are working with the client on lapses.

It is important that when links occur that the worker highlights them, so that the client can also make these connections and start to better understand their patterns of use. For example a lapse may occur through the client still maintaining connections with other users, the lapse can be worked with using **Keywork tool 1** but it is also important for the client to revisit the worksheet on **closing doors** to see if they identified risks completely or if they ignored their own plans.

Although this may initially seem like a short session it is important that clients really start to think about what doors may be left open and this may require both worker and client to negotiate / discuss potential barriers.

13. Session 5

Session title	**Cycles of Use**
Objectives	• To understand individual cycles of use in relation to crack or cocaine • To identify clients thinking and the changes in thinking at key stages within the cycle • To develop strategies to exit / remain out of the cycle
Topics covered	Identifying individual cycles of use, the thinking during these cycles and how to exit
Materials required	Treatment Tools 6 & 7

Building on last week's session we are continuing to identify and examine some of the patterns associated with crack or cocaine use. This session will start to look at their cycles of use:

Drug Use > Comedown > Recovery > Craving

But more importantly it will start to identify some of the thinking that the client may be experiencing at different stages of their cycle.

Briefly review previous sessions, work carried forward into keywork sessions and progress to date.

Start by explaining to the client that most drug use goes through cycles that tend to get repeated on a daily, weekly or monthly basis and that these cycles have different stages in them.

What is happening to them at each stage is different and consequently so is the thinking.

Ask the client to fill in the oval sections of **treatment tool 6** recording what is happening to them physically and what they may be doing, other drugs they may be using etc. Once this has been completed ask them to record how they are thinking during each phase.

When the thinking has been outlined in each area take time with the client to look at each section in relation to the other. What should become immediately apparent is that the actions and the thinking can dramatically change in each area, yet in some cases this cycle will be completed every 24 hours.

Discuss with the client at what stages they feel that they have more control with both their thinking and actions as these often offer the best exits, for most people this will be the comedown and the recovery from comedown. Also look at where the danger points are such as feeling out of control / compulsion to use with craving or drug use, feeling of depression / paranoia during the comedown and recovery period.

Once you feel the client has got a good grasp of their particular cycle ask them (using **treatment tool 7**) if there are any areas that they may want to look at further or gain more support with. Some the areas will be covered by forthcoming sessions but it is sometimes important to work with issues quickly once identified that could directly help them to stop using. Other issues such as suicidal thinking may also have been identified and it is important that clients gain good support with this once it has been identified.

End the session by agreeing what actions may need to be supported quickly and what can wait until the next keyworking session. Explain to the client that the next session will build upon this one and look at their individual patterns of use.

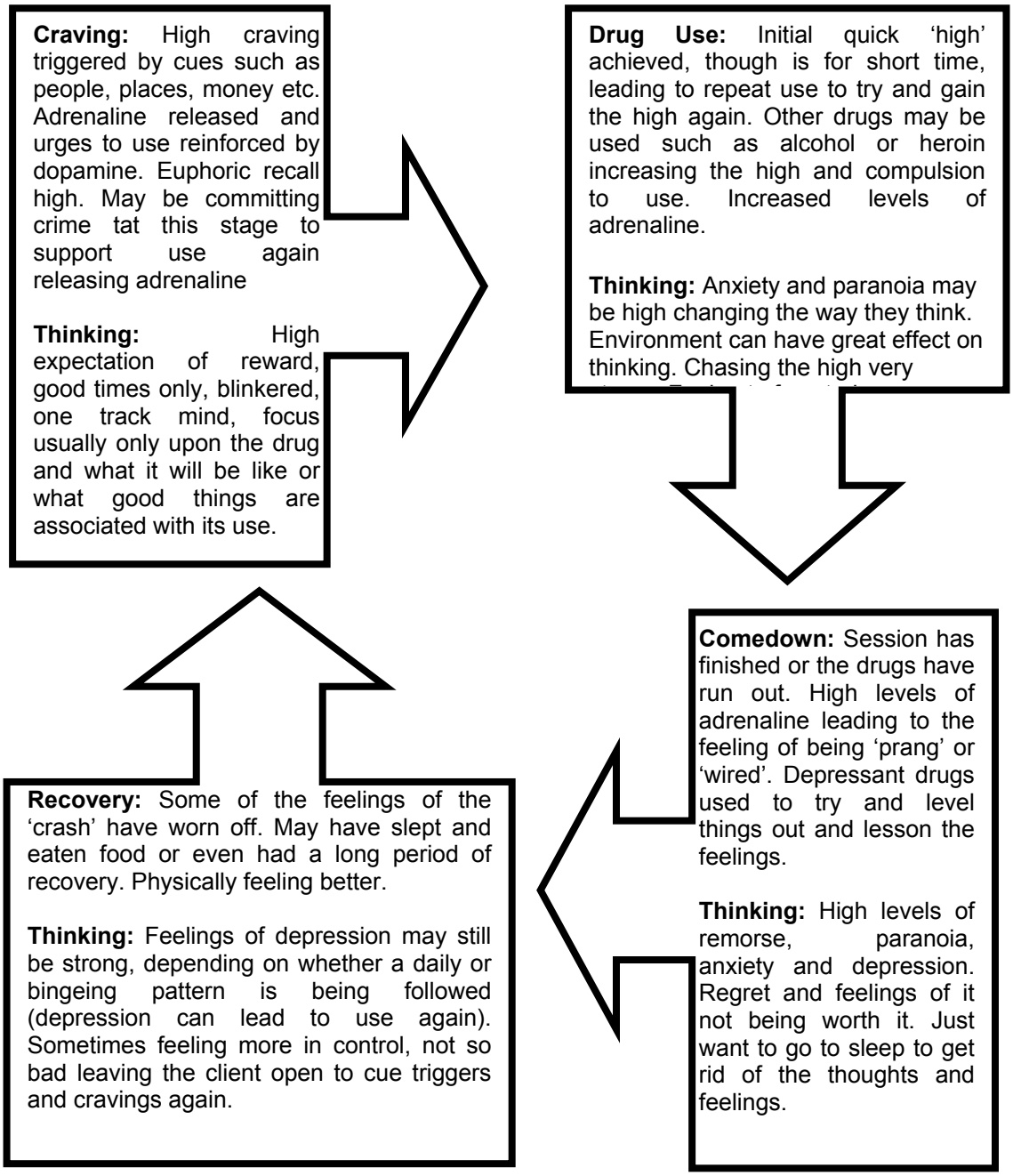
Finish by taking them through the Craving Beater breathing technique again:

- To teach the technique
- To get them to practice it so that it is a learnt skill when they really need it

Photocopy the treatment tools used during this session

Session 5 Worker Information:

Below is an example of what may be coming up in each section. This will obviously vary from client to client and the more clients you work with the more familiar you will become with different types of actions and thinking.
The times in-between each stage can vary greatly according to daily or binge



patterns. This in turn can alter the thinking and physical feelings experienced at each stage. Patterns can also change according to whether they use crack or cocaine and the environment that they use in such as a crack house or night club.

14. Session 6

Session title	**Patterns of use**
Objectives	• To understand individual patterns associated with crack and cocaine use • To further develop prevention strategies around drug use
Topics covered	Identifying individual patterns of use Developing personal prevention strategies
Materials required	Treatment Tools 8, 9 & 10

This session is designed to help clients identify their individual patterns of use so that they can better understand there use, begin to identify potential dangers areas and develop personal prevention plans. It will build upon the information covered in the previous sessions and begin to link some of the physical and emotional feelings experienced with specific patterns. This work can be further developed in the next session on triggers.

Briefly review previous sessions, work carried forward into keywork sessions and progress to date.

Start asking the client if they are aware of any particular patterns that they can associate with their crack or cocaine use? Are they aware of things that they repeat or feel at particular times other than their use of drugs?

Explain that by understanding their patterns of use they will increase their knowledge on the number of areas that can be associated with dependence and with this knowledge start to build personal prevention strategies to help stop or remain stopped.

Use **treatment tool 8** to record the top 5 patterns that they are aware of. These may be repeated in more detail when you use treatment tool 14 but there may also be patterns identified that are more unique and can be returned to at the end of the session. This will help them to start thinking in relation to patterns of use.

Once you have gone through treatment tool 8, use **treatment tool 9** and the information covered in **How Cocaine Works**, **Closing the door on scoring** and **Cycles of Use** to support this.

When this has been completed, **treatment tool 10** can be utilised to begin the process of developing action plans on how they can address some of these patterns of use. Developing actions to change their patterns is usually a simple process; however the implementation may be more difficult in relation to barriers, justifications and sometimes changing patterns. If there are patterns identified by treatment tool 13 that have not been covered by treatment tool 14, return to the form to work out possible action plans and record them at the bottom of the sheet.

End the session by discussing with the client how they can implement some of the action points for each pattern identified, what can be done straight away and what they feel they may need some more support on during the next keywork session.

Explain to the client that the next session will build upon this one and look at triggers for use.

Finish by taking them through the Craving Beater breathing technique:

- To teach the technique
- To get them to practice it so that it is a learnt skill when they really need it

Photocopy the treatment tools used during this session

Session 6 Worker Information:

If you use drugs consistently and over a period of time, distinct patterns will be formed. This can be due to many factors such as the drug that is being used or the particular day that incapacity benefit is received.

For users who wish to stop their use of drugs it is critical that they understand their individual patterns of use so that they can break the cycle. Understanding the components that make up these individual patterns can also begin the process of developing plans of action to help stop or maintain abstinence. Patterns include many different elements that can combine to produce or link in with triggers, craving and use. These may include:

- Physical feelings before use
- Emotional feelings before use
- Specific time of day, week or month
- Places that are used in
- Areas that are used in
- People that they use with
- How they got the money to use
- How much money gets them thinking about crack or cocaine
- Equipment or paraphernalia used

Understanding how these areas may figure in their use can give clients a greater insight into their patterns of use and more importantly what they can do to stop or reduce their use. It is also important for the worker to be able to understand how potential events may trigger of cravings and / or use.

For example:

How did you feel emotionally before using?			
Anxious	**X**	Depressed	_
Excited	**X**	Happy	_
Guilty	_	Angry	_

Other: Use when I'm on an up, high, when I feel good

If you have a client that indicates that they use when the feel excited, anxious or when they are on a 'high' then there may be events during their treatment period that could act as a trigger. Clients may be involved in the criminal justice system and be going to court. If they are doing well in treatment then they will probably not receive a custodial sentence. A good 'result' at court will produce all the feelings indicated above and could place them in a very vulnerable position if they want to stop their use.

Understanding this can help the client prepare for these events and begin to spot potentially dangerous situations with more knowledge and also the possibility of arranging positive support.

15. Session 7

Session title	**Triggers**
Objectives	• To understand different types of triggers and how they work • To identify previous set triggers that may spark off crack or cocaine use • To develop prevention / coping strategies regarding potential triggers and trigger situations
Topics covered	Main triggers associated with crack or cocaine Trigger areas
Materials required	Treatment tools 11 & 12

This session allows the client to help identify what the main triggers are and how they may change in the prison environment. It builds upon the previous knowledge identified in the patterns of use section and also allows you chance to repeat some of the foundation knowledge around how crack / cocaine works.

Briefly review previous sessions, work carried forward into keywork sessions and progress to date.

Start by reminding the client of the second session on **how crack and cocaine works** involving the initial release of adrenaline and that this needs a trigger in real life (perceived threats) just as it needs a trigger for releasing adrenaline in relation to crack or cocaine use. So in understanding the different things that can trigger them off can help clients to control their drug use. Explain that triggers can be physical objects (people, water bottles, phone box's, money etc) and also emotional feelings (anger, excitement, guilt, relief etc).

Use **treatment tool 11** and ask them to start listing their main triggers (in column 1) that they are aware of, it does not matter that they list in priority order just that they list the main ones. Once they have completed this then discuss with them how they could avoid, change or re-programme the trigger and write these down in column 2.

Fro example:

Trigger	Action
1. Phone boxes outside Kings Head pub	**Avoid** – no reason to go to Kings Head unless I want to use or meet old using friends / dealers.
2. Friday nights – usually start of binge	**Change** – do something else on a Friday night so that I change what Friday's mean – NA meetings?
3. Feeling excited	**Re - Programme** – Recognise where excitement is just that and good for me and when it is starting to become a trigger to use crack

If they live in a known using area, where crack or cocaine is openly sold on the streets, use **treatment tool 12** to identify trigger areas and possible solutions.

For example:

Danger area?	Possible dangers?	Why go in area?	Actions
1. Local shops	Dealers and users present.	Cigarettes / Post Office.	Change Post Office / where I get cigarettes.
2. Smith Street	Crack House on street	Good friend lives on same street.	Get him / her to meet me elsewhere.

If they talk about crack being 'in my face' as soon as they leave their front door, get them to draw maps of their local area and discuss if there are alternatives such as walking down a road in the opposite direction even though the bus stop may be a longer walk etc.

The more aware of their triggers that clients become, then the more chance that they will have of altering a course of action and avoid the use of crack or cocaine. Understanding can also take some of the excitement away of using. Remember to help the client to identify where different triggers can link in with one another (see worker information).

End the session by discussing with the client how they can implement some of the action points for each trigger identified, what can be done straight away and what they feel they may need some more support on during the next keywork session.

Explain to the client that the next session will build upon this one and look at cravings to use.

Finish by taking them through the Craving Beater breathing technique:

- To teach the technique
- To get them to practice it so that it is a learnt skill when they really need it

Photocopy the treatment tools used during this session

Session 7 Worker Information:

Cravings for crack and cocaine are dependent upon cue triggers. These triggers can be anything that the user associates with their crack or cocaine use such as:

- Money
- Places
- People
- Emotions
- Times of day, week or month
- Smells
- Paraphernalia
- Etc

Triggers will spark off thoughts / memories about using and lead to interactions from body chemicals and neurotransmitters to produce the physical feelings associated with craving and compulsion to use.

Users need to be as aware as possible about the range of triggers that they have for their crack or cocaine use. If work is not done in this area then they will not have as comprehensive an understanding of there use and lapse / full re-lapse is more likely.

This work should look at the range of triggers that any one person has and also that they can combine together or act in series:

1. A client cashes their **Giro** at the post office
2. They now have **money**
3. On their way out they **see someone** they used to use with
4. On their way back home they pass a **telephone box** where they used to call their dealer from
5. Strong **craving** leading to them using

16. Session 8

Session title	**Cravings**
Objectives	• To identify and understand mechanisms involved in craving • To develop strategies that help to cope with these responses once they have started
Topics covered	What are cravings? Types of craving Coping with cravings Realities of craving
Materials required	Treatment tools 13, 14 & 15

This session directly follows on from the previous session around triggers and will help to broaden user's knowledge of crack and cocaine as well as help to develop strategies to cope with them once they occur.

Briefly review previous sessions, work carried forward into keywork sessions and progress to date.

Start the session by reminding them of how adrenaline can be released by a trigger leading to the physical feelings of pre use and the build up of the anticipation of use (**How cocaine works** and **Triggers** sessions). Remind them that cravings **do not** come from a physical need as associated with heroin but from a trigger (or multiple triggers) that they associate with its use as this will help them recap on the previous session.

Explain the different types of craving (**treatment tool 13**):

1. Craving when using (chasing the high)
2. Open craving
3. Hidden craving
4. False craving

Ask them which type of craving they associate themselves with most at this time. **Hidden craving** is usually the most common at this stage unless they are still using regularly in which case they may be identifying more with **open craving**. Also talk to them about **false craving** as this may become more apparent for some users who have been abstinent for some time and are starting to look at employment / education options.

Explain that the compulsion to use can come from the reward mechanisms of dopamine and serotonin. Recap on the effect of these brain chemicals on behaviour (rewarding and reinforcing) and enable them to understand that this can in turn lead to the feelings of compulsion to use crack or cocaine.

Use **treatment tool 18** to go through some of the techniques (these will be re-enforced in later sessions) that can be used to control craving including:

S.C.A.R.E.

Once the client has a good understanding of triggers use **treatment tool 14** and ask them the to fill out the form or answer the questions honestly. These should enable you to highlight the fact that they need not act upon cravings unless they want to, underlining the concept that they **do have control** over crack / cocaine and can make choices.

When treatment tool 14 is complete and you have discussed some of the answers ask them to fill in the columns on the personal craving plan (**treatment tool 15**) to get them thinking about some of the ways that they feel they can utilise the things they have learnt in this and previous sessions.

End the session by discussing with the client how they can implement some of the action points for dealing with cravings, what can be done straight away and what they feel they may need some more support on during the next keywork session.

Explain to the client that the next session will build upon this one and look at euphoric recall (why we always remember the good bits.

Finish by taking them through the Craving Beater breathing technique using information gathered in this session to underline the importance of **learning and practicing it**.

Photocopy the treatment tools used during this session

Session 8 Worker Information:

Cravings and compulsion to use:

The urge to use crack or cocaine comes from a combination of the affects of adrenaline and dopamine / serotonin. To begin with adrenaline is usually released by a 'trigger', causing the physical symptoms described by users such as:

- Heart rate increases
- Breathing becomes short and shallow
- Sweating
- Shaking
- Butterflies / nausea in stomach
- Urge to go to the toilet
- etc

Suddenly users can be on a 'mission' to use and feeling agitated or full of **anticipation** at the thought of using.

When they have established a pattern of use the compulsion to use is created by dopamine and serotonin. Dopamine and serotonin work within the primitive areas of the brain and are partly responsible for the drive that we experience to seek food and have sex etc.

Taking crack or cocaine exaggerates this drive and reinforces drug-seeking behaviour leading to continued use of the drug even when users know (after years of experience) that the original 'high' experienced at the start of their using cannot be reached again.

Read **treatment tool 13** and **How cocaine works** for further information.

17. Session 9

Session title	**Euphoric Recall**
Objectives	• To identify and understand the mechanisms involved in euphoric recall • To develop strategies that help to cope with these responses once they have started
Topics covered	What is euphoric recall How to cope with euphoric recall
Materials required	Treatment tool 16

This session directly follows on from the previous sessions around cravings / triggers and will help to broaden user's knowledge of crack and cocaine as well as help to develop strategies to cope with euphoric recall once it occurs.

Briefly review previous sessions, work carried forward into keywork sessions and progress to date.

Having covered cravings in the previous session it is now important to explore euphoric recall as this can often start or link in with cravings in the following ways:

Event	Response
1. Coming into some money soon	**Using dreams** and thoughts of using become more frequent.
2. Money arrives, is obtained or paid	**Anxiety / excitement** leading to the release of adrenaline and also the physical **trigger** of money.
3. Head to a pub for a celebratory drink and bump into old using friend/s	**Alcohol** lowers inhibitions; talking about old times with friends (**Trigger**) brings back memories of good using times leading to **euphoric recall**.
4. Crack purchased, smelled when lit or smell already in using environment	Smell links in with **initial using memories** and the big high that was produced back then. Chasing the high begins again and again…

Start by explaining what euphoric recall is and how it may be part of the initial trigger and re-enforcement of triggers / cravings covered in the previous two sessions (use **treatment tool 16**).

Once they understand the concept of euphoric recall (highlights of a film etc) get them to fill in or list both the good and bad things associated with using (**Treatment tool 16**). They should end up with a far bigger list on the bad side but it is also important to acknowledge the good side (belonging, the 'buzz', something to do, excitement etc) and look at alternative ways to achieve these.

In highlighting the bad things associated with crack or cocaine use you have helped them to identify the realities of using and demonstrated that euphoric recall is essentially like:

Watching the highlights of a film but is not the whole of the film

When this has been completed and discussed with them look at ways that they can cope with euphoric recall such as:

- Forced memory connection
- Thought stopping
- Thought replacement

Discuss:

What do they think will work for them? Have they coped with euphoric recall before? How did they cope? Do they think that this can work again? Etc…

End the session by reminding them of some of the techniques that they learnt to cope with cravings in the previous session (craving beater etc) and that these can be employed to cope with euphoric recall as well.

Explain to the client that the next session will look at **connections with crime** or **dangerous situations** if they do not support their use by crime.

Finish by taking them through the Craving Beater breathing technique:

- To teach the technique
- To get them to practice it so that it is a learnt skill when they really need it

Photocopy the treatment tools used during this session

Session 9 Worker Information:

Euphoric recall:

Euphoric recall is essentially remembering the good times and editing out the bad and plays a very important part in the cravings associated with crack or cocaine. In itself it can lead to cravings as well as become part of the process of craving, it also plays a part in the users pattern of chasing original highs experienced when they first started to use.

Euphoric recall can often be seen when users talk to each other about old using experiences. These stories can often be funny, exciting and may help pass the time of day (they rarely involve the negative side of using), they will also bring back feelings of using and lead to thoughts of using in much the same way that talking about food can lead to hunger and talking about sex...

Euphoric recall can also come from triggers such as smell. The brain remembers smells in a couple of ways:

1. What is this smell (identification)
2. Memories associated with this smell

For example:

When you have drunk **too much** of particular alcohol such as Ouzo, Pernod or cider (usually alcohol that has a distinctive / strong smell) the brain remembers the feelings associated with this episode so that every time that you smell it afterwards the memory and feeling returns…

The brain also works in the same way with experiences that are remembered as being very good. When most users take crack or cocaine for the first few times they experience an incredible high, the smell of crack (sweet chemical smell) therefore becomes locked into a positive re-enforcing memory. So that every time this is smelt the memory returns with the associated good feelings and the user ends up trying to chase highs that they experienced 5 – 10 years ago.

18. Session 10

Session title	**Connections with Crime**
Objectives	• To examine the links between crack / cocaine and crime • To understand clients own links and patterns of crack / cocaine use in connection with crime
Topics covered	How crime relates to crack and cocaine use Understanding personal patterns relating to crime
Materials required	Treatment tools 17 & 18

NB: If you are working with a client that does not commit crime then move on to **session 11** and look at dangerous situations.

This session will build upon knowledge already gained in the previous sessions and put this knowledge into the context of criminal behaviour. It doesn't in itself seek to address and change the client's behaviour but will help them to become more aware of the connections and also provide background information for other interventions that seek to address this issue.

Briefly review previous sessions, work carried forward into keywork sessions and progress to date.

Start by asking the client whether they think that crack / cocaine and crime is related? How do they see them as being connected and what has been their own experience of this. Record this on **treatment tool 17** and discuss the answers with them.

TO HERE THURSDAY

Remind them of the information discussed in previous sessions regarding the role played by:

- Adrenaline in relation to triggers and cravings
- Dopamine / serotonin in relation to the compulsion to use

Are the connections just about money or the people they commit crime with? Do they see any connection with the way that they feel before using crack or cocaine and the way that they feel before they commit a crime?

Start to explain the connection between adrenaline and crime as outlined in workers information utilising what you know of their past criminal patterns to help illustrate the explanation. Clients will have different patterns of crack use and crime so discussion of the connections in relation to adrenaline, craving and crack use would be advised.

Ask them to complete **treatment tool 18** as honestly as possible. Once complete have a short discussion about the answers they have put down and whether they

have a better understanding of their connection between crack / cocaine use and crime.

You may also find that during the course of the programme the client has lapsed on a number of occasions and that part of the reason for these lapses was crime, this information can also be referred to in this session.

End the session by asking a simple question:

Now that you better understand the connection between crack / cocaine use and crime **what do you think you can do about it?**

Explain to the client that the next session will look at potentially dangerous situations.

Finish by taking them through the Craving Beater breathing technique:

- To teach the technique
- To get them to practice it so that it is a learnt skill when they really need it
- In fact at this stage they should be able to take you through the technique!

Photocopy the treatment tools used during this session

Session 10 Worker Information:

The connection between crack and crime cannot be denied, as many users can become very prolific offenders in order to support very expensive habits. Caution should be taken in this area, as there has become a very strong stereotype associate with crack and crime that tends to focus on violent or aggressive crime. This may be some way from the truth for many current users.

What clients need to understand is the connection between their crack / cocaine use, crime and the release of adrenaline? Once this simple pattern has been identified it becomes easier for clients to see the connection and for them to see how crime not only financially supports the crack use but also how crime can spark use off (triggers and cravings) and how crack use can lead to crimes being committed.

The simple patterns that need identifying are:

1. Crime ► Adrenaline ► Craving ► Crack use

Or

2. Crack use ► Adrenaline ► impaired thinking ► crime

Some users may have been through both processes and recognise both patterns.

1. When committing any crime adrenaline is usually released because of the dangerous nature of the crime or the real risk of being caught. Once the crime has been committed the user is then left with goods or money (triggers in themselves) that can be used for purchasing crack. The adrenaline rush experienced when committing crime is then interpreted into cravings.

2. Crack or cocaine use can impair the thinking and decision making processes. With impaired thinking, the wrong mind set, wrong environment this can then develop into instances of opportunistic crime to raise more funds for more crack and in some instances lead to more serious (violent) crimes being committed.

Working through this session is not intended to be the only piece of work that addresses criminogenic behaviour, it is more intended to inform the user of specific connections with crack or cocaine and compliment other work they may undertake in this area.

19. Session 11

Session title	**Potentially Dangerous Situations**
Objectives	• To utilise knowledge built up in previous sessions • To develop personal coping strategies that may help after programme has been completed
Topics covered	Recap of previous work Potentially dangerous situations
Materials required	Treatment tool 19 & 20 Completed sheets from sessions on: Any completed Lapse forms, Closing the door on scoring, Patterns of use, Triggers, Cravings and Euphoric recall

Workers should use this session to encourage the client to recap on the information that they have learnt in previous sessions to recap on previous work / knowledge and also to help develop personal strategies around potentially dangerous situations.

Start by asking the client what they think coping strategies are and what information they think they have learnt that could be utilised to help them develop personal strategies.

Review the work and action plans that have come from working on:

- **Lapses**
- **Closing the door on scoring**
- **Patterns of use**
- **Triggers**
- **Cravings**
- **Euphoric recall**

Recapping on this work will help to remind the client of previous information and also of their particular patterns of use taking time to look at:

- The dangers identified
- The action plans developed for these dangers
- How they have acted on then successfully
- How not acting on them may have resulted in lapse or re-lapse
- How this may have been worked with on lapse forms
- Re-enforced / new action plans developed from lapses

This should enable the client to see where they have made mistakes, learnt from them and then put into practice plans that have worked for them.

Once completed ask the client to work through **treatment tool 19** and devise plans that help them to cope with dangerous situations. They should be drawing on information that they have just been through and also knowledge gained in previous sessions.

When you have completed treatment tool 19 ask the client to work through **treatment tool 20,** explaining that this will help them to identify any potentially dangerous situations that may be happening in the near future. Plans to cope with these should be reviewed in forthcoming keywork sessions as particular events may have been identified that will need support from the service on, during or after the event.

End the session by reminding clients to keep these forms with them when they leave and carry it around with them so that they have something to refer to when they feel a dangerous situation is occurring or starting to develop.

Explain that the next session will look at what there after care and support needs may be after completing the programme.

Finish by getting them to take you through the Craving Beater breathing technique:

- To teach the technique
- To get them to practice it so that it is a learnt skill when they really need it

Photocopy the treatment tools used during this session

Session 11 Worker Information:

The last ten sessions should have laid a firm foundation of understanding around the client's particular patterns of crack and cocaine use and developed specific personal tools for coping with triggers, craving and euphoric recall.

The aim of this section is to consolidate this knowledge and develop strategies that can be used when they have completed the programme

Exercises and knowledge that have been built up over the sessions should be re-enforced in the development of personal coping strategies and recorded in such a way that they can easily refer to them on their release such as:

- **Lapses**
- **Closing the door on scoring**
- **Patterns of use**
- **Triggers**
- **Cravings**
- **Euphoric recall**

It is important to try and get them to do most of the work, as this will be the reality for them when they have finished the programme. It will also demonstrate to both worker and client the progress that has been made and maybe some of the areas that could do with further clarification.

These strategies should also compliment other work that has been undertaken in other programmes or one to one work and will aid further treatment if this is what has been planned.

Make sure that they have relevant worksheets from previous sessions to refer to when looking at developing coping strategy plans.

20. Session 12

Session title	**After Care and Support**
Objectives	• Programme endings • To further develop personal aftercare and support needs / plans • To review 12 week goals set in the first session • To develop your specific goals for the next 12 months
Topics covered	Programme endings Aftercare and support needs Review of 12 week goals Future goals Programme evaluation
Materials required	Treatment tool 21, 22 & 23 12 week goal plan Evaluation form

Introduce the session and what you will be covering over the next hour.

Start the session by discussing that this is the last session of the programme and ask them if there any thoughts or feelings that they may have regarding this

Ask them to record these feelings and thoughts on **treatment tool 21** and then to look at the answers in relation to what they have learnt about their own patterns of use regarding crack or cocaine. Then ask them to look at these and see if these thoughts or feelings link into the knowledge that they now have around there own patterns of use. These connections can be written in box 3.

Some of the things they have recorded should connect to information that they have covered in patterns of use, triggers and cravings etc. Explain to them that this is not an exercise to stop them having these feelings, more to highlight the potential dangers from their own thoughts and feelings that they may be facing on completing the programme.

If the client has identified connections that could possibly be dangerous for them get them to look at developing action plans around these at the bottom of the treatment tool.

Once the client has completed treatment tool 21 start working through **treatment tool 22** which helps them to identify their support networks that are already developed, those that they need to put in place and those they would like to have in place.

Identifying the support networks that are already in place helps to re-enforce them and identifying those that they need and would like in place will help in the development of their longer term goals.

Discuss these with the client and work with them to develop the action plans required to put these support networks in place. These should be developed further in their keyworking session.

Bring the session (and programme) to a close by asking them to review their initial 12 week goals that were set in session 1:

- How many have been completed?
- How do they feel about that?
- What has changed for them over the last 12 weeks?
- Are there any goals that still need completing?
- Are there any goals that they want to build upon?

End the session by asking them to look at setting 12-month goals using **treatment tool 23**. These goals may have elements from their support networks sheet, previous 12-week goals and other goals that they are now in a position to think about and want to achieve.

Finish the session by asking them to fill in the **client evaluation form**, giving help if needed in the identification of previous sessions and also by getting them to practice the Craving Beater breathing technique for one last time.

Session 12 Worker Information:

It is important to acknowledge endings for both their achievement (goals) and also the possible dangers. Working through the first treatment tool will help to identify some of these as shown below:

e.g.

1. What feelings emerge when you think about finishing the programme? Excitement, Happiness Fear Anxiety Loss Doubt
2. What thoughts are you having about finishing the programme? I have achieved something Will I be able to cope? What happens if… What will I do if… I'm not ready
3. Do any of these thoughts or feelings link in with the knowledge you now have about your crack or cocaine use? A lot of the above thoughts and feelings can lead to triggers and then on to cravings

Areas that need further work can be transferred to the keywork and or other treatment options if that has been identified as part of their treatment journey.

If as a worker (in conjunction with the client) that your client needs extra support then this could be offered using the keywork system for a further negotiated period of time. Some clients may want to make a quick break from treatment while others may want to edge out of treatment more gradually.

Workers may also want to mark the achievement of the client by developing a certificate of completion.

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The information in this pack is taken from a variety of different sources and written from a drug workers point of view. It is not meant to be a definitive document and it is advised that information be constantly checked as it can become out of date very quickly.

Appendices:

The following handouts and treatment tools are included in the appendix section. Each handout or treatment tools has been referenced with a number for inclusion in sessions previously described.

Handouts:

Treatment tools:

Keywork Tools:

Session Handouts

Handout 1: List of Sessions

The following form lists the sessions that you will be undertaking in the next 12 weeks. Each session is designed to give you information / understanding about your crack or cocaine use that will help you to become and remain abstinent so that you can gain control of your life again.

Session 1	**Introduction and 12 week goals**
Objectives	• To gain a better understanding of the 12 sessions • Identify your most urgent needs • Develop your specific goals for the next 12 weeks

Session 2	**How crack / cocaine work**
Objectives	• To develop your understanding of crack and cocaine and where the highs and lows come from • Lay a foundation for next 10 sessions

Session 3	**Health implications**
Objectives	• To develop your understanding of crack and cocaine's health consequences • Highlight any existing health issues that you may have

Session 4	**Closing the door on scoring**
Objectives	• To identify the doors you have open to scoring crack or cocaine • To develop practical ways that these doors can be closed

Session 5	**Cycles of use**
Objectives	• To identify your cycle of use and your thinking at different stages • To understand where you can best break this cycle and how you can get caught up in it again

Session 6	**Patterns of use**
Objectives	• To understand your individual patterns associated with crack and cocaine use • To begin to develop personal prevention strategies around your crack or cocaine use

Session 7	**Triggers**
Objectives	• To identify previous set triggers that may spark off your crack or cocaine use • To develop action plans that will help you avoid and cope with triggers

Session 8	**Cravings**
Objectives	• To identify and understand the mechanisms involved in craving • To develop strategies / plans that help you to cope with cravings once they have started

Session 9	**Euphoric Recall**
Objectives	• To be able to identify and understand what euphoric recall is and how it works • To develop strategies / plans that help you to cope with euphoric recall once it has started

Session 10	**Connections with crime**
Objectives	• To understand the links between crack / cocaine and crime • To develop strategies that help to break the cycle of drug use and crime

Session 11	**Potentially dangerous situations**
Objectives	• To use your knowledge built up in previous sessions and identify dangerous future situations • To develop personal coping strategies that will help you avoid / cope with these situations

Session 12	**Aftercare and support**
Objectives	• To further develop personal aftercare and support needs / plans • To review 12 week goals set in the first session • To develop your specific goals for the next 12 months

Handout 2: How cocaine works

The first thing to say about crack and cocaine is that it is not physically dependent in the way that we understand heroin dependence, it can however; create a very strong psychological dependence. Crack and cocaine work by triggering the release of chemicals that are already present in the body. It is important to note that these chemicals are part of the body's response to danger and pleasure.

Adrenaline

Adrenaline is normally released as part of a response to danger or excitement and heightens the senses and enables the body to work at peak performance. It does this by:

Increasing heart rate: This is to increase the blood flow around the body, which also increases the speed of which oxygen gets to muscles.

Increasing breathing rate: Short and shallow breaths increase the amount of oxygen in the blood stream.

Butterflies in the stomach: This is due to blood leaving the stomach and being diverted to the arms and legs where it is most needed.

Sweating: The body is getting hotter and sweating is the body's the cooling system.

Shaking: Muscles are primed and ready to go into action.

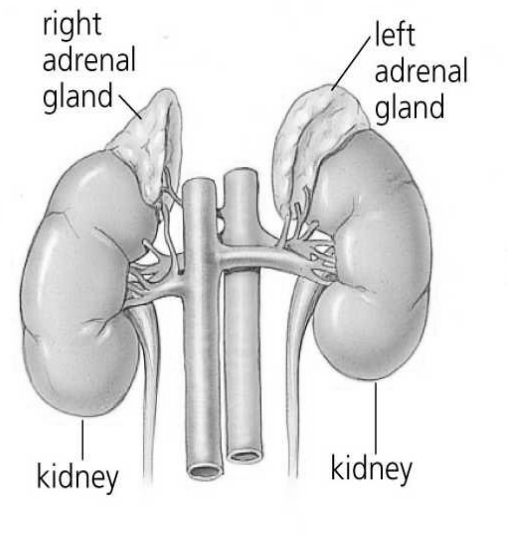


Image source: Dictionary of English Language

You may recognise the above symptoms as the feelings you get when you are craving for crack / cocaine or are just about to score. When you do use crack / cocaine you are again releasing adrenaline because of cocaine's effects on the adrenal system. The persistent release of adrenaline caused by cocaine use can lead to decreased need for sleep, loss of appetite, visual & auditory hallucinations, impaired cognitive ability (due to lack of sleep), severe anxiety and paranoia. The environment that you are using in can affect these feelings. For instance if you use in a hostile environment like a crack house or with someone you don't trust then the feelings of anxiety and paranoia can be worse.

Dopamine:

The ‘high’ experienced when you take crack or cocaine is produced by a chemical called dopamine. Cocaine changes the way the brain works by changing the way the nerve cells (neurones) communicate with each other. Nerve cells in the brain normally send messages to each other using chemicals called neurotransmitters. These neurotransmitters fire across a gap between each cell and attach onto receptor sites. Once the message has been received a transporter cell then collects up the neurotransmitters so that the levels in these chemicals remain balanced.

Dopamine is a neurotransmitter that helps control the feelings of pleasure and is released by the use of cocaine. But by taking cocaine the transporter cell is blocked and does not return these neurotransmitters. This leads to the extended feelings of pleasure that are experienced when taking cocaine and also ultimately leads to the 'downs' experienced by causing a depletion in these chemicals because they can't get back. Imagine getting a brand new credit card, you have extended spending power for a period of time, you have fun and then the bill arrives through your letterbox.

‘Chasing that high’ is a lost cause because the more that you use the more blocks you are putting in place and the less dopamine you have. After your first hit you will be on a downward spiral and it is impossible to reach what you are aiming for. In this way all that is really happening is that you are kidding yourself into thinking that ‘this will be the one’ and the next, and the…

The depletion of dopamine is partly responsible for the ‘come down’ or ‘crash’ making you feel bad and reinforcing the need for another hit, then another and another etc. Depletion in these neurotransmitters can also cause a chemical depression, which can sometimes combine with bad things happening in your life (loss of job, partner etc) and lead to suicidal thoughts. It may also lead to you experiencing severe mood changes.

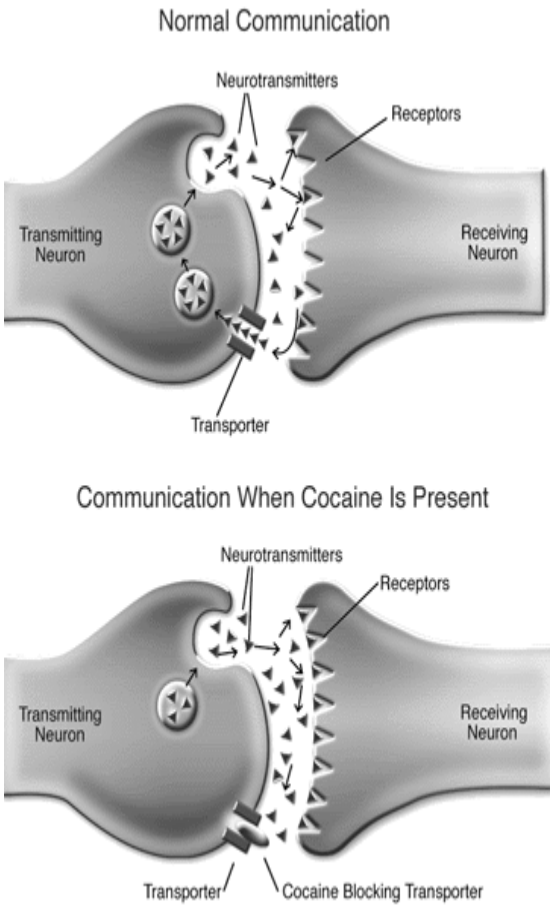


Image source: NIDA Website

Combination:

The combination of increased adrenaline levels and low dopamine levels after a period of using can produce the feelings of being 'wired' or 'prang'. You may at this stage use a 'downer' drug like alcohol, cannabis or heroin to help you cope with this feeling. What you are doing is suppressing the effect of the adrenaline, which sometimes makes it easier to 'come down' from crack or cocaine.

Handout 3: Adrenaline and dopamine

Below is a chart that will explain further how crack and cocaine affect both the mind and body:

Adrenaline	**Dopamine**
Initial release: (craving, anticipation, crack dreams) Danger and excitement	**Initial release:** (first high / buzz) Reward and reinforcement
• Increased heart rate • Faster breathing • Sweating • Shaking / cant stay still • Butterflies / sickness in stomach	• Very strong first high • Feelings of confidence • Euphoric / orgasmic • Compulsion to use again
Prolonged release: (continued use can cause the following)	**Prolonged release:** (depletion of dopamine)
• Can't sleep • Don't want to eat • Increased anxiety • Harder to think clearly • Hallucinations (also to do with brain chemicals) • Paranoia Leading to feeling 'wired'	• Repeated compulsion to use • Buzz getting shorter and lower • Comedown or 'crash' • Loss of interest in things not related to cocaine • Mood swings • Depression

Cravings and compulsion to use:

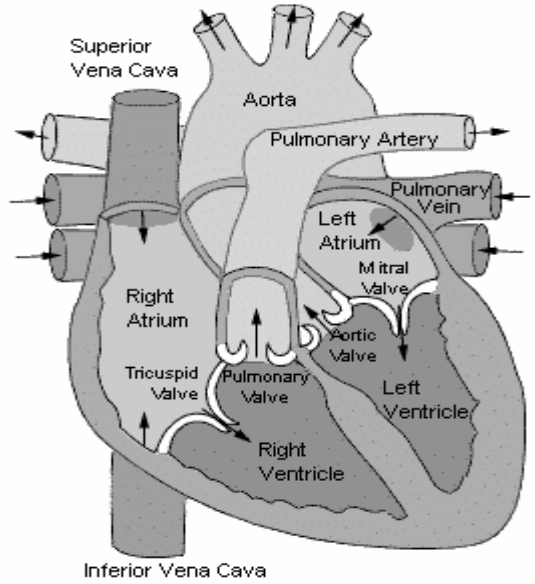
The urge to use crack or cocaine comes from a combination of the effects of adrenaline and dopamine. To begin with adrenaline is usually released by a 'trigger' (something that you associate with crack or cocaine use) such as meeting someone you use with, emotional feelings or getting the money to use. This causes the symptoms described above (initial adrenaline release) and suddenly you can be on the 'mission' to use and feeling agitated or full of anticipation at the thought of using. However when you have used once the compulsion to use is created by dopamine. Dopamine works within the primitive areas of the brain and is partly responsible for the drive that we experience to seek food and have sex etc. Taking crack or cocaine

exaggerates this drive and reinforces drug-seeking behaviour leading to continued use of the drug even when you know that the 'high' cannot be reached again.

Handout 4: Crack / Cocaine and Health

Crack and cocaine can damage your health in many ways and in some instances these can be fatal. Some of these risks can be increased by the way that you use and also by the route of use. The bottom line is that there is no safe way to use.

Effects on the heart:



Heart failure can happen to anyone taking crack or cocaine, it does not matter how much he or she are taking or how long he or she have been using for. People who already have heart disease or heart defects are at an even greater risk if they use the drug. Some American studies have shown that around 25% of all heart attacks in people between the ages of 18 - 45 are down to frequent cocaine use. When taking crack or cocaine, you can increase the risk of having a possibly heart attack by 23 times in the hour after use, especially if you have been using alcohol as well.

The increased risk of heart attack can come from a number factors including:

- Increased adrenaline (released because of cocaine use)
- High blood pressure (increased heart rate caused by adrenaline)
- Constricted blood vessels (cocaine releases a chemical tightens blood vessels)
- Hardening of the arteries (caused by cocaine use)
- Weakened heart (congestive heart failure)
- Arrhythmia's (erratic heart beat)
- Current heart problems
- Other drugs that may be used in conjunction with cocaine such as Viagra and alcohol (can increase the stress upon the heart)

Sodium Bicarbonate (used to ‘wash’ cocaine to turn it into crack) may have some effect upon the heart putting it under further stress. And cocaethylene, a chemical that is produced in the liver when using crack / cocaine and alcohol together, also exerts more pressure on the cardiovascular system, than if cocaine were just taken on its own.

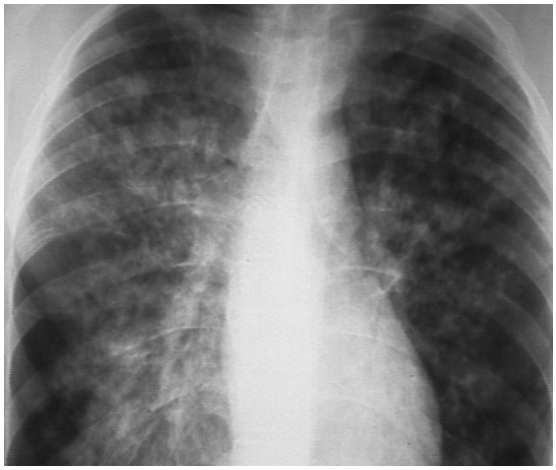
Strokes and Seizures:

Strokes are thought to be caused by the constriction of blood vessels and the repeated increase in blood pressure. These combined factors can sometimes cut off the blood supply to parts of the brain (causing seizures / blackouts) and also in some cases cause delicate blood vessels to break (causing bleeding in the brain). Increased body temperature may also increase the risk of seizures.

Respiratory System:

Taking crack or cocaine can cause many lung problems. These problems are not just isolated to smoking crack as injecting crack or cocaine can also cause lung problems. Some of the problems that are associated with the use of crack or cocaine include:

- Pulmonary oedema - Build up of fluid in the lungs
- Pulmonary haemorrhage - Bleeding in the lungs
- Pulmonary barotrauma - Air escaping lungs (by holding in crack smoke)
- Foreign bodies in lungs - Poor pipes, no gauze's used
- 'Crack Lung' - Cough, shortness breath, fever, inflamed lungs



Crack use can affect the cilia (small hairs) that line the main tubes of the lungs. These help to clean the lungs and prevent infections, which in turn leads to crack and cocaine users being more susceptible to bronchitis, pneumonia, pleurisy etc (this can be made worse by the impaired immune system).

Tuberculosis may be a new risk factor for crack and cocaine users as there is emerging evidence from the USA (University of Texas-Houston Health Science Centre) that is suggesting that there is an increased chance of catching TB. This is probably due to impaired immune systems, long spells within enclosed environments (crack houses), poor diet and reluctance to present for medical interventions. The symptoms of TB are similar to those of someone heavily using crack or cocaine so may not be identified. The only sure way of sure diagnosis is through a chest x-ray or skin test.

Damage to the lungs may also be caused by deep inhaling ammonia. If you freebase cocaine and don't let the ammonia that you used to prepare the 'rock' with to evaporate properly, you are breathing this in when you smoke. There may also be the possibility of aluminium poisoning if you use a burner on aluminium foil as aluminium has a low melting point.

Liver Damage:

If alcohol is used in conjunction with cocaine then the stress upon the liver will become increased, as a liver toxic substance called cocaethylene is produce. If you are Hep C positive then the stress exerted upon the liver could have more serious consequences.

Immune System:

Crack and cocaine impair the immune system by damaging CD4 T Cells (they don't work as effectively as they should). This cell helps fight off infections throughout the

body. Prolonged use can lead to depletion in vitamins (particularly C and E) minerals and amino acids (the building blocks for neurotransmitters). Poor diet and unhealthy lifestyle can also contribute to a poor immune system. This will recover once the client has stopped using crack or cocaine.

Excited Delirium:

Excited delirium (agitated delirium) is thought to be caused by the build up of dopamine in certain areas of the brain after repeated binges of crack or cocaine. The symptoms of ED include (below) and may be followed by a heart attack:

- Bizarre or violent behaviour (incoherent shouting)
- Hyperactivity (lots of energy)
- Hypothermia (inability to regulate body temperature)
- Extreme paranoia

Pregnancy:

Crack or cocaine use is definitely **not** advisable during pregnancy as taking any substance during this time could have an adverse effect. Many of the studies regarding issues such as 'crack baby syndrome' have now been shown to be overblown and more to do with public and professional reactions to crack being used during pregnancy than factual evidence.

However, crack and cocaine use during pregnancy **MAY** cause:

- Miscarriage
- Low birth weight
- Premature birth
- Disturbed behaviour in new-born babies

Cocaine can be passed on to the child through breast milk so it is advisable that if you continue to use after the birth of your child that you bottle-feed.

It is **vitally** important that if you have used when you are pregnant that you receive proper medical attention and look after yourself during the course of the pregnancy. Avoiding proper medical care, not eating properly, smoking cigarettes and drinking alcohol can all have a major effect upon the health of the baby.

Psychiatric Issues:

Some diagnosed psychiatric disorders can appear to get better with the use of crack or cocaine, this does not mean that the issue has gone away as when the use of crack or cocaine stops these conditions may reappear. It is therefore vitally important that if you know that there has been a diagnosis made in the past that you are receiving the appropriate support from mental health professionals.

Psychiatric illnesses that may be complicated by the use of crack or cocaine:

- Attention Deficit Hyperactivity Disorder (cocaine may act as self medication)
- Paranoia / Anxiety disorders (cocaine can make these worse)
- Bi-polar (manic depression)
- Schizophrenia
- Depression / suicidal thoughts

- Compulsive disorders
- Crack /cocaine induced psychosis

Other Health Issues:

- Stomach pains
- Weight loss (usually happens with people using on a daily basis, can become more complicated if combined with an eating disorder)
- Kidney damage
- Skin problems (skin disorders associated with anxiety such as eczema, also other problems associated with poor diet, depletion in vitamins, burns from smoking etc).
- Hypothermia (increased body temperature)
- Other problems associated with:
    - Not eating properly
    - Not sleeping properly
    - Generally being run down
    - Poor immune system
    - Accidents occurring whilst using

If you are worried always see your Doctor

Handout 5: Harm Reduction

If you don't want to give up using crack or cocaine please follow the advice below. Even if you are not injecting there are dangers associated with the use of crack and cocaine that could have consequences for the rest of your life.

Injecting:

- **Always** use new needles, clean spoons and filters if injecting. **Never share any equipment.**

- If combining **crack and heroin** in the same 'hit' be careful not to use **too much heroin,** as tolerances will be much lower than when you last used.

- **Citric Acid or proper Vitamin C** (not tablets) should be used to break crack or freebase down for injecting.

- Crack and cocaine are local anaesthetics and will **numb the injection site**. This could increase the risk of you missing the vein and causing abscesses.

- **Don't 'skin pop'** as this can cause areas of tissue around the injection site to die because oxygen gets cut off.

- There is also an **increased risk** of:

    - Deep Vein Thrombosis (DVT)
    - Collapsed veins
    - Septicaemia

Snorting:

- **Don't share** straws if you snort cocaine, as this can lead to an increased risk of contracting Hep C.

- Cocaine snorting is **not risk free**. Your heart, kidney, liver and lungs can all be affected.

- Try and **alternate** nostrils so that damage doesn't build up too much in one nostril

- Wash out your nostrils after use as cocaine remaining on the septum can cause perforation

Smoking:

- **Don't share** your pipe or use 'house pipes' as this may increase the risk of contracting Hep C through mouth sores and burns to fingers and lips.

- **Use Vaseline** to keep lips moist and **drink water** to stop dehydration.

- Smoking off **plastic or tin can pipes** can lead to you breathing in fumes from the plastic and paint causing lung damage.

- **Take breaks** in-between each smoke to give you more control and enable you to smoke less.

- **Try not to hold the smoke** in for too long as this can sometimes as this can cause more damage.

General advice:

- Try not to buy off the **'street'**, as this will increase the likelihood of getting 'ripped off' and getting involved in violence.

- Try and **eat before using**, as it may be some time before they eat again, nutritious health food drinks can be used and will increase vitamin intake.

- If using anal mucus membranes to administer crack or cocaine, vastly reduce the amount of cocaine used as these mucus membranes are much larger than in the nose and therefore have a more efficient absorption rate. Too much could lead to cocaine **overdoses and possible fatalities**.

- Try and take **daily vitamins** and minerals to offset the depletion caused by crack and cocaine use.

- Use with **people you trust**, in a comfortable environment, as this will lesson they feelings of paranoia and anxiety.

- Always practice **safe sex**, no matter how big the promised 'rock' seems. Stronger condoms should also be used.

- Try to **buy less**, you know the effect goes down after the first 'hit' so why waste the money?

- If freebasing let **ammonia evaporate properly** so the rock is dry and not pasty. Ammonia can be inhaled leading to permanent lung damage.

- Try not to use crack or cocaine if HIV+ as these drugs can **deplete you CD4 T-Cell count making** the virus worse.

- Be aware of the drugs that you may be using **alongside crack or cocaine** as these can caused added risks:

    - Crack / cocaine and **alcohol** increases chances of heart attacks and also damages the liver

    - Crack / cocaine and **heroin** can increase chances of accidental overdose and seizures

    - Crack / cocaine and **ecstasy** can increase the chances of hyperthermia

    - Crack / cocaine and **'poppers'** can increase the chances of heart attack

    - Crack / cocaine and **Viagra** can increase the chances of heart attack

Be Careful and understand the risks!

Handout 6: Craving Beater

Many of the physical feelings of craving come from the release of adrenaline **(Fight or Flight response)** into the body creating the feelings outlined below:

- Heart rate increases
- Breathing becomes short and shallow
- Sweating
- Shaking
- Butterflies / nausea in stomach
- Urge to go to the toilet
- etc

Nature has given you a simple **cut of switch** for these feelings, which means that you can **control the feelings** of cravings if you want to. Deep breathing sends a message to your adrenal glands telling them to switch off the supply of adrenaline as the danger is now passed. Think about it, whenever you are in danger your breathing is short and shallow; when the danger has passed you tend to give a **big, long sigh of relief…**

The cut off switch is simply:

Deep Breathing

A simple technique to use to **beat cravings** is to:

1. Breath in for the count of 1, 2, 3, **4…**

2. And out for the count of 1, 2, 3, 4, 5, **and 6…**

3. When you **breath out** say a positive word (calm, tranquillity, strength etc) to yourself in your mind or have a positive calming picture in your mind

4. Repeat this for **10 – 15** minutes

5. If still craving repeat the process

This method does not need you to sit in the lotus position or even close you eyes (although this will help) it is simply there to help you to breath deeply and slowly. You can also do it anywhere, anytime and any place.

Practice this after every session with your worker and at other times such as when you're going to sleep so that you get used to using this technique.

Remember: Practice makes perfect!

Treatment Tools

Treatment Tool 1: Most Urgent Problems

This form will help you to identify what you think your most urgent problems are regarding your drug use. These problems may be that you have nowhere to sleep / haven't eaten properly for a while or they could be about money or the way that you feel. Once identified your key worker can help to look at how these problems can best be worked with.

Client Name: **D.O.B:**

What do you see as your most urgent problems?	**Rated Urgency**	**Initial**	**Addressed**
1.	**1.** Immediate **2.** Immediate / but can wait short time **3.** Important / but can wait longer		Date:
2.	**1.** Immediate **2.** Immediate / but can wait short time **3.** Important / but can wait longer		Date:
3.	**1.** Immediate **2.** Immediate / but can wait short time **3.** Important / but can wait longer		Date:
4.	**1.** Immediate **2.** Immediate / but can wait short time **3.** Important / but can wait longer		Date:
5.	**1.** Immediate **2.** Immediate / but can wait short time **3.** Important / but can wait longer		Date:
6.	**1.** Immediate **2.** Immediate / but can wait short time **3.** Important / but can wait longer		Date:

Treatment Tool 2: 12 Week Goals Chart

The following goals should be connected to you giving up the use of crack or cocaine and will be looked at again at the end of the 12 structured sessions. Please make sure that they are **specific**, **measurable** and can be **achieved** within the 12-week timeframe.

Client Name: **D.O.B:**

What are the main goals do I want to achieve over the next 12 weeks?	**Initial**	**Achieved**
1.		
2.		
3.		
4.		
5.		
6.		

Treatment Tool 3: How It Works Care Plan

In developing a better understanding of how crack and cocaine works there may be some areas that you feel that you need to gain more support with during the next 10 weeks. These issues can be looked at during your next keyworking session.

Client Name: **D.O.B:**

Are there any areas identified during this session that you would like further support with?	**Initial**	**Addressed**
Issues around feeling Out of Control / Compulsion to use:		Date:
Issues around Anxiety:		Date:
Issues around Paranoia:		Date:
Issues around Depression:		Date:
Other Issue:		Date:
Other Issue:		Date:

Treatment Tool 4: Health Implications Care Plan

In developing a better understanding of the implications of crack or cocaine on your health you may have identified some health concerns that need to be addressed. This form can help you to look at these and develop a care plan for these to be addressed.

Client Name: **D.O.B:**

Possible Health Issue Identified:	**Initial**	**Planned Action**
1.		
2.		
3.		
4.		
5.		
6.		

Treatment Tool 5: Closing Doors

This form will help you to identify the doors that you may have left open to scoring crack or cocaine. Once identified you need to look at developing action plans that will help you close these doors.

Client Name: **D.O.B:**

What doors are open that might lead me to score?	Door closed or action to close the door	Initial
1. Is money still available to you? Explain:		
2. How are you getting the money that might enable you to score? Explain:		
3. Do you still mix with people that use crack or cocaine? Explain:		
4. Do you still go into areas / places that you can score from? Explain:		
5. Have you still got dealers numbers in your phone? Explain:		
6. Have you told people that you don't want to use anymore? Explain:		

Warning: Leaving doors open even a small amount can make it easier for you to use when you feel vulnerable

Closing Other Doors

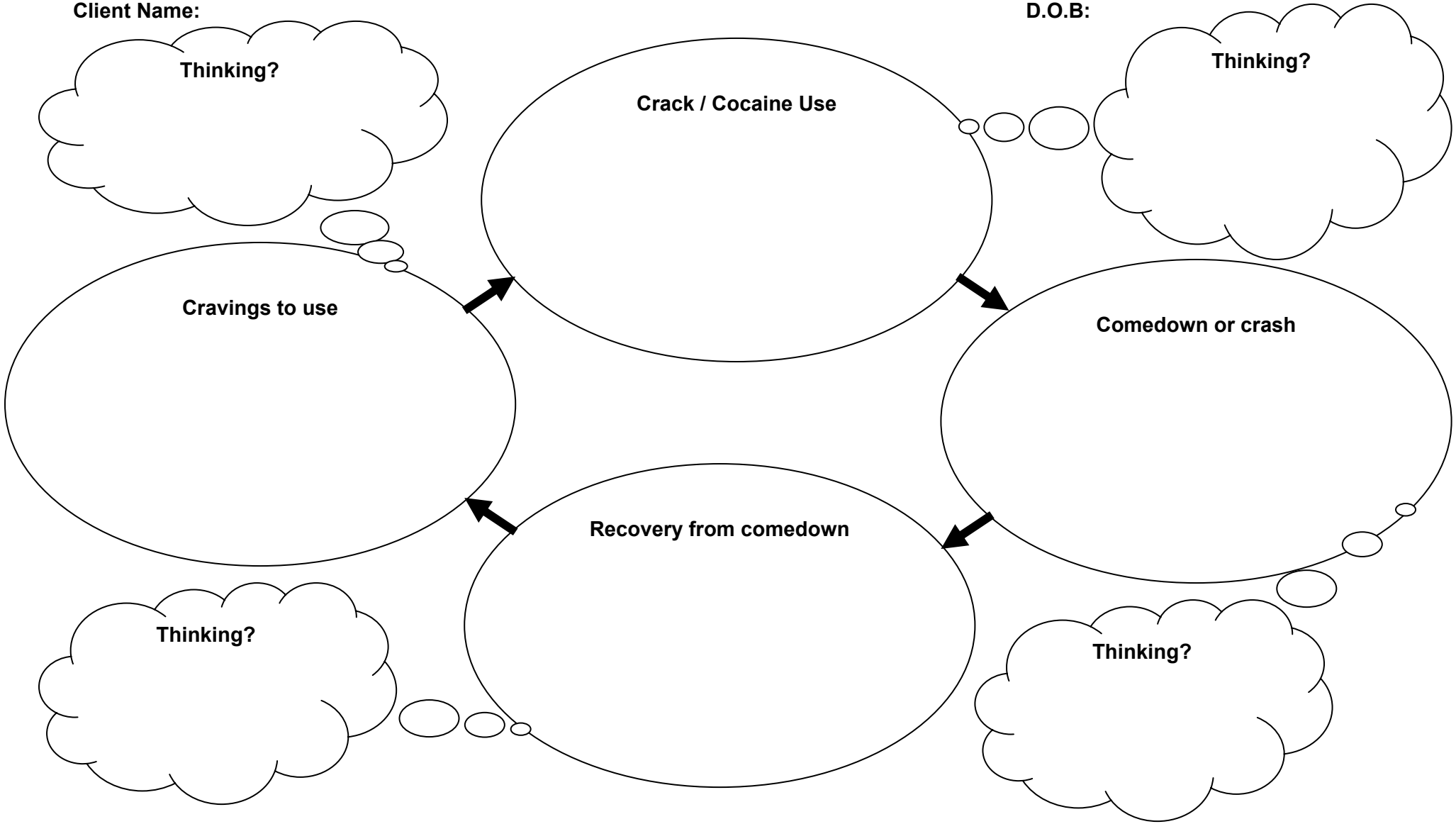
Client Name: **D.O.B:**

Other doors that might lead me to score?	Door closed or action to close the door	Initial
7.		
8.		
9.		
10.		
11.		
12.		

Treatment Tool 6: Cycles of Use

Use this form to help identify your cycles of use by describing how you are feeling and also what you are thinking at each point. Look at what points you can break the cycle and where, if not careful, you could get caught up in it again. Cycles can be daily, weekly or monthly…

Client Name: **D.O.B:**



Treatment Tool 7: Cycles of Use Care Plan

In developing a better understanding of your cycles of use there may be some areas that you feel that you need to gain more support with during the next 7 weeks. These issues can be looked at during your next keyworking session.

Client Name: **D.O.B:**

Are there any areas identified during this session that you know you need to work on more? Develop actions (below) that can help you to cope with these.	**Initial**	**Addressed**
Crack and cocaine use thinking:		Date:
Comedown thinking:		Date:
Recovery thinking:		Date:
Cravings thinking:		Date:
Other Issue:		Date:
Other Issue:		Date:

Treatment Tool 8: Individual Patterns

Use this form to record the top 5 patterns that you may have noticed when you where using crack or cocaine. Where there any things that you notice that you associated strongly or repeatedly with crack?

Client Name: **D.O.B:**

1.

2.

3.

4.

If above areas are not covered by treatment tool 14, use the space below to work out initial action plans:

1.

2.

3.

4.

Treatment Tool 9: Patterns of use

Answer the questions as truthfully as possible so that you can become more aware of when you are going to use or are building up to use. Once you have identified them, develop strategies that will either help you avoid them or cope with them.

Client Name: **D.O.B:**

1. How do you physically feel before you use?

Shaking	_	Heart beating	_
Energised	_	Fast breathing	_
Sweating	_	Stomach churning	_

Other:

2. How d0 you feel emotionally before using?

Anxious	_	Depressed	_
Excited	_	Happy	_
Guilty	_	Angry	_

Other:

3. Is there a specific time of day, week, and month when you use?

Afternoon	_	Evening	_
Friday's	_	Weekends	_
Monthly	_	Anytime	_

Other:

4. What places do you use in?

Home	_	Partners/friends house	_
Street	_	Crack house	_
Club	_	Pubs/bars	_

Other:

5. What areas do you use in?

Home area	_	Work area	_
Social area	_	Dealing area	_
Where user friends live	_	Area changes	_

Other:

6. Who do you use with?

Alone	_	Partner	_
Friends	_	Other users	_
Smoking partner	_	Dealer	_

Other:

7. How do you get the money to use?

Giro	_	Work	_
Dealing	_	Crime	_
Savings	_	Selling/borrowing	_

Other:

8. How much money gets you thinking about using?

£5 -£10	_	£15 - £20	_
£40 - £50	_	£90 - £100	_
£150 - £200	_	£200 - £300	_

Other:

9. What equipment do you use?

Cigarette papers	_	Home-made pipe	_
Straws & cards	_	Glass pipe	_
Burner/lighter	_	Syringes etc	_

Other:

10. What pattern of use do you have?

Daily use	_	Binge using	_
Whenever I can	_	When I get the money	_
When socialising	_	Depends on mood	_

Other:

Now look at the answers and use the next page to help you try to develop some basic Relapse Management strategies to help you to stop using.

Treatment Tool 10: Patterns Action Plan

Client Name: **D.O.B:**

1. How do you physically feel before using? Be aware of how you feel physically and use this as an indicator. Most of the physical feelings before use are down to the release of adrenaline and can be controlled. Anything that helps you relax and brings your breathing rate down such as acupuncture, breathing exercises, relaxing oils, herbal teas, massage etc. What works for you?
Personal plan:
2. How do you emotionally feel before using? Again use these as indicators, but also be aware of situations that may have developed these feelings. E.g. if you know a situation or person usually makes you feel angry or depressed look at ways of coping with this or avoiding the situation. Also look at the part that you have to play, are you sparking off the situation to be able to use it as a justification to score?
Personal plan:
3. Is there a specific time of the day, week, and month when you use? This will very much depend upon your pattern of use, but once you are aware of your danger times you can develop strategies that make these times less of a problem. E.g. if your using time usually begins every Friday then look for alternatives, try to be in a safe place with people that will support you and are not connected with your use.
Personal plan:

4. What places do you use in?

Most places that you use in can be avoided if you really want to. Places have strong associations and will almost always contain the people that you use with. Avoid them no matter the reason. You may have strong urges to go to these places or seek out friends that you know are there. Be aware of the dangers that places could put you back in.

Personal plan:

5. What areas do you use in?

Some of the areas that you associate with using can be difficult to avoid so you need to develop strong strategies. Streets can be avoided and you can change your route when you need to travel, it may be less convenient but will help to keep you safe. You may also have to be aware of the area that the project is situated in.

Personal plan:

6. Who do you use with?

Avoid people that you use with. Most of these will be drug-using acquaintances with the relationship based around using rather than true friendship. If they are true friends then they will understand why you cannot have contact with them. If you use alone then try to be with safe people at your danger times. Members of the family and partners who use can be really difficult and you will have to look at what you want most?

Personal plan:

7. How do you get the money to use?

Receiving money or knowing when you are going to get it, can be one of the biggest triggers to use. These times can be extremely dangerous and you need to work out ways of coping with this. E.g. always cash your book/giro/cheque when you're with someone you trust, change the post office if the dealers hang around your usual one. Get rid of cash point cards, arrange for someone else to control finances etc. Crime also triggers adrenaline so will make your cravings more acute so avoid it!

Personal plan:

8. How much money gets you thinking about using?

As stated before money is one of the biggest triggers to use, and having the money with you or available to use can be a major temptation. You need to be aware of the amounts that spark you off. Whatever that amount try not to carry the money around with you especially at danger times. Also be aware that when you stop using your pattern may change and the amount that triggers you becomes less.

Personal plan:

9. What equipment do you use?

If you are serious about giving up you need to get rid of everything that you associate with using. Throw these things away and check your house for any things that may be lying around including foil, rubber bands, pens, straws etc. Make sure that you don't buy anymore without thinking. If you use on an inhaler to smoke from then ask your Doctor to change it to one that works on a propeller system.

Personal plan:

10. What pattern of use do you have?

Awareness of your individual pattern is really important and can combine with the answers to the previous 9 questions. Be aware of how money, moods, social contacts fit in as well as the frequency of your use. If you binge use, be especially aware that the periods of non using time between each use can lull you into a false sense of security. Also be aware of the amounts of money involved.

Personal plan:

Now that you're more aware of patterns and have developed plans to cope with these, stick to them.

Treatment Tool 11: Triggers Chart

Everybody is **individual** and so is how you use. In order for you to increase your chances of getting / staying off crack or cocaine you need to understand what your main triggers are. Once this is understood you can then start to develop strategies that will help you avoid / cope with these triggers.

Take a little time and think about the events that lead you to use. Trace the steps back and try and identify the first **things / events** that set you upon a course to use. List these in the first column. Once this is done look at each individual trigger think of ways that these can be **avoided or coped** with.

Client Name: **D.O.B:**

Trigger	Action
1.	
2.	
3.	
4.	
5.	
6.	

If you think that an action to avoid triggers may be difficult to do, then seek support for this or discuss with somebody else to come up with an alternative. Once you are happy with your actions **stick to them** & **don't** be tempted to put yourself in danger for a test!

Treatment Tool 12: Trigger areas

Areas can have very strong connections to using and can be associated with particular places, other users and most importantly dealers. It is vitally **important** to be able to avoid these **areas**. Even if you live in a dealing area you can avoid 'hot spots' by taking alternative routes, catching a different bus and changing the shops / post offices / bars / betting shops etc you use.

Identify the areas that are most dangerous for you, why are they dangerous, think of all the possible reasons that you may have to go there and then work out the action needed to make it safer.

Client Name: **D.O.B:**

Example:

Danger area?	Possible dangers?	Why go in area?	Actions
1. Local shops	Dealers and users present.	Cigarettes / Post Office.	Change Post Office / where I get cigarettes.
2. Smith Street	Crack House on street	Good friend lives on same street.	Get him / her to meet me elsewhere.

Danger area?	Possible dangers?	Why go in area?	Actions
1.			
2.			
3.			
4.			
5.			

Make it a rule that you avoid these areas and if you find that you have entered them be aware that you might be setting yourself up and will have a higher likelihood of coming across trigger situations and developing a craving.

Treatment Tool 13: Cravings

Cravings will be one of the biggest areas that you will have to deal with when coming off crack and cocaine. There are four main areas of craving associated with crack and cocaine use and you need to be able to understand where they come from, how they work, how they are triggered. But more importantly how to avoid / stop them.

There are two main things to remember:

- They always need a **trigger** (face, place, £ etc)
- They are not a need, they are a **<u>want</u>**

What is a craving?

Cravings with crack and cocaine are a combination of physical, chemical & emotional factors:

- Physical feelings of sweating, heart beating faster, butterflies in stomach, anxiety and increased breathing rate come from the release of adrenaline into the system triggering off the **flight** or **fight** response

- Compulsion to use, single-minded behaviour (on a mission) and a belief that you need the drug, come from the imbalance caused to the brain chemicals. Also you may not be thinking clearly due to lack of sleep and depletion of brain chemicals

- Emotional factors like depression, celebration, boredom and isolation can also provide justifications to use and contribute to irrational thinking

Types of craving?

1. **Craving when using:** These are usually triggered by the initial 'crash' or 'come down' which can be experienced after each hit. The down experienced, when you have felt so high, makes you want to use more even when you know that the next 'buzz' is not going to be as high as the last one.

2. **Open Craving:** As the name suggests you are fully aware of what is happening and what you want. This type of craving may fit into your pattern of use such as time of day, day of the week, faces and places. The important thing to remember is that you know about it and can choose whether you act on it.

3. **Hidden Craving:** This type of craving is a little more complicated and often appears when you are trying to stop (like now). A string of events may build up to lead you to a using position so that you are not fully aware of it until it too late (I was just walking down the street when I bumped into my dealer / using friend etc). In effect you end up kidding yourself into a using situation.

4. **False Craving:** This usually happens further down the line of recovery. You have been drug free for some time and are feeling confident about life. An event happens that you may feel anxious about (first day at college, work etc) or that generates real fear (threats, dental treatment etc). These events will trigger off the fight or flight response. This can feel like a craving and start you thinking about using, especially if you feel insecure or out of control.

How to cope with cravings?

If you are feeling the need to use just remember:

S . C . A . R . E .

Support: Dealing with a craving on your own can sometimes be very hard. Is there anybody that can offer you support and make it less likely that you act on it. Support networks like Cocaine Anonymous, drug free friends and family can all be useful. Whatever your support networks are, make sure you use them. Be aware of picking the wrong support (hidden craving). Make sure you are not going to get support from someone who is likely to feed your craving so that you end up using together!

Consequences: Most of the times when you crave you are just thinking about the 'buzz'. It's like playing a video reaching the good bit of a film and then pressing pause. Take time to play the tape forward. How will you feel with the come down? Will you be likely to commit crime to support your binge? How will the loss of money effect you? What risks to your health? How will you feel about yourself? You have probably been through all of the above and will therefore be able to predict the possible consequences of use. Do you want these to happen?

Awareness: Once you understand where they come from it is easier to deal with them. Understanding your individual triggers is essential for this process. Think of them as a ladder with each rung taking you a step closer to using. The earlier you spot what is going on, the easier it is to jump off. If you wait before its one step off using then most of the time it's too high to jump!

Relaxation: Nature has given you a cut off switch for coping with the release of adrenaline. This is very simple and effective. Just remember:

Deep breathing kills the feeling

This is how most complementary therapies work and also why you may have found using a 'downer' drug worked when you were feeling 'prang' or 'wired'.

Education: If you get close to using or have a lapse, remember to learn from the experience. Your crack and cocaine use will be littered with times when you have repeated the same mistake again and again. Learn from these so that you can strengthen your prevention strategies and stop them from happening again.

Word of warning

Be careful not to set yourself up. Putting yourself in dangerous situations to test how far you have come is not a good idea. This sets up a situation whereby you can ignore danger. ' It's OK because I was OK the last time' doesn't mean that it's going to be OK **now**. Never take anything for granted and remember that emotional factors like depression, boredom and celebration can affect the way that you are going to react to a situation.

Treatment Tool 14: Realities of Craving

Use this questionnaire to really look at what craving really is and how you can cope with it. Answer them honestly so that you get the most benefit out of them.

Client Name: **D.O.B:**

Question?	Honest Answer
1. Apart from when you first started using, has the high you got from crack or cocaine matched what you were expecting or thinking about?	
2. After the first hit or so has the high got better during your using session or worse?	
3. During your last few months of using at the end of a using session have you ever thought that it was really worth it?	
4. Have you ever sat with a craving and rode through it? (the dealer may not have come, or you may not have been able to get any) What happened?	
5. How is your craving now? Compare it to just before you started the programme?	

Do you really need to give into the feelings of craving?

Use your personal craving plan to look at how you feel when you crave and develop your own strategies to stop them.

Treatment 15: Personal Craving Plan

Client Name: **D.O.B:**

How I feel when I crave	How I can stop the cravings
1. 2. 3. 4. 5. 6. 7.	

Treatment Tool 16: Euphoric recall

Euphoric recall is basically looking at something with rose tinted glasses on or just remembering the good bits.

Imagine that you are watching a trailer of a movie, the general plot is given but only the highlights (good bits) are shown. Highlights of a movie can make it seem really good and make you want to watch it. The reality is often that these were the best bits of the film and the rest is not up to your expectations and you end up wondering why you bothered going to see it.

Euphoric recall with crack and cocaine can act in the same way in that only good memories are shown which help to build up your expectations and anticipation of drug use. The reality however of living the film **'Some of My Using Experiences'** is that you're left feeling depressed, anxious and paranoid etc. As well as these feelings you may also be in debt, facing consequences of your actions and in trouble with partners, family and friends.

You need to build up an awareness of how euphoric recall works with you and also how other people can help to spark this off. Think of how many times you have been talking with other people about using experiences and how that has triggered off a craving. Once you are aware of how these discussions about the so called 'good times' affects you, try and avoid them or change the topic.

When people start thinking about the good times most people think about the build up to using rather than the using itself. When people remember the 'hit' they are usually thinking about the first times they used rather than the immediate paranoia / anxiety that some people get on their first pipe or line when they have been using for a few years. Euphoric recall usually involves:

- The excitement of getting the money
- The emotions of events leading up to use (getting a result at court, celebrations, getting the money to use etc)
- The build up to scoring
- The action of scoring
- The people around you at the time
- The weather (there are always less problems in the summer!)
- Other euphoric events (such as release from prison, carnival, birthdays, Christmas, Friday nights…)
- Etc

In order for you to fully understand that when you think about drugs in a **positive** way you may only be thinking about a **few** selective events that you may not have experienced for years, fill out the following form.

The good and bad of using

Look at the reality of using so that the reality of **you** using is understood. List both the good and bad elements of your crack and cocaine use. Be truthful, honest and don't fool yourself!

Client Name: **D.O.B:**

Good	Bad

This is your reality of using, no trailers and no highlights; remember this next time you want to see your film. Ask yourself: **Is it worth it? Is this what I really want to do?**

Listed below are a number of methods that you can use to deal with euphoric recall:

Forced Memory Connection:

This involves you remembering the reality of crack and cocaine use for you. In effect it's remembering that you have seen the film lots of times before and it **doesn't get any better** (usually it gets worse). Use the good and bad list to help you **remember the realities** of your use and what has brought you to this point of wanting to **stop using**.

Thought Stopping:

When you have become aware that you are thinking about the so called 'good times', **stop the thought**. Recognise where you are heading and **stop it there**, look at what has sparked off these thoughts and **deal with the situation**, this will usually be a trigger.

Thought Replacement:

Once you are aware of what you are doing you can **replace** these thoughts with ones that are more **positive** for you. Think about the things that you want to achieve and positive things in your life, no matter how small they may seem. Don't get into depressive thoughts as this can lead you back into thinking about using crack or cocaine to make you feel better.

Points to remember:

Euphoric recall will often lead to feelings of craving. Remember that this is just an exaggeration of your 'fight and flight' response. You **don't really need** crack or cocaine you just **think** that you do.

Use some of the following techniques to help reduce the levels of adrenaline in your system:

- Slow breathing (craving beater)
- Burn relaxing oils
- Have auricular acupuncture
- Use relaxing herbal teas
- Talk to somebody you trust and that will offer positive support
- Get yourself into a safer environment

Also be aware that you don't start to set yourself up and provide yourself with justifications to as to why you should use such as:

- I'll only have one 'rock' / line
- Its boring being straight
- It's a special occasion

Using dreams:

On occasions you may find yourself dreaming about the build up to using and when you come awake it feels like you really are just about to use. This is a similar process to having a nightmare. When you feel threatened and scared in the nightmare you release adrenaline and wake up with your heart beating, fast breathing and the sweats. The same is happening in a using dream, adrenaline is being released because of the anticipation of using and when you come awake the physical feelings of using can feel very real.

This in turn can make you feel:

- That you want to use
- That you can't control yourself
- That you such a bad addiction you are thinking about it in your sleep

The points above can be used to help reduce the adrenaline levels after a dream and remember that dreams of using are normal and they do not mean that you have to act upon the feelings

Remember the work you have done in the cravings session

Treatment Tool 17: Crime connections

Use this form to record the connections you have noticed between your crack or cocaine use and the crimes you have committed.

Client Name: **D.O.B:**

Crack / cocaine and crime connections
1. 2. 3. 4. 5. 6. 7.

Treatment Tool 18: Crack and crime

Use this form to look at the connections between your crack / cocaine use and crime. Understanding these connections can help you to **break** the cycle of dependence.

Client Name: **D.O.B:**

How did crack or cocaine use change your crime?

Became more violent _ More crime committed _ Less planning _

No effect _ Lowered crime _ More chaotic _

Increased the seriousness of crime committed _ Don't know _

How did crime change your crack or cocaine use?

Increased use _ More chaotic use _ Triggered thoughts of crack _

The two always went together _ No effect on use _

Always had 'quick' money to spend on crack _ Don't know _

Did crack or cocaine use increase the number of violent / aggressive situations?

Yes _ No _ Don't know _

How did you physically & emotionally feel before / when you were committing crime?

Shaking _ Heart beating _ Energised _ Fast breathing _ Sweating _

Stomach churning _ Anxious _ Depressed _ Excited _ Happy _

Guilty _ Angry _ Other ……..

How did you physically and emotionally feel before you used crack or cocaine?

Shaking _ Heart beating _ Energised _ Fast breathing _ Sweating _

Stomach churning _ Anxious _ Depressed _ Excited _ Happy _

Guilty _ Angry _ Other ……..

What was the main reason for you committing crime?

How do the above answers relate to your crack or cocaine use?

If you really want to give up crack you will also have to give up the crime!

Treatment 19: Dangerous situations

It is vitally important that you start to anticipate dangerous situations as much as possible and develop plans to cope with them if they do arise. In anticipating these situations you need to have an awareness of situations, emotions, people and places that may have lead to a using event (refer to your previous work to help develop your awareness further).

Client Name: **D.O.B:**

Suggested plans	Personal plans
1. Anticipate dangerous situations	Situations that lead me to crave: 1. 2. 3.
2. Leave or change the situation	Safe places I can go: 1. 2. 3.
3. Distract yourself with things you like to do	Good distracters: 1. 2. 3.

4. Have a list of emergency numbers	People I can call in an emergency: 1. 2. 3.
5. Remind yourself of your achievements or what you want to achieve	My main achievements / what I want to achieve: 1. 2. 3.
6. Change the thoughts of using to positive thoughts	Positive thoughts I could use: 1. 2. 3.
7. I will put off the decision to use for 15, 30, 60 minutes	Techniques I can use to relax / bring me down me during those 15, 30, 60 minutes: 1. 2. 3.

Source: Adapted from All Purpose Coping Plan, Kathleen M. Carroll Ph.D, 1998

Remember that dangerous situations may be normal parts of everyday life such as going to the corner shop, receiving money or being angry. It is impossible to anticipate everything so make sure you know your personal emergency plan and stick to it!

Carry your plan with you to help remind you when you really need it!

Treatment 20: Dangerous situations 2

Developing awareness of dangerous situations that may lead to using can be difficult when you have only just stopped the use of crack or cocaine. This is because situations that are now dangerous where once thought of as opportunities. This form will help you develop thinking around potentially dangerous situations. Dangerous situations can sometimes be difficult to spot so be aware of things like starting college, celebrations as well as old using areas.

Client Name: **D.O.B:**

Possible dangerous events coming soon	How might they make you feel?	Any similarities with how you felt when taking crack or cocaine?	What could you do about it
1.			
2.			
3.			
4.			
5.			

Treatment Tool 21: Programme Ending

Client Name: **D.O.B:**

1. What **feelings** emerge when you think about finishing the programme?
2. What **thoughts** are you having about finishing the programme?
3. Do any of these thoughts or feelings link in with the knowledge you now have about **your** crack or cocaine use?

Coping with endings care plan	**Initials**	**Addressed**
		Date:
		Date:
		Date:

Treatment Tool 22: Support Networks

Support networks can be **different** for each person. The one thing that you will need is a **range of support networks**, if you only have one area of support in your life and this falls down you can be very **vulnerable**. If you have several forms of support and one falls down there are always **back ups** available.

Client Name: **D.O.B:**

What 2 main support networks do you **already** have in place? 1. 2.
What 2 main support networks do you **need** to have in place? 1. 2.
What 2 support networks would you **like** to have in place? 1. 2.
Support Networks Action Plan: 1. 2. 3. 4.

Treatment Tool 23: 12 Month Goals Chart

The following goals should be connected to what you want to achieve in your life over the next 12 months. Please make sure that they are **specific**, **measurable** and can be **achieved** within the 12-month timeframe.

Client Name: **D.O.B:**

What are the main goals do I want to achieve over the next 12 months?
1.
2.
3.
4.
5.
6.

Make sure that you review these goals in a years time

Evaluation Form

This form is designed to help us evaluate the Crack & Cocaine Brief Intervention Sessions that you have now completed. Please be as honest as possible with your answers as this will help us to build a better service.

1. Overall how do you rate the overall Programme?

No use 1 2 3 4 5 6 7 8 9 10 Very useful

2. Which sessions did you find the **most** useful?

Introduction How cocaine works Health Implications

Closing the door on scoring Cycles of use Patterns of Use Triggers

Cravings Euphoric Recall Connections with Crime

Dangerous Situations After Care and Support

3. Which sessions did you find **least** useful?

Introduction How cocaine works Health Implications

Closing the door on scoring Cycles of use Patterns of Use Triggers

Cravings Euphoric Recall Connections with Crime

Dangerous Situations After Care and Support

4. What **aspects** of the programme did you find most useful?

Treatment tools Workers knowledge Session structure

12 weeks support Gaining knowledge Action / Care Plans

5. Have the sessions **helped you** with your drug use?

Not helped 1 2 3 4 5 6 7 8 9 10 Greatly helped

6. Other comments…

Thank you for your help

Keywork Tools

Keywork Tool 1: Learning from lapses

A lapse does not mean that you have gone back to square one. If you feel totally negative about the incident then you will miss the opportunity to learn from your mistakes and maybe make the same mistake again. **What you need to do, is understand:**

- **What happened?**
- **How it happened?**
- **How can you stop it happening again?**

Start by tracing the events that led to you using. You may need to go over things a few times going one step further back each time to trace the initial **set up**. Look at who you were with? How did you feel emotionally / physically? Where did you get the money? What justifications were used? Etc…

Using event
What happened before that?
And before that?
And before that?
And before that?
And before that?

Now that you have a better understanding of what happened and how it happened, how can you **stop it happening again**?

1.
2.
3.

Keywork Tool 2: Weekly Cocaine Monitoring Form (CMF)

To be able to gain an accurate record of your progress / change this assessment should be undertaken with your keyworker once a week. Scores should be added together and entered onto the Care plan /CMF form. The higher the score the more risk or harm you may be at. In working through the brief intervention programme you should find that your total score drops. If you find it getting higher again you need to work with your keyworker on the areas that have increased in score.

Client Name: **D.O.B:**

A. Drug and alcohol Use <u>Cocaine use:</u> 1 No cocaine use at all 2 Some use of cocaine (1-2 x/wk)) 3 Regular use of cocaine (3-5 x/wk)) 4 Daily use of cocaine (or binge use of 2–4 days per week) <u>Alcohol use:</u> 1 No alcohol use 2 Some use of alcohol (social) 3 Regular use of alcohol (comedown / binge) 4 Daily use of alcohol (before / during and after cocaine use)	<u>Other drug use:</u> 1 No other drug use 2 Some use of other drugs (1-2 x/wk) 3 Regular use of other drugs (3-5 x/wk) 4 Daily use of other drugs <u>Route of cocaine use:</u> 1 None 2 Snorted 3 Smoked 4 Injected **Total of section A =**

B. Harm Reduction <u>Amounts of cocaine used:</u> 1 No cocaine used 2 £25 - £100 per week 3 £100 - £500 per week 4 Over £500 per week used	<u>Cocaine harm reduction:</u> 1 Not using cocaine 2 Aware of & practice harm reduction 3 Share using equipment but safe sex 4 Share using equipment + unsafe sex **Total of section B =**

C. Cravings Cocaine cravings: (thoughts of using) 1 No cravings for cocaine 2 Some cravings (1-5 x/wk) 3 Regular cravings (daily) 4 Virtually constant craving	Ability to **not** use when craving: 1 Always, never use 2 Most of the time 3 Some of the time 4 Never, always use **Total of section C =**

D. MAP In the past month how often have you had the following problems? (Please tick one box per line)

PHYSICAL HEALTH	Never = 0	Rarely = 1	Sometimes = 2	Often = 3	Always = 4	Total
Tiredness/fatigue						
Nausea						
Stomach pains						
Difficulty breathing						
Chest pains						
Joint/bone pain						
Muscle pain						
Numbness/tingling						
Tremors/shakes						
Total						

PSYCHOLOGICAL HEALTH	Never = 0	Rarely = 1	Sometimes = 2	Often = 3	Always = 4	Total
Feeling tense/keyed up						
Suddenly feeling scared for no reason						
Feeling fearful						
Nervousness/shakiness inside						
Spells of terror/panic						
Feeling hopeless about the future						
Feelings of worthlessness						
Feeling no interest in things						
Feeling lonely						
Thoughts of ending your life						
Total						

Total of section D (physical and psychological health) =

E. Factors influencing risk of crime

Contact with other drug users:

1 No contact with other users
2 Occasional contact with other users
3 Regular contact with other users
4 Constant contact with other users

How I think of crime:

1 Will not commit crime to support habit
2 Understand connections with cocaine use (avoiding crime situations)
3 Would only commit crime as last resort
4 Crime is necessity to support habit

Total of section E =

F. Social / lifestyle factors

Eating Habits:

1 Regular meals (2-3 meals per day)
2 At least one meal per day
3 Irregular meals / snack eating
4 Sometimes doesn't eat for days

Sleeping Habits:

1 No problems sleeping (6+ hrs per night)
2 Some problems (hard to get to sleep or difficulty waking up)
3 Moderate problems (awake during night, some sleep gained)
4 Severe problems (no pattern, awake for days sometimes, little sleep gained)

Accommodation:

1 Safe drug free accommodation
2 Safe accommodation in drug area
3 Live with other drug users (hostels)
4 Living in crack houses / with users

Debt:

1 No money owed anywhere
2 Some debt but regular payments (managing the situation)
3 Lots of debt, no regular payments (lots of final notices etc)
4 Chaotic debt on all levels (rent, services, dealer etc)

Total of section F =

G. Support networks

Family and friends:

1 Good support from family and friends
2 Some support from family and friends
3 Support from friends only
4 No contact with family or friends

Other support networks:

1 Receiving support from wide range of organisations (inc drug agencies)
2 Support mainly gained from drug or criminal justice agencies
3 No support apart from this service
4 No support networks at all

Total of section G =

Enter the scores of each section onto the Care plan / CMF form

Keywork Tool 3: Crack & Cocaine Care Planning / CMF Score

Weeks 1 - 2

Clients Name:	**D.O.B.**	**Clients Signature:**
Workers Name:		**Workers Signature:**

Care Plan Action Points	**Initials**	**Review Date**	**CMF Score**							
			A =	**B =**	**C =**	**D =**	**E =**	**F =**	**G =**	**Total**
			CMF Action Points:							

Clients Name:	**D.O.B.**	**Clients Signature:**
Workers Name:		**Workers Signature:**

Care Plan Action Points	**Initials**	**Review Date**	**CMF Score**							
			A =	**B =**	**C =**	**D =**	**E =**	**F =**	**G =**	**Total**
			CMF Action Points:							

Weeks 3 - 4

Clients Name:	**D.O.B.**	**Clients Signature:**
Workers Name:		**Workers Signature:**

Care Plan Action Points	**Initials**	**Review Date**	**CMF Score**							
			A =	**B =**	**C =**	**D =**	**E =**	**F =**	**G =**	**Total**
			CMF Action Points:							

Clients Name:	**D.O.B.**	**Clients Signature:**
Workers Name:		**Workers Signature:**

Care Plan Action Points	**Initials**	**Review Date**	**CMF Score**							
			A =	**B =**	**C =**	**D =**	**E =**	**F =**	**G =**	**Total**
			CMF Action Points:							

Weeks 5 - 6

Clients Name:	**D.O.B.**	**Clients Signature:**
Workers Name:		**Workers Signature:**

Care Plan Action Points	**Initials**	**Review Date**	**CMF Score**							
			A =	**B =**	**C =**	**D =**	**E =**	**F =**	**G =**	**Total**
			CMF Action Points:							

Clients Name:	**D.O.B.**	**Clients Signature:**
Workers Name:		**Workers Signature:**

Care Plan Action Points	**Initials**	**Review Date**	**CMF Score**							
			A =	**B =**	**C =**	**D =**	**E =**	**F =**	**G =**	**Total**
			CMF Action Points:							

Weeks 7 - 8

Clients Name:	**D.O.B.**	**Clients Signature:**
Workers Name:		**Workers Signature:**

Care Plan Action Points	**Initials**	**Review Date**	**CMF Score**							
			A =	**B =**	**C =**	**D =**	**E =**	**F =**	**G =**	**Total**
			CMF Action Points:							

Clients Name:	**D.O.B.**	**Clients Signature:**
Workers Name:		**Workers Signature:**

Care Plan Action Points	**Initials**	**Review Date**	**CMF Score**							
			A =	**B =**	**C =**	**D =**	**E =**	**F =**	**G =**	**Total**
			CMF Action Points:							

Weeks 9 - 10

Clients Name:	**D.O.B.**	**Clients Signature:**
Workers Name:		**Workers Signature:**

Care Plan Action Points	**Initials**	**Review Date**	**CMF Score**							
			A =	**B =**	**C =**	**D =**	**E =**	**F =**	**G =**	**Total**
			CMF Action Points:							

Clients Name:	**D.O.B.**	**Clients Signature:**
Workers Name:		**Workers Signature:**

Care Plan Action Points	**Initials**	**Review Date**	**CMF Score**							
			A =	**B =**	**C =**	**D =**	**E =**	**F =**	**G =**	**Total**
			CMF Action Points:							

Weeks 11 - 12

Clients Name:	**D.O.B.**	**Clients Signature:**
Workers Name:		**Workers Signature:**

Care Plan Action Points	**Initials**	**Review Date**	**CMF Score**							
			A =	**B =**	**C =**	**D =**	**E =**	**F =**	**G =**	**Total**
			CMF Action Points:							

Clients Name:	**D.O.B.**	**Clients Signature:**
Workers Name:		**Workers Signature:**

Care Plan Action Points	**Initials**	**Review Date**	**CMF Score**							
			A =	**B =**	**C =**	**D =**	**E =**	**F =**	**G =**	**Total**
			CMF Action Points:							

Keywork Tool 4: Weekly crack / heroin / methadone form

This form can be used to identify the different patterns of crack and heroin use and helps to monitor the changes in crack, heroin and methadone consumption during treatment.			
Client Name:			**D.O.B**
	Cocaine	Heroin	Methadone
Pattern of use:	Binge Daily	Daily	Daily
Route of use:	Smoke Nasal IV oral	Smoke chase IV	
Amounts used:	£	£	Mls
Increase / decrease?			
Date information recorded:			

Client Name:			**D.O.B**
	Cocaine	Heroin	Methadone
Pattern of use:	Binge Daily	Daily	Daily
Route of use:	Smoke Nasal IV oral	Smoke chase IV	
Amounts used:	£	£	Mls
Increase / decrease?			
Date information recorded:			

Client Name:			**D.O.B**
	Cocaine	Heroin	Methadone
Pattern of use:	Binge Daily	Daily	Daily
Route of use:	Smoke Nasal IV oral	Smoke chase IV	
Amounts used:	£	£	Mls
Increase / decrease?			
Date information recorded:			