

Referral to specialist substance misuse services is indicated in the following circumstances:

OPIATE MISUSERS:

All opiate misusers should be referred to specialist services for a triage assessment.

OTHER ILLICIT DRUG AND ALCOHOL MISUSERS:

It is suggested that a referral is always made in any of the following circumstances:

- The patient requests a referral.
- The patient is physically dependent on a substance (see *appendix 3, page 117* for withdrawal syndromes).

- There is evidence of marked problems occurring as a result of substance misuse – these may be of a biological, psychological/psychiatric or social nature.
- The presentation is complicated by any of the following:
 - Age under 17
 - Pregnancy
 - Chaotic behaviour
 - Poly-substance misuse
 - Injecting substance misuse
 - Dual diagnosis (concurrent psychiatric and substance misuse disorder)
 - Severe risk of suicide, violence or neglect
 - There is a possible risk to children posed by the client

A number of GPs who have received local training in substance misuse and have joined a Shared-Care Scheme, may act as a source of advice as well as providing prescribing services for more stable patients requiring controlled drugs.

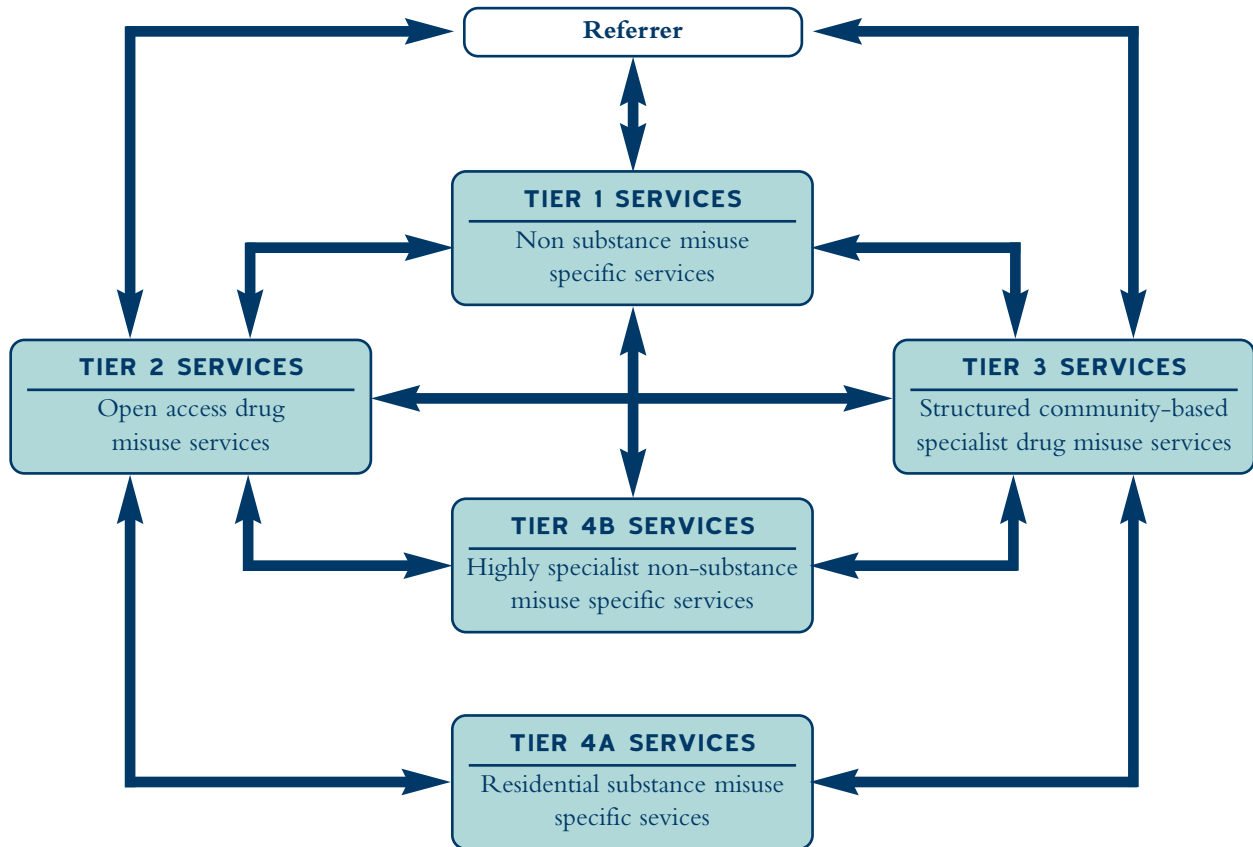
Clients with complex needs such a dual diagnosis or poly-substance misuse may be treated on a 'stand-alone' basis by specialist services, or in shared-care with a specialist GP.

Following stabilisation of a client's substance misuse or the achievement of abstinence, the specialist service may close the case by referring back to the GP, or to a specialist GP, and/or to another specialist service, as appropriate.

MODELS OF CARE

Community services for substance misusers are integrated and organised into tiers, as defined by the 'Models of Care for Treatment of Adult Drug Misusers' (Published by the National Treatment Agency for Substance Misuse, 5th Floor, Hannibal House, Elephant and Castle, London SE1 6TE). GPs (and others) may refer into

tier 2 and tier 3 services, where the patient will receive an initial triage assessment. Following this initial assessment the client will either be taken on by the specialist service, referred on to another specialist service, or discharged to the care of the GP. If taken on by a specialist service, the client may be treated by the specialist team alone, or together with the GP (shared-care). Referrals may be made by the GP, client, carer, or other professional.



TIER 1

Personal/general medical services (primary care). Non-drug misuse (DM) specific social services; non-DM specific assessment and care management. Housing and homelessness services. Non-substance misuse (SM) specific probation services. Vaccination/communicable diseases. Sexual health/ health promotion. Accident and emergency services. General psychiatric services. Vocational services.

TIER 2

Drug-related advice and information. Open access or drop-in services. Motivational interviewing/brief interventions. Needle exchange (pharmacy/service/outreach). Outreach services (detached/domiciliary/peripatetic). Low threshold prescribing. Liaison with drug misuse services for acute medical and psychiatric sector. DM specific assessment and care management.

TIER 3

Drug specialist care planning and co-ordination. Structured care planned counselling and therapy options. Structured day programmes (urban and semi-urban). Community-based detoxification services. Community

based prescribing stabilisation and maintenance prescribing. Community-based drug treatment for offenders on DTTOs. Other structured community-based drug treatment services targeting specific groups. Structured after care programmes. Liaison with drug treatment services.

TIER 4A

Inpatient drug detoxification and stabilisation services. Drug and alcohol residential rehabilitation services. Residential drug and alcohol crisis centres. Residential co-morbidity services. Specialist drug and alcohol residential units targeting specific groups, e.g. mother and child units services.

TIER 4B

For example: Specialist liver disease units. Forensic services. Specialist psychiatric units including personality disorder units and eating disorder units. Terminal care services. Young people's hospital and residential services providing drug and alcohol treatment services (16 to 21 years). HIV specialist units.