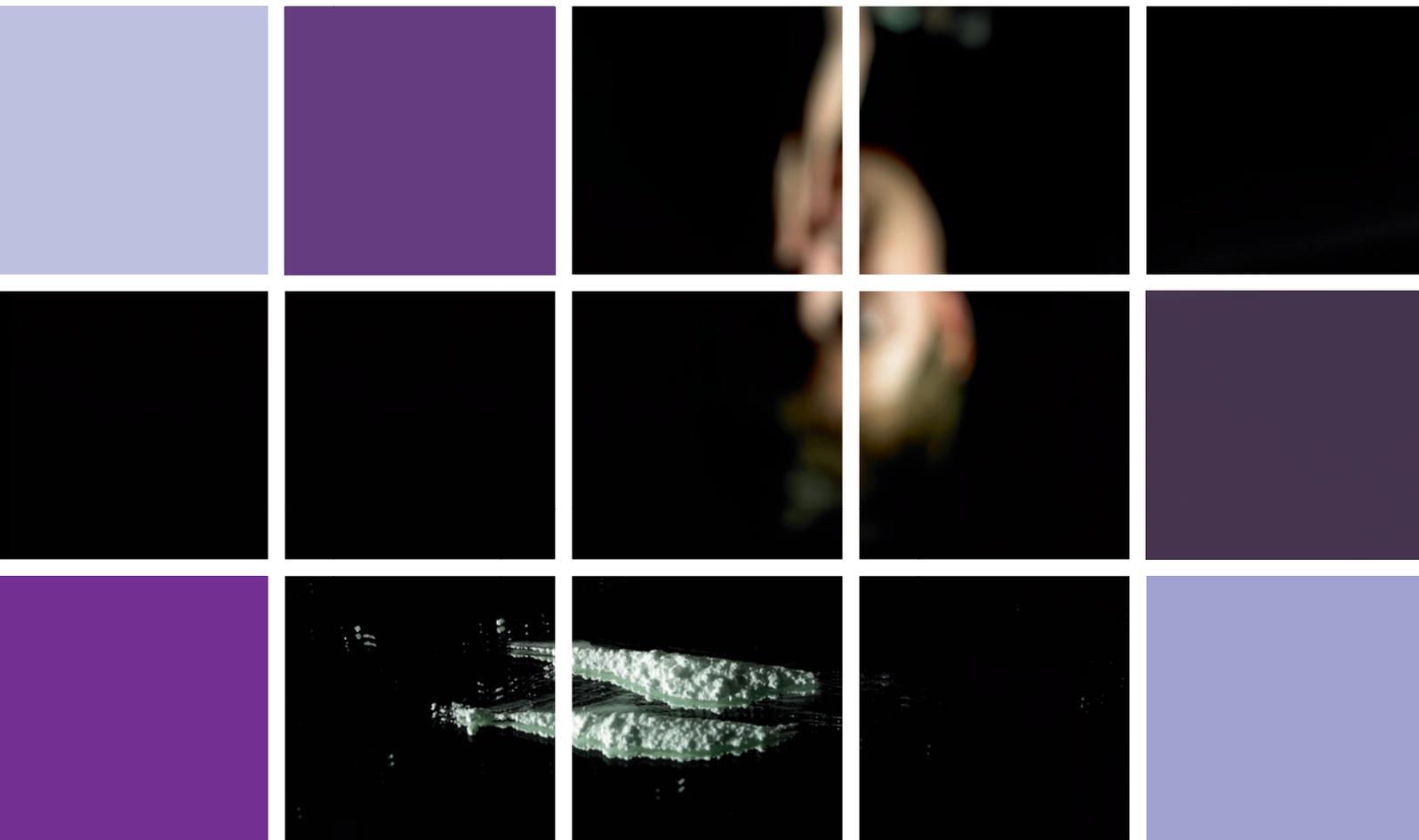


# Substance Misuse Workbook

To Address The Abuse of Drugs



## Target Group

This resource book is not designed to replace specialist intervention for those substance misusers who require treatment under a Drug Rehabilitation Requirement (DRR) or those who meet the criteria to attend a Programme for example the Offender Substance Abuse Programme (OSAP). However, the resource book can be used alongside either a DRR or programme requirement such as OSAP.

Report authors are reminded that their first consideration should always be for a DRR and/or OSAP according to the following criteria:

### Suitability for a DRR

- The offender has scored 4+ on section 8 of OASys (this is only a guide – cases scoring less may be suitable)
- The offender is dependent on, or has a propensity to misuse drugs
- Drug use is a feature in or of the offence
- The offender's propensity/dependency may be susceptible to treatment
- An assessment has been made by a treatment provider to ensure treatment and testing is available and appropriate
- The offender has expressed willingness to comply with the requirement
- The offender has an address from where they can be supervised

### Suitability for OSAP

Man or woman.

ORGS 50% plus.

Problematic user of one or more substance (drugs or alcohol).

A score of 4 or more on either section 8 or 9 of e-OASYS indicates a problem user. For alcohol misusers a score of 20 or above on the AUDIT tool also indicates dependant alcohol use and suitability.

### Target Group for Substance Misuse Workbook

- Offenders who are unsuitable for a DRR according to the criteria above
- Offenders who are unsuitable for OSAP according to the above criteria
- Offenders already on a DRR/to be given a DRR (particularly medium and high intensities) to assist with meeting required National Standards contact hours and/or to further focus offenders on their substance misuse problem
- Offenders in breach of their DRR for failure to comply (to be used as a specified activity to make the Order more onerous and prevent unnecessary revocation – only if the offender is still motivated to address their substance misuse)

## Substance Misuse Workbook Monitoring Form

Name:..... DOB:.....

Date commenced:..... Date completed.....

Offender Manager/Supervisor: .....

Session	Date exercises completed	Signature of supervisee	OM/OS signature
Introduction			
1. Harm minimisation			
2. Change			
3. Cost/Benefit and Safe/Risky Zones			
4. Myth Busting and Decisional Balance			
5. Risky thinking and Challenging beliefs			
6 Emotional needs/ expressing feelings			
7. Surviving day 1-7			
8. Relapse prevention			

## **Contents**

<b>Page 2</b>	<b>Monitoring form</b>
<b>Page 4 - 5</b>	<b>Introduction and using the workbook</b>
<b>Page 6 - 7</b>	<b>Pre-programme Questionnaire</b>
<b>Page 8 – 10</b>	<b>Session 1 Harm minimisation</b>
<b>Page 11 -12</b>	<b>Session 2 Change</b>
<b>Page 13 – 15</b>	<b>Session 3 Cost Benefit and Safe/Risky Zones</b>
<b>Page 16 – 17</b>	<b>Session 4 Myth Busting and Decisional Balance</b>
<b>Page 18 - 20</b>	<b>Session 5 Risky thinking and Challenging Beliefs</b>
<b>Page 21 – 22</b>	<b>Session 6 Emotional Needs/ Expressing feelings</b>
<b>Page 23 – 25</b>	<b>Session 7 Surviving days 1-7</b>
<b>Page 26 – 28</b>	<b>Session 8 Relapse prevention</b>
<b>Page 29 - 47</b>	<b>Handouts 1-13</b>
<b>Page 44 - 49</b>	<b>Post programme questionnaire</b>
<b>Page 50 – 51</b>	<b>Additional resources</b>
<b>Page 52 – 53</b>	<b>Advice on recording</b>
<b>Page 54 – 56</b>	<b>Workbook feedback form</b>

## **Introduction**

This resource book has been designed to enable and assist Case Managers in working with offenders who are misusing drugs. Primarily the material focuses on work with heroin users; however it can be adapted and used effectively with other substance users for example amphetamine, cocaine and cannabis users.

The material in this resource book focuses on a cognitive behavioural approach and draws on the material already familiar within the probation service for example Targets For Effective Change and the Offender Substance Abuse Programme. It also incorporates material adapted from that which is used within young adult's services and by community drugs interventions. Additionally this has been combined with work and material developed through practice, by Tracy Dean and Neal Stoddart.

The workbook acts as a guide to the case manager when working with an offender where drug misuse has been identified. It will give guidance to deliver brief interventions to offenders and offers support and guidance to encourage the offender to seek more intensive interventions where necessary.

The workbook looks at minimising the risks of harm offenders pose towards themselves when using drugs, it assists the offender to look at change and further assists the offender to make the decision to change. It goes on to look at how the offender is to function without substances and it will assist the offender to gain the tools and develop the strategies necessary to be successful in the rehabilitation process. This resource book is not designed to replace specialist intervention for those substance users who require treatment under a Drug Rehabilitation Requirement (DRR) or those who meet the criteria to attend a Programme for example Offender Substance Abuse Programme (OSAP).

## **Using the workbook**

The workbook is presented as eight sessions and it can be delivered on a one to one basis or to a group of offenders. Session one is a challenging session and some workers may find it a difficult concept from the outset. However it is unlikely that heroin users will immediately stop using the substance and whilst you are not advocating any drug use, where an offender is clearly struggling with making the change to drug abstinence then good, sound advice on how to minimise the risks of harm towards him/herself is paramount. It is advantageous to familiarise yourself with the harm minimisation concept and ideally to discuss the safer injecting handout with your offender. Nonetheless, if you find this a difficult area to discuss with your offender then giving handout 2 to the offender in order to take away and familiarise him/herself with it at their leisure will ensure that they are raising their awareness of safer drug use.

The monitoring form at the beginning of the workbook is an aid to recording the work that is being completed. In addition, there is a pre and post programme questionnaire, in order that the Case Manager can observe, measure and evidence any change. This will be useful where Case Managers have identified this work as forming part of a sentence plan and objective setting.

**Pre- Programme Questionnaire**

NAME:

Please answer all of the questions before you start the Substance Misuse work.

Please answer them as honestly as you can by circling the response most closely reflecting your view.

Please ask your Supervising Officer if there is anything that you do not understand.

1.	There are health risks associated with drug use that can be minimised?
	Strongly Agree      Agree      Disagree      Strongly Disagree
2.	I have a clear knowledge of the extent of my drug use for example how much and how often I use substances?
	Strongly Agree      Agree      Disagree      Strongly Disagree
3.	I am able to identify what I need to change in order to reduce my drug use and achieve a drug free status?
	Strongly Agree      Agree      Disagree      Strongly Disagree
4.	I am aware of the consequences of not changing my drug use and the effects that it will have on my life if I continue to use the substance?
	Strongly Agree      Agree      Disagree      Strongly Disagree
5.	I can name five people who my drug use affects?
	Strongly Agree      Agree      Disagree      Strongly Disagree
6.	Facts about drug use are just someone's opinion?
	Strongly Agree      Agree      Disagree      Strongly Disagree
7.	All of the thoughts and beliefs that I have about my drug use are true?
	Strongly Agree      Agree      Disagree      Strongly Disagree

8.	I am easily able to express the way I feel?
	Strongly Agree      Agree      Disagree      Strongly Disagree
9.	I understand what I need to do in order to 'survive' withdrawing from drugs?
	Strongly Agree      Agree      Disagree      Strongly Disagree
10.	Relapse is an accepted part of the rehabilitation process?
	Strongly Agree      Agree      Disagree      Strongly Disagree

## **SESSION ONE**

### **Harm minimization**

This first session involves getting the offender to recognize the damage or potential damage caused to themselves by their substance use. It looks at ways of monitoring their substance use and ways of reducing the harm caused to themselves by increasing their awareness of safer substance use practices. The session also advises on ways of reducing the impact on their well-being by increasing the body's ability to cope with the damage caused by maintaining a healthy lifestyle in other ways.

Substance users often find it difficult to recognize positive factors in their lives so every session should begin by asking the offender to give one positive action/ feeling/ fact from the last 7 days, however small or insignificant they feel it might be.

### **Learning Point**

- To recognize risks from substance use
- Reduce the risks towards self of substance use

### **1.1 Effects of substance use on body:**

Have a pre drawn person on a flipchart or use the example provided (handout 1). Encourage the offender to draw arrows to areas of the body affected by substance use and name what is affected/ how this is affected. At this point recognize all substances including legal substances such as nicotine and caffeine. Encourage consequential thinking.

Some notes to assist worker –

Heroin – Through injecting - Collapsed veins, Deep Vein Thrombosis, ulcers, HIV, Hep C, Hep B. Withdrawals – Flu like symptoms, runny nose, aching muscles, diarrhoea, itching, vomiting. General – Depression, coma, death.

Crack cocaine – hallucinations, paranoia, raised body temperature leading to seizures or fits, stopped breathing, anxiety, lack of sleep and nausea, tremors and shaking, excessive sweating, stroke, heart attack.

Cocaine - snorting destroys inside of nose, high doses can stop you breathing, fitting or heart attack, reduced sex drive, weight loss, exhaustion, paranoia, teeth and gum problems.

Cannabis – vomiting, anxiety, paranoia, mental health problems, lung cancer and bronchitis, throat problems, tiredness, short term memory problems.

Anabolic steroids – Males -can stop growth, erection problems, growing of breasts in males, acne, testicles shrink. Females – facial hair, deep voice, and breasts shrink. Trouble sleeping, paranoia, high blood pressure, liver/heart problems, tiredness, veins and muscle damage through injecting.

Ecstasy – Anxiety, panic attacks and confusion, raised body temperature, faster heart beat, reduced urine production.

Amphetamine – Strain on heart, high blood pressure, anxiety, damage to nose when snorted, colds, flu, sore throat, veins and muscle damage when injecting, anorexia, malnutrition, insomnia, problems with teeth and gums, drug induced psychosis, low energy.

### **1.2 Healthy bodies cope better:**

Using the person drawn on the flipchart with the effects of substances, start to look at the ways of increasing the body's ability to cope with substance use. For example introduce and discuss healthy eating and discuss realistic ways of eating healthily on a budget.

Introduce the concept that the brain sends signals to the body when it needs things. In substance users these cues for food, drink etc are often misread as cues to use substances. This can leave substance user's bodies malnourished and dehydrated on a regular basis. Therefore by recognizing cues correctly, substance use can be reduced and body kept fit.

Introduce and discuss ways of keeping fit (Recreation Key card – reduced cost to use council facilities such as gyms and swimming pools for people on benefits).

Re-enforce natural "highs" from adrenalin, sense of achievement and certain food groups.

Also ways of relaxing/ encouraging sleep including not using caffeine in evening

### **1.3 Harm minimization:**

Introduce the idea of harm minimization in substance use by asking offender to state what they consider this to mean.

Encourage the offender to come up with as many ideas and examples as possible.

Examples: reducing risk to themselves, safer substances use (not safe but safer), reducing impact on body, smoking rather than injecting, not using substances when alone.

Expand the idea of harm minimization to safer injecting. (See Safer Injecting handout 2)

Re-enforce 6 Golden Rules by flip charting, always giving reasons.

1-3 to prevent cross infection

4 to reduce trauma to skin and veins

5 for own personal safety as purity of substance can vary

6 to reduce trauma to skin and veins and prevent infection

#### **1.4 Introduction to drug diary**

Introduce the idea of monitoring substance use as way of recognising patterns and triggers in own substance use. (Drug Diary Handout 3)

Start by completing drug use for previous day.  
(Offenders will often not want to disclose / deny their use that day. Also beware of minimization in order to avoid questions on funding)

Ask offender to fill drug diary each day and to be honest about their own use.

Re-enforce how they will not be judged about their use of substances but that this will help them to recognize where they may be able to reduce the amount of substances used and / or the frequency of their use as well as helping them to achieve what they want in their lives.

#### **End Session**

## **SESSION TWO**

### **Change**

This session involves the introduction of the cycle of change and the concept of change and that everyone can achieve change. Further, that in order to make big changes, the easiest way to achieve this is by breaking it down into smaller achievable steps. The decisional balance will assist to explore the offender's feelings about drug misuse, without imposing on them any assumptions about it being 'a problem'. They, rather than you, identify the problem or reasons for concern and change.

### **Learning point**

- To gain an understanding of the cycle of change and how this relates to drug misuse.
- To develop skills in goal setting.

Start this session by asking the offender if they achieved their positive goal from last week. If the offender did not achieve this goal then ask why they feel this did not happen and if there was any other positive action/feeling from the last week.

### **Drug diary**

Discuss diary from the week. If not completed then fill in roughly for last week. Encourage offender to complete for next week.

### **2.1 Cycle of change**

Have a pre drawn cycle of change on a flipchart or use the handout provided (handout 4).

Explain that the cycle of change is a model which explains how individuals can engage in changing behaviours. In this instance we are talking about changing drug use. Explore the different stages of the cycle and the behaviour normally associated with each stage and relate it to the offender's drug use. For example:

#### **Pre-Contemplation**

At this stage you have not even thought about changing your drug use, and may be happy where you are, or simply not have considered that the change is possible or necessary.

#### **Contemplation**

You are thinking about changing your drug use and part of you wants to change it, and part of you wants to stay as you are. You are ambivalent.

#### **Determination/decision**

You have decided to change and are going to do something about it. You may still have some ambivalence but you are going to make an effort to change.

### Action to change

You undertake work to bring about the change you want. This might be a programme of action for example seeking treatment, getting information, making choices, for example not associating with other substance users, or doing things differently for example filling in your time with an interest or hobby.

### Maintenance

At this stage you are maintaining your new behaviour. Often at first through a conscious effort, later it becomes your unconscious habitual behaviour.

### Lapse/relapse

Everyone can have lapses from time to time. For some people, this reminds them why they wanted to change and motivates them to continue with their new habit. For others, it takes them back to the contemplation stage with high levels of ambivalence that need to be worked through again. Lapse is only a stage in the learning process.

Ask the offender to write their name in the stage they that they are at and to explain why they think they are in that stage. Challenge where the offender's justification for their place on the cycle is different to the cycle definitions. (I.e. state they are in maintenance when they are still using substances on a weekly basis).

### **End of Session:**

Ask the offender to state one positive thing they hope to achieve over the next week.

Encourage to complete drug diary.

## **SESSION THREE**

### **Cost/benefit analysis of substance use**

This session involves looking at ambivalence for change. There are reasons that the offender can identify to reduce or stop using drugs but also reasons why they feel that continuation with their behaviour is the best thing to do. Working through a cost/benefit analysis with the offender can help him/her to clearly identify exactly what the pros and cons are for continued use and change.

#### **Learning point**

- To increase knowledge of the pros and cons of drug use
- To create ambivalence in favour of change

Start this session by asking the offender if they achieved their positive goal from last week. If the offender did not achieve this goal then ask why they feel this did not happen and if there was any other positive action/feeling from the last week.

#### **Drug diary**

Discuss diary from the week. If not completed then fill in roughly for last week. Encourage offender to complete for next week.

### **3.1 Cost/benefit analysis of substance use**

Ask the offender to complete the cost benefit analysis on flipchart or use the handout 5 the 'decisional balance' looking at the good and not so good things about the offender's substance use. Include short and long term costs and benefits.

Discuss these and why they fall into the good side or the not so good side.

To assist you can ask an open ended question about the good things about using drugs:

- People usually use drugs because they help in some way, how have they helped you?
- What are some of the good things about your use of heroin/cannabis/cocaine?
- What would you miss if you weren't using the substance?
- What do you like about the effects the substance gives you?

Ask an open ended question about the not so good things about using drugs:

- What are some of the less good things about your use of heroin/cannabis/cocaine/amphetamine?
- What do you not like about your use

- If you continue as before how do you see yourself in three years from now?

Use follow on questions about the negatives for example:

- In what way does it affect you?
- What is it that you don't like about this?
- Can you give me some examples?

Offer a summary reflection as succinctly as possibly, drawing together the good things and the less good things. Use 'you' language, and give the offender time to respond. For example: 'So, using heroin helps you to relax, you feel more sociable when you are with others and have used the substance and it seems to help when you're feeling fed up. On the other hand, you sometimes feel controlled by the substance. Or, 'you are worried about the effects on your health and have lost your friends/family through using the substance'.

Start to create dissonance and challenge pre conceived ideas. Ask how the offender feels about making changes to both the good and not so good reasons for using. Re-enforce that these are natural feelings and that change can be daunting but also exciting. Discuss how the reduction of something can result in the increase of something else i.e. reduction in heroin use and increase in alcohol use. Change needs to be constructive.

Ask the offender to do another cost/benefit analysis on flipchart (or using handout 6 Safe Zones and Risky Places) looking at what situations result in increased use and what are situations which result in less or no use.

Discuss these and why they fall into the increased use or reduced use category.

Start to combine the information from 2.1 and 3.1 to establish safe Zones where the offender feels comfortable not using substances. Ask the offender to identify ways of increasing their time in Safe Zones. Also identify Risky Places which can result in lapse/increased use. Ask the offender to identify ways of avoiding these Risky Places.

Discuss how substance use has filled a large part of daily life so this must be replaced constructively to avoid boredom and/or return to previous behaviour. Encourage importance of planning time and importance of sticking to plans as sense of achievement boosts our natural high (endorphins) and increases our ability to deal with life.

### **3.2 Return to the cycle of change**

First ask the offender if he/she thinks his/her position on the cycle is different from earlier. If different then ask the offender to state what has changed their decision. Realistic approach to be encouraged.

Ask the offender what they feel is necessary in order to move to the next stage of the cycle. These are Action Points.

This may involve looking at some of the pros and cons of their substance use and what the offender can do about these as well as tying in Safe Zones and identifying Risky Places where they risk using substances.

Write realistic Actions Points down on paper and give this to the offender to take away with them as a reminder of what they are trying to achieve to start dealing with their substance use.

### **End session**

Ask the offender to state one positive thing they hope to achieve over the next week.

Encourage the offender to complete the drug diary.

## **SESSION FOUR**

### **Fact or opinion**

This session introduces the notion of fact and opinion. It may be that many of the beliefs that offenders have about substance use no longer seem to fit with the facts, therefore this session will assist to dispel some of the myths.

### **Learning Point**

- For the offender to start to distinguish fact from opinions, attitudes and myths.
- To practise differentiating between fact and opinion
- To distinguish drug facts from opinions

Start this session by asking the offender if they achieved their positive goal from last week. If the offender did not achieve this goal then ask why they feel this did not happen and if there was any other positive action/feeling from the last week.

### **Drug diary**

Discuss diary from the week. If not completed then fill in roughly for last week. Encourage offender to complete for next week.

### **4.1 Fact or Opinion**

Start this session by explaining to the offender the purpose of the activity. Point out that much of our thinking is based on a muddle of fact, opinions and beliefs. Our thinking about ourselves and our drug use is rarely clear, scientific or completely rational. To change this would take a lifetime or rigorous training, but we can make a start by learning to recognise where our beliefs are based on facts and where they are based on opinions and value judgements.

Ask the offender 'what is the difference between fact and an opinion?'(i.e. A fact can be corroborated by reference to available evidence, it is provable, whereas an opinion is a conclusion you've come to, but there isn't any real evidence. You say it is so, but what is the evidence that it is so?).

Give the offender a copy of the fact or opinion sheet (handout 7) or write the statements onto flip chart. Ask the offender to put an 'F' by those that you think are facts and to put an 'O' by any you think are opinions. (Fact statements: 2,3,6,10,12 Opinion statements: 1,4,5,7,8,9,11)

Some useful statements that offenders can ask themselves when deciding whether statements are fact or opinion are:

Who says so?

What evidence is there?

Can what is claimed be proved?

## **4.2 Who do I believe?**

The purpose here is to encourage the offender to identify choices of information sources and to consider the credibility of sources of information about substance use.

Explain the purpose of the activity. Introduce it by suggesting that we tend to believe what certain people say but not others. For example;

If you wanted some advice or information about how to cook a new recipe or repair a car

- Who would you ask?
- Whose information would you believe and why?
- Whose advice would you not believe and why?

Use the 'drug use: 'who do I believe' handout here (handout 8).

Ask the offender to go through the handout writing down whose advice they would believe in relation to drugs and drug use and who they would not believe. Ensure that their list includes professionals, (doctors, drug worker, probation officer) as well as family and acquaintances. Ask the offender to then share his/her opinions with you and why.

### **End of Session:**

Ask the offender to state one positive thing they hope to achieve over the next week.

Encourage to complete drug diary.

## **SESSION FIVE**

### **Risky thinking and challenging beliefs**

This session involves introducing the notion of risky thinking and provides some definition as to what risky thinking can look like and how that impacts on substance use.

#### **Learning point**

- To develop an understanding that the way we think impacts on our behaviour and emotions.

Start this session by asking the offender if they achieved their positive goal from last week. If the offender did not achieve this goal then ask why they feel this did not happen and if there was any other positive action/feeling from the last week.

#### **Drug diary**

Discuss diary from the week. If not completed then fill in roughly for last week. Encourage offender to complete for next week.

### **5.1 Risky thinking and challenging beliefs**

Discuss with the offender that risky thinking is an obstacle that interferes with our goals. Risky thinking is when we see only the positive things and forget about the medium and long-term goals we are working towards. Risky thinking creates emotions that make it easy to fall back into using drugs and committing crime or other ineffective problem solving. Additionally, risky thoughts are the values, attitudes and beliefs we have which say it is OK to do harmful things and a way we have of making our actions OK which we know are really wrong.

As a result, risky thinking leads to repeatedly doing the same things over and over, expecting a different result each time, even though we know it will end up bad – again. Responsibility is clouded and the consequences are risky behaviour.

These thoughts let you off the hook and make it easier to say ‘it’s not my fault’, to say ‘oh go on then I’ll use some heroin’

Risky thinking can be reduced through hard work and practice!

Ask the offender to check out risky thoughts about drug use that they may have using flip chart or paper. Some examples are given below:

### **Thoughts about change**

I don't have enough will power  
When I cut down my heroin use everything else will change

### **Nature of the drink/drug use**

It's a simple way to reward myself.  
I can't be myself without it – it makes me relax/be sociable, laugh  
It helps me forget my problems.  
I fit in better with people when I've had heroin.

### **Reactions of other people**

I'll insult my friends by refusing their offer.  
They'll think I'm boring if I don't have something.

### **Having taken the drug**

I've done it now, I may as well have more.  
That shows I've no control.

### **Over confidence**

Three weeks and I've kept to my target of not using drugs, I'm sure I can handle it now.

Introduce the notion of **Over generalising** because one thing may have gone badly you make a general rule. 'I failed this time, I'll never make it, I'm a failure'. **Catastrophising**- making a mountain out of a molehill, taking a problem or mistake and making it into a disaster. **All or nothing thinking**- things are totally good or totally bad and **Tunnel vision** only seeing things your way. Additionally discuss their understanding of **jumping to conclusions**, **minimizing** their behaviour or holding **extreme thoughts**.

Discuss with the offender that you can challenge thoughts and beliefs about drug misuse:

- Ask the offender to choose one of their risky thoughts: For example

**'Heroin is a simple way to reward myself'**

- Ask the offender to write up the opposite statement (which challenges their thought/assumption)

**'Heroin is not a simple way to reward myself'**

- Ask the offender to think of two other thoughts to add to or support the new thought/statement/belief.

**1. Heroin brings me long term problems which are not a reward**

**2. I could buy something that will last me longer as a reward like a new pair of trainers**

- Ask the offender to write two steps (however small) they can take to prove the new thought.

### **End session**

Ask the offender to state one positive thing they hope to achieve over the next week.

Encourage the offender to complete the drug diary.

## **SESSION SIX**

### **Emotional needs and expressing feelings**

This session is aimed at looking at emotional needs and expressing feelings. If someone has been using illicit substances for a long time, it is common that whilst that addiction is being tackled, there all sorts of feelings rushing around.

#### **Learning point**

- To understand that feelings are normal.
- To identify where emotional needs are not being met
- To express feelings in a pro-social manner

Start this session by asking the offender if they achieved their positive goal from last week. If the offender did not achieve this goal then ask why they feel this did not happen and if there was any other positive action/feeling from the last week.

#### **Drug diary**

Discuss diary from the week. If not completed then fill in roughly for last week. Encourage offender to complete for next week.

### **6.1 What am I feeling?**

This next exercise will enable the offender to identify a range of feelings experienced in different situations and to explore ways of expressing those feelings.

Explain the purpose of the exercise. Introduce the activity by talking about the value of identifying and acknowledging both positive and negative feelings. Being able to express feelings appropriately builds up self-confidence and self-esteem. Point out that the way we control and express emotions depends on our cultural background. Briefly discuss cultural and gender differences in the way people express emotions.

Give the offender handout 9 'What am I Feeling' and ask him/her to fill in part 1. Encourage the offender to include some drug-related situations.

Using the table discuss how drugs effect our emotions. Would we react differently when not using?

Now complete part 2 of the handout.

Finally, ask the offender if there are some feelings easier to deal with than others? Which ones? What were the 'best ways' of dealing with emotions?

## **6.2 Looking at emotional needs**

Discuss with the offender that to handle addiction with the greatest chance of success, you need to identify clearly what is not going right in your life at the moment, so that you can take some practical steps to deal with it.

Go through the Emotional Needs Audit (handout 10). Ask the offender to note down any areas where he/she is aware that his/her needs are not being satisfyingly met. Ask the offender to rate, in their judgement, how well the emotional needs are being met in their life now, on a scale of one to seven (where 1 means not met at all and 7 means being very well met).

### **End session**

Ask the offender to state one positive thing they hope to achieve over the next week.

Encourage the offender to complete the drug diary

## **SESSION SEVEN**

### **Surviving days 1-7**

This session helps to raise awareness and give advice about what is happening to an offender when they are detoxing from using drugs and gives some tips on coping with coming off the substance. The focus here is primarily related to heroin use and it is a session focused on increasing knowledge about withdrawal. This session is not aimed at replacing the professional and specific medical help that may be necessary and the workers role here is to encourage the offender to seek the appropriate intervention to assist him/her to cope with their withdrawal.

### **Learning Point**

- That there will be physical and psychological and emotional changes when freeing yourself from drug use
- That these changes are normal and can be managed

Start this session by asking the offender if they achieved their positive goal from last week. If the offender did not achieve this goal then ask why they feel this did not happen and if there was any other positive action/feeling from the last week.

### **Drug diary**

Discuss diary from the week. If not completed then fill in roughly for last week. Encourage offender to complete for next week.

### **7.1 Coming off – surviving day 1-7**

Discuss with the offender that after a period of regular opiate use, your body becomes used to the effects and needs higher doses to achieve the same effect. This is called your **tolerance**. Once you have developed a tolerance to opiates, you will experience withdrawal symptoms when the amount of opiates in your system drops below a certain level.

Explain that using opiates makes it harder for the body to produce a chemical called noradrenaline, so your system works extra hard to produce it. When you reduce or stop using opiates the body carries on working extra hard and so produces too much noradrenaline. It is mainly noradrenaline that over stimulates the brain and nervous system causing most of the withdrawal symptoms, some of which are listed below. Ask the Offender to identify symptoms that they have felt when withdrawing from opiates (or their drug of choice in the past). Use flip chart or paper for this exercise.

Disturbed sleep  
High temperature

Running eyes and nose  
Yawning and sneezing  
Nausea  
Feeling restless  
Anxious  
Angry  
Feeling cold because of sweating  
Pains in muscles, bones and joints  
Jerking arms and legs  
Feeling hot and cold  
Being /feeling sick  
Diarrhoea

Ask the offender if they identify with any of these withdrawal symptoms. When planning to stop using the substance you explain that they should gradually reduce the amount of heroin they take until they are down to the bare minimum. This will help reduce the intensity of the withdrawal symptoms.

Explain to the Offender that the production of noradrenaline is normally back in balance after 7-14 days which is usually when most of the physical symptoms fade. Withdrawal symptoms are usually at their worst on the second and third day after stopping or reducing the dose.

If the user is injecting then the amount of times that he/she uses each day should be reduced. If that's too hard, smoke or snort the substance in between injecting. When discussing withdrawal, explain that he/she will need a place in which to get over the physical effects of their withdrawal. Encourage the user to tell friends and family what they are doing. He/she will need a bed, warmth, fresh air, a place where they feel relaxed. Make sure that they have interesting things to do: books, television, music and games for example. At first concentration will be difficult but this will improve over time. Encourage the offender to spoil themselves and stock up on easy to make food and drinks (something nutritious). Have access to fruit juice, hot water bottles, and hot soapy baths.

Ask the offender to identify any other ideas of how to deal with their withdrawal from drugs. These may include:

Herbal remedies  
Hospital inpatient detoxification  
Medical help involving substitute drugs  
Acupuncture  
Hypnosis

Introduce handout 11, coping with cravings. Discuss this with the offender and allow them to take it away with them as an aid to refer to when necessary.

**End session**

Ask the offender to state one positive thing they hope to achieve over the next week.  
Encourage the offender to complete the drug diary.

## SESSION EIGHT

### Relapse Prevention

This session looks at ways of maintaining a drug free status and avoiding the all too easy return to substance use. By analysing their drug diary and recognising risky places and thoughts, the offender is given skills which will help them cope with life without substances.

From this analysis, a Relapse Prevention Plan will be created.

### Learning Point

- To increase awareness of risky places and thoughts
- To manage, deal with or avoid risky situations/emotions
- To move forward and learn from lapse or relapse

Start this session by asking the offender if they achieved their positive goal from last week. If the offender did not achieve this goal then ask why they feel this did not happen and if there was any other positive action/feeling from the last week.

### Drug diary

Discuss diary from the week. If not completed then fill in roughly for last week.

### 8.1 Relapse Prevention.

Start by asking offender for one positive action/feeling/fact from the last 7 days. Discuss how this made the offender feel.

Discuss with the offender what they believe the term “relapse prevention” means and start by flip charting the responses.

Now take all the drug diaries from the last weeks and see if there are any common times and places. These are risky places and thoughts which have previously been mentioned. The skill or strategy to be learned is how to deal with or avoid these situations.

By using handout 12, get offender to write down times and places when they are/have been most likely to use substances. Drug diaries will help prompt and remind. Identifying risky places/thoughts will allow the offender to put strategies in place to deal with these appropriately.

Ask offender what they were thinking and feeling at the time. Was this realistic or making matters worse? Is the offender **jumping to conclusions, making mountains out of molehills, minimizing** the risk or holding **extreme**

**thoughts?** All these will make a risky place/thought worse and could lead to substance use as a coping mechanism. Write this on handout.

Now ask the offender how they could have coped with the situation. Is there anything they could have done differently? Write this information on the handout. This will help change the thought process from automatic to considered.

Finally ask the offender what they feel the result would be. What emotions would they be feeling? How would this benefit them both in the short and long term? This will reduce the chance of using substances to cope with a risky place/thought as they will already be coping well. Write these down also.

Try to encourage offender to be specific and not generalise

I.e. I felt good/bad. Better to say I felt proud/regretful.

Remind the offender to recognize successes and achievements. They should give themselves praise when the plan works well. Tell people who are supportive how well they have done. Don't be shy!

## **8.2 Coping with lapses and setbacks.**

Discuss with the offender that everyone struggles at first to learn new things. The main thing to remember is the end goal and to learn from the experience, not use it as an excuse to give up.

Remind the offender of cycle of change.

Discuss how the relapse plan can be adapted to cope with new situations or revised to cope differently with known risky places/thoughts if the plan doesn't work out.

Discuss with offender what they will do if they have a lapse. How will they remove themselves from the situation. Practice giving realistic reasons for leaving a situation they feel could become or has become a risk to their success.

Remind the offender that a lapse is similar to a mistake in learning. This can be used to improve the outcome by not allowing this to be the end of the journey.

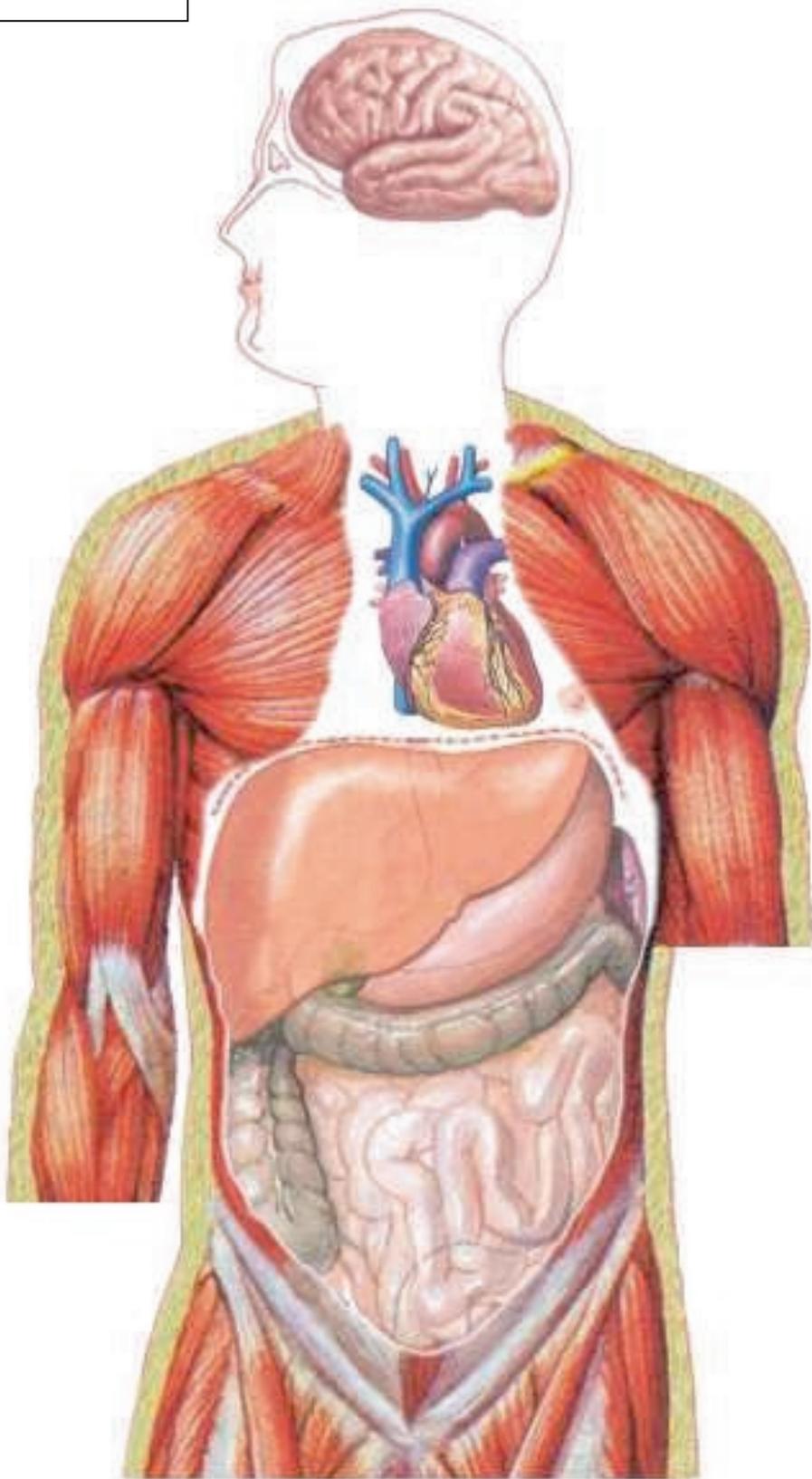
A lapse does not automatically mean a relapse into old behaviour. The offender has a choice whether they react positively or negatively to the lapse. The offender can choose to allow the behaviour to continue or nip it in the bud.

Talk through handout 13 'Things to do when facing a lapse' with the offender.

## **End Session**

Congratulate the Offender for completing the sessions and for the effort that they have put into engaging.

**Handout 1**



## Handout 2

### Safer Injecting

#### 6 Golden Rules

1. Use your own injecting equipment
2. Don't lend or borrow used injecting equipment
3. Use your own spoon, water, filter
4. Use the smallest needle appropriate
5. Don't inject alone. Try to do it with other people around and try to make sure you all know what to do in an emergency
6. Use your own works once only

#### **Preparation steps**

<b>STEP</b>	<b>REASON</b>
Wash hands	Prevention of cross infection

<b>STEP</b>	<b>REASON</b>
Use new equipment	Prevent cross infection, sharp needle reduces local trauma

<b>CAUTION</b>	<b>REASON</b>
<i>Do not use needles more than once</i>	<i>Used needles increase risk of cross infection and local trauma due to 'barbing' and 'skin grab'</i>

<b>STEP</b>	<b>REASON</b>
Aim for sterile field	Prevention of cross infection

<b>STEP</b>	<b>REASON</b>
Lay out equipment on paper or clean sterile surface	Prevention of cross infection

<b>STEP</b>	<b>REASON</b>
Prepare smallest needle for area injecting	Reduce trauma to skin and veins

<b>STEP</b>	<b>REASON</b>
Sterile or pre-boiled water, allowed to cool	Prevents infection and reduces vein trauma

<b>CAUTION</b>	<b>REASON</b>
<i>Always use individual sachets of citric acid</i>	<i>All citric acid has potential for carrying fungus and bacteria. Individual sachets are sterile</i>

<b>STEP</b>	<b>REASON</b>
Use smallest amount of citric acid for Vit C	Reduces risk of burning and vein trauma

<b>CAUTION</b>	<b>REASON</b>
<i>Do not use lemon juice, 'Jiff' lemon, vinegar or kettle descaler</i>	<i>All have the greater potential to cause irritation to veins and lemon juice causes candidal infection</i>

<b>STEP</b>	<b>REASON</b>
Put water into spoon slowly so as not to spill drug and only enough powder to dissolve	Wasting the drug means need for more injections

<b>STEP</b>	<b>REASON</b>
Heat with free standing source	Keeps hands free to stir drugs on the spoon

<b>CAUTION</b>	<b>REASON</b>
<i>Do not add more than suggested amount of citric, insoluble particles are not heroin and should be filtered out</i>	<i>Adding excessive citric increases risk of burning and vein trauma</i>

<b>STEP</b>	<b>REASON</b>
Use clean fibre coated cigarette filter broken length ways in half	Filter reduces some adulterants getting into the syringe

<b>STEP</b>	<b>REASON</b>
Ensure the needle aperture is facing down when drawing up through the filter	Ensures more drug gets into the syringe

<b>CAUTION</b>	<b>REASON</b>
<i>Don't rub the needle on the bottom of the spoon</i>	<i>Blunting the needle will lead to trauma of the skin and vein</i>

<b>STEP</b>	<b>REASON</b>
When drawn up, expel air gently by pushing plunger up until a small droplet just appears at needle end; do not lick the end of the needle	Air can cause pain on injecting, licking the end adds more bacteria to the needle end and therefore the skin and vein

<b>CAUTION</b>	<b>REASON</b>
<i>Do not lick the end of the needle</i>	<i>Licking the end adds more bacterial to the needle end and therefore the skin and vein</i>

STEP	REASON
Whilst waiting for the solution to cool, clear up	Avoid having paraphernalia around when intoxicated

STEP	REASON
Keep a safe disposal bin close by at all times	Disposal of needles and sharps is the responsibility of the user

STEP	REASON
Prepare for injections observing steps for best technique	Better injecting technique reduces risk of harm to injector

### **Safer Administration Steps**

**Remember to follow all the preparation advice**

STEP	REASON
Raise a vein	If you can see or feel the vein you are injecting into there is less chance of missing

CAUTION	REASON
<i>If you raise a vein using a tourniquet don't have it too tight</i>	<i>An over-tight tourniquet will cause veins to reduce in size as it cuts off arterial flow</i>

STEP	REASON
Ensure you have the smallest possible needle for your type of injection	Reducing trauma to the vein or area where you are injecting

STEP	REASON
Ensure aperture is facing up	If aperture is down it may rest on the bottom of the vein and cause trauma

STEP	REASON
Point needle towards the heart, in the direction of blood flow	Pushing against the blood flow will cause pressure on the vein and cause trauma

STEP	REASON
Syringe at 15 to 45 degrees for intravenous injection	Shallow angle prevents needle touching the vein walls

STEP	REASON
Syringe at 90 degree angle for intra-muscular injection	More upright angle ensures the needle gets into the muscle

<b>STEP</b>	<b>REASON</b>
Syringe at 15-45 degrees for subcutaneous injections	Angle needs to be shallow to get the needle into thin fat layer

<b>STEP</b>	<b>REASON</b>
Insert the needle slowly, feel for reduction in resistance, stop pushing when this is felt	Reduction in resistance means vein is entered; more pushing may pass the needle through the vein into the tissue and cause pain and trauma

<b>STEP</b>	<b>REASON</b>
Draw back gently; IVI blood present, if dark red continue if bright red stop; for IMI and SC look for blood, not good	IM drugs should both be inserted into blood directly; therefore stop and withdraw slightly, pull back again and if no blood continue. Bright red blood indicates needle has gone into an artery

<b>STEP</b>	<b>REASON</b>
Release tourniquet if IVI; continue to push plunger slowly; if there is any pain, unusual sensation or anything different then stop	Needle may have moved through the vein, or the strength of the drug may be stronger with a risk of overdose

<b>STEP</b>	<b>REASON</b>
When finished remove the needle and syringe slowly	Slow removal will reduce trauma

<b>STEP</b>	<b>REASON</b>
Press on injection site using clean cotton wool or tissue to stem any blood flow	Prevents trauma and local infection to injecting site and reduces risk of HIV and Hepatitis contamination

<b>STEP</b>	<b>REASON</b>
Dispose of tissue or cotton in a bin	Prevents spread of blood borne virus

<b>CAUTION</b>	<b>REASON</b>
<i>Do not use finger to stem blood flow</i>	<i>Increases the risk of spread of blood borne virus and local infection at the injecting site</i>

<b>CAUTION</b>	<b>REASON</b>
<i>Do not use alcohol swabs to clean injection site after injecting</i>	<i>Alcohol content prevents blood coagulating resulting in excessive bleeding</i>

<b>STEP</b>	<b>REASON</b>
Immediately dispose of sharps in appropriate safe disposal receptacle, not just in a waste bin	Prevents the risk of children or others injuring themselves on used sharp equipment

<b>STEP</b>	<b>REASON</b>
Clean up, wash hands, use swabs to wipe down equipment and preparation area	Eliminates any existing residual bacteria

### **Advice on what to do when injecting intravenously**

Ensure that you are:

- Hydrated
- Relaxed
- Sitting down or lying down

Site preparation:

- Vein Prominent
- Skin cleaned with a swab
- Allow alcohol to evaporate
- Stretch skin below vein if someone else is injecting

Insert needle:

- In direction of venous blood flow
- Aperture facing up (down if drawing up)
- 15 to 45 degree angle
- Up and along the vein
- Only part way in

### **Raising veins in hand and arms**

- Choose fullest looking vein
- Raise less prominent veins, improving access, by:
  - Being in a warm environment
  - Applying tourniquet, not too tight (too tight will result in reduced size of veins; if client complains of tingling/pins and needles when applying tourniquet it is too tight)
  - Palpating (gently tapping) the area close to the entry point
  - Lowering limb
  - Clenching fist
  - Applying warmth to site, not too hot as burning will occur and this will reduce the chance of finding vein
  - Massaging arm from wrist to elbow, with care and very gently squeezing biceps
- Explore other sites: 'look with fingers', clients might feel a vein they cannot see

Avoid:

- Injecting standing and unsupported
- Damaged or thrombosed/collapsed veins
- Swollen skin or tissues
- Rolling veins, ones that move easily
- Arteries (bright red, frothy blood)
- Inserting needle too deep or too shallow (both lead to missing vein and injecting into tissue)
- Pulling too hard on plunger
- Pushing too hard on the plunger (the increased pressure can burst veins)

And remember:

- Keep in good health
- Inject less frequently
- Learn which veins to access
- Learn where to avoid
- Learn to feel for veins
- Rotate sites, so as not to overuse sites
- Use sharp needles

**Handout 3**

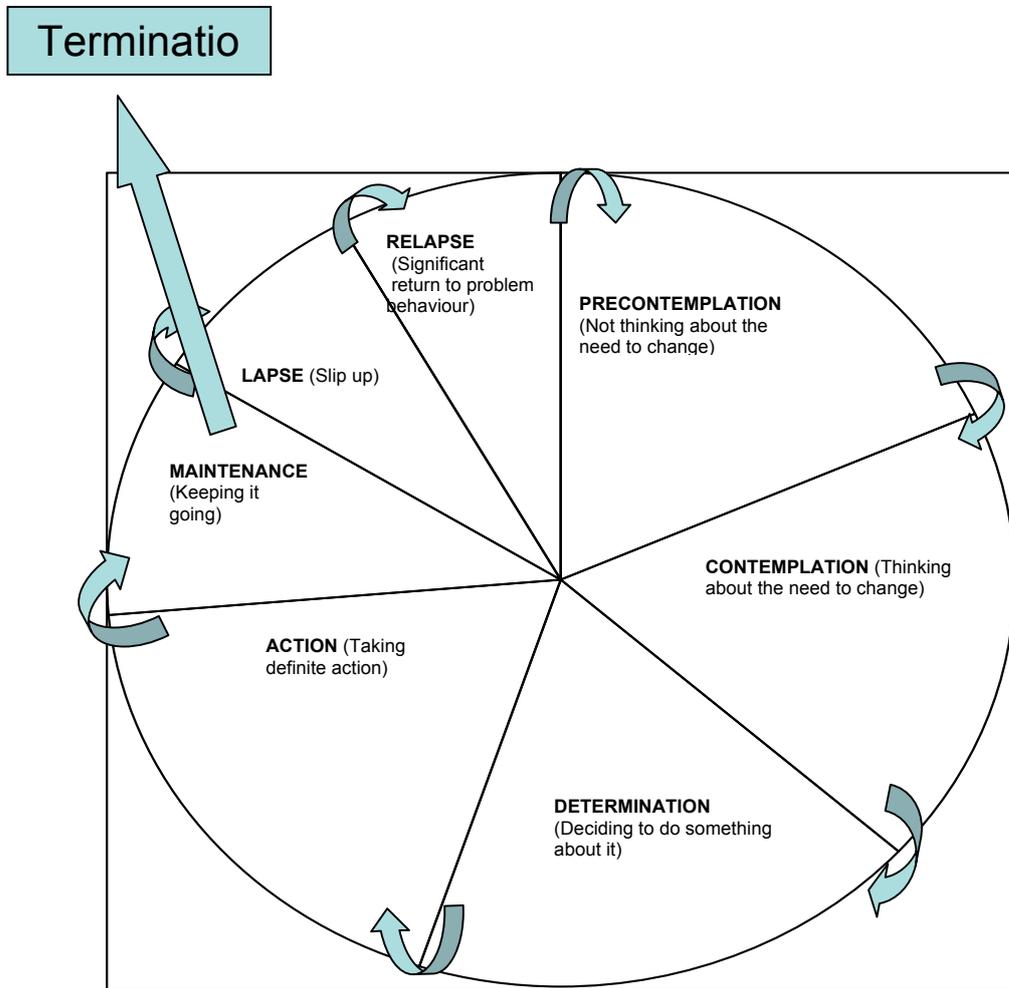
**DRUGS DIARY - For the week ahead**

<b>DAY</b>	<b>HOW MUCH? WHAT?</b>	<b>REASONS FOR USE?</b>	<b>WHEN / WHERE?</b>

## Handout 4

### The Cycle of Change

The cycle of change, devised by Prochaska and Di Clemente is the primary theoretical model informing the workbook.

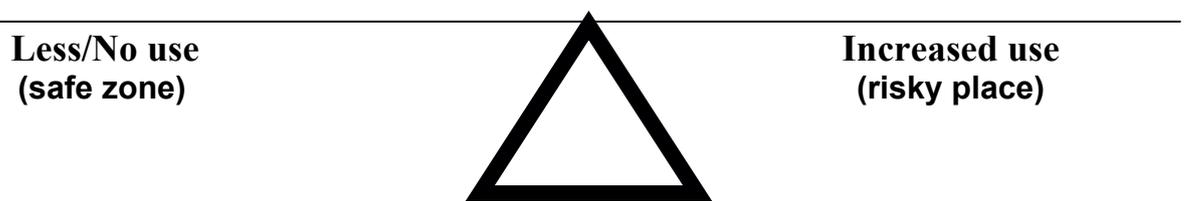


Prochaska and Di Clemente

**Handout 5 DECISIONAL BALANCE FOR SUBSTANCE MISUSE**

The good things about using drugs	The bad things about using drugs
The good things about not using drugs	The difficulties about not using drugs

**Handout 6 Safe Zones and Risky Places.**



**Handout 7**  
**FACT OR OPINION**

Read the statements.

Put an 'F' by those you think are facts. Put an 'O' by any you think are opinions.

1. All drugs are harmful.
2. Alcohol is a depressant drug.
3. Possession of cannabis is illegal.
4. The legal penalties for drug misuse are too severe.
5. Drug users are generally dangerous people.
6. Most reported crime is committed by people under 21 years of age.
7. Drug addiction cannot be cured.
8. There are too many drug users sent to prison.
9. Unemployment is a major cause of crime.
10. HIV can be transmitted by sharing needles
11. Drug use causes crime
12. More people die from alcohol misuse than from using heroin

**Handout 8 Drug use – Who do I believe?**

<b>Name</b>	<b>Do I Believe What They Tell Me About Drugs or Drug Use</b>	<b>WHY?</b>

## **Handout 9 - WHAT AM I FEELING?**

### **Part 1**

Can you think of any times in the last few weeks when you have felt any of the feelings listed below? Think particularly about times when the feelings, or the situations, have had something to do with drugs. Write down the situations and think about how you expressed the feelings.

<b>Feelings</b>	<b>Situation</b>	<b>I expressed this feeling by .</b> ..
ANGRY		
GUILTY		
ANXIOUS		
RELAXED		
BORED		
EXCITED		
HAPPY		
DEPRESSED		
FRUSTRATED		
AFFECTIONATE		

### **Part 2:**

- Pick one or two feelings from your list
- Look at the situation again. Can you see why you had this feeling?
- What is the WORST thing you could have done to express this feeling?
- What is the BEST thing you could have done to express this feeling?
- How could you make the best thing more likely?
  - by yourself?
  - With help from others?
  - By trying to change the situation?

## **Handout 10 - Emotional needs Audit.**

Ask the offender to note down any areas where he/she is aware that his/her needs are not being satisfyingly met. Ask the offender to rate, in their judgement, how well the following emotional needs are being met in their life now, on a scale of one to seven (where 1 means not met at all and 7 means being very well met).

1. Do you feel secure – in your home life, work life, environment?
2. Do you feel you receive enough attention?
3. Do you think you give other people enough attention?
4. Do you feel in control of your life most of the time?
5. Do you feel part of the wider community?
6. Can you obtain privacy when you need to?
7. Do you have at least one close friend?
8. Do you have an intimate relationship in your life (i.e. you are totally physically and emotionally accepted for who you are by at least one person)?
9. Do you feel an emotional connection to others?
10. Do you have a status in life (whatever it may be) that you value and that is acknowledged?
11. Are you achieving things in your life that you are proud of?
12. Do you feel competent in at least one major area of your life?
13. Are you mentally and/or physically stretched in ways which give you a sense of meaning and purpose?

Where the Offender has scored any need at 3 or less, this is likely to be a stressor for him/her. Work can be completed with the offender in order to identify how they can go about having this emotional need met.

### **Handout 11 Coping with Cravings**

When giving up a substance, most people find themselves craving their old familiar 'friend' from time to time. It is important to recognise that cravings are a very normal part of the recovery process. Knowing this and being prepared for cravings is an important part of relapse prevention. Below are some tips for dealing with cravings.

**Avoid triggers:** early in recovery try to avoid triggers, particularly the most potent ones. Try to create or find a 'safe' environment. Tell your friends that you've stopped. This can ward off offers to use. Throw away all drug paraphernalia.

Be prepared and have a plan; your best defence is a strong offence. Have a plan for dealing with a craving; use both coping by thinking and coping by acting strategies.

Don't just grit your teeth; do something active to distract yourself from the thought!

Think past the craving: do a mini-decisional balance by thinking of the negative consequences of using drugs. Think of the benefits of not using drugs.

Try to detach yourself from the craving; using some kind of visualisation can sometimes help. Imagine that you are riding a wave. In your mind watch it gradually increase in size and then gradually fade away. Remind yourself that your cravings, like the wave, might feel strong at the moment, but it will gradually fade and go away. Cravings usually don't last more than a few minutes.

Find ways to buy time when you experience a craving: Using thought stopping imagery, take a deep breath, leave the place that gives you the craving, call someone, take a walk, say you have an appointment.

Talk about your craving with someone you trust who can understand what you're experiencing, but talk about it only as a craving, not as though it were the end of the world.

**Understand the craving:** Understand that cravings are a normal part of the process. They are going to happen because it is a natural consequence of your using. Cravings act as warning signs, but they don't need to be feared – they are nothing more than your body or brain reacting to a trigger of some kind. In fact, it is good to have cravings because every one you make it through is one less you have to worry about on your way to 'craving extinction'. You CAN cope with your cravings!

Once the craving has passed  
Congratulate yourself on overcoming it  
Review what caused it

Look ahead to what you will do to prevent or control what caused it  
Talk about it and say how you overcame it

Remember:

It will get easier; every craving you make it through is one less you have to worry about

Your craving will become less and less often.

**HAND OUT 12 Analysing risky places and thoughts and Relapse Prevention Plan.**

**My Risky places and thoughts.**

**How am I feeling? What am I thinking?**

**Was this realistic or making matters worse?**

**I CAN cope by:**

**Short and Long term benefits.**

**Handout 13 Things to do when facing a lapse.**

STOP what you are doing. Work out what is happening. Look around you. What are others doing and saying?

KEEP CALM. Don't make things worse by panicking. If you can remain calm, you can learn from the experience.

REMAIN POSITIVE. Don't beat yourself up. Guilt is not helpful and may feed the feeling of failure. This will make it more difficult to cope with what has happened.

REVIEW. Remove yourself from the situation and work out what happened and why. What are the contributing factors? Adapt the plan if necessary.

### **CONGRATLUATIONS**

You have now completed the course. Now allow yourself the opportunity of making the most of your life. Praise yourself daily for successes and don't allow yourself to give in to temptation.

**Post- Programme Questionnaire**

NAME:

Please answer all of the questions now you have completed the Substance Misuse work.

Please answer them as honestly as you can by circling the response most closely reflecting your view.

Please ask your Supervising Officer if there is anything that you do not understand.

1.	There are health risks associated with drug use that can be minimised?
	Strongly Agree      Agree      Disagree      Strongly Disagree
2.	I have a clear knowledge of the extent of my drug use for example how much and how often I use substances?
	Strongly Agree      Agree      Disagree      Strongly Disagree
3.	I am able to identify what I need to change in order to reduce my drug use and achieve a drug free status?
	Strongly Agree      Agree      Disagree      Strongly Disagree
4.	I am aware of the consequences of not changing my drug use and the effects that it will have on my life if I continue to use the substance?
	Strongly Agree      Agree      Disagree      Strongly Disagree
5.	I can name five people who my drug use affects?
	Strongly Agree      Agree      Disagree      Strongly Disagree
6.	Facts about drug use are just someone's opinion?
	Strongly Agree      Agree      Disagree      Strongly Disagree
7.	All of the thoughts and beliefs that I have about my drug use are true?
	Strongly Agree      Agree      Disagree      Strongly Disagree
8.	I am easily able to express the way I feel?

	Strongly Agree	Agree	Disagree	Strongly Disagree
9.	I understand what I need to do in order to 'survive' withdrawing from drugs?			
	Strongly Agree	Agree	Disagree	Strongly Disagree
10.	Relapse is an accepted part of the rehabilitation process?			
	Strongly Agree	Agree	Disagree	Strongly Disagree

**Other Supportive Services/Agencies**

**National Drugs Helpline:** 0800 776600 or visit [www.ndh.org.uk](http://www.ndh.org.uk) This is a free, confidential telephone information service operating 24 hours a day all year round.

**Narcotics Anonymous:** 0207 251 4007 or 0207 730 0009 or visit [www.narcotics-anonymous.org.uk](http://www.narcotics-anonymous.org.uk) Self-help group

**FRANK:** 0800 776600 (textphone for the hard of hearing 0800 917 8765 or visit [www.talktofrank.com](http://www.talktofrank.com) or email [frank@talktofrank.com](mailto:frank@talktofrank.com) Frank is available in 120 languages, 24 hours a day, 7 days a week, Calls are free from landlines and some mobiles. Frank will also tell you what services are available in your area

**Department of Health:** (England) National Hepatitis C Information line: 0800 451451. Textphone 0800 0850859

**NHS Smoking Helpline:** 0800 169 0 169 (general help line) open 365 days, 7am – 11pm or 0800 169 9 169 (smoking during pregnancy helpline) or visit [www.givingupsmoking.co.uk](http://www.givingupsmoking.co.uk) Friendly advice and support from a specialist advisor about giving up smoking.

**Quitline:** 0800 00 22 00 or visit [www.quit.org.uk](http://www.quit.org.uk) Helpline for smoker who want to stop and people trying to remain as ex-smokers.

**Release:** 0845 4500 215 or visit [www.release.org.uk](http://www.release.org.uk) or e-mail: [ask@release.org.uk](mailto:ask@release.org.uk) Advice, counselling and information on drug health, welfare and legal issues

**First Steps to Freedom:** Helpline 0845 120 2916 or visit [www.first-steps.org](http://www.first-steps.org) or e-mail: [first.steps@btconnect.com](mailto:first.steps@btconnect.com)

Helpline: 10am to 10pm Mon-Thurs and 10am to midnight Fri-Sun  
The help line offers confidential help, advice and support to those affected by phobias including agoraphobia, general anxiety, panic attacks, obsessional and compulsive disorders, anorexia and bulimia or tranquilliser withdrawal. Also offers support for carers of those with borderline personality disorder. Membership includes a newsletter, pen pal lists, audio and visual tapes, fact sheets, self-help booklets and book list. Optional membership fee of £10 per year.

**Citizens Advice:** [www.adviceguide.org.uk](http://www.adviceguide.org.uk)

Local telephone numbers can be obtained from a directory.

The Citizens Advice service offers invaluable free and independent advice on everyday issues ranging from money and consumer concerns to legal matters, employment disputes and civil rights.

## **Advice on recording**

### **1. e-OASys Sentence Plan (section 7)**

The following use of the drop down menus is suggested to evidence use of this workbook

- (A) Relevant OASys item – select ‘Drug Misuse’
- (B) Objective – What are you trying to achieve – examples are: ‘To reduce substance use’, ‘Increase abstinence for (specify a number of days a week)’ and ‘Increased recognition of the link between drug misuse and offending’. These are examples of objectives where it will be possible to evidence improvement in the course of completing the workbook.
- (C) How will you measure any progress made – ‘Self report via drug diary’ and ‘response to workbook exercises’ could be entered as free text.
- (D) What work will be done to achieve the objective - ‘Drug counselling’ can be selected from the drop down menu with the ‘completion of drug workbook’ entered as free text.
- (E) Who will do the work – select ‘Offender’ and ‘Probation Staff’
- (F) Work/review timescale – select ‘sixteen weeks’

### **2. Electronic case record**

Examples of concise recording follow:

Attended. Completed Session 1 of Substance Misuse Workbook. Harm minimisation and introduction of drug diary.

Attended. Completed Session 2 of Substance Misuse Workbook. Cycle of change and identifying/relating stages of change with substance misuse.

Attended. Completed Session 3 of Substance Misuse Workbook. Cost/Benefit analysis of substance use and identification of Safe/Risky Zones.

Attended. Completed Session 4 of Substance Misuse Workbook. Myth Busting and Decisional Balance, including distinguishing between Fact or Opinion and who to believe.

Attended. Completed Session 5 of Substance Misuse Workbook. Risky thinking and challenging drug related beliefs/thoughts.

Attended. Completed Session 6 of Substance Misuse Workbook. Emotional needs and expressing feelings.

Attended. Completed Session 7 of Substance Misuse Workbook. Surviving days 1- 7 without drugs.

Attended. Completed Session 8 of Substance Misuse Workbook. Relapse prevention strategies.

## **WORKBOOK FEEDBACK**

We would like to know what you have to say about the workbook you have just finished so that we can look at how it could be improved.

First of all we would like to know a bit more about you.

1. How old are you? Under 25    26 – 35    36 – 45    46 – 55    56 – 65    66+

2. Gender                      Male                      Female

3. Race Identity

Asian or Asian British

Indian

Pakistani

Bangladeshi

Other Asian Background

Mixed

White and Black Caribbean

White and Black African

White and Asian

Other mixed background

Chinese and other ethnic groups

Chinese

Other please specify.....

Black or Black British

Caribbean

African

Other Black background

White

British

Irish

Other White Background

4. Name of workbook \_\_\_\_\_

5. Did you enjoy the workbook?

Yes

Some of it

Not very much

Not at all

6. Did you understand the workbook?

Yes

Some of it

Not very much

Not at all

7. Was the workbook useful to you?

Very useful

Useful

Of little use

Not useful

8. How much did you learn?

A lot

Quite a lot

A little

Nothing

Drugs Workbook

9. How likely is it that completing the workbook will help you reduce your offending?

Very likely

Fairly likely

Fairly unlikely

Very unlikely

10. What are the most important things you have learned from the workbook?

.....  
.....  
.....

11. What, if anything would be the one thing you would change about the workbook?

.....  
.....  
.....

Thank you for taking the time to complete this form

Team: .....

(To be completed by offender manager)





