



Specialist Drug & Alcohol Service

Annual Report

2012-2013

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1. SUMMARY

The most significant change for the Service during 2012-13 was the move of the Dumfries base to Lochfield Road Primary Care Centre. The move has been a mutually positive experience for both service users and staff.

This report also details a range of activity and performance data that illustrates referral information, caseload activity and outcome data. 816 people were referred to the Service with 9318 appointments attended and a DNA rate of less than 20%. Outcome data showed that almost two thirds of service user reported positive change at their treatment reviews.

A number of service developments are also outlined in the report covering areas such as psychological interventions, IT developments, changes to treatment pathways and interventions to enhance service user physical health.

2. RESOURCES

Budget

An under spend of almost £28k was recorded for 2012-13. The main contributing factor was savings within the staffing budget linked to maternity leave.

	Annual Budget	YTD Actuals	YTD variance
Substance Misuse Community Team	1,137,824	1,123,613	14,211
Cameron House Alcohol Plan	429,627	415,863	13,764
Total	1,567,451	1,539,477	27,974

Staffing

With the move of this service to the Mental Health, Learning Disability & Psychology Directorate a key change was the transfer of the Specialist Occupational Therapist post to the Mental Health OT Service. The post holder remains based with the Service with management and leadership provided from the Head Occupational Therapist. There have been no changes to the nursing establishment within the Team. The administrative support has been enhanced with the aim of transferring non clinical tasks from the nursing team to increase caseload capacity and reduce waiting times for access to treatment. Sickness levels for the past year were recorded at 3.8%. Although nursing absence levels were 3.1%, there was a 6.9% absence rate within the administrative team linked to 3 episodes of long term sickness.

3. ACTIVITY

3.1 Referrals

A total of 816 (68.4% male, 31.6% female) people were referred to the Service during 2012-13, a 6.1% decrease on the previous year. One part of the service which has experienced a drop in referrals over the past two year is the Dual Diagnosis Service where the post was vacant from October 2011 until Dec 2012.

The following table shows the pattern of referrals over the past 5 years

	1 Apr – 30 June	1 July – 30 Sep	1 Oct – 31 Dec	1 Jan – 31 March	Total
2008-09	163	164	180	221	728
2009-10	207	227	232	198	864
2010-11	241	232	208	227	918
2011-12	213	214	207	235	869
2012-13	218	209	192	197	816

3.2 Client Contact Data

The following table shows the number of referrals received per client group, with information relating to current caseload, number of sessions provided and total number of contacts during the year. Following a number of years which have seen falling numbers of drug referrals there was a 13.3% (23) increase in referrals during 2012-13. Referrals for people with alcohol problems fell by 10.9% (76).

Almost one third of the people referred for help with alcohol related problems had no previous contact with this Service up from 22.6% of referrals in the previous year. For people referred for help with drug related problems 20.9% had no previous contact with the Service a slight increase from the 17.6% of recorded referrals in 2011-12. The number of people in contact with the Service at 31st March 2013 is similar to that at the beginning of the year. It is anticipated that the number of people with drug problems in contact with the service will reduce during 2013-14, with plans in place to increase the number of

people transferring to GP shared care in Wigtownshire. Charlotte Medical Practice has also indicated that they wish to participate in the Local Enhanced Service for people with drug problems which will allow a number of service users to transfer their treatment plan to their GP practice.

The following table sets out the information described above.

	Total	Alcohol	Drugs
Number of clients on books at 31 March 2012	551	174(31.6%)	377(77.9%)
Number of referrals	816	620(76.0%)	196(24.0%)
Number with no previous contact with Service	242(29.7%)	202(32.6%)	41(20.9%)
Number of clients taken on 1 April 12 – 31 March 13	694	508(73.2%)	186(26.8%)
Number of clients on books at 31 March 2013	560	155(27.7%)	405(72.3%)

The following table shows the number of appointments offered with details of the rates of cancelled and failed appointments, which are in line with those recorded in the previous year. The reduction in failed appointments and increase in cancelled appointments noted in 2010-11 was maintained in 2011-12. It was hoped that this trend would be one of the outcomes of the use of changes to service delivery related to the introduction of the Community Reinforcement Approach introduced to the Team in 2011.

Number of individual sessions offered	13765
Number of individual sessions attended	9318
Number of cancelled appointments	1763 (12.8%)
Number of DNA appointments	2684 (19.5%)
No of drop-ins, non-client contacts	902
Total number of contacts	10220

The majority of referrals (89%) for drug related problems was for people using heroin or prescribed methadone (people released from prison or transferring from GP care). Polysubstance use remains a common feature in Dumfries & Galloway with illicit diazepam and alcohol common features in reported substance use. Of increasing concern has been the use of new psychoactive substances such as MCAT with significant use reported in lower Annandale, predominantly Annan & Gretna. Whilst some people use this drug on its own others mix and inject it with heroin. Our Service has noted significant physical and psychological health problems related to the use of this drug.

Another illicit drug which has recently resurfaced in Dumfries is known locally as “micro dot valium” so called because the tablets are very small. There is no information about what these tablets contain but the symptoms of use indicate that it is a potent benzodiazepine. One of the key factors related to the use of these tablets and some of the new psychoactive substances are an increase in aggressive behavior and reports of service users “losing days”. This has been identified by an increase in days where people fail to collect their methadone from the community pharmacy.

Drug	Females	Males	Total
Amphetamine	0(0%)	1(0.7%)	1(0.5%)
Cannabis	1(1.6%)	8(5.4%)	9(4.6%)
Cocaine	0(0%)	1(0.7%)	1(0.5%)
Benzodiazepines	0(0%)	6(4.0%)	6(3.1%)
Heroin	27(42.2%)	64(43.0%)	91(46.9%)
Methadone	29(45.3%)	53(35.6%)	82(41.8%)
Dihydrocodeine	0(0%)	3(2.0%)	3(1.5%)
Over the counter	1(1.6%)	2(1.3%)	3(1.5%)
Total	64(100%)	149(100%)	196(100%)

Exchange data

There was a 7% increase recorded in the number of needles supplied compared with 2011-12 but the number of needles issued remains lower than recorded in previous years at 9.5% lower than 2010-11. Previous years have reported a return rate of over 100% with the Outreach Worker collecting some injecting equipment issued through community pharmacies. The reduction in reported return rate reflects the change to an estimated number. There has been no requirement to count returned items for the last 2 years but the “sharps safe” previously used locally had a clear base which allowed individual returns to be counted and reported. The clear based sharps container is no longer available with only fully opaque boxes approved for use nationally.

	Items Given Out	Estimated Items Returned	Percentage
010412 – 300612	22404	23368	95.9%
010712 – 300912	20271	17335	85.5%
011012 – 311212	23051	15594	67.6%
010113 – 310313	16209	17360	107.1%
Total	81935	67621	82.5%

The provision of foil for smoking drugs has increased Added to the injecting 1281 packs (50 sheets each) of foil were distributed over the year compared with 941 (36% increase) in 2011-12. Service users are encouraged to consider changing from intravenous to inhaled use of drugs to reduce the physical harm related to injecting e.g. blood borne virus infection, deep vein thrombosis and bacterial infection. The foil provided is specifically manufactured to have less toxic effect than using household tin foil to burn and inhale drugs.

3.3 *Waiting Times*

Alcohol and Drug services in Dumfries and Galloway met the HEAT target for waiting times with 90.1% of people starting treatment within 3 weeks of their date of referral. The specific data for this Service recorded at 31st March 2013 showed that 88.4% (85.3% alcohol and 97.4% drugs) people started treatment within the target 3 week time frame. At time of writing this report indications are that further changes introduced to reduce waiting times are having a positive impact with 97.0% (97.0% alcohol and 96.9% drugs) of people recorded as having started treatment within the target time frame at 30th June 2013.

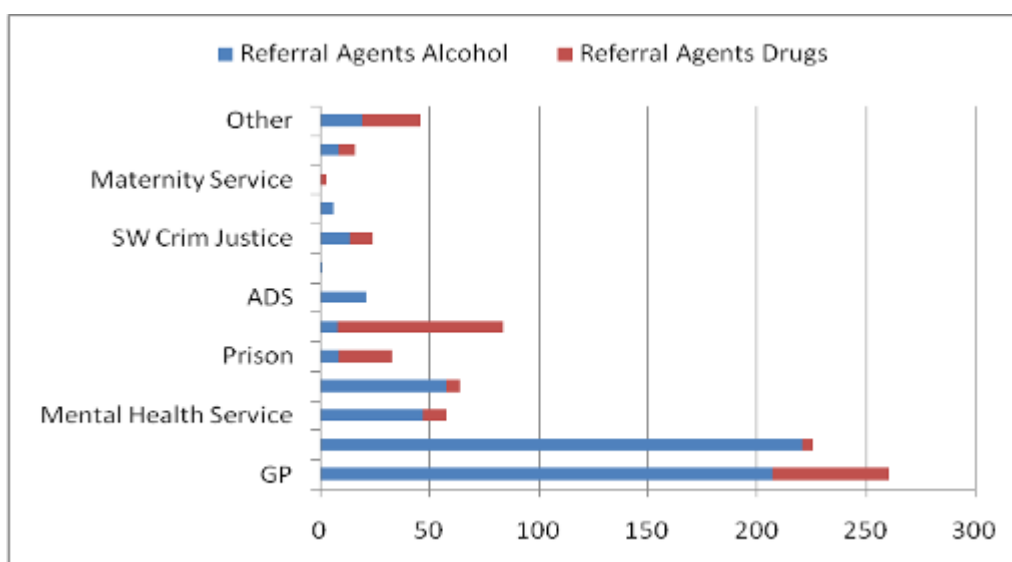
3.4 *Referral Agents*

The overall referral patterns were broadly similar to last year with 71% of referrals coming from healthcare settings (GP, hospital or prison). The drop in alcohol referrals noted earlier in this report are most evident in numbers from hospital settings, most likely linked to the impact of the gap in the Liaison Service with a 17% (48) reduction. There was also a 50% (21) drop in referrals from Alcohol & Drug Support – SW Scotland (ADS). Strong working links continue with ADS and this drop may reflect other services having a clearer understanding of which service would best suit individual needs.

The increase in drug referrals was directly linked to the increase in referrals from Addaction reflecting a reversal in the downward trend in the number of people seeking substitute prescribing noted in the past 3 years.

The following table and graph detail information of referrals received by referral agent.

Referral Agent	Alcohol	Drugs	Total
General Practitioner	207(33.4%)	54(27.6%)	261(32.0%)
DGRI/Galloway Hospital	221(35.6%)	5(2.6%)	226(27.7%)
Mental Health Service	47(7.6%)	11(5.6%)	58(7.1%)
Self	58(9.4%)	6(3.1%)	64(7.8%)
Prison	9(1.5%)	24(12.2%)	33(4.0%)
Addaction	8(1.3%)	76(38.8%)	84(10.3%)
Alc & Drug Support - SW Scotland	21(3.4%)	0(0%)	21(2.6%)
Social Work (child & fam)	1(0.2%)	0(0%)	1(0.1%)
Social Work (Crim Justice)	14(2.3%)	10(5.1%)	24(2.9%)
Social Work (other)	6(1.0%)	0(0%)	6(0.7%)
Maternity Services	0(0%)	3(1.5%)	3(0.4%)
Family	9(1.5%)	0(0%)	9(1.1%)
Other	19(2.7%)	7(3.6%)	26(3.2%)
Total	620(100%)	196(100%)	816(100%)

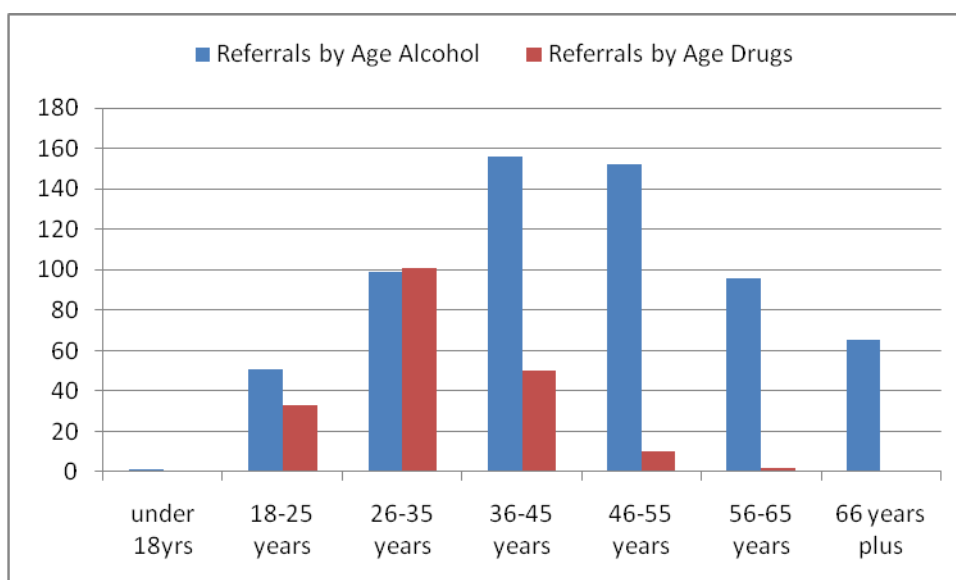


3.5 Referrals by Age

The age profile of referrals is generally in line with that of previous 2 years with the reduction in referrals for people aged 18-25 noted in earlier reports appearing to have stabilised.

This age profile is illustrated in the following chart and table.

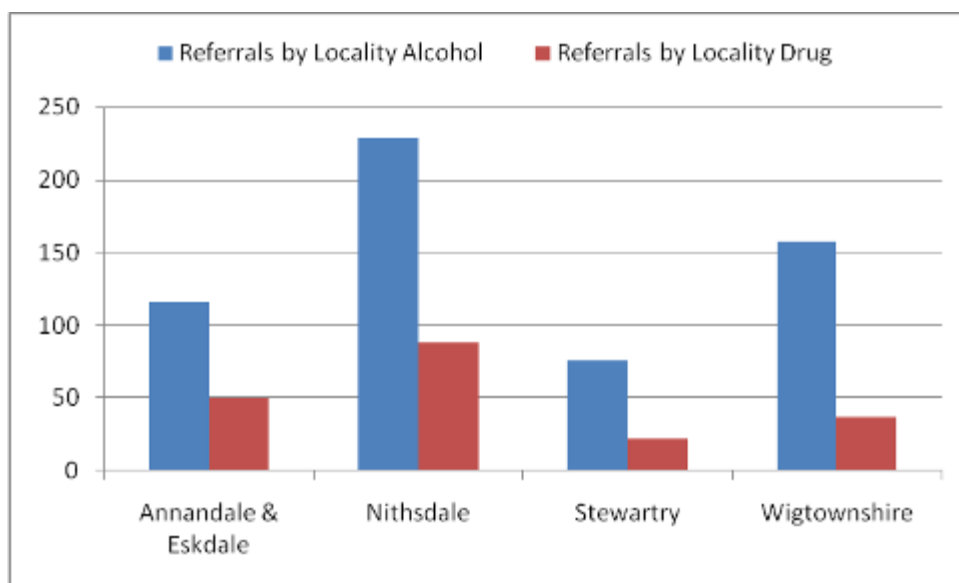
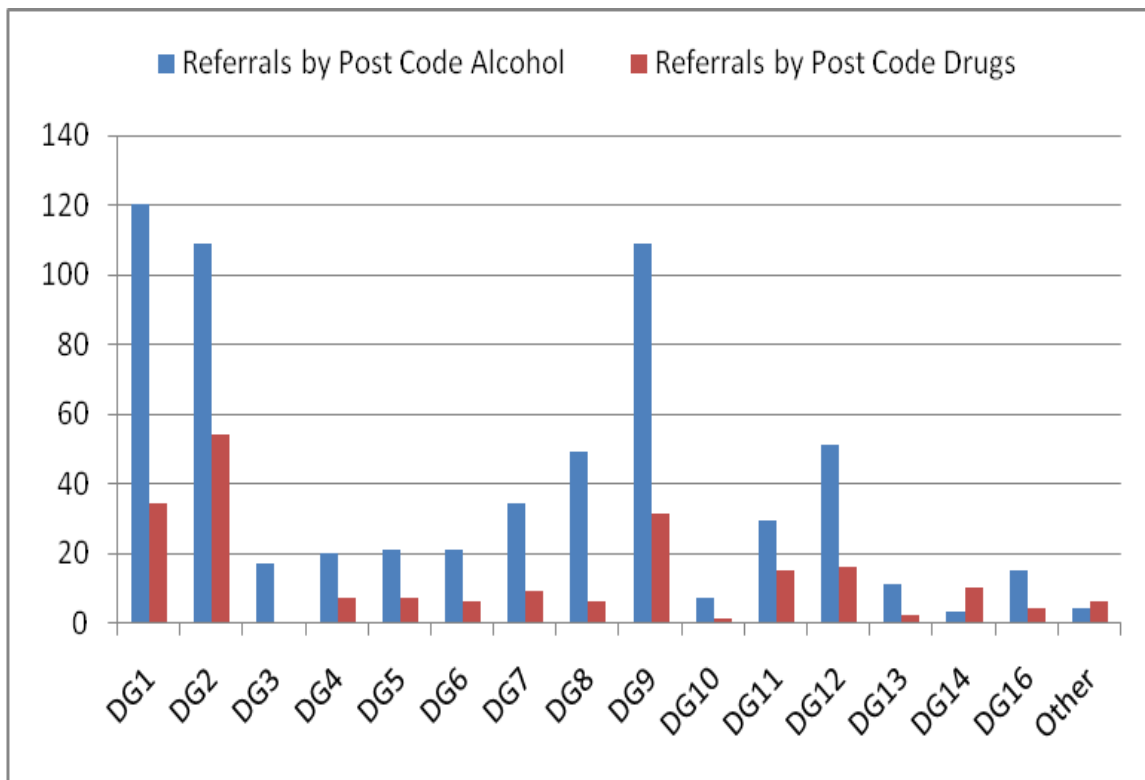
	Alcohol	Drugs	Total
Under 18 years	1(0.2%)	0(0%)	1(0.1%)
18 – 25 years	51(8.2%)	33(17.0%)	84(10.3%)
26 – 35 years	99(16.0%)	101(51.5%)	200(24.5%)
36 – 45 years	156(25.2%)	50(25.5%)	206(25.2%)
46 – 55 years	152(24.5%)	10(5.1%)	162(19.8%)
56 – 65 years	96(15.5%)	2(1.0%)	98(12.0%)
Over 66 years	65(10.5%)	0(0%)	65(8.0%)
Total	620(100%)	196(100%)	816(100%)



3.6 Referrals by Locality

The spread of referrals across the Localities is broadly in line with that recorded in 2011-12 although Wigtownshire recorded a larger drop (19%) in alcohol referrals than noted in other parts of the region (average of 5.5%). A review of processes for recording referrals did indicate that there was likely to have been some under-recording of referral information in this part of the region but it is not possible to quantify the impact on overall data collection. The following table and charts illustrate the geographical spread of referrals received.

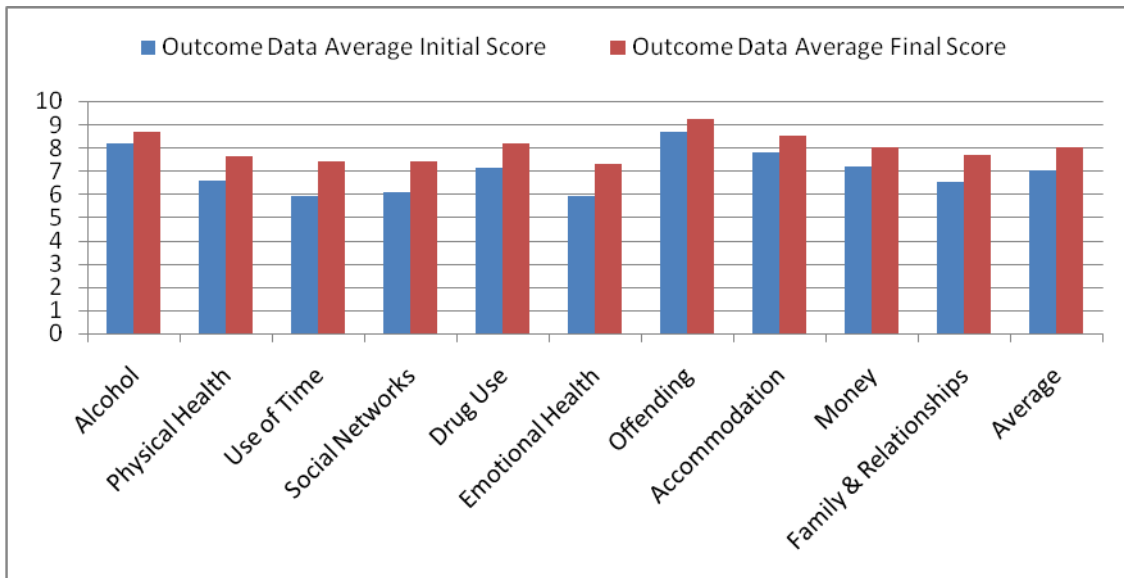
	Alcohol	Drugs	Total
DG1	120(19.4%)	34(17.5%)	154(18.9%)
DG2	109(17.6%)	54(27.6%)	163(20.0%)
Dumfries	229(36.9%)	88(44.9%)	317(38.8%)
DG3	17(2.7%)	0(0%)	17(2.1%)
DG4	20(3.2%)	7(3.6%)	27(3.3%)
DG5	21(3.4%)	7(3.6%)	28(3.4%)
DG6	21(3.4%)	6(3.1%)	27(3.3%)
DG7	34(5.5%)	9(4.6%)	43(5.3%)
DG10	7(1.1%)	1(0.5%)	8(1.0%)
DG11	29(4.7%)	15(7.7%)	44(5.4%)
DG12	51(8.2%)	16(8.2%)	67(8.2%)
DG13	11(1.8%)	2(1.0%)	13(1.6%)
DG14	3(0.5%)	10(5.1%)	13(1.6%)
DG16	15(2.4%)	6(3.1%)	21(2.6%)
Team East	229(36.9%)	79(4.0%)	308(37.7%)
DG8	49(7.9%)	6(3.1%)	55(6.7%)
DG9	109(1.8%)	31(15.8%)	140(17.2%)
Team West	158(25.5%)	37(18.9%)	195(23.9%)
Other	4(0.6%)	2(1.0%)	6(0.7%)
Total	620(100%)	196(100%)	816(100%)



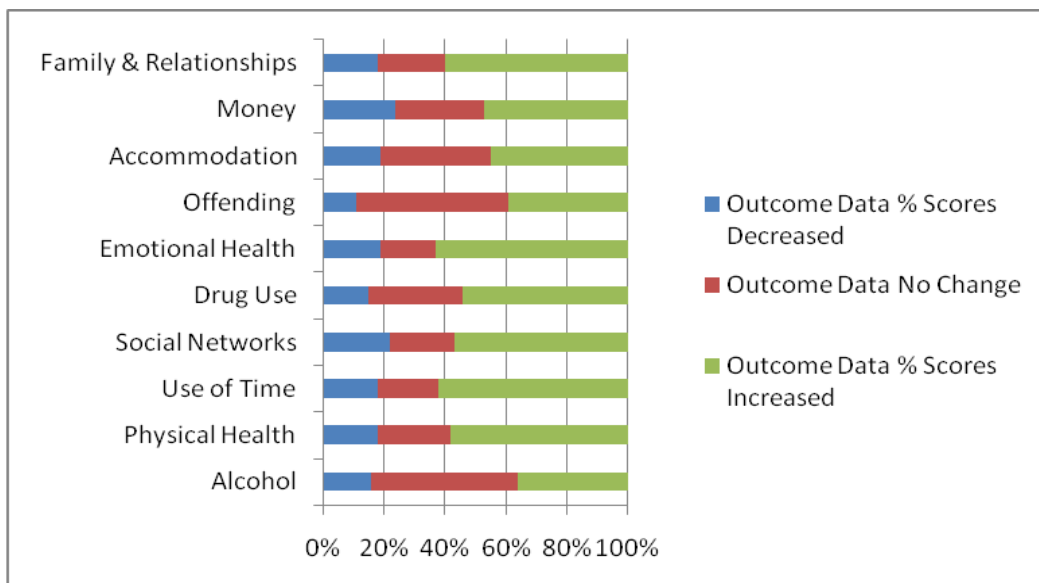
3.7 Outcome Data

The Alcohol Star (developed by Triangle Consulting) is now the accepted outcome monitoring tool for alcohol and drug services in Dumfries and Galloway with services users having the opportunity to assess their progress with their named nurse across 10 indicators of health and welling scored on a scale 1 to 10. Using the Alcohol Star not only helps identify the key areas in a person’s life that could be supported with interventions but can also provide a powerful visual record to reinforce achievement against personal goals. Double clicking on the icon below will provide a copy of the Alcohol Star, more information of the descriptors for each level is available at www.staronline.org.uk

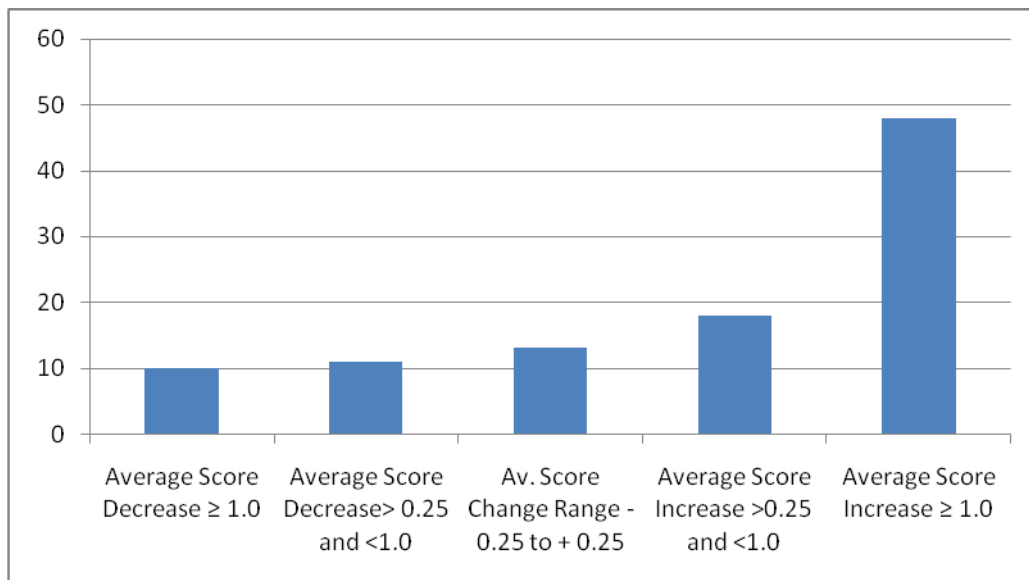
The data reported below relates to 341 service users who had at least one review completed during 2012-13. The first graph shows data relating to the average initial and final score with increases (improved scores) recorded against all 10 criteria. The lowest initial scores were noted in areas covering use of time, social networks and emotional health with the highest final scores in areas relating alcohol and drug use, offending and accommodation.



The second graph shows the proportion of the 341 service users whose score for each criterion has increased, decreased or stayed the same.



In reviewing the percentage change for all service users to identify the proportion who may be slipping back or not moving forward the data shows that 64% of people showed an increase in their overall score with 48% recording a “big” increase as set by Triangle Consulting (average point on scale increased by more than 1 point)



One point worth noting when considering the outcome data is that “no change” recorded for a score may not in itself be a negative assessment if the individual service user was already achieving a high score for that part of the Star when they entered treatment e.g. if they were not offending then they would score 10 at point of initial assessment or if using only alcohol or drugs would score 10 for the other data point on the Star. For purpose of the report no change is means that the average change per scale was between -0.25 and +0.25.

3.8 Discharge Data

Of the 751 people discharged from the service, 525 (70%) were planned discharges, compared with 61% of discharges during 2011-12.

The following table provides details of recorded discharge data.

	Alcohol	Drugs	Total
Completed programme of care	198	52	250
Transferred to another agency	86		157
No longer seeking help	104	14	118
Planned Discharges			525(70%)
Did not complete programme of care	43	21	64
Did not attend	109	15	124
In prison	8	17	25
Deceased	10	3	13
Unplanned Discharges			226(30%)
Total			751

4. DEVELOPMENTS

4.1 Move of Dumfries Base to Lochfield Road Primary Care Centre

A high point for service users and staff has been the move of the Dumfries base to the new Lochfield Road Primary Care Centre in November 2012. The improvements noted not only relate to a much improved therapeutic environment with appropriate space for clinical interventions but also provide a much healthier working environment for staff. One priority was to provide a reception and waiting area for service users that was open and more welcoming. Although there was some concern expressed in

the early stages of the development these were successfully addressed by the design team and it has been noted that reported incidents of verbal abuse and aggression have reduced since the move.

Service users were involved with a local artist to develop pieces of original artwork that are now in place in the waiting and counseling rooms. Early feedback from a service user survey indicates that the majority feel the building is well situated within Dumfries and provides a comfortable environment.

4.2 Alcohol Liaison Service, DGRI

Alcohol Liaison Nurse, Jackie Aindow, has continued to support colleagues in Dumfries & Galloway Royal Infirmary to improve assessment and treatment of alcohol related problems including development of 3 modules that are now available on Learnpro (Alcohol Assessment & Withdrawal, Alcohol Awareness Introductory Module, and Alcohol Brief Interventions). She was also involved with the Specialist Midwife for Vulnerable Families in the redesign of the antenatal alcohol screening tool and development of health promotion work related to Fetal Alcohol Syndrome that received recognition at a national level.

4.3 Alcohol Liaison Service, GCH

Alcohol Liaison Nurse, Farrah Evans, has taken the Lead with colleagues in Galloway Community Hospital to develop a protocol that supports provision of planned inpatient alcohol detoxification programmes for people who do not require admission to Midpark Hospital but for who the risks associated with a supported community detoxification are too high. This option also can also address problems for families who would have had difficulty travelling to Dumfries to visit their relative in hospital.

4.4 Motivational Interviewing

Stuart Tilbury, Community Addictions Nurse, is a member of the national coaches group supporting development of Motivational Interviewing skills within alcohol and drug treatment services. To date he has established 2 local coaching forums for colleagues within this Service, Social Work and Third Sector Partner agencies. Following his nomination for the Celebrating Excellence Awards, Stuart was awarded as runner up in the Education/Mentoring & Support category.

4.5 CRA-BIT

A monthly CRA-BIT supervision group, led by Lynda Wilson OT and Staff Nurse Debbie Parker has been established to support delivery and skills maintenance of two key evidence based psychological interventions for people with alcohol and drug related problems, Community Reinforcement Approach (CRA) and Cognitive Behavioural Integrated Therapy (C-Bit)

Lynda Wilson, Specialist OT attached to the Service has developed group work to support effectiveness of individual inpatient detoxification plans. In addition she has lead in the introduction of a tool called Emotional Touchpoints which is a simple but very effective approach to help service users and carers discuss a particular experience.

[Patient and Relative Leaflet](#)

4.6 SCI Gateway referrals

The Team Leaders Eileen Carruthers, Paul Chateau & Justin Murray have been working on a project to introduce electronic referrals from GPs as part of their participation in the Leading Better Care programme. One aim of the project is to improve information provided at point of referral to allow triage of referrals received. This allows people who do not require input from this Service to be referred on without delay to partner agencies providing a range of recovery based interventions. The second aim was that wherever possible a contact number would be recorded for the person referred to the Service who would then be contacted by one of the nursing team who could explain the assessment and treatment process outline the interventions available and allay any concerns they may have about attending an alcohol and drug treatment service. Plans are in place for this new referral process to be

introduced in April/May 2013 and it is hoped that one consequence will be a reduction in the number of people who chose not attend their first assessment appointment.

4.7 *ecasenote*

Staff within this Service have been working enthusiastically with colleagues in IM&T to prepare for the introduction of ecasenote. Currently this Service maintains separate case files that are not accessible by colleagues either in Mental Health or Acute Services creating clear challenges for effective communication. It is anticipated that the move to ecasenote will happen in June 2013 and will significantly enhance access to information within this Service e.g. immediate access to previous volumes of notes, immediate access to current notes for people moving between Teams based in Dumfries and Newton Stewart. Colleagues in Mental Health will also have direct access to clinical records which will have particular benefit out-of-hours.

4.8 *Development of OT service in Wigtownshire*

With the support of colleagues in the Occupational Therapy Service (Lynda Wilson & Emma Smith) who work with our Service there is now specific OT input in Wigtownshire (15 hours per week). This pilot is a very important addition to the delivery of services in the West of the region providing a range of interventions previously only available to service users living in other localities of Dumfries & Galloway.

4.9 *Take Home Naloxone*

Community Team Leader, Justin Murray, is chair of the local multi-agency Naloxone working group. There continue to be challenges in maximizing the uptake among service users. Lewis Fergusson has agreed to act as the Lead within this Service supporting nurses with training updates as required. It is recognized that as people become increasingly stable on methadone they are less likely to accept the training and a naloxone kit. Treatment pathways will be reviewed in order to include naloxone training as a core element of the initial phase of assessment and stabilisation.

4.10 *ECG Clinic*

The QT interval on an ECG is a useful indicator for conditions that can be linked to sudden death with a prolonged interval being a cause for concern. Best practice guidance recommends that people on high dose methadone ($\geq 100\text{mg}$) and those on methadone plus a psychotropic medication known to increase the QT interval should have an ECG completed. An ECG is also required for anyone prior to commencement of Disulfiram (Antabuse). For this reason a number of staff have now been trained to record ECGs with Staff Nurse Jade Thomson and Community Nurse Addictions Jenny Barr leading in Dumfries with Alcohol Liaison Nurse Farrah Evans leading in Wigtownshire.

4.11 *Healthy Living Checks*

Healthy Living Checks delivered by our Healthcare Support Workers, Carmel Clarke, Raye Currie & Alison Maxwell are now an established part of the treatment plans offered to service users. These checks cover a range of physical health issues including nutrition & weight, blood borne virus, sexual health, smoking, oral health, sleep.

[Healthy Living Checklist](#)

In addition to the checks provided by the HCSWs Gillian Paterson, Deputy Unit Manager, is the identified lead for the Service in relation to smoking cessation. Evidence would contradict the previously held belief that people should tackle only one "addiction" at a time and that service users should be encouraged and supported to consider the option of stopping smoking at the earliest point possible.

4.12 Healthy Eating

Raye Currie, Healthcare Support Worker has developed a Health Eating, Cooking Skills Package aimed at service users who feel they do not have the knowledge or skills to cook healthy food on a limited budget for themselves or family members. This work has included compilation of a folder with simple and nutritious recipes with advice on a range of issues including kitchen hygiene, cooking jargon and store cupboard essentials. This work has proved very effective with people who may lack the confidence to work in a group situation and can be used as a stepping stone to interventions provided by the Health Improvement Team.

4.13 LGBT Charter Mark

The Service is aiming to achieve the gold standard charter mark during 2013-14, Community Team Leader Justin Murray & Deputy Unit Manager Gillian Paterson are leading on the work required to achieve the Standard with initial plans in place for staff members to attend a LGBT training event during the summer of 2013.

4.14 Service User Newsletter

The Service newsletter, In the Know, is now established as a format for sharing information with service users. Two Team members take it in turns on a roughly annual basis to act as editors. Examples of recent newsletters are attached below; copies are also available on the NHS Dumfries & Galloway public website.

[In the know Summer 2012](#)

[In the know – Autumn 2012](#)

[In the Know – Winter 2012-13](#)

4.15 Music Group

Two musicians in the Team (Lewis Fergusson & David Henderson) have facilitated a music group meeting on a 2-4 weekly basis, which provides service users with an opportunity to talk about music, bring along their instruments to rebuild old skills or learn new skills. The group provides an opportunity to engage socially, build networks and use music as a distraction to other challenges related to their alcohol or drug use.

More detailed information about any of the developments noted above can be obtained from the members of staff leading on the projects.

MOIRA COSSAR
SERVICE MANAGER