

## **NHS Dumfries and Galloway Specialist Drug and Alcohol Service**

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### **Service Profile**

“The NHS Specialist Drug and Alcohol Service aim to provide a gold standard Specialist Service. That is Safe, Effective, and Recovery Focused with the Service User at the centre. This will be achieved through collaboration with partnership agencies and Service Users and utilising best practice models”

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## **CONTENTS**

	<b>Page Number</b>
<b>1</b> Service Philosophy	<b>3</b>
<b>2</b> Core Business	<b>3</b>
<b>3</b> The Team	<b>5</b>
<b>4</b> Referrals	<b>7</b>
<b>5</b> Referral Management	<b>8</b>
<b>6</b> Confidentiality	<b>9</b>
<b>7</b> Assessment	<b>10</b>
<b>8</b> Treatment Options	<b>10</b>
<b>9</b> Blood Borne Viruses	<b>12</b>
<b>10</b> Drug Outreach & Injecting Equipment Provision	<b>13</b>
<b>11</b> Alcohol/ Drug Use on Premises	<b>13</b>
<b>12</b> Smoking Policy	<b>13</b>
<b>13</b> Education/Training	<b>14</b>
<b>14</b> Team Meetings	<b>14</b>
<b>15</b> Clinical Supervision	<b>14</b>
<b>16</b> Drug Prescribing	<b>14</b>

## 1. SERVICE PHILOSOPHY

The NHS Specialist Drug and Alcohol Service covers the region of Dumfries and Galloway, with bases at Lochfield Road Primary Care Centre, Dumfries, Masonfield Centre, Newton Stewart and Innistaigh, Stranraer. Our opening hours of the service are 8.30 a.m. to 5.00 p.m., Monday to Friday.

The service adopts a recovery and strength based approach to treating drug and alcohol problems. Treatment plans are agreed in collaboration with service users to address any identified needs (physical, psychological and social). We are committed to working in partnership with other agencies in the statutory, non-statutory and independent sectors, to provide a safe, efficient and effective, client-centred service. Our main partners are:

- Addaction Scotland.
- Alcohol & Drugs Support - South West Scotland.
- Apex Scotland.
- HMP Dumfries.
- Mental Health Services.
- Primary Care.
- Social Work (Criminal Justice, Children & Families Social Work, Adult Services).

The Dumfries and Galloway Alcohol and Drug Partnership (ADP) provides overall strategic management of alcohol and drug services. This is a multiagency group chaired by the Independent Chair, Grahame Clarke. There are two management groups who report to the ADP

- Drug Deaths Group.
- Partners Group.

The Partners meeting operates with a rotational chair, of which Justin Murray, (NHS Specialist Drug and Alcohol Service, Service Manager), is also a member. This is an operational management meeting which takes its strategic guidance from the ADP board and aims to improve and develop operational practices within the Dumfries and Galloway area.

## 2. CORE BUSINESS

As a specialist service, our core business is as follows:

- Comprehensive assessment and treatment service for people who fall within the following criteria:
  - a) People with a physical dependency on alcohol.
  - b) People with problematic alcohol use requiring specialist intervention (pharmacotherapy or psychotherapy). The criteria for this group include pregnancy, co-existing diagnosed mental illness or physical health problems.
  - c) People with a physical dependency on illicit substances requiring medical intervention.
  - d) People with complex poly-substance use which places the person at high risk of physical and or mental harm.
  - e) People on Drug Treatment and Testing Orders.
- Co existing Mental Health and Substance Misuse presentations within the following criteria
  - a) The primary presentation is one of substance misuse.
  - b) The staff skill base and resource can support a positive outcome for the Service User.
  - c) Risk Assessment documentation indicates safe and effective management of issues.
  - d) If indicated, a collaborative working model supported by generic Mental Health colleagues.
- Partner in the Cresswell multi-agency clinic providing antenatal care for women with alcohol and/or drug problems.
- A liaison service to Dumfries and Galloway Royal Infirmary and Galloway Community Hospital providing assessment, advice re management of alcohol or drug withdrawal symptoms, training for staff and support for the delivery of Alcohol Brief Interventions (ABIs).
- Specialist training and support/supervision of intermediate specialists and generalist GPs and Community Pharmacists, who operate within the locally enhanced shared care service.
- Needle and syringe exchange, harm reduction advice through outreach worker.
- Overdose awareness, CPR and the supply of naloxone for the use in an overdose situation.
- Development of care plans with goals and timescales for evaluation/review agreed with service user.

- Network/Partnership working with relevant agencies.
- Support and deliver on the training requirements of services operating within the drug alcohol ROSC (Recovery Orientated System of Care).
- Clinical Audit/Research.

## **2.1 Therapeutic interventions**

We offer a range of interventions based on a comprehensive individual bio-psycho-social assessment:

### **a) Pharmacotherapy**

- Substitute prescribing for opiate dependence – methadone and buprenorphine.
- Medical assisted detoxification from opiates- buprenorphine, lofexidine and symptom relieving medications.
- Inpatient detoxification treatment currently offered in Mid Park Hospital and Galloway Community Hospital, a limited resource based on clinical need.
- Naltrexone for opiate relapse prevention.
- Disulfiram and acamprosate for alcohol relapse prevention.

A range of pharmaceutical medicines, identified by the lead clinician and evidenced to support service users aims of recovery from problem alcohol use.

Chlordiazepoxide, and vitamin supplementation (oral and parenteral) for alcohol detoxification.

- Psychotropic medication, including antidepressant and anti-psychotic drugs for co-existing mental health problems.

### **b) Psychological Interventions**

- Motivational Interviewing.
- Core counselling skills.
- Relapse prevention and management.
- Cognitive Behavioural Therapy Techniques.
- Anxiety management.
- Mindfulness.
- Trauma identification and containment.

- Community Reinforcement Approach in conjunction with C-Bit.

These therapeutic elements are delivered within a system of clinical supervision, adhering to nationally and locally defined standards of good clinical practice. They are delivered with support from colleagues within psychology and are consistent with the overall strategy of the Mental Health Directorate in relation to psychological interventions. To ensure quality standards the service has two appointed leads in this area, Jade Thompson and Stuart Tilbury.

### 3. THE TEAM

Our multi-disciplinary team consists of:

Dr Pedro Larisma ST3	Consultant Psychiatrist/Lead Clinician Addiction Services Six monthly rotation
Justin Murray	Service Manager
Jackie Bell	Administration Supervisor
Dawn Diamond	Team Secretary/Receptionist
Caroline Drysdale	Team West Secretary
Jodie Sharkey	Receptionist/Administration Assistant
Samantha Wood	Receptionist/Administration Assistant
Eileen Carruthers	Team Leader
Gillian Paterson	Mental Health Nurse Specialist Addictions
Sara Redpath	Mental Health Nurse Specialist Addictions
Gemma Cravens	Mental Health Nurse Specialist Addictions
Debbie Parker	Staff Nurse
Gordon Russell	Staff Nurse
Alison Smith	Mental Health Nurse Specialist Addictions
Jade Thompson	Mental Health Nurse Specialist Addictions
Jackie Aindow	Specialist Addiction Liaison Nurse - DGRI
Leona Ball	Senior Healthcare Support Worker
Carol Mccreadie	Senior Healthcare Support Worker
Stuart Tilbury	Mental Health Nurse Specialist Addictions
Lynne Rhodie	Mental Health Nurse Specialist Addictions
Maureen Fair	Mental Health Nurse Specialist Addictions
Brian Carruthers	Mental Health Nurse Specialist Addictions

Lewis Fergusson	Mental Health Nurse Specialist Addictions
John Miller	Senior Drug Outreach Worker
Lynda Wilson	Specialist Occupational Therapist
Paul Chateau	Team Leader
Garry Morrison	Mental Health Nurse Specialist Addictions
Jenny Barr	Mental Health Nurse Specialist Addictions
David Henderson	Mental Health Nurse Specialist Addictions
Kenny Sneddon	Mental Health Nurse Specialist Addictions
Farrah Evans	Specialist Addiction Liaison Nurse – Galloway Hospital
Alison Maxwell	Senior Healthcare Support Worker
Carmel Clarke	Senior Healthcare Support Worker

The service is a recognised training base for undergraduate nursing students. The placement offers the students base, intermediate and management placements, which can range from 4 weeks to 12 weeks. The service has a positive commitment to providing a validated and experiential experience and has a number of staff who have undertaken the academic module to become or retain their mentorship status.

Students offered placements within the team.

This may include:

- Nursing students.
- Occupational Therapy students.
- Medical students.
- Social Work students.
- Psychology Students.

We strive for our trainee workers to gain experience by becoming fully integrated members of the team during the time they spend with us and aim to provide a high quality learning environment. This is overseen by Gillian Paterson who is the service lead.

#### **4. REFERRALS**

##### **Criteria for Accepting Referrals**

- Service user must be 18 years or over.
- Service user must have an address and GP in Dumfries and Galloway, this does not apply to referrals received to the liaison service offered in the DGRI and Galloway CH.

## **People with Alcohol Problems**

We accept referrals by telephone contact or by letter from

- General Practitioners.
- Other NHS services (incl. Primary Care, Mental Health Services, Acute and Maternity and Occupational Health).
- Dumfries and Galloway Council (including Social Services, Housing Services).
- Other statutory/non-statutory and independent sector agencies.
- Partners/relatives/friends/ of service user.
- Self-referral.
- All new referral details are recorded on the service computerised database.
- New referrals are given the option of being seen at Lochfield Road Primary Care Centre, local Health Centre or the premises of one of our partner agencies, if this is not convenient, a home visit for assessment may be arranged, in line with the Service Lone Working Risk Assessment.

## **People with Drug Problems**

Direct referral to this Service is accepted for:

- People with co-existing diagnosed mental illness.
- It is evident that there is a need for substitute prescribing.
- Pregnant women.
- People on Drug Treatment and Testing Orders.
- People transferred from Primary Care currently on a prescription relating to Substance Misuse treatment.
- People from out of region currently on a prescription relating to Substance Misuse treatment.

## **Integrated Services for People with Drug Problems in Dumfries and Galloway**

- We operate in partnership with Alcohol & Drugs Support South West Scotland (ADS) and Addaction Scotland. The first point of contact is often with our partner agencies who complete an assessment and agree an initial plan of care. This facilitates engagement with our partner agencies and supports the initial steps in the person's recovery.

## **5. REFERRAL MANAGEMENT**

The service works to the referral to treatment HEAT Target A11, which is 90% of all referrals have their treatment commenced within 21 days of referral and that no referrals wait longer than 35 days for treatment to commence.

The service operates a positive triage system with the other recognised partner agencies, (ADS, Addaction, Apex and Criminal Justice). If information gained at the referral stage, indicates another service would be best placed to meet the service user's needs then there is a triage process agreed whereby the service user would efficiently be triaged.

- When a service user is referred and meets the referral criteria, their details are given to a nominated staff member who facilitates the allocation of assessment appointments.
- An appointment is identified and where possible the person is contacted by phone and offered this appointment. This is to ensure the appointment is convenient for the person.
- If it is not possible to have telephone contact then an appointment letter is sent out.
- If a service user does not attend and there is no contact to explain and/or rearrange they are discharged from the service. The referrer is updated of this non attendance.
- If the service user attends for the initial appointment, if appropriate, the referrer is updated of this.

### **5.1 Secondary Care Services - Dual Diagnosis/Acute Liaison Service**

The Service has two full-time Specialist Addiction Liaison Nurses, who work predominately at the Dumfries and Galloway Royal Infirmary and Galloway Community Hospital, providing a support service to a wide range of health professionals who are dealing with people admitted with drug and/or alcohol problems. In addition the generic nursing team will provide a similar service to colleagues within Mid Park Hospital, Community Mental Health Teams and the Crisis Action Team.

In addition the Liaison Service will accept direct referrals to provide interventions and/or advice to people admitted to hospital. People referred to the Liaison Service are usually seen within 48 hours of referral and where necessary are supported for up to 4 weeks until their care can be transferred to another team member within the community based Specialist Drug and Alcohol Service or our partner agencies.

## **5.2 Multi-agency Antenatal Clinic**

The Lead Clinician and a member from the nursing team are part of the multi-agency team supporting pregnant women and their partners with alcohol and/or drug problems. Pregnant women who are not in touch with treatment services can be assessed at the clinic which runs twice monthly, earlier appointments for assessment can be arranged if necessary, if early intervention is required.

## **6. CONFIDENTIALITY**

### **SPECIALIST DRUG & ALCOHOL SERVICE – USE OF PERSONAL HEALTH INFORMATION**

The service is multi-professional. Team discussion is seen as the best way of providing the best possible service and providing continuity of care. To facilitate this means that we need to share confidential information where necessary. Depending on what help the service user is getting this could include:

- Other team members of the Specialist Drug & Alcohol Service.
- Primary Care staff at the GP surgery.
- Professionals working in other agencies.
- No other person will be given information about the service user or his/her treatment unless specific permission for that information to be shared is granted.
- Special provision under the GIRFEC protocol exists for sharing information in relation to Child Protection issues.

The service works within the Data Protection Act, 1998 regarding protection and use of patient information. These policies respect an individual's right to privacy but there may be times for example when there is a risk to the safety of a child or the public that the right to privacy may be overridden e.g. safety to children or public.

The service would only consider disclosure of confidential information on a strict need to know basis, and would discuss the matter with service users beforehand wherever possible. The information provided may be used as part of an evaluation of the service provided but only if it does not reveal an individual's identity.

## **7. ASSESSMENT**

Treatment plans are developed following a comprehensive assessment of individual needs covering the following areas:

- Reason and motivation for seeking help.
- Service User's expectations.
- Substance misuse current and past.
- Physical health assessment.
- Mental health assessment.
- Blood Borne Virus risks/interventions.
- Risk assessment.
- Living/accommodation situation.
- Financial situation.
- Personal history.
- Education and employment history.
- Forensic history.
- Involvement of other agencies.

## **8. TREATMENT OPTIONS**

Our service adopts a client-centred approach when offering help to people. Service users are involved in their treatment plan with their named nurse or occupational therapist. Therapeutic interventions may include:

### **8.1 1:1 Outpatient Contact**

The key worker would meet with the service user at agreed intervals, on an individual basis. During these sessions the client is given the opportunity to identify and explore their drivers for change and identify the strengths they have in relation to meeting their treatment goals. Specifics would include analysis of their current substance use, identification of psychological issues, assessing harm and the process of identifying triggers and coping strategies in relation to relapse

## 8.2 **Inpatient Detoxification/Stabilisation/Assessment**

The service can access an inpatient bed within Mid Park or Galloway Community Hospital and any admission is overseen by the service Consultant Psychiatrist or the Specialist Liaison Nurse.

The bed can be used for the following:

- Alcohol detoxification, where 24 hour medical/nursing care is required.
- Assessment of Alcohol-Related Brain Damage (ARBD).
- Assessment and stabilisation of dual diagnosis situations.

## 8.3 **Home Visits**

There are occasions when attendance at Lochfield Road Primary Care Centre or a Locality Clinic is inconvenient and inappropriate for service users. Home visits may be offered and carried out by all team members. (Also refer to Lone Worker Policy).

## 8.4 **Occupational Therapy**

The Occupational Therapist (OT) works with service users to identify a range of activities, which they can use to gain new skills and interests or regain interest in old skills. Treatment plans are provided on an individual basis with appointments at Lochfield Road Primary Care Centre, home or in community settings as appropriate. Comprehensive OT assessment for people with Alcohol Related Brain Damage is also provided.

## 8.5 **Shared Care with GPs/ Independent Prescribers**

A locally negotiated Enhance Medical Service provides the opportunity for people whose drug problems have been stabilised to have their medical care transferred to their own General Practitioner with the option for additional support from our identified partners within the Integrated Drug Services.

General Practitioners at Greyfriars, Gillbrae and St Michael' s in Dumfries, Annan, Moffat, Gretna, Lockerbie, Thornhill, Sanquhar, Dalbeattie, Kirkcudbright and Stranraer, Newton Stewart and the Rhinns of Galloway currently participate in this shared care scheme.

In addition there is an alternative model in place which has some clients long term care managed by community pharmacist prescribers. This is currently in operation at St Michaels Medical Practice Dumfries and in the town of Castle Douglas.

## **9. BLOOD BORNE VIRUSES**

Many of our service users, due to the nature of their lifestyle, would be recognised as high risk to being exposed to HIV and/or Hepatitis B and C.

Our policy is to fully inform and advise clients of risks related to unprotected sex, and the sharing of injecting equipment or other personal items e.g. razors, toothbrushes. We aim to provide education and information, both verbally and in leaflet form, on ways to prevent or minimise risk.

Service users may request or be advised to have HIV/Hep B and C testing .Anonymous testing is available if preferred, however the service would advocate named testing as this provides the best identification and retesting call back system. Pre and post-test discussion is carried out by all staff who have completed the relevant training and have the required competencies to provide this intervention. Guidelines for pre/post test counselling have been drawn up for the team in line with recognised best practice. Any client requesting HIV or Hep B and C testing will receive pre-test discussion.

Results of tests will be shared with the client only via individual post-test counselling. Results will not be given by telephone. The Service has close links with the BBV Specialist Treatment Services, referring and facilitating contact for those service users who test positive for Blood Borne Viruses.

All service staff are aware of the risks involved in dealing with service users' body fluids. Guidelines must be adhered to when collecting urine or taking bloods.

All service users who may be exposed to the risk of Hep B infection are offered vaccination using an accelerated timescale over 21 days, with a booster at twelve months to maximise completion rates.

The service also offers contraception implants and sexual health screening. To develop the service Sexual Health Strategy and interventions, Jennifer Barr is the service nominated lead and will be developing this in conjunction with colleagues within the Sexual Health Department.

## **10. DRUG OUTREACH AND INJECTING EQUIPMENT PROVISION (IEP)**

The role of the Drug Outreach Worker is to make contact with drug users who may or may not be in contact with the service for treatment. As part of the harm reduction approach they give information and advice re safe drug use and safe sex, in addition to operating An Injecting Equipment Provision service, including provision of other injecting equipment e.g. disposal bins, citric acid, stericups, filters and water. Specifically formulated foil is also available for people who smoke their drugs and its use is promoted as a harm reduction intervention. Their role also includes supporting service users to make contact with their GP or other agencies and provide counselling, including blood borne virus counselling. The role of the Drug Outreach Worker also extends to the training of service users to provide them with naloxone kits, for the use in an overdose situation.

## **11. ALCOHOL/DRUG USE ON THE PREMISES**

No service user or member of staff is allowed to remain in any places of business smelling of, or under the influence of alcohol. If consumption of alcohol is suspected then the individual will be breathalysed and anyone with a positive reading will be asked to leave immediately (see exceptions below). People accessing the service are also expected not to attend if under the influence of illicit substances other than those prescribed by the medical staff.

The exceptions to this are:

- At initial assessment, which may still be carried out provided the client is able to take part in the assessment.
- Pre-admission for in-patient detox.

## **12. SMOKING POLICY**

There is a total ban on smoking in Lochfield Road Primary Care Centre including the external courtyard.

## **13. EDUCATION/TRAINING**

Members of the team are expected to keep themselves updated on current issues related to our specialty. Journals and leaflets are available for everyone to read in the resource room and there is a designated journal club in operation.

The service closes for quarterly half-day development sessions annually; these provide an opportunity for addressing issues related to clinical governance including professional development and clinical effectiveness. Team members also facilitate training sessions for other groups and agencies e.g. GP Trainees, University of the West of Scotland, DGRI Medical Staff, Social Services and Motivational Interviewing Coach Groups. Individual and team learning needs are identified via personal development plans. Team members are expected to attend relevant training events, resources permitting.

#### **14. TEAM MEETINGS**

The Locality and Management Team meets monthly for operational meetings. The teams within the service all have operational meetings, for which minutes are produced. The minutes of which are accessible to all team members. Medical staff attends a ward round every Tuesday morning in Mid Park Hospital to discuss inpatient treatment plans.

#### **15. CLINICAL SUPERVISION**

All staff are involved in monthly individual clinical supervision. In addition, there is a weekly meeting for staff on Tuesday and Thursday mornings to discuss complex cases and treatment plans. There is also the use of video conferencing facility for staff members based in the west of the region.

#### **16. DRUG PRESCRIBING**

Protocols and guidelines have been developed for prescribing substitute medications and also for medications used routinely in relapse management. A copy of these protocols is available from Lochfield Road Primary Care Centre.