Welcome to the June 2017 issue of the Drug and Alcohol Delivery Bulletin.

NATIONAL NEWS
- LDP Standard for Drug & Alcohol Treatment Waiting Times
- ABI Local Delivery Plan Standard 2017-18
- Care Inspectorate Report – National Quality Principles Report
- Changes to the Misuse of Drugs Act 1971: Home Office Circular 8/2017
- Changing Scotland’s Relationship with Alcohol – Refresh
- Experience Panels - Social Security: Consultation Opportunity
- Drug and Alcohol Information System (DAISy)

UPCOMING EVENTS
- Scottish Recovery Consortium - 500 Miles Fundraiser
- Scottish Recovery Consortium – National Recovery Walk Dundee

NEWS UPDATES
- Alcohol Focus Scotland and Partners: Promoting Good Health in Childhood
- Alcohol Focus Scotland – Scotland’s Alcohol Strategy: What next?
- Scottish Families Affected by Alcohol and Drugs – Kiltwalk
- Aberdeen City ADP – Addiction Post Graduate Qualification
- NHS Dumfries and Galloway – Motivational Interviewing Coaching
- Lloyds TSB PDI – New Criteria & Welcome to a New Manager
- West Dunbartonshire HSPC – Presentation at the Annual International Liver Congress
- West Lothian ADP – Living Well Hub – Whitburn Community Centre
- Forth Valley ADP – Developing the Community Pharmacy Workforce
- Highland ADP – UKSMART developing recovery in HMP Inverness
- Aberdeen City ADP – ABI Train the Trainers Package
- North Ayrshire ADP – Recovery Workers – Funky Films
- NHS Health Scotland – A Call for Action on Childhood Adversity
The latest quarterly statistics (October to December 2016) to inform performance against the Local Delivery Plan (LDP) Standard for drug and alcohol treatment waiting times were published on 28th March 2017. These statistics can be accessed in full via the following link: [http://www.isdscotland.org/Health-Topics/Drugs-and-Alcohol-Misuse/Publications/](http://www.isdscotland.org/Health-Topics/Drugs-and-Alcohol-Misuse/Publications/).

- In October-December 2016, of the 10,322 people who started their **first drug or alcohol treatment**, 95.0% waited three weeks or less, similar to the previous quarter (94.1%). More than half, 55.3% waited one week or less.

- For the 6,259 people seeking **alcohol treatment**, 95.2% waited three weeks or less, similar to the previous quarter (94.2%).

- For the 4,063 people seeking **drug treatment**, 94.6% waited three weeks or less, similar to the previous quarter (93.9%).

- At the end of this quarter, 2,370 people were waiting to start their first drug or alcohol treatment, of which 190 (8.0%) had been **waiting more than six weeks**. This is an increase from the previous quarter when 128 (4.2%) people were waiting more than six weeks.

- **In prisons**, 1,136 people started their first drug or alcohol treatment between October-December 2016, with 96.8% waiting three weeks or less and 75.3% waiting one week or less.

- All NHS Boards, except NHS Borders, NHS Highland and NHS Lothian met the Scottish Government’s Local Delivery Plan standard.

Should you wish to discuss this data in more detail please contact Elizabeth Butters, Substance Misuse Team via [Elizabeth.Butters@scot.gov.uk](mailto:Elizabeth.Butters@scot.gov.uk)

The ABI Local Delivery Plan (LDP) standard remains a Ministerial priority and will continue for 2017-18.

The ABI LDP Standard for 2017-18 states that:
NHS Boards and their Alcohol and Drug Partnership (ADP) partners will sustain and embed alcohol brief interventions in the 3 priority settings of primary care, A&E and antenatal and broaden delivery in wider settings.

Nationally, the delivery figure for ABIs under the LDP standard in 2017-18 remains 61,081 ABIs from 1 April 2017. It is expected that at least 80% of delivery (i.e. a minimum of 48,865 ABIs) will continue to be delivered in the priority settings. Local targets also remain the same and are outlined in the recently published 2017-18 National Guidance.

Sir Harry Burns is leading a national review of targets and indicators for health and social care. This work includes consideration of the LDP Standards. Scottish Ministers will consider the reviews recommendations which are due in Spring 2017. In the meantime, NHS Boards are expected to maintain local improvement trajectories, including ABI delivery.

For further information or if you have any queries please contact Lisel Porch, ABI Programme Manager, Scottish Government (Lisel.Porch@gov.scot - 0131 244 3211)

National ADP Care Inspectorate Report – Quality Principles Validation

The Care Inspectorate Alcohol and Drug Partnership: A report on the use and impact of the Quality Principles through validate self-assessment was published on 1st June 2017. The report can be found at the link below:-


Changes to the Misuse of Drugs Act 1971: Home Office Circular 8/2017 - FOR INFORMATION TO ALL ADPS

A Home Office Circular has been published regarding upcoming changes to the Misuse of Drugs Act 1971 that will come into effect on 31st May 2017.

In line with ACMD advice, these changes will control three sets of drugs as follows (all 3 to be place in Sch 1 of the Misuse of Drugs Regulations as drugs with no recognised therapeutic uses):

- **U-47,700**, an opioid in class A

- **12 Methylphenidate related substances** in class B (7 of these are currently subject to TCDO. The TCDO will cease to apply to these substances as of 31st May), as follows
- *N*-Benzyl-ethylphenidate
- Ethynaphthidate.
- Ethylphenidate.
- Isopropylphenidate
- Methylmorphenate
- Methylnaphthidate
- Propylphenidate
- 3,4-Dichloroethylphenidate
- 3,4-Dichloromethylphenidate
- 4-Fluoroethylphenidate
- 4-Fluoromethylphenidate
- 4-Methylmethylphenidate

- **16 benzodiazepines** including etizolam class C:
  - Adinazolam
  - Bromazolam
  - 4'-Chlorodiazepam
  - Clonazolam
  - Deschloroetizolam
  - Diclazepam
  - Etizolam
  - Flubromazepam
  - Flubromazolam
  - Fonazepam
  - 3-Hydroxyphenazepam
  - Meclonazepam
  - Metizolam
  - Nifoxipam
  - Nitrazolam
  - Pyrazolam

The circular will appear on the Gov.uk website.

The order itself is available here: http://www.legislation.gov.uk/id/uksi/2017/634

**Changing Scotland’s Relationship with Alcohol - Refresh**

The refresh of the Alcohol Strategy is due to be introduced in summer 2017 and will focus on embedding and developing what is in place. Scotland’s Alcohol Strategy,
the *Framework for Action*, was launched in 2009 and is now well established. Many of its original actions have been completed, with others continuing and evolving.

The approach of the Refresh will be to focus on embedding and developing what is in place. The Refresh of the Alcohol Strategy will retain the framework approach over the four central themes of: reducing consumption; positive public attitudes, positive choices; supporting families and communities; improved treatment and support.

**Experience Panels - Social Security: Consultation Opportunity**

There is an open invitation from the Scottish Government to those who have recent experience of receiving benefits to contribute to reshaping the service following the devolution of some of the benefits to the Scottish Government. ADPs are encouraged to share this invitation widely across ADP networks and encourage front line staff to discuss with their clients to ensure that those affected by alcohol and drug use are represented and heard during this process. Those wishing to take part can complete an online registration at [www.gov.scot/socialsecurity](http://www.gov.scot/socialsecurity).

**Drug and Alcohol Information System (DAISy) Regular Quarterly Update**

Every Drug and Alcohol Bulletin will provide a regular update on DAISy as agreed by the DAISy Implementation Group. The Drug and Alcohol Information System (DAISy) is a national database being developed to collect Scottish drug and alcohol treatment and recovery outcomes and waiting times data from services delivering specialist drug and alcohol interventions across the whole of Scotland. DAISy is now in the IT development stage and with a project completion date of April 2018. Key milestones achieved in the last quarter are:

- File Upload awareness events completed in Edinburgh and Glasgow enabling an understanding of local IT system requirements needed to conduct file upload
- Service user leaflet and staff leaflet produced and to be circulated to ADPs shortly
- Development of a DAISy awareness powerpoint presentation for ADPs to utilise with local partners including commissioned services, statutory services and prison based services
- DAISy webpage to now feature FAQ for ADPs only
- DAISy awareness online training platform will be available in October 2017
- RO training rollout with SDF progressing with most ADPs organising training showing a strong commitment to embed this in local systems prior to DAISy go live date. ADPs please contact SDF workforce development (richardb@sdf.org.uk) for further information and to organise training
- RO tool online training to be completed by end of June
- ISD now collecting approximate numbers for DAISy training and selection of pilot areas has commenced. ADPs please contact Scottish Government
(Elizabeth.Butters@gov.scot) to discuss DAISy training and nomination for pilot commencing in October 2017.

The DAISy Communication Strategy is outlined below:

**Governance**

<table>
<thead>
<tr>
<th>Meeting</th>
<th>Accountable to</th>
<th>Dates of meetings</th>
<th>Remit/Role</th>
</tr>
</thead>
</table>
| DAISy Implementation Meeting (IM)             | • DAISy Project Team            | 23rd June 8th August 26th October 8th December 18th January 1st March | The DAISy Implementation meeting has superseded the DADA meeting. A range of relevant and appropriate discussions will take place based on the stage of the project and/or local challenges that may arise for ADPs. Opportunity for ADPs to engage in national discussions with other ADPs in relation to DAISy implementation. Emergent national themes will be tabled and discussed. DAISy Implementation actions, queries or questions are escalated to the Project Team and Executive Team if necessary.  
(Agreed standing items can be placed in Appendix) |
<p>| DAISy Project Team Meeting (PTM)              | • DAISy Project Executive       | 17th May 2nd June 21st June 19th July 4th August 16th August 1st September 20th September 6th October 18th October 3rd November 15th November 1st December 15th December 12th January 24th January | The technical and operations aspects of DAISy development and implementation are discussed at the Project Team. The national project and activity specific project plans are discussed in relation to timescales and milestones. Project Team actions, queries or questions are escalated to the Project Executive Team. Meeting from the DAISy Implementation meeting and Executive meeting if necessary. |</p>
<table>
<thead>
<tr>
<th>DAISy Project Executive Meeting</th>
<th>Depute Director, Health Improvement Division, Scottish Government</th>
<th>15th May 7th July 19th September 30th October 11th December 22nd January 5th March</th>
<th>National milestones on development and implementation of DAISy. Escalation to Health Improvement Divisions Scottish Government.</th>
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<tbody>
<tr>
<td>Partnership in Action for Drugs in Scotland (PADS) Quality and Consistency Group</td>
<td>PADS Executive Group</td>
<td>Scheduled throughout 2017/2018</td>
<td>DAISy Implementation is included in PADS QCG action plan for 2017/18. ISD sit on the QCG. DAISy updates given. Quality and Consistency Group responsible for linking DAISy development and progress into other PADS Subgroups.</td>
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Regular Communications

<table>
<thead>
<tr>
<th>Approach</th>
<th>Responsibility</th>
<th>Publication Dates</th>
<th>Remit/Role</th>
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<tbody>
<tr>
<td>Quarterly Communication – Drug and Alcohol Bulletin</td>
<td>• Scottish Government National Support • DAISy Project Team</td>
<td>5th June 25th September 11th December</td>
<td>DAISy specific update will be included in every bulletin. Detailing on-going progress in relation to DAISy milestone and Recovery Outcome (RO) implementation. DAISy awareness sessions and learning and development will be highlighted when appropriate and timely. Links will be made available to any DAISy presentations and other relevant information. Any request for articles to be included in the D and A Bulletin should be sent to <a href="mailto:Elizabeth.Butters@gov.scot">Elizabeth.Butters@gov.scot</a></td>
</tr>
<tr>
<td>ISD Website (DAISy Section)</td>
<td>DAISy Project Team</td>
<td>On-going</td>
<td>All DAISy and Recovery Outcomes tool related information will be available at DAISy section of ISD website. This will include presentations on local briefings, project milestone and any appropriate technical updates/documents.</td>
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</table>

Learning and Development
<table>
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<th>Responsibility</th>
<th>Accountable to</th>
<th>Delivery</th>
<th>Aim</th>
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<tr>
<td>On-line learning tool (Recovery Outcomes)</td>
<td>DAISy Project Team</td>
<td>DAISy Project</td>
<td>June 17</td>
<td>On line learning tool support the continuing implementation of RO tool in line with DAISy Implementation</td>
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<tr>
<td></td>
<td>SDF</td>
<td>Executive</td>
<td></td>
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<tr>
<td>DAISy on-line awareness tool</td>
<td>DAISy Project Team</td>
<td>DAISy Project</td>
<td>Oct 17</td>
<td>On-line awareness tool to support the delivery and implementation of DAISy</td>
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<td></td>
<td>SDF</td>
<td>Executive</td>
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**DAISy High level Project Milestones are outlined below:**

- **IT development**
  - 1st Nov 2016
  - 27th Oct 2017

- **Training on system**
  - 30th Oct 2017
  - 30th Mar 2018

- **Pilot Implementation**
  - 8th Jan 2018
  - 30th Mar 2018
Notes:

1) IT development will take approximately one year and will be project managed using agile methodology with different modules of DAISy being developed and tested throughout the year.

2) ISD are keen to involve ADPs/Services in user acceptance testing during the development phase. Volunteers are being sought via the DAISy Implementation meetings and timelines discussed so that resources can be identified at key points during the development.

3) ISD are keen to carry out a pilot implementation with potentially two sites (one using web entry and another using file upload). This is key in ensuring that the system is fit for purpose.

4) Training will begin once the development of the system has been finalised. The training period will coincide with the pilot implementation.

5) The “Go Live” date allows the project to incorporate a pilot implementation and focus on ensuring that training is rolled out across all the areas. It also allows for a full financial year of data to be reported via DAISy for 2018/19.
And I will walk 500 miles and I will walk 500 more’

How many of us sang that at the top of our voices at last years’ Recovery Walk? Well, this year two of us will be raising funds during July to pay for an amazing recovery walk Scotland in Dundee on 30th September. We will raise the money by walking 500 miles round Scotland. And for good measure we will be making recovery from addiction and family recovery really visible all over Scotland.

When my sister called the day after last years’ recovery walk in Falkirk and said, “I had a dream”, I was all-agog. “I had a dream,” she said, “of walking the length and breadth of Scotland raising funds for Recovery Walk Scotland.” My response was immediate and visceral. “And I want to go with you”, the reply was out of mouth before I knew it and my whole body was doing a wee jiggly dance for joy.

So I will walk 500 miles and my sister Karen will walk 500 more this July as part of the Recovery Walk Scotland 2017 fundraising efforts. We have a great team behind us; Russ, Mo, Lynn and Frances who will be moving equipment and keeping us resourced, along with our filmmaker Robyn, who will be recording it. The route is planned and the training is long underway.

Our goal is to make a sizeable dent in the money it costs to deliver the Recovery Walk Scotland events. The money will be used for buying the hundreds of roses we will float on the River Tay in memory of our loved ones lost to addictions. It will be used to hire the staging, sound systems, fences, toilets and marquees we use on the
festival site. 100% of the money raised through this Walk 500 Miles fundraising effort goes direct to the Recovery Walk Scotland fund.

We will leave Glasgow on 30th June and arrive 500 miles later on foot in Edinburgh on 28th July. We plan to make recovery from addiction and family recovery more visible on the way. In our team Hi Viz vests we will be talking to anyone and everyone on the way about recovery from addiction and family recovery. It’s a bold and ambitious plan – to do the West Highland Way, the Great Caledonian Canal and then down the Coastal Path from Inverness to Edinburgh all in a single walking trip. We will be walking 20 miles or more a day 6 days a week for a month. We definitely need your help to make it a rollicking success.

We can do the walking – will you join us in sponsorship?

If you would like a sponsorship or a business donation form:

Please call us on 0141 552 1355
Or email heather@scottishrecoveryconsortium.org

Recovery walk Scotland 2017 is taking place in the city of Dundee on Saturday 30th September. The theme for this year’s recovery walk is “Love Makes You Family”. There will be three events during day which starts with “Roses in the River Tay”- where we remember our loved one lost to addictions. The event continues with the Recovery Walk Scotland 2017 procession through Dundee City Centre. The day finishes in Magdalen Park with the Recovery Village and Festival. Families, friends people in recovery, supporters and organisations are all equally welcome to take part in this largest recovery from addiction gathering in Scotland. There is not a single recovery outcome that won’t be positively impacted by taking part. So get organising!

During June and July we will be hosting public RWS 2017 mobilisation and recovery awareness events in Scotland’s under the banner 7 cities- funding the courage to change. Please look out for these events to which you will be warmly welcomed.

Many ADP areas have already begun their RWS 2017 mobilisation by planning the transport and making the connections to ensure a great visible turnout from their area. More than 2,000 people took part in last year’s walk in Falkirk – so to get you inspired for 2017 -take a look at the RWS 2016 film on the bottom of our home page:

www.scottishrecoveryconsortium.org

Recovery Walk Scotland now has a national council of stakeholders who raise the finance and organise the walk events. A RWS 2017 local host group has also been formed in Dundee and is now called ‘Recovery Dundee’, it is made of local people
in recovery, family members, local councillors, and other recovery supporters. Both groups are working hard to make the best RWS day yet and to make sure there is a good Dundee welcome to visitors.

Photo from 2016 Recovery Walk in Falkirk
Scotland must do more to turn tide of alcohol harm

Health campaigners warn the next phase of Scotland’s alcohol strategy must contain bold action to reduce the availability and marketing of alcohol.

A report published on 12th April by Alcohol Focus Scotland, BMA Scotland, SHAAP and Scottish Families Affected by Alcohol & Drugs contains a comprehensive set of policies aimed at curbing Scotland’s alcohol problem and addressing the associated health inequalities.

The report precedes the publication this summer of the Scottish Government’s ‘refresh’ of its 2009 strategy, Changing Scotland’s Relationship with Alcohol: A Framework for Action.

Scotland continues to have the highest level of alcohol consumption and harm in the UK. One million Scots drink above the recommended guidelines, and 22 Scots die because of alcohol every single week – twice the rate of the 1980s. The Scottish Government has cut direct funding for alcohol and drug prevention, treatment and support services by 22%, leaving the NHS to plug the gap.

The report’s recommendations include:

- Implementing a 50p minimum unit price as soon as possible
- Developing a strategic approach to reducing the availability of alcohol, and improving existing licensing regulation
- Reducing exposure of children to alcohol advertising and sponsorship
- Clearer information for consumers about the health risks associated with drinking
- More investment in alcohol prevention, treatment and support services

Alison Douglas, Chief Executive of Alcohol Focus Scotland said:

“Scotland is awash with alcohol. Widespread availability, low prices and heavy marketing are having a devastating effect, not only on drinkers but on their children and families too. Minimum unit pricing will hopefully be introduced next year, but further action is required to turn off the tap of alcohol harm, rather than simply treating the symptoms. This report provides a blueprint which, if implemented, will improve the lives of millions of Scots, make our communities better and safer places to live, and reduce demand on our over-burdened public services.”
Dr Peter Bennie, Chair of BMA Scotland said:

“As doctors we see first-hand the damage that alcohol misuse does to patients and their families. Amongst other conditions it can directly lead to liver disease, damage mental health and significantly increase a person’s risk of developing cancer. At a time when NHS resources are stretched like never before, we simply cannot afford to continue the cycle that sees major pressures unnecessarily put upon the health service as a result of alcohol.

“It is essential that as a society we redouble our efforts to tackle Scotland’s damaging relationship with alcohol. The proposals we are jointly publishing today will be the yardstick against which the Scottish Government’s willingness to go further will be measured and show how we can build upon the work that has already been done to reduce the harms that are caused by alcohol misuse in Scotland.”

Eric Carlin, Director of Scottish Health Action on Alcohol Problems (SHAAP) said:

“The 2009 Alcohol Strategy bravely championed actions on price, availability and marketing as ‘best buys’, recognised by the World Health Organization to reduce the unnecessary suffering and deaths caused in Scotland because of an alcohol market that has been balanced in favour of companies’ profits, rather than protecting Scots’ health. There is no room for complacency when our alcohol harm statistics remain appalling. The health community is urging the Scottish Government to re-commit its efforts and resources over the longer term to support evidence-based policies that will save Scottish lives, even where the vested interests of multi-national companies range themselves, with no sense of shame, in opposition to this.”

John Holleran, Development Officer, Scottish Families Affected by Alcohol & Drugs said:

“This report presents a prime opportunity for the Scottish Government and other stakeholders to develop renewed actions to counter the alcohol-related harms still experienced by many families and communities across Scotland. It provides welcome recognition of the vital role that families play; in helping individuals towards treatment and sustainable recovery, as a force for positive change at a time when alcohol availability and marketing is so prominent within our society.”
Scotland’s alcohol strategy: what next?

With the next phase of the Scottish Government’s alcohol strategy due to be published imminently, Alcohol Focus Scotland, BMA Scotland, SHAAP and Scottish Families Affected by Alcohol and Drugs have collaborated on a joint report (pdf) which contains a comprehensive set of recommendations to curb Scotland’s alcohol problem and reduce associated health inequalities.

Key recommendations include:

- Implementing a 50p minimum unit price as soon as possible
- Developing a strategic approach to reducing the availability of alcohol, and improving existing licensing regulation
- Reducing children’s exposure to alcohol advertising and sponsorship
- Protecting every child’s right to an alcohol-free childhood
- Clearer information for consumers about the health risks associated with drinking
- More investment in alcohol prevention, treatment and support services

Some good progress has been made since Changing Scotland’s Relationship with Alcohol: A Framework for Action was published in 2009. Scotland has banned irresponsible off-sales promotions which encouraged people to ‘bulk buy’ alcohol; lowered the drink drive limit to make our roads safer; and health professionals have delivered over 500,000 brief interventions to at-risk drinkers.

These positive steps have had some impact, but Scotland still has the highest level of consumption and harm in the UK. Alcohol-related deaths have risen again with 1,150 Scots dying in 2015, and the downward trend in sales has now stalled. One million Scots are drinking above the recommended guidelines of 14 units per week.

Alison Douglas, Chief Executive of Alcohol Focus Scotland said:

“Scotland has rightly been praised by the international public health community for introducing minimum unit pricing, which will hopefully be in place early next year.

“In the meantime, the Scottish Government needs to provide clear direction on controlling the availability of alcohol, with policy solutions that respond to changes in how and where we drink. Local licensing boards would then have a clearer framework for making decisions that contribute to national outcomes whilst also responding to local needs.
“We also hope to see bold action in response to our recent report on alcohol marketing given the groundswell of support for effective alcohol marketing restrictions to protect Scottish children.”

Scottish Families Affected by Alcohol and Drugs are raising funds and awareness for families affected by a loved one’s substance misuse by recruiting a team of walkers for the iconic Kiltwalk.

The Kiltwalk takes place nationally in Glasgow, Aberdeen, Dundee and Edinburgh; at each location, walkers have the chance to walk 6, 15 or 23 miles. Thousands take part in each event raising money for causes close to their heart and for the first time in 2017 Scottish Families Affected by Alcohol and Drugs are one of the charities represented on the day.

Glasgow’s event took place on the 30 April with a massive team of 34 walking for Scottish Families. These were family members, friends, staff and supporters of Scottish Families. Collectively the team rose over £4000.

Chair of Scottish Families Board of Trustees, Isabel McNab, cheered on the walkers as they crossed the finish line. She said; "This event shows what Scottish Families are made of - commitment, great spirit and no shortage of energy. I would like to say a special thank you to all who took part for your efforts and to those who helped make the event possible.”

Fundraising Manager, Sarah Nottingham, completed the 23-mile route. She said; "This was my first time taking part in the Kiltwalk and it is an experience I will never forget. Walking 23 miles is no easy feat, but I’m glad I faced the challenge. The atmosphere is amazing and the Kiltwalk team do a fantastic job to make sure everyone has a good day from sweet treats to water, to lots of volunteers to cheer you on! And helping contribute to raising such a great total makes the effort and a few blisters well worth it!"

The Kiltwalk has upcoming events in Aberdeen, Dundee and Edinburgh and Scottish Families aim to have walkers taking part in each event for #TeamSFAD. To find out more about taking part in these events please contact sarah@sfad.org.uk
Aberdeen City ADP wish to promote a postgraduate module in addictions delivered by Robert Gordon University Aberdeen. The aim of the course is to facilitate students to critically evaluate practice and innovative collaborative approaches to the care, treatment and support of people with addictions or substance misuse issues, their families and/or carers.

**SCHOOL OF NURSING & MIDWIFERY**
Addiction and Substance Misuse in a Range of Contexts
30 credits at SCQF Level 11 (Master’s) (Module Number NUM066)

**PRE-REQUISITES**
This module is suitable for registered nurses, midwives, health and social care professionals and other individuals who work with communities or with people with addiction and substance misuse issues, their families and/or carers. Normally, applicants are expected to be able to demonstrate degree level study; however, if this is not the case, interested individuals are encouraged to make contact and discuss their circumstances.

**Start Date:** 26th September 2017
**Nominated Contact Days:** 2nd October and 6th November 2017

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@RGUNursing

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Robert Gordon University Aberdeen
AIM OF MODULE
To provide a stimulating learning opportunity for individuals in the field of addiction and substance misuse who wish to advance their knowledge and skills and enhance the effectiveness of their work. The module will facilitate students from different backgrounds to explore differing perspectives and approaches within the field and to critically evaluate practices in their own area. Within their own context students will be challenged to demonstrate innovation in collaborative approaches to the care, treatment and/or support of people with addictions or substance misuse issues, their families and/or carers.

MODULE CONTENT
Students will study:
• Contemporary perspectives, policy, legislation and care, support and treatment models relating to addiction and substance misuse.
• Cultures and practices that impact on the experiences and outcomes of people with addiction or substance misuse issues and their families and/or carers.
• The evidence-base and applicability of a range of assessment methods and interventions.
• The efficacy of strategies for addressing professional, ethical and legal challenges.
• Innovative inter-professional or interagency approaches and application to practice.

MODE OF DELIVERY
The module is delivered using a blend of face to face (2 single study days) and online methods (including online chat, virtual classroom and discussion forums). Students will engage with directed and self-directed learning activities supported by the module team.

MODE OF ASSESSMENT
The mode of assessment is a written assignment that will demonstrate achievement of the module learning outcomes.

KEY DETAILS

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<tr>
<th>STUDY OPTIONS</th>
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<td>Contact <a href="mailto:nursingcpd@rgu.ac.uk">nursingcpd@rgu.ac.uk</a> for this information</td>
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<td>FUNDING</td>
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<td>COMPLETION</td>
<td>On successful completion, credits can be used within; the Professional Studies Framework to gain academic award: <a href="http://www.rgu.ac.uk/professionalstudiesframework">http://www.rgu.ac.uk/professionalstudiesframework</a> or MSc Advancing Nursing Practice <a href="http://www.rgu.ac.uk/cpd">http://www.rgu.ac.uk/cpd</a></td>
</tr>
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FOR MORE INFORMATION CONTACT
nursingcpd@rgu.ac.uk
Motivational Interviewing is a collaborative conversation style for strengthening a person’s own motivation and commitment to change”
Rollnick 2013

To reflect the growing evidence, highlighted by NHS Education Scotland (NES), which indicates the benefit of addiction workers adopting an approach, consistent with the spirit of Motivational Interviewing (MI), the NHS Specialist Drug and Alcohol Service (NHSDAS) in Dumfries and Galloway committed to developing its MI capacity within its own and other local services.

To achieve developing the service MI capacity, a staff member undertook the national MI training offered by NES, which proved beneficial to the individual practitioner as the training was skills based and as a result supported the use of MI in a clinical setting. The overarching aim from the NES training was that the individual who had completed the training would then on returning to their work areas set up and facilitate MI coach groups.

The Service supported the commencement of MI coach groups, as they provided the opportunity for a wide range of the staff groups involved with delivering interventions within the addiction field, to increase their understanding of the effectiveness and spirit of the MI approach. The outcome aim being, that people who used the Services would receive an improved service and as a result increase engagement. The coach groups have now been in operation for 5 years, running one afternoon a month within the NHS Dumfries and Galloway Specialist Drug and Alcohol Service. During this time members have come from a wide range of services including, NHSDAS, Addaction Scotland, Alcohol and Drug Support South West Scotland, Children’s Services, Mental Health Services, Health Improvement and Social Services. The coach groups have centred on skills practice, using a reflective model to analyse and critique performance in relation to applying the MI principles. In addition group members have been encouraged to tape and transcribe interactions with service users, resulting in the coach group supporting reflection and providing feedback.

Service User feedback, to the NHSDAS, has indicated that changes they have noted are
- “Staff work with me”.
- “My opinion matters”.
- “It’s a more relaxed environment”.

Five years on the service is in the positive position of having an additional member of staff who is able to facilitate a coach group, after undertaking NES training. The additional coach facilitator has allowed the service to maintain its commitment to the coach groups which continues to have a high demand.
One of the main challenges for the future includes being able to resource the coach groups; without the continued commitment from the NHSDAS, and its partner agencies, to release staff to attend, it would be challenging to maintain the two groups currently running. There is also the time commitment from the coaches themselves to consider; this includes the time to run the groups and also the time for preparation of materials used in session. Crucial to the development of Addiction services in Dumfries and Galloway, coach group facilitators support practitioners to experience that to provide a skilled service there has to be skills based practice, this is fundamental to practicing in an MI consistent way.

In 2016 the PDI in consultation with a number of key stakeholders has reviewed its criteria with the aim of continuing to meet the needs of vulnerable children and young people impacted by alcohol and other drug issues.

We are delighted to announce our new criteria which will ensure PDI remains committed to offering a trusting, flexible and supportive relationship grant-making programme with changes made to:

- The age criteria has been increased to meet the most vulnerable children and young people aged pre-birth to 26 who are affected by alcohol and/or other drug use.
- Support and endorsement will now be required from the Strategic Director within the Health and Social Care Partnership or Local Authority who has lead responsibility for children and young people impacted by alcohol and other drugs.

PDI will continue to work alongside ADP and other partners to ensure that all applications are relevant to local needs and also will be working closely to understand how any planned proposals have reflected the needs, views and experiences of children, young people and their families.

Closing dates for applications are as follows:

<table>
<thead>
<tr>
<th>Initial Stage</th>
<th>Full Stage</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>25 August 2017</td>
<td>05 October 2017</td>
<td></td>
</tr>
<tr>
<td>25 August 2017</td>
<td>15 December 2017</td>
<td>February 2018</td>
</tr>
</tbody>
</table>

For more information and to receive a copy of the revised criteria and guidance notes please contact Kelly McFadden on 0131 444 4032

We are also delighted to announce the appointment of Rowan Anderson as the new PDI Manager. Rowan has been working with the ADP in East Renfrewshire and we are looking forward to welcoming Rowan on the 19th June.
In April 2017, West Dunbartonshire Health and Social Care Partnership’s (HSCP) Addiction Service presented their findings at the Annual EASL International Liver Congress, in Amsterdam; sharing their innovative and successful approach to increasing the number of people accessing Hepatitis C therapy within community based clinics.

West Dunbartonshire has a historically poor uptake by those affected of blood borne virus/Hep C therapy. Our innovative and proactive approach means that we committed to delivering Hepatitis C therapy in the community; which has resulted in a 90% increase in uptake.

This success was acknowledged by EASL (European Association for the Study of the Liver) at their annual conference to share current research and good practice).

Previously, residents of West Dunbartonshire had to travel to hospital in Glasgow for blood borne virus treatment, which meant for patient’ a 30 miles round trip, often on public transport. As such, only around 10% of these appointments were attended. There were key issues of access; the difficulty in travelling to Glasgow and the reliance on public transport represented significant barriers for people accessing treatment; particularly relevant for a patient group with concurrent medical, social and psychological pressures (including addiction issues, mental health and social deprivation).

In order to address these barriers, the HSCP developed local access to assessment and treatment to residents living with Hepatitis C; this meant that our Addiction Services specialist nurses were trained in Hepatitis management and therapies.

The result was a shift from 10% to over 70% attendance, which has significantly improved therapeutic outcomes for patients. Staff have embraced the new, flexible service delivery methods, and are able to see the benefits of local approaches in ensuring hard to reach clients are able to access effective anti-viral therapy.

By working within the local community, our partners including GPs, Working4U, and the wider housing sector have been able to more actively engage in supporting people.

Due to these changes and the more effective use of local resources, the specialist addiction nurses are well-placed to provide or arrange support urgently if required. This integrated approach to providing the right support at the right time and place has seen high treatment uptake and completion rates with excellent therapeutic outcomes.
At the International Liver Congress Jacquelyn McGinley, Harm Reduction and Blood Borne Viruses Nurse Specialist presented the results and the impact of community nurse-led services on our ability to provide consistently high-quality, effective HCV care and treatment, leading to demonstrably significantly improved outcomes for people living with Hepatitis C in our communities.

A poster of the success of this work has also been accepted for the NHS Scotland Poster Exhibition at Glasgow SECC on 20th and 21st June 2017 (please see page 19 for copy of poster).

Article Authors:
Julie Lusk HSCP Head of Mental Health, Addictions and Learning Disability Services
Soumen Sengupta HSCP Head of Strategy, Planning and Health Improvement
Jacquelyn McGinley HSCP Harm Reduction and Blood Bourne Virus Specialist Nurse, HSCP Addiction Services.
Hepatitis C therapy delivered within and by a community addiction service

Real-life data shows SVR rates >90%

**BACKGROUND**

In an effort to improve the numbers of patients accessing Hepatitis C therapy an outreach service was established within Addiction and Primary Care clinics in West Dunbartonshire. Prior to this development, patients were required to make an approximately 40km round trip to a teaching hospital to access care. Addiction specialist nurses were trained by the hospital teams in hepatitis C management and therapies. A consultant from the hospital saw the patients on one occasion in the community setting following a nurse-led evaluation. Therapy was delivered and monitored locally including interferon-based treatments and Direct Acting Antivirals (DAA).

**OBJECTIVES**

We are evaluating patient outcomes from 2012-2016 in order to assess the impact of this model of service delivery on patient engagement in care and the uptake and outcome of treatment.

**MATERIALS & METHODS**

A retrospective review was undertaken of all patients referred to the service, N=231. Data were extracted from a clinical database and electronic patient records. Variables include patient demographics, genotype, fibrosis score, therapy initiation, completion and response. Optimal outcome of treatment was defined as sustained virologic response (SVR).

**RESULTS**

<table>
<thead>
<tr>
<th>Regimen</th>
<th>On treatment</th>
<th>Relapsed</th>
<th>SVR</th>
<th>Total</th>
<th>%SVR*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pegylated interferon, ribavirin</td>
<td>3</td>
<td>1</td>
<td>2</td>
<td>15%</td>
<td></td>
</tr>
<tr>
<td>Pegylated interferon, ribavirin, boceprevir</td>
<td>2</td>
<td>2</td>
<td>1</td>
<td>10%</td>
<td></td>
</tr>
<tr>
<td>Pegylated interferon, ribavirin, sofosbuvir</td>
<td>5</td>
<td>1</td>
<td>4</td>
<td>16%</td>
<td></td>
</tr>
<tr>
<td>Pegylated interferon, ribavirin, sofosbuvir, simeprevir</td>
<td>2</td>
<td>0</td>
<td>2</td>
<td>10%</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>14</td>
<td>4</td>
<td>10</td>
<td>71%</td>
<td></td>
</tr>
</tbody>
</table>

* Including those in treatment or awaiting results, n/a = not applicable

231 patients were referred to the service between Nov 2012 and July 2016.
Median (IQR) age at referral was 49 (43-56) years. 70% (162) were male and 90% (209) were Caucasian.
50% (116) were referred by General Practitioners and 23% (54) from community addiction services.
77% (176) attended and had a full initial assessment. Among those who attended (N=176), 48% (86) had GT1 infection and 38% (68) GT1.
None were found to be co-infected with HIV or hepatitis B.
27% (46) had F3 fibrosis or higher on FibroScan.

56% (105) initiated HCV treatment. The median (IQR) time from referral to treatment initiation was 32 (20, 58) weeks.
The prescribed regimens and patient outcomes are provided in Table 1.
Among patients who had stopped treatment (N=85), 91% (77) completed the course as prescribed.
Excluding those currently on treatment or awaiting outcome results, 93% (117) achieved a SVR.
Relapse has occurred in 2 cases to date. Outcome data on 29 patients are awaited.

Nurse-led services in community settings can provide high-quality, effective HCV care and treatment. Addiction services and primary care clinics are both acceptable and accessible to patients, as evidenced by the high proportion of patients engaging in care.
We speculate that effective working relationships between the HCV/Addiction nursing staff and other care providers allows better assessment of patients and their ability to complete HCV care.
Addiction nurses are also well-placed to provide or a range of support urgently if required.

**CONCLUSIONS**

Treatment uptake and completion rates were high.
Therapeutic outcomes were excellent, even among patients receiving interferon-containing regimens.
This suggests that, in the era of DAA, community based delivery of care can increase engagement in care, treatment completion and optimal outcomes for all HCV infected patients—especially those who live far from hospital-based clinics.

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The Living Well Hub is a holistic community outreach service which opened in October 2016 and runs between 10am and 2pm on the first Thursday of each month within Whitburn Community Centre.

The Hub is aimed at young parents and families with young children and is a partnership between a number of agencies - Social Work Addictions Team (SWAT), Children 1st (Coz), West Lothian Drug and Alcohol Service (WLDAS), West Lothian Advice Shop, and NHS Lothian. The Hub operates within the established “Living Well Community Café” which is held every Thursday and is run by local volunteers and offers tea, coffee and snacks at affordable prices. The majority of the volunteers who operate the community café are in recovery from drug and alcohol use. As Whitburn Community Centre contains a number of affordable facilities including a gym and soft play area it is hoped that families using the Hub will access them.

The main aim of agencies working in partnership within the Hub is to improve the outcomes for families affected by health and social issues by addressing matters such as housing and financial hardship as well as drug and alcohol use and support with the following is available within the Hub.

**Social Work Addictions Team:**
An addiction worker can offer information on alcohol and substance use with advice and support on harm reduction, relapse prevention and referral onto addiction services for individual support and/or group programmes. The aim is to enable parents to take positive steps to recover from problematic alcohol and/or drug use.

**Children 1st (Coz):**
A family support worker is available to offer advice and support for young parents and young women during pregnancy and following birth. The aim is to give parents confidence to build a relationship, play and have fun with their children. A crèche worker is also available for younger children with entry into the soft play for older children.

**WLDAS:**
A worker offers support and advice on smoking cessation. The aim is to encourage parents to stop smoking or to reduce the harm to children by not exposing them to second hand smoke.

**The Advice Shop:**
An information Advice officer offers support and advice on benefits, money management, debt, housing, energy information with details of the best tariffs and switching suppliers and assistance with DWP appeals. The aim is to reduce poverty within West Lothian.
NHS:
A nurse offers both general and sexual health advice including contraception. For parents there is guidance on child immunisation as well as baby weight and height checks. The aim is to improve parental and child health.

Both the Hub and café continue to develop as from June 2017 peer facilitators will be available with information on SMART recovery groups. The Café has hosted service user forum group meetings including the graduation of the SMART Recovery Peer Mentors and in 2016 volunteers and staff from the Café provided refreshments for two family events within the Whitburn area a “Pirate Day” and “Christmas Cracker”.

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Forth Valley ADP - Developing the Community Pharmacy Workforce to support Recovery

Forth Valley Alcohol & Drug Partnership has been working in collaboration with Scottish Drugs Forum to develop a training programme tailored for community pharmacy. The aim is to support pharmacy teams to deliver a patient focussed model of pharmaceutical care for every patient prescribed opiate replacement therapy. Three protected learning sessions were designed to explore recovery oriented systems of care (ROSC) and the impact of parental substance misuse on children. Three ROSC events have been delivered to a wide range of pharmacists and support staff over the past 2 years with positive feedback. In particular 100% reported recognising the impact of attitudes and stigma on patient care.

To further support holistic pharmaceutical care and recognising the key role that the community pharmacy workforce can play in protecting children a follow up programme has been developed. To date two events entitled safeguarding children and families affected by parental substance misuse have been well received. The aim is to equip pharmacy teams with the knowledge and skills to recognise child protection concerns at an early stage and follow the appropriate procedures to alert services to suspected neglect or harm to a child.

The work was showcased at NHS Education Conference in Edinburgh on 5th May 2017 when their poster won second prize (see attached).
Developing Mutual Aid: Inside and Out in Highland

HADP Development Manager Sharon Holloway has been working in partnership with HMP Inverness and UK SMART (UKSR) to bring the recovery community in to the prison. Joint training has been delivered to community and prisoner peer facilitators in order to extend mutual aid and improve Throughcare support for recovery. A key outcome is that when folk are liberated, they are already connected to recovery groups and peer support in the community to increase the chances of sustaining recovery.

Building a robust network of mutual aid and peer support for individuals and their families is a priority for HADP. A strong network will provide a level of aftercare, particularly in remote and rural areas that services are unable to deliver within current resources.

Two joint training sessions have been delivered to 37 men and women (22 community and 15 prison peer facilitators) by Trish Allan, National Co-ordinator (UKSR) who was joined for the second session by Frank Brodde, on secondment from SMART Recovery, Denmark.

Since the training prison peer facilitators have co-facilitated the SMART programme within HMP Inverness and there are now groups led by peer facilitators in Caithness, Lochaber and Inverness.

The integrated approach is a first not only for the UK but for SMART who also operate in the USA, Canada and Australia.

Evaluation comments included;

“Learnt about new ways of finding positives in my life, also learnt new skills to use.”

“Good training – made better being inside the prison – SPS went out of their way to make it work”

For more information contact:

Sharon Holloway
Development Manager
Highland Alcohol and Drugs Partnership
Tel: 01463 704603
Email: sharon.holloway1@nhs.net
**Aberdeen City ADP – Alcohol Brief Interventions - Train the Trainers Package**

Aberdeen City ADP are happy to share some information around Alcohol Brief Interventions, particularly in terms of our development of a local ‘Training for Trainers’ (T4T) package, led by Aberdeen City ADP and being supported by Aberdeenshire and Moray ADPs. Following on from our initial discussions with Health Scotland we are in the process of developing this package further from the initial pilot held in June 2016, and are keen to build local training capacity in both priority (HEAT4) and wider settings.

The background information to this and the associated resources are available at:


Anyone wishing to find out more about the programme and where we are currently, could get in touch with either Fraser Hoggan fraser.hoggan@nhs.net or Heather Wilson heather.wilson2@nhs.net

**North Ayrshire ADP – Recovery at Work – Funky Films Project**

A collaboration between North Ayrshire ADP and Recovery at Work commenced in summer 2016 called Funky Films. Working alongside a local young film-maker, a 10 week film making course took place on the subject of addiction and recovery. The end result consisted of two short films being created in order to raise awareness. The group developed new skills where they learned a range of aspects and roles involved in film making such as operating camera, screen writing, shooting and editing. They fully engaged in the entire process where they were extremely enthusiastic, hardworking and eager to learn.

The films were premiered at the Harbour Arts Centre, Irvine in September, followed by showings within the Council Chambers at a full council meeting. In addition, the group were invited and presented at 5 workshops during the Alcohol Awareness week in November 2016 within Ayrshire College; GOPR training event in December; and national ADP learning network in February.

Following success of the initial project the group has been inundated with requests on a range of subjects. They recently completed their second project, Choices for Life, in partnership with Police Scotland and Young Scot, raising safety awareness of alcohol, drugs and knife crime. The short film was launched at an event on 16th March, where 80 secondary pupils engaged in workshops, and heard from people in
recovery in how choices require to be made at an early age and the possible impact addiction and offending behaviour can have on later life. A particularly powerful and thought provoking early intervention approach.

The group has now embarked on a project working alongside the Fetal Alcohol Spectrum Disorder team. They are producing a DVD to assist with the current training package, hopefully available in June 2017.

On the 10th March, Funky Films scooped the honour of winning the Provost’s Civic Pride Award for 2017, recognising the honest and brave accounts by those with lived experience, raising awareness of a challenging subject matter to a broad range of stakeholders, whilst challenging the stigma and discrimination of addiction, and demonstrating the strengths and skills of those in recovery, making a valuable contribution to North Ayrshire communities.

On 2nd May, Funky Films were able to showcase two of their films at Scottish Parliament at the invitation of local MSP Ruth Maguire. Director of Funky Films, Pauline Harkin, said “This was a real honour for us and we had a great evening. It was our chance to reduce the fear and stigma around recovery and show that, despite the labels, recovery is possible and Funky Films are a great example of what can be achieved if you recognise people’s strengths and creativity”.

Ruth Maguire said “It was my huge pleasure to welcome the cast and crew of Funky Films to the Scottish Parliament and to showcase their work on a national scale to MSPs from right across Scotland. Funky Films is a highly creative, innovative and undoubtedly successful approach to recovery. I commend the bravery, honesty and hard work of those who have come forward to share their stories to help others”.

Funky Films go to Holyrood.
"That's a wrap." - Some of the cast and crew from the Choices For Life "Up to You" film.

Funky Films work to date can be accessed on YouTube using the link below

https://www.youtube.com/channel/UCcVOJLulz90i-_twR9oQhbw?app=desktop

NHS Health Scotland – A call for action of childhood adversity

Adverse Childhood Experiences (ACEs) refer to stressful events occurring in childhood such as abuse, neglect, parental conflict, mental illness and substance abuse. Research tells us that experiencing adversity in childhood can impact our learning, behaviour and health across the life course.

Experiences of childhood adversity can have direct and indirect impacts on how we respond to stress, our resilience and our ability to form lasting relationships. Understanding the impact of ACEs and how we can prevent and respond to adversity in childhood will help us improve wellbeing and address some of the most persistent and complex inequalities in society.

Data from research carried out in the United States, England and Wales shows that for people who have experienced childhood adversity they are more likely to suffer from poorer health across the life course including mental health issues, type 2
diabetes, coronary heart disease and cancer. It has also been linked to higher use of health services and consequences for learning in school.

Neurobiological research tells us that ‘toxic stress’ associated with ACEs can affect brain development, particularly in the early years. These changes can affect the way the brain develops and our ability to cope with stress. These factors can lead to adoption of health harming behaviours and development of mental and physical illness. However there is much that can be done to prevent and respond to ACEs. NHS Health Scotland is leading work on Adverse Childhood Experiences which includes supporting a multi-disciplinary Scottish ACE Hub. This Hub aims to lead and direct action to prevent and respond to childhood adversity in Scotland. There are 3 areas of work that we are developing with partners across the public sector, the voluntary sector and Scottish Government:

- Communications and Engagement – establishing key messages and communication methods to raise understanding and awareness across our services and the public;
- Research – increasing our understanding of the links between early adversity and later social, economic and health outcomes and linking those who are undertaking research in this field to share findings;
- Practice and Strategy – capturing what current practice is taking place to prevent and mitigate the impact of ACEs and how we can share learning. This includes how services can take an ACE-informed approach to design and delivery.

As part of this work we are currently supporting a Scottish tour of the documentary ‘Resilience’ and panel discussions will follow each screening. More information can be found here. If anyone would like to find out more about this then please contact karen@connectedbaby.net

The Scottish ACE Hub hosted a national conference Edinburgh in November last year with over 200 delegates attending from across a range of sectors including health, education, police, criminal justice, social care and Scottish Government. Click here to view the presentations which were delivered by our key speakers on the day and to read the conference report which provides more detail about key messages and next steps.

If you would like to find out more or share what you are doing in this area, please contact us at nhs.Healthscotland-ChildhoodAdversity@nhs.net,