

Information for service users
and carers



About Aspire Drug and Alcohol Services

Aspire Drug and alcohol Services work with people who need information, support, help or treatment with their substance misuse or alcohol use.

How can I access the service?

You can self-refer to Aspire Drug and Alcohol Service or your family/carer, GP or any other professionals can refer you (referrals will only be added with your consent). To find out about our opening hours please ring 01302 730956, or visit our website: <http://www.aspire.community/>

What help do you want?

Someone to talk to

A member of staff will be available to talk to you. Sometimes this helps you see things more clearly. The more you understand about what options are available to you, the better your experience will be.

Basic information about drugs and alcohol

We can provide you with information about drugs and alcohol, the way it affects you and how you can cope with the emotions and feelings you experience when you stop taking them.

Help with someone else's drug and alcohol use

Having information about what is available for your family member/friend may mean you can tell them how to access treatment as and when they are ready to do so.

You too may need support and there are services we can direct you to.

Strengths based assessment

We need to know about you and the drugs/alcohol you are using so we can look at the options available to you and discuss what you wish to do. It may be that you decide treatment is not right for you at this time.

A strengths based assessment helps to gain an understanding of the exact nature of drug and alcohol problems, and any other factors or needs that are relevant for you currently, such as housing, employment or general health. This may take some time, or more than one meeting. We will work with you to identify your 'recovery capital', i.e. the resources you have available to support your recovery.

Referral to other agencies

If you decide treatment is not right for you at this time, we can help you in other ways. It may mean a referral to another agency such as housing support.

What happens next?

Allocation to a case manager or recovery worker

When you start structured treatment you will be allocated a case manager or recovery worker, who will be your main contact at the service. You will meet this person regularly to discuss your current situation, treatment and progress on your recovery plan. Together you will look at the goals you have set and decide if you have met them. You will then update them and move forward by agreeing new goals.

As part of your recovery plan, you will regularly receive different kinds of support. This could include information and advice on drugs, alcohol and harm reduction. Your case manager or key worker will also put you in contact with any services you might need, such as education and housing.

You will also be offered other treatment options such as talking therapies, acupuncture and referral to rehab if they are appropriate to your needs.

Maintaining a good relationship by keeping regular contact with your case manager or recovery worker is very important. You must let them know about any changes in your life that may affect your treatment.

When you have achieved all or most of your goals, you could be ready to leave treatment. Your case manager or recovery worker will be able to help you do this and you will agree to an aftercare plan together to help with this.

Peer mentors

You will be introduced to a peer mentor, who may provide some elements of your treatment and support you in your recovery.

Groups

We run a variety of groups, which prepare and support you during your treatment and recovery. Your case manager or recovery worker will discuss these with you.

Appointment to see a doctor if needed

If your treatment option is prescribed medication, an appointment will be made to see the doctor who will agree the best treatment for you.

Physical health check

People who use alcohol or drugs can often have poor physical health due to the impact of continued alcohol or drug use. We aim to identify your physical health needs and produce a plan to address these; this may include contacting your GP.

Specialist group and one-to-one Interventions

All our psychosocial interventions are underpinned by evidence based techniques and include:

- Cognitive Behavioural Therapy (CBT)
- Motivational Enhancement Therapy (MET)
- Motivational Interviewing (MI)
- Brief Solution Focused Therapy (BSFT)
- Behavioural Couples Therapy (BCT)
- Mindfulness.

We deliver a menu of interventions for specific issues, either one to one or in a group setting.

Where appropriate, groups support the development of a positive, productive and supportive network or mini-community. These can continue to offer support long after the intervention has been completed. We offer groups in appropriate settings within the community.

We offer targeted services for hard to reach and under-represented groups, these include:

- People who use stimulants
- People who use novel psychoactive substances
- People who use image and performance enhancing drugs
- People who are Lesbian, Bi-sexual, Gay and Transgender (LGBT).

Recovery plan

Recovery plans are very important and everyone in structured treatment should have one. You and your case manager or recovery worker will write your care plan together. It's an agreement between you and the treatment service on a plan of action. The aim is to work towards your goals by progressing in small achievable steps, building on your existing strengths. The plan sets out the goals you want to achieve during treatment and identify who is responsible for doing what and over what period of time. The plan will be short and easy to understand, and you will receive your own copy. Recovery plans will be reviewed regularly by those involved in your treatment. You will get opportunities to review your own progress with your case manager or recovery worker and request a specific review if necessary.

Medically assisted recovery

Many people require medical support in their recovery and this is supported by a range of recovery oriented options. Depending on need, this will incorporate:

- Rapid titration
- Preparation for detoxification
- Detoxification (community and inpatient)
- Relapse prevention medication
- Robust assessment and management of long term prescribing needs.

Testing/screening

As part of your treatment routine drug testing/screening or regular breathalyser readings will take place. This will be part of your planned care.

Confidentiality

What is confidentiality?

Confidentiality is the trust between you (the service user) and us (Aspire Drug and Alcohol Services). It is this trust that allows us to develop an open and honest relationship to best meet your needs.

This is a confidential service. That means we will not give out information without first discussing it with you. As a result it would be useful if you explained this to partners and friends who may call, as refusal to provide information can cause offence.

We cannot offer absolute confidentiality and it is important that you understand when information will be kept confidential, when it will be shared with other services and when confidentiality cannot be guaranteed.

Information sharing – when and why?

Information may be shared so that you can receive the best care and treatment. We only ever use or pass on information if people have a genuine need for it in your best interest. The law strictly controls the sharing of some very sensitive personal information. Anyone who receives information from us is also under a legal duty to keep it confidential.

There are a number of people who might ask us for information about you. These include: GPs, social services, the probation service, courts, employers and agencies such as housing and tenancy support. There are many positive advantages to sharing information with other agencies and services. Case managers and recovery workers are able to advocate on behalf of clients when liaising with others.

Sharing information with GPs is an important part of your treatment programme. If you access prescribed treatment we will automatically inform

your GP, as prescribed medications may conflict with what you are receiving from this service. The responsibility remains with your case manager or recovery worker to notify your GP of any changes to your treatment.

We will only share information with employers, family, friends or significant others if we have your permission to do so. You will be offered the opportunity to sign a consent form to enable staff to speak to these people. Any information we do share is on a need-to-know basis. We won't give out any more information than necessary. It is sometimes useful for families to be included in your treatment programme, as they often have fears and worries. Passing information may help to ease those fears.

When can confidentiality not be guaranteed?

There are some situations when confidentiality cannot be maintained. This will only happen if:

- Children are at risk from harm or there are concerns for their welfare
- When it is apparent that you are about to harm yourself or others
- If staff or service users attending the service feel threatened by your actions or behaviour.

It is important that you remember that these occasions are extremely rare, and that the decision to share information without your consent will not be taken lightly, or by one person alone.

In most cases these circumstances will not affect you, but it is important for you to consider these if you are using any service.

If you have any concerns or questions regarding confidentiality please do not hesitate to speak to a member of staff.

Your personal records, including medical records

A leaflet 'Your information, your rights' is available from a member of staff.

Your personal records, including medical records will be accurate and kept safe and confidential.

National Drug treatment monitoring system (NDTMS)

After 1 April 2013 Public Health England are responsible for the NTA (National Treatment Agency) and all the data held on the NDTMS system.

- The NDTMS system involves collecting information about the type of treatment you receive from a treatment agency. Sometimes you may be seen by more than one agency. Consequently, to avoid duplication of reporting, NDTMS may share a minimal amount of information about you between the agencies from which you may have received treatment.
- Your full name and address are not passed on to NDTMS or the National Treatment Agency (NTA) although some details are sent (e.g. your initials, date of birth, gender and part postcode) to minimise the risk of you being counted twice.
- In some regions, the full postcode is collected by the NDTMS but this is only for regional use. If you agree to provide your full postcode, access to the additional information is restricted. This means that your full postcode information will be available only by the regional service(s) with whom the arrangement has been agreed.
- Some information from NDTMS is sent by the NTA to the Government, so that they can monitor the progress of the national drug and alcohol strategies. However, by the time the NTA submit reports from the NDTMS to the Government it is always in the form of total numbers of people and there is nothing in the information that could be used to identify you.

- The NTA does not pass any identifiable information held on the NDTMS to the police or criminal justice agencies.
- Your information is held on the NDTMS for at least eight years.
- Data from the NDTMS is not placed on any register of addicts – no central agency exists.
- Your information is very useful for helping to plan and develop services that can best meet your needs. However, if you do not want information about you to be passed on, you have a right to say this.

If you wish to know more about the NDTMS (including why information is needed, how information is handled and/or the type of information collected and the time it is retained) please ask your case manager or recovery worker.

Important Information on driving and drugs

The Road Traffic Act requires licence holders or applicants inform the DVLA of 'any disability likely to affect safe driving'. They consider drug use to be a 'disability' in this context. The responsibility to inform the DVLA lies with the holder or the applicant, not the GP prescribing or drug service.

Once informed, the DVLA will probably make you have a short medical examination – which includes a urine screen for illicit drugs. If there is only prescribed oral methadone in the urine, they will probably issue a licence for one year. You will be called back for another medical when it needs renewing (or when you re – apply) and every year until three years after your prescription has stopped.

The DVLA are looking for stability – or rather, lack of. If you are not using illicit drugs and your GP can confirm your prescription leaves you neither sedated nor high, then you have little to fear.

Regular use of cannabis may test positive for a month from last use. If the test

is cannabis positive, the DVLA might withdraw the licence for six months. If other illicit drugs are found they might remove the licence for a year. There will be another medical on reapplication for the licence and every year for three years, once it has been returned.

If you are involved in an accident and your insurance company finds that you are on methadone, they could claim that invalidates your insurance. It is an offence to be in charge of a vehicle 'unfit to drive through drink or drugs'. This includes prescribed drugs. Take care and don't drive if you feel sedated or if you have had any alcohol.

Important information on driving and alcohol

Currently the legal alcohol limit for drivers in Great Britain is:

- 35 micrograms of alcohol per 100 millilitres of breath.
- 80milligrams of alcohol in 100 millilitres of blood.
- 107micrograms of alcohol per 100 millilitres of urine.

Unfortunately it's not as simple as saying you can have x amount to drink and you'll definitely be within the legal limit and safe to drive. The way your body processes alcohol is affected by many things such as how much you've eaten, your size and weight, how much sleep you've had and even how stressed you are. This is why it's easy to accidentally go over the legal limit.

Most importantly, any amount of alcohol affects your driving performance. If you drive after drinking, you may:

- Be less alert and careful, however slowly you drive.
- Have trouble judging your speed.
- Be slower to react to hazards and it will take you longer to stop.

So it is always best to avoid any alcohol if you are driving.

Information sourced from: <http://www.drinkaware.co.uk/facts/alcohol-and-the-law>

Family

Family and friends are key in supporting someone's recovery. Empowering and supporting this network is a powerful tool in facilitating change and sustaining recovery. Led by a qualified, registered social worker, our family work comprises a range of interventions including:

- Whole family assessment – identifying the assets and support needs across the family network.
- Community Reinforcement Approach and Family Training (CRAFT). An overall positive approach that focuses on a 'concerned significant other' and reduces drug and alcohol use expedites a loved one into treatment and at the same time improves the life of the concerned significant other.
- Social Behaviour and Network Therapy (SBNT) works collaboratively with the person and their identified network of people over eight to ten sessions to build and mobilise a positive social network support for change.
- Moving Parents and Children Together (MPACT) supports children/young people aged eight – seventeen who are experiencing the effects of parental substance misuse within the family. The programme offers a 'whole family approach', working with parents and children. The ten session programme reduces the harmful impact that parental drug and alcohol use and addiction has on family life.

Carer support

Our holistic approach recognises a key element of many people's social capital is the role of family and friends. We support this through offering an assessment designed to support the carer. Supporting carers will enhance communities and contribute to the social value delivered by the service.

Recovery – end of your journey

Recovery means different things to different people. For some it will be when you are stable on treatment, for others it may be when you have stopped all use of drugs/alcohol. Some people choose to continue to take drugs or drink alcohol in a controlled way. You will have planned the end of your treatment with your case manager or recovery worker to enable you to live the life you choose managing your substance misuse.

To maintain abstinence you may need support, which is why your case manager or recovery worker will have worked with you to increase your support networks

Many people relapse. This may be a learning opportunity and our help is still available.

Mutual aid/self help

Recovery can be learned, and others who are recovering and ex-service users can help each other recover through face-to-face or online support groups. One-to-one peer support is often available from local support groups for those not ready for group activity.

We provide support through:

- Peer mentors
- SMART (self-management and recovery training)
- Narcotics Anonymous (NA)
- Alcoholics Anonymous (AA)
- Mood master

Up to date information detailing the times of mutual aid/self-help groups and how to access these is available.

Complaints procedure

We try to make sure that your treatment is as effective as possible and if you have any concerns about the service that you have received the following procedure is available should you feel a need to use it.

- Discuss the issue with your case manager or recovery worker. If you are not happy with the response speak to a manager.
- A manager will arrange a meeting to discuss your issues.
- Alternatively you may put it in writing to the manager.

If you are unable to resolve your issue within the service:

- You can complete a 'Your Opinion Counts' form which can be found on reception. Staff will provide this for you on request.
- You can contact the patient advice and liaison service (PALS) who can help you with your complaint 0800 015 4334.
- You can complain in writing to the chief executive of the Trust at:

Rotherham Doncaster and South Humber NHS Foundation Trust
Woodfield House
Tickhill Road
Balby
Doncaster
DN4 8QN



The Alcohol & Drug Service

Rotherham Doncaster and 
South Humber
NHS Foundation Trust

Aspire drug and alcohol service is a partnership between Rotherham Doncaster and South Humber NHS Foundation Trust (RDaSH) and The Alcohol and Drug Service (ADS).