

DAT ASSOCIATION REMOTE & RURAL COMMUNITIES SUB-GROUP

Wednesday 30th June 2004, 1300

held at DAT Association offices, within ASH Scotland
8 Frederick Street, Edinburgh

Present:

Liam Wells, Forth Valley SAT [Chair]
Linda Bates, DAT Association Administrator [minutes]
Iain Guthrie, Dumfries & Galloway ADAT
Maurice Kilday, Borders DAAT
Davie McCue, Effective Interventions Unit, Scottish Executive
Ian Smillie, Perth & Kinross DAAT
Hilary Smith, West Lothian DAAT
Anni Stonebridge, Aberdeenshire ADAT
Justine Walker, DAT Association National Officer

Guests:

Clare Duffy, ISD [present for items 7 & 8 only]
Graham Lockhart, ISD [present for items 7 & 8 only]
Stacey Sale, intern for Christine Grahame MSP, Scottish Parliament [present for items 7 & 8 only]

Apologies:

Angus Mackay; Brian Gardner; Catriona Oxley; Donna Reid; Elaine Fetherston; Grahame Cronkshaw; Hannah Muldoon; Hazell Morrell; Iain Turnbull; Liz Coates; Margaret Birrell; Maureen Woods; Nicole Sturla; Pat Greenhaugh; Patricia Russell; Rita Keyte; Ruth Shepherd; Stevie Lydon; Suzy Calder

1. Welcome and Apologies

Liam welcomed all to the meeting; apologies were as listed above.

2. Minutes of Previous Meeting [26 April 2004]

Under item 5 [AOB, pages 2-3], Hannah Muldoon of East Lothian DAT had advised that *Drug Officers Group* should read *DAT Officers Group*, and that this group has been in existence for some considerable time, not recently set up [as minuted]. With these amendments, the minutes were accepted as accurate.

Matters Arising

Regarding video conferencing [item 5, AOB, page 3], Hannah Muldoon had advised that video conferencing was available in Haddington for use via East Lothian DAT [although she was not sure of the capacity]; Lanarkshire DAT have also advised that video conferencing is available locally [again, exact numbers are unknown]. Justine advised that the issue of video conferencing had been looked into by the DAT Association, and it appears that the maximum number of external video links is available at the Scottish Executive would only be two or three [the DAT Association does not have its own facilities]; she also advised that it was quite expensive to hire. Other DATs were again requested to advise of video conferencing availability in their own areas.

Regarding posting minutes of meetings on the Association's website [item 5, AOB, page 3], Linda advised the group that recent Association minutes, agendas and updated contact lists had been posted on the website via ISD, and that this would continue to be done for future documents.

3. Internet and Video Treatment / Support Initiatives

Anni Stonebridge of Aberdeenshire ADAT presented a paper giving a general overview of resources currently available on the internet, as well as specific information relating to current initiatives in Aberdeenshire [Appendix 1]. Justine stated that web initiatives are part of the DAT Association's workplan, and she is keen to take it forward as an issue nationally as part of a multi-disciplinary approach to service provision for drug misusers. It was acknowledged that internet access and usage is not available to all drug misusers [and/or their families], so should only be seen as one of several options available to clients. A general discussion was held regarding the merits of internet use [e.g. anonymity, the breadth of available information], as well as the difficulties [e.g. assessment of clients online, concerns regarding isolated or vulnerable users]. **Justine and Anni** shall discuss service delivery options with Simon Shepherd of the Federation of Drug and Alcohol Professional [e.g. target groups, service implications] and will report back to the next Remote & Rural meeting; Liam expressed an interest in any discussions that take place.

action: JW / AS

4. Identification of Information Sharing Items for Association Website

Prior to today's meeting [and attached to the Agenda], Justine had circulated a brief note requesting members to identify material which their local DAT had drawn up, and which might be useful and/or suitable for wider dissemination to the Remote and Rural community via the Association's website [items might include training programmes, strategies, protocols etc.]. A general discussion was held about the type of information that could or might be accessed via the website, including links to other sites/organisations [such as other DATs and the E.I.U.]. Justine advised the group that she and Linda are to discuss website issues with ISD over the summer; Liam requested that **members present [representing Dumfries & Galloway, West Lothian, Aberdeenshire, Perth & Kinross, Borders, and Forth Valley]** forward on relevant information to Justine or Linda **by the end of July**.

action: IG / HS / AS / IS / MK / LW

5. Local Emerging Issues and Initiatives

Maurice Kilday gave a brief update on current issues affecting Borders DAT [Appendix 2]; Liam Wells stated that he would email the Forth Valley update to Linda **by 2nd July**.

action: LW

Hilary Smith of West Lothian advised the group that a temporary TAPS [Transitional Access Prescribing Service] has been set up across each of the three Lothian areas, to enable drug users awaiting treatment to access services, and to deal with issues arising from the withdrawal of GPs from prescribing services. There is also now a common assessment group in West Lothian, which meets once a week, to assess the best service available to each client on an individual basis; this has made a huge difference to waiting times, and has helped better direct clients to the most appropriate service. Hilary also reported that a new clinic has been set up in Whitburn, and that West Lothian is endeavouring to set up other services in more rural areas; Justine asked that **Hilary** forward the DAT Association details of all locality clinics, to be put on the website.

action: HS

Iain Guthrie of Dumfries & Galloway gave a brief update on issues specific to his DAT; the area that he represents covers a large geographical area with a variety of different cultures. In terms of the community planning agenda, there are seven area committees, each of which has their own take on substance misuse issues and their own action plan; this can sometimes create a

mismatch with the Scottish Executive's policy. Justine believes that this issue is being looked at under the Strategic Review that is currently happening.

A general discussion was held about recruitment issues; the cost, use and suitability of residential detox and rehab services; and GP prescribing issues. **Ian Smillie** offered to email the Perth & Kinross draft prescribing protocol to Maurice for examination; Justine requested that the final document be forwarded to the DAT Association for publishing on the website. **action: IS**

Justine suggested that the issue of community detox facilities be looked at in the future by the Remote & Rural sub-group, as it appeared to be a common theme amongst DAT members.

6. Update on Work Plan Progress

This item was moved to the last item on the Agenda, to enable visitors to the meeting [Stacey Sale, Clare Duffy and Graham Lockhart] to make their presentations to the group.

7. Research on Treatment Provision in Rural / Remote Communities - Stacey Sale

Stacey Sale, an intern working for Christine Grahame MSP, presented her findings from research she carried out into treatment provision in rural and remote communities, specifically in the Borders area. Stacey had been asked to carry out the research as data relating to individual areas is not widely available; the resultant findings shall be given to Christine for onward dissemination. **Justine** shall contact Christine to obtain the full report. **action: JW**

For the research, Stacey met with Borders DAAT, and also interviewed representatives from seven treatment centres in the Borders region, in order to get a 'snapshot' of current issues, problems, and initiatives in that area. Based on the information obtained, the main topics were:

- **Funding** – the major theme behind problems experienced by rural drug services was the difficulty of obtaining and distributing funds. It was felt by all participants in the research that having consistency in funding [particularly medium to long-term] would enable better planning, resource allocation, staff retention, and goal-setting for each service.
- **Sessional workers** – two centres reported that the hiring of sessional workers had been a positive benefit; this allowed more patient contact time, an increase in the number of patients seen, and a reduction in waiting list times.
- **Referrals** – one programme achieved a 100% increase in the number of referrals it received, after creating a 'referral form' for patients and GPs to complete together; it was believed that as the patient was directly involved in the process, they 'bought in' to their own treatment and were more proactive in moving forward.
- **Transportation** – this continues to be a major difficulty for many clients, due to poor [or non-existent] bus and/or rail links in their region, which means that treatment centres cannot easily be accessed.
- **Poly-drug use** – the majority of centres currently do have the capability to treat poly-drug users *after* they have gone through detox, but can only refer them to a hospital or in-patient treatment centre *before* detox. This is fine when patients can easily access such services, but causes difficulty where this is not the case.

- **Needle exchange** – one service reported that since introducing a needle exchange programme three years ago, the number of needles requested had dropped by a third; clients are now either abstinent, stabilising via prescription, or injecting less. Additionally, police statistics showed that fewer discarded needles had been reported in the area. However, needle exchange programmes offered by community pharmacies were not as successful as the specialist outreach service in having needles returned to them [25%, as opposed to 98% via the specialist service]. It was felt that it would be helpful to also distribute sterile solutes, swabs, and pamphlets on hygiene practices along with needles; it is believed that clean needles alone are not sufficient to prevent infection via injection, as dirty tools and environment can negate the benefits of sterile needles.

8. Web Forum for Rural and Remote Communities – Clare Duffy & Graham Lockhart, ISD

Clare Duffy and Graham Lockhart from ISD [part of NHS National Services Scotland, who host of the DAT Association's website] had been invited to the meeting to discuss the available options for web-based information and discussion forums.

Between 2002-03 an information forum was on the website, which was initially well used but latterly tailed off; ISD have recently been looking again at the possibility of hosting such a facility. The conclusions drawn were that the best system for future use might be an electronic 'notice board', which would allow users to submit content via a template on the website; this would need to be uploaded at ISD [and so would not be 'real time'], and subscribers could be notified via email as and when new items had been posted. A variation on this service could be that subscribers receive an email with the updated information, instead of having to log on to the website to view it; recipients could choose to respond to the sender only, or to the interest group as a whole [although this would mean that subsequent discussions would not appear on the website and be archived]. Users could choose to subscribe to specific 'threads' [e.g. Remote & Rural; Drug-Related Deaths; Employability] relevant to their own interests. Such a notice board would store all content relevant to each topic group, so could be accessed to track discussions over time. Graham felt that using a 'live' forum might be more problematic, as there are significant registration process difficulties, as well as issues of security and content [malicious, unsubstantiated etc.] to consider.

Graham and Clare stated that they were willing to pilot a notice board for the Remote and Rural group; they shall email **Justine** their recent findings, who shall distribute it to sub-group members for further discussion.

action: GL / CD / JW

9. Update on Work Plan Progress

Liam stated that he had been working on a draft Remote & Rural workplan for 2004/05 [Appendix 3], which is to reference the original Background and Work Remit for Remote Communities drawn up by Justine in March 2003. It was felt that it was desirable to remain committed to four sub-group meetings per year, to provide a focus for common issues and to give leads and deadlines for specific work.

Regarding the third point on the draft 2004/05 workplan, it was felt that the Lead to provide a focus for research on rural/remote issues ought to be the DAT sub-group, and not the EIU as stated [although the EIU would continue to be informed by and involved with the sub-group]. Furthermore, the Outcome stated should be re-worded to incorporate the sub-group's desire to contribute towards and influence wider Scottish research [including that of the EIU], in order to encourage work in given areas.

action: LW

It was felt that it would be helpful to identify topics which the sub-group have as ongoing areas of interest [e.g. the development of community detox in rural areas; internet initiatives; community engagement] which would be carried forward from meeting to meeting. Liam requested that **members** identify topics for ongoing interest, and email them to either Justine or Liam **by Friday 16th July**. **action: ALL**

10. AOB

Davie McCue reported that Anni Stonebridge and Liam Wells have agreed to sit on the EIU's working group for Remote and Rural issues.

11. Date of Next Meeting

It was agreed that the next date for the Remote & Rural sub-group meeting shall be on the same day as the larger Association meeting, in the morning of **Wednesday 29th September in Stirling**. Exact time and location of the meeting shall be advised at a later date.

Appendix 1

Internet approaches to treatment and care for substance misuse

Anni Stonebridge June 22nd 2004

Communications technology is a growth industry. Continuing developments and competition continually drive down the price of new hardware and systems. Many sectors of healthcare including mental health, cancer and diabetes are developing new approaches to both delivering treatment and helping clients to manage their own condition, which take advantage of the new technology available.

When people are faced with a healthcare crisis, one of the first places they can now turn to for information is the internet. Very little is known about internet use and health, but research suggests that people are being more proactive in researching their condition, and finding out about treatment options. One of the few empirical studies concerned people with HIV or AIDS. Reeves¹ found that people use the net to seek help, make treatment decisions, research information, make social connections, and seek alternative therapies, and for advocacy, escape, and prevention.

The British Medical Journal earlier this year published an article about how the internet affects people's experiences of cancer. The authors concluded that people with cancer

'use[d] the internet to find second opinions, seek support and experiential information from other patients, interpret symptoms, seek information about tests and treatments, help interpret consultations, identify questions for doctors, make anonymous private, and raise awareness... Patients also used it to check their doctors' advice covertly and to develop an expertise in their [condition]. This expertise, reflecting familiarity with computer technology and medical terms, enabled patients to present a new type of "social fitness".²

It is difficult to estimate how many people with substance misuse problems use the internet for support, however a range of self help resources, both cost-free and priced are now available and being used on the web.

One of the main barriers to using new technology for substance misuse, and enabling some 'blue sky' thinking, is people's perception of whether substance misusers can and will access to the internet for help and support. Often cited is the traditional stereotype of the highly chaotic, multiply deprived user who would be more likely to sell a PC than log on to it, or the poorly educated user or family member who has had little or no experience with computers and would not consider using the web for help. These caricatures, whilst obviously sometimes encountered by service providers suggest that substance misusers are a homogenous group, when in reality drug and alcohol use spans the entire breadth of human condition. I acknowledge that people who tend to arrive at services are often those who are highly chaotic and deprived, with little personal support available from families and friends, however many more people with substance misuse problems do not access services for help, and will turn, at least initially, to the resources at hand. Thirty years ago, the same attitude would prevail for phones – not everyone had access to a phone, so the drive to set up phone help lines was limited. Now users I

¹ Reeves P. How individuals coping with HIV/AIDS use the internet. *Health Educ Res* 2001;16:709-19.

² How the internet affects patients' experience of cancer: a qualitative study. 2002. Sue Ziebland, Alison Chapple, Carol Dumelow, Julie Evans, Suman Prinjha, Linda Rozmovits

meet tend to have the most up to date mobile technology you could ask for and phone lines proliferate. Younger people are also particularly technology aware and more skilled in this area.

Acknowledging that one treatment system does not fit all, several DAAT areas in the UK have chosen to invest in IT and web technology both for direct delivery of treatment (psychological interventions), and for self help, education and prevention initiatives. In the last few years I have been involved in several projects of this nature including delivering brief motivational enhancement interventions for alcohol and drugs in hospital and community settings, setting up a web community for families and carers of people misusing substances, and most recently virtual counselling. I am also aware of others which if successful, may provide useful models for providing support in the more remote and rural areas of Scotland.

Web support for substance misuse falls into five categories:

Direct provision of online self help programmes

Online support programmes run a little like distance learning, in that their success depends on the client maintaining the motivation to complete the programme with little or no contact with the programme deliverer. Such programmes tend to offer a password protected service, and may include elements of mutual support from discussion boards, q & a sessions etc. A long running example of this type of programme is www.downyourdrink.org.uk, where drinkers wishing to cut down are guided through a 6 week motivational programme, which includes validated information on alcohol and drinking issues, a drinkers diary and a weekly time commitment. Those who sign up also receive reminder/support emails both during and after completion of the programme. Another recent example of this type is www.cannabishelp.org, provided by HIT. Although aimed at the less chaotic user, this type of programme may be of benefit to those in full time education or employment, or where services are otherwise unlikely to take on lower level users as a priority, or when people have personal concerns about contacting services. These programmes are usually free at point of delivery.

Currently these programmes are totally self-driven, and there is no possibility of an assisted onward referral should problems be more serious. Future considerations for similar local projects could include assisted onward referral pathways, bridging the gap between self help and local services, or guiding people into local services.

Virtual therapy

A number of service providers, particularly in the US, have built web systems that allow direct person to person or person to group interventions, often chosen as part of a priced menu of treatment options. These tend to be marketed towards busy professionals or students, or families who have members choosing to access treatment where confidentiality is of primary concern. Many of these programmes are 12 Step and abstinence based, some have overt religious involvement. Despite them being based in the US, it is of course possible for UK clients to access these services. Interventions tend to be delivered via email or spoken contact with a counselor/therapist, supported by video clips. An example of a group work programme can be seen at www.egetgoing.com. Although this approach may give clients more confidence in accessing treatment, it has been difficult to establish live visual contact between client and counselor, recreating as far as possible the traditional therapeutic setting.

There is now a UK project setting up totally confidential web counselling services to support rural clients.

Developed from a model proven in gambling addiction, www.distancetherapy.com have built a support structure for online counselling for agencies in the substance misuse field. The system is designed to

link the counsellor and the client in a live link. The link can either be visual via webcam, or through sound or text, or in combination, should the connection at one end fail. Due to the way the system is configured, no information is stored anywhere that would be retrievable, so clients can be assured of confidentiality.

The system aims to be a simple way of linking counsellor and client both for office hours planned counselling sessions, and also in emergencies. The client is provided with a webcam and microphone, but does not need to have substantial IT skills or other equipment in order to access the service. The agency would hold, in much the same way as currently duty staff have a duty mobile, a laptop, which would operate as a communications hub. The system needs software which is downloaded onto the laptop within the agency.

Where broadband is available (most of Scotland by end 2005), direct visual communication is possible. Where the connection is slower, through a standard 56K modem, clients will be able to see and listen to the counsellor, and reply by typing, where every keystroke is transmitted to the counsellor as if spoken (unlike an email system). If the system sound is interrupted, visual contact can be maintained, and phone contact made. The developers are also anticipating future video phone technology.

Suffolk DAAT are setting up a number of PCs in GPs surgeries linked to counselling services and other support sites via this system, for those who do not have internet access.

Currently Aberdeenshire are considering becoming involved in the beta testing of DistanceTherapy's new system.

Discussion Groups

Many of the major search engines and web hosts provide free discussion groups. There are many related to addiction, covering personal problems, family problems, different treatment philosophies/regimes etc. These groups are usually driven and moderated by people with personal experience or a personal interest in the core issue. Such groups have proliferated in recent years, however there is no guarantee that the information provided is accurate or valid, therefore there is the potential for people seeking help to be misled.

Web communities

'As a society we're working harder, juggling more roles, and spending more of our free time at home... so we go online – to shop, play games, trade collectibles, argue politics, or just shoot the breeze. The Web is becoming our collective town square – more and more, people are turning to Web communities to get their personal, social and professional needs met.' Amy Jo Kim, *Community Building on the Web*.

During the last few years I have been a voluntary collaborator with WIRED. WIRED is a charitable company which aims to help individuals, families and communities tackle substance misuse and the problems it causes. It is using advances and innovation in information communication technologies, and expertise from a variety of backgrounds, to develop new resources of information, support, training, education and research. WIRED has developed a global reputation in producing websites in substance misuse, see <http://www.wiredinitiative.com>; <http://www.dailydose.net>, <http://www.drugsinsport.net>, and <http://www.substancemisuse.net>.

In partnership with WIRED, we are building the first in a series of web communities to try and provide people with a more robust support system on the web, see <http://www.drugsupport4u.com>. This

community has been targeted at families and carers of people with a substance misuse problem, and aims to facilitate communication between dispersed family members who find it very difficult in small communities to approach a support group. The community will also enable access to validated information, support, education, training and research, and will promote access to self-help groups both real world and virtual.

The site will be owned, built and hosted by WIRED, linked in to the Grampian Action Teams website www.gadat.org. Aberdeenshire Family Support Groups [FSGs] will be involved from the beginning in the development of the site through providing content (e.g. personal stories), and will be consulted on all levels of page design, content etc. It is central to the success of the site that families and carers feel that they own and are part of the community.

In discussions with FSGs in Aberdeenshire, we have defined a range of different needs, many of which could be assisted by access to the web community, but which may need some other resources locally in terms of equipment and training (extent currently being defined through ongoing meetings with FSGs). One FSG reports that more than 50% of its members use the internet already, and have been confused by the number of different sites they have found. It may be necessary to find resources locally to supply more internet enabled equipment to those who currently do not have access, and give basic training on using the web to enable as many current FSG members as possible to benefit.

Online information services

There are many different information sites on the web, produced by government agencies, DAATs, and treatment providers. These often include local contact details for treatment services, relying on the person accessing the site to follow the links and make contact.

Conclusion

In Aberdeenshire we are currently discussing investing in a substantial IT scheme to back up work going on around Joint Futures and the Single Shared Assessment. The vision of the scheme is to provide laptop technology to workers in our Integrated Substance Misuse Service to streamline information collection systems, cut down on duplication and paper records. Staff will also be able to provide access to web interventions and use specific software with their clients.

For Scotland to benefit from advances in communications technology, we now need a clear vision of what we would aim to achieve through investment. Resources will be needed throughout: in testing and evaluating new systems and software, purchasing and installing hardware and software, and training and enabling web access for general public and practitioners. Recent developments in IT may give us the opportunity to enhance how we deliver services in rural areas to some parts of the substance misusing population, and could deliver cost and time savings to service providers.

AS 29.06.04

Appendix 2

Borders DAAT update

Not much particularly significant to rural and remote folks happening down here at the moment apart from us addressing the ongoing difficulty of accessing residential services.

For some time there has been a lack of clarity regarding the use of residential care placements for detoxification and rehabilitation of drug and alcohol users. This relates to what facilities provide the best service, how useful placements are in terms of successful outcomes, how they may be accessed and decisions made for funding. Borders DAAT has commissioned an audit of residential services accessed by local service users. We hope to appoint someone in the coming weeks and have the work completed by the end of the year.

Also I received an email from Liam with Stacey Sale's request for cause and effect testimonials. I can't think of an instance where spending X pounds resulted in X improvements.

The one thing that springs to mind is our recent response to an increase in VSA (volatile substance) abuse in the region. This invariably involved 12-13 year girls using deodorants stolen from local shops. Several incidents cropped up in various Border towns over a short period of time.

We helped facilitate a co-ordinated response by making all concerned aware of the issue. We contacted schools to support staff. Liaising with school health staff via school doctor to support targeted work with individuals. The under 16s treatment service presented awareness sessions to all 1st and 2nd year pupils at school assemblies. Distribution of up-to-date leaflets etc to support awareness-raising and 1-1 input where required. Police visited shop premises and made retailers aware of what was happening and their responsibilities. We raised the profile of solvents in our parent awareness sessions which are delivered regularly across the Borders. We involved Re-solv who participated in awareness sessions to 37 local retailers. We asked the STRADA trainer to include VSA in her training sessions (this is a programme of inter-agency drug and alcohol training sessions delivered across the Borders). An honest, down-to-earth approach was taken while being careful not to be too alarmist, and also not to give out too much information inappropriately to youngsters who may not have thought about doing it yet. This response had a marked effect with a very rapid reduction in reported incidents of VSA and referrals to treatment services.

Maurice Kilday, Borders DAAT
30 June 2004

Appendix 3

Rural and Remote Communities Sub Group Work plan 2004/05

| Task | Lead | Outcome | Date due |
|--|------------------|---|-----------------|
| Establish and implement web based discussion forum to allow information sharing | ISD | Promote sharing of good practice initiatives | March 2005 |
| Raise profile of rural/remote issues nationally via representation on national forums eg. DAT Association | All DAT officers | Recognition of distinct issues within rural/remote communities as opposed to urban focus of many initiatives | ongoing |
| Provide a focus for research on rural/remote issues | EIU | Specific needs of rural/remote communities recognised leading to more effective and efficient resource allocation | End 2004 |
| Develop a framework for at least one visit to a rural/remote project in Scotland | All | Provide first hand experience for officers in working in rural/remote areas | March 2005 |
| Produce briefing paper for DAT Association colleagues and partners on the needs and issues in working with and working in rural and remote communities | LW | Increase awareness among colleagues of the specific challenges to working with and in rural/remote communities | March 2005 |