

Appendices

Appendix One: Electro Stimulation Therapy

EST was developed in the 1980's. It blends the principles of electro-acupuncture and *TENS* to formulate a safe, simple and non-invasive form of treatment. Small and painless electrical impulses are passed through the body via various acupuncture points, to stimulate the production of substances such as; endorphins, serotonin and analgesia.

Other principles of acupuncture are applied, but the skin is not pierced and needles are not used.

Different pulsed frequencies are also used to stimulate different substances, depending on the symptoms of the client.

Pioneered by 'Drug Free' in Liverpool, and used at Addaction, EST / Black Box, has proved to be an effective and popular treatment. It can reduce the severity of withdrawal by at least 50%.

EST is not just a withdrawal treatment for addictions. It is a relaxation therapy which helps symptoms and conditions according to the principles of acupuncture.

EST treatment has a cumulative effect. The frequency of EST treatments can be reduced as symptoms improve, and can be tailored to meet individual need. It is therefore a useful adjunct to traditional drug treatment and can be used as a means of engaging Service Users more frequently as a result of the cumulative effect.

The following article extract attends to the efficacy of EST:

['Opiate withdrawal and electro-stimulation. Double blind experiments.'](#)

[Ellison F, Ellison W, Daulouede JP, Daubech JF, Pautrizel B, Bourgeois M, Tignol J. Centre Carreire, Bordeaux.](#)

A rapid detoxification technique for heroin addicts is described. The technique uses an impulsional electric current developed by Limoge. The treatment is non-aggressive, very well tolerated by the addicts and leads to a good psychotherapeutic relationship with the medical staff. A successful physical detoxification is achieved in more than 80% of the cases (this figure is

based on 400 patients treated by the method). The technique was subjected to two double-blind experiments. The first experiment tested the real efficacy of the electrical stimulation. The difference between the group of subjects stimulated and the unstimulated control group had a "p-value" which was significant at the 0,5% level. This leads us to believe that the electrical stimulation has a real positive effect. The second experiment reconfirmed the efficacy of the stimulation and showed that 24 hour continuous stimulation was not sufficient to produce a lasting effect. After about 50 hours stimulation, a Naloxone test produced little or no reaction in the patients.

Additional reported benefits: There are further reported effects which Addaction considers to attract and motivate drug users into treatment systems. These are detailed in the table below:

Reported Benefit	Comment
Alleviation of Depression	E.S.T improves production of endorphins and serotonin and so makes the client 'feel better' and improves the general mood of the client.
Lethargy	Clients who are going through withdrawal can become lethargic; EST improves this by increasing the blood flow throughout the body.
Sleep	This is the major use for clients, someone going through withdrawal and experiencing a period of insomnia. With a programme of EST clients can expect a fully restored sleep pattern within 5 – 7 days.
Withdrawal	EST can reduce the severity and length of a 'rattle' by at least 50%.
Agitation	If a client is particularly agitated or chaotic, then a short treatment of EST lasting only 10 minutes can be used.
Needle Fixation / Fear	EST does not involve the use of needles. So a client with a fixation or fear of needles can still experience the benefits of acupuncture without having to conquer their fear of needles.
Return of Menstrual Cycle	The return of the menstrual cycle can signify an important milestone in rehabilitation as clients report feeling more 'normal'.
Colds and	EST is known to boost the body's immune system and so would help the body to

Flu	combat virus or infection.
Constipation / Diarrhoea	EST helps to balance the functioning of the colon whether the problem is diarrhoea or constipation.
Aggression	The specific anti-aggression point is used to counter-act feelings of aggression, anger etc. including compulsion to commit violent acts.
Phobias / Paranoia	The anti-fear point is used to combat any fears, phobias or paranoia that the client may be showing or may have disclosed.

Appendix Two: Staff training

Addaction is aware of the need to develop the substance misuse workforce and to reach NTA targets. We have two internal training schemes, a Core Competency Framework for front line workers and Leading for Results for managers, a programme which has been developed for Addaction by the Open University.

The Core Competency Framework (CCF) is designed to enable project workers to demonstrate core competencies in the DANOS units linked to their job description. The CCF has been accredited by the Open College Network to enable project workers to achieve two credits at Level Two (equivalent to NVQ Level Two), and eighteen credits at Level Three (equivalent to NVQ Level Three). Completion of the Core Competency Framework and subsequent workplace observation of the practitioners work confers accreditation to the Federation of Drug and Alcohol Professionals (FDAP).

Local Service Specific Training

Further training is provided to augment the organisational training package. The training is tailored to meet the specific needs of the service. For example a Harm Minimisation service, training would include:

- Safer Injecting
- First Aid
- Auricular Acupuncture
- Electro Stimulation Therapy (Black Box)

All managers receive leadership training delivered by the Open University, through our award winning Leading for Results programme. This takes them through a series of five workshops over three months. Participants apply taught materials to work-based situations through discussion, role play and completion of three essays. Topics include motivating teams and individuals, changing culture and setting and obtaining performance goals.

In addition, a major national service provider has offered to develop a new programme on managing and reducing violence for all Addaction staff and we are currently in detailed talks about delivery of the programme.

Individual and team training needs, in addition to Core Competence are identified through Individual Performance Development Plans (IPDP). Managers are then expected to work with other providers in their DAAT area to run joint training, or work with the other Addaction services. For example criminal justice workers train on changes in the legal system, nurses train on blood borne viruses, pharmacists train on the effects of prescribed drugs.

Appendix Three: Volunteer Training Scheme

The training programme has been designed, not only to ensure that volunteers can develop the skills and knowledge required to complete the level two qualification, but also to ensure they are fully prepared for volunteering within the substance misuse sector and that all work undertaken by volunteers meets the same clinical governance standards as the work of paid staff.

All training is underpinned by the Further Education National Teaching Occupational standards and will be reviewed to ensure that our training programme meets the new professional standards for teachers, tutors and trainers which are being launched in September this year.

The units that the volunteers complete for their qualification are

1. Drug awareness
2. Alcohol awareness
3. Work in organisation
4. Communication skills for drug and alcohol volunteers
5. Work in project
6. Personal development
7. Safer working practices for drug and alcohol volunteers

All volunteers produce a portfolio of work covering the units and assessment is by way of both written work, observations and role plays.

The training programme is outlined below and is primarily delivered by the volunteer coordinator but also utilises specialist guest speakers.

Session	Subject
1	Introduction/Induction Session
2	Health and Safety
3	Drug Awareness 1
4	Confidentiality, information sharing and recording
5	Drug Awareness 2
6	Working in the Organisation
7	Drug Awareness 3
8	Boundaries and team work
9	Alcohol Awareness 1
10	Personal Development
11	Alcohol Awareness 2
12	Local Treatment perspective
13	Dependency and the Cycle of Change
14	Harm minimisation 1 – HIV, BBVs
15	Listening and Communication Skills
16	Harm minimisation 2 – Safer injecting
17	Treatment Options/BOMIC
18	Work in Project
19	Client interventions
20	Relapse Prevention
21	Working with Young People
22	Working in Groups
23	Future Planning
24	Review/evaluation Session

In addition to the training sessions, we have found it very beneficial to offer one-to-one tutorials to provide additional support, guidance and coaching. This has been especially useful in retaining individuals who have a limited educational background, those with specific learning needs such as dyslexia, and those whose self-confidence perhaps needs a boost.

We have found that, by delivering a comprehensive training programme coupled with an accredited qualification, the motivation of volunteers is enhanced as they feel valued and paid staff can feel confident in their abilities once they have completed the training element of the scheme.

Once the training has been completed, each volunteer is paired with a named supervisor from within the treatment services. Usually these are front-line practitioners who have the knowledge and skills to be able to act in a mentor/supervisor role. Training in supervision skills is provided by the volunteer coordinator and we have found that this is a really good opportunity for staff to develop and enhance their own skills, especially for those who may want to move into a team leader role.

Appendix Four: Policy

1.4 Confidentiality and information-sharing policy

1.4.1 Introduction

Addaction recognises the importance of confidentiality to service users. It is essential to the effective running of the whole service. A **'service user'** is anyone who approaches the service for help, advice and information, along with those engaged in any of Addaction's partnership or satellite services. Please refer to any additional guidelines within those specific service protocols.

1.4.2 Sharing information with outside bodies

This policy does not refer to clients who are engaged with any of Addaction's partnership services. Separate guidelines apply and are detailed within specific policies for each service (please refer to **working with other agencies policy**). Clients have the right to expect discretion and sensitivity and to be aware of their rights regarding confidentiality and exceptions to it. This policy aims to provide clients, staff and other agencies with clear guidelines, which fit within the legislative framework.

This policy is based on the principle that the client's interests, wishes and rights are of fundamental importance and draws upon guidance produced by DrugScope (Advice On Confidentiality Policies For Drug And Alcohol Services). A client who uses Addaction services can be confident that:

- information given by the client will only be used for the purpose for which it was disclosed and will not be shared with anyone outside Addaction without the consent of the client, except as stated below (see 1.2.13 – limits of confidentiality, below)
- all records will be securely stored
- information received from the client will be treated as confidential to Addaction. Where Addaction wishes, or has been requested, to disclose information to a third party then the full and informed consent of the client will be requested. The client has the right to withhold consent either with regard to a specific piece of information or a specific agency. If consent is withheld, information will not be shared unless there are exceptional circumstances (see below)
- in some cases clients will provide information in the expectation that it will be shared outside Addaction. It will still be made clear to the client what information will be passed on and to whom
- clients will be asked to sign a consent form detailing with whom information can be shared and what information will be shared. This form will be reviewed and updated regularly.

1.4.3 Limits of confidentiality

Information about service users is confidential to Addaction as a whole and not to individual workers.

Addaction does not operate a policy of absolute confidentiality. The following circumstances legally override the need for confidentiality. Staff will consult their manager before breaching confidentiality in these circumstances:

- when there is concern that a user of the service is putting a third party/individual at risk (especially when that individual is a child). Note that suspected child abuse must always be viewed as sufficient reason to breach confidentiality and the decision whether or not to disclose must always be taken in the best interests of the child. “Significant harm” is determined on the basis of professional judgement, and means impairment of a child’s health or development (physical, intellectual, emotional, social or behavioural). It includes sexual abuse and forms of ill treatment that are not physical. Children’s Act 1989, S. 31 (9))
- when instructed by the courts, or in certain limited circumstances by the police acting on the authority of the courts, to reveal information
- where Addaction or an individual worker has been instructed to do so by a court by means of a witness or subpoena, or where the police ask a direct question under an order from a circuit judge about suspected terrorist offences or in tracing the proceeds of drug trafficking
- where there is a statutory obligation to disclose information, for example to the Serious Fraud Office or in relation to the Drug Trafficking Offences Act
- in prisons where there is a threat to prison security.

Examples of other circumstances in which Addaction will consider breaching confidentiality on the basis of ethical obligation rather than legal rules are (please note that this is not an exhaustive list):

- a medical emergency where information will be given to ambulance or hospital staff
- where a client’s behaviour has resulted in notifying or calling the police. For example, refusing to leave the premises
- if the client gives information about a serious crime which has been committed or is to be committed, such as murder or rape
- if the client has threatened or seems likely to do serious harm to him/herself.

All records kept by Addaction could be used in a court case, and could be an essential element of either prosecution or defence submissions. Documents relating to interventions made with a client enjoy a degree of protection under the Police and Criminal Evidence Act (PACE)(1984). Section 12 of PACE concerns the protection of “personal records” and defines them thus:

Documentary and other records concerning an individual (whether living or dead) who can be identified from them, and relating:

- to his physical or mental health
- to spiritual counselling or assistance given to him
- to counselling or assistance given to him, for the purpose of his personal welfare, by any voluntary organisation or by any individual who (i) by means of his office or occupation has responsibilities for his personal welfare; or (ii) by reason of his court order, has responsibilities for his supervision.

In cases where the client has been excluded from a project/service magistrates cannot issue search warrants for such “excluded” documentation. However warrants can be issued by a circuit judge.

1.4.4 Breach of confidentiality

To be read in conjunction with the following policies and procedures:

- **working with young people**
- **working with drug-using parents**
- **working with other agencies.**

1.4.5 Procedures

If it appears that confidentiality will have to be breached, the worker must make every effort to discuss the situation with the client unless it is agreed that this would worsen the situation. The client will be encouraged to take responsibility for contacting the relevant authorities. (If the client discloses the required information there will be no need to breach confidentiality.)

Decisions to breach confidentiality must not be decided by an individual but in conjunction with the project manager who will direct the course of action. Where the project manager is not available the decision should be taken in conjunction with the area manager or the director of operations for the region. Risk factors must be taken into consideration such as potential harm to the worker or other parties, and plans to reduce the risk must be implemented.

Any breach will be minimised by restricting the information conveyed to that which is relevant to the immediate situation.

The circumstances will be recorded in the client file outlining:

- the extent of the disclosure
- to whom it was made and when
- the reason for the disclosure

- who was consulted beforehand?
- whether the client was informed, and if so how and when
- the consequences of the disclosure.

The client has a right to invoke Addaction’s complaints procedure if they feel their right to confidentiality has not been respected. They may also be able to take legal action.

Clients who wish to complain must be reassured that it will not affect the service offered to them by Addaction.

1.4.6 Sharing information within the organisation

Information will be shared between workers.

1.4.7 The role of paid staff, students and volunteers

Information about clients is confidential to Addaction and not individual workers. All workers will understand the **Confidentiality Policy** and accept responsibility for the security of the information they encounter. However not all workers will have equal access to confidential information. Usually, information will be shared on a “need to know” basis. That is the amount of information that needs to be exchanged to provide proper care for the client. Confidentiality extends to the worker’s knowledge of all clients. Discussion of clients with colleagues will always be purposeful and sensitive.

1.4.8 Staff training

It is important that all staff have a clear understanding of how the principles of confidentiality are embodied in practice. Addaction will take all reasonable and practical steps to prevent the disclosure of confidential information. This will be done through training and instructing staff, and ensuring appropriate administrative arrangements are made.

1.4.9 Workers’ responsibilities in relation to confidentiality

It is the responsibility of the worker to ensure clients understand the confidentiality procedures which apply at all stages of their contact with Addaction.

All new staff will be required to sign a contract, which includes their responsibility to adhere to the **confidentiality policy**. Breaching the contract may lead to disciplinary action under the disciplinary procedure (refer to Management and Administration Handbook and Staff Handbook – **disciplinary policy**).

1.4.10 Clients referred by other organisations

The extent of information to be shared with the referrer, if any, will be discussed with the client at the earliest opportunity. If the client consents, it will be necessary to ascertain the nature of the information shared.

1.4.11 Clients who self-refer

Information will not usually be shared with other agencies. If it becomes necessary to do so, every attempt will be made to ensure the full and informed consent of the client.

When an enquiry is received from a partner, relative or friend, no information of any kind will be given without the client’s permission.

1.4.12 Clients who request contact with other organisations

When the client has given consent to information being shared, it must be clarified as to how much information is shared and with whom. The worker has an obligation to ensure that the client is clear about the consequences of disclosure.

1.4.13 Telephone enquiries

A staff member will always take incoming calls. Information will not be given without prior written consent from the client or in agreed circumstances with specific organisations or individuals. The caller's identity and telephone number will be established by calling them back after having checked the number. Telephone calls will be taken in a place where non- staff members cannot overhear conversations.

Addaction staff may ask for non-urgent requests for information to be put in writing.

1.4.14 Employment practice relating to the confidentiality policy

Addaction's **confidentiality policy** is fundamental to the effective and successful running of its services. It is therefore essential that all staff fully understand and support the policy. They will be involved in consultation and review of the policy. Addaction will ensure that:

- staff are properly qualified, trained and competent to receive confidential information and deal with the issues raised
- staff induction involves familiarisation with Addaction's **confidentiality policy**
- staff receive training and support in its implementation throughout their employment with Addaction.

This will involve instruction in areas such as:

- details of the policy
- communication of the policy to clients
- safe storage of data (both paper and computerised)
- procedures for note-taking
- dealing with telephone enquiries
- procedure for breach of confidentiality.

Staff must not discuss clients outside Addaction or partnership services or otherwise act in a manner which threatens a client's confidentiality.

1.4.15 Recording and storage of notes

Please refer to **case notes and other personal information policy**, policy and procedures regarding the **transport of client files** between Addaction bases and other satellite/partnership services, and policy and procedures regarding the **safe-keeping, recording and transport of prescription pads**.

1.4.16 Note-keeping

The scope and extent of the information to be recorded will be discussed with the client at assessment.

- records must be accurate, non-judgmental, factual and objective
- other individuals will not be identified in the notes
- errors will be crossed out with a single line; no correction fluid to be used.

In addition, personal data should be adequate, relevant and not excessive for the purpose for which its held and not kept for longer than is necessary (see retention and destruction of records/ notes) Data Protection Act 1998 (guidance to social services p16).

1.4.17 Client's access to files

Clients have right of access to their own records in accordance with:

- **The Data Protection Act 1998**
- **The Access to Personal Files Act 1988**
- **The Access to Health Records 1990**

The legislation permits a client's rights to be restricted: in the following situations:

- where information has been provided by a third party and it is considered in the best interests of the client not to share the information provided.

The decision to restrict information will be made by the project manager following clinical and managerial review.

Data Protection Act 1998 Principles 1 – 8

First principle

Personal data shall be processed fairly and lawfully.

Second principle

Personal data shall be obtained only for one or more specified and lawful purposes, and shall not be further processed in any manner incompatible with that purpose or those purposes.

Third principle

Personal data shall be adequate, relevant and not excessive in relation to the purpose or purposes for which they are processed.

Fourth principle

Personal data shall be accurate and, where necessary, kept up-to-date.

Fifth principle

Personal data processed for any purpose or purposes shall not be kept for longer than is necessary for that purpose or those purposes.

Sixth principle

Personal data shall be processed in accordance with the rights of the data subjects under this Act.

Seventh principle

Appropriate technical and organisational measures shall be taken against unauthorised or unlawful processing of personal data and against accidental loss or destruction of, or damage to, personal data.

1.4.18 Use of information for planning, research and publicity

Information used for planning purposes by Addaction will be presented statistically, or in aggregated form. This will ensure individuals are not identifiable.

Consent from the client will be obtained before information about them is used for publication. His/her anonymity will be preserved.

Recognisable photographic images of clients will not be used in any Addaction publicity. Consent will be gained before clients are subject to research or have information about them used in publicity material.

Any approach to the client via Addaction, by researchers or media representatives will be treated with caution. Addaction will not disclose personal details concerning the client. Addaction will undertake to brief the client fully regarding the purpose of such an approach to allow the client to decide whether she/he is prepared to be the subject of inquiry.

Addaction will warn the client that neither Addaction nor the client may have control over the final material and that there is the possibility that confidentiality may be breached.