



1. Substance Misuse Directorate HARM REDUCTION TEAM

A guide to Lothian Harm
Reduction Team Services
2016

2. History of NHS Lothian IEP Service



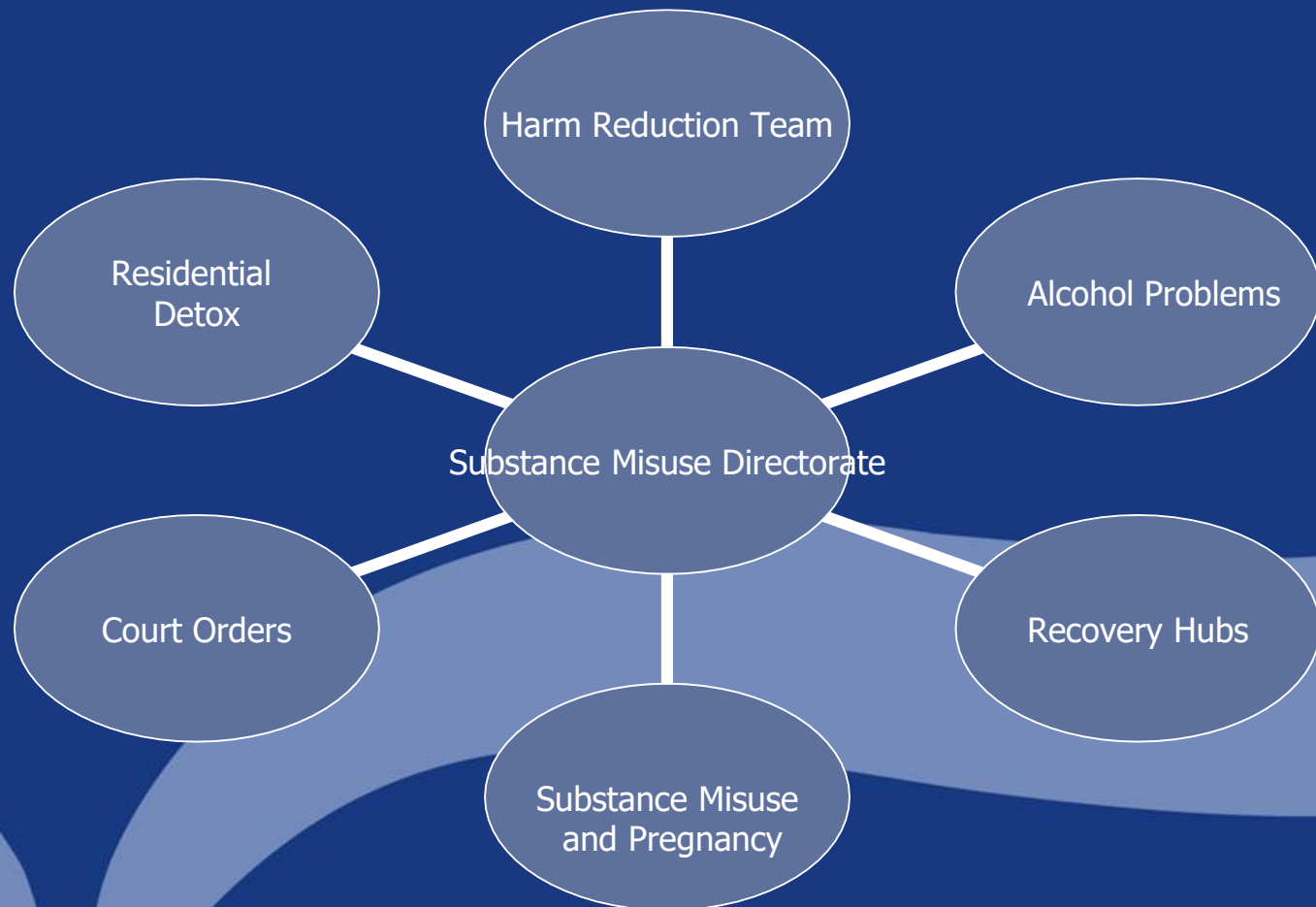
- 1971: Misuse of Drugs Act (section 9a inserted 1986 and amended 2003)
- 1982: Unofficial prohibition on the sale of needles and syringes to drug users
- 1986: McClelland report. This advocated Needle Exchange. HIV now seen as greater threat to community than drug use

3. History of NHS Lothian IEP Service



- 1987: First official needle exchange opened
- 1989: 20 retail pharmacies start to operate needle exchange.
- 1991: Harm Reduction Team manages Needle Exchange Programme which expands
- 2001: Outreach Needle Exchange
- 2004: Police operate limited needle exchange

4. Structure substance misuse services



5. Service Delivery is multi-disciplinary and multi-partnership based

- Specialist Psychiatric Nurses
- General Adult Nurses
- Medical and pharmacist prescribing
- Dental service
- Health Promotion Addictions Workers
- Service user/ peer involvement
- Homeless sector
- Tissue Viability Specialist
- Sexual Health staff
- Pharmacies
- 3rd Sector (charities) addictions services

6. Harm Reduction...



Combines work aimed directly at reducing the number of drug related deaths and blood borne virus infections, with wider goals of preventing drug misuse and of encouraging stabilisation in treatment and support for abstinence.

Providing effective substitution treatments and effective support for abstinence are complimentary aims of a balanced response.

Reducing Drug Related Harm: An Action Plan
(Department of Health and National Treatment Agency 2007)

7. Harm Reduction is ...

- Accessible (low threshold)
- Drop In
- Out of office hours
- Flexible
- Delivered in partnership
- Outreach

8. Lothian Wide Aims



- To co-ordinate Injecting Equipment Provision (IEP)
- To be an easy access gateway to opioid substitute prescribing
- To offer Blood Borne Virus testing and immunisation for Hepatitis B
- To co-ordinate the Take Home Naloxone Programme
- To provide sexual health services to vulnerable or high risk people
- To deliver a training programme to workers and peers volunteering in substance misuse
- To provide Peer led recovery focussed events

9. Why do we provide Injecting equipment?



'HIV is a greater threat to public and individual health than drug misuse. The first goal of work with drug users must therefore be to prevent them from acquiring or transmitting the virus'

UK Government Advisory Council on the Misuse of Drugs 1988: AIDS and Drug Misuse.

10. Hepatitis C: The Challenges

- Hepatitis C is epidemic among Scottish injectors
- 38, 577 cases diagnosed up to July 2016
- 10% diagnosed in Lothian c/f 38% in Glasgow
- 91% of those with a known risk factor have injected drugs
- Approximately 18 000 individuals in Scotland are undiagnosed

• Source HPS "Surveillance of HCV antibody positive cases in Scotland: Results to 31/07/2016. Published July 2016

11. Injecting Equipment Provision



- Supply of needles, syringes, spoons, filters, acidifiers, sterile water, swabs and disposal equipment
- Safer injecting advice
- Blood Borne Virus prevention and sharing information
- Bacterial infection prevention
- Overdose Prevention
- Referral path to opioid substitution treatment

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- 5 staff
- Main remit: Safer injecting, BBV prevention and Overdose prevention
- On foot needle exchange and mobile unit
- Difficult to reach drug users
- Deliver to Heroin, Image and Performance Enhancing Drugs and New Psychoactive Substances injectors who have different needs
- Multi-agency partnership working
- Female street sex workers

13. Low Threshold Medication programme (LTMP)



- AIM: To help stabilise the most chaotic drug users and facilitate the referral on to other agencies.
- For chaotic injecting opiate users
- Daily dispensing and supervision
- Injecting equipment available
- Peer run programme of recovery events.

14. Low Threshold Medication Programme



- Led by Consultant psychiatrist
- Drop in assessment and entry port to services
- Key worker support and daily contact
- Staff trained in Motivational Interviewing and Relapse Prevention
- Multi- agency partnership ethos
- “Wrap around” services
- Pharmacist prescribing Methadone and Buprenorphine

15. What is Naloxone?



www.prenoxadinjection.com www.sdf.org.uk/drug-related-deaths/our-work/

- Scotland's national programme began in April 2011
- Naloxone hydrochloride also referred to as Narcan and is a competitive antagonist at all of the opiate receptor sites that opiates bind to, reversing the effects of respiratory depression.
- Effects apparent in just over 2 minutes if given Intra-muscularly.
- Each pre filled syringe contains 2mg of naloxone hydrochloride (5 doses)
- Has a shelf life of 3 years
- Requires no special storage arrangements

16. Who can be trained to use and receive a supply of naloxone?

- People at risk: Reduce morbidity and mortality associated with drug use
- Family and friends: Improve health & social care for drug users and their carers
- Workers: Promote the management of critical incidents amongst opiate users

17. Who can supply naloxone?

- Since 2015, legal changes means supply is no longer confined to medical, pharmacy and nursing staff . Any worker who is trained can supply naloxone
- Naloxone remains a prescription only medicine
- Training delivered as a brief intervention 10 or 15 minutes.
- Naloxone costs just over £15 per kit.

18. Drug Related Deaths in Scotland 2015



- 707 total drug-related deaths in Scotland in 2015. 15% increase since 2014
- 2001-05 and 2011-15 trend showed 153% increase on female DRDs and Lothian increase of 47% total
- 110% higher than 2005
- Opiates implicated in 86% of which Heroin 49% and Methadone 36%.
- Benzoediazepines 27%, New Psychoactive Substances 10%
- Most poly drug but 35% were one drug (plus alcohol) found
- Lothian had 14% of Scottish total in 2015

19. Lothian Drug Related Deaths 2014

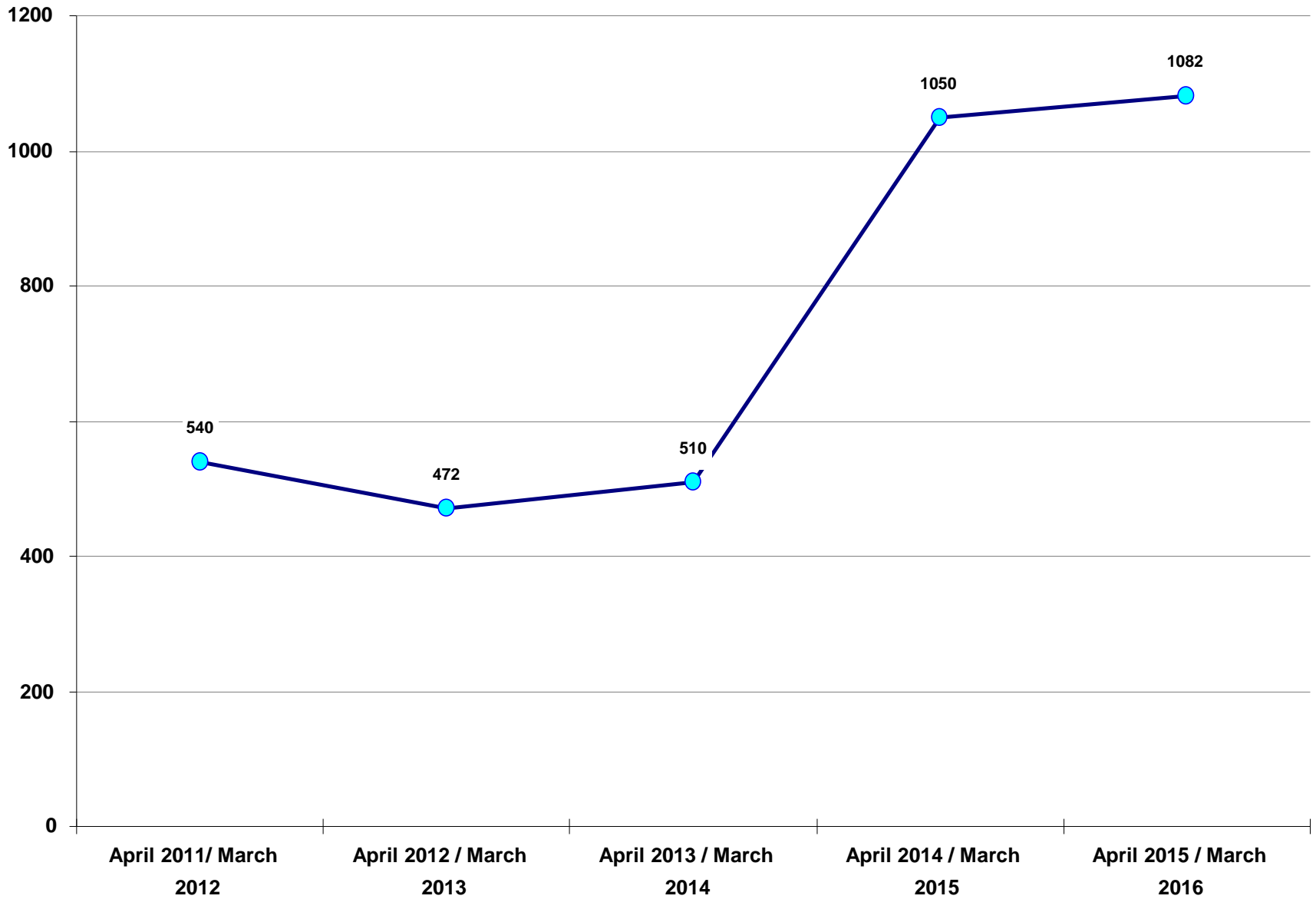
- Of 99 cases:
- 66 Had previous non fatal overdose, averaging 3 per person
- 45 died alone
- 53 Someone else present. 19 of these there were people in a room next door and in 34 cases they died in the company of others.
- 35 individuals life could have been saved if naloxone administered
- Naloxone supply recorded in only 12 cases

20. Naloxone Evaluation: Prison and Hospital release

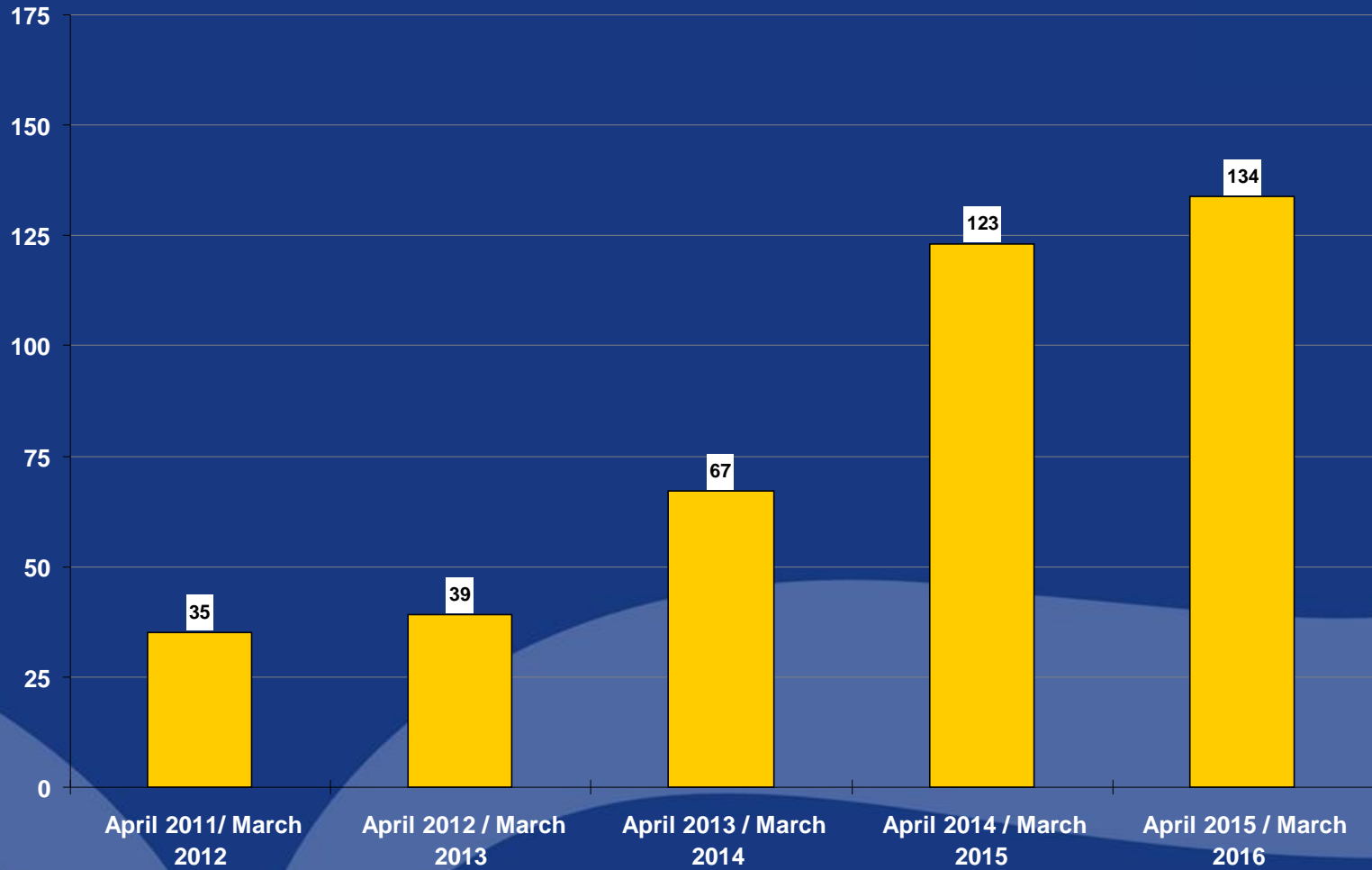


- % of opioid related death occurring within 4 weeks of prison release was 9.8% over the baseline period 2006-10. In 2011 8.4%, 2012 5.5% and 2013 4.7%
- % opioid related death occurring after 4 weeks was 9.7% in 2006-10 . Has remained static and is now at 10% in 2013
- Naloxone had been supplied to people at risk leaving prison since 2011, but not hospitals.

Naloxone supplied in Lothian, 2011 - 2016



Naloxone, by Reason for Re-Issue - Used for Overdose



23. Take Home Naloxone: Empowerment and responsibility



Research has found that:

62% of participants felt other drug users had more respect for them after training

75% of participants said they felt responsible for helping others who overdose (Tobin, K E et al 2008 Baltimore

Staying Alive programme)

Increased uptake into drug treatment after training possibly due to increased self-efficacy (Seal, KH et al 2005, san Francisco)

24. Harm Reduction Training



<http://www.nhslothian.scot.nhs.uk/ourservices/harmreduct/training.asp>

- Introduction to drugs and alcohol
- Delivering IEP Services
- Safer Injecting
- Performance and Image Enhancing Drugs
- Introduction to blood borne viruses and sexual health
- Treating substance misuse problems and recovery
- Naloxone training for trainers
- Dry blood spot testing
- Harm reduction and pregnancy

25. Women`s Clinic



- For women with substance misuse issues and sex industry workers
- Sexual health screening and contraception
- Aim to promote empowerment, human rights and women`s rights

26. Women's Clinic

- Contraception. All methods. Long acting reversible contraception (LARC) is promoted
- Cervical smears and Pregnancy testing
- Abortion referral or pregnancy support
- Sexually transmitted infection and blood borne virus screening
- Gynaecological assessment
- Outreach to saunas
- Routes out of prostitution

27. The ROAM Team



- Sexual health work with men who have sex with men (MSM) in public sex environments
- Targets Male Sex Industry Workers and other men, utilising outreach streetwork, Internet/ Apps and sex clubs.

28. The ROAM Team

- Targets high risk men and sex workers with advice and information on safer sex, personal safety, policing and referral agencies
- Offers free condoms and lube
- Instant testing for HIV and Syphilis in sex clubs
- Full sexual health screening in out of hours clinics
- Emerging pattern of Chemsex becoming apparent.