

CROYDON DAAT

HARM REDUCTION STRATEGY

INTRODUCTION

The reduction and prevention of drug-related deaths and the promotion of harm reduction initiatives is a priority for Government, drug and alcohol treatment service providers and substance misusers alike. We all have a duty and a responsibility to promote harm reduction, harm minimisation and prevent drug and alcohol related deaths.

In line with the Government's key performance indicators, Croydon will strive to achieve the following:

OBJECTIVES

To develop a clear understanding of the population at risk, their risk factors/behaviours and drawing on evidence based good practice implement a range of policies and initiatives to address them. The group will work towards achieving the national targets to:

- Reduce the number of drug and alcohol related deaths (immediate deaths by overdose or delayed death by blood borne viruses).
- Encourage individuals to live healthier, crime free lives by raising awareness and increasing capacity within the treatment system.
- To implement the Harm Reduction Strategy and its relevant actions
- To work in partnership with the SW Sector and London Region.

AIMS

- Ensure there are free and accessible Syringe and Needle exchange facilities for all IDU in Croydon
- Ensure each individual who is using or has used drugs and/or alcohol problematically and presenting to drug and alcohol services or primary care agencies has a general health screen – 100% coverage
- Ensure that all those individuals presenting to drug and alcohol services are offered a Hep B and Hep C Screen – 100% coverage
- Enable those who are willing to be vaccinated, to receive the Hep B vaccination (100% target)
- Enable all those testing Hep C positive to receive advice and information to enable them to make informed decisions regarding their lifestyle and possible treatment. In addition, to be referred on for appropriate treatment within the recommended waiting times guidance.
- Ensure referral pathways are in place for all those testing positive for BBV e.g. HIV etc.
- Ensure training is available to service users and service providers to promote harm reduction initiatives around drugs and alcohol
- Ensure there are in existence up-to-date polices and guidance around Drug Related Deaths and Blood Borne Viruses and alcohol related harm and alcohol related deaths.
- To raise awareness of the dangers of alcohol related harm and overdose.
- To provide brief interventions for clients presenting with drug or alcohol misuse problems and ensure onward referral/signposting for appropriate treatment.

RESPONSIBILITIES FOR THE DAAT PARTNERSHIP AND HARM REDUCTION GROUP

- Identify local need – i.e. gaps, duplication using the Harm Reduction Self Audit Tool completed in 2005 and NTA Model of a LNA
- Identify local priorities and form an action plan
- Share and promote modes of good practice
- Disseminate ideas on research and initiatives in field of Harm Reduction
- Feed back to the Drug and Alcohol Treatment Group on a regular basis
- Ensure training is delivered on a variety of topics, such as Drug and Alcohol Awareness, Needle Exchange Provision, Supervised administration of methadone and buprenorphine, management of overdose etc. to a variety of audiences and evaluated for content, consistency and effectiveness.

ASSESSMENT OF NEED

In order to try and assess need, prevalence data has been obtained from a variety of sources. Information has been taken from the recent Local Needs Assessment, which used data from the National Treatment Agency's database – NDTMS and a variety of other sources such as reports by the Health Protection Agency. Based on the University of Glasgow's research into prevalence it is estimated Croydon has a population of 3,100 problematic drug users. When compared to the local population (most recent statistics 230,600 - 15 to 64 yrs), this can be translated as one in 74 people having a substance misuse problem.

From the recent Local Needs Assessment (NDTMS data) it has also been identified that Croydon have approximately 860 injecting drug users who therefore might be at risk of blood borne viruses and drug related deaths. This prevalence in Croydon is similar to London (3.7 per 1000 population aged 15-64 compared with 3.5)

The latest report by the Health Protection Unit (Shooting Up) indicates that 1 in 50 injecting drug users are infected with HIV. This is twice the level seen at the beginning of the decade. In particular HIV prevalence for IDU of less than 3 years has increased since 2002. Increasing evidence suggests that crack cocaine is a major factor. In local terms this could mean that 17 people locally might be infected with HIV. The report also found that levels of HIV remained high in London with one in 25 infected, so the 17 could proportionately rise to 34 infected with HIV.

The report also indicates there is a major problem with Hepatitis C infection among IDUs, in that almost half of current IDUs have been infected with Hepatitis C. This is the result of sharing contaminated needles and other paraphernalia. There has also been an indication that IDUs are using risky injection sites, i.e. injecting into the groin is becoming more common.

Although the national report Shooting Up suggests that the Prison Vaccination Programme has been a major influence on the uptake of Hepatitis B vaccination, it highlights a need to improve this within other provisions such as Needle Exchanges as the virus is still being passed on. According to a report by the HPA 'Unlinked anonymous survey of injecting drug users', during 2005 between 22% and 33% of injecting drug users in SW London had evidence of past or current Hep B infection. Between 58% and 61% of injecting drug users had been vaccinated against Hepatitis B. In Croydon, local estimates of vaccination appear to be much lower although better data collection is needed here.

According to the Local Needs Assessment, in Croydon there were 746 call outs for drug overdose in 2003 (Croydon appear to be slightly above the London average). Caution needs to be applied here as this figure is for all overdoses and poisoning and does not differentiate between drugs or illicit drugs.

The use of crack cocaine in Croydon has also steadily risen recently as reported by the National Drug Treatment Misuse System (NDTMS) and local Treatment Providers.

With regard to drug related deaths, in the period 1999-2003 Croydon had one of the lowest rates of drug related deaths among London Boroughs. There were 26 drug related deaths in Croydon in this period, 15 of which were opiate deaths. From the data source: London Health Observatory the following has also been noted:

- The number of drug misuse deaths in London has declined from a peak of 303 in 1998 to 150 in 2003 a reduction of just over 50%
- In London from 199 through to 2003, the period which ties in the Government's target to reduce the number of drug related deaths in England as a whole, there was a statistically significant decrease of, on average, 35 deaths per year.
- In London, women comprised between 17% and 25% of all drug misuse deaths over the period 1999 to 2003.

From PCT data the following is known about alcohol related deaths:

- The mortality rate from chronic liver disease is rising nationally but has fallen in Croydon in the last few years. (Source : Compendium of Clinical and Health Indicators)
- 4.6% of deaths in Croydon between 2002 and 2004 were attributable to alcohol, the most common causes of death being stroke and alcoholic liver disease including cirrhosis.

In summary therefore there is a joint responsibility on PCTs, DAATs, Service Providers and other primary care agencies to ensure harm is reduced for problem drug and alcohol use.

The DAAT have developed the following action plan to help it achieve its objectives

ACTION PLAN

Theme	Action	Comments	Lead Agency	Time Frame
a. Strategic Management	A Harm Reduction strategy is agreed with all partner agencies incl. HPA (to cover HR Self Audit Tool criteria)	Draft Strategy Updated Strategy submitted to Harm Reduction Steering Group	DAAT – JCM	End October 2006 November/December 2006
	Chief Officer/Champion identified for HR Strategy	DAAT Chair (C Taylor) To be formally agreed ,once HR have signed off.	DAAT – DAAT Co-ordinator To take to next DAAT Mtg	End November 2006 Jan 07
	Quarterly Harm Reduction progress reports are received by Harm Reduction Steering Group	This requirement to be incorporated into meetings. DAAT Partnership Report to go to meetings.	Quarterly meetings are arranged in advance to ensure this happens, i.e. Jan, April, July and October.	End October 2006
	Lead for Clinical Gov.(CG)/ Quality Assurance (QA) identified for all services for clinical risk management advice	Need to identify a person in the PCT / Clinician to be lead	HR Steering Group to agree	End October 2006 Revisit in December 2006
	Quarterly CG/QA reports from Specialist Services are discussed	This requirement to be incorporated into meetings and processes	See above	Review December 2006
	A Harm Reduction Communication strategy is agreed	Agreed by HR Group	See below	In place
	Protocol for disseminating information regarding contaminated drugs in place	System for cascading information to providers and users in place	DAAT and PCT (Pharmacy)	In place
	A review of local need is conducted on an annual basis	Carried out in 2005 and currently in 2006	DAAT/PUBLIC HEALTH	In place

Theme	Action	Comments	Lead Agency	Time Frame
b. Management of Confidential Enquiries	Lead for Clinical Enquiries to be identified for Partnership	Need to identify a person in the PCT / Clinician to be lead	DAAT to ask HR Steering Group for suggestions David Jobbins suggested Maggie Ioannou PCT	To be agreed December 2006 Taken to DAAT in Jan 07
	Multi-agency, multi-disciplinary DRD Review Group established for Confidential Enquiries	Harm Reduction Steering Group established	PCT	In place October 2006
	Coroner Involvement in process	Established with SLAM & PCT	Public Health	March 2007
	Terms of Reference for Harm Reduction Group agreed			
	Agreed definition of a drug related death agreed	"Death where the underlying cause is poisoning, drug abuse, or drug dependence and where any of the substances are controlled under the Misuse of Drugs Act (1971)"	DAAT/Public health	In place
	To agree a definition of an alcohol related death	New action o/s	DAAT/Public Health	March 2007
	Agreed minimum data set in place	As per the ONS criteria (see separate attachment)	Public Health	March 2007
	Collection and analysis of findings by dedicated staff	Resources to be agreed	Public Health	March 2007
	Dissemination of Recommendations from Review Group	In Place	DAAT	December 2006 and thereafter quarterly
	Annual Report	To be agreed, i.e. format etc	Public Health	To be agreed

Theme	Action	Comments	Lead Agency	Time Frame
c. Workforce	Personal/ professional development plans or organisational training plans are in place to skill the workforce to provide competent health risk assessments, harm reduction services and prevent DRD	Requirements to be included in SLA's or supporting documentation	DAAT	March 2007
	Training to take account of feedback from reviews of DRD/Confidential Enquires	Service Leads to be aware of outcomes Ongoing	DAAT	March 2007
	Protocols in place for workers to have access to Post Exposure Prophylaxis (PEP) for occup.HIV transmission	Requirements to be included in SLA/s or supporting documentation	DAAT	March 2007
	HVB, HAV and TB immunisation is available to staff working with drug and alcohol users	Service Leads to confirm	DAAT/PCT	March 2007

Theme	Action	Comments	Lead Agency	Time Frame
d. Actions to Reduce Drug and Alcohol Related Deaths	Models of Care implemented in services e.g. individual care plans provide on-going assessment of risks etc.	On going	DAAT	Changes implemented by March 2007
	Risk assessments for all services users in place	Implemented	DAAT	By March 2007
	<ul style="list-style-type: none"> Basic Life Saving skills training in place incl. special minority groups, Service Users and Carers receive training in overdose prevention and management 	Within key workers role	DAAT	By March 2007
	Advice and information given on drug use e.g. stimulant use plus targeted campaigns i.e. managing overdose, Hep B	Part of SLAs	DAAT	By March 2007
	DAAT area provide Alcohol Interventions for Drug Misusers	Partly	DAAT/PCT	By March 2008
	<ul style="list-style-type: none"> Local protocols in place for incidents requiring an Ambulance response. Ambulance crews trained in use of Naloxone in opiate OD incidents 	Audit November General training	DAAT/PCT	In place
	Police are trained in overdose prevention & man. in custody	Audit November	DAAT/POLICE	In place
	Benzodiazepine prescribing policy in place; to include access to detox.	Shared Care Protocols Will be updated in line with Orange Book	PCT/SLAM	In place

Theme	Action	Comments	Lead Agency	Time Frame
d. Actions to reduce drug and alcohol related deaths continued	There is an integrated approach with referral, advice and care co-ordination for people with a dual diagnosis	Dual Diagnosis service offers training	DAAT/SSD	In place
	Service users have access to health care advice, support and screening as appropriate.	SLA's cover this + supporting info. Tier 2 providers to cover this too	DAAT	In place
	DAAT have referral processes in place to dental health care	Individual services have this in place. SLA's in future to refer	DAAT/PCT	March 2007
	Service users are made aware of the dangers of take home medication, safe storage etc.	Individual Services have policy/guidance on this issue	DAAT	March 2007
	Services have co-ordinated and targeted campaigns on specific DRD issues			In place
	There is access to a full range of campaign material on DRD issues			In place
	Where appropriate there is rapid access to substitute prescribing for released prisoners or those prematurely leaving RR	DIP	DAAT	In place
	Discharge procedures in Tier 4 services to be explicit re warnings about risk of OD			In place

Theme	Action	Comments	Lead Agency	Time Frame
e. Actions required to reduce BBVs	Liaison between A&E and drug services is established	Mayday Liaison Post	DAAT/SLAM	In place
	Injecting equipment is widely available from a number of outlets across the DAAT	Needle Exchange Review New NE Pharmacies recruited	DAAT/PCT	March 2007
	DAAT have strategy for providing widespread access for safe disposal of injecting Equipment	NE Contract	DAAT/PCT	In place
	GPs are remunerated for vaccinating drug users & families		PCT	In place
	Referral Care Pathways are established for individuals who are BBV positive	Protocols Updated	DAAT	In place
	Drug Services distribute literature on sexual health prom.		PCT/DAAT	In place
	Service Users have access to BBV testing, and Hep B vaccination.	Care Pathways in place for referral, testing and counselling	DAAT/SLAM	In place
	Tier 4 Treatment Programmes include relapse prevention and BBV education	SLA's to make explicit Liaise with SSD	DAAT	March 2007