



# **Sheffield Drug and Alcohol Action Team**

## **Harm Reduction Strategy for Drug Use**

**March 2008**

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### Background

The use of substances is a common and enduring feature of human experience. A harm reduction approach neither condones nor encourages the use of any substances. It is a practical response that accepts that use and abuse of substances exists in contemporary society. A harm reduction approach includes a range of policies, programmes, services and actions.

The harm reduction approach recognises that some individuals do not feel able to stop using drugs altogether, or may not want to at this time. Professionals can offer advice, information and treatment interventions that can help individuals reduce the harm they may be causing to themselves or others. Interventions and treatments can include reducing the sharing of injecting equipment, through to stopping injecting, substitution on opioid drugs for heroin misusers and abstinence from illegal drugs.

Harm reduction interventions work to reduce the health, social and economic harms to individuals, communities and society that are associated with the use of drugs<sup>1</sup>. This approach supports those who seek to moderate or reduce their drug use, particularly via the engagement with drug treatment that provides prescribed substitute medication, but it neither excludes nor presumes a treatment goal of abstinence.

Sheffield has a noteworthy record in its early acceptance of the harm reduction approach and its provision of harm reduction services. Sheffield was the site of the first UK pilot pharmacy needle and syringe exchange scheme established in 1986.

### Our Vision

We intend to build on existing good work in order to deliver a planned effective multi-agency response to reduce the harms of drug use. It is aimed primarily at individual drug users but includes their partners, families, local communities and society.

We will adopt an approach to harm reduction that is complementary to care pathways and treatment provision, working across all tiers of interventions<sup>2</sup>. It will particularly utilise opportunities to work realistically and effectively with the most chaotic drug users who may have the greatest difficulty accessing and engaging with treatment services.

We will use national guidance<sup>3</sup>, models of best practice and local resources<sup>4</sup> to work towards helping problematic drug users to help themselves to sustain less harmful activities and for some people, ultimately drug free lifestyles.

In order to achieve this vision we will set out a range of measurable objectives, targets and actions against which we will monitor progress and manage performance in the following service delivery areas.

## **Strategic Objectives**

### **A: General Health Care**

We recognise the adverse effects that drug use and the chaotic lifestyles associated with drug use may have on the individual's general health and the impact this has on others. We are therefore aware of the importance of well-being for individuals.

#### **Objective A1**

All commissioned treatment providers (medical and non-medical) will provide a drug treatment health care assessment during or following comprehensive assessment, which will be reviewed on a regular basis, at least annually. The response to this assessment may be a direct intervention or a referral.

#### **Verbal health assessment**

**General** health questions should address:

- Current illnesses/symptoms particularly epilepsy, asthma and liver disease
- Prescribed/OTC drugs
- Cigarette smoking
- Sexual health (risks and STD history) including cervical screening status in women aged 25-64
- Current use of/need for contraception
- Dental health
- Diet and weight loss

**Drug-related** health questions should address:

##### **a. All patients**

- Blood borne virus testing and results
- Hepatitis immunisation status and status for other immunisations (Tetanus and TB)
- History of fits/blackouts
- History of overdose

##### **b. Drug smokers**

- Smoking methods
- Wheeze/breathlessness/cough/sputum/haemoptysis/chest pain

##### **c. Past and current injectors**

- Injecting status and problems
- History of skin infection/cellulites/ulcer/abscess
- History of septicaemia/endocarditis
- History of DVT/PE/other thrombosis

#### **Basic physical health assessment by examination**

All service users should be offered examination of:

- Injection sites
- Any current concerns relating to wound infections and skin swellings

All providers must enquire whether the service user is registered with a local GP and medical providers should also provide access to a basic health screen, i.e. check the service user's heart rate, breathing and blood pressure. If the service user is not registered with a local GP, they should be strongly encouraged to do so.

## **B: Injecting Related Harm**

We recognise the serious harmful effects to individuals that injecting drug use causes, such as tissue damage, leg ulcers infections, wounds, DVTs, disease and damage to veins and other potentially life threatening conditions. We also recognise the public health problems and harmful impact on communities created when needle, syringes and injecting equipment are discarded inappropriately.

### **Objective B2 – Needle Exchange Expansion**

To develop and expand the free supply of injecting equipment to drug injectors, supported by information and advice, using a variety of service delivery outlets. These include a city-centre based tier 2 open access service, a mobile outreach service, a replacement service in police custody suites and a spread of community pharmacy outlets across a range of geographical districts, providing convenient access for all injectors.

### **Objective B3 – Specialist Needle Exchange Provision**

To provide at the specialist exchange service a range of free injecting equipment and paraphernalia accompanied by drug worker input in order to provide open access opportunities for chaotic drug users to engage with services. Drug worker input will include advice and support on safer injecting, reducing injecting and reducing initiation of others into injecting.

The equipment will include:

- Appropriate range of needles and syringes
- Sterile water
- Citric acid
- Filters
- Stericups

### **Objective B4 – Outreach Nurses**

To provide open access to specialist Community Outreach Nurses in a variety of tier 1 and 2 settings, to treat service users with drug related health problems and particularly injection related harm. This will include the treatment of wounds, ulcers, tissue damage and vascular health problems.

### **Objective B5 – Links to Hospitals**

To establish strong links between Accident and Emergency and Walk-In Departments and Community Outreach Nurses and treatment providers to encourage communication and continuity of care.

**Objective B6 – Key Working**

To ensure that service users receiving structured treatment, who are current or past injectors, have injection related harm issues addressed in their care planning and care plan reviews.

**Objective B7 – Safety Around Children**

To promote measures to eliminate the risks and hazards to children and young people by including these issues in the risk assessments and care plans of parents who inject, as injecting paraphernalia may be present in the home. Such risk assessments will include an option for these children and young people to be vaccinated against Hepatitis B. (See Children and Families objectives in Section E, page 5).

**Objective B8 – Safe Returns**

To implement and monitor a rigorous returns policy in needle exchange outlets across the city in order to minimise the incidence of discarded needles, syringes and paraphernalia. This will include periodic ‘sensible and safe disposal’ awareness raising campaigns.

**Objective B9 – Needle Waste**

To establish a Needle Waste Scheme, this will monitor injecting equipment litter ‘hot spots’. A multi-agency specialist group will meet regularly to assess the problem in affected neighbourhoods and where appropriate, to provide safe disposal facilities.

**C: Blood Borne Viruses**

We recognise that injecting drug users who share equipment are at particular risk of infection with Hepatitis B, C and HIV and that all affected family members need support and advice about blood borne viruses.

**Objective C10 – Vaccination**

To provide access to vaccinations for Hepatitis A and B to at risk groups via targeted tier 1 services, tier 2 open access services and all drug treatment providers.

**Objective C11 – Screening**

To provide access to Hepatitis C and HIV testing with pre and post test support, offered to current and past injectors via targeted tier 1 services, tier 2 open access services and all drug treatment providers. Oral swab testing should be offered to service users who have difficulties in accessing veins to give blood samples for Hepatitis C antibody tests.

**Objective C12 – Links to Treatment**

To maintain agreed integrated care pathways for the treatment and care of people affected by Hepatitis and HIV.

## **D: Prevention of Overdose and Drug Related Deaths**

We will take all steps within our means to reduce drug related deaths and their likelihood, learning from local patterns and trends in order to inform the actions and preventative work of services.

### **Objective D13 – Prevention Training**

To provide overdose prevention, awareness and resuscitation training to targeted vulnerable groups at regular frequent intervals. Additionally this training will be offered to targeted tier one, all tier two and non medical tier 3 workers. This training will include the dissemination of relevant Emergency Services protocols, e.g. the Police will not automatically be called out when there is an emergency request for an ambulance following an overdose.

### **Objective D14 – Monitor Trends**

To learn from all occurrences of drug related deaths, in order to respond rapidly to emerging trends and enable services to be responsive to identified needs.

### **Objective D15 – Safe Storage**

To provide every drug user, particularly drug using parents in treatment access to a safe storage box, in order to keep their medication in a safe place away from children and young people and offer this facility to all service users accessing treatment services. To additionally offer emergency information medi-tubes to all service users receiving prescribed medication.

### **Objective D16 – Fire Safety**

To provide every service user with access to a fire safety home risk assessment provided by South Yorkshire Fire and Rescue, including the fitting of smoke alarms where appropriate.

## **E: Children and Families**

We recognise the potential harm that can be caused to children and families as a result of drug use and the chaotic lifestyles associated with drug use. The Children Act 2004, Section 11<sup>5</sup> places a statutory duty on all agencies to safeguard and promote the welfare of children. The Local Safeguarding Children Board in Sheffield has a responsibility to ensure agencies work together to protect children and promote their welfare.

### **Objective E17 – Information Sharing**

To ensure the appropriate and timely sharing of information between professionals and agencies when a child's safety is a concern. (See notes below for workers/clinicians).

- Workers must explain to service users at the outset, openly and honestly, what and how information will, or could be shared and why, and seek their agreement.
- Consent does not need to be requested if to do so would put a child or young person at increased risk of significant harm or an adult at risk of serious harm.

- When considering whether to share information or not, the child or young person's safety and welfare must always be the overriding consideration.
- Seek advice when in doubt, especially where the doubt relates to a concern about possible significant harm to a child. (Telephone Substance Misuse Development Project (2735490) or Sheffield Safeguarding Children Advisory Service (2053535))
- Workers should ensure that the information they share is accurate and up-to-date, necessary for the purpose for which it is being shared and shared only with those people who need to see it.
- Whether workers share information or not they should always record the reasons for your decision.

### **Objective E18 – Pregnancy**

To ensure that all pregnant women who use illicit drugs and/or misuse alcohol or prescribed medication are referred to the specialist midwifery clinic (Pregnancy Clinic). They can choose not to see a specialist midwife but the referral must be made to ensure:

- The woman receives the correct information regarding how any drug and/or alcohol use may affect her pregnancy
- The woman has access to a community midwife, obstetrician, etc.
- The woman is discussed at MAPLAG and a risk assessment undertaken. This will help inform the woman and her partner what strengths they need to build on to enable their baby to go home with them.

### **Objective E19 – Parenting**

All commissioned treatment providers will provide a detailed risk assessment of all service users during or following triage or comprehensive assessment, which will be reviewed on a regular basis. This risk assessment needs to consider risk to others who have contact with the substance user and in the case of a substance using parent, the welfare and potential risk to the child(ren) must be assessed. (See notes below for workers/clinicians).

It must not be assumed that because parents are using/misusing substances that children will be at risk of significant harm. A judgement about whether a child is at risk of significant harm can only be reached after detailed assessment. Details of the family's situation must form part of the assessment or initial contact and be part of the ongoing work with the service user. The worker must maintain continued focus on the child's welfare whilst working in partnership with the service user.

- All service users must be asked if they are parents and if they have dependent children living with them. Information relating to the children must be collected.
- The subject of how substance misuse can affect parenting should be addressed with the parent on a regular basis.
- Should a worker have any concerns regarding a child they must follow their agency's child protection policy.

## **F: Strategic Management**

We recognise that harm reduction approaches need to be part of service delivery at all four tiers. Also the awareness of harm reduction issues and the training of a competent workforce to deliver harm reduction services is paramount to the implementation of a successful harm reduction strategy. We also recognise that the implementation of any strategy requires the on-going monitoring and review of an agreed action plan.

### **Objective F20 – Competent Workforce**

To ensure that all tier 2, 3 and 4 workers and targeted tier 1 workers are aware of harm reduction issues and trained in the use of harm reduction techniques, utilising available resources<sup>4</sup> and care pathways. All workers who deliver specific harm reduction interventions, for example needle exchange, will be competent and trained to the level of knowledge and skills required.

### **Objective F21 – Communication of ‘Drug Alerts’**

To communicate promptly information received with regard to harmful batches of illicit drugs, particularly information about ‘street drugs’ that are either unusually pure and therefore cause an increased risk of overdose or ‘street drugs’ that are known to have particularly harmful adulterants. When such an alert is received by the DAAT we will co-ordinate the dissemination of the information by notifying:

- the Director of Public Health,
- all drug treatment providers across tiers 2 and 3,
- needle exchanges, pharmacy needle exchanges and community pharmacies involved in supervised consumption,
- carers of drug users,
- the Archer Project and the HASS team,
- all GPs practices,
- the A&E and the Walk-In Centre at the Children’s and Acute Hospital Trusts,
- the Ambulance Service Trust,
- the Police, Park Rangers, City Centre Ambassadors and the Neighbourhood Wardens,
- the Safer Neighbourhoods Teams.

We will additionally:

- put alert on our website
- and attempt to mobilise volunteers to deliver notice to areas where it is known that there is drug use.

### **Objective F22 – Strategic Monitoring**

To deliver our objectives and targets using actions plans with clearly delegated responsibilities, performance monitoring and management arrangements, utilising established structures within the DAAT and between its partners.

### **Objective F23 – New Developments**

To be aware of new developments and interventions in the substance misuse field that may affect harm reduction policies and actions and to consider the uptake of these new developments.

- <sup>1</sup> UK Harm Reduction Alliance (2007) [www.ukhra.org](http://www.ukhra.org)
- <sup>2</sup> National Treatment Agency for Substance Misuse (2006) *Models of Care for the Treatment of Adult Drug Misusers: Update 2006*. London: NTA
- <sup>3</sup> National Treatment Agency for Substance Misuse and Department of Health (2007) *Reducing Drug-related Harm: An Action Plan*. London: Department of Health
- <sup>4</sup> Sheffield DAAT (2006) *Harm Reduction Toolkit*
- <sup>5</sup> Department for Education and Skills (2004) *The Children Act 2004*. London: DfES.

## Action Plan 2008/09

### A: General Health Care

Objective	Actions across all Tiers of Services	Performance Indicator	Lead	Timescale
<p><b>Objective 1</b></p> <p>All commissioned treatment providers (medical and non-medical) will provide a drug treatment health care assessment during or following comprehensive assessment, which will be reviewed on a regular basis, at least annually. The response to this assessment may be a direct intervention or a referral.</p> <p>The assessment will be in two parts:  <b>Verbal health assessment</b> including <b>General</b> health questions and <b>Drug-related</b> health questions. These questions will be aimed at:  <b>a. All patients</b>  <b>b. Drug smoker</b> and  <b>c. Past and current injectors</b></p> <p>The general health care assessment will also include a <b>Basic physical health assessment by examination</b>. All service users should be offered examination of:</p> <ul style="list-style-type: none"> <li>• Injection sites and any current concerns relating to wound infections and skin swellings.</li> </ul>	<b>Tier 3</b>	<p>Percentage of new presentations completing a general health care assessment                      NTA = 87%                      DAAT = 100%</p> <p>Number and percentage of each providers' performance of these targets will be monitored at quarterly review meetings with the DAAT.</p>	<p>DAAT MoC Co-ordinator</p> <p>All Managers of services providing tier 3 treatment</p> <p>DAAT Information and Performance Analyst</p>	On-going
	<p>All treatment providing services' comprehensive assessment forms (or part of their risk assessment paperwork) will include all areas of the general health care assessment.</p> <p>All treatment providing services will include all areas of general health care assessment in their care planning and review paperwork.</p> <p>All treatment providing services will ensure that all new presentations receive a general health care assessment.</p> <p>Clear referral pathways exist into services that can provide the health care input, if the tier 3 provider is not able.</p>			
	<b>Tier 2</b>		DAAT MoC Co-ordinator	On-going
	<p>All services providing tier 2 open access will have triage assessment forms (or part of their risk assessment paperwork) that will include the most relevant areas of the general health care assessment.</p>			

<p>For a full detailed list of <b>General Health Care Assessment</b> requirements, see Objective A1 on page 2.</p> <p>All providers must enquire whether the service user is registered with a local GP and medical providers should also provide access to a basic health screen, i.e. check the service user's heart rate, breathing and blood pressure. If the service user is not registered with a local GP, they should be strongly encouraged to do so.</p>	<p>All services providing tier 2 will include the most general areas of general health care assessment in their care/action planning and review paperwork. Clear referral pathways exist into services that can provide the health care input.</p>		<p>All Managers of services providing tier 2 treatment.</p>	
	<p><b>Tier 1</b></p> <p>It has been recognised that chaotic tier 2 service users have difficulties in attending planned NHS dental appointments; establishment of 3 month pilot of salaried dental outreach service.</p>	<p>Number of service users attending drop-in sessions</p> <p>Analysis of dental work undertaken</p>	<p>JCM</p> <p>DAAT Information and Performance Analyst</p>	<p>Q2</p>

## B: Injecting Related Harm

Objective	Actions across all Tiers of Services	Performance Indicator	Lead	Timescale
<p><b>Objective 2</b></p> <p>To develop and expand the free supply of a range of injecting equipment to drug injectors, supported by information and advice, using a variety of service delivery outlets. These include a city-centre based tier 2 open access service, a mobile outreach service, a replacement service in police custody suites and a spread of community pharmacy outlets across a range of geographical districts, providing convenient</p>	<p><b>Tier 2</b></p> <p>Provision of injecting equipment and harm reduction advice and support via city-centre based needle exchange and a mobile outreach service. The mobile service will work in conjunction with the MoC Co-ordinator in order to target areas of highest need and lowest availability.</p>	<p>Provider's performance against targets will be monitored at quarterly review meetings.</p>	<p>TP ATS Project Manager</p>	<p>On-going</p>
	<p><b>Tier 1</b></p> <p>The expansion of the participation of community pharmacy needle exchanges from a base line of 6 participating at the beginning of 06/07 to 15</p>			

access for all injectors.	participating by the beginning of 08/09 and 20 by Q3, out of the 113 pharmacies in the city. The new pharmacies will be situated taking into consideration the sites visited by the mobile needle exchange, targeting areas of highest need and lowest availability.	NTA = 25%  DAAT = Increase from 5% to 18%.		
	Analysis of the use of 'out of hours' service provision from two city-centre pharmacies by drug using and general customers.		Pharmacy leads/ MoC Co-ordinator	Q1
	Provision of replacement injecting equipment packs from all custody suites to arrestees found with injecting equipment on them upon release, outside of normal needle exchange opening hours.	Number of injecting equipment packs distributed.	DIP/Police	On-going
<b>Objective 3</b> To provide at the specialist exchange service a range of free injecting equipment and paraphernalia accompanied by drug worker input in order to provide open access opportunities for chaotic drug users to engage with services. Drug worker input will include advice and support on safer injection and reducing injecting and reducing initiation of others into injecting. The equipment will include: <ul style="list-style-type: none"> <li>- Appropriate range of needles and syringes</li> <li>- Sterile water</li> <li>- Citric acid and filters</li> <li>- Stericups</li> </ul>	<b>Turning Point Adult Treatment Services</b>	Number in contact with specialist needle exchanges: NTA = 750 DAAT = 1000  Provider's performance against targets will be monitored at quarterly review meetings.	TP ATS Project Manager  DAAT Information and Performance Analyst	On-going
	Provision via the static and mobile needle exchanges of a range of injecting equipment to meet all drug injectors' needs, combined with expert harm reduction/injecting advice, which additionally encourages the engagement of the most chaotic drug users into treatment services.			

Objective	Actions across all Tiers of Services	Performance Indicator	Lead	Timescale
<p><b>Objective 4</b></p> <p>To provide open access to specialist Community Outreach Nurses in a variety of tier 1 and 2 settings, to treat service users with drug related health problems and particularly injection related harm. This will include the treatment of wounds, ulcers, tissue damage and vascular health problems.</p>	<p><b>HASS</b></p>	<p>Number of sessions provided/ number of service users treated.</p>	<p>HASS Co-ordinator</p>	<p>On-going</p>
	<p>To continue to provide and expand established nurse led outreach healthcare sessions at tier 1 and 2 service providers. (TPATS, Archer Project and Ben's Centre). This will include provision via the TP mobile needle exchange service and work with the homeless outreach service.</p> <p>To explore the possibility of developing new sessions at different tier 1 providers, including SWWOP, various hostels and a city-centre church.</p>	<p>Number of new venues established, number of sessions provided and service users treated.</p>		<p>On-going</p>
<p><b>Objective 5</b></p> <p>To establish strong links between Accident and Emergency and Walk-In Departments and Community Outreach Nurses and treatment providers to encourage communication and continuity of care.</p>	<p><b>HASS and Other Providers</b></p>	<p>Monitor numbers of referrals to and from A&amp;E and other relevant hospital departments.</p>	<p>HASS Co-ordinator/MoC Co-ordinator</p>	<p>Q2</p>
	<p>Ensuring effective referral pathways and lines of communication between Community Outreach Nurses, A&amp;E and other relevant hospital departments and tier 2 and 3 service providers.</p>			

Objective	Actions across all Tiers of Services	Performance Indicator	Lead	Timescale
<p><b>Objective 6</b></p> <p>To ensure that service users receiving structured treatment who are current or past injectors have injection related harm issues addressed in their care planning and care plan reviews.</p>	<p><b>All Tier 3 Providers</b></p>	<p>Evidence of inclusion in care planning paperwork is provided by all providers at quarterly review meeting.</p>	<p>MoC Co-ordinator</p>	<p>On-going</p>
	<p>As part of work in the health outcome domain, all treatment providers will cover a service user's health needs, specifically issues related to potential injecting related harm in care planning paperwork.</p>			
<p><b>Objective 7</b></p> <p>To promote measures to eliminate the risks and hazards to children and young people by including these issues in the risk assessments and care plans of parents who inject, as injecting paraphernalia may be present in the home. Such risk assessments will include an option for these children and young people to be vaccinated against Hepatitis B.</p>	<p><b>All Tier 3 Providers</b></p>	<p>Evidence of inclusion in risk assessment paperwork is provided by all providers at quarterly review meeting.</p>	<p>MoC Co-ordinator</p>	<p>On-going</p>
	<p>Issues of potential drug related hazards will be included in all tier 2 and 3 risk assessment and management paperwork and therefore when necessary included in action or care planning.</p>			

Objective	Actions across all Tiers of Services	Performance Indicator	Lead	Timescale
<p><b>Objective 8</b></p> <p>To implement and monitor a rigorous returns policy in needle exchange outlets across the city in order to minimise the incidence of discarded needles, syringes and paraphernalia. This will include periodic 'sensible and safe disposal' awareness raising campaigns.</p>	<p><b>All Needle Exchange Providers</b></p>	<p>Monthly (pharmacies) and quarterly (T2) return rates.</p>	<p>DAAT Information and Performance Analyst</p>	<p>On-going</p>
	<p>All needle exchange providers proactively encourage the return of used injecting equipment and paraphernalia to all exchange service users both verbally and by supplying a range of sharps containers. All return rates are monitored by the DAAT on a monthly basis for pharmacies and quarterly for the tier 2 provider.</p>			
<p><b>Objective 9</b></p> <p>To establish a Needle Waste Scheme, this will monitor injecting equipment litter 'hot spots'. A multi-agency specialist group will meet regularly to assess the problem in affected neighbourhoods and where appropriate, to provide safe disposal facilities.</p>	<p>Continue to operate a single point of information gathering for all reports of dumped injecting equipment brought to the attention of Street Force and Environmental Services.</p> <p>Quarterly meetings of a Needle Waste specialist and multi-disciplinary group. Membership includes the above two council departments, DAAT, service user representatives, pharmacy needle exchange representative and TPATS Tier 2 Team Leader.</p> <p>The aim of the Needle Waste Group is to identify problem areas, investigate the nature of the problem, and to decide upon a strategic response and action plan.</p>	<p>Monitoring of reported incidents of needle waste.</p> <p>Numbers of 'outside' sharps disposal bins installed.</p>	<p>DAAT MoC Co-ordinator</p>	<p>On-going</p>

## C: Blood Borne Viruses

Objective	Actions across all Tiers of Services	Performance Indicator	Lead	Timescale
<b>Objective 10</b>  To provide access to vaccinations for Hepatitis A and B to at risk groups via targeted tier 1 services, tier 2 open access services and all drug treatment providers.	<b>Targeted Tier 1 and Tier 2 Services</b>  HASS Community Outreach Nurses offer vaccinations to all service users attending health drop-in sessions at tier 1 and tier 2 open access services. All offers and take up of vaccinations (including progress through vaccination programme) are recorded on combined database with SCT.	People offered vaccination and take up (including numbers completing courses) monitored by DAAT with providers quarterly.  600 (55%) of new presentations offered vaccination. 350 (75% of 600) commence on vaccination programme.	HASS and SCT BBV Co-ordinators	On-going
	<b>Tier 3</b>  SCT Clinical Nurse Specialists offer vaccinations to all new presentations in specialist and GP prescribing treatment. All offers and take up of vaccinations (including progress through vaccination programme) are recorded on combined database with HASS. Relevant combined and filtered data is reported to NDTMS by SCT.  All other tier 3 treatment providers to offer vaccinations and refer service users who accept to SCT for vaccination programme.			
	<b>Targeted Tier 1 and Tier 2 Services</b>  HASS Community Outreach Nurses offer screening (including pre and post test discussion) to all service users who are current or past injectors and do not know their status, attending health drop-in sessions at tier 1 and tier 2 open access services. All relevant service users who know their status or are tested are			

<p>providers. Oral swab testing should be offered to service users who have difficulties in accessing veins to give blood samples for Hepatitis C antibody tests.</p>	<p>recorded on combined database with SCT.</p>	<p>40% of all current or past injectors in treatment to be screened.</p>	<p>HASS and SCT BBV Co-ordinators</p>	<p>On-going</p>
	<p><b>Tier 3</b></p> <p>SCT Clinical Nurse Specialists offer screening (including pre and post test discussion) to all current or past injectors who do not know their status, who are in specialist and GP prescribing treatment. All offers and tests are recorded on combined database with HASS. Relevant combined and filtered data is reported to NDTMS by SCT.</p> <p>All other tier 3 treatment providers to offer screening and refer service users who accept to SCT for pre and post test counselling and testing.</p>			
<p><b>Objective 12</b></p> <p>To maintain agreed integrated care pathways for the treatment and care of people affected by Hepatitis and HIV.</p>	<p><b>All Providers</b></p> <p>All providers have effective agreed referral systems into specialist treatment providers for both HIV and Hepatitis (Royal Hallamshire Hospital, The Forge Centre).</p> <p>STH Foundation Trust Viral Hepatitis Service provides outreach clinics in the specialist prescribing treatment services' premises in order to reduce barriers to access specialist treatment.</p>	<p>Referral numbers</p>	<p>HASS and SCT BBV Co-ordinators</p>	<p>On-going</p>

## D: Prevention of Overdose and Drug Related Deaths

Objective	Actions across all Tiers of Services	Performance Indicator	Lead	Timescale
<p><b>Objective 13</b></p> <p>To provide overdose prevention, awareness and resuscitation training to targeted vulnerable groups at regular frequent intervals. Additionally this training will be offered to targeted tier one, all tier two and non medical tier 3 workers. This training will include the dissemination of relevant Emergency Services protocols, e.g. the Police will not automatically be called out when there is an emergency request for an ambulance following an overdose.</p>	<p>To organise bi-monthly training events for current and ex-drug users and other relevant parties in order to provide overdose awareness and practical resuscitation training.</p> <p>The groups targeted are:</p> <ul style="list-style-type: none"> <li>- Current users</li> <li>- Current injectors</li> <li>- Clients recently becoming drug free</li> <li>- Clients leaving residential treatment or prison</li> <li>- Clients in hostel or interim accommodation</li> <li>- DIP clients</li> <li>- SWWOP clients</li> <li>- Families and friends of drug users</li> </ul>	Number of training events put on and number of clients attending	DAAT MoC Co-ordinator	On-going
	<p>To periodically implement awareness raising campaigns with clients, for example 'What's Wrong with Alcohol and Methadone' campaign conducted by dispensing pharmacies.</p>	Number and type of campaigns	DAAT MoC Co-ordinator	On-going
<p><b>Objective 14</b></p> <p>To learn from all occurrences of drug related deaths, in order to rapidly respond to emerging trends and enable services to be responsive to identified needs.</p>	<p>To continue to facilitate half-yearly Confidential Enquiries meetings with the Coroner and leads from treatment providers and South Yorkshire Police Strategic Drugs Analyst.</p>	Local annual drug related deaths figures	SYP Strategic Drugs Analyst/DAAT MoC Co-ordinator	

	To continue to facilitate half-yearly Drug Related Deaths meetings with the Coroner, leads from treatment providers, South Yorkshire Police Strategic Drugs Analyst and other key stakeholders to discuss trends and prevention tactics.		SYP Strategic Drugs Analyst/DAAT MoC Co-ordinator	On-going
	SYP Strategic Drugs Analyst to continue to produce South Yorkshire annual Drug Related Deaths report and bi-annual Drug Purity reports.	Reports	SYP Strategic Drugs Analyst	
	The University of Sheffield's Addiction Research Unit continues to be commissioned to produce an annual Drugs Related Deaths report.		DAAT JCM/MoC Co-ordinator	
<b>Objective 15</b>  To provide every drug user, particularly drug using parents in treatment access to a safe storage box, in order to keep their medication in a safe place away from children and young people and offer this facility to all service users accessing treatment services. To additionally offer emergency information medi-tubes to all service users receiving prescribed medication.	<b>Tier 2 and Tier 3</b>  To ensure that all drug users in contact with all Shared Care GPs, Tier 2 and Tier 3 are offered a safe storage box and provided with information about its most effective use.	Number of boxes distributed is included in quarterly monitoring data.	Safeguarding Children Board Substance Misuse Development Worker/MoC Co-ordinator	On-going

Objective	Actions across all Tiers of Services	Performance Indicator	Lead	Timescale
<b>Objective 16</b>  To provide every service user with access to a fire safety home risk assessment provided by South Yorkshire Fire and Rescue, including the fitting of smoke alarms where appropriate.	<b>Tier 2 and Tier 3</b>	Quarterly performance monitoring meetings and case studies.  Periodic assessment and care plan audit.  Number of fire risk assessment completed by SY Fire and Rescue.	JCM/MoC Co-ordinator/ Information and Performance Analyst	Implemented by Q1, then on-going.
	To ensure that all service users are offered access to this service by including the offer in every agency's triage and comprehensive assessment or risk assessment paperwork. If the offer is taken up, to include the action in service user's care plans.			

## E: Children and Families

Objective	Actions across all Tiers of Services	Performance Indicator	Lead	Timescale
<b>Objective 17</b>  To ensure the appropriate and timely sharing of information between professionals and agencies when a child's safety is a concern.	<b>Tier 2 and Tier 3</b>	Services' induction procedures, training audit and quarterly Workforce returns.  Quarterly reviews with providers require information on all policies.	Information and Performance Analyst and Safeguarding Children Board Substance Misuse Development Worker	On-going
	All staff working in the field locally receive mandatory substance misuse specific child protection training, which will include information sharing protocols.			
	Every organisation providing substance misuse services will operate a Child Protection Policy and Procedures agreed by Safeguarding Children Board Substance Misuse Development Worker.			

Objective	Actions across all Tiers of Services	Performance Indicator	Lead	Timescale
<p><b>Objective 18</b></p> <p>To ensure that all pregnant women who use illicit drugs and/or misuse alcohol or prescribed medication are referred to the specialist midwifery clinic (Pregnancy Clinic).</p>	<p><b>Single Point of Assessment and Referral and Pregnancy Clinic</b></p>	<p>The number of referrals from SPAR into the Pregnancy Clinic. The number of women who refuse transfer/referral.</p> <p>Number of referrals received by the Pregnancy Clinic by source.</p>	<p>SPAR Clinical Nurse Specialist Lead</p> <p>Specialist Midwife</p>	<p>On-going</p>
	<p>All pregnant women presenting for assessment at SPAR will be offered referral to the Pregnancy Clinic (specialist midwifery clinic).</p> <p>Any woman already in treatment who becomes pregnant will be offered a transfer to the Pregnancy Clinic to continue their treatment.</p>			
<p><b>Objective 19</b></p> <p>All commissioned treatment providers will provide a detailed risk assessment of all service users during or following triage or comprehensive assessment, which will be reviewed on a regular basis. This risk assessment needs to consider risk to others who have contact with the substance user and in the case of a substance using parent, the welfare and potential risk to the child(ren) must be assessed.</p>	<p><b>Tier 2 and Tier 3</b></p>	<p>Services' induction procedures, training audit and quarterly Workforce returns.</p> <p>Periodic reviews of all services risk assessment paperwork.</p> <p>Annual audit of a sample of service users' notes to ensure parenting issues are being discussed and recorded.</p>	<p>Information and Performance Analyst</p> <p>MoC Co-ordinator</p> <p>Safeguarding Children Board Substance Misuse Development Worker</p>	<p>On-going</p> <p>Annually</p> <p>Annually</p>
	<p>To ensure all workers that undertake risk assessments on service users and their supervisors are adequately skilled and trained and fully compliant with issues of risk that are specific to the children of substance using parents.</p>			

## F: Strategic Management

Objective	Actions across all Tiers of Services	Performance Indicator	Lead	Timescale
<p><b>Objective 20</b></p> <p>To ensure that all tier 2, 3 and 4 workers and targeted tier 1 workers are aware of harm reduction issues and trained in the use of harm reduction techniques, utilising available recourses and care pathways. All workers who deliver specific harm reduction interventions, for example needle exchange will be competent and trained to the appropriate level of knowledge and skills required.</p>	<p><b>Tier 2, 3, 4 and targeted Tier 1 Providers</b></p>	<p>Annual Training Needs Analysis and Skills Audit and quarterly Workforce returns.</p>	<p>SAAS Training Manager and DAAT Information and Performance Analyst</p>	<p>On-going</p>
	<p>All (clinical) staff hold a professional qualification or are qualified to at least NVQ Level 3 incorporating the DANOS competency AB4.</p>			
	<p><b>Tier 2 Specialist Harm Reduction Providers</b></p>			
	<p>All specialist harm reduction service providers, for example needle exchange, will have attended a relevant specialist training course that incorporates the relevant DANOS standards, i.e. AH3.</p>			
	<p><b>All Providers</b></p>	<p>Number of Toolkits printed, distributed and reprinted.</p>	<p>MoC Co-ordinator</p>	<p>On-going</p>
<p>To ensure all staff working in the field locally have access to a Harm Reduction Toolkit.</p>				

Objective	Actions across all Tiers of Services	Performance Indicator	Lead	Timescale
<p><b>Objective 21</b></p> <p>To communicate promptly information received with regard to harmful batches of illicit drugs, particularly information about 'street drugs' that are either unusually pure and therefore cause an increased risk of overdose or 'street drugs' that are known to have particularly harmful adulterants.</p>	<p>DAAT we will co-ordinate the dissemination of the information by the most effective medium, usually email or telephone and notify:</p> <ul style="list-style-type: none"> <li>- the Director of Public Health,</li> <li>- all drug treatment providers across tiers 2 and 3,</li> <li>- needle exchanges, pharmacy needle exchanges and community pharmacies involved in supervised consumption,</li> <li>- carers of drug users,</li> <li>- the Archer Project and the HASS team,</li> <li>- all GPs practices,</li> <li>- the A&amp;E and the Walk-In Centre at the Children's and Acute Hospital Trusts,</li> <li>- the Ambulance Service Trust,</li> <li>- the Police, Park Rangers, City Centre Ambassadors and the Neighbourhood Wardens,</li> <li>- the Safer Neighbourhoods Teams.</li> </ul> <p>We will additionally:</p> <ul style="list-style-type: none"> <li>- put alert on our website</li> <li>- and attempt to mobilise volunteers to deliver notice to areas where it is known that there is drug use.</li> </ul>	<p>Six monthly audits of communication process and pathway.</p>	<p>Contracts and Communication officer</p>	<p>Q1 and Q3</p>
<p><b>Objective 22</b></p> <p>To deliver our objectives and targets using actions plans with clearly delegated responsibilities, performance monitoring and management arrangements, utilising established structures within the DAAT and between its partners.</p>	<p>The Harm Reduction Strategy will be authorised/endorsed by the SSMSSG and the JCG and it will be reviewed annually against its Action Plan.</p>	<p>Progress against Action Plan and rewrite of Action Plan annually.</p>	<p>Director of Substance Misuse Strategy/DAAT MoC Co-ordinator</p>	<p>Q3</p>

Objective	Actions across all Tiers of Services	Performance Indicator	Lead	Timescale
<p><b>Objective 23</b></p> <p>To be aware of new developments and interventions in the substance misuse field that may affect harm reduction policies and actions and to consider the uptake of these new developments.</p>	<p>DAAT Harm Reduction lead monitors the substance misuse field for new developments, e.g. Drug Consumption Rooms.</p> <p>The Harm Reduction lead will examine the feasibility/viability of new developments locally and report this back to the Director of Substance Misuse Strategy and the relevant partnership and commissioning boards for decisions on strategic fit and implementation.</p>	<p>The implementation of new harm reduction initiatives.</p>	<p>MoC Co-ordinator/ Director of Substance Misuse Strategy.</p>	<p>On-going</p>

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