

**NE Lincolnshire  
Drug & Alcohol  
Action Team  
Harm Reduction  
Strategy  
2008/2009 Update**

## Introduction

Harm reduction is a term that defines policies, programmes, services and actions that work to reduce the health, social and economic harms to individuals, communities and society that are associated with the use of drugs (Newcombe, 1992)<sup>1</sup>

The NE Lincolnshire Drug and Alcohol Action Team (DAAT) recognises that harm reduction is integral to NE Lincolnshire's drug treatment and criminal justice systems, and promotes this approach to all services accessed by drug users. Harm Reduction can be a stand alone intervention or dependant on the client wants/needs utilised and integrated into working towards the goal of abstinence

Effective drug treatment must also respond to the whole of an individual's health needs, including primary and secondary healthcare, alcohol use, prescription drug misuse, sexual health and dental health. The DAAT is committed to providing resources, educational materials and support to professionals and drug users to reduce drug related harm.

The DAAT is responsible for the co-ordination of the Harm Reduction Strategy and takes a strategic approach to initiating, promoting and monitoring harm reduction interventions aimed at adult drug users in NE Lincolnshire.

The Harm Reduction Strategy forms part of the Adult and Young Person's Treatment Plan and is integral to the development of the NE Lincolnshire Drug Treatment System and delivery of the National Drug Strategy. This work is overseen by the Safer Communities Partnership Executive Board, which receives monthly performance updates on all aspects of the National Drug Strategy.

## Definitions

In the context of health, 'harm reduction' is an approach which aims to reduce or eliminate the harms (behaviours, diseases or deaths) associated with drug misuse. Such harms might include (but are not limited to):

- Spread of blood-borne viruses (BBV) via injecting drugs or sexual activity
- Overdose or unintentional injury (which may lead to premature drug related death)
- Increased risk through co-morbidity (eg. drug misuse combined with alcohol misuse and/or mental health problems)
- Septicaemia, wound infections and other infections resulting from injecting
- Other general/primary health care issues, sexual health and dental health.

The term 'harm reduction' is utilised in a wider context in this Harm Reduction Strategy as it aims to reduce health, social and economic harms associated with drug use.

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<sup>1</sup> Newcombe, R. (1992) The Reduction of drug related harm: a conceptual framework for theory, practice and research. In, O'hare et al (Eds.) The reduction of drug related harm. London Routledge.

As stated above drug related deaths are included in the Harm Reduction Strategy.

Drug related deaths are defined as follows:

“Deaths where the underlying cause is poisoning, drug abuse or drug dependence and where any of the substances listed in the Misuse of Drugs Act 1971, as amended, were involved.” (Advisory Council on the Misuse of Drugs)

This definition has been adopted by the DAAT, and is consistent with the information needs of the European Monitoring Centre for Drugs and Drug Addiction.

Drug related death (DRD) is either immediate or delayed:

- Immediate DRD occurs as a consequence of the pharmacological action of a drug. This can occur if the drug taken is a normal dose, an accidental overdose or deliberate overdose (suicide).
- Delayed DRD mainly occurs from blood-borne virus infection including hepatitis C (HCV) and B (HBV), and Human Immunodeficiency Virus (HIV), which may lead to death many years after the initial transmission of infection.

Other infections resulting from drug taking include tetanus, wound botulism, tuberculosis, septicaemia, and deep vein thrombosis. Longer term causes of death also include smoking related diseases and heavy alcohol use concomitant with, or subsequent to, heavy drug use.

The DAAT has operated a Drug Related Death (DRD) Protocol linked to a Reducing DRD Action Plan, since 2004 (updated 2005) and this should be read in conjunction with this document.

### [Aims & Objectives](#)

The Harm Reduction Strategy Update 2008/2009 sets out the DAAT priorities for the next year, identifying key aims and seven strategic objectives. The strategy aims to identify populations at risk and potential harms, and introduce evidence-based interventions to reduce those harms. The DAAT aims to implement and monitor a range of policies and initiatives to reduce the impact of drug related harm on individuals and communities.

### [Strategic Aims](#)

- Reduce morbidity and mortality associated with drug use
- Promote harm reduction as an integral approach to working with drug users
- Improve health and social care for drug users and those living with blood-borne viral infections
- Reduce the negative impact of drug use on families and communities.

### Strategic Objectives

1. Provide a strategic framework to address and promote harm reduction
2. Monitor and evaluate delivery of the strategy
3. Promote harm reduction techniques to users and carers
4. Develop workforce
5. Improve service provision to drug users and carers
6. Reduce the transmission of blood-borne viruses and other communicable diseases affecting users
7. Reduce the incidence of accidental overdose.

### Links to Other Strategies

This strategy has been drawn up in line with the following:

National Treatment Agency's (NTA's) treatment effectiveness agenda  
NTA's national Drug Related Death programme  
NE Lincolnshire DAAT's Drug Related Death Protocol  
NE Lincolnshire DAAT's Alcohol Harm Reduction Strategy  
NE Lincolnshire CTP's Dual Diagnosis Strategy  
NE Lincolnshire CTP's Blood Borne Virus Strategy  
NE Lincolnshire DAAT's User & Carer Involvement Strategies

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## NE Lincolnshire DAAT Harm Reduction Strategy Action Plan

1. Strategic management	Lead agencies/ individuals	Red Amber Green (RAG) status	Issues, comments and actions
Partnership has a multi-agency strategy for harm reduction agreed across all partner agencies, <i>including the local Health Protection Unit</i> , which addresses sections 1 – 8 of this tool	DAAT Manager	G	
Partnership has chief officer lead/champion for harm reduction strategy	Safer Communities chair to agree with membership	G	Chief Executive Officer NEL Primary Care Trust
Partnership receives quarterly harm reduction progress report against treatment plan targets	DAAT chair/CG lead	G	Monthly DAAT update to executive board
Partnership has identified clinical governance(CG)/quality assurance (QA) lead for all services / access to clinical risk management advice / formal links to CTP CG lead	CTP/service lead	G	Models of Care/Service Development Manager
Partnership receives and discusses quarterly CG/QA reports from specialist services	DAAT CG Lead	G	Part of Joint Commissioning Group quarterly monitoring
Partnership has communication strategy for harm reduction	DAAT Manager	G	Part of DAAT Communication Strategy
Agreed source of information re: contamination/purity issues/acute risks and communication protocol across all agencies	Public health/police/DAAT	G	Written procedures agreed by all agencies and in place

<b>2. Confidential inquiries (CI)</b>	<b>Lead agencies/ individuals</b>	<b>Red Amber Green (RAG) status</b>	<b>Issues, comments and actions</b>
Identified CI lead in DAT / multi DAT area	DAAT Manager	G	DAAT Manager
Multi-agency multi-disciplinary DRD review group established for confidential enquiries	Joint Commissioning Group	G	In place
Coroner involvement	Coroners office	G	Coroner's Office fully engaged in information sharing but local coroner does not provide information to the national/European database
Agreed remit / terms of reference	CI lead	G	
Agreed definition of drug related death (e.g. Advisory Council on the Misuse of Drugs definition)	CI lead	G	
Agreed minimum data set	CI lead	G	
Dedicated staff time to collate and analyse data and report	CI lead	G	
Dissemination of recommendations of review group	CI lead	G	
Annual report	CI lead	G	
<b>3. All services</b>	<b>Lead agencies / individuals</b>	<b>RAG status</b>	<b>Issues, comments and actions</b>
Implementation of <i>Models of care</i> (MoC) in DAT	MoC lead	G	
Risk assessments for all service users, appropriate to tier, and specific to the needs of substance misusers and inherent risks of specific drugs and methods of use	MoC/CG/service leads	G	Ongoing audit
Provision of basic life saving information appropriate to service users inc. special groups such as black and minority ethnic (BME), inc. use of DH / NTA materials	Service user consultation/service leads	A	An audit of available harm reduction information and provision across treatment providers in NE Lincs has been completed, gaps have been identified and action is being taken to ensure that up to date information is available to service users

Provision of advice and information on the immediate and long term risks of specific drugs and methods of use appropriate to service users inc special groups such as stimulant users, including targeted campaigns on specific issues (e.g. Hepatitis B virus, managing overdose)	Service user consultation/service leads	A	An audit of available harm reduction information and provision across treatment providers in NE Lincs has been completed, gaps have been identified and action is being taken to ensure that up to date and appropriate information is available to service users
Provision of injecting equipment to injecting drug users	Service user consultation /service leads	G	Provided through Pharmacies and The Junction
Alcohol interventions for drug misusers	CG/service leads	G	An audit of available harm reduction information and provision across treatment providers in NE Lincs has been completed all provide information/advice about this issue and referral to services as appropriate.
<b>4. Tier 1 services</b>	<b>Lead agencies / individuals</b>	<b>RAG status</b>	<b>Issues, comments and actions</b>
Local protocols re: police involvement in overdose (OD) incidents requiring ambulance response	Police/ambulance	G	Established in 2006
Ambulance crews carry and trained to use Naloxone in opiate OD incidents	Ambulance	G	
Liaison between A&E and drug services, referral systems, care pathways, injecting equipment	A&E/service leads/ MoC implementation	G	
Prevention and management of OD in custody	Police	G	Part of Humberside Police Custody Officer Training
Benzodiazepine prescribing policy	CTP pharmacy lead/ GPs	G	
Care pathways for secondary care of individuals who are blood borne virus positive (BBV+) from testing in primary care	Director of public health	G	
Integrated approach with referral, advice, liaison and care coordination arrangements for people with a substance misuse and mental health problems	Mental health/dual diagnosis lead/MoC and service leads	G	Dual Diagnosis Strategy in place and agreed by all partners

5. Tier 2 services	Lead agencies / individuals	RAG status	Issues, comments and actions
Training in OD prevention and management for service users and carers	Service user consultation/service leads	A	An audit of available harm reduction information and provision across treatment providers in NE Lincs has been completed, gaps have been identified and action is being taken to find a way forward to provide this training on a cost effective basis.
Injecting equipment and paraphernalia relevant to needs, widely and easily available from a range of outlets: centre based, pharmacy based, outreach to priority groups	Service user consultation/CTP/ service leads	G	
Strategy to minimise inappropriate disposal of used injecting equipment by providing widespread access to secure disposal	Service leads/local authority/service user consultation	G	
Referral mechanisms for access to dental health care	Service leads/CTP commissioner	G	There has been a significant improvement in dental provision in NE Lincolnshire over the past two years. Substance users have a referral route available through Open Door as well as the usual referral route open to all patients/clients
Sexual health promotion, screening and materials available in drug-specialist services, in liaison with specialist GUM services	Service leads/MoC leads/CTP/public health	G	Partnership with CTP sexual health in place
Access to healthcare advice, support and screening, with referrals to specialist services as appropriate	Service leads/MoC leads/CTP	G	Provided through Open Door, GP's, etc.
Information campaigns coordinated and targeted on specific DRD issues	Service leads/DAT	G	If required processes are in place
Access to BBV testing and Hep B immunisation 1) on site: protocols and monitoring 2) off site: care pathways, referral and monitoring	Service leads/MoC implementation/CTP/ public health	G	Provided through Open Door & within service contracts GU med. Pathways in BBV strategy
BBV+ service users and / or liver disease have access to secondary specialist services (referral, care pathways, monitoring uptake and outcomes)	MoC implementation/ CTP/service leads	G	BBV strategy contains agreed pathways

6. Tier 3 services	Lead agencies/ individuals	RAG status	Issues, comments and actions
Service users are made aware of the dangers to children of take home medication, need for safe storage, child proof caps and lockable safes and containers	Service leads/ prescribers/CG/ pharmacists	G	Supervised methadone scheme and the pharmacy and specialist service needle exchange scheme provides advice to all clients. An audit of available harm reduction information and provision across treatment providers in NE Lincs has been completed, no significant gaps were identified therefore ongoing action is being taken to ensure that up to date information is available to service users
Training in OD prevention and management for service users and carers	Service user consultation/service leads	G	An audit of available harm reduction information and provision across treatment providers in NE Lincs has been completed, gaps have been identified and action is being taken to find a way forward to provide this training on a cost effective basis.
Access to full range of DH / NTA OD prevention materials	Service leads/DAT coord	A	An audit of available harm reduction information and provision across treatment providers in NE Lincs has been completed, gaps have been identified and action is being taken to ensure that DH/NTA OD materials are available in all services as appropriate.
Individual care plans provide on-going assessment of general/primary healthcare needs, including risks of drug related harm from sudden overdose, BBV and other communicable diseases, bacterial endocarditis, skin botulism, septicaemia etc	MoC/service leads	G	
Referral mechanisms for access to dental health care	Service leads/CTP commissioner	G	There has been a significant improvement in dental provision in NE Lincolnshire over the past two years. Substance users have a referral route available through Open Door as well as the usual referral route open to all patients/clients
Sexual health promotion, screening and materials available in liaison with specialist GUM services	Service leads/MoC leads/CTP/public health	G	

Integrated approach with referral, advice, liaison and care coordination arrangements for people with a substance misuse and mental health problems	MoC/service leads	G	
Rapid access to substitute prescribing for released prisoners and those prematurely leaving residential treatment	MoC/service leads	G	
Benzodiazepine prescribing policy including access to detoxification	CG/prescribers	G	Prescribing guidance in place
<b>6. Tier 3 services (cont)</b>	<b>Lead agencies/ individuals</b>	<b>RAG status</b>	<b>Issues, comments and actions</b>
Access to BBV testing and Hep B immunisation on site (protocols, patient group direction for nursing staff) and monitoring off site (care pathways, referral and monitoring)	Public health directors/ service leads/ CG leads/ MoC leads/CTPs	G	Pathways included in BBV Strategy
Service users who are BBV+ and/or have liver disease have access to secondary specialist services (referral, care pathways, co-working, monitoring of uptake and outcomes)	MoC leads/GPs/CTP/ service leads	G	Pathways included in BBV Strategy
<b>7. Tier 4 services</b>	<b>Lead agencies/ individuals</b>	<b>RAG status</b>	<b>Issues, comments and actions</b>
Relapse prevention, BBV education integral part of programme	Service leads/ CG	G	When "spot" purchasing tier 4 services it is ensured that the service provider makes available the necessary harm reduction interventions
Hepatitis B immunisation available to residents / inpatients	Service leads / CG	G	As above
Discharge procedures include explicit warnings about the risks of O/D. Referral and care pathways into substitute prescribing are available	Service leads / CG	G	As above

Individual care plans provide on-going assessment of general/primary healthcare needs, including risks of drug related harm from sudden overdose, BBV and other communicable diseases, bacterial endocarditis, skin botulism, septicaemia etc in all residential and in-patient settings used by the Partnership	MoC / service leads	G	As above
Referral mechanisms for access to dental health care	Service leads / CTP Commissioner	G	As above
Sexual health promotion, screening and materials available in all residential rehabilitation settings used by the Partnership	Service leads / MoC Leads/ CTP / public health	G	As above

8. Workforce	Lead agencies / individuals	RAG status	Issues, comments and actions
Personal/professional development plans or organisational training plans enable staff to develop the knowledge and skills to provide competent health risk assessments, harm reduction advice and prevent drug related deaths (ref DANOS)	Service leads/CG	G	In all service specifications
Training to incorporate feedback from DRD review / local confidential enquiries	Service leads/CG	G	This takes place as part of action taken in respect of any recommendations from the reviews
Protocols in place for staff working with drug users to have access to Post Exposure Prophylaxis (PEP) for occupational HIV transmission	Service leads/CG	G	PEP policy in place
HBV, HAV and TB immunisation available to all staff working with drug users	Service leads / Occupational Health	G	

9. Extra Actions	Lead agencies / individuals	RAG status	Issues, comments and actions
Investigate the need for providing an out-of-ours needle exchange service and take forward in the adult treatment plan 2008/09 as appropriate	DAAT	A	This will take place as part of the ongoing needs assessment
Investigate whether there are any shortcomings in the delivery of Hepatitis C services i.e. agreed pathways not being followed; and take appropriate action	DAAT	A	This will take place as part of the monitoring of services