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| Title:Guideline on Injecting Equipment Provision in Lothian |
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Contents

|  |  |  |
| --- | --- | --- |
|  |  | Page number |
| 1.0 | Purpose |  |
| 2.0 | Scope |  |
| 3.0 | Definitions |  |
| 4.0 | Roles and responsibilities |  |
| 5.0 | Main content and evidence base |  |
| 6.0 | Associated materials |  |
| 7.0 | Stakeholder consultation |  |
| 8.0 | Monitoring and review |  |
|  |  |  |  |

1. Purpose

This guideline aims to meet the needs of people who are current injectors in order to reduce the risks of harm associated with injecting practices and to prevent the spread of blood borne viruses.

This is undertaken by:

1. Providing free sterile injecting equipment, swabs and sharps containers and water
2. Providing a facility for safe disposal of used injecting equipment
3. Providing information and advice on BBVs including provision of BBV testing, safer injecting, injecting technique, safer drug use, and provision of Naloxone
4. Assessment and referral to drug treatment and other services

Injectors are susceptible to a range of BBV infections from sharing injecting equipment and paraphernalia, the most prevalent of which is Hepatitis C infection. It is estimated that 90% of new hepatitis C infections in Scotland occur in people who have injected drugs.

There is also a number of health risks associated with injecting drug use, including bacterial infections such as septicaemia, tetanus, and anthrax. Also abscesses, cellulitis and collapsed veins can also result from incorrect and unhygienic injecting practices.

Because of these risks, it is important that every client should have a clean set of equipment for every injection episode.

1. Scope

This NHS Lothian policy is intended for all outlets in Lothian which provide needles, syringes and other injecting paraphernalia to people who inject opiates, stimulants, performance and image enhancing drugs, and other illicit substances. This policy does not cover the provision of injecting equipment to young people under the age of sixteen. This is a complex area where a separate local protocol applies. Service providers getting requests for injecting equipment from young people under the age of sixteen should refer them to the specialist NHS site at Spittal Street Centre.

1. Definitions

All self-explanatory

1. Roles and responsibilities

The Harm Reduction Team NHS Lothian has overall responsibility for implementation of this policy.

1. Main content and evidence base

National ‘Guidelines for Services Providing Injecting Equipment’ were published by the Scottish Government in March 2010 as part of the implementation of the Hepatitis C Action Plan for Scotland Phase 2 (2008-2011), now superseded by the Sexual Health and Blood-Borne Virus Framework (2011-15) and the subsequent Update 2015-2020. This Lothian policy on injecting equipment provision reflects these national guidelines.

The key aim of Injecting Equipment Provision (IEP) is to minimise the spread of blood borne viruses (BBVs) such as HIV and hepatitis B/C which can occur as a consequence of injecting drug users sharing needles, syringes and other paraphernalia. The hepatitis C epidemic presents fresh challenges to IEP services because of the large pool of infection in the injecting population and the high rate of transmission among new injectors. The last study of prevalence among injectors attending Lothian IEP services showed that 48% were infected with hepatitis C.

The first key challenge for IEP services is to increase the uptake of sterile injecting equipment so that injectors can make single use of equipment. The second challenge is to find ways of educating clients not to re-use or share needles and other injecting paraphernalia, without alienating them.

For many injectors, IEP services are the first and sometimes the only point of contact with services that can help address areas of potential harm. Although the focus of IEP is on reducing risks related to injecting, increasingly services are playing a wider, pivotal role in assessing and identifying other areas of risk and addressing these before they become problematic.

IEP outlets in Lothian comprise community pharmacies, third sector drug agencies, and a specialist NHS site at Spittal Street Centre which also operates a variety of outreach services. Co-ordination, training and support are provided by the Harm Reduction Team at the Spittal Street Centre, to whom queries regarding IEP in Lothian should be directed.

**Contact details:** Harm Reduction Team

 Spittal Street Centre

 22-24 Spittal Street

 Edinburgh EH3 9DU

For community pharmacies and non-statutory or third sector drug agencies, an initial visit will be carried out by a member of the Harm Reduction Team’s Needle Exchange Outreach Network (NEON) to assess whether the new outlet is suitable as an Injecting Equipment Provider.

Before starting to provide an injecting equipment service the following elements need to be in place:

* All drugs workers, and pharmacy staff, including counter staff and locums should agree to take part in the service.
* Pharmacies and non-statutory agencies should offer a safe and comfortable environment for staff and clients engaged in the service.
* All staff should understand the operation of the service.
* Members of staff will need to undertake initial and ongoing training about injecting equipment provision and safer injecting issues. This will be provided by NHS Lothian (see section on Training and Support).
* All staff involved in injecting equipment provision should be offered the Hepatitis B vaccination. For NHS and pharmacy staff, this can be obtained free of charge by contacting the Occupational Health Department at Astley Ainslie Hospital Tel: 0131 537 9000. Staff working in the third sector who are working with injectors through an NHS SLA or in partnership with the Harm Reduction Teamcan obtain their course of Hepatitis B vaccinations free of charge from:

LH Occupational Health and Safety

Occupational Health Department

Morelands, Astley Ainslie Hospital

133 Grange Loan, Edinburgh EH9 2HL

Contact: OHenquiries@nhslothian.scot.nhs.uk or tel. 0131 537 9362

Community pharmacies can be contracted under the NHS to offer injection equipment provision. Work with drug users is seen as an important yet additional part of pharmacy contracted services. Pharmacists are given a monthly payment and a payment for each individual injection equipment transaction. These fees are negotiated locally by the Lothian Pharmacy Contractors’ Committee and representatives of NHS Lothian.

Pharmacies which provide this service are contractually required to keep accurate information about every injection equipment transaction. Transactional data should be entered into the NEO system in real time and in situ. The Harm Reduction Team runs a monthly report which is forwarded to Primary Care Contracts Organisation for payment authorisation.

Some community pharmacies may sell needles and syringes to drug users. Pharmacists should sell no more than five syringes and needles to each customer on each visit. The Royal Pharmaceutical Society advises that pharmacists who do so must have adequate provision for disposal of used needles and syringes. If the pharmacy has no arrangements for taking back used equipment then pharmacists can only sell clean injecting equipment in exceptional circumstances.

Information on service specifications and practice guidance for the provision of injection equipment in pharmacies can be found in the current edition of ‘Medicines, Ethics and Practice – A Guide for Pharmacists’.

All injecting equipment is purchased in Lothian through a central budget as part of a national procurement contract, and this is facilitated by the Harm Reduction Team at Spittal Street. To order equipment, you must complete a supplies order form and send this to the Harm Reduction Team. Orders for injecting equipment should be placed with the Harm Reduction Team at least two weeks in advance of need wherever possible. Your order will usually be delivered to you but occasionally you may be asked to collect your equipment from the Spittal Street Centre.

Used equipment will be uplifted by the local authority environmental health services by agreement with NHS Lothian (see section 8).

(NEON team or HRT reception can print out specific equipment order forms for each individual agency and pharmacy).

The range of equipment

All services should provide the full range of injecting equipment i.e. needles and syringes and the items used to prepare heroin for injection (referred to as paraphernalia). These additional items became legal to use and distribute from August 2003 (amendment to Paraphernalia and The Misuse of Drugs Act 1971). It is important that all providers make available all items for supply. This is particularly important as Hepatitis C is very infectious and the sharing of paraphernalia can transmit the virus.

The full range of injecting equipment provided by NHS Lothian consists of:

Needles and syringes

Syringes in varying sizes: 1 ml, 2ml,

Needles in 6 varying sizes

Sharps disposal containers of various sizes

One Hit Kits containing syringes, swabs, and acidifier

Safeclips

Paraphernalia (items used to prepare heroin for injecting)

Pre-injection sterile swabs (for cleaning skin prior to injection)

Citric acid/Vitamin C sachets (helps to dissolve the drug)

Stericups/spoons (used to heat the mixture)

Filters (to reduce the use of un-dissolved particles)

2ml ampoules of sterile water for injection (made available in 2013)

Syringe identification

Injectors should be encouraged to use one sterile needle and related paraphernalia for every injection. However, the reality is that some injectors may re-use needles. NHS Lothian is currently providing the “Unisharp” 1ml and ‘Nevershare’ 2ml needle which comes in an assortment of colours so that clients who inject in the company of others can identify their own equipment and avoid accidental sharing.

Large sized needles

Clients who use performance and image enhancing drugs may require large sized needles, usually blue or green. If staff has reservations regarding the supply of long needles or general concerns that the client may be injecting into the groin, please contact the Harm Reduction Team at Spittal Street for advice, or refer the client to the Spittal Street Centre.

How much to provide

As of March 2010, there are no legal limits on the numbers of sterile needles and syringes that IEPs can give out to their clients.IEP services should provide, free of charge, as many needles as an individual client requires. Services should aim at all times to ensure that all clients have a new needle and syringe for every injection.

Secondary distribution

Secondary distribution involves the distribution of sterile injecting equipment to one service user, who then redistributes it to others in their network.

Secondary distribution should not be discouraged. If a client states that they are supplying injecting equipment to others, it is acceptable to provide supplies for the purposes of secondary distribution. However, those clients who supply equipment to others should be encouraged to bring the other injectors into the IEP service so they can benefit from advice and information

As of March 2010, there is no legal requirement for clients of IEP services to return used injecting equipment before new equipment can be distributed.

IEP services should continue to encourage clients to return used needles, and individual safe disposal bins should be provided for this purpose. However, the provision of sterile injecting equipment should not be dependent upon the return of used needles, and supplies should not be limited when clients do not bring back used equipment. Services should aim at all times to ensure that clients have a sterile needle and other equipment for every injection. This marks a significant change in policy from earlier needle exchange schemes which firmly emphasised the notion of exchanging old for new.

Staff should not handle used equipment and clients should be encouraged to deposit all their returns into large sharp disposal containers themselves. This reduces the risk of needle stick injuries occurring.

Uplift and disposal of used equipment is organised by NHS Lothian. Queries concerning uplift should be directed to Logistics Department at St John’s Hospital between 1.00 - 5.00 p.m. on weekdays tel. 01506 523 620 email **Wilma.Szwajcar@nhslothian.scot.nhs.uk**

**Assessing new clients**

All clients attending for the first time should be welcomed to the service and asked some basic information about their injecting practices. The purpose of this initial assessment is to ensure that clients’ equipment needs are addressed and that they leave with sufficient supplies to enable the use of one set of equipment per injection. This initial discussion should take place in a private area, separate from the public, to ensure client confidentiality. It should include both verbal and written information about safer injecting practices and safe disposal of used equipment.

**At first visit, service providers should ask the client about:**

1. Where on their body, and how often they inject
2. What drug the client is injecting and the techniques they are using.
3. How often they (usually or intend to) visit the IEP service
4. Whether they are collecting supplies for anyone else
5. Their understanding of the implications of sharing equipment (information re HIV, hepatitis B and C).

**Under 16s**

The distribution of IEP to young people under the age of sixteen is a complex area and should only be taken by workers trained and skilled in assessing and responding to the needs of young people. Workers in community pharmacies and third sector agencies who get requests for injecting equipment from young people should refer them to the Spittal Street Centre which has its own protocol in place for under sixteens.

**Ongoing assessment of clients**

Ideally clients should be monitored on subsequent visits to ensure that the message is continually reinforced that individuals should use a sterile needle for every injection and that they have enough supplies to enable this.

**Service User Education**

What

Services should provide education to clients on the following as a basic minimum:

1. Washing their hands with soap and water before injecting
2. The correct use of each item of injecting equipment
3. The risks of sharing injecting equipment
4. The correct methods of disposing of used injecting equipment

When

Ideally, education should be provided at every transaction i.e. assessment of new clients, regular reviews of clients, opportunistically, and in specific campaigns.

How

Ask leading questions rather than tell; ask for permission to give advice (and take no for an answer – the client will be more open in the long run); get clients to express their own concerns rather than imposing yours.

Use phrases that soften the delivery of advice, for example:

Abstract not personal (‘we recommend’..)

Checking out (‘I assume you know that’....)

Assuming the client knows but others don’t (‘lots of people only take’.....)

‘Interesting fact’

Talk about products as well as techniques (‘do you know why we give out the stericups?’)

Staff with training in listening skills, in particular motivational interviewing techniques, should bear in mind that these techniques are very suitable for health promotion work in injecting equipment provision.

Training for staff

For details of training courses available for staff providing injecting equipment in Lothian, please see section 11 of above policy.

Resources

NHS Lothian leaflets ‘Testing for Blood Borne Viruses’ and ‘Reducing your risk of overdose’. These leaflets for members of the public can be ordered free of charge from NHS Lothian Library and Resource Centre Tel 0131 537 9337.

Overdose DVD: Going Over, available free from Harm Reduction Team, Spittal Street Centre or call Exchange Supplies 01305 262244

Know the Score and [www.scottishdrugservices.com](http://www.scottishdrugservices.com)

[www.hepatitisscotlandc.org.uk](http://www.hepatitisscotlandc.org.uk)

[www.hepatitisscotlandb.org.uk](http://www.hepatitisscotlandb.org.uk)

**Distribution and returns**

Encouraging returns

As of March 2010 there is no legal requirement for clients to return used injecting equipment before new equipment can be distributed. Nevertheless, it is good practice to encourage clients to return their used equipment. Furthermore, individuals can be prosecuted if they are found disposing of used injecting equipment in a way that could put members of the public at risk.

It may sometimes be difficult to encourage clients to return used equipment. They could be encouraged by stressing the dangers of used ‘works’ being found by children, and of other people reusing their discarded ‘works’.

Services providing injecting equipment should be consistent in encouraging the return of used ‘works’. This appears from experience to be the most successful approach.

Tips for increasing returns:

* Make sure they are all getting recorded
* Encourage everyone to take a bin

Asking *which* kind of bin a client wants (a clip, a black or a yellow bin) rather than *whether* they want one encourages client to take them away.

* Keep it on the agenda

Ask with every transaction whether the client has any to bring back

* Reinforce returning

Thank every client who makes returns so as to encourage them to keep doing it.

Secondary distribution

Clients who supply equipment to others should be encouraged to bring in the other injectors into the service so that they can benefit from advice and information.

Management of used equipment

Clients returning used equipment should be asked by staff to place returns into a large disposal unit personally. Staff should avoid handling used equipment.

**Signposting and referring to other services**

For details about where people can go for BBV testing, please refer to NHS Lothian’s leaflet ‘Testing for Blood Borne Viruses’ available free of charge from NHS Lothian Library and Resource Centre Tel 0131 537 9337. For details about all Hepatitis C services within Lothian please see Lothian list of Hepatitis C services available from the Viral Hepatitis Managed Care Network Tel 0131 465 5448.

Spittal Street Centre offers a range of health and social support services to injecting drug users (see Section 13 of above policy for details). Signposting and referral to the additional services noted in section 13 will depend on where your service is situated within Lothian. For assistance in developing referral pathways to these additional services please contact the Harm Reduction Team at Spittal Street Centre.

**Getting client feedback on their needs**

All IEP service providers should put in place mechanisms for identifying and responding to client feedback at regular intervals, at least annually. This will inform planning and development at Board level.

To this end, IEP service providers will be requested by the Harm Reduction Team at Spittal Street Centre to undertake surveys with a sample of your client population from time to time. These surveys are designed to assess the needs of PWID populations and sub-populations such as homeless service users, users of IPEDs, minority ethnic groups, where these exist in your area. The surveys will ask about models of care in general and the surveys will be analysed centrally. They will not cover client satisfaction with your particular service; this should be done individually or with support from the Harm Reduction Team.

**Monitoring the service**

NHS Boards are obliged to take part in the national monitoring of IEP service activity through the collection of a minimum data set on the NEO database. The purpose of this is to allow the Scottish Government to determine whether NHS Boards are distributing enough equipment to meet the needs of their local injecting drug user populations and to provide a basis for ongoing needs assessment and future service development.

Services will need to assign a unique identifier to each individual client. Traditionally IEP services have been completely anonymous, however, with increasing emphasis on evidence-based practice and measurable outcomes IEPs need to move away from complete anonymity for the sake of improving quality and accessibility of services. IEP services should continue to operate a confidential service.

The following data is part of national minimum data set:

* Unique individual identifier (e.g. first initial first name and first and fourth initials second name, and date of birth)
* Number of needles distributed
* Number of items of other injecting paraphernalia distributed
* An estimate of the number of needles returned
* Gender: male/female
* Drugs injected
* Frequency of injecting

In the specialist IEP services a full BBV assessment of clients can be undertaken on first visit.

**Training and Support**

Mandatory training

All individuals involved in distributing injecting equipment should receive appropriate training prior to providing a service or during induction. This training should cover:

* Understanding drug use
* How to engage with drug users
* Injecting risk behaviour
* Correct, single person use of injecting equipment
* Needs of different sub-populations of injectors
* Prevention of HCV and other blood-borne viruses
* Overdose prevention and management
* Procedures regarding safe disposal or used injecting equipment
* Procedures for managing needle stick injury
* The importance of sensitivity and confidentiality
* Contact details of other local relevant services and how to liaise in relation to needs of clients

They should also be familiar with the following guidance:

* National ‘Guidelines for Services Providing Injecting Equipment’ (Scottish Government, March 2010)
* 2010 Lord Advocate’s Guidance on supply and returns
* Basic child protection awareness

A course to meet this requirement is provided free of charge several times throughout the year by NHS Lothian’s Harm Reduction Team. This title of the course is ‘Delivering Injecting Equipment Provision Services’. If you would like to book a place, please contact ssc.trainer@nhslothian.scot.nhs.uk or tel.0131 537 8300.

In addition, community pharmacists should complete the NHS Education Scotland (NES) distance learning package on ‘Pharmaceutical Care in Substance Misuse’ within six months of starting to provide the service. This will be monitored by the NHS Lothian Primary Care Contractor Organisation.

Recommended training

It is recommended that individuals who provide injecting equipment should also consider further training on safer injecting, blood-borne viruses and overdose prevention. Relevant courses which are provided by the Harm Reduction Team are:

* Introduction to Drugs
* Safer Injecting
* Introduction to Blood-Borne Viruses and Sexual Health
* Take Home Naloxone training
* Image and Performance Enhancing Drugs
* BBV dry blood spot testing
* Assessment and management of injecting injuries to the skin

Details of dates of courses, how to book and course descriptors can be found in the Harm Reduction Team’s training manual on the NHS intranet (under Training and Development) or on the link below to NHS Lothian internet site: [Here](https://www.nhslothian.scot.nhs.uk/Services/A-Z/HarmReductionTeam/Pages/HRTTraining.aspx), or go to the URL below.

https://www.nhslothian.scot.nhs.uk/Services/A-Z/HarmReductionTeam/Pages/HRTTraining.aspx

To book directly, contact Harm Reduction Trainer, NHS Lothian ssc.trainer@nhslothian.scot.nhs.uk or call 0131 537 8300

Ongoing Training and Support

All individuals involved in distributing injection equipment should update their training every two years. A suitable refresher course to meet this requirement is the ‘Delivering Injecting Equipment Provision Services’ provided free of charge by NHS Lothian’s Harm Reduction Team.

In addition to the training offered, the Harm Reduction Team can provide on-site coaching in community pharmacies and third sector organisations on request. This provides an opportunity to discuss the operational and developmental aspects of provision. If you have any queries or concerns please contact the Harm Reduction Team at Spittal Street Centre.

NHS Lothian’s Viral Hepatitis Managed Care Network hosts a Prevention Action Group which meets at least four times a year. The Prevention Action Group gives injection equipment providers an opportunity to participate in strategic and operational policy relating to the service. For details contact the Viral Hepatitis Managed Care Network at Waverley Gate tel. 0131 465 5448.

Training and support for clients

A priority within the Scottish Government’s ‘Sexual Health and BBV Framework’ is developing and implementing educational interventions for the prevention of hepatitis C among people who inject drugs. For further details of peer support work please contact the Manager, Harm Reduction Team.

**Health, safety and conduct of staff, clients and the community**

Health and Safety

All operators of injection equipment provision are obliged to observe the Health and Safety at Work Act 1976. Operators should ensure that the environment is safe for employees to work in.

Each operator should produce their own protocol which includes the procedures for:

* Minimising risk to staff, clients and members of the public.
* Ensuring security of stock and premises.
* Seeking to avoid, and action in the event of needle stick injuries.
* Dealing with spillage or contamination with potentially infected blood or body fluids (see section on needle stick injury below).
* Offering staff vaccinations for Hepatitis B. These can be obtained free of charge from:

LH Occupational Health and Safety

Occupational Health Department

Morelands, Astley Ainslie Hospital

133 Grange Loan, Edinburgh EH9 2HL

Contact the occupational health nurses on 0131 536 1135 option 5 then option 2 and please quote ‘Employer Injecting Equipment Provider’.

 or OHenquiries@nhslothian.scot.nhs.uk tel. 537 9362/3.

Examples of aspects to consider are:

* availability of a suitable area for injection equipment interventions
* where sharps bins should be situated
* storage
* labelling
* managing difficult and dangerous behaviour

Needle-stick injury

Action to take if a needle-stick injury occurs:

* Encourage bleeding of the affected area by squeezing
* Wash with soap and warm water
* Do not scrub or suck the wound
* Cover with a waterproof plaster
* If eyes/mouth are affected, irrigate with a sterile saline solution or tap water for 1-2 minutes
* Report to manager and record the particulars of the injury on incident form.

NHS staff, pharmacy contractors and their staff should immediately contact NHS Lothian Occupational Health Department, Astley Ainslie Hospital, 133 Grange Loan Tel (0131) 537 9363/2 in hours or (0131) 537 6000 Royal Edinburgh Hospital switchboard (out of hours). Occupational health staff will advise line managers on risk assessment and how to proceed. Staff in the non-statutory sector should go directly to the Accident and Emergency Department at the Royal Infirmary of Edinburgh. A & E will undertake assessment and may provide post-exposure prophylaxis. This is a specialist intervention and is time-critical, so it is important to establish procedures in advance.

It is helpful if you know your Hepatitis B status before attending for treatment.

For further information please refer to NHS Lothian’s BBV Needle-stick Procedure available on NHS Lothian’s intranet or from Harm Reduction Team, Spittal Street Centre.

Posters, leaflets and cards giving advice on management of needle-stick and contamination injuries are available from Lothian Occupational Health and Safety Services, Astley Ainslie Hospital tel. 0131 537 9363/2.

Safe disposal of waste

Drug users should be encouraged to deposit full individual sharps containers into the larger 30 or 60 litre bin. Loose needles should be put into a smaller kite-marked bin. There is no need for any staff to handle returned injecting equipment, and staff should never open returned disposal bins to count the contents. The sharps containers should be located near to where clients collect their new equipment. Containers should not be overfilled as this increases the risk of a needle stick injury occurring. Safe uplift of sharps containers is the responsibility of NHS Lothian, (see section 8).

Public discards

If you receive complaints from members of the public about discarded used equipment in the area please contact your local authority environmental services department.

Rights and responsibilities

Staff providing a service have a right to insist on:

* Respect for staff, and no violence or aggression towards staff or other clients
* No shop lifting
* No injecting in the premises

Clients using injecting equipment services have a right to:

* Engage with injecting equipment services (This would include those clients on medication such as methadone treatment)
* A confidential service
* Have access to any personal records held by an agency – afforded under the Data Protection Act 1998
* To be treated with respect
* To be provided with a safe environment
* To be referred to an appropriate agency, in the event that the worker cannot provide the service required

Child protection

NHS Lothian’s Harm Reduction Team operates a locally-agreed ‘Under 16s Needle Exchange Protocol’. If you have clients who are under 16 please refer them to the Injecting Equipment Provision at Spittal Street Centre, with attendance support if required.

**Integrating IEP services with other services**

Although the focus of IEP is on reducing risks related to injecting, increasingly services are playing a wider, pivotal role in assessing and identifying other areas of risk and addressing these before they become problematic. For many injectors, IEP services are the only point of contact with services that can help address areas of potential harm. As such, IEP services are well placed to play a major role in bringing about more integrated care for injecting drug users, including services which aim to identify those infected with Hepatitis C and which link people in to clinical care and support.

BBV testing and vaccination for IEP clients

IEP services should offer clients to be tested at least annually for Hepatitis C. In addition, wherever possible all IEP services should make available vaccination (for HAV, HBV and tetanus) and testing (for HCV, HBV, and HIV) on site.

Where IEP services undertake testing for Hepatitis C, Hepatitis B, HIV and vaccination for Hepatitis B on site, they should make available a suitable private space for these purposes. Testing, including pre and post-test discussion, sample collection, result giving and onward referral, should always be delivered by appropriately trained staff.

IEPs wishing to develop BBV testing and vaccination for clients on site should contact Lothian’s Community BBV Team on 0131 537 2843. They will be able to advise on the mechanisms for developing the infrastructure and competencies required.

 Where IEP services do not offer testing and vaccination facilities on site, they should link clients with their GP surgery, Chalmers Sexual Health Centre, or the Spittal Street Centre. NHS Lothian has a Community BBV Team (specialist nurses) who carry out BBV testing and vaccinations at several outreach locations throughout Lothian. For advice about BBV testing and vaccination for clients please contact the community BBV team (specialist nurses) at Ward 41, Western General Hospital Tel. 0131 537 2843/2350.

IEP services should stock a supply of the NHS Lothian leaflet on ‘Testing for blood-borne viruses’ which can be obtained free of charge from the Library and Resource Centre at Blackford Pavilion, Astley Ainslie Hospital, tel 0131 537 9337.

For details on Hepatitis C testing, treatment and support services please phone the Viral Hepatitis Managed Care Network at Waverley Gate 0131 465 5448. For the NHS Lothian BBV Adult Testing Guideline please see the NHS Lothian intranet.

Improving integration between IEP and other services

All IEP services should be able to signpost or formally refer clients to treatment for drug misuse.

In addition, IEP services should be able to signpost or formally refer clients to other broader health and social support services, including:

* Sexual and reproductive health services
* Social and mental health services
* Primary healthcare (including dressings, wound care and antibiotic prescribing)
* Dental care
* Homelessness services
* Benefits advice
* Legal aid and welfare advice
* Counselling
* Unscheduled care
* Preventive health services
* Gender-based violence support

Of these, the following services are available at the Spittal Street Centre:

* Sexual and reproductive health services
* Social and mental health services
* Primary healthcare, including dressings, wound care and antibiotic prescribing
* Dental care
* Peer support and Groups

 For information regarding any of Spittal Street services please 0131 537 8300

**Useful contacts**

**NHS Lothian’s Substance Misuse Directorate, Spittal Street Centre Tel 0131 537 8300**

Manager Harm Reduction Team, and NHS Lothian BBV Prevention Lead

Specialist Pharmacist in Substance Misuse

Trainer

NEON team (Needle Exchange Outreach Network)

Lothian Occupational Health and Safety Services, tel. in hours 0131 537 9363 or out of hours 0131 537 6000

Primary Care Contracts Manager (community pharmacists), Waverley Gate, EH1 3EG 0131 557 8422

Clinical Waste collection for all IEP outlets: Logistics department at St John’s Hospital 01506 523 620

Co-ordinator, Lothian Viral Hepatitis Managed Care Network, Public Health and Health Policy Directorate, Waverley Gate, EH1 3EG Tel 0131 465 5448.

For a list of IEP services in Lothian please contact the NEON team, Harm Reduction Team, Spittal Street Centre, Tel 0131 537 8300.

1. Associated materials

1. Guidelines for Services Providing Injecting Equipment: Best practice recommendations for commissioners and injecting equipment provision (IEP) services in Scotland. Scottish Government, March 2010

2. Health Protection Scotland, University of the West of Scotland, Glasgow Caledonian University and the West of Scotland Specialist Virology Centre. The Needle Exchange Surveillance Initiative: Prevalence of blood-borne viruses and injecting risk behaviours among people who inject drugs attending injecting equipment provision services in Scotland, 2008-09 to 2015-16. Glasgow: Health Protection Scotland, March 2017.

1. Stakeholder consultation

The reference group for this guideline is the Lothian Viral Hepatitis Managed Care Network Prevention Action group which is a multi-disciplinary, multi-sectoral group which meets three times a year at Waverley Gate. The members are those who provide injecting equipment to people with injecting drug use.

1. Monitoring and review

This guideline will be reviewed next after the review of the national guidelines has been completed, expected next year 2019.