

Harm Reduction in Edinburgh 2017

Over the past year we spoke to service users, service providers and reviewed a range of routine data sources to determine the health needs of people who inject drugs in Edinburgh. We identified **three overarching needs** and **six recommendations** to improve harm reduction services.

We need...

- More intelligence led services.
- To make the best of all available assets and resources.
- A stronger systems approach to care with more collaborative working.

RECOMMENDATIONS

1 Improve access and retention for opiate substitution therapy (OST)

- Staff in specialist services are generally perceived as helpful and supportive.
- Currently long waits to access OST & low retention mean that a high percentage of clients disengage from services at critical points.
- Up to 80% of treatment is provided by GPs.
- 58% of people who access injecting equipment provision (IEP) in Edinburgh are also on OST.



2 Provide harm reduction as part of all service contacts

- 78% of regular IEP clients **only** access community pharmacies (NEO 2015-16) mainly providing basic IEP services.
- 51% of 475 respondents were prescribed Take Home Naloxone – optimise distribution via hospitals, social care, GPs and pharmacy (NESI 2015-16).
- No formal referral pathway to harm reduction services exist from A&E or acute hospital wards.

3 Reduce missed opportunities for hep C testing and treatment

- NESI 2015-16 reports a rise of 7% in hep C prevalence to 48% since 2013-14.
- 51% of current or ex-injectors referred for hep C treatment at the Royal Infirmary, Edinburgh did not attend their first appointment.



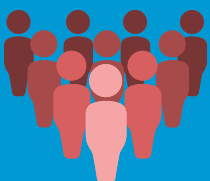
4 Improve support for general health and wellbeing

- 24% of people receiving treatment for drug addiction are over 40 years of age and have significantly higher rates of hospital admission for co-morbidities such as hepatitis, mental health, chronic respiratory problems or alcohol misuse.
- In 2016 a co-morbidity was present in 64% of drug related deaths (DRD).



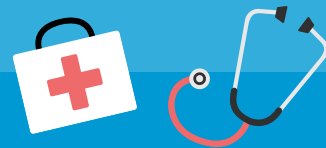
5 Strengthen services for vulnerable groups

- Most at risk of drug related death (DRD) = men, 35yrs+ with a history of opiate/ benzo use & not in stable, optimised OST.
 - 26% DRD were people who had been released from police custody within the previous 6 months.
 - 25% of DRD in 2016 were women.
 - 30% of people regularly accessing IEP reported being homeless or roofless.



6 Ensure quality improvement across all services

- Agree local service standards.
- Scale up small tests of change.
- Improve the quality of data and feedback to frontline services.



To read the full needs assessment visit: <http://bit.ly/2ibtRrD>