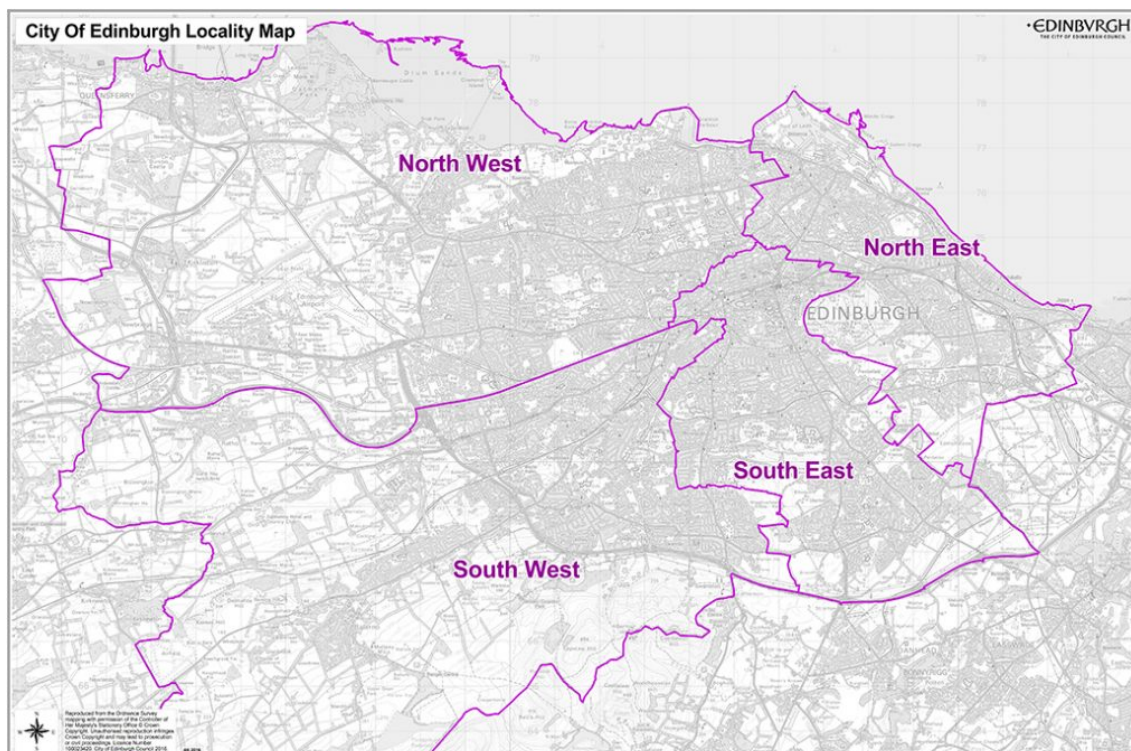


4.0 Current Service Configuration

Adult addictions services are delegated to the Edinburgh Integration Joint Board (IJB) and the responsibility for planning and developing these services sits with the Edinburgh Alcohol and Drug Partnership. The transition to a new locality model for harm reduction, treatment and recovery services for adults, their families and children began in April 2016 (Figure 4.1). Third sector and primary care services are already aligned and 'locality managers' manage a multidisciplinary nursing, occupational therapy and social work team.

Figure 4.1: Map of City of Edinburgh localities



4.1 Adult services tiered provision

In 2002, the National Treatment Agency published a four tier model for treatment services [9]. Figure 4.2 indicates the location of current service outlets.

Tier 1- Health and social services that interface with drug and alcohol care

Services work with a wide range of people including drug users, but their sole purpose is not drug or alcohol care. The role of Tier 1 services includes the provision of their own services plus, as a minimum, identifying drug users and referring them to treatment services. However there are opportunities for Tier 1 services to provide injecting equipment (IEP), take home naloxone (THN), blood-borne virus (BBV) testing, wound care, peer support and drug and alcohol advice.

Service providers in the City of Edinburgh

Acute medicine, prisons, police custody suites, housing providers, homeless services, general practice, community pharmacy, children and families and adult social work, and third sector organisations, which in Edinburgh include Cyrenians, Streetwork, SACRO, Salvation Army and Gowrie Care

Tier 2 – Low threshold open access services

Services range from providing basic IEP in addition to their core business such as pharmacies, through enhanced harm reduction services through recovery hubs to specialist services at Spittal Street Centre. They are easy to access and not necessarily delivered as part of a structured care plan.

Service providers in the City of Edinburgh

Eleven pharmacies, four addictions hubs, Spittal Street harm reduction centre, the Edinburgh Access Practice for homeless people, outreach services (e.g. the Needle Exchange Outreach Network (NEON) bus) and a specific service for women involved in the sex industry and/or who use substances at Turning Point Leith.

Tier 3– Structured community-based addictions services

Services include opioid substitution therapy (OST) programmes, structured psychological therapies (e.g. cognitive behavioural therapy, planned motivational interventions), community detoxification, and day care.

Service providers in the City of Edinburgh

Locality addictions teams in the four recovery hubs, city wide teams based at Spittal Street Centre (Harm Reduction Team, PrePare, the Low Threshold Methadone Programme), counselling services (Edinburgh & Lothians Council on Alcohol, Simpson house, Crew counselling), substance misuse clinical psychology, drug testing and treatment orders (DTTO), prison addictions teams, and general practices that are part of the drug misuse National Enhanced Service.

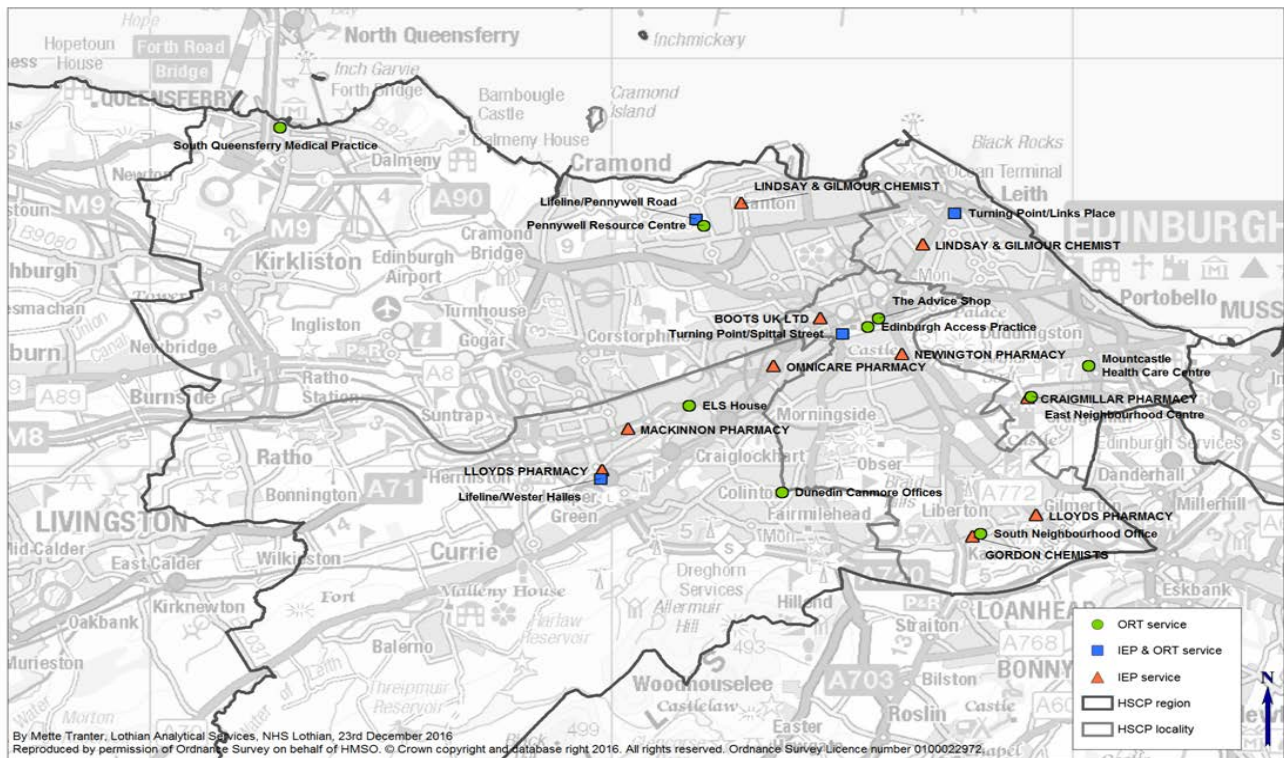
Tier 4 – Specialist residential services

Services include inpatient drug and alcohol detoxification, residential rehabilitation and residential drug crisis intervention. They require a higher level of commitment than is required for services in lower tiers and are rarely a first line treatment for injectors

Service providers in the City of Edinburgh

Lothian & Edinburgh Abstinence Programme (LEAP), the Ritson clinic at the Royal Edinburgh Hospital, and out of area residential rehabilitation through social work.

Figure 4.2: Location of harm reduction services in Edinburgh



4.2 Injecting equipment provision

Injecting Equipment Provision (IEP) refers to the provision of clean needles and injecting equipment free of charge to people who inject drugs. It is proven to decrease sharing of injecting equipment, to reduce the risk of transmission of blood-borne viruses and skin and soft tissue infections and to decrease high risk injecting behaviours [10]. The World Health Organization defines IEP 'coverage' as the percentage of injections 'covered' by sterile needles and syringes where the aim is to provide a clean needle and injecting equipment for every injection [11].

The Scottish Government document 'Guidelines for Services Providing Injecting Equipment: Best Practice Recommendations for Commissioners and Injecting Equipment Provision (IEP) Services in Scotland' recommends integration of IEP services with other interventions including BBV testing and treatment, Hepatitis A and B vaccination, sexual health, legal aid, social care, mental health, homeless/housing services, primary health care, dental care, counselling and emergency services [10].

Traditionally in Edinburgh the pharmacies have provided 'general IEP' and the hubs 'enhanced IEP', both supported by the specialist harm reduction team at Spittal Street Centre (Table 4.1). However recent co-location of substance misuse services alongside other health and social care services has restricted the ability of the hubs

to provide an enhanced IEP in all settings and some pharmacies are beginning to provide enhanced IEP in partnership with the third sector and harm reduction teams.

Table 4.1: IEP service classification

IEP Service	Level of Provision
General IEP service (pharmacy)	<ul style="list-style-type: none"> • Provides a choice of needles and injecting paraphernalia and basic information and advice. • Minimal assessment of clients' needs and provide written and verbal information about other services, signposting and referral.
Enhanced IEP service (hubs)	<ul style="list-style-type: none"> • Provide needles and injecting paraphernalia with access to in depth advice and other harm reduction interventions • More in-depth assessment of clients' needs and consultations in relation to blood-borne virus (BBV) interventions.
Specialist IEP service (Spittal St Centre)	<ul style="list-style-type: none"> • Provide needles and injecting paraphernalia with access to in depth advice and other harm reduction interventions • More in-depth assessment of clients' needs and consultations in relation to blood-borne virus (BBV) interventions. • Access to wound care, other specialist health services

4.3 Opioid substitution therapy

Opioid substitution therapy (OST) is the single most important intervention for improving the health and wellbeing of injecting drug users, and there is good evidence that this is linked to improved engagement with treatment, reduced drug use, reduced injecting, reduced crime, reduced HIV (and hepatitis) and a fourfold reduced risk of death [12-14].

For OST to achieve its protective effects services need to attract those in need and then engage them in at least 12 week's continuous treatment [12,13]. It is most important that OST reaches those whose addiction makes their lifestyles most chaotic i.e. those least able to engage with structured processes and who are at the highest risk [15]. In practice, this means that we need to offer the fewest barriers and rapid unconditional access to effective levels of OST – a low threshold service. National best practice recommends that people presenting should be triaged and prescribing made available within 48 hours for those at highest risk [16].

The barriers set out in Table 4.2 are effectively indicators of discriminating practice and need to be addressed in any service focussed on equity and need.

Table 4.2: Potential barriers to access of OST [16-22]

Process issues:

- Delays: delays to first appointment, delays between (multiple) appointments and delays before titration.
- Poor access: distance, fixed and inflexible appointment times, and missed appointments resulting in major setbacks or discharge.
- Compulsory engagement in unwanted interventions over and above prescribing (e.g. counselling, intrusive assessments).
- Poor availability of other interventions needed e.g. housing, general health, emotional, psychological.
- Weak links and referral pathways between the clinical addictions service and other professionals that are trusted or needed by the patient e.g. third sector colleagues and secondary care.
- Lack of reminders e.g. via supportive people or phone/ text contact.

Emotional and interpersonal

- Internalised stigma being confirmed or previous trauma being re-stimulated e.g. through rejection, over reaction to boundary-testing or intrusive assessment.
- Strict behavioural restrictions e.g. exclusions from buildings and services.
- Lack of a consistent, stable relationship with a professional.
- Ambivalence not being addressed.

Clinical barriers

- Inability to offer safe, rapid titration with regular prescribing reviews even if some missed appointments occur; leaving the patient at sub therapeutic doses for too long and unable to progress.
- Fear of replacing one dependency with another and lack of belief in OST as a pathway to recovery (“i’ll never get off”).
- Lack of choice of medication e.g. for some people there can be strong resistance to methadone.
- Poor management of missed appointments or missed pickups.
- High clinical risks that make rapid titration more problematic e.g. because they lead to discharge or prevent increases in dosage.
- Use ‘on top’ or poly substance being perceived by clinicians as a barrier to titration e.g. alcohol use preventing dispensing, positive samples leading to reduced dosing etc.
- Harm reduction not being accepted as a core part of the service and a goal in itself.

In Edinburgh there are 6 entry points to OST and other structured services:

- 1) Recovery Hubs in individual localities
- 2) Low threshold methadone programme (LTMP) (high intensive service for high risk injectors)
- 3) Edinburgh Access Practice (EAP) for homeless people
- 4) Drug Treatment and Testing Order (DTTO) team.
- 5) Primary care drug misuse National Enhanced Service (NES) (a few GPs choose to initiate some patients on OST)
- 6) HMP Edinburgh addictions services

Each pathway aims to engage, assess needs and titrate people to a sufficient dose of OST to stabilise their drug use. Alongside this, other clinical and psychosocial interventions are offered to enable stabilisation of other areas of their life and progress towards recovery. When the patient has achieved stability, they will generally proceed to maintenance with primary care or, for patients with more complex needs, maintenance with the locality teams. From there, depending on their needs and goals, they may remain on OST indefinitely, or safely reduce and cease their prescription.

4.4 Take home naloxone

Naloxone is a drug which reverses the effects of opioids. It is recommended as an intervention to prevent overdose by the World Health Organization and a review by the UK Advisory Council on the Misuse of Drugs recommends that naloxone should be made widely available to tackle the high numbers of fatal opioid overdoses in the UK [23,24].

The Naloxone Programme trains people at risk of opiate overdose to use naloxone. Across Lothian take home naloxone (THN) kits are distributed through drug treatment and harm reduction services, on release from prison and police custody, through carers groups and toxicology hospital wards. A service evaluation of Scotland's THN programme in 2014 concluded that there is a need for greater involvement of all services that come into contact with people at risk (e.g. GPs, social services, addictions, A&E departments, community pharmacists), more outreach to those that do not use services, and more guidance on the role that peers can play [25].

4.5 Hepatitis C testing and treatment services

Blood-borne Virus (BBV) Testing

Venous sampling, Dry Blood Spot Testing (DBST) and Rapid Point of Care Tests (POCT) are all available in NHS Lothian through IEP and other addictions services in compliance with the Scottish Government's guidelines [10,26]. Lothian has a team of three specialist BBV testing nurses who train and support locality addictions teams third sector and nursing staff, and prison nurses, to undertake BBV dry blood spot testing. In addition outreach BBV testing with men who have sex with men (MSM) is provided by the ROAM outreach team and Waverley Care – which also does testing

with the African community. Lothian currently has 93 GP practices (80% of the total) contracted to the drug misuse National Enhanced Service (NES) to provide testing and other services for drug users, and, there is an additional local enhanced service for hepatitis C testing which remunerates GPs to test the most at risk groups.

HCV Treatment

National guidance recommends that everyone is eligible for hepatitis C treatment, including active injectors [27,28]. Treatment type is largely determined by genotype. Guidelines for hepatitis C treatment in Scotland are set out in the 'National Clinical Guidelines for the treatment of HCV adults' [29]. These guidelines are updated on a regular basis due to new medications coming to market.

The two hepatitis C treatment centres in NHS Lothian take referrals directly from all health professionals, social care and third sector workers. There is a range of staff in place to support patients' engagement with the referral pathway from testing through to completion of treatment. These include drugs workers, BBV clinical nurse specialists, hepatitis C social workers, dieticians, Waverley Care support workers, practical support including lifts to appointments from Positive Help, psychiatry, and mental health nurses.

Hepatitis C assessment and treatment services are provided in the following locations:

- Western General Hospital Infectious Diseases Unit: with outreach clinics at Turning Point Leith, drug treatment and testing orders (DTTO), and HMP Edinburgh
- Royal Infirmary Liver Unit: with outreach clinics at the Access Practice, Musselburgh and Howden.

Treatment is led by clinical nurse specialists, with medical review as part of the pathway. Treatment can be provided wholly in community-based outreach clinics, usually but not always with just one visit to the hospital clinic. Medications are prescribed by the hospital staff but are dispensed by community pharmacists. Step up and step down care is provided by Waverley Care at Milestone House for patients needing extra care and support during treatment. Support in the community is available for people with hepatitis C from workers at Waverley Care and from the hepatitis C specialist social worker at City of Edinburgh Council. Hepatitis Scotland facilitates a patient involvement and opinion group called Lothian Hepatitis Voices, and British Liver Trust has set up a new support group called Capital C.

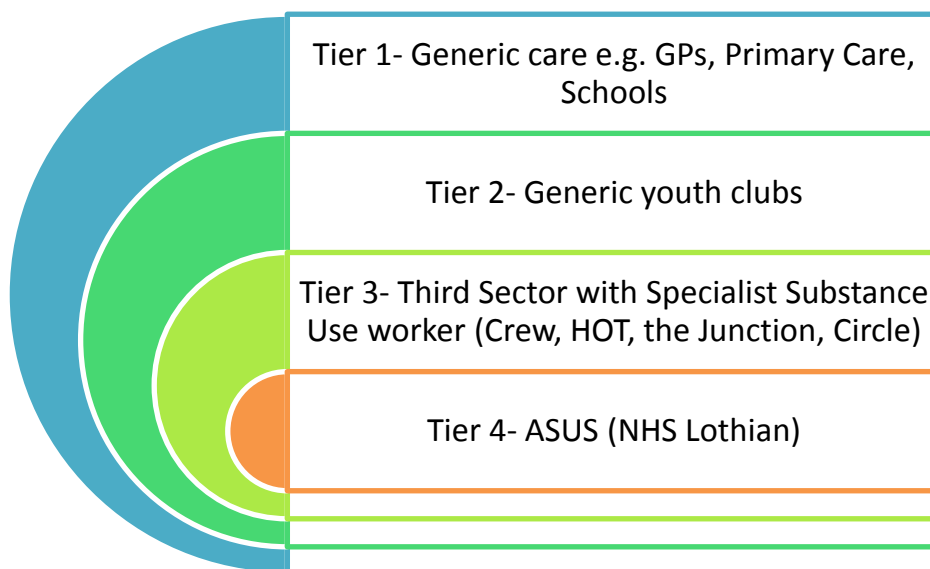
4.6 The young people's substance use service

The Young People's Substance Use Service is a partnership between the NHS Lothian Adolescent Substance Use Service (ASUS), the City of Edinburgh Council Young People's Service and the third sector (Crew, The Health Opportunities Team, Circle, The Junction).

Substance use services are provided for young people aged of 13 to 25 years, depending on the organisation, with no upper age limit if accessing Crew. ASUS, the tier 4 service (Figure 4.3) will work mainly with complex cases but only up to the age of 19. If a young person is aged between 19-21 and requires specialist medical intervention then ASUS can assist in seeking the relevant support in adult services.

Third sector organisations with specialist substance use workers are funded to provide therapeutic 1:1 or group work to young people with substance use issues or those affected by parental substance misuse. Each service covers a specific locality area (e.g HOT & the Junction – South East, Circle- North West, Crew- city centre, Adolescent Substance Use Service (ASUS)- city wide). Referrals are generated from GPs, schools, social work and young people themselves. The specialist workers are linked to specific schools across the localities and deliver drug education in schools.

Figure 4.3: *Young people's Substance Use Service tiered service provision*



4.7 Integration of services

The Scottish Government '*Guidelines for providing injecting equipment*' and the Scottish Government & COSLA '*Quality Principles: Standard Expectations of Care and Support in Drug and Alcohol Services (2014)*' recommend that services are combined and coordinated so that they meet the needs of the individual [10,30].

The recovery hubs model in Edinburgh aims to do this and hubs are designed to be 'one stop shops' that bring together a range of treatment and support services for both alcohol and drug addiction. The Edinburgh Access Practice, the Harm Reduction Team and the North East recovery hub have the capacity and facilities to meet the majority of harm reduction needs onsite whereas the other hubs have to sign post or refer onto other services (Appendix 3). This is partly due to changes in service premises and limitations on what can be provided from specific local authority buildings.

However, integration of services does not mean that everything has to be put into one package. The World Health Organisation identify the aim as the provision of services that are not disjointed for the user and which the user can easily navigate [31]. For specialist care, the issue is how their activities are linked to other services. There are links and referral pathways from the hubs to relevant services but evidence indicates that up skilling of hub staff and more in reach would be more likely to meet the needs of the injecting population; opportunistic engagement around harm reduction is less likely to result in loss to follow up than sign posting or referring onto other services.

Service users' involvement in the development and delivery of integrated services has contributed significantly to the evolution of effective drug and alcohol treatment systems [32]. In Edinburgh and the Lothians, service user involvement has progressed significantly over the years. The Edinburgh Alcohol & Drugs Partnership and NHS substance misuse service work with those who have lived experience of addiction and recovery, including family members and carers, to improve services. In 2012 a joint framework for involving people with lived experience was developed [33]. A service user involvement strategy is in place and there is ongoing development of peer volunteer programmes across third sector and NHS drug services in the city.

4.8 Key findings: Current service configuration

- The configuration of addictions services in Edinburgh is compliant with international and national guidance.
- The recent funding cuts and reorganisation of services have resulted in fewer dedicated buildings for addictions services and less staff time available to offer long hours of drop in access in those buildings. More services are being hosted in neighbourhood buildings and social spaces and regulations within these buildings limit the services which can be offered in them (especially IEP).
- The cuts have necessitated the development of new models for services e.g. sessional drop ins across the whole geographical locality but for fewer hours, and 'enhanced' in-reach to pharmacies. What these changes mean in terms of service cost-effectiveness, reach and accessibility is yet to be seen.
- Services across the city are striving towards more patient centred care but are limited by systems and resources.
- Opportunistic harm reduction interventions are key measures in meeting the needs of people who inject drugs. The skill mix of and support for staff needs to be reviewed so that 'multidisciplinary individuals' are able to provide holistic care.
- Services do work together but despite this, referral and signposting, non-attendance and losses to follow up can be problematic. There are opportunities to further develop direct links that support harm reduction between and within tiers of services.
- Integration of care should be seen as a continuum. Although a lot of work has gone into provider integration and service user involvement, ongoing challenges mean that it is often not possible to provide continuity of care for patients.