

Health Needs Assessment of people who inject drugs (PWID), 2017

#### Aim of the survey

#### The survey aims to find out

- What you think are the main health issues of PWID?
- To what extent are we meeting these needs currently?
- What new and innovative approaches can we take in the future?

This should take about 10 minutes to complete.
* 1. We value your honest responses. All feedback is anonymous. Please choose one of the following options.
I am happy for direct quotations attributed to my generic job role to be used in the final report.
I do not wish to be directly quoted in the final report but I am happy to complete this questionnaire to inform the consultation.



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About you and your work	
* 2. Professional group	
	•
Other (please specify)	_•)
* 3. Organisation	
* 4. Which locality do you cover?	
\$	
Other (please specify)	
* 5. How often are you in contact with PWID aged between 16-24 ye	ars?
Very frequently	
Frequently	
Occasionally	
Rarely	
Never	

* 6. How frequently are you in contact with PWID aged over 35 years?
Very frequently
Frequently
Occasionally
Rarely
Never



Partnership									
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Health needs									
* 7. Please list what you	u think are the three MOST IMPORTANT unmet health needs of PW	ID in Edinburgh?							
1.									
2.									
3.									



vailability & quality					
How would you rate the availability of the	following int	terventions f	or vour clients	s?	
,	1- poor	2- fair	3- good	4- excellent	N/A
Safer injecting advice & information					
Please add any supporting comments					
njecting Equipment Provision					
Please add any supporting comments			7		
Support for motivation to change & recover (e.g. group work, 1:1s, peer work)		0			
Please add any supporting comments					
ake Home Naloxone (THN)					
Please add any supporting comments					
Opiate replacement therapy					
Please add any supporting comments					
Rapid access to opiate replacement therapy for					
nigher risk clients (e.g. low threshold methadone					

	1- poor	2- fair	3- good	4- excellent	N/A
Blood borne virus (BBV) testing-Dry blood spot testing (DBST) or venepunture					
Please add any supporting comments					
Referral for ASSESSMENT for BBV treatment					
Please add any supporting comments					
Active support for COMPLETION of BBV treatment					
Please add any supporting comments					
Wound care					
Please add any supporting comments					
Dental care & treatment (e.g. dentist)					
Please add any supporting comments					
Prevention of oral health problems (e.g. coothbrushes, fluoride toothpaste, education on oral hygiene etc)	$\circ$		$\circ$		
Please add any supporting comments					
Sexual & reproductive health					
Please add any supporting comments					
Welfare, housing & employability advice		0			
Please add any supporting comments					
. What are the <b>enablers</b> that support your o		-	eduction interv	ventions (e.g. lo	ocation,

rventions?			



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New and innovative harm reduction interventions for your clients
* 11. What extra harm reduction interventions or services do you think should be provided <b>in Edinburgh</b> that currently are not?
More options for out of hours injecting equipment provision (IEP).
Supervised injecting rooms.
More availabilityof "low threshold" methadone prescribing in localities
Heroin assisted treatment.
More regular contact with professionals for people on ORT
IEP vending machines
Home delivery of IEP
More written information & advice for PWID
More motivational interventions to help people change their injecting behaviour
In some groups increased emphasis on smoking instead of injecting opiates
None of the above
Other (please specify)
* 12. From Edinburgh's population of PWID, who would benefit most from the interventions you selected above and why?

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* 13. Are there any additional harm reduction interventions that you would like to provide to PWIDwithin your own service? Please select from below.
Safer injecting advice and information
Injecting Equipment Provision (IEP)
Opiate replacement therapy (ORT)
Take home naloxone (THN)
Dry blood spot testing (or venepunture) for BBVs
Active support for people to complete assessment & treatment for BBVs
Dental care (e.g. dentist)
Prevention of oral health problems (provision of tooth brushes & fluoride toothpaste, education on oral hygiene etc)
Sexual & reproductive health
Wound care
Rapid access to ORT for higher risk clients (e.g. low threshold methadone programme)
Increased access to GP care
Employability & welfare advice
Motivational & psychosocial interventions
Outreach (e.g. IEP, BBV testing & support for BBV care & treatment)
Employability, housing & welfare advice
None of the above
Other (please specify)



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#### Workforce Development

* 14. What additional training would be useful to increase your confidence and competence in the delivery of harm reduction interventions with PWID?
Understanding client trauma & how to respond in practice
BBVs & dry blood spot testing
Understanding addiction & recovery
Chem sex (the use of specific drugs to facilitate & enhance sex most commonly between men who have sex with men which can include slamming/ injecting)
Motivation & behaviour change skills
Performance & image enhancing drug use
Sexual health & substance use
Risks related to groin injecting
Safer injecting practice
None of the above
Other (please specify)



	Alcohol & Drug Partnership			
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	Any further comments			
15. Please comment on anything else you wish to tell us about harm reduction in services acros Edinburgh.				