

Oxfordshire Drug and Alcohol Action Team

Harm Minimisation Service

Summary of Specification

Service Scope

1. Service Description

The introduction of a separate Harm Minimisation (HM) Service to run alongside the LASARS, Police Custody Interventions and Recovery Services is a key element in ensuring that the needs of all drug and alcohol users are met. The core function of the service will be to provide harm minimisation interventions for individuals resident in Oxfordshire.

The service will include the provision of drug and alcohol harm minimisation interventions which comprise of the following minimum elements as described:-

- Provision of quality, evidenced based, consistent harm minimisation advice and information
- Active participation in health awareness campaigns
- A city based open-access specialist needle syringe programme Level 3 (PH Needle and Syringe Programmes Guidance (NICE, 2009)
- Participation in the city based Unlinked Anonymous Prevalence Monitoring Programme
- Brief interventions for drug users
- Targeted interventions including proactive outreach
- Brief interventions for alcohol users
- Meet Probation requirements for those on a Drug Rehabilitation Requirement (DRR) and Alcohol Treatment Requirements (ATR) including notifying Probation of attendance or non-attendance;
- Provide county wide open access provision where no appointment is necessary
- Work with individuals that are pre-contemplative and contemplative in order to prepare them for accessing recovery services
- The provision of Opiate Substitution Therapy (OST) prescribing services to enable individuals to stabilise and begin considering recovery
- Support to GPs, in their Practice, who provide OST within the Drug Misuse Local Enhanced Service
- Delivery of drug and alcohol awareness training to those working in substance misuse related services
- Provision of blood borne virus testing and vaccinations for high risk groups including injecting drugs users.

2. Advice and Information

The Provider shall:

- Work continually to develop, in partnership with the DAAT, appropriate literature for parents, carers, professionals and individuals and ensure dissemination throughout the county;
- Actively promote services widely across each locality by informational posters and literature disseminated through, for example, community centres, GP surgeries and local newsletters;
- Provide a central telephone line for professionals, individuals, parents and carers and will provide a first point of contact for information. It will be staffed during core hours and an answer phone will be available 24 hours a day 365 days per year to enable messages to be left; these messages will be responded to by the end of the next working day.
- Provide literature on harm minimisation in written, electronic and/or web based media and will be targeted at:- Heroin users; Stimulant users; Recreational, party drug and new psychoactive substance users; Alcohol users and Performance and image enhancing drug users.
- Provide literature published in user friendly formats and freely available to individuals, and include harm reduction principles and techniques such as preventing transmissible diseases, reducing bacterial infection, advice on sexual health.

- Proactively support DAAT led health campaigns as well as develop your own.

3. Harm Minimisation and Specialist Needle Syringe Programme

The Harm Minimisation and Specialist Needle Syringe Programme will:

- Work closely with the 36 pharmacy based needle exchange sites in Oxfordshire;
- Be provided from one or more locations, one of which must include Oxford City;
- Be aimed at hard to reach groups such as the homeless and sex workers and is intended to encourage vulnerable groups to reduce harmful and risky behaviour.
- Provide an open access 'pick and mix' needle and exchange service, which is free of charge to individuals, in accordance with the Oxfordshire SWOP protocols in force, to level 3 (PH Needle and Syringe [Programmes](#) Guidance – NICE 2009);
- Facilitate the safe disposal of injecting equipment;
- Provide Information, advice and support on blood borne viruses, including sign-posting and multi-agency partnership work to facilitate and improve treatment outcomes;
- Provide Assessment and advice on the injecting behaviour of individuals and provide advice and referral for wound management;
- Provide advice on how to avoid overdose;
- Encourage injecting drug users to switch to non-injecting methods of drug taking;
- Participate in the dried blood spot testing for the Unlinked Anonymous Prevalence Monitoring Programme, in accordance with this national yearly survey through the Health Protection Agency;
- Develop tailored Needle Syringes packs for specific cohorts as directed by the DAAT, for example sex workers;
- Provide condoms and sexual health advice;
- Ensure the provision of additional harm minimisation paraphernalia, which may include foil, Steri-cups and water.
- Ensure The Harm Minimisation and Specialist Needle Syringe Programme is made available to 16 -17 year olds, where the service establishes that not giving clean injecting equipment to the young person would be of greater risk. Appropriate safeguarding procedures should be followed.

4. Targeted Outreach Interventions

The Provider will deliver harm minimisation interventions, including proactive outreach to the following target groups:

- Sex-workers;
- Those who experience harm through use of 'recreational/party' drugs and new psychoactive substances;
- Those using performance and image enhancing drugs (PIEDs);
- Other hard to reach groups, such as the homeless, pregnant women and street-drinkers, as appropriate;

The Provider will work outside core office hours in order to deliver outreach to these groups.

5. Brief Interventions for drug users

The Provider will deliver opportunistic brief interventions focussed on motivation in the following way:-

- To people in limited contact with drug services if concerns about drug misuse are identified by the Service User or staff member
- Normally consisting of two sessions each lasting 10–45 minutes
- Exploring ambivalence about drug use and possible treatment, with the aim of increasing motivation to change behaviour, and provide non-judgemental feedback.
Source: NICE Clinical Guideline 51, 2007
- That is evidenced based, using the wide range of cognitive behavioural techniques and utilising ITEP tools where appropriate.
- Delivered to those receiving OST. These will be delivered, at every opportunity, to include motivational work and exploring recovery as a next step.

The sessions will include but will not be limited to:

- Up to date information and literature on Oxfordshire services including DAAT publications where appropriate,
- Information on Oxfordshire recovery providers and what they can offer to assist in achieving abstinence;
- Information on Oxfordshire mutual aid groups
- Harm reduction advice and education including sexual health;
- Motivational interviewing techniques;
- Cognitive behavioural therapy;
- Assessment and referral to other services as required;
- Access to evidence-based complementary therapy treatments as appropriate;
- Advice on ingestion methods including injecting behaviours.

6. Brief interventions for alcohol users

The Provider will deliver brief Interventions for alcohol users who:

- Are alcohol misusers who are aged 18 or over and who are hazardous or harmful drinkers;
- Have committed an alcohol related offence in Oxfordshire, and are identified in the NICE Pathways Alcohol – use Disorders Review 2011

The Provider will provide alcohol specific brief interventions including the following:

- Screening, using-AUDIT/AUDIT C;
- Brief advice including alcohol specific advice and support
- Education on alcohol consumption and units,
- Harm minimisation information;
- Interventions relating to offending behaviour;
- Individual one-to-one sessions utilising motivational enhancement;
- Onward referral.

7. Supporting Opiate Substitution Therapy (OST) in GP Practices

Approximately half of GP practices participate in delivering a locally enhanced Service to opiate dependant drug users, the Provider directly support GP practices who participate in delivery of a LES and will:

- Support the GP LES and deliver a specialist service to patients who are accessing OST at their GP Practice and have not been referred to a Recovery service, following assessment by LASARS. This will include the provision of an addictions worker at each identified GP Practice, (as agreed in the GP LES negotiations);
- Work with all patients in order to facilitate their access to Recovery services via a referral to LASARS as appropriate.

8. Direct OST Provision (not in GP Practices)

OST prescribing function as part of this service will be delivered across the county. The Provider will deliver the following core functions:

- Triage and comprehensive assessments
- Risk and safeguarding assessment
- Care planning, treatment management and care plan review
- Continual review of readiness for recovery
- Community OST prescribing as part of a package of harm minimisation support
- General health awareness and sign-posting to primary care services to include smoking cessation
- Referral to Oxfordshire Salaried Primary Care Dental Service where applicable
- Robust communication with each individual's GP to keep them informed of their progress with OST and other treatment as appropriate.

Access to OST from the Harm Minimisation service will only be available following an assessment and referral from LASARS.

The primary target group for prescribing services under this contract are those who are aged 18 years or older and are problematic heroin users, living within Oxfordshire or who are eligible in accordance with the Reconnection policy, and who are not receiving OST prescribing treatment from a GP or an Oxfordshire recovery provider.

9. Families Services

The Provider will develop and support the following:

- Family and carer support groups in across Oxfordshire according to need,
- Direct one to one support to families and carers of drug and alcohol users in the community through individual or whole family support sessions,
- Information and advice for families and carers,
- Coordinate and support the setting up of families and carer support groups across the county,
- Coordinate and support volunteers across the county to develop a network,
- Produce literature for families and carers in partnership with the DAAT and strategic partners.

Family and carer support groups are likely to be required during the evening and/or weekends which the Provider must accommodate ensuring effective marketing and flexible venues.

We all have a duty to consider the impact of drug and/or alcohol use on children therefore all services delivered within this specification will include interventions to reduce the impact of a client's substance misuse on children that they are in contact with. The Provider will ensure all case workers have safeguarding training.

10. Blood Borne Virus Testing

The Provider will ensure that information on preventing blood borne virus transmission is available throughout the service and provide the following:

- Information on preventing blood borne virus transmission;
- Hepatitis B vaccination and hepatitis A vaccination as appropriate;
- Testing and referral for HIV and hepatitis C; following established pathways for those infected;
- Pre and post test support for patients undertaking BBV testing;
- Individuals supported by the Provider in GP surgeries, testing for hepatitis C & HIV by the Provider or facilitated access through the GP practice for testing and facilitated access with the GP practice for relevant vaccinations.

11. Open Access and Outreach Services

The Provider will:

- Provide open access and outreach sessions across the county according to the specific needs of the client group in each area. Open access and outreach sessions will be developed across the county according to local need and in agreement with the DAAT.
- Be expected to evidence that they are proactively seeking clients and delivering services out of core office hours, taking into account the needs and lifestyle of the target populations such as sex-workers and homeless drug users.

Open Access is defined as: a low threshold, easily accessible drug and alcohol service for a wide range of drug and alcohol misusers, the aim of which is engagement, harm minimisation, support and motivation to reduce harm.

Outreach is defined as: activities designed to make contact with target groups, including individuals who are not already engaged in treatment, in their natural setting, at home, on the streets, at bars and clubs or in other meeting places, often using detached methods of working.

12. Inclusion/exclusion Criteria

The Provider shall not decline to assess any person or Service User who falls within the following criteria:

- Aged 18 or over, resident in Oxfordshire who are illicit drug users, using new psychoactive substances or hazardous, harmful moderately dependent alcohol users;
- Any young person aged 17 or under (who would normally access a young person’s service, with the exception of the above), whom it is appropriate to allow to access this Service, recognising that young people in this bracket develop at different rates.

The Specialist Needle Syringe Programme is available to 16 -17 year olds if the service establishes that not giving clean injecting equipment to the young person would be of greater risk.

13. Peripatetic work

The Provider will:

- Ensure the services covers the whole of Oxfordshire
- Ensure the services is cohesive and accessible
- Ensure that interventions are delivered at each GP Practice covered within the scope of this specification, and are available for each district of the county, to ensure that where possible individuals are not disadvantaged due to their geographical location.
- Ensure that travel reimbursement or travel vouchers are widely available to facilitate Service User access.

14. Days/ hours of operation

The Provider will deliver a flexible Service inside and outside of core office hours to include weekends and bank holidays and will provide regular out of hours Services across the county according to needs.

15. Outcomes measures

The Provider will complete the ‘review’ and ‘exit’ TOPs for all individuals who are accessing the service for OST and those who are being supported by the service and on OST through a GP Practice. The contract will be based upon annual contract price and quality outcomes measures on an approximate ration of 70% contract value and 30% outcome measures.

Outcome /Activity	Metric
<i>Conversion rate of individuals from OST to recovery provision</i>	<i>Of the number of individuals on OST over the period, the percentage of individuals who are referred to recovery provision via LASARS and who engage with the recovery Provider thereafter</i>
<i>Review TOPs completed for all individuals on OST at the service or at a supported GP Practice</i>	<i>Of the number of individuals who are due a review TOP, the percentage of individuals who have one completed</i>
<i>Targeted outreach sessions provided</i>	<i>The number of targeted outreach sessions provided to sex-workers and those using ‘party*’ drugs</i>
<i>Reduce harm to harmful and hazardous drinkers and recreational** drug users</i>	<i>The number of individuals receiving a brief intervention for drugs or alcohol</i>