



# Harm Reduction Strategy



**An Oxfordshire Strategy  
2009-2012**

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# 1 Context

## 1.1 Rationale

Harm reduction is a term that defines policies, programmes, services and actions that work to reduce the health, social and economic harms to individuals, communities and society that are associated with the use of drugs (Newcombe, 1992)<sup>1</sup>.

The Oxfordshire Drug and Alcohol Action Team (DAAT) recognises that harm reduction is integral to Oxfordshire's drug treatment and criminal justice systems, and promotes a harm reduction approach to all services accessed by drug users.

Effective drug treatment must also respond to the whole of an individual's health needs, including primary and secondary healthcare, alcohol use, prescription drug misuse, sexual health and dental health. The DAAT is committed to providing resources, educational materials and support to professionals and drug users to reduce drug related harm.

The DAAT is responsible for the co-ordination of Oxfordshire's multi-agency Harm Reduction Partnership. The Partnership takes a strategic approach to initiating, promoting and monitoring harm reduction interventions aimed at adult drug users in Oxfordshire.

## 1.2 Definitions

In the context of health, 'harm reduction' is an approach which aims to reduce or eliminate the harms (behaviours, diseases or deaths) associated with drug misuse.

Such harms might include (but are not limited to):

- Spread of blood-borne viruses (BBV) via injecting drugs or sexual activity
- Overdose or unintentional injury (which may lead to premature drug related death)
- Increased risk through co-morbidity (eg. drug misuse combined with alcohol misuse and/or mental health problems)
- Septicaemia, wound infections and other infections resulting from injecting
- Other general/primary health care issues, sexual health and dental health.

The term 'harm reduction' is utilised in a wider context by the Harm Reduction Partnership as it aims to reduce health, social and economic harms associated with drug use.

Drug related deaths are defined by the Office of National Statistics (ONS, 2003) as follows:

*"Deaths where the underlying cause is poisoning, drug abuse, or drug dependence and where any of the substances are controlled under the Misuse of Drugs Act (1971)."*

This definition has been adopted by the Harm Reduction Partnership, and is consistent with the information needs of the European Monitoring Centre for Drugs and Drug Addiction.

Drug related death (DRD) is either immediate or delayed:

- Immediate DRD occurs as a consequence of the pharmacological action of a drug. This can occur if the drug taken is a normal dose, an accidental overdose or deliberate overdose (suicide)
- Delayed DRD mainly occurs from blood-borne virus infection including hepatitis C (HCV) and B (HBV), and Human Immunodeficiency Virus (HIV), which may lead to death many years after the initial transmission of infection. Other infections resulting from drug taking include tetanus, wound botulism, tuberculosis, septicaemia, and deep vein thrombosis. Longer term causes of death also include smoking related diseases and heavy alcohol use concomitant with, or subsequent to, heavy drug use.

<sup>1</sup> Newcombe, R. (1992) The Reduction of drug related harm: a conceptual framework for theory, practice and research. In, O'hare et al (Eds.) The reduction of drug related harm. London Routledge

# 2 The Harm Reduction Partnership

## A Strategic Approach

### 2.1 Background

In 2004, Oxfordshire DAAT set up a multi-agency partnership with the aim of reducing drug related death in Oxfordshire. In July 2006, it extended its remit to include all aspects of harm reduction relating to drug use. The new Harm Reduction Partnership is responsible for the delivery of this strategy.

The Harm Reduction Partnership comprises representation from:

- Oxfordshire DAAT
- Health Protection Unit (Oxfordshire)
- Oxfordshire Radcliffe Hospitals NHS Trusts
- Oxfordshire Primary Care Trust
- Oxfordshire User Team
- South Central Ambulance Service NHS Trust (Oxfordshire Division)
- Thames Valley Police
- HMP Bullingdon
- Oxfordshire and Buckinghamshire Mental Health Care Trust.

The Harm Reduction Partnership is committed to reducing harm by raising awareness, challenging stigma and discrimination, and supporting harm reduction interventions. The aims and objectives for the next three years outlined in this strategy are challenging and far reaching. Effective implementation is dependent on the activities of the Harm Reduction Partnership, service providers, partner agencies, drug and alcohol users, and their families and carers.

The Harm Reduction Strategy 2009-2010 sets out progress made by the Partnership to date and its priorities for the next three years, identifying key aims and seven strategic objectives. The strategy aims to identify populations at risk and potential harms, and introduce evidence-based interventions to reduce those harms. The Partnership aims to implement and monitor a range of policies and initiatives to reduce the impact of drug related harm on individuals and communities.

### 2.2 Strategic Aims

- Reduce morbidity and mortality associated with drug use
- Promote harm reduction as an integral approach for all services working with drug users
- Improve health and social care for drug users and those living with blood-borne viral infections
- Reduce the negative impact of drug use on communities
- Reduce the transmission of blood-borne viruses and other communicable diseases affecting drug users.

### 2.3 Strategic Objectives

- Provide and manage a strategic framework to address and promote harm reduction according to locally identified needs of the drug-using population
- Provide ongoing monitoring and evaluation of the implementation of the strategy
- Promote the delivery of harm reduction interventions to users, families and carers across all drug services
- Increase service user, family and carer understanding of the health care implications associated with drug misuse
- Develop and sustain a knowledgeable, skilled and confident workforce
- Reduce the incidence of accidental overdose.



## 2.4 Links to Other Strategies

This strategy has been drawn up in line with the following:

- National Treatment Agency's (NTA's) treatment effectiveness agenda
- NTA's national Drug Related Death programme
- HMP Bullingdon's Healthy Prison Strategy 2006-9 (under review)
- Oxfordshire's Alcohol Strategy 2008-2011
- Oxfordshire's Sexual Health and HIV Strategy 2008-2010
- Oxfordshire DAAT's User Involvement Strategy 2006-09
- Involving Service User and Families: In the Commissioning, Planning and Development of Drug and Alcohol Treatment' 2009-2011
- Oxfordshire DAAT's Hepatitis C Action Plan 2009-2010
- Oxfordshire PCT's Blood-Borne Virus Strategy (to be published)
- Good Practice in harm reduction NTA 2008.

## 2.5 Links to Other Partnerships

The work of the Harm Reduction Partnership is linked with other strategic partnerships and forums including:

- Shared Care Management Group (SCMG)
- Harm Reduction Strategy Group
- Harm Reduction Leads Group
- Drug Related Death Confidential Enquiry Panel
- Blood Borne Virus Commissioning Group – Oxfordshire PCT.



# 3 Reporting

## 3.1 National Reporting

### ***National Programme of Substance Abuse Deaths (np-SAD)***

National monitoring of drug related deaths is undertaken by the np-SAD programme at St George's Hospital Medical School, London. Coroners' offices submit local figures to np-SAD although to date these do not include DRD caused by blood-borne virus infection. These data are compared to the most recent data published by the Office of National Statistics and the Drug Abuse Warning Network, and monitoring reports are released every six months. Oxfordshire has been submitting figures to np-SAD since 2003.

### ***Unlinked Anonymous Prevalence Monitoring Programme (UAPMP)***

National monitoring of blood-borne virus prevalence including HIV, HBV and HCV is undertaken by the UAPMP and the Health Protection Agency's Centre for Infections (Cfi). Six monthly reports mapping prevalence rates are produced by the Health Protection Agency.

### ***Care Quality Commission (replacing the Healthcare Commission)***

The Care Quality Commission, is the newly launched regulator which has a statutory duty to assess the performance of health and adult social services, whether provided by the NHS, local authorities, private companies or voluntary organisations.

### ***National Treatment Agency (NTA)***

The NTA receives local reporting from all Drug (and Alcohol) Action Teams across England to build a picture of services, need and delivery of care to ensure service users are in effective and well-managed treatment and will be successfully completing or appropriately continued in treatment.

### ***National Reporting on Needle Exchange***

The National Drug Treatment Monitoring Service has introduced a national exchange monitoring system from April 1st 2009, to support, monitor and develop harm reduction using evidence-based practice.



## 3.2 Local Reporting

### ***Submissions to np-SAD***

Drug related deaths in Oxfordshire are reported to np-SAD following the conclusion of the Coroner's inquest. Numbers of drug related deaths are also monitored locally by the Harm Reduction Partnership.

### ***Confidential Enquiries into Drug Related Deaths***

The Harm Reduction Partnership receives an annual report on drug related deaths from the Confidential Enquiry Panel. The primary aims are to identify and monitor trends in drug use and risk taking behaviours, and make recommendations to improve and expand service provision as necessary.

### ***Narcan Usage***

The usage, and location of use, of Narcan (the opiate antagonist used by ambulance personnel to revive drug users who have experienced opiate overdose) is monitored by South Central Ambulance Service NHS Trust. Figures are fed into the Harm Reduction Leads 'quarterly meeting.

### ***Harm Reduction Self-assessment***

The harm reduction partnership completes an annual self-assessment of audit to support the ongoing delivery of the strategy and to identify arising issues.

### ***Sterile Works for Oxfordshire Providers (SWOP)***

Needle exchange provision, Oxfordshire's SWOP scheme, is monitored by Oxfordshire's Shared Care Management Group. Data on returns of used injecting equipment is collated by Oxfordshire DAAT and monitored through the SCMG.

Public needle finds are monitored by local councils which have contact numbers for reporting finds and protocols for safe disposal. Public sharps bins are located throughout the City and in some areas of Oxfordshire county where a need has been identified.

### ***Oxfordshire's Treatment Information System (OTIS)***

The DAAT has developed a county-wide database, OTIS, that holds data on all users engaged with Oxfordshire's drug treatment system. Aggregated data from OTIS is submitted to the National Drug Treatment Monitoring System and the National Treatment Agency. Data includes numbers entering and being retained in treatment. Drug users, who are involved with the Drug Interventions Programme, are monitored through Drug Requirement Records input to OTIS and overseen by the Home Office. Oxfordshire DAAT holds quarterly monitoring meetings with DAAT-commissioned service providers.

### ***Submissions to the UAPMP***

Blood-borne viral infection is monitored by the UAPMP. The UAPMP has sites in, Oxford City and Abingdon. Local data is submitted to Oxfordshire DAAT annually.



# 4 Partnership Agreements

## 4.1 Protocols and Procedures Agreed to Date

Together with the Action Plan attached to this strategy the following agreements have been signed off by the Harm Reduction Partnership:

### ***Oxfordshire's Communication Protocol***

This protocol was agreed by the Harm Reduction Partnership to ensure that all communication to the media on drug related death and harm reduction is co-ordinated by Oxfordshire DAAT (for details see [www.oxfordshiredaat.org](http://www.oxfordshiredaat.org))

### ***Police Attendance Protocol to an overdose 999 call***

This protocol was agreed by Thames Valley Police, Oxfordshire DAAT and the Oxfordshire Division of South Central Ambulance Service NHS Trust. The protocol states that police will not normally attend overdose incidents. The aim of the protocol is to encourage drug users to look after their peers and call the emergency services if an overdose is witnessed. It has recently been developed into a Thames Valley wide protocol (2008) for details see [www.oxfordshiredaat.org](http://www.oxfordshiredaat.org)

### ***Early Warning System***

This communication system is co-ordinated by Oxfordshire DAAT. It aims to alert drug services and users at the earliest opportunity if contaminated or strong drugs are being sold on local markets. All service providers are asked to work in line with this system and alert Oxfordshire DAAT if they are made aware of contaminated drugs in circulation anywhere in the county. Prior to messages being released through this system a risk assessment will be conducted by Oxfordshire DAAT and its partners to establish a need for releasing the information in Oxfordshire, for details see [www.oxfordshiredaat.org](http://www.oxfordshiredaat.org)

## 4.2 Progress to Date

### ***Confidential enquiries into drug related deaths***

A confidential inquiry is held following every drug related death in Oxfordshire. DAAT officers, in partnership with Thames Valley Police, investigate the death and present their findings to the Confidential Enquiry Panel. The aim of the process is to establish potential risk factors that contributed to the death to inform future service delivery and harm reduction initiatives.

### ***OUTSMART Overdose Project***

Since 2002, Oxfordshire User Team (OUT) deliver a monthly workshop to users, families and carers on overdose prevention and response. The aim of the workshop is to highlight risk factors, provide attendees with basic life support techniques and encourage users to contact the emergency services if an overdose is witnessed. This successful project won a Thames Valley Health Care Award in 2005 for Reducing Health Inequalities and has been rolled out to other areas in the Thames Valley.

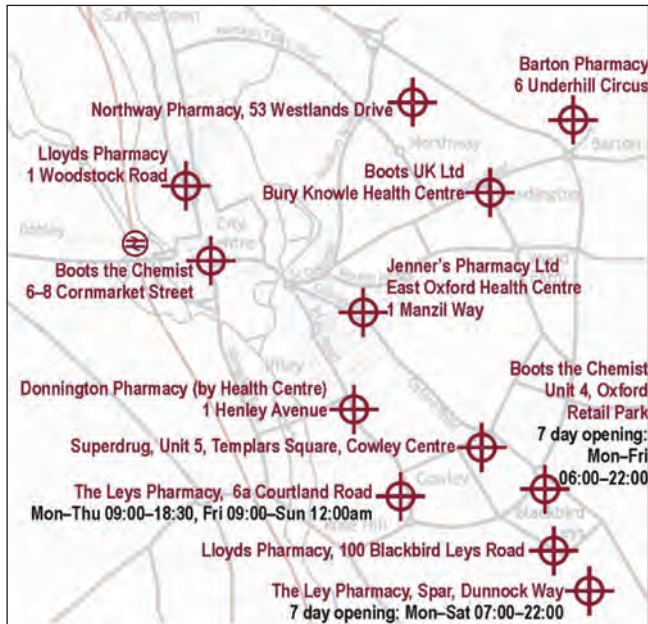
### ***OUTlive Hepatitis C project***

Since 2002, OUT has been delivering workshops to users, families and carers as well as service providers on blood-borne viruses. The aim of the workshop is to encourage users to adopt safer injecting techniques, to raise awareness of issues experienced by those living with infection and to encourage users to present for testing, diagnosis and treatment, where appropriate.

## SWOP

SWOP packs are distributed from needle exchange outlets throughout the county. The majority of needle exchange outlets are pharmacy-based with a couple of non-pharmacy needle-exchanges.

### Map of SWOP pharmacies in Oxford City



### Map of SWOP pharmacies located in Oxfordshire



### Oxford City Harm Reduction Service (OCHR)

OCHR is a dedicated specialist harm reduction service located in the Oxford Night Shelter, providing SWOP, pick and mix, including a variety of injecting paraphernalia not available through pharmacies.

Additionally this service provides dedicated one to one sessions for service users, families and carers

as well as providing training to the drug services workforce.

### Crack cocaine harm reduction

Oxfordshire DAAT has developed training sessions aimed at users, carers and professionals on harm reduction techniques relating to the use of crack cocaine. As a result of research into the needs of crack users in Oxford City, Baseline, an open access drop-in for crack users has been developed and in Banbury a similar service known as Base 16 has been set up.

### Workforce development

Oxfordshire DAAT has held/commissioned a number of training sessions aimed at drug workers and related professionals on harm reduction.

These include:

- Drug awareness training sessions - OCHR
- Overdose prevention and response sessions delivered by OUT
- Blood-borne virus sessions delivered by OUT
- Masterclasses for continuing professional development for pharmacists and GPs working with service users.

### Disposable breathing apparatus

Police in Oxford City have been trained by the Oxfordshire Division of South Central Ambulance Service NHS Trust to use disposable breathing apparatus to oxygenate individuals in the event of overdose. The breathing apparatus is stored in police cars.

### Needle Replacement Scheme in St Aldates custody suite and John Radcliffe Hospital Emergency Department.

Drug using offenders can access clean and sterile injecting equipment on release from police custody in Oxford City.

People attending the John Radcliffe Hospital Emergency Dept can access clean and sterile injecting equipment on discharge from the department.

# 5 Strategic Objectives & Action Plan

1. Provide and manage a strategic framework to address and promote harm reduction according to locally identified needs of the drug-using population
2. Provide ongoing monitoring and evaluation of the implementation of the strategy
3. Promote harm reduction to drug users, families and carers
4. Develop and sustain a knowledgeable, skilled and confident workforce
5. Increase service user, family and carer understanding of the health care implications associated with drug misuse
6. Reduce the transmission of blood-borne viruses
7. Reduce the incidence of accidental overdose

## Strategic Objective 1

Provide and manage a strategic framework to address and promote harm reduction according to locally identified needs of the drug-using population

### *Key Actions:*

1. Maintain a multi agency partnership representative of all key partner agencies
2. Co-ordinate action on harm reduction
3. Ensure that protocols and working procedures agreed by the Harm Reduction Partnership are adhered to and progress towards achieving key aims and objectives, outlined in this strategy through quarterly meetings
4. Ensure that effective communication pathways are in place linking Oxfordshire's treatment system, receiving quarterly reports against planned treatment targets
5. Liaise with Oxfordshire's Shared Care Management Group to ensure service providers are working in line with Oxfordshire's Shared Care Clinical Guidance for Substance Misuse (to be re-published 2009) and national Clinical Guidelines<sup>2</sup> (DoH 2007)
6. Monitor and update service specifications for each treatment modality ensuring that harm reduction is promoted across all treatment tiers. Include harm reduction interventions as part of the specification in all drug services, with a nominated lead
7. Ensure service providers are working in line with Models of Care (updated 2006)
8. Conduct an annual audit of the Early Warning System ensuring efficacy of the system
9. Review delivery of harm reduction by services against treatment plan targets through Harm Reduction Partnership quarterly meetings
10. Develop working partnerships with organisations and professionals addressing domestic violence
11. Ensure that all drug services are working within the standards of the Oxford Safeguarding Children's Board.

<sup>2</sup> Drug Misuse and Dependence – Guidelines on Clinical Management “The Orange Guidelines” (2007) Department of Health

## **Strategic Objective 2**

Provide ongoing monitoring and evaluation of the implementation of the strategy

### *Key Actions:*

1. Monitor returns of used injecting equipment and needle finds in public spaces
2. Monitor the delivery of harm reduction in drug treatment, through-care and aftercare in Oxfordshire's drug treatment system and prisons
3. Input to the Unlinked Anonymous Prevalence Monitoring Programme through sites based in Oxford City and South Oxfordshire
4. Develop effective monitoring systems to establish prevalence of infections affecting drug users in Oxfordshire
5. Monitor the number of users presenting for blood borne virus testing, treatment and vaccination
6. Monitor number of times and location that Narcan is administered by the Oxfordshire division of South Central Ambulance Service NHS Trust
7. Monitor HIV and HCV prevalence amongst intravenous drug users
8. Develop a system for identifying drug related deaths attributed to HIV and HCV infection
9. Ensure that care pathways between primary care and specialist blood-borne virus services are robust
10. Produce an annual report on confidential inquiries into drug related deaths in Oxfordshire
11. Monitor results of commissioned services self audits.

## **Strategic Objective 3**

Promote the delivery of harm reduction interventions to users , families and carers across all drug services

### *Key Actions:*

1. Provide peer-led workshops and practical sessions on overdose prevention and response to drug users and carers
2. Provide peer-led workshops on blood-borne viruses to drug users and carers
3. Provide co-ordinated and targeted information campaigns and widely disseminate information on harm reduction
4. Promote harm reduction techniques to stimulant users
5. Ensure ongoing review of drug paraphernalia with service users and respond to their views as appropriate
6. Promote the supervised consumption of prescribed controlled drugs in line with Oxfordshire's Shared Care Guidelines (updated version due out end of 2009)
7. Ensure service users are informed of the dangers to children of take-home medication and provide them with equipment, where necessary, for safe storage
8. Deliver harm reduction campaigns across services on a regular basis.

#### **Strategic Objective 4**

**Develop and sustain a knowledgeable, skilled and confident workforce**

*Key Actions:*

1. Ensure harm reduction training is standard for all staff in contact with drug users
2. Ensure immediate access for staff, in cases of needlestick injury, to post exposure prophylaxis to prevent occupational HIV transmission. (PEP guidance DoH 2008)
3. Promote access to HBV immunisation to all staff working with drug users
4. Encourage staff in drug services to attend regular basic life support training
5. Ensure that all drug services have appropriate policies and provision for the safe disposal of discarded drugs paraphernalia found on site
6. Ensure that all drug services have a named worker leading on harm reduction.

#### **Strategic Objective 5**

**Increase service user, family and carer understanding of the health care implications associated with drug misuse**

*Key Actions:*

1. Relapse prevention, BBV education, and overdose prevention and response training, to be promoted as integral to care planning across all treatment tiers including local prisons
2. Ensure access to wound management
3. Ensure that a general health needs assessment is conducted within the care planning process
4. Provide sterile drug taking equipment (relevant to need) through pharmacy based needle exchange and specialist harm reduction services
5. Ensure opiate substitution therapy is available to drug users admitted to Oxfordshire Hospitals
6. Ensure that risk assessment is included in care planning processes
7. Ensure referral mechanisms are in place for dental health care
8. Provide screening and materials for sexual health promotion in liaison with GUM services
9. Ensure an integrated approach with referral, advice, liaison and care co-ordination arrangements for people with substance misuse and mental health problems
10. Provide access to substitute prescribing for unplanned released Oxfordshire prisoners
11. Provide rapid access to substitute prescribing for users in the Drug Interventions Programme
12. Increase the availability of Narcan for home use and at appropriate services in line with the evidence base and with full clinical support, agreed protocols and ongoing training
13. Improve access to prescribing for substance misusing offenders in local prisons and ensure continuity of care on release
14. Provide integrated care pathways from testing in primary care to secondary care for individuals who test positive for blood-borne viruses
15. Improve access to combination therapies for people living with HCV and HIV (in the community and in local prisons).

## **Strategic Objective 6**

### **Reduce the Transmission of Blood-Borne Viruses**

#### *Key Actions:*

1. Promote preventative interventions across all treatment tiers including Oxfordshire's prisons
2. Encourage those at risk, past and present, of BBV infection to present for testing
3. Provide access, where practical, to BBV testing and HBV immunisation on site
4. Increase access to BBV testing and HBV immunisation through integrated care pathways, referral and monitoring
5. Further develop pharmacy-based needle exchange and specialist harm reduction services to be responsive to local need and provide equipment as appropriate
6. Increase numbers of individuals accessing treatment for Hepatitis C
7. Evaluate progress of uptake of blood-borne virus vaccination and testing through Oxfordshire's Shared Care Management Group and support the achievement of targets set by the National Treatment Agency
8. Pursue the viability of funding a BBV nurse for BBV testing, vaccination and treatment in the community.

## **Strategic Objective 7**

### **Reduce the incidence of accidental overdose.**

#### *Key Actions:*

1. Identify risk factors contributing to individual deaths through confidential enquiries and, where appropriate, put in place services/interventions to reduce these
2. Ensure early identification of DRDs through Coroner's Office and Thames Valley Police and inform DAAT Lead Officer at the earliest opportunity
3. Communicate with service providers and commissioners, as appropriate, regarding fatalities
4. Ensure that all service providers are working in line with the Early Warning System and Oxfordshire's Communication Protocol
5. Provide overdose prevention and response training to drug users, carers and workforce
6. Ensure that all prison leavers have plans in place to minimise the risk of overdose.

## 6 Review & Key Contacts

This strategy has been drawn up in consultation with partners and will be reviewed on an annual basis by the Harm Reduction Partnership.

Progress against the objectives and action plan identified in section 5 will be reviewed on a 6-monthly and annual basis.

For more information about this strategy and harm reduction in Oxfordshire please contact Oxfordshire DAAT on 01865 290800 or email [reception@oxfordshiredaat.org](mailto:reception@oxfordshiredaat.org) or contact:

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The following documents can be found on our website, [www.oxfordshiredaat.org](http://www.oxfordshiredaat.org):

- Communication Protocol
- Police Attendance Protocol to an Overdose 999 call
- Early Warning System





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