BUILDING ON THE GP ROLE TO PREVENT DRUG-RELATED DEATHS
In 2016 there were 134 deaths eligible for case review in Lothian, a 34% increase from 2015. Of these, 96 (72%) occurred in the City of Edinburgh. The postcodes of residence (Table 12.1) reflects the distribution of people who inject drugs in the city of Edinburgh and the map in Figure 12.1 is similar to that for distribution of take home naloxone (THN) and injecting equipment provision (IEP).
The highest risk group are single, socially isolated, white males with a long term history of poly substance misuse (including alcohol) and an increasing number (72% in 2016) are heroin/morphine related deaths

In 2016, as in previous years, the majority had one or more diagnosed mental health conditions at time of death (80 cases, 60%). The most commonly reported conditions are depression and anxiety (61 cases combined, 46%). In 41 cases (31%) the deceased was known to have attempted suicide at some point during their lifetime. In 34 cases (25%) it was reported that the deceased had engaged in deliberate self harm (excluding non-fatal overdose which is counted separately) at some point during their lifetime. In 2016, as in previous years, the majority had one or more diagnosed physical health condition at time of death (86 cases, 64%). The most commonly reported are respiratory conditions (27 cases, 20%), and hepatitis C (14 cases, 10%).
228 NES PATIENTS IN SIGHTHILL GREEN PRACTICE
8600 PRACTICE SIZE
2014-2016 AN UNPRECEDENTED SPIKE IN DRD: 6-7 DEATHS PER ANNUM
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 (NEI 2015–16) mainly providing basic IEP services.
   - 51% of respondents were prescribed Take Home Naloxone – optimise distribution via hospitals, social care, GPs and pharmacy (NEI 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 46% 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, 35 yrs + with a history of opiate/ benzoi 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/2ibIvRrD

Services for People Who Inject or Have Injected Drugs

We spoke to 28 service users across 6 different settings in order to learn more about the health needs of people who inject or have injected drugs in Edinburgh. We also met with service providers and reviewed a range of data sources to improve our understanding for this project.

What service users told us...

Some of the difficult things about being on treatment are...
- Long waiting times between assessment and starting methadone
- Coming off methadone
- Asking ‘or clean works if you are still injecting sometimes
- Coping with feeling low and depressed
- Risky times, like coming out of prison
- Missing friends who still inject
- Feeling that some NHS and pharmacy staff treat you as second class

Some of the good things about services are...
- The NHS workers, pharmacy, hub staff and GPs who treat you with respect
- Talking to other people who have been in the same situation, and don’t use drugs anymore
- Having someone to help you as soon as you get out of prison
- Linkworkers you can work with and rely on
- Help to cope with not having drugs if you are held in police custody
- Having someone to chum you to a first visit to a new service

We also heard...
- It’s not hard to end up being homeless
- It can feel difficult to get and get help with basic health problems, like injection site wounds
- Help and advice after an overdose needs to be given in the right way
PREVENTION OF DRD: PRIORITIES

• NALOXONE TRAINING
• REDUCING HIGH RISK PRESCRIBING
• ADDRESSING CHRONIC PAIN
• MAXIMISING CROSS-SECTORAL WORKING
• BUILDING THERAPEUTIC RELATIONSHIPS
• ADDRESSING CHRONIC CONDITIONS
A major gap in delivery is primary care. In Edinburgh, up to 80% of opioid substitution therapy (OST) is delivered by GPs through the drug misuse National Enhanced Service (NES) and patients collect prescriptions from community pharmacies. However, currently there is very little THN prescribed in either of these locations, in contrast to other locations in Scotland, such as Glasgow where THN training and kits are delivered primarily by community pharmacists. General practices are beginning to prescribe THN (Figure 8.1) but numbers of kits provided are still very low.
Naloxone Training in General Practice
Sighthill Green Medical Practice, Edinburgh
J Tay Wee Teck, D Whitworth, C Nickerson, T Harrison, P Leslie, M Brown, B Phipps
Contact: jay.tay@nhslothian.scot.nhs.uk

AIMS
Scotland has had a national Naloxone programme since 2010 to address the rising drug related death (DRD) rates in Europe. This programme has been offered through the specialist drug services. The majority of our substance use patients are managed in the practice and do not routinely attend specialised services. A recent increase in DRDs in our catchment area has prompted us to evaluate the uptake of Naloxone training among our patients.

Methods
The practice has 228 patients registered on the substance misuse register. The Vision Plus system was interrogated to identify 5 patients with prior Naloxone training. The practice decided to initiate a monthly Naloxone clinic to deliver a 15 minute brief intervention to train substance use to deliver first aid and administer Naloxone. The standard set was that 95% of all substance use patients should have Naloxone training. A re-audit was performed on 18 July 2016 (after 7 clinics).

Pre-Intervention, Prior to January 2016

<table>
<thead>
<tr>
<th>Naloxone Training</th>
<th>Completed Naloxone Training</th>
</tr>
</thead>
<tbody>
<tr>
<td>96%</td>
<td>2%</td>
</tr>
</tbody>
</table>

After 7 Naloxone Clinics, July 2016

<table>
<thead>
<tr>
<th>Naloxone Training</th>
<th>Completed Naloxone Training</th>
</tr>
</thead>
<tbody>
<tr>
<td>73%</td>
<td>27%</td>
</tr>
</tbody>
</table>

"I wish I had known about this 2 months ago, my boyfriend would still be alive"
"I think I know what to do now"
"This is the first qualification I've ever had!"
"I don't need this, I'm not a problem"
"It's nice to know someone"

Three patients reported successfully using Naloxone within the audit period.

Discussion
While the clinic is well received and effective in increasing Naloxone awareness and training uptake, the organisational and time implications for the practice is significant. The clinic does not receive specific funding; therefore all GPs have agreed to undertake an increased workload to facilitate service and feedback Naloxone clinic. Strategies such as group training are unlikely to be effective in our setting due to the potential for breaches in confidentiality. A GP was thought to be best suited to provide the training due to high trust levels and the ability to tie the training to the renewal of an Opioid prescription.

Conclusions
With only 5 people taking up Naloxone training prior to our intervention, it appeared that the Scottish Naloxone programme may have been struggling in reaching patients whose substance use is managed in general practice. Our intervention, while labour intensive, has dramatically increased uptake and may be an effective model for the patient group.

Now 50%
NALOXONE CLinic

Can it be done in 10-15 minutes: Yes!

Mary had a little overdose

OMG Mary is dead!!

I'm gonna Narcan dat ass!

Yowza! She's alive! ALIVE!

Training for trainers compulsory dedicated time handed out during training on repeat prescription appointment tied to prescription certificate of competency

Tatiana Gill
People's Harm Reduction Alliance
TEST OF CHANGE FUNDING
12 CLINICS, 20 MINUTE APPOINTMENTS
CVSD, DM, COPD SCREENING
CHRONIC CONDITIONS REVIEW, BBV TESTING
AGENDA MOSTLY SET BY PATIENT
PAIN MANAGEMENT
TACKLING CHRONIC PAIN HEAD ON

THE TRUTH ABOUT CHRONIC PAIN

PATIENTS AND PROFESSIONALS ON HOW TO

FACE IT

MANAGE IT

OVERCOME IT

UNDERSTAND IT

11TH SEPTEMBER @ 18:30
SIGHTHILL HC

CHRONIC PAIN
What can I do about it?

LETS WORK TOGETHER AND TACKLE IT

SELF MANAGEMENT

BODYWORK

COMPLEMENTARY METHODS

COGNITIVE THERAPIES

EDUCATION

MEDICAL

PLEASE JOIN US FOR AN INFORMATION EVENING AT SIGHTHILL HEALTH CENTRE
11TH SEPTEMBER 2018 @ 18:30

HAVE THE OPPORTUNITY TO ASK THE EXPERTS:
THE PAIN CLINIC CONSULTANT, SPECIALIST PHYSIOTHERAPIST & PSYCHOLOGIST, PHYSICAL ACTIVITY MENTORS AND MANY OTHERS
SAFER PRESCRIBING

In Scotland in 2016, gabapentin or pregabalin was detected in 230 (20%) of drug-related deaths. Taking methadone or other opiates with gabapentin or pregabalin is dangerous.

The number of drug-related deaths linked to pregabalin has risen 2,675% in six years.

Sighthill green medical practice patients: we will be reducing and stopping gabapentin and pregabalin scripts in all patients at risk.

Gabapentinoid trend in Lothian %

- Pregabalin
- Gabapentin
INNOVATIONS/IDEAS

- NALOXONE CLINIC
- TEST OF CHANGE FUNDING
- PRIMARY CARE PHARMACIST
- QI PROJECTS
- TRANSFORMATION & STABILITY FUNDING
- USING EXTENDED HOURS FOR GROUP CONSULTATIONS
- DRUG & ALCOHOL CPN
- INFORMATION EVENINGS
- PEER SUPPORT
- NON-STAT ORGANISATIONS- CGL
- PHYSICAL ACTIVITY MENTOR
- COMMUNITY ACTIVITY MENTOR
- RECOVERY CAFÉ
THANK YOU!

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