

SPECIFICATION FOR PHARMACY BASED NEEDLE AND SYRINGE PROGRAMME and HARM REDUCTION SERVICE

Service Commencement Date: 1 April 2017

1. INTRODUCTION

This Service Specification is part of and should be read in conjunction with the Public Health Services Contract, which provides a common framework for commissioning services from Pharmacies.

North Yorkshire Public Health Team commissions drug misuse treatment and recovery services across the North Yorkshire County Council footprint. Commissioning arrangements include the North Yorkshire Horizons Service (NYH), general practice based services, and pharmacy based services.

The overarching ambition is for commissioned services to provide individuals with the best chance of achieving and maintaining recovery from drug use and/or alcohol dependence. This includes abstinence. Harm reduction plays a central role in delivering this vision.

This specification describes the pharmacy based needle and syringe programme and harm reduction service: this includes the distribution, collection and safe disposal of sterile injecting equipment and other injecting paraphernalia, and the provision of a range of other harm reduction support and interventions.

2. EVIDENCE BASE/ BACKGROUND

Drug misuse and related complications pervade every part of society, regardless of social class. People misuse drugs across the whole country (HM Government, 2008), and the whole county of North Yorkshire ([National Drug Treatment Monitoring System](#)).

There is a strong evidence base to demonstrate that drug misuse causes and is associated with a wide range of harms, including early mortality and preventable morbidity (HM Government, 2008).

The effectiveness of well-delivered, evidence based treatment for drug misuse is well established. UK and international evidence consistently show that drug treatment, covering different types of drug problems, using different types of interventions, and in different settings, impact positively on drug use, offending, overdose risk, and the spread of blood borne viruses. The [National Treatment Outcomes Research Study](#) showed that for a significant proportion of those entering drug treatment (between 1/4 and 1/3), drug treatment resulted in long-term sustained abstinence ([Department of Health, 2007](#)).

There is only one epidemiological study (often referred to as the 'Glasgow prevalence estimates', [Hay et al.](#)) which was commissioned to predict prevalence of drug misuse in England that provides individual Local Authority level prevalence

estimates. Findings from the most recently published study (2010/11) show that the possible number of opiate and/ or crack misusers in North Yorkshire is 1,803, but the actual figure may lie **between 1,693 and 1,991** (95% confidence intervals); the rate per 1,000 population is predicted to be between **4.44 –5.22** (95% confidence interval).

The 2010 Drug Strategy (HM Government, 2010) marked a shift in national drugs policy. A fundamental difference between this strategy and previous strategies is *“that instead of focusing primarily on reducing the harms caused by drug misuse, our approach will be to go much further and offer every support for people to choose recovery as an achievable way out of dependency”*. An updated Drugs Strategy is due to be published imminently.

Recovery is a broad and complex journey that incorporates overcoming dependence, reducing risk-taking behaviour and offending, improving health, functioning as a productive member of society, and becoming personally fulfilled. These recovery outcomes are often mutually reinforcing.

The [NICE guideline \(PH 52\): ‘needle and syringe programmes \(updated 2014\)’](#) recognises that pharmacies are effectively placed to deliver a range of effective interventions to support individuals who misuse drugs.

Sharing needles, syringes and injecting paraphernalia is a key route for the transmission of blood-borne viruses among drug users, particularly in the case of the hepatitis C virus. Needle and syringe programmes and harm reduction services can play a pivotal role in reducing incidence of blood borne viruses in injecting drug users. They also play a pivotal harm reduction role, helping to reduce some of the risks to drug users and the community that are associated with injecting drug use, and encouraging and supporting drug users to engage with structured treatment services. Public Health England recommend that commissioners and providers aim to increase the amount of equipment distributed, with better targeting of this provision and education on appropriate needle and syringe cleaning techniques ([Hepatitis C in the UK 2013](#) report).

3. OUTCOMES

In line with the NICE quality standards for [drug](#) and [alcohol](#) misuse, commissioned drug and alcohol treatment and recovery services across North Yorkshire will be high-quality and cost-effective.

The Commissioner wishes to achieve a change, as indicated below, in the following proxy outcome measures as a result of drug and alcohol service commissioning arrangements and broader public health activities across North Yorkshire. Commissioned services will not be directly performance managed against delivery of all of these proxy outcome measures, because the Commissioner acknowledges the complexity of circumstances and solutions that play a part.

Public Health Outcomes Framework 2013-2016:

- **Improving the wider determinants of health.**
 - **Re-offending levels (% of offenders who re-offend; average no. of re-offences per offender)** (expectation: downward trend in drug and alcohol related re-offences within a 12 month period following engagement with the specialist treatment service)
- **Health improvement.**
 - **Successful completion of drug treatment** (expectation: upward trend in completions/ total number in specialist treatment)
 - **Alcohol specific admissions to hospital.** The Commissioner will specifically monitor alcohol specific admissions to hospital by North Yorkshire residents (expectation: no further growth in trend of admissions for alcohol specific conditions)
 - **People entering prison with substance dependence issues who are not previously known to treatment** (expectation: yet to be determined by Public Health England)
- **Healthcare public health and preventing premature mortality.** Deaths of individuals in North Yorkshire that are potentially associated with drug and alcohol misuse are reviewed in line with the Drug and Alcohol Related Deaths Enquiry Protocol.

4. AIMS AND OBJECTIVES

Aim:

In line with all commissioning arrangements for the provision of adult drug and alcohol treatment and recovery services across North Yorkshire, the overarching aim of this service is to support individuals to recover from drug dependence, including abstinence.

Objectives:

- To identify customers who misuse illicit and illicitly obtained drugs;
- To reduce harms to injecting drug users, including those who inject image and performance enhancing drugs by:
 - Providing those individuals with a needle and syringe and harm reduction service;
 - Aiming to provide each injecting drug user with at least 1 sterile needle and syringe for each injection;
 - Providing, collecting and safely disposing of a range of injecting equipment, paraphernalia, and reducing dead-space* injecting equipment;

- To contribute to a reduction in the transmission of blood-borne viruses and other infections caused by sharing injecting equipment, such as HIV* and hepatitis B and C by;
 - The objectives stated above and below;
 - Increasing the number of injecting drug users referred to the North Yorkshire Horizons Service for blood borne virus vaccinations, testing, and treatment where applicable;
- To identify and directly address risks associated with drug misuse to customers and others;
- To encourage, support and facilitate customers to engage with the North Yorkshire Horizons Service, including making direct referrals to the Single Point of Contact via Pharmoutcomes;
- To promote and improve physical and mental health and wellbeing of drug users;
- To promote and support customers' recovery from drug dependence, including abstinence.
- To protect the public from the degraded injecting equipment, and injecting paraphernalia.

*Dead space: Low dead-space injecting equipment seeks to limit the amount of (potentially contaminated) blood that remains in the equipment after it has been used, by reducing the amount of 'dead space' it contains. It is believed that this may reduce the risk of transmission of infectious diseases among people who share injecting equipment.

*HIV: Human Immunodeficiency Virus

5. SCOPE OF THE SERVICE

5.1 Service Outline

5.1.1 Eligibility criteria:

- Individuals aged 18 years and over who inject illicit or illicitly obtained drugs, including image and performance enhancing drugs.
- Return of used injecting equipment and paraphernalia issued is **not** a condition of using this service. Seek advice and support from North Yorkshire Horizons in the event that a client is accessing the service to obtain injecting equipment but not returning it to this service.
- Clients known to be receiving opiate substitute treatment from North Yorkshire Horizons will **not** be denied access to this service. Seek advice and support from North Yorkshire Horizons in the event that a client is accessing injecting equipment and opiate substitute medication concurrently.

5.1.2 Exclusion criteria (Refer to Appendix 1):

- Individuals aged under 18 years old who meet the above eligibility criteria will be managed in accordance with the North Yorkshire Horizons under 18's policy, which was approved by the North Yorkshire Safeguarding Children's Board in December 2015. **Please refer to Appendix 1.**

5.1.3 Service description:

The pharmacy will:

- Facilitate a safe, quiet, discreet and confidential area where exchange and harm reduction advice can take place;
- Operate an accessible service on a drop in basis to meet local need;
- Assess and record customers' personal details and service needs via the Pharmoutcomes *client registration* template;
- Provide brief harm reduction advice during every interaction with customers accessing the service. Advice will be relevant to the customers drug use and preferred injecting method. Harm reduction advice may include safer injecting advice, particularly regarding risks associated with groin and neck injecting practices, and/or overdose prevention advice.
- Provide sterile needles, syringes, other injecting paraphernalia, and sharps bins. Record each supply via the Pharmoutcomes *needle exchange and paraphernalia* template. The quantity provided should not be subject to a limit, but should meet customer needs. Make needles available in a range of lengths and gauges, provide syringes in a range of sizes, and offer low dead-space equipment;
- Promote the importance of returning used injecting equipment to a North Yorkshire waste disposal facility (North Yorkshire Horizons Service or

- participating pharmacy) during every interaction with customers using this service, and provide a waste disposal facility within the pharmacy;
- Encourage customers to mark their syringes and other injecting equipment, or use easily identifiable equipment, to reduce the risk of accidental sharing;
 - Not refuse customers who wish to collect equipment for others (secondary distribution), but ask them to encourage those people to register with the pharmacy service themselves;
 - Record each customers return of injecting equipment to the pharmacy via the Pharmoutcomes *needle exchange and paraphernalia* template;
 - Ensure primary healthcare needs of customers are identified and addressed, making direct referrals to specialist services;
 - Ensure customers' needs for other public health services delivered by the Pharmacy are identified and addressed;
 - Encourage and support clients to remain healthy until they are ready to engage with specialist and/ or other primary care services;
 - Promote and facilitate customers' engagement with North Yorkshire Horizons, making direct referrals via Pharmoutcomes
 - Seek and record consent from customers to share pre-defined person identifiable data with the North Yorkshire Horizons Service (**acting as a data processor for North Yorkshire County Council**), for monitoring and surveillance purposes only. This will be facilitated via Pharmoutcomes. Please refer to **Appendix 2** for details, and a copy of the Privacy Notice / Informed Consent Proforma.

5.1.4 Roles and responsibilities for delivery of the service:

Whilst separately contracted, pharmacy needle exchange services are a component of the commissioned drug and alcohol treatment and recovery service across North Yorkshire. North Yorkshire Horizons will support pharmacies to deliver this service, through the following:

- A training programme to support continual professional development. This will take place once annually;
- Provision of needle exchange stock;
- Provision of waste disposal that meets Environment Agency regulations, for injecting equipment and paraphernalia issued as part of this service;
- Single Point of Contact for information, advice and guidance on drugs and alcohol;

Refer to **Appendix 3** for North Yorkshire Horizons Standard Operating Procedure, for a more detailed outline of the support offer.

6. PRINCIPLES AND STANDARDS

6.1 Principles

The aim of the Dignity in Care campaign, launched by the Department of Health 2006, is to put dignity and respect at the heart of all health and care services. It states that all high quality services should embody and be mindful of the 10 point Dignity Challenge:

- Have a zero tolerance of all forms of abuse;
- Support people with the same respect you would want for yourself or a member of your family;
- Treat each person as an individual by offering a personalised service;
- Enable people to maintain the maximum possible level of independence, choice and control;
- Listen and support people to express their needs and wants;
- Respect people's right to privacy;
- Ensure people feel able to complain without fear of retribution;
- Engage with family members and carers as care partners;
- Assist people to maintain confidence and positive self-esteem;
- Act to alleviate people's loneliness and isolation;

6.2 STANDARDS

6.2.1 Governance:

The pharmacy will ensure:

- Compliance with all legal requirements associated with delivery of this service;
- Access to records and documents containing personal information relating to Service Users will be restricted to authorised personnel and that information will not be disclosed to a third party. The Provider will ensure compliance with the Data Protection Act, Caldicott and other legislation covering access to confidential Service User information. Providers will only share information with other health care professionals and agencies in line with any agreed information sharing protocols.
- The Pharmacy will ensure that relevant staff a Hepatitis B vaccination. Healthcare workers in the UK and overseas (including students and trainees): all healthcare workers who may have direct contact with patients' blood, blood-stained body fluids or tissues, require vaccination. This includes any staff who are at risk of injury from blood contaminated sharp instruments, or of being deliberately injured or bitten by patients ([Green Book, Chapter 18 v3 0, page 172](#)).

6.2.2 Competence – substance misuse

- Pharmacists and their staff will adhere to the standards and practice guidance set out by the GPhC for the provision of services to drug misusers. Staff shall be competent to provide information on the range of drugs injected, including heroin, cocaine, crack cocaine, amphetamines and image and performance enhancing drugs.
- The Pharmacy will have at least one pharmacist, accountable for the delivery of the Service, who has completed the 'Substance Use and Misuse' (or successor) distance learning package, available from the Centre for Postgraduate Pharmaceutical Education (CPPE). This individual will be identified to the Commissioner via PharmOutcomes within three months of commencement of delivery of the service. This includes completion of the Declaration of Competence. All new personnel within the pharmacy who become accountable for the delivery of this service will complete this certificate prior to providing this service. The accountable pharmacist will complete a recertification module if more than three years has elapsed since previous completion.
- Pharmacies will shape and attend the bespoke training offer from North Yorkshire Horizons.

7 MONITORING/PERFORMANCE INDICATORS

7.1 Performance

Data on activity and quality measures, such as exchanges, provision of harm reduction advice and interventions, and referrals to North Yorkshire Horizons etc are captured via the PharmOutcomes *client registration* and *needle exchange with paraphernalia* templates.

Pharmacies will be compliant with all reporting requirements of PharmOutcomes.

Pharmacies will aim to achieve a monthly average return rate of at least 85%. Performance against this will be monitored by North Yorkshire Horizons, using non-patient identifiable data reports generated by PharmOutcomes. North Yorkshire Horizons report on the average return rate across all North Yorkshire needle exchange provisions on a monthly basis to commissioners.

The service will be reviewed as part of a public health service review meeting agenda item at the Community Pharmacy North Yorkshire Committee on a bi-annual basis.

Pharmacy audits may be completed to monitor compliance with implementation of the Privacy Notice.

7.2 Incidents and patient safety

Pharmacies will report on the following using the *incident reporting facility* on Pharmoutcomes. If sufficiently serious and broader action may be required to mitigate further risk, pharmacies should contact Commissioners (Greg Hayward, 01609 536836) by telephone to discuss.

- All Serious Incidents within two (2) Business Days;

The following will be reported by the Pharmacy in line with the applicable protocol:

- All drug and alcohol related deaths will be reported to Greg Hayward (Greg.Hayward@northyorks.gcsx.gov.uk), and the pharmacy will comply with the enquiry process and data collection procedure.

8. FINANCIAL

Pharmacies will receive a payment of £1.60 per customer transaction, only where a supply is made, and the supply is recorded on Pharmoutcomes.

Pharmacies will receive an annual payment set at £300. This payment is to support the accountable pharmacist(s) to meet the CPD and monitoring requirements of this service, as outlined in 6.2.2.

Where data is not submitted to the Commissioner by the due date each month, the Provider must notify the Commissioner of the reasons why this has occurred. Claims for payments are via Outcomes4Health (see Schedule 2 of the contract for further details). Claims can only be back dated for up to a 3 month period. The commissioner is at liberty not to reconcile payments to the provider beyond an 8 week period of the original submission date service.

References

Hyperlinks to key reference documents are included throughout the document.

*** As amended from time to time**



North Yorkshire Horizons Needle Exchange Policy for Young People under 18 years of age.

Providing needle exchange (NEX) services to young drug users is complex. Injecting is a dangerous activity; every effort should be made to encourage all young injectors to change their route of administration to a safer one, engage into treatment and/or young people's services as urgently as possible. However the principle of reducing harm must not be lost when considering young drug users.

Public Health England Requirements

The Public Health England requires local services to provide needle exchange services to young people in line with the following, set out in 'Young People's Substance Misuse Treatment Services: Essential Elements', June 2005 and the NICE guidelines [PH52 – Needle and Syringe Programmes] published in March 2014 (Recommendation 5: Develop a policy for young people who inject drugs). In addition, services should ensure that needle exchange protocols are accepted by the Local Safeguarding Children's Board (LSCB).

Overview:

- Paraphernalia should not be handed out without completion of the NEX assessment and liaison with line manager or NYH safeguarding lead.
- The assessment should be carried out by a North Yorkshire Horizons (NYH) member of staff.
- The assessment must look to establish whether not giving injecting equipment to the young person would be of greater risk to them than the risk posed by continued, or increased, injecting drug misuse.
- Referral to Compass REACH is mandatory for all under 18 year olds accessing NYH. See Appendix 2

Competency and Consent:

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- Any treatment requires informed consent. For those offering needle exchange to young people, parental consent should be provided wherever possible. Where this is not possible, the young person will need to demonstrate their competence to consent to treatment. Fraser guidelines state that practitioners cannot persuade the young person to inform parents so consent shouldn't necessarily be gained from parents? (stated at the bottom of this policy)
- The Fraser guidelines should be used in this process, but the assessment should be thorough and a tick box approach should not be taken (see Appendix 1).
- Under 16s: Those under 16 cannot usually consent to their treatment; in such circumstances a parent (or legal guardian) will normally need to consent to treatment on their child's behalf. However, where a parent is not present, and the young person will not give consent to contact them, the competency of the young person can be assessed using The Fraser guidelines to consent on their behalf. Only practitioners who can demonstrate competence to work with young injecting drug users should assess competence to consent to needle exchange
- 16 and 17-year-olds: Those aged 16 and 17 years are usually considered able to consent to treatment, but comprehensive assessments should still be used for this age group to ensure the decision is individual. Safeguarding issues will still need to be considered and responded to, and it is still good practice to involve parents wherever possible.

Confidentiality:

- Needle Exchange services are conducted within a framework of NYH confidentiality
- Young People using the service should have the confidentiality policy explained to them before any assessment.
- If a decision has been made to breach confidentiality, the young person should have this decision explained to them, wherever possible prior to the disclosure.

Needle Exchange Service Provision for Young People:

- NEX assessment must be completed with any young person accessing NEX. As part of this staff will assess their age, the degree or seriousness of their drug misuse, whether the harm or risk they face is continuing or increasing, the general context in which they are using drugs, and the substance misuse related risk (see below)
- The provision of needles to under 18s should be carried out by NYH staff and not through Pharmacy Needle Exchange Schemes.

- However, pharmacy providers should be given all the necessary information so that they are confident in referring under 18s to NYH and local young people's services.
- If the adult service NEX to a young person, then ideally an alternative venue should be found. However, if this is not possible, then the young person should be given a specific appointment time rather than attend a general drop-in session.
- Staff providing needles to under 18s should be both experienced in Young People's local pathways and in needle exchange procedures and harm minimization.
- Young people who present at Centre Based Needle Exchange requesting injecting paraphernalia and who are displaying injected related injuries should be immediately referred to the tissue viability/wound care nurse within EIP or Spectrum health and wellbeing clinics.
- **Referral into Young People's Services:** Referral is mandatory to all under 18 year olds who are accessing needle exchange services: Compass REACH (See Appendix A), 160 High St, Northallerton, North Yorkshire DL7 8JZ. 01609 777662.

Assessing Substance Misuse Related Risk in Young Injecting Drug Users

Identifying immediate substance-related risks is vital to ensure young people's wellbeing and that interventions to reduce substance-related risks are prioritised. Information about the high-risk behaviour described will be gathered during the course of the assessment process. Practitioners should be aware that these are indicators of risk and should consider what steps are required to reduce the risk as soon as possible. Risk factors also compound each other, so the presence of multiple risk factors means the overall risk to the young person is higher.

Factors indicating substance-related risk include:

- Overdose, deliberate self-harm and attempted suicide
- Substance misuse in risky contexts such as taking substances: –In the presence of older people, including parents, siblings and older partners, especially those with established substance misuse behaviour themselves – In association with sexual exploitation or risky sexual behaviour – In association with offending behaviour – In dangerous physical environments, such as near roads or railway lines, while driving, or using alone

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- High-risk substance misuse behaviour linked to dose, substance used, route of administration and combinations of substances used together. Examples of this are: – Quantities of substance misuse and effects that indicate extreme intoxication that could result in overdose – Injecting of substances – Direct inhalation of volatile substances, particularly butane – Polysubstance use that increases the risk of adverse reactions and overdose – Drugs or alcohol being administered to the young person by another person
- The age of the young person, the lower the age the more risky the situation
- Co-existing mental health problems such as psychosis, post-traumatic stress disorder, suicidal thoughts or self-harm
- Co-existing physical health problems such as epilepsy, breathing and heart conditions.

Training

All staff working with vulnerable young people (this includes staff at pharmacies such as technicians/dispensers/HCA) MUST complete, at least, a free online training session in order to assess young people's Fraser competence. It is recommended that staff repeat training on yearly bases. Below is a recommended training session:

<https://www.minded.org.uk/totara/program/view.php?id=79>

Further Reading:

British Medical Association (2001) *Consent, rights and choices in health care for children and young people*. London: BMJ Publishing Group.

Gilmore, S. and Herring, J. (2011) 'No' is the hardest word: consent and children's autonomy. *Child and Family Law Quarterly*, 23(1): 3-25.

McFarlane, A. (2011) Mental capacity: one standard for all ages. *Family Law*, 41(5): 479-485.

Needle and syringe programmes NICE guidelines [PH52]

<https://www.nice.org.uk/guidance/PH52/chapter/1-Recommendations#recommendation-5-develop-a-policy-for-young-people-who-inject-drugs>

Taylor, R. (2007) Reversing the retreat from Gillick? R (Axon) v Secretary of State for Health. *Child and Family Law Quarterly*, 19(1): 81-97.

Wheeler, R. (2006) Gillick or Fraser? A plea for consistency over competence in children: Gillick and Fraser are not interchangeable. *British Medical Journal*, 332(7545): 807.

Miller, W and Rollnick, S. (2012) *Motivational Interviewing; helping people change*. Guildford Press.

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Fraser Guidelines (Mental Health Act 1983 Code of Practice, 1999)

Young people under 16 years of age have a right to confidential medical advice and treatment provided:

- that the young person understands the advice and has the maturity to understand what is involved;
- that the doctor/health professional cannot persuade the young person to inform parents/carers with parental responsibility, nor allow the doctor to inform them;
- that the young person's physical and/or mental health will suffer if they do not have treatment;
- that it is in the young person's best interests to give such advice/treatment without parental consent;
- that, in the case of contraception or substance misuse, the young person will continue to put themselves at risk of harm if they do not have advice/treatment.

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Compass REACH Screening and Referral Tool

Compass REACH is a countywide service staffed by qualified nurses that offers both psychosocial and clinical interventions to young people who are involved in risk-taking behaviours relating to **substance misuse (including alcohol), poor sexual health, and emotional wellbeing and mental health.**

This screening tool is designed to help professionals make decisions about how to respond to a young person's attitudes, beliefs and behaviours that result in risk taking behaviour related to substance misuse, sexual health and issues relating to emotional wellbeing and mental health.

In order to make a referral to Compass REACH please note the following:

- 1) The young person must be aware and have consented to the referral being made.
- 2) The young person must be aged 9-19 years old (or up to 25 years for those with special educational needs or disabilities).
- 3) For young people aged 11 and over, they must have completed the screening tool and fit the scoring criteria.
- 4) If your concerns relate to a young person **aged 9 or 10** years old please do the following:
 - Complete **ONLY** the referral form and send to the email address provided below identifying the initial concern.
 - Ensure a contact telephone number is provided so that we can call you back to discuss the referral.
- 5) The young person must live in North Yorkshire (excluding the city of York).

PLEASE NOTE: If the young person does not meet the scoring criteria on the screening tool or is **aged 9 or 10** but you have identified a need or have concerns please do not hesitate to contact us

on 01609 777662 to discuss this further.

Once completed please send completed screening tool and referral form to:

Compass REACH, 159-160 High Street, Northallerton, DL7 8JZ
or via email (*preferred method*) to NYRBS@compass-uk.org

Scoring Table			
Section 1: Emotional Wellbeing and Mental Health			
Q1 - Do you feel really miserable or sad for no apparent reason?			
No	Yes, I've been feeling like this for less than 2 weeks now <input type="checkbox"/>	Yes, I've been feeling like this for more than 2 weeks but less than 3 months now <input type="checkbox"/>	Yes, I've been feeling like this for more than 3 months now <input type="checkbox"/>
No Risk – Universal provision	Discuss a potential referral with a Healthy Child Core Service Practitioner	Discuss a potential referral with Compass REACH	Discuss a potential referral with your local CAMHS provider
Q2 - Do you ever hear voices or see things that other people don't?			
No	Only when I've been using drugs <input type="checkbox"/>	Yes <input type="checkbox"/>	
No Risk – Universal provision	Discuss a potential referral with Compass REACH	Discuss a potential referral with the Early Intervention in Psychosis Team (ages 14+) or your local CAMHS provider	
Q3 - Do you have powerful memories of past upsetting events, which make you feel unwell, scared or angry?			
No	Sometimes <input type="checkbox"/>	Often <input type="checkbox"/>	Always <input type="checkbox"/>
No Risk – Universal provision	Discuss a potential referral with a Healthy Child Core Service Practitioner	Discuss a potential referral with Compass REACH	Discuss a potential referral with your local CAMHS provider
Q4 – In the past 6 months have you deliberately skipped meals or made yourself sick after eating in order to make you feel better about yourself?			
No	Sometimes (once a week or less) <input type="checkbox"/>	Often (2-4 times a week) <input type="checkbox"/>	Always (daily) <input type="checkbox"/>
No Risk – Universal provision	Discuss a potential referral with a Healthy Child Core Service Practitioner	Discuss a potential referral with Compass REACH	Discuss a potential referral with your local CAMHS provider
Q5 – Do you ever feel so worried or scared that it prevents you from doing something i.e. going out the house or attending school?			
No	Yes, I've been feeling like this for less than 2 weeks now <input type="checkbox"/>	Yes, I've been feeling like this for more than 2 weeks but less than 3 months now <input type="checkbox"/>	Yes, I've been feeling like this for more than 3 months now <input type="checkbox"/>
No Risk – Universal provision	Discuss a potential referral with a Healthy Child Core Service Practitioner	Discuss a potential referral with Compass REACH	Discuss a potential referral with your local CAMHS provider
Q6 - Do you deliberately harm yourself, i.e. cut yourself and/or take overdoses?			
No	Mild - Self harming behaviour is a response to a personal event such as the breakup of a relationship. The behaviour is related to personal and social circumstances which might include peer pressure to conform. There is no	Moderate - The self-harming behaviour is linked to other risk factors or behaviours which could affect the severity of the self-harming, for example linked to alcohol or substance misuse. The self-harming is routine and has	Severe - The self-harming is part of a complex mix of behaviours which increase the risk to the child/young person. The child/young person may (but not in every instance) have a clinical diagnosis of mental health illness



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	<p>accompanying risk taking behaviour or concerns about the safety to themselves or others. The impact on daily life is minimal.</p>	<p>been taking place over a period of time irrespective of the severity of the self-harming. The behaviour is being used regularly as a coping mechanism.</p>	<p>or condition. There is evidence that without specialist and/or clinical intervention the severity of the self-harming will escalate.</p>
<p>No Risk – Universal provision</p>	<p>Refer to North Yorkshire Pathway of support for children and young people who deliberately self-harm: The professional completing the screening tool should have a conversation with a Healthy Child Core Service Practitioner</p>	<p>Refer to North Yorkshire Pathway of support for children and young people who deliberately self-harm: The professional completing the screening tool with the young person should have a conversation with Compass REACH</p>	<p>Refer to North Yorkshire Pathway of support for children and young people who deliberately self-harm: The professional completing the screening tool with the young person should have a conversation with their local CAMHS provider</p>

Drugs and Alcohol

Have you drunk any alcohol in the last month (more than a few sips)?

Have you smoked any cannabis in the last month?

Have you used any other substances to get 'high' in the last month? (Substances can include illicit drugs, 'legal highs' and volatile substances).

If the answer is NO to all of the above questions please answer Q1.

If the answer to any of the above questions is YES please answer all of the following:

The screening tool is based on Massachusetts Department of Public Health Bureau of Substance Abuse Services. Provider Guide: Adolescent Screening, Brief Intervention,

	Q1 - Have you ever ridden in a CAR driven by someone (including yourself) who had been using alcohol or drugs?	Q2 - Do you ever use alcohol or drugs to RELAX , feel better about yourself, or fit in?	Q3 - Do you ever use alcohol or drugs while you are by yourself, or ALONE ?	Q4 - Do you ever FORGET things you did while using alcohol or drugs?	Q5 - Do your family or FRIENDS ever tell you that you should cut down on your drinking or drug use?	Q6 - Have you ever gotten into TROUBLE while you were using alcohol or drugs?
Yes : 1						
No : 0						

and Referral to Treatment Using the CRAFFT Screening Tool. Boston, MA. Massachusetts Department of Public Health, 2009.

Scoring Table		
Section 2: Substance Misuse		
Score 0	Score 1	Score 2+
Experimental/Social Stage/No Use - Universal provision	Early at Risk Stage – The Prevention Service/Healthy Child Core Service	Late at Risk/Harmful Use/Dependence Stage - Refer to Compass REACH

Sexual Health

Are you sexually active or considering having sex?

If the answer to this question is YES please answer the following:

	Q1 - Have you ever have sex without a condom/barrier contraception?	Q2 - Do you <i>fail</i> to have an STI test before/after each new partner?	Q3 - Have you or your partner ever used emergency contraception?	Q4 - Have you ever had sex in order to gain something? (drugs/relationships/money)	Q5 - Have you ever felt pressured into having sex/performing sexual acts?	Q6 - Have you engaged in sexual behaviour whilst under the influence of drugs/alcohol?
Yes : 1						
No : 0						

Scoring Table		
Section 3: Sexual Behaviour		
Score 0	Score 1	Score 2+
No Risk – Universal provision	Low Risk – The Prevention Service/Healthy Child Core Service	High Risk – Refer to Compass REACH

Compass REACH
Referral Form

**PLEASE NOTE THAT THE YOUNG PERSON BEING REFERRED MUST
CONSENT TO THE REFERRAL BEING MADE**

For Young People aged 9 -19 (or up to 25 years for those with special educational needs or disabilities)

Date Received by Compass:	Date of allocation to Compass Worker:	Date of 1st appointment offered:			
Contact Details of Young Person:					
Is the young person aware that this referral is being made?		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Name of Young Person:					
Address: _____					
				Postcode:	
Home Tel. number:					
Mobile Tel. number:					
Date of Birth:			Age:		
Sex:		Male	<input type="checkbox"/>	Female	<input type="checkbox"/>
Ethnicity:		Any Disability: Yes <input type="checkbox"/> No <input type="checkbox"/>			
Is the young person cared for by Local Authority?		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Is Client? CAF <input type="checkbox"/> LAC <input type="checkbox"/> CIN <input type="checkbox"/> CP <input type="checkbox"/>					
How would the young person like to be contacted by Compass?		By post to their home address <input type="checkbox"/>	A call to their home phone <input type="checkbox"/>	A call to their mobile phone <input type="checkbox"/>	A text to their mobile phone <input type="checkbox"/>
If Compass contact via a phone call, is the young person happy for a message to be left for them?		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Is the young person's parent/carer aware of the referral?		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Would the Young Person like the family to be offered support?		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Contact Details of Referrer					
Name:		Relationship to young person:			
Organisation:					
Mobile no:		Landline:			
Address:					

Appendix 1

Email address:
If the Young Person wishes to be accompanied, by who / relationship?
Please expand on the reasons why you have referred this young person.
Known Risks to Self or Others: are you aware of any current or previous risks associated with working with this young person (i.e. anti-social/offending behaviour, temperament, response to stress, degree of self control). If you have an existing risk assessment for your service please attach.
Any Other Agencies Involved in Supporting Young Person (e.g. CAMHS, Counselling, Time to Talk, YJS):
What would the young person like to achieve by accessing Compass REACH?
Are there any PHYSICAL or MENTAL HEALTH issues relevant to this referral that a Compass Nurse should be aware of:
Are there any OFFENDING BEHAVIOUR issues relevant to this referral that a Compass Nurse should be aware of:
Are there any EDUCATION and LEARNING issues relevant to this referral that a Compass Nurse should be aware of (e.g. include details of school/college if possible, any exclusions, or LDDs):
Are there any FAMILY and SOCIAL RELATIONSHIP issues relevant to this referral that a Compass Nurse should be aware of (e.g. include details of relationship with parents, caregivers, siblings and age appropriate relationships with peers):
Please e-mail (<i>preferred method</i>) or post referrals to Compass:

Appendix 1

Compass REACH

Insite Youth Support Centre

159-160 High Street

Northallerton

DL7 8JZ

E-Mail – NYRBS@compass-uk.org

Telephone Number – 01609 777662

Freephone Number – 0800 008 7452

Privacy Statement Informed Consent

Person identifiable data that will be shared with North Yorkshire Horizons:

All customer details collected as part of client registration and needle exchange and paraphernalia supply via PharmOutcomes:

- Registration date
- Unique ID (2-4 initials and dob)
- Initials (first name and surname)
- Date of birth
- Gender
- Ethnicity
- Postcode
- Drug use, injecting history and blood borne virus status
- Supply and return information

Purpose of sharing this data:

The purpose of pharmacies requesting consent from customers and then sharing the above data following receipt of consent is solely for monitoring and surveillance purposes.

The Commissioner, North Yorkshire County Council, funds North Yorkshire Horizons, pharmacies and GP practices to deliver drug and alcohol treatment and recovery services. The Commissioner expects North Yorkshire Horizons to confirm the total number of individuals who are accessing all of these services on a monthly basis. Individuals are not identified to the Council, but the Council wishes to understand how many individuals are accessing needle exchange services only, as well as GP based services etc.

Customers will not be individually identified by North Yorkshire Horizons as a result of the transfer of this data between pharmacies and the North Yorkshire Horizons Service. North Yorkshire Horizons will have no means of making contact with customers as a result of the sharing of this data: if a customer would like the North Yorkshire Horizons Service to contact them to explain what they offer, then Pharmacists will make a direct referral to North Yorkshire Horizons on the customers' behalf.

How North Yorkshire Horizons will store this data and who will have access to it within North Yorkshire Horizons:

This data is stored on a secure North Yorkshire Horizons computer network, and destroyed securely within legal timeframes. Only the North Yorkshire Horizons Data Team has access to the data, as they are responsible for monitoring and surveillance, and generation of reports for Commissioners.

PRIVACY NOTICE/INFORMED CONSENT – PHARMACY NEEDLE EXCHANGE SERVICE

Introduction

You have accessed the pharmacy needle exchange service. We receive funding from the North Yorkshire Public Health Team at North Yorkshire County Council (NYCC, our Commissioners) to be able to provide this service to you. To make sure that the needle exchange service is meeting its aims we would like to provide some information about you to an organisation called North Yorkshire Horizons (NYH) who are commissioned by the North Yorkshire Public Health team at North Yorkshire County Council.

The information about you which we would like to provide to NYH is:

- Your initials, date of birth, gender, ethnicity, part postcode, drug use, injecting history and blood borne virus status and needle supply and return information.

NYH use this information to produce evidence for NYCC on how effectively pharmacy needle exchange services are delivered and how well the pharmacy and North Yorkshire Horizons services are meeting the needs of drug users across North Yorkshire. This helps NYCC to shape services in the future.

Please note:

- Your full name and address are NOT shared with NYH.
- NYH does not share any identifiable information with NYCC – NYCC only receives statistics or summarised information which does not identify any individual.
- NYH does not share your identifiable information with other agencies, such as the police or criminal justice agencies.

NYCC is the Data Controller under the Data Protection Act 1998 for the information we provide to NYH. We've included an Information Sheet below which tells you more about how NYH handles your personal information.

Consent

This information will only be shared with NYH with your consent and you can refuse/withdraw your consent at any time. If you decide to withdraw your consent a later date, your data will be anonymised within the next report provided to North Yorkshire Horizons.

I consent to the above information about me being shared with NYH

I do not consent to the above information about me being shared with NYH

Service user _____ Dated _____

Pharmacy Staff member _____ Dated _____

Do not store or share my information, or I've changed my mind:

You can withdraw your consent for us to share this information with NYH at any time. Please speak with your pharmacist if you have any queries about how your information will be used, who it will be shared with or if you would like to withdraw your consent. What to do if you need further details?



Appendix 3

If you have any questions about this leaflet or how North Yorkshire County Council or North Yorkshire Horizons use your information please speak to your Worker.

If you wish to see a copy of the information held about you or wish to make a complaint about how your personal information has been used you can contact the Information Governance team at North Yorkshire County Council as follows:

Information Governance Office
North Yorkshire County Council
County Hall
Northallerton
DL7 8AL
infogov@northyorks.gov.uk
01609 533219

If you remain dissatisfied you have the right to complain to the Information Commissioner's Office which is the Government body which oversees data protection and confidentiality. You can contact the office at:

Information Commissioner
Wycliffe House
Water Lane
Wilmslow
Cheshire
SK9 5AF
01625 545 745
More details can be found on

More details can be found on the [Information Commissioner's website](#)

North Yorkshire Horizons

North Yorkshire Horizons is the service commissioned by North Yorkshire County Council to support people who misuse drugs and alcohol, by providing a range of evidence based harm reduction and treatment interventions, and recovery support and networks.

The North Yorkshire Horizons Service is delivered by a partnership of organisations including Developing Initiatives Supporting Communities (DISC) and Change, Grow, Live (CGL).
North Yorkshire Horizons can offer the following:

- Needle and syringe services within their hubs
- Harm reduction services
- Health and wellbeing clinics
- Community drug and alcohol treatment services – assessment, prescribing, psychosocial support delivered through structured day programmes, group work, 1-1 sessions etc
- Recovery support and recovery groups – meet and greet groups, volunteer and peer mentor opportunities, recovery groups, education and training opportunities etc
- No Fixed Abode team
- Criminal justice interventions
- Access to inpatient and residential services where clinically needed
- Volunteering opportunities

If you would like to see how North Yorkshire Horizons may be able to support further you can contact them at:

- Telephone: 01723 330730
- Email: info@nyhorizons.org.uk

North Yorkshire Horizons



Pharmacy Needle and Syringe Programmes Standard Operating Procedure (SOP)

The purpose of this standard operating procedure (SOP) document is to be a reference to support staff in the provision of pharmacy based needle exchange.

The scheme coordinator will provide updates when required and offer ongoing support and training.

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Page 4 – aims and objectives of Pharmacy NSP in North Yorkshire

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Pages 14 21 – General Guidance for NSP:

- **Non-returnees protocol**
- **Refusing to carry out a transaction**
- **General harm reduction messages**
- **Overdose guidance**
- **Needle finds policy and contacts**
- **Staff health and safety**
- **Management of a needlestick injury**

The Role of Pharmacy Needle and Syringe Programmes

NICE Guidance PH52 (Needle and Syringe Programmes) makes recommendations thus:

“The main aim of needle and syringe programmes is to reduce the transmission of blood-borne viruses and other infections caused by sharing injecting equipment, such as HIV, hepatitis B and C. In turn, this will reduce the prevalence of blood-borne viruses and bacterial infections, so benefiting wider society. Many needle and syringe programmes also aim to reduce the other harms caused by drug use and include:

- Advice on minimising the harm caused by drugs
- Help to stop using drugs by providing access to drug treatment (for example, opioid substitution therapy).
- Access to other health and welfare services”

Needle and syringe programmes are vital in reducing the transmission of blood borne viruses; they are an important public health provision with two main aims. Firstly, preventing risk of harm an individual does to themselves through injecting drug use, and secondly preventing the wider societal impact of their drug use.

Pharmacy needle and syringe programmes are a vital expansion of this service, and allow injecting drug users to dispose safely of used equipment, with less potential of service users sharing equipment due to increased availability of equipment through easily accessible locally based sites. This is of particular importance when considering the geography of the county and the large rural areas of North Yorkshire.

Pharmacy needle and syringe programmes also allow the provision of daily service across the county and weekend provision.

The aims and objectives of Pharmacy Based Needle and Syringe Programmes in North Yorkshire (as defined by Service Specification: Needle and Syringe Programme and Harm Reduction Service)

Aim:

In line with all commissioning arrangements for the provision of adult drug and alcohol treatment and recovery services across North Yorkshire, the overarching aim of this service is to support individuals to recover from drug dependence, including abstinence.

Objectives:

- To identify customers who misuse illicit and illicitly obtained drugs;
- To reduce harms to injecting drug users, including those who inject image and performance enhancing drugs by:
 - Providing those individuals with a needle and syringe and harm reduction service;
 - Aiming to provide each injecting drug user with at least 1 sterile needle and syringe for each injection;
 - Providing, collecting and safely disposing of a range of injecting equipment, paraphernalia, and reducing dead-space* injecting equipment;
- To contribute to a reduction in the transmission of blood-borne viruses and other infections caused by sharing injecting equipment, such as HIV* and hepatitis B and C by:
 - The objectives stated above and below;
 - Increasing the number of injecting drug users referred to the North Yorkshire Horizons Service for blood borne virus vaccinations, testing, and treatment where applicable;
- To identify and directly address risks associated with drug misuse to customers and others;
- To encourage, support and facilitate customers to engage with the North Yorkshire Horizons Service, including making direct referrals to the Single Point of Contact via Pharmoutcomes;

- To promote and improve physical and mental health and wellbeing of drug users;
- To promote and support customers' recovery from drug dependence, including abstinence.
- To protect the public from the degraded injecting equipment, and injecting paraphernalia.

UK Harm Reduction Alliance
statement on the meaning of 'harm reduction'

Many responses to drug use have been defined at some time as 'harm reduction', and this has led to some confusion as to what harm reduction actually is.

In order to clarify the situation, UKHRA – the UK's leading organisation campaigning for a rational, harm reduction oriented response to drug use – has prepared a **definition of harm reduction**, and identified the core **principles of harm reduction**.

Definition of harm reduction

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)ⁱ.

The principles of harm reduction:

The following principles of harm reduction are adapted from those set out by The Canadian Centre on Substance Abuse (CCSA 1996)ⁱⁱ, and Lenton and Single 1998ⁱⁱⁱ:

Harm reduction:

- **Is pragmatic:** and accepts that the use of drugs is a common and enduring feature of human experience. It acknowledges that, while carrying risks, drug use provides the user with benefits that must be taken into account if responses to drug use are to be effective. Harm reduction recognises that containment and **reduction of drug-related harms is a more feasible option than efforts to eliminate drug use** entirely.
- **Prioritises goals:** harm reduction responses to drug use incorporate the notion of a hierarchy of goals, with the **immediate focus on proactively engaging individuals**, targeting groups, and communities to address their most compelling needs **through the provision of accessible and user friendly services**. Achieving the most immediate realistic goals is viewed as an essential first step toward risk-free use, or, if appropriate, abstinence.
- **Has humanist values:** the drug user's decision to use drugs is accepted as fact.

No moral judgment is made either to condemn or to support use of drugs.

The dignity and rights of the drug user are respected, and services endeavor to be 'user friendly' in the way they operate. Harm reduction approaches also recognise that, for many, dependent drug use is a long term feature of their lives and that responses to drug use have to accept this.

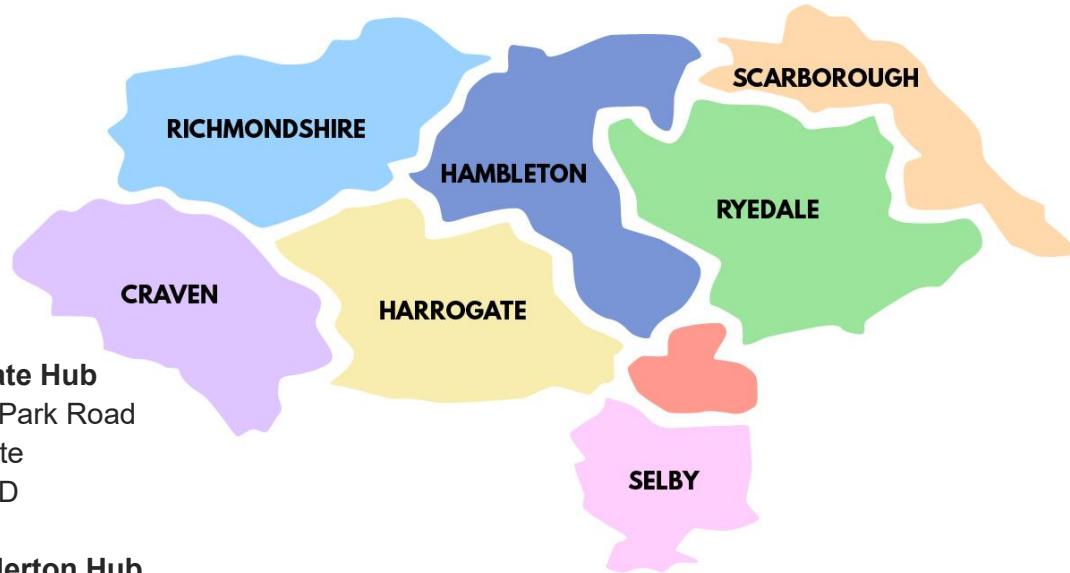
- **Focuses on risks and harms:** on the basis that by **providing responses that reduce risk, harms can be reduced or avoided**. The focus of risk reduction interventions are usually the drug taking behaviour of the drug user. However, harm reduction recognises that people's ability to change behaviours is also influenced by the norms held in common by drug users, the attitudes and views of the wider community. Harm reduction interventions may therefore target individuals, communities and the wider society.
- **Does not focus on abstinence:** although **harm reduction supports those who seek to moderate or reduce their drug use**, it neither excludes nor presumes a treatment goal of abstinence. Harm reduction approaches recognise that short-term abstinence oriented treatments have low success rates, and, for opiate users, high post-treatment overdose rates.
- **Seeks to maximise the range of intervention options that are available**, and engages in a process of identifying, measuring, and assessing the relative importance of drug-related harms and **balancing costs and benefits** in trying to reduce them.

North Yorkshire Horizons

North Yorkshire Horizons (NYH) provide hub-based harm reduction services at five hubs across North Yorkshire, as outlined below.

NYH are commissioned to provide a comprehensive harm reduction offer and, as such, are able to provide an enhanced harm reduction offer over and above pharmacy-based provision, e.g. Blood-borne virus screening, vaccinations, health assessments, wound care, comprehensive assessments and onward referrals into support services. As such, it is recommended that all service users accessing pharmacy needle and syringe provision are encouraged to engage with NYH in addition to accessing pharmacy-based provision. Details of the referral process are outlined within this document.

Hub based service: North Yorkshire Horizons Hubs and Contact Details



Harrogate Hub
7 North Park Road
Harrogate
HG1 5PD

Northallerton Hub
5 The Applegarth
Northallerton
DL7 8LZ

Scarborough Hub
56-60 Castle Road
Scarborough
YO11 1XE

Selby Hub
74-76 Gowthorpe
Selby
YO8 4ET

Skipton Hub
Mill Bridge House
4a Mill Bridge
Skipton
BD23 1NJ

North Yorkshire Horizons Single Point of Contact (SPOC):

(01723) 330730

Role of the Scheme co-ordinator (Harm Reduction Lead Practitioner)

NYH Harm Reduction Lead Practitioner –

Contact information:

harm.reduction@disc-vol.cjsm.net

07738321373

The Harm Reduction Lead Practitioner, employed by North Yorkshire Horizons, has a crucial role to play in the delivery of pharmacy-based Needle and Syringe Programmes and a core list of duties relevant to pharmacy provision are:

- Will be available to attend pharmacy sites as and when required.
- Ensure that the service is integrated with the local needle and syringe programme facility and other harm reduction interventions. This will assist in ensuring that clients have the access to primary health care and treatment if required. Pharmacies will be provided with a referral form for North Yorkshire Horizons harm reduction services or, if preferred, referrals can be made directly on the above number.
- Support sites with the ordering of equipment for the scheme.
- Will organise, through the provider, the collection of clinical waste as highlighted in the clinical waste collection section.
- Ensure pharmacies are fully stocked with information, order cards and data sheets.
- Ensure that adequate training is provided to all staff participating within the scheme in accordance with the Service Specification and offer ongoing support and advice as and when required.
- Provide each pharmacy with this Standard Operating Protocol, along with a copy of 'NICE Guideline PH52, Needle and Syringe Programmes'
- Pharmacy Exchanges will participate in various health promotions. The coordinator or NYH Open Access and Assessment staff will provide resources e.g. publications/posters to individual pharmacies and offer ongoing support with this.
- Referrals for alcohol/drug misuse can be made directly through coordinator when required.
 - Completed referral forms or telephone referrals to be directed to:

Harm Reduction Lead

North Yorkshire Horizons

7 North Park Road

Harrogate

HG1 5PD

Tel: 07738321373

Operational Procedures

Exchange Procedure for New Service users (Pharmacy)

Registration of service users wishing to use the scheme for the first time:

- When a service user wishes to register on the Pharmacy Needle and Syringe Programme, he/she will be asked to provide some information that will allow their unique identification within the service. This information will be collected on the registration form and should include their sex, date of birth, chosen name and area of residence. The drug that the service user is using is a required piece of information, however pharmacy staff should be sensitive to the public arena in which they are asking these questions. This is the information required to register a client on PharmOutcomes.
- Ensure that service users are fully aware of the confidentiality surrounding the scheme, making it very clear that information asked for is not an attempt at identification, but purely for our own records and to inform future service provision.
 - Seek consent from clients to share pre-defined person identifiable data with North Yorkshire Horizons for monitoring and surveillance purposes only. This will be facilitated via Pharmoutcomes.
- You may explain that the Commissioners who pay for the scheme and the freely provided equipment are interested in numbers – STATISTICS – how many people use the service, age groups, gender, trends, areas where need for the service is greatest, etc.

All information is given voluntarily and no attempt is made to verify it.

(NB. If you believe that someone wishing to register on the scheme may be **under** 16 years of age then that person should be referred to North Yorkshire Horizons for an assessment. Needles should not be given on the first visit if pharmacy staff have this concern, unless they present with their parents.)

Bearing this in mind complete a pharmacy exchange initial assessment, informing the service user that their *date of birth* can be their identifier. This will be the number that they give whenever they use the scheme. After any necessary discussion supply equipment and a sharps bin (as outlined below), explaining that more equipment will be made available, if required, after a record of good returning has been established.

It may be preferable for one nominated worker to see a 'first time' service user. This will help to ensure a consistency of service and approach. Should service users present requesting an inspection of any injecting sites or looking for detailed information which staff are unable to provide then the service user should be referred to North Yorkshire Horizons or their Health care professional, for more information.

The exchange procedure: general good practice guidelines

- The service should only be carried out by those who have been specifically trained to do it and those who have read all the relevant guidance

- A 'pick and mix approach' will be used. This reduces the amount of waste and of drug related litter by providing the client with exactly what they need.
- Clients must be treated with courtesy and respect. The service should be delivered in a friendly non- judgemental way.
- The service should be provided in a discreet manner, ideally in a consultation room or private area
- The exchange process is not simply a transaction of products; it is an opportunity to provide harm reduction messages and advice during the course of the conversation.
- In line with the above, it is expected that the pharmacy will provide opportunistic harm reduction advice during every interaction with service users accessing the service, including safer injecting and overdose prevention
- Promote and facilitate patients' engagement with North Yorkshire Horizons
- Not discourage people from taking equipment for others (secondary distribution), but rather, ask them to encourage those people to use the service themselves

Exchange Procedure for Existing Service users (Pharmacy)

Procedure for the Exchange: -

- Ask service user for their identifier, (date of birth/name).
- If they are not members of the scheme then proceed to new member's procedure first (see above).
- Ask service user for returns and produce the yellow sharps bin for them to dispose of their bin/s (or loose equipment).
- Ask service user to estimate how many needles/syringes returned.
- If no returns are made ask why, and ask how they are disposing of them – stress the importance of returns to the continuation of the scheme. Be reasonable but try to emphasise the importance of returning in order to encourage future returns. The needle exchange does not operate a strict one-for-one exchange system, however, it should always be stressed to service users the importance of returning their used equipment.
- Ask the service user to specify what equipment they need. This can either be done verbally or by asking them to fill in one of the 'order cards' supplied by NYH.
- Each item of equipment supplied should be logged by type and quantity. The importance of safe storage of equipment must be stressed.
- Sharps bins should always be supplied with equipment. Occasionally service users may state that they 'have a bin at home'. This may be true, and as long as it is requested that they return the bin at their next visit/when it is full, this is fine; workers should use their own judgement in this matter.

- If required provide service user with a carrier for equipment and bins.
- Complete the entry for the transaction on PharmOutcomes, or log the information on a paper based system for later inputting. Accurate and timely recording of all required information is essential for the management and monitoring of the scheme, as outline in the Service Specification.
- During the transaction ensure that a note is made of any significant information. This will enable another worker (or yourself) to refer to it on service user's next visit.
- If pharmacies have any concerns about a specific need related to an individual service user or wish to make any onward referrals, this can be done through the referral form or by telephone, provided that the client has consented to this. If the client refuses to a referral into North Yorkshire Horizons, a phone call to discuss the issue may be appropriate.

Ordering of Needle and Syringe Equipment Process Overview

Pharmacy Needle and Syringe Programmes are required to provide a 'pick and mix', or loose, distribution of needle and syringe equipment.

As equipment will be changed from time to time in line with good practice guidelines and the developing technology of new equipment this operating protocol does not aim to provide a definitive list of available equipment. However, the supplier contracted by North Yorkshire Horizons will provide both a pictorial form and a spreadsheet order pro forma for all equipment currently recommended for pharmacy distribution. Any updates or amendments to this will be communicated to pharmacies either directly by the supplier or via the scheme coordinator.

Ordering of stock :

It is the responsibility of pharmacies to place stock orders directly with the supplier as outlined in the process below, and to ensure that pharmacies are maintained with adequate stock as specified by the stock pro forma in order to provide a consistent and comprehensive supply of equipment to users of the service.

The supplier of equipment is:

Orion Medical Supplies Ltd

www.orionmedical.co.uk

Orders can be placed via:

Tel: 01869 244423

Fax: 0844 357662

Email: jade@orionmedical.co.uk

Orders placed before 1pm will be delivered the next working day. There is a **minimum order value of £100**; delivery is free of charge and carbon neutral. Pharmacies who will be regularly unable to meet the minimum order threshold can discuss in advance with the Lead Practitioner on an individual basis and alternative arrangements will be made.

The account manager for this supplier is:

Shaun Hazlett: shaun@orionmedical.co.uk

Handbooks containing all company information will be supplied to participating pharmacies directly from the supplier. The supplier is available to assist with all ordering or equipment queries. Alternatively, please contact the Harm Reduction Lead Practitioner on the number provided in this document for advice about your equipment needs.

- Should pharmacies run low of equipment and require emergency stock (i.e. prior to a weekend) then please phone the Harm Reduction Lead Practitioner, on 07738321373 or the Open Access and Assessment Team through the SPOC (01723) 330730. A reserve of stock will be kept at each of the North Yorkshire Horizons hubs, and they will arrange a delivery as soon as is practicably possible. **Please note this should only be as a last resort** as it is contractually expected that pharmacies will maintain adequate supplies of equipment in line with the Service Specification.

Needle and Syringe Exchange Scheme: Sharps Management and Collection Guidelines

Disposal

- All service users should be issued with a personal sharps container which will be relevant to the amount of equipment they have taken away. Service users will be strongly encouraged to return any clinical waste in these containers.
- If the client has returned the equipment in a sharps box, you must ask the client to ensure it is sealed properly before asking them to place the box in the large yellow sharps bin.
- If the client returns loose equipment, i.e. not contained in a BS Approved sharps box, under **NO CIRCUMSTANCES** should you handle or touch the equipment yourself. You must ask the client to deposit the equipment in the yellow sharps bin themselves.
- Any loose needles/syringes or spillages must be dealt with according to policies and procedures
- Only people who are trained to carry out needle exchange should carry out this task.

Collection

- North Yorkshire Horizons will have already registered your pharmacy with the clinical waste provider for clinical waste collection.
- Pharmacies will be provided with a supply of yellow clinical waste bins for clients to deposit their sharps boxes in. A sufficient quantity of empty sharps containers should be kept at all sites at all times.
- When the yellow sharps containers are full to the safety line, seal the lid and store in a locked area for secure disposal. If a locked cabinet is not available the sealed container should be kept away from the public and all staff likely to come into contact with it should be made aware that it contains clinical waste.
- The container must be sealed before moving and should only be transported by the handle.
- Waste will be collected by the clinical waste collection provider. All consignment notes must be completed and filed for reference.
- It is the responsibility of the worker undertaking the exchange to adhere to all guidelines that have been specified both within training and within this tool kit.

The clinical waste provider is:

PHS

www.phs.co.uk

All outlets are on a regular collection of waste, the regularity and amount of which, is pre-agreed with the provider. Pharmacies will be informed of their collection schedule. However, if you require an additional collection please contact the Harm Reduction Lead 07738321373 or the Open Access and Assessment Team through the SPOC (01723) 330730, who will then re-arrange the next collection for as soon as feasibly possible. If this were to happen on a regular basis, then NYH would need to review the frequency and amount of the collection agreed in the contract with the provider.

The provision and collection of sharps bins is for the sole use of sharps waste generated by the Needle and Syringe Programme. As such, yellow sharps bins are not to be used for the disposal of any other waste generated by pharmacies in the course of their business. The correct management of waste will be monitored by the provider for any non-compliance.

Needle and Syringe Exchange Scheme: General Guidance

Non-Returnees Protocol

It is recognised that some service users may have problems returning their used equipment. This policy is intended to help needle exchange staff identify and deal with 'persistent' non-returners.

Identification

- A pharmacist/member of pharmacy staff may identify a service user as not returning their used equipment on a regular basis, either through PharmOutcomes data or simply through the exchanges taking place.

Response

- Service users will be encouraged to return, and the reasons for not returning should be explored, it might be possible to utilise the mobile service to collect outstanding returns if service users are unable to bring them in to the agency.
- Should a service user continue not to return their needles, staff should persist in their efforts to encourage them to engage with the service, and identify any alternate returning arrangements.

Limiting Supply

We have taken the decision not to use the limitation of supply as a means of controlling peoples returning habits because:

- Limiting the supply of needles and syringes, to a client group injecting in an environment where Hepatitis C is so prevalent, would be counterproductive to the aims of the scheme, and could increase the risk of Hepatitis C, (HBV and HIV) infection.
- Where supply of needles is limited it is highly likely that clients will re-use old needles and syringes, this has considerable bacterial risk and could cause significant injecting related injury and vein damage.
- Currently the numbers of needles found in public areas is very low; this leads us to conclude that even if needles are not returned to exchange services, they are not being disposed of irresponsibly.

Needle and Syringe Exchange Scheme: Refusing to carry out a Transaction in a Needle Exchange Setting

General Statement

NYH is committed to a harm minimisation approach to needle exchange.

Aims

This policy has been developed to actively promote the health and well-being of all clients and to inform the practice of all pharmacy staff completing needle exchanges.

Its purpose is to ensure that:

- All employees have guidance on when it is appropriate to refuse to give injecting equipment and paraphernalia.
- All employees are aware of their responsibilities regarding heavily intoxicated clients and distribution of injecting equipment.
- Overdose risks are identified and dealt with appropriately at the earliest stage possible.
- Support and advice is offered to those who are heavily intoxicated.

Definition

'Heavily intoxicated' in the context of this policy is defined as:

The misuse of alcohol, illegal drugs and other substances which have resulted in the client losing control of their senses and behaviours.

Procedure

1. Second opinions should be sought from a colleague or manager.
2. When refusing to give injecting equipment, the worker should outline their reason for doing so and discuss with the service user the risk of overdose and the effects of poly drug use. The worker can then offer the service user the choice of returning to pick up injecting equipment once they are less intoxicated e.g. if they present in the morning then to return in the afternoon.
3. If the service user returns then the worker must ask if they have consumed any drugs, including alcohol, since they were last seen and if so the worker must then ask about the amount and type and reassess the client's potential overdose risk and suitability for an exchange.
4. The worker must then inform the needle exchange PSE contact who will inform all pharmacies in the immediate area of the decision and give the appropriate information available. Advice, guidance and support can also be offered at this time to PSE workers should they require it.

General Harm Reduction Messages

1. If you get pain or redness at an injecting site, stop injecting there.
2. Pain or redness can also result from
 - Infection
 - Local reaction
 - Injury
3. Service users should be strongly advised to seek medical advice if swelling or redness spreads or if they develop a high temperature.
4. Advice to injectors to help avoid the pain and redness at injecting sites should be to:
 - Wash their hands and injection site before preparing the injection
 - Use the smallest amount possible of citric acid to dissolve the drug
 - Ensure that needles are new and sterile and have not become blunted or barbed in the process of drawing up
 - Use great care when injecting
 - Never 'flush' or leave the needle in the vein for longer than necessary
 - Avoid using veins that are inflamed or painful

Service users will be advised that they must seek urgent medical attention if they find tissues surrounding an injection site becoming rapidly swollen, especially if this is accompanied by a raised temperature.

Overdose Guidance

A drug overdose occurs when you consume more drugs than your body can tolerate. Overdose is a relative term, with symptoms that range from the uncontrollable nodding of heroin, to the shakes of crack, cocaine powder and meth, to unconsciousness and death.

Things that can increase risk of overdose

- Changes in your health or body can put you at risk for an overdose. Getting sick, or losing weight, affects your tolerance and your body's ability to adjust to the drug.
- People who have recently started on a methadone script are at higher risk of overdose.
- Heroin tolerance drops rapidly after a break. People are 34 times more likely to go over in the first two weeks after a prison sentence. If someone hasn't used for a while they are advised to smoke it.
- Mixing heroin with other drugs especially depressants like alcohol, benzo's and methadone increases the risk of overdose.
- There is no way to monitor the strength of illegal drugs, clients should look out for any changes, speak to other users, and always use a small amount first to 'test' the strength.
- Using alone also increases the chance of fatality overdosing, because there is no one there to call for help or take care of you if you pass out.
- Rushing a preparation or an injection can also contribute towards an overdose. They each reduce control over the process and so increase the risk of overdose and other problems.

Symptoms of overdose

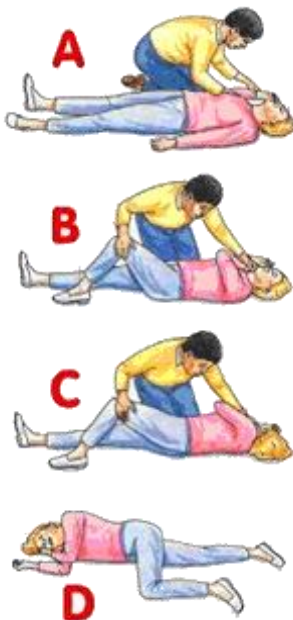
The symptoms of overdose will vary from person to person and the drug being used. In the case of heroin overdose, the symptoms may include:

- Increasing lack of responsiveness, becomes unable to be roused,

- Excessive 'gauching', tailing off in speech, and appearing to drift in and out of consciousness
- Shallow breathing
- Breathing stopping
- Tiny, pin prick pupils
- Bluish tinge to lips and skin
- Skin feels cold and clammy

In all cases where overdose is suspected action will need to be taken promptly. If the person remains conscious, a close eye should be kept on the person, and medical help called. While attempting to keep the person roused is no bad thing, there is no benefit in slapping them or making them walk around.

- If the person loses consciousness they should be placed in the recovery position, ensuring that the airway is open and un-obstructed.



- If the breathing or heart stops, suitably trained people should undertake CPR until the ambulance arrives.
- The ambulance crew should be told which drugs have been used if known. This allows the correct treatment to be initiated early on. Any substances found on the person should be passed onto the paramedic to allow correct identification.
- The risks of overdose are increased when they take place unattended, or when people take no action or the wrong action.

Needle and Syringe Exchange Scheme: Needle Finds Policy

Aim: To encourage good public relations and avoid confusion when dealing with a caller reporting a public needle find. The following response from any member of pharmacy staff, who discovers a public needle find, or is informed of one, is required.

Response:

North Yorkshire horizons will be responsive to needle finds where possible and can be used as the first point of contact.

- Take details/make a note of the item(s) found and the location.
- Contact North Yorkshire Horizons using the Single Point of Contact (SPOC) number:

(01723) 330730

- Request to speak with a member of the Open Access and Assessment Team at the hub closest to your pharmacy site or to the Harm Reduction Lead.
- Inquire if they are able to attend the find and dispose of the needles appropriately.

If a worker from North Yorkshire Horizons is unable to attend to dispose of the needles, the following procedure is to be adopted:-

- Take details/make a note of the item(s) found and the location.
- If being informed by a member of the public, advise them that the cleansing manager of the Borough or District council who is responsible for collection and safe disposal of sharps will be informed.
- The caller may be informed that, “we will contact the cleansing services department directly to ensure safe removal of the sharps”.
- The needle find should then be reported to the local Borough or District Council who will pass this information on to the correct department.
- Inform the Harm Reduction Lead Practitioner of all of the above, verbally if possible and in writing via email.

Cleansing Teams can be contacted through the local councils;

- Scarborough Borough Council telephone – 01723 232323
- Selby District Council telephone – 01757 705101
- Harrogate Borough Council telephone – 01423 500600
- Northallerton District Council telephone – 01609 776718
- Skipton District Council telephone – 01756 700600

Needle and Syringe Exchange Scheme: Staff Health and Safety

Service users will not be seen or given entry, under any circumstances unless there are at least two workers or fully trained volunteers on the premises.

- The partnership recommends that all staff are vaccinated against Hepatitis B as a precautionary measure.
- Staff who do not wish to have Hepatitis B vaccinations may sign a disclaimer declaration if they wish to be involved in needle exchange work

- Staff will **not** handle returned and used equipment unless absolutely necessary, staff must always take appropriate precautions, see **Sharps Collection Guidelines**.
- Service users must always place returns into the sharps bins themselves.
- If loose needles, or used injecting equipment in bags etc. are returned, then these must be placed directly into a sharps bin by the service user.
- Staff involved in site inspections must always take universal precautions and wear gloves.
- Staff involved in needle exchange should always cover any cuts or breaks in the skin, using waterproof plasters.
- Staff involved in needle exchange should wash hands thoroughly at regular intervals throughout the day.
- Large sharps containers should never be filled above the safety line.
- Should any loose injecting equipment need to be retrieved by workers gloves should be worn. The equipment should be collected with tongs or with a brush and shovel and carefully deposited into a sharps container.
- Staff and workers are responsible for the cleanliness and hygienic condition of the needle exchange area and should frequently clean all washable surfaces using the appropriate supplied detergents.

Needle and Syringe Exchange Scheme: Management of a Needle Stick Injury

The occurrence of needle stick accidents is very rare but this is clearly dependent on staff ensuring that they adopt safe working practices at all times and do not allow themselves to become complacent in the course of their everyday work.

If any of the following accidentally occur:-

- Accidental Inoculation/Needle Penetration
- Scratches or bites involving broken skin
- Contamination of abrasions or cuts with blood or body fluids
- Anything causing visible bleeding or broken skin

TAKE IMMEDIATE ACTION

1. Encourage the site to bleed freely for a few minutes, **DO NOT SUCK**.
2. Wash and clean the area with warm soapy water and dry. Apply firm pressure to stop bleeding.
3. Cover the wound with a waterproof dressing.
4. Inform your Line Manager. Complete the Accident Book and an Incident Report.
