Reducing Drug Related Deaths

&
Harm Reduction

Greater Manchester Change Grow Live

Change Grow Live

Strategy Highlights for Harm Reduction

Change Grow Live

1) Develop a quality & evidenced based harm reduction workforce development plan

2) Lower threshold & easier access for service users (including same day prescribing)

3) Reduce harms BBVs in people who access our services

4) Develop standardised, high quality NSP provision and distribution across services

5) Increase opportunities to develop approach to the elimination of Hepatitis C

6) Utilise the opportunities of ICS developing improved pathways for long term conditions

National approach to Re-designing services
To be equitable, accessible & needs-based

- Services are:
- **Accessible** (to everyone who needs support)
- **Inclusive** (of everyone who needs support)
- **Trauma informed**
- **Person centred**
- **Evidence based**
- **Lived & Living experience, peer support** in service design, delivery & review

- Delivered in **partnership** with other organisations, **integrated,** meeting population health needs, reducing health inequalities (embracing the ICS Agenda)

Workforce Development

Brilliant Basics Program aimed at 4200 staff

- ✓ **Motivational Interviewing**
- ✓ **Trauma Informed Care**
- ✓ **Managing Challenging Behaviour** (pilots September onwards)
- ✓ **Harm Reduction**: September 2022 onwards, (pilots) Harm Reduction Training for all relevant staff

- Initial aim of training existing staff with ongoing induction loop

- Three Modules covering:

- Harm Reduction Philosophy,
- History, aims and practice
- Working with PWID, safer injecting and best practice

Reducing Drug Related Deaths =

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Treatment as a protective shield

Housing

Outreach

NSP

Lower threshold access

Naloxone

Addressing Stigma

Eliminating Hepatitis C

Optimised dosing

Education and awareness

Leaning into and embracing Risk

Treatment for long term conditions

Addressing poverty harms

Workforce Development

People who use illicit opioids: excess risk of death across all major causes (x 15 greater than gen pop) , population ageing is unlikely to explain the increasing number of fatal drug poisonings seen in surveillance data, but is associated with many more deaths due to non-communicable diseases

Lewer et al@ Lancet Public Health 2022;
7: e126–35: 17 year longitude study of 106789 participants with a history of illicit opioid use

Naloxone strategy

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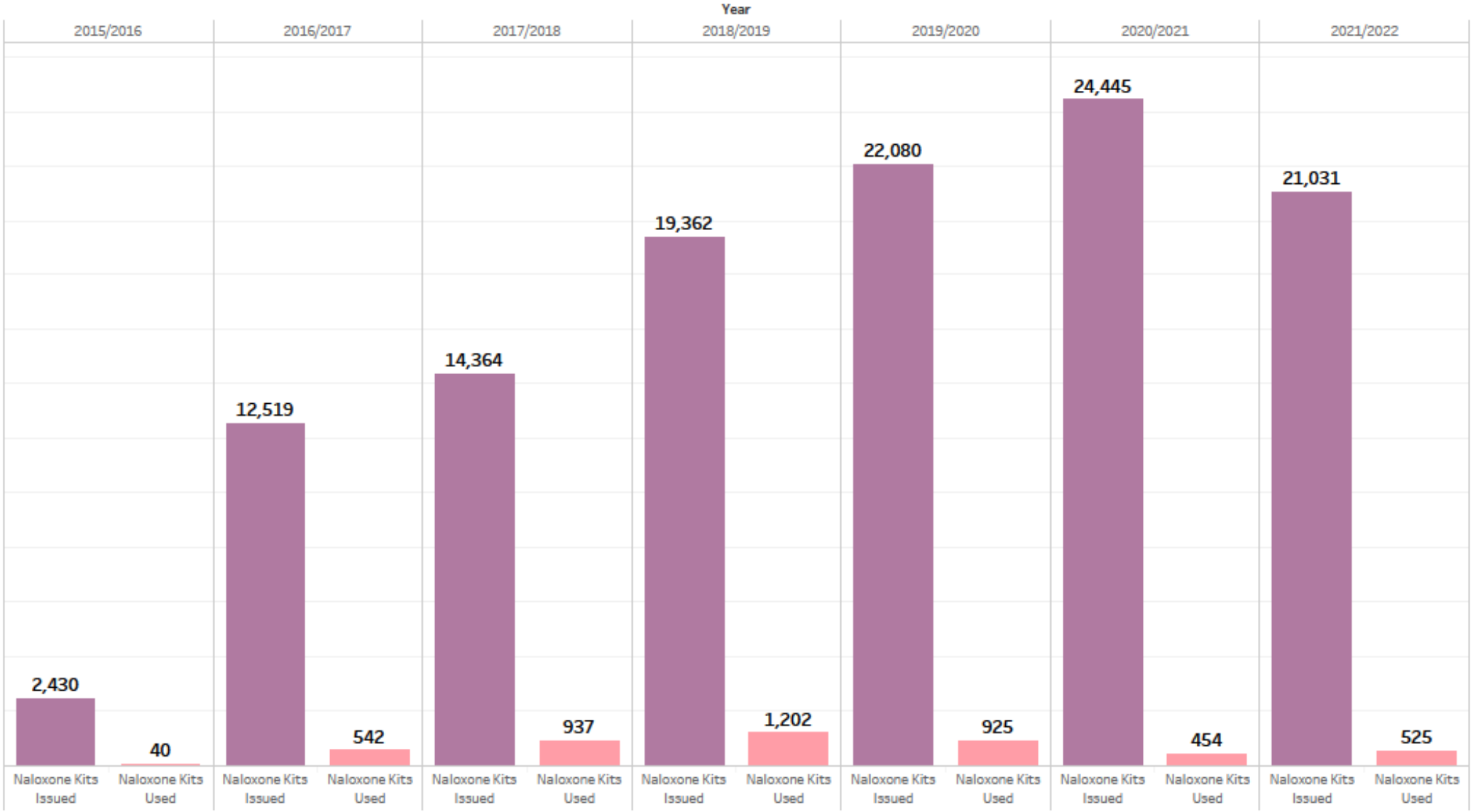
- ✓ Naloxone champions in every service
- ✓ Toolkits for P2P, Hospital, Police, AP & Pharmacy
- ✓ Embedding naloxone strategy into our organisational strategy.
- ✓ Making our naloxone strategy a priority throughout the organisation up to board level.
- ✓ Recognising our naloxone strategy as fundamental in our harm reduction approach.
- ✓ Embracing innovations that can increase the distribution of naloxone into every community.
- ✓ Developing & delivering Pharmacy, Peer to Peer and other initiatives to penetrate those not in treatment

Naloxone total kits issued



ICS: Partnerships, collaboration and population health

Backed by Strategy

- New CQC Strategy – improving quality is improving the partnerships
- Chapter 5 of the Drug Strategy
- NHS Long-term plan - WHO "biggest plan for integrated health anywhere in the world"
- Linking our approach to ICS to the developing combatting drug partnerships

People don't understand what we do

- We work with 'complexity' and with those who are 'marginalised' – trusted relationships
- Language is important. CGL being the **'front door' to health care** to 'tackle health disparities/inequalities'

Think about partners 'pains and priorities'

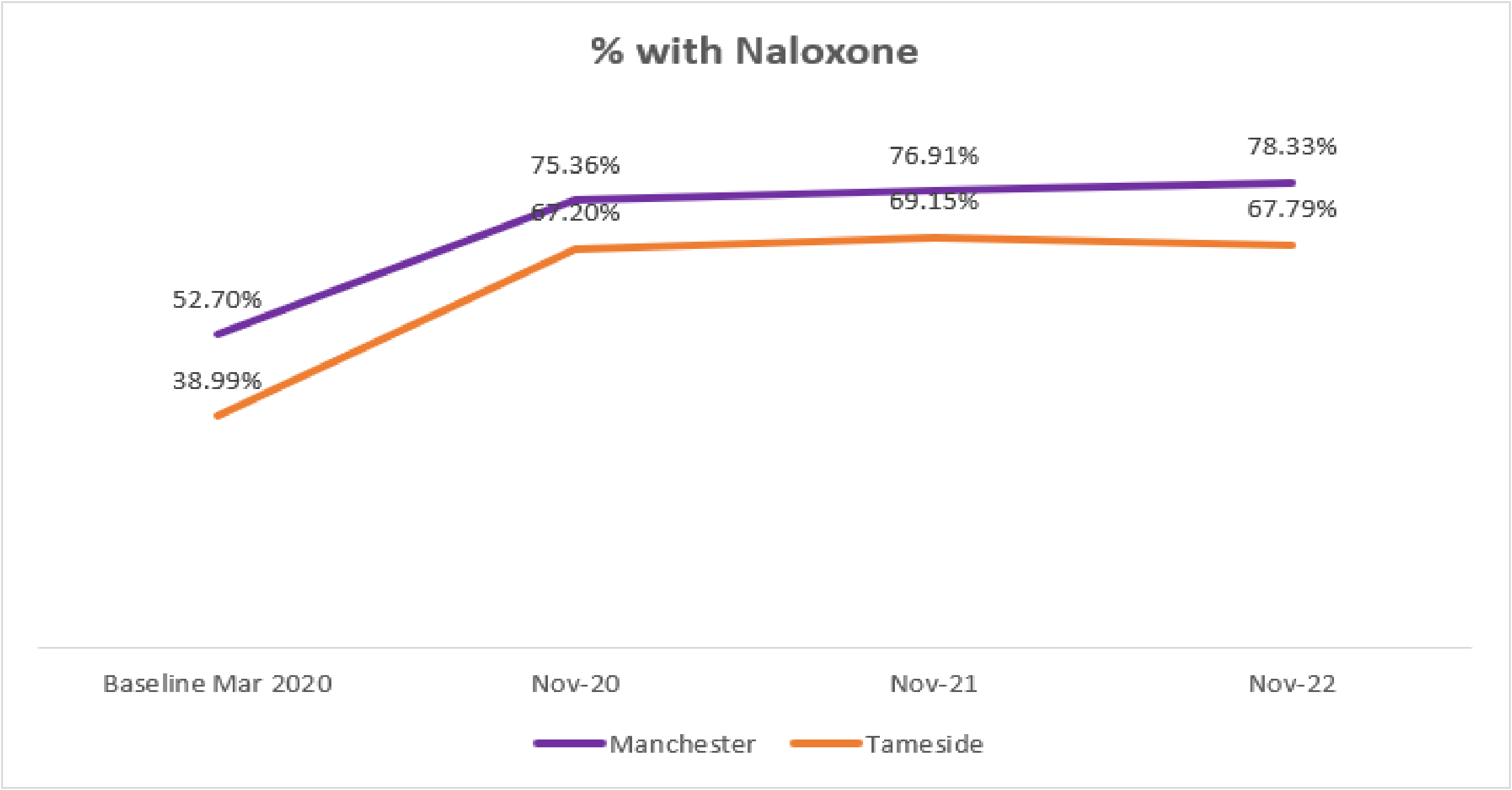
- Learn about the wider system and question assumptions (e.g., MH)
- Clinics/drop-ins (COPD / Wound Care)
- Co-location - new opportunities with OHID monies

Using our data to inform and plan

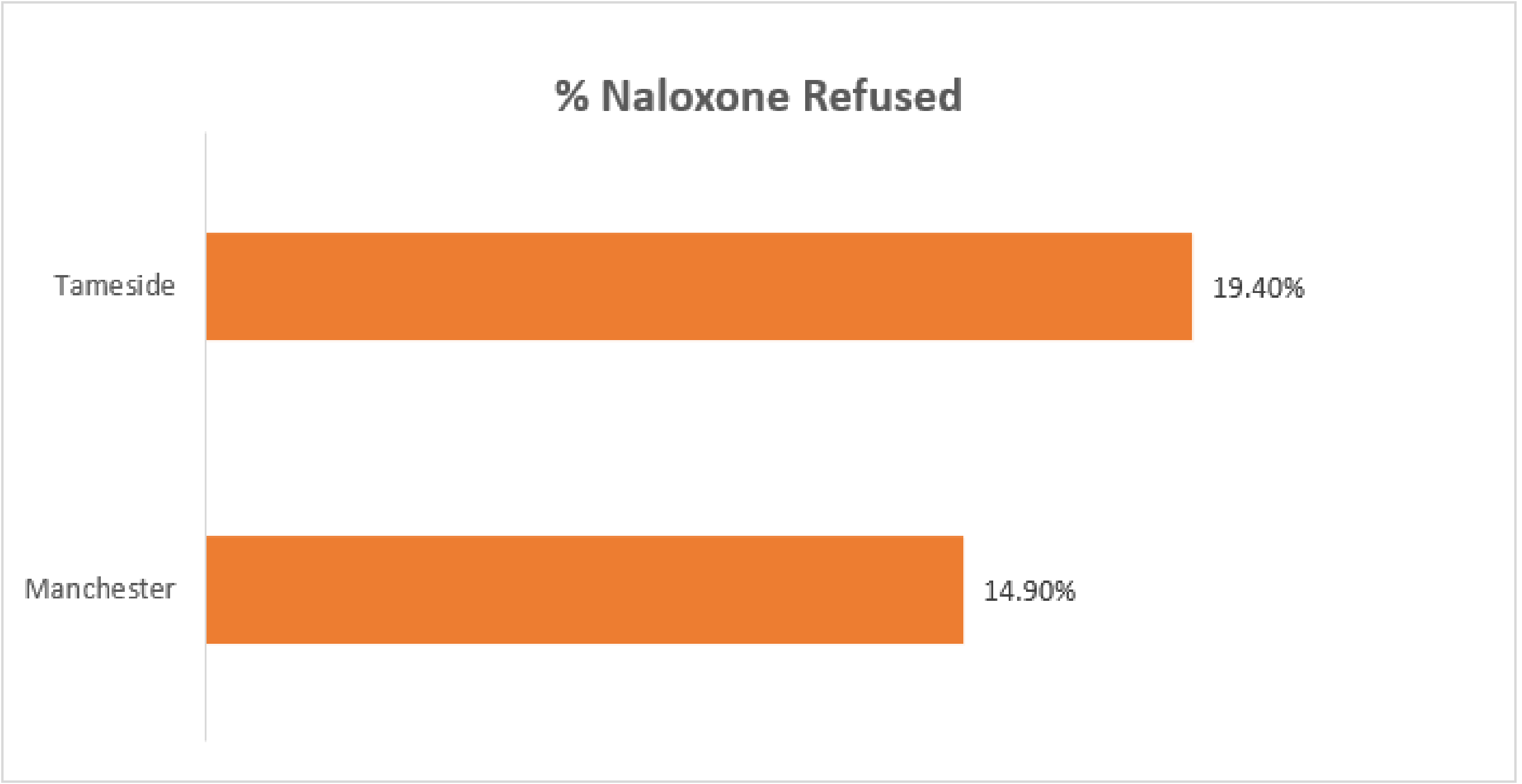
CRiiS

Publishing reports and visualisations for Q9018 Data and Analytics

% with Naloxone with Baseline Comparison



% of people who have refused Naloxone

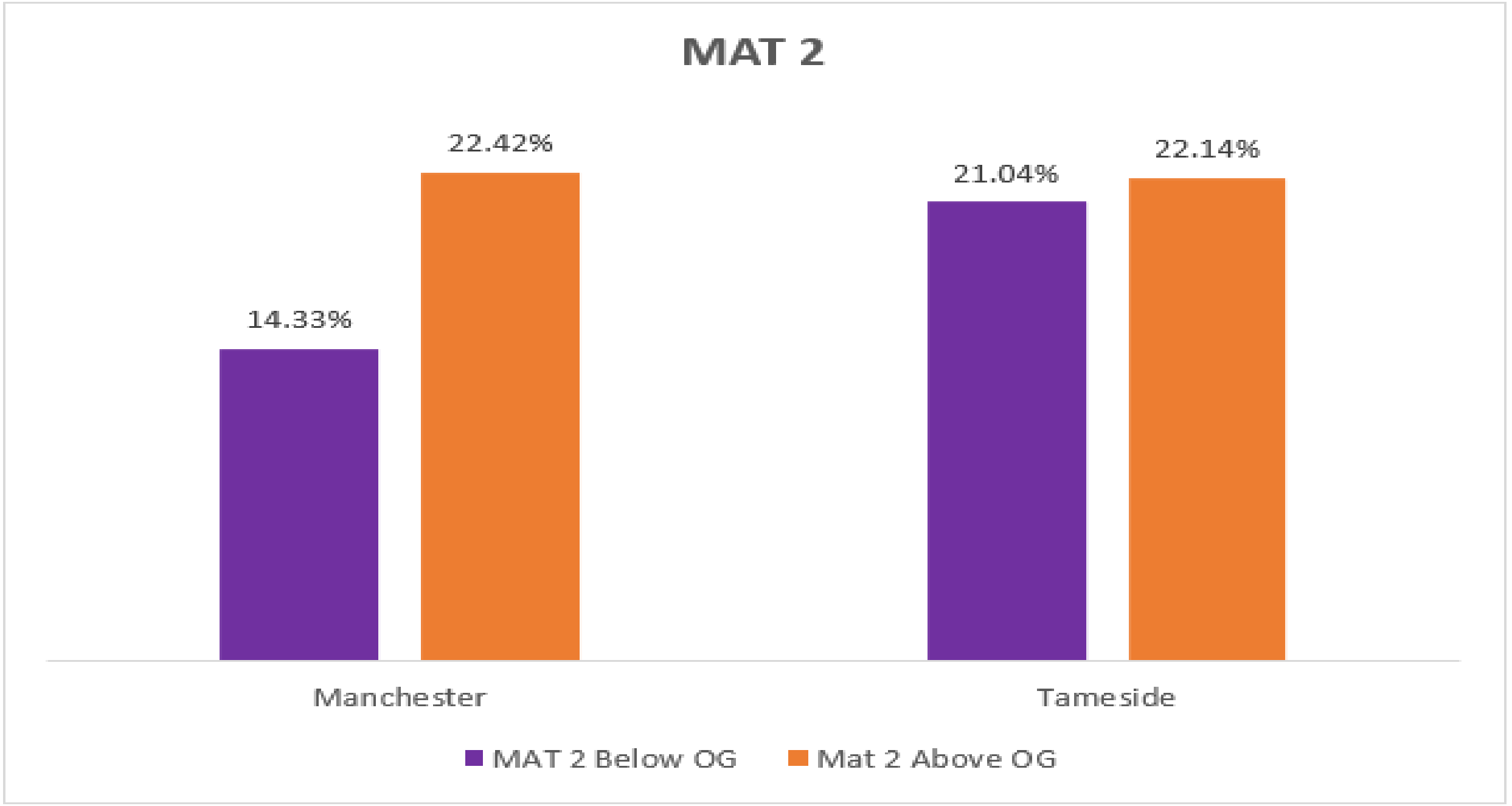


Considerations - Naloxone

Reasons for refusal will change and needs to be reviewed….or challenged!

- I'm pregnant and not using
- There are children in the house
- Stigma of having a kit
- I am not using
- Fear of needles……?
- Does not associate/use with other people who use drugs
- Not right now…. Can you ask me at another time?
- I already have a kit
- I am on my bike
- I don't inject…..
- Agreed – but left before it was issued
- It will trigger me to want to inject
- The heroin quality is crap – I won't overdose
- Its counterproductive to my recovery
- My partner/friend has one

MAT 2 below and above OG (Tableau Nov Data) Description: SU in MAT who continue street opioid use on top)

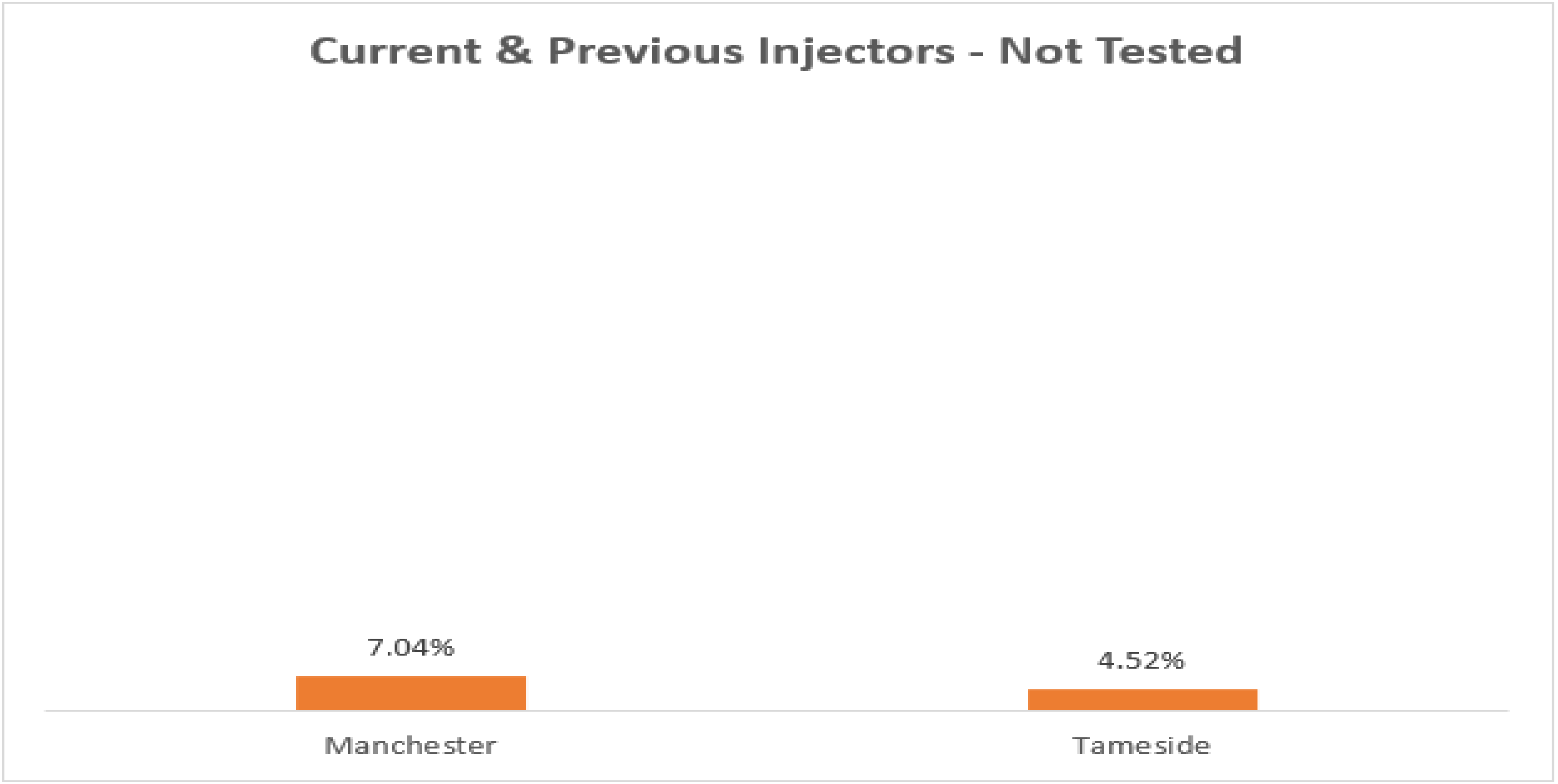


Focus on MAT

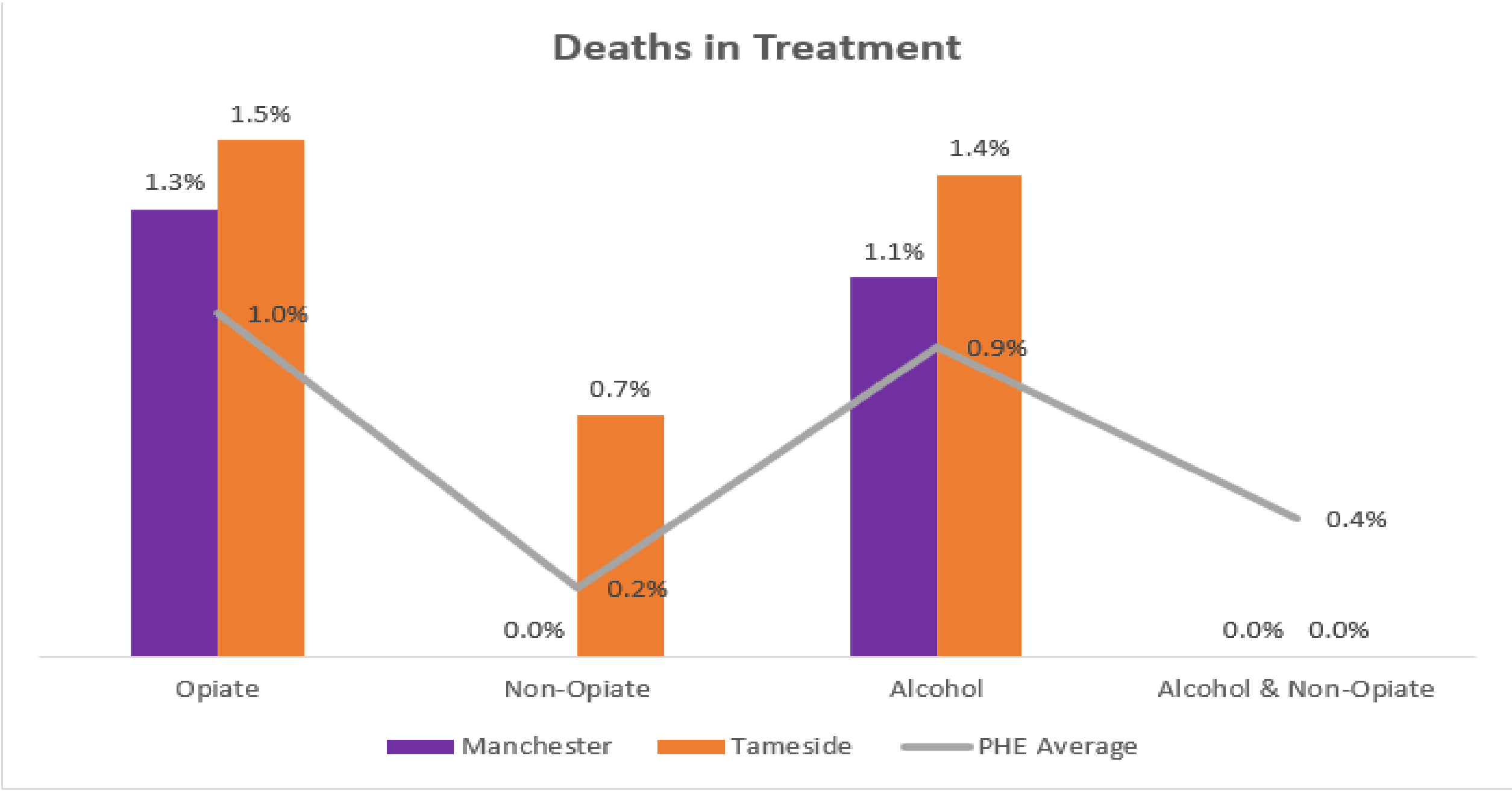
Optimal dosing

- Timely titration (in line with guidance)
- Medication choice – with the understanding you can change your mind
- Monitoring and managing withdrawals
- Ongoing assessment (by prescriber and worker)
- Contributory factors – MH, PH, Pregnancy, Social etc
- Regular review of goals
- Motivational interviewing
- Managing stigma
- And what else – peer support, groups, activities
- Detox/stabilisation/rehab?

Previous and Current injectors NOT tested (Tableau Nov Data) ***considerations to be made on those tested over 12 months ago**



Deaths in Treatment taken from DOMES QRT 4, % of people in treatment between 1.4.2022 and 30.9.2022



The Challenges We Are Facing

- ✓ Difficulty in accessing even primary care provision – infections, colds – which result in more serious conditions emerging
- ✓ Mental health needs remain unmanaged
- ✓ Complexity of those referring – poly drug use, MH, alcohol, unmanaged physical health needs
- ✓ Cost of living – heating, food, travel (to appts?)
- ✓ Housing crisis
- ✓ Staff – recruitment, retention
- ✓ Numbers accessing (reduced caseloads to 40, increase numbers accessing by 20%)

Summary

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- ✓Redesigning services to meet people where they are at
- ✓More people in treatment, and better treatment
- ✓Embracing the ICS agenda and improved partnerships & collaboration
- ✓Workforce Recruitment, Retention and Skills Development

- ✓Using data to improve our responses to:

1. Lowering Mortality rates
2. MAT-optimal dosing and new approaches
3. Naloxone
4. Micro Elimination of Hepatitis C
5. Long term conditions and treatment pathways

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Thank You!