

Turning Point's  
quality Standards  
Document sets out  
our commitment to  
reducing drug and  
alcohol deaths and  
to continuously  
improve our  
treatment offer.

### **Naloxone**

We commit to a minimum of 100% of opiate service users will have a supply of naloxone. We will adopt a 'carry naloxone' approach rather than a 'offer' naloxone approach.

### **Risk Profiling**

We will adopt a risk profile approach to identify service users most at risk of death from alcohol and/or drug use

### **OST PRESCRIBING**

We will ensure that all service users have access to OST quickly and responsively, acknowledging the protective factors of OST

### **PARTNERSHIP WORKING**

We will develop local alert systems with A&E departments and Ambulance teams with a commitment to contact all individuals post non-fatal overdose within a 48hour period to review use, discuss treatment options and provide Naloxone.

### **REDUCING THE HARMS ASSOCIATED WITH ALCOHOL**

We will prioritise managing alcohol related harm at the engagement point of the alcohol pathway to support earlier identification and treatment of alcohol related conditions with a specific focus on liver disease

Expanding  
naloxone  
availability –  
making sure  
it is in the  
hands of the  
people who  
may need it

### **Pharmacy THN**

Turning Point services are working with local pharmacies to provide naloxone

### **Naloxone and Police**

Turning Point in Rochdale and Oldham and Somerset have directly trained 137 officers from the police and provided them with Nyxoid nasal naloxone kits. One kit was used to reverse an opiate overdose on the day it was issued.

Turning Point will be providing train the trainer training to police officers in Medway which will enable them to train 150 of their colleagues to carry Nyxoid kits.

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### **Approved premises**

We know people who have recently left prison are at increased risk of overdose.

Nationally, Turning Point have been providing online and in person naloxone training for staff working in approved premises to enable them to be confident in responding to any suspected opiate overdose situations.

### **Peer to Peer**

Our service in Medway have worked with local partners to implement a peer to peer naloxone distribution service. This has been expanded to include NSP provision and BBV testing.

### **Postal naloxone**

We have been working on a Turning Point naloxone online click and deliver service to increase accessibility of naloxone. This could be especially beneficial to people with mobility issues, those who live in rural areas, and for family members who may fear the stigma of contacting a service directly. We hope to be able to roll this out in the new year.

As part of our response to the drug death crisis Turning Point has introduced the role of National Safer Lives lead.

The Safer Lives lead will work across our services to increase naloxone awareness, distribution and carriage by developing innovative models of naloxone education and distribution, and working alongside external stakeholders and partners to support our response to drug related deaths.

Our ambitions for the sector are as follows -

**1. Increase naloxone training and carriage rates** - overdose awareness is for everyone, not just for people who are at risk of overdose.

**2. Increase training and carriage rates across key parts of the public sector**

**3. Put lived experience at the centre** de-stigmatise discussion surrounding overdose and involve people who use opiates and their in the design and delivery of new approaches to increase take-up.

**4. A flexible and adaptable approach to naloxone supply**

**5. Leadership and partnership**

all parts of the public sector need to take ownership for the opiate crisis with strong partnerships across all parts of the country to ensure a joined-up approach

**6. Targeting those most at risk** especially those not currently engaged with services

**7. Champions across the workforce** - 'Safer Lives' champions across the sector- dedicated to delivering all aspects of these ambitions

**8. Mainstreaming** - normalise naloxone as part of First Aid provision (equipment, training etc).

**9. Integrating harm reduction** - a re-invigorated approach to harm reduction with overdose awareness integrated within all aspects of service delivery.

**10. Improve how we use data and research**

**11. Holding ourselves to account** all parts of the system have a role to play and we must collectively hold ourselves to account to reduce the number of drug related deaths.

On Wednesday 30 November Turning Point hosted the national **#SaferLives2022** conference which focused on how the sector can come together to reduce the number of opiate deaths.

The conference brought together 100 representatives from third sector and NHS treatment providers, local authority public health teams, the police, ambulance services and organisations working with people who are homeless.

High profile speakers included Professor Dame Carol Black, Independent Advisor to the government on drugs, Dr Ed Day, National Recovery Champion, and Pete Burkinshaw, Alcohol and Drug Treatment and Recovery Lead at the Office for Health Improvement and Disparities (OHID).

Turning Point colleagues were on hand to train delegates how to administer naloxone (over 60 kits issued) and break-out sessions focused on increasing the role of community pharmacy in distributing naloxone, the benefits of peer education and the role of the police and ambulance crews in reducing drug related deaths.



# Some areas of focus in our Harm Reduction Strategy

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The reintroduction of harm reduction as a specialism

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Increased naloxone provision to families and carers

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The development of a peer to peer naloxone network

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Expansion of naloxone provision to police across more areas

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The role of benzos in drug related deaths

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Launch of our harm reduction alcohol pathway in January '23

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Launch of our HIV strategy

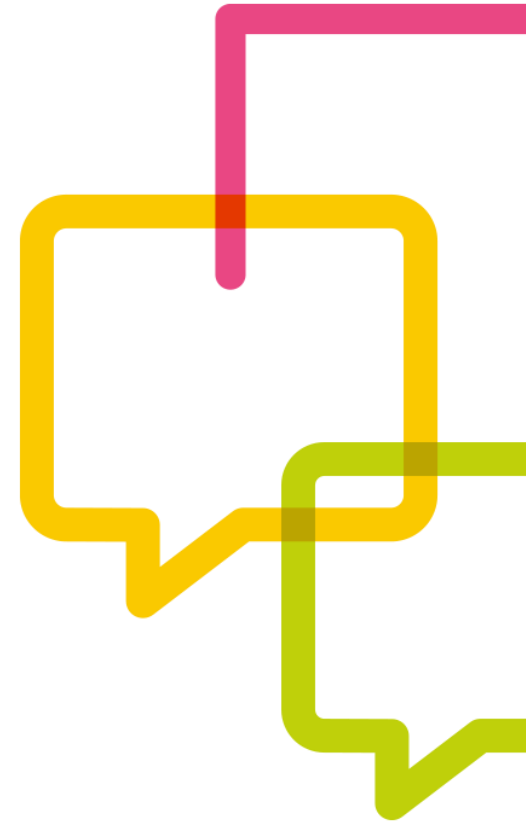
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Values around OST provision including informed choice and a pathway for refusers

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Roll out of NSP standards self assessment tool

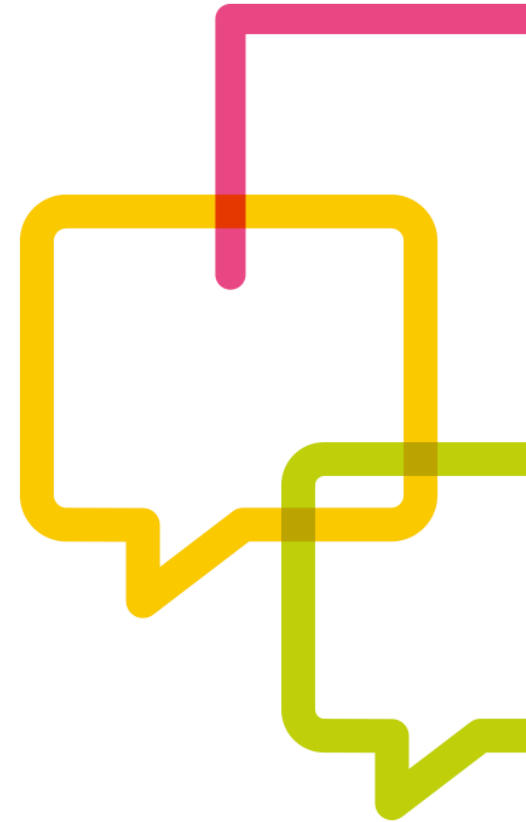
- Why: Increase in service users presenting with crisis, self harm and suicidal ideation or attempts
- What: are the implications for treatment service and partnerships
- What: can we do to improve our response



## Service Users Expressing Suicidal Ideation

	Q1 2020/1	Q2 2020/1	Q3 2020/1	Q4 2020/1	Q1 2021/2	Q2 2021/2	Q3 2021/2	Q4 2021/2	TOTAL
Opiates	30	34	29	29	29	27	36	26	240
Non-opiat	10	6	12	6	11	11	10	17	83
Alcohol	34	32	30	27	38	29	42	44	276
Alcohol ar	16	23	10	21	29	19	28	28	174
Total	90	95	81	83	107	86	116	115	773

- Circa 5% of the caseload report express suicidal ideation : IE Currently experiencing thoughts of ending their own life.
- High correlation with alcohol misuse (nearer 10%)



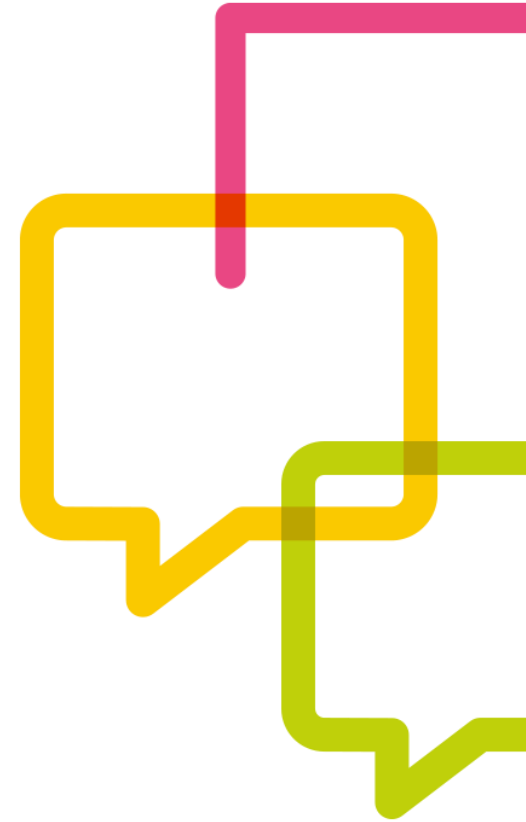


## Pandemic Impact comparison:

Serious Untoward Incidents involving suicide attempts and serious self harm trebled between:

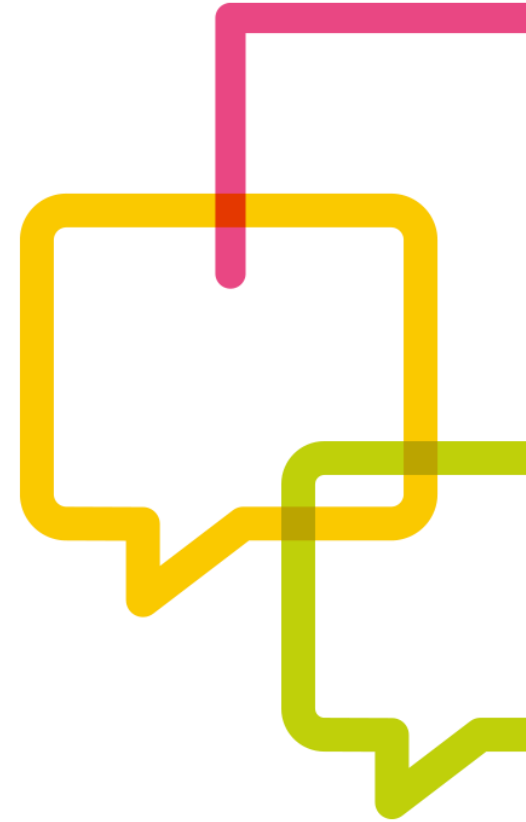
March-2018-2020 *and*  
April 2020 - current

IE Pre and during Pandemic period



## Rochdale and Oldham Active Recovery : Reported factors by staff impacting on service users mental states

- Isolation
- Traumatic events : recent and past
- Restricted to unhealthy of abusive relationships
- Exaggerated by the pandemic and associated restrictions



## Response :

- Extend our trauma informed approach and crisis intervention skills
- Rolled out routine enquiry training to ask about historic trauma
- Developed new specialist roles: Advanced Practitioner with lived experience leading on suicide prevention strategy; Specialist Mental Health and Substance Misuse Lead (RMN) invaluable in assisting with formulations and plans
- Safety Plans are now an expectation for anyone declaring suicidal ideation.
- Increased support to staff in debriefing and external clinical supervision – recognise impact and vicarious trauma in workforce.
- Specialist training from National Psychology team on delivering more evidence based Crisis Intervention Skills.
- Suicide and Mental Health Crisis working group in the service with input from clinical staff, psychology and lived experience.

