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# HEP C uLater

**Compassionately driving improvement in the  
quality of needle and syringe provision**

A conversation with Clare Hatherley, Harm Reduction Lead for Inclusion Recovery Hampshire community drug and alcohol services, and Lou Wilkins, Team Leader for The Health Shop in Nottingham

The NHS Addiction's Provider Alliance sat down with Clare Hatherley, Harm Reduction Lead for Inclusion Recovery Hampshire community drug and alcohol services, and Lou Wilkins, Team Leader for The Health Shop in Nottingham. Lou and Clare both have extensive experience in providing harm reduction and needle and syringe provision for people who use drugs and are both driving continuous improvement in their respective areas.

### The essentials pillars of good quality needle and syringe provision

#### *NSP as a central component of drug treatment care*

Both Clare and Lou agreed that needle and syringe provision (NSP) shouldn't be an afterthought and instead should be considered a central component of the service being offered to people who use drugs.

***"We need to recognise the value it brings. It shouldn't be the last thought of thing at the bottom of the pile and not valued in the same way as all of the other services offered. To me it's as important as anything else."***

Lou Wilkins, Team Leader, The Health Shop Nottingham

#### *NSP as an opportunity to meet needs*

Lou argued that needle exchange is an opportunity to provide for a person's needs where they are not being met elsewhere, whether that is providing support with injecting technique, being a professional providing consistent care, offering dignified care such as socks, or interventions such as wound care and blood-borne virus testing. She stressed that needle exchange should be equitable.

***"Sometimes it's about basic acts of kindness like a pair of socks or buying new tracksuit bottoms for a person because their wounds have leaked through. Sometimes NSP at the end of life has been important because we've been the only service left working with that person."***

Clare Hatherley, Harm Reduction Lead for Inclusion Recovery Hampshire



Clare Hatherley



Lou Wilkins

***“For us, the value of NSP is it’s like an open door – everyone comes in and it’s about whatever they need – we’ll try and do our best. Sometimes that’s about needle exchange but sometimes it’s something else they come for. We can provide consistency – we’re their protective factor. I think NSP provides the space for opportunity. I think safety, kindness and compassion are fundamental.”***

**Lou Wilkins, Team Leader, The Health Shop Nottingham**

***“When a person enters a drug treatment service they might feel like they’re going to be tested, their urine’s tested...when they come into the needle exchange it’s really important that we don’t have any of that – it’s like ‘how are you? What do you need?’ and we’re lucky in that we don’t take anything away, we just add because it’s about choice.”***

**Lou Wilkins, Team Leader, The Health Shop Nottingham**

## **Cultivating compassion, knowledge and passion**

### **Values based care**

Lou stressed the importance of recruiting staff who have the right values for providing compassionate care, nurturing the culture, and valuing harm reduction as an intervention. Key to this was ensuring staff knowledge and passion about harm reduction was cultivated wherever possible.

To read more about essential compassionate approaches to supporting people who use drugs you can read this blog by Clare Hatherley [here](#)

### **Trauma informed NSP**

Increasingly, NHS community drug and alcohol treatment services are placing more focus on ensuring that NSP is provided in an environment which is trauma informed, welcoming and communicates the level of care and consideration the service has for the person receiving the intervention.

Clare spoke about the work that has been put in across Inclusion’s community services to review and improve every building in light of the intensive trauma informed practice training all staff have received.

***“To me harm reduction is a compassionate, common-sense approach that meets people where they are. It’s about supporting people who choose to use substances without judgement , helping them make safer choices and reducing risks to health and wellbeing. It’s not about condoning drug use its about respecting choices, lives and dignity.”***

**Nigel Critchley, Harm Reduction Lead, Greater Manchester Mental Health NHS Foundation Trust**

## ***Nurturing a harm reduction culture***

Additionally, Lou stated the culture of the whole team's attitude, training and skill set was important to set from a managerial point of view, and Clare stressed the importance of viewing NSP training as continual professional development.

***"It's about keeping your ear to the ground, understanding current drug trends, doing your research, knowing your target audience and listening to people - because you can learn an awful lot."***

**Clare Hatherley, Harm Reduction Lead for Inclusion Recovery Hampshire**

## ***The complexities of delivering quality NSP***

Lou spoke of the nuances and complexities in providing high quality NSP, suggesting that training needed to cover a broad range of elements including knowledge of substances, basic interventions and skills, cultivating the therapeutic relationship, and completing competencies. Equally, Lou praised her team who have very diverse backgrounds and interests who each propel other staff member's knowledge forward through sharing and reflection.

***"I think a lot of people don't realise how varied it is, they assume it's a simple transaction, but I actually think needle exchange is really complicated and really specialist. If you think about each drug individually, and if you think about chemsex it is very different to someone who is DIYing as part of gender-affirming care or using image and performance enhancing drugs (IPEDS) which can be a huge volume of different types of substances, interactions, needs and support. It's also the different cultural things and relationships between people where drugs fit in with that person's individual life and the reasons for their drug use are very different also."***

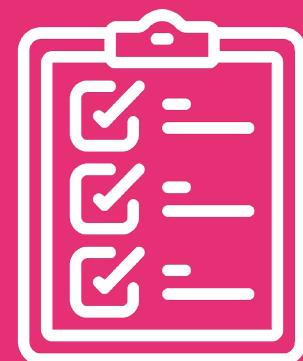
**Lou Wilkins, Team Leader, The Health Shop Nottingham**

## ***Feedback is essential to continual improvement***

The services gain feedback on needle and syringe provision through different methods including direct feedback, feedback forms, and focus groups. Lou and her team recognise that a person might not always want to provide feedback whilst in the service and place their feedback forms in other healthcare settings.

Both services use outreach buses to reach people in different geographies, and this has also proven useful in gaining feedback from people who have left the services, or face barriers in accessing them.

**The Health Shop recently released a 'DIY-ing hormones for gender affirming care' booklet based on specific feedback they sought from the communities the booklet would ultimately be aimed at. At Inclusion, Clare said that they pay peers to be product testers to provide feedback on new equipment.**

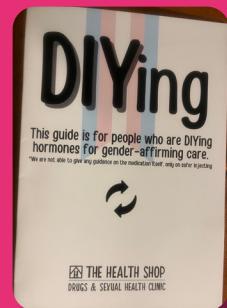


## What is DIY-ing?

DIY-ing is where people are self-sourcing and self-administering medicines (not through a prescription) for hormone therapy as part of their gender-affirming care.

These therapies, such as oestrogen or testosterone, which are not sourced through a prescription, are sometimes brought over the internet, brewed at home, or accessed through foreign pharmacies.

Some services and grassroots organisations provide advice on DIY-ing safer injecting practices to reduce harm.



**The Health Bus is a clinically equipped old ambulance used by the Health Shop to deliver its services directly to people in the community.**

**They park outside hostels, day centres, in parks and carparks - anywhere it is needed. It is used as a place of safety to provide a range of interventions, often to people who experience severe and multiple disadvantages.**

**They often attend with partner agencies such as the homeless health team and mental health services to try and do as much as they can for the people they see.**

## Accessibility and equal access

### *Reflecting on how services are meeting a diverse range of population's needs*

Clare spoke of continually considering how accessible NSP is, particularly for additional needs and populations who experience health inequalities. Consistency was also considered to be vital for building trust with people who access NSP, especially in the context of the changing landscape within community pharmacy distribution of NSP. Lou added that a key function of good NSP is to provide services with diversity and inclusivity in mind, for groups who use different substances.

Continually reviewing the geographical locations where NSP is provided, and how late it can be provided, as well as the types of equipment available, was seen as an essential process to meet people's needs. Lou spoke of not just engaging with people in front of you but also striving to understand social networks so that provision could reach people who might even be at a greater risk of harm due to challenges accessing the services.

***“Providing equipment not just for that person, but maybe for the network so it reduces the risk of people having the re-use needles and syringes or even share equipment. It’s about providing more choice for people.”***

**Lou Wilkins, Team Leader, The Health Shop Nottingham**

Lou and her team at The Health Shop have put this into action through training hospital staff so they can give our NSP packs when a person self-discharges from the ward, as well as providing training and equipment wherever possible to other community organisations such as street outreach and people who work in the sex industry, particularly so advice and NSP can be given long after services close.

### ***Balancing evidence, data and funding***

It was recognised that there are multiple balances to achieve to provide an ideal NSP service. For example, balancing confidentiality with collecting data or an evidence base to ensure it is appropriately funded, ensuring a person's access to NSP does not adversely affect the opiate substitution treatment they receive from the drug treatment service, or ensuring enough separation from the drug treatment service whilst maintaining a link to smoothly access it when they need to.

Clare spoke of experiences where people accessing NSP have affected the care they received, such as one incident where a pharmacy did not want to dispense a person's Methadone prescription following them receiving an NSP pack.

***“We try to educate people around confidentiality. It was really important to me that my confidentiality was maintained at the time, because of the career I was in.”***

**Clare Hatherley, Harm Reduction Lead for Inclusion Recovery Hampshire**

### ***A mixed methods approach to NSP***

Whilst many approaches to providing NSP should be available, from community pharmacy provision to online ordering, Lou said that they have noticed benefits to having an NSP service separate from the main drug treatment services and have experience with people informing them they will not access the main drug treatment service for NSP as they do not want it on their record. They see integration and close relationships with the drug services as key to providing smooth transitions between those services when a person needs it, and they have a non-medical prescriber (NMP) on-site to provide prescriptions when needed.

***“If the person can't get a prescription for any reason and doesn't want to go to the main service the NMP can script them from the needle exchange, knowing that for some people being on a script is a massive protective factor. That relationship with the drug service is really important because you don't want to be in a silo where it makes it hard for the people you are serving to access it, equally you need to recognise that not everyone accessing NSP wants to stop using drugs and enter recovery.”***

**Lou Wilkins, Team Leader, The Health Shop Nottingham**

## The Health Shop Nottingham

**The Health Shop (Nottingham Needle Exchange and Sexual Health Service)** is a stand-alone sexual health and harm reduction service which has been operational in Nottingham for over 30 years.

### **What services do they provide?**

- **Clinic X (specialist sexual health and harm reduction service for people who are trans and gender diverse)**
- **The Access Project**
- **Specialist contraception, emergency contraception, condoms and lube distribution**
- **Blood-borne virus (BBV) testing**
- **Hepatitis C support and referrals**
- **Sexually transmitted infection (STI) testing**
- **Pregnancy testing**
- **Hepatitis B vaccinations**
- **Needle exchange**
- **Harm reduction advice**
- **Access to drug treatment**
- **Advice on cervical screening, breast self-examination and testicular self-examination**
- **Overdose response and naloxone training**
- **Outreach clinics**



## The Harm Reduction Van Hampshire

Inclusion Recovery Hampshire's Harm Engagement and Reduction Team (HEART) have developed pathways that meet the health needs of people who use drugs, both those engaged with Hampshire community drug and alcohol services and those not yet engaged.

The team run a bespoke outreach service via a mobile clinic van to address the health needs of people who inject drugs; many of whom face major barriers accessing support in traditional settings, such as socio-economic challenges and stigma. Their approach to outreach brings the treatment to where people need it, including where there is geographical isolation, high deprivation, or reduced service provision from community pharmacies.

The ethos of the team is a three-pronged approach, saving lives (by reducing drug-related deaths), building partnerships, and showing people that they matter.

### **What services do they provide?**

- **Naloxone training, advice and distribution**
- **Harm reduction advice**
- **Needle and syringe provision**
- **Hepatitis B, C and HIV testing**
- **Hepatitis C treatment engagement**
- **Basic life support training**
- **Referral to drug treatment**
- **Overdose prevention and Naloxone training and distribution for other organisations**
- **Incentives for engagement**
- **Referral and support to gain access to healthcare**
- **Support to access detox and rehab**
- **End of life support**



## **The challenges facing NSP and the people who need it**

### ***Broadening the offer to include stand-alone harm reduction services***

Separate and stand-alone harm reduction services such as The Health Shop in Nottingham or the Inclusion Hampshire Harm Reduction van are starting to be commissioned increasingly across England, after historically being in decline. Lou stated that they are commissioned with a public health approach, and their main agenda is supporting people who experience severe multiple disadvantages.

***“I’m really proud now because I think it demonstrates how valuable our service is that it has been commissioned separately. We’re a sexual health and harm reduction service co-commissioned independently. We’re part of a partnership however and this has allowed us to focus and do lots of development work independently.”***

**Lou Wilkins, Team Leader, The Health Shop Nottingham**

### ***Responding to public health needs, not criminal justice issues***

It was felt that commissioning was often motivated to respond to criminal justice issues and fuelled by general public opinion, as opposed to improving public health and reducing inequality.

***“Providing NSP and harm reduction is still seen as condoning people taking drugs. I personally believe in people’s right to take drugs if they wish to – but that is very controversial. The idea that you accept someone for where they’re at when they’re taking drugs is still frowned upon.”***

**Clare Hatherley, Harm Reduction Lead for Inclusion Recovery Hampshire**

### ***Tackling the challenges of a decline in NSP community pharmacy provision***

Another area which provides a challenge to the delivery of NSP is the reduction in community pharmacy provision. Clare touched on how the profession is struggling due to a lack of funding and how this can also create added pressure when dispensing NSP to people who use drugs. One of the many solutions to the reduction in community pharmacy NSP is peer distribution, and more services are beginning to grow their peer distribution networks, not just for NSP but also for Naloxone.

***“Peer distribution has been successful because it’s been the peer networks themselves developing it, we’re just enabling it.”***

**Clare Hatherley, Harm Reduction Lead for Inclusion Recovery Hampshire**



**You can read about how Inclusion One Recovery Buckinghamshire support peers to distribute Naloxone [here](#)**

## *Moving forward without adequate national guidance*

Both Clare and Lou commented that a perceived lack of guidance can hold services back from streamlining services against a national standard, with harm reductionists left to agree and work towards aspirational standards from forums and volunteers as a self-formed community.

For a list of NSP related training, resources and websites you can visit to improve your knowledge of harm reduction and NSP visit the Hep C U Later Harm Reduction page [here](#)

## *Safer inhalation pipes*

The public health approach to commissioning at The Health Shop has led to their involvement in the Safer Inhalation Pipe research and pilot, which was led by the London School of Hygiene and Tropical Medicine (The SIPP (Safe Inhalation Pipe Provision) study | LSHTM). Lou spoke of the value in this being recognised, as it is reaching people who experience crack-related harm who would otherwise never have accessed community drug treatment services. For example, one person had smoked crack for 20 years and never accessed the community drug treatment service; they were referred to the consultant-led respiratory clinic operating from the main drug service, and they are now seeing a rise in the number of people smoking crack who are now working with drug treatment services. Lou spoke of the wider health and well-being benefits of offering this intervention, such as being able to offer women contraception and mental health support.

***“Now we’ve been given out the safer inhalation pipes I’m realising there is such an unmet need around crack and harm reduction, respiratory health, wellbeing, ADHD, mental health and environmental considerations.”***

**Lou Wilkins, Team Leader, The Health Shop Nottingham**

## *Drug checking in services*

Drug checking in services was also discussed, recognising that on-site drug checking can result in real-time harm reduction, there remain multiple barriers to this across the UK. It was recognised that drug checking at festivals was, in part, already in place, and that this was an ideal opportunity to normalise drug checking in society, particularly for younger people who might not have access to as much harm reduction advice and knowledge as others. Whilst other drug checking mechanisms are in place, these are often slow.

***“Harm reduction is so much bigger than NSP, it’s a general concept of reducing health inequality. I wonder how many lives have been saved because we were the only people who had contact with them.”***

**Clare Hatherley, Harm Reduction Lead for Inclusion Recovery Hampshire**

***“It’s a privilege to work with people who trust you, it’s a really personal thing. You can quantify transactions, but you really can’t document the rest of it can you? And that’s what people tell us makes a difference. People feel cared for and they care for us to.”***

**Lou Wilkins, Team Leader, The Health Shop Nottingham**

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