

Getting it Right in Practice: Collaboration not Competition

Thursday 19 and Friday 20 April 2007
Hilton Birmingham Metropole

Poster Displays

1. Managing Homelessness: A Shift to Primary Care
2. Current Practice of the Community Drug and Alcohol Teams on Blood Borne Virus Disorders
3. Sex Work, Substance Misuse & Service Provision: the experiences of female sex workers in South London
4. Facilitating blood borne virus testing & prevention work in Lothian - the role of the primary care facilitator team
5. Methadone to go: a home leave service for prisoners
6. Social environment in mothers who use illicit drugs during pregnancy.
7. Detecting substance misuse in pregnancy - How does clinical history compare with urine toxicology?

Poster 1

Managing Homelessness: A Shift to Primary Care

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Abstract

Introduction: Many studies have shown the homeless to be a particularly vulnerable group, often with drug and alcohol problems. There is an increased risk of mortality and morbidity, and a disproportionately high rate of A&E attendance in this group. Few of these patients are registered with a GP.

Objectives: This study aims to define the demographics of this complex group and quantify the degree to which their Accident and Emergency attendances could be managed by Primary Care.

Methods: Retrospective analysis of computer-recorded notes of patients classified as 'No Fixed Abode (NFA)', attending the A&E department of the Royal University Hospital Liverpool within a 10month period.

Results: 116 attendances by 81 separate homeless people, predominantly male with a mean age of 38.2years. The most prevalent presenting complaints were psychiatric, alcohol-related injury and over-dose. 79% were not registered with a GP. 27.9% of cases could have been more appropriately managed in Primary Care and 16.7% by a rapid access community mental health team.

Conclusion: Homeless patients frequently have complex needs, frequently including drug and alcohol related issues, many of which could more appropriately be managed in Primary Care. In the current political climate of emergency department closures, alternative Primary Care provision will need to be developed to address the challenges of this patient group.

Poster 2

Current Practice of the Community Drug and Alcohol Teams on Blood Borne Virus Disorders

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Abstract

Objectives:

- (I) to explore the blood borne virus (BBV) status of clients referred to CDATs
- (II) to explore current practice regarding BBV within CDATs.

Methods

Retrospective audit of new referrals

3 months in autumn 2005

Demographics, injecting status, BBV status and treatment plan (including review of plan) collected from notes using a specifically developed screening tool.

Results

- 90% known lifelong injecting practices; 85% the current status
NTA number for Hertfordshire services (36%)
National average (65%).
- Practice deteriorates: 80% assessed for sharing needles; 63% for sharing works
- 50% injected in the past but only 9% currently injecting
13% shared needles or works in the past or currently
NTA reports for Hertfordshire: 40% history and 27% currently injecting
- Half of those currently injecting have been tested for BBV.
DAT target for 2005-2006 is 25%
- Half of cases discussing concerns but only 20% discussing vaccination
- Poor practice regarding provision of information.

Recommendations

1. The second phase might provide us with useful information regarding compliance with our treatment plan and service users experience of BBV services.
2. Emphasis on training of staff (screening and treatment options); will improve confidence to discuss BBV issues and treatment options.
3. A checklist should be added to either triage form, or other monitoring system.
4. Information material for clients should be purchased. Staff should become familiar with it. Easy access to it (available in waiting areas and offices).
5. Clear treatment referral pathways for each locality should be developed and contact information should be available on display in every office.
6. Assertive management of current injectors is mandatory and manageable. Ex injectors should also be targeted.

Poster 3

Sex Work, Substance Misuse & Service Provision: the experiences of female sex workers in South London

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Abstract

Background

Observations

suggest that patterns of drug use may be changing among sex workers and that service provision may be failing this group. The aim of this study was to investigate life, substance related, and service provision experiences of women who are both substance users and involved in sex work.

Methods

The study was carried out using unstructured recorded confidential interviews and analysis of the themes arising from them.

Results

Twelve women were interviewed. Women are usually coming from an abusive background are surrounded by violence. There is a vicious circle between sex working and taking drugs: sex work generates funds but drugs facilitate continuation of work. The emergence of crack cocaine was consistently significant.

Conclusion

Experiences of the women discussed here are not new and confirm existing knowledge. Important issues related to service provision were discussed. Flexible services are necessary to attract, engage and support this vulnerable group.

Poster 4

Facilitating blood borne virus testing & prevention work in Lothian - the role of the primary care facilitator team

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Abstract

Poster 5

Methadone to go: a home leave service for prisoners

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Abstract

Background

Prisoners on a methadone programmes could not previously be transferred into open prisons due to difficulties ensuring continuity of methadone provision whilst on home leave. Seamless care across the prison-community interface remains a significant challenge.

Service

Alliance Pharmacy offers a solution through joint working with Scottish Prison Service by providing a methadone service for prisoners who qualify for home leave from HMPs Castle Huntly, Noranside and HMP Cornton Vale. Prior to release prisoners have a consultation with a clinical pharmacist during which information leaflets and advice are provided. Whilst on home leave, prisoners obtain supervised doses and home leave doses from the pharmacy nearest to their home. On return to prison a further consultation takes place, addressing any arising issues. Prisoners sign a contract explaining the service and support they can expect from the pharmacy team. Forty-five Alliance Pharmacies in Scotland and England provide this service with methadone supply arrangements in place for 39 male and three female prisoners.

Benefits

This service holds a number of benefits for prisoners, including continuity of treatment (including maintenance and reduction programmes); community integration and provision of seamless care; access to pharmaceutical healthcare and immediate methadone supply during unexpected home leave to prevent treatment interruption at a vulnerable time.

Conclusion

Prisoners who become eligible for home leave are supported to take responsibility for their treatment whilst promoting seamless care. It is clear that community pharmacy has an important part to play in the integration of prisoners on home leave in the community.

Poster 6

Social environment in mothers who use illicit drugs during pregnancy

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Abstract

Aim: To assess the magnitude of the problem and social environment of pregnant mothers, who use illicit drugs during pregnancy, with regard to age, housing, trend of drug use, infection screen results and other co-morbidities.

Background: The confidential enquiry (CEMDI 2000-2002) stated that about 8% of mothers died as a direct or indirect consequence of substance misuse. In 2003 the Scottish Executive produced guidelines for management of drug misuse in pregnancy.

Methods: Data collected from Special Need in Pregnancy (SNIPS) Service and then a retrospective case note study was done from 01/04/05 to 31/03/06. The data collected were then logically analysed. Total number of case notes studied is 110

Results: About 3% of the total number of mothers were found to be using illicit drugs. 102 (93.6%) were single mothers. 70 mothers were between 15-25 years of age. 40 mothers were between 26–38 years of age (Range 15.2 – 37.6 years, median 23.4 years). Only 53 (48.1%) of them were adequately housed, 12 (11%) of mothers were homeless. 40% of mothers had experienced domestic violence. 11 mothers were Hepatitis C positive, none was positive for HIV or Hepatitis B. 17 mothers had 1 child in care and 20 mothers had 2 or more children in care. 42 women (38%) were IV drug users, 64(58%) were multiple drug users, while 46(42%) abused a single drug. 62 women (56%) were on Methadone and 90(81%) were smokers. 50 women (46%) were socially deprived and 37 (34%) had mental health problems. 5 women were imprisoned during their pregnancy and another 30 (27%) were known to have anti-social behaviour, this being described as severe in 16 (15%). 72 women (66%) were known to have problems with their partners, 35 were separated, 42 partners were substance abusers, 23 had a history of violence and 17 were in prison.

Conclusion: Many of these women lived in very poor social conditions. Mental health problems and social deprivation are frequently associated co-morbidities in substance abusers. These factors were also prominent features in those who died during the last confidential enquiry. Training of staff is an effective way to improve the quality of care. A multi-disciplinary approach including PCT, Psychiatry services, Drug agencies, Social & Housing services and Prison services is essential in the care of these women.

Poster 7

Detecting substance misuse in pregnancy - How does clinical history compare with urine toxicology?

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Abstract

Introduction: Drug misuse has adverse effects for pregnancy, and is underestimated. This study investigated how clinical history, the recommended mode of detection, compared with urine toxicology.

Methods: 50 women known to misuse drugs were identified through special needs in pregnancy services. Clinical history of recent drug use, (amphetamines, benzodiazepines, methadone, heroin and cocaine) and urine toxicology were performed concurrently, with consent. The laboratory's detection period in urine for amphetamines, benzodiazepines and cocaine is 3 days, and 2 days for methadone and heroin.

Results: The table shows how clinical history compared with urine toxicology.

	History & urine positive	History & urine negative	History positive, urine negative	History negative, urine positive
Amphetamines	0	44	6	0
Benzodiazepines	14	19	1	16
Methadone	26	24	10	0
Heroin	19	16	8	7
Cocaine	1	42	4	3

Methadone was prescribed for 36 women but detected in only 26. Drugs most commonly misused in this cohort were opiates (n=34) and benzodiazepines (n=31). 26 of 250 urine tests (10.4%) were positive when the history was negative, (benzodiazepines n=16, heroin n=7, cocaine n=3).

Conclusion: Clinical history fails to identify a proportion of drug misuse in pregnancy. Further, some women state that they are using a substance but toxicology is negative. These women may be outwith the detection period. With regard to prescribed methadone, negative toxicology may represent poor compliance with treatment or substitution of their urine for a 'clean' specimen. All women accepting methadone treatment should agree to urine toxicology as part of their prescribing contract.