

Harm Reduction Team Spittal Street- The Covid Response- Rapid access to OST

Covid-19 and the national lockdown could have significant implications for those suffering from homelessness and drug and alcohol issues. Covid-19, the imposed social isolation, and the reduced delivery of health services could further marginalise an already marginalised group and could put them at risk of increased harms such as overdose, BBVs resurgence such as HIV and Hepatitis C, rapid withdrawals, and destabilisation.

In response to these concerns and to the drop in referrals during the pandemic (which was reflected across many health conditions), the Harm Reduction Team at Spittal Street in Edinburgh set out to provide a same day, rapid access Opioid Substitute Therapy (OST) clinic, to let patients know access to treatment was still available and that doors were open. This was an alternative pathway to treatment during the pandemic for those not engaging with their GP and at risk of slipping through the net into homelessness.

The clinic itself was multidisciplinary, comprising of a GPwSI, a prescribing pharmacist, and a harm reduction specialist nurse. The clinic ran for one afternoon a week for 3 hours, with an open door for patients to drop in for treatment if needed. The clinic ran for the duration of the pandemic, continuing throughout lockdown and during its peak. Alongside this, the clinic also had support available for patients from the Salvation Army, Streetwork and Bethany. CHAI were able to do benefits support remotely by telephone.

The centre itself was made Covid-19 safe & infection compliant, patients washed hands on entering the building, PPE was used with walk way flow systems, social distancing, cleaning rotas and hygiene measures as per current clinical guidance.

Patients were assessed fully on the first day of presentation and if appropriate initiated on OST the same day without delay, alongside a full suite of BBV testing, naloxone supply and training, injecting equipment provision (IEP) and harm reduction advice. The clinic had support from the community pharmacies who continued to provide dispensing services for these new OST prescriptions.

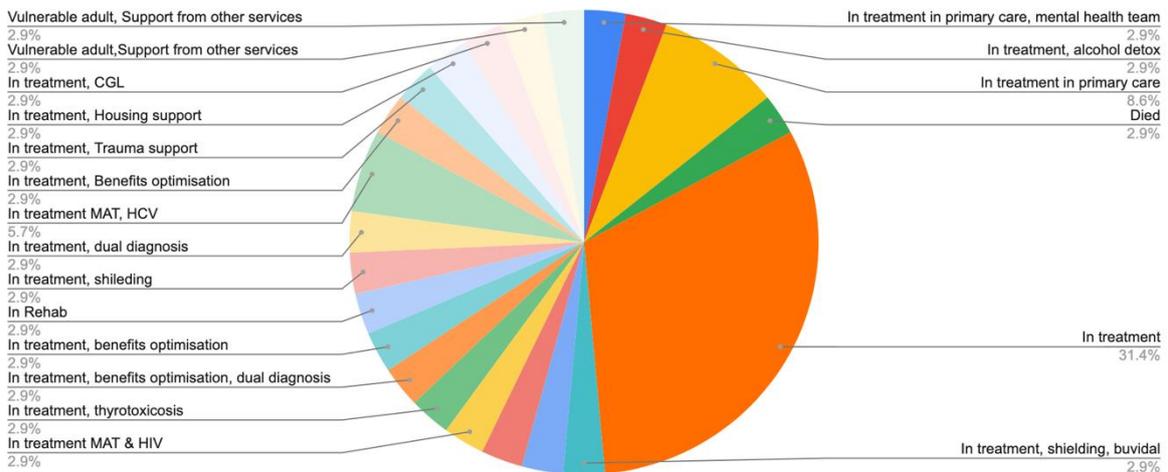
As a Covid-19 contingency clinic we could not estimate how many patients we could expect, but during the pandemic and up until end of June, 35 people have been seen at the Rapid Access Clinic. This is 35 patients initiated on OST who struggled to engage with treatment during the pandemic through traditional pathways.

The age range of patients seen varied from 19 years old to 60 years. The most common age at presentation was between 30-49 years. More males than females presented, with 80% vs 20% males to females.

We were able to confirm a diagnosis of opioid use disorder in 95% of patients (33 patients). We were able to safely initiate OST on first day of contact in 93% of these (31 patients). We were able to start OST in the remaining two patients on day two. The two patients we could not diagnose with opioid dependence, were re-directed to other more appropriate teams and they remain engaged with these services.

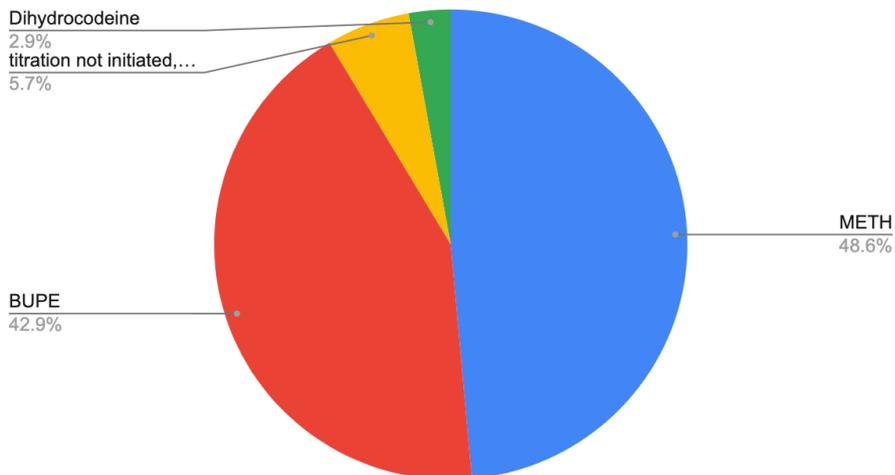
Of the 33 patients initiated on OST, 31 remain in treatment with various additional support and referrals linked in as shown in the graph below:

Outcomes as of June 2020



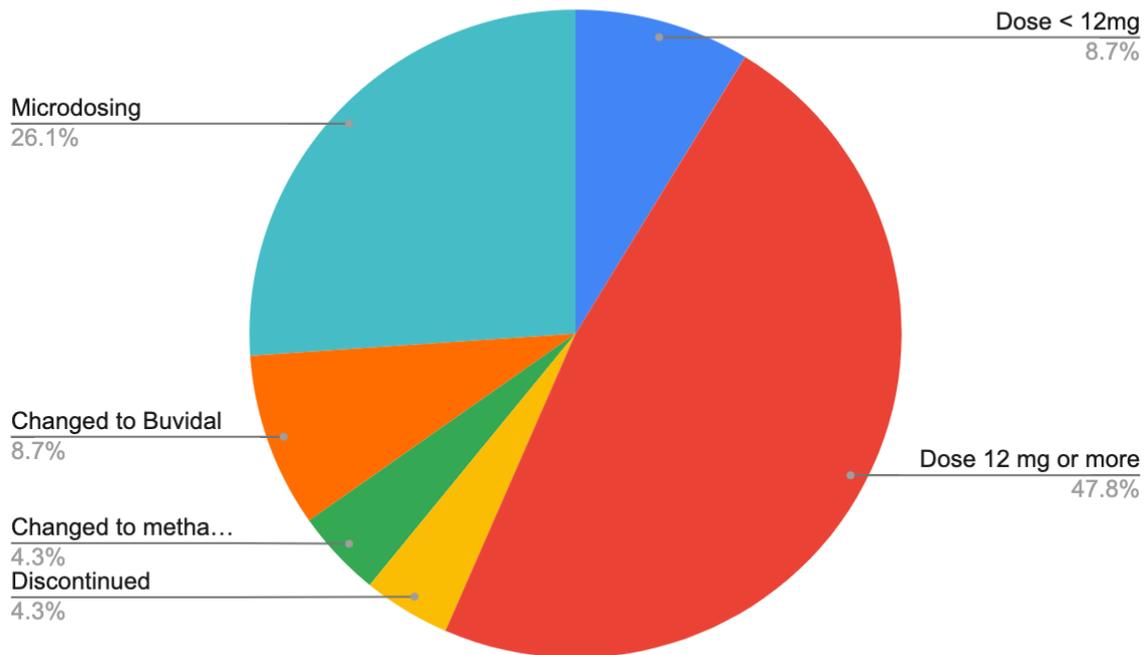
Of the 33 patients started, 34% of patients were in treatment for the first time. We had a good balance between OST options, with 48% of patients on methadone, and 42% on buprenorphine. One patient was started on dihydrocodeine. Interestingly a higher proportion than normally expected were initiated on buprenorphine. This was due to Covid-19 contingencies in community pharmacies. Many community pharmacies suspended supervision services, thus making methadone titration a higher clinical risk for some patients. This led to a higher use of buprenorphine.

Medication choice



Of this larger proportion who started on buprenorphine, interestingly only 4% changed to methadone, and only 4% discontinued it, it was well tolerated. After dose stabilisation 8% were switched to the new long acting depot Buvidal. Also of note, 26% of those started on buprenorphine were initiated via a microdosing dosing schedule. This has been a popular choice for some as there is no need to be in withdrawals to start treatment. For both methadone and buprenorphine, the majority were titrated onto doses meeting Orange Book guidance (> 12mg for buprenorphine, >60mg for methadone).

Of the 15 people starting Buprenorphine



All patients who accessed the clinic were followed up and reviewed at least once a week. Outreach home visits were also undertaken for those shielding or for those appropriate to do so in conjunction with the harm reduction teams assertive outreach staff. Telephone consultations and NHS Near Me consultations were also used where possible to do so.

All patients were offered naloxone, IEP, and point of care hepatitis-C & HIV testing. We were also able to initiate two people on HCV treatment and one on HIV treatment during this time.

This clinic proved a valuable asset to patients during the pandemic when many regular services had reduced or limited ability to provide drug treatment services. It enabled rapid access to OST treatment for those most vulnerable. Working together in a multidisciplinary team brought the different skill sets of the GP, pharmacist, specialist nurse and community pharmacy together, which enabled patients to access OST treatment without barriers or delays during the Covid 19 pandemic.

Lauren Gibson, Lead Pharmacist of Substance Misuse & Prisons NHS Lothian, on behalf of Team;

Dr Joe Tay GPwSI, Con Lafferty (Specialist Harm Reduction Nurse), Lauren Gibson (Lead Pharmacist), Jim Shanley (Harm Reduction Team Manager), Karen Wright (Clinic Administrator Support)