



Injecting Advice.com



**Needle & Syringe Programme
Outcomes Tool**

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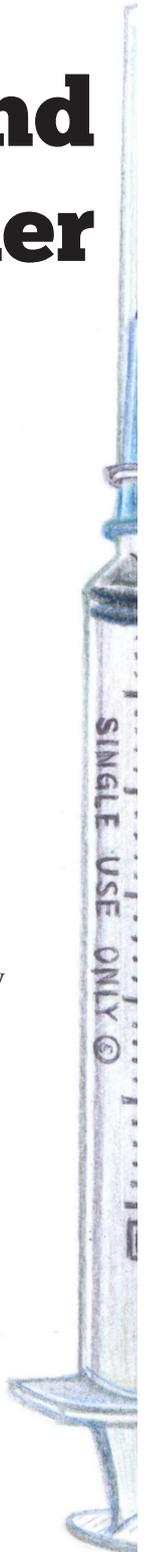
These notes have been written to help staff when completing the NSP Outcomes Tool. Although they do cover all aspects of the form it should be remembered that the information has been kept brief, people working with injecting drug users should take the time to further research important information themselves, and to request training from their employers.

These tools are unvalidated and are for guidance only they not do not guarantee to identify all risk taking behaviour. No liability can be taken for a failure on the part of this tool to anticipate resulting health concerns.

Thanks

I'd like to thank my colleagues at Addaction Staffordshire for supporting the development of this tool, especially Emma Lamond and Neil Harvey who assisted in the initial design process.

I'd also like to thank Jamie Billingham who helped by looking though the tool at an early stage of development and Natasha Langford for proof reading in the face of adversity.



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Introduction

We live in a world where the unfortunate reality is that funding relies on outcomes and evidence. Since the 1980s the main focus of Needle and Syringe Programmes (NSP) has been distribution of injecting equipment with a minimal need for collection of data.

This was established as the 'norm' in an attempt to halt the spread of blood borne viruses like HIV and HepC; and this is something that should always be available to injectors who want equipment with no fuss.

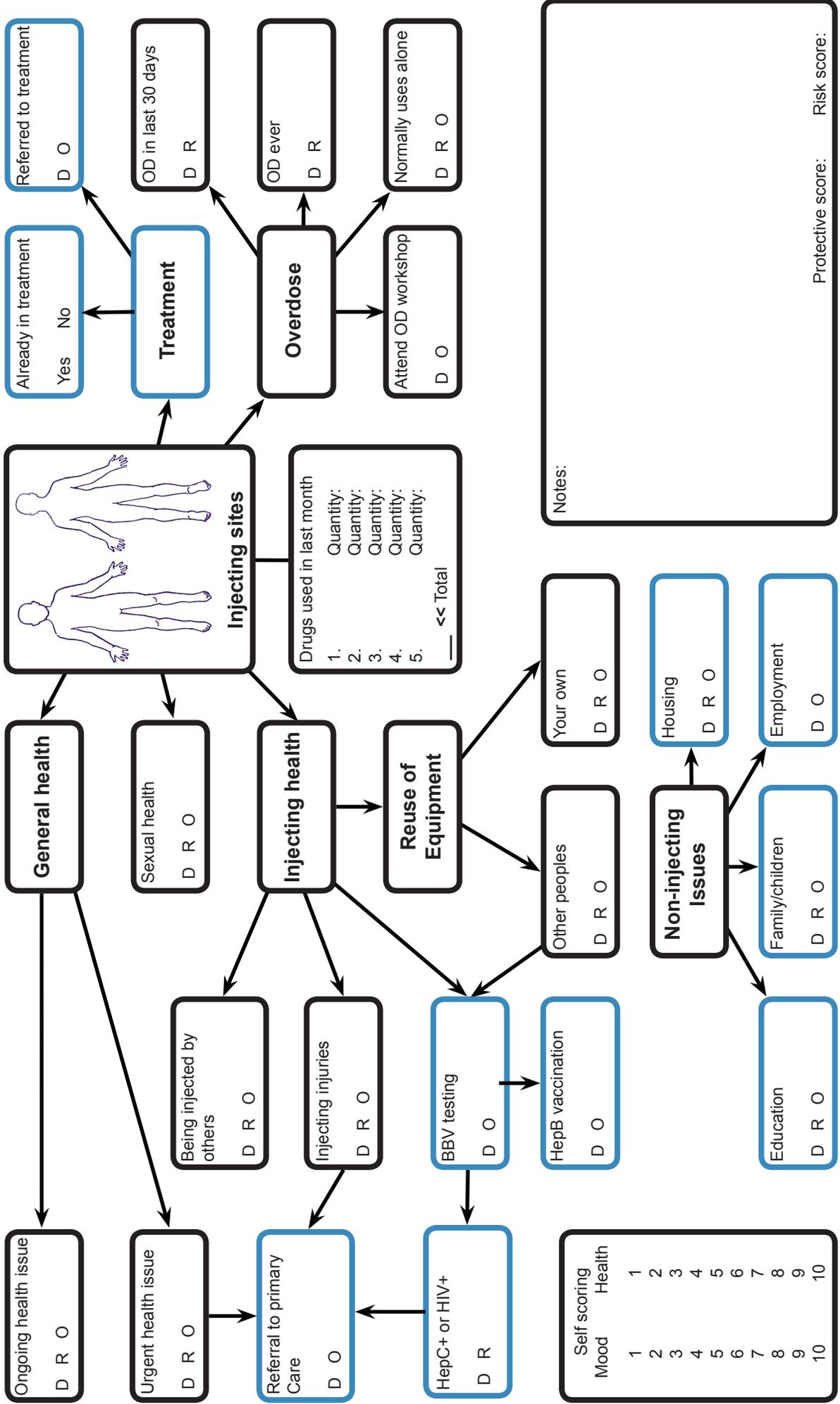
But NSPs are often the first step on the way to seeking further support, treatment and for many people getting to a stage where they can become drug free. This important work has always been done in NSPs but we have rarely done anything to evidence this. As a result NSPs and harm reduction are seen by some as just an 'add on' and in some areas funding for these essential services have been reduced (or even removed).

We were asked by our local commissioners to develop a tool for recording the successes and outcomes achieved in our NSP to help support the continued investment. Of course we agreed to this, after all it's better to develop a tool that we as workers know is usable than to have something imposed on us.

This document is the result.

Name:
D.O.B:
Postcode:

Assessment
Review



Self scoring	
Mood	1 2 3 4 5 6 7 8 9 10
Health	1 2 3 4 5 6 7 8 9 10

Notes:

Protective score: Risk score:

Workers name: **Date:**

Outcomes tool

First things first

Needle and syringe programmes (NSPs) were originally set up to provide clean equipment to injectors as a 'low threshold' service. This was because in the 1980s the HIV pandemic was killing injectors, NSPs helped stem the rise of this outbreak (at least in the injecting community).

Things haven't totally changed though, HIV still kills injectors and we also have huge concerns about HepB+C, bacterial infections, DVTs etc. The main point of all this is that people who don't want to go through this assessment process, or who don't even want to give a name to their NSP worker **SHOULD STILL BE GIVEN STERILE EQUIPMENT**. At no point should the provision of equipment be dependant on completing an assessment.

Now we've got that point out of the way...

Some things have changed and it's time that NSPs evolved to meet these changes. We need to understand that NSPs are part of someone's 'treatment journey' and as Stephen Bamber said they are "the vanguard of Recovery" (*NSPs in a Recovery orientated system - Bamber*). The visit to an NSP may be someone's first, and most influential point in moving away from substance use, and for people considering change this tool may be a useful starting point.

When to use the tool

The tool itself can be used in a number of ways (detailed below) although originally it was the first of these that formed the basis of the tool itself (and therefore the basis of these notes).

Assessment and review tool: Originally the plan was for NSP visitors (who are seeking change) to have a full assessment and then regular reviews, the suggested time of the reviews was eight weeks. This would give a base set of Risk and Protective factor scores as well as tracking changes and progress made. Changes in scores are kept on the Tracking Sheet (See Appendix page 10)

Ongoing casenote sheet: Another proposed use was for the tool to become an ongoing work tool with each interactions activity recorded (this could be done alongside using it as a review tool). This would allow other workers in the same team to understand what work has already been done with someone.

As an NSP ‘TOPs’ tool: In the UK the National Treatment Agency introduced the TOPs (Treatment Outcomes Profile) as a way of recording someones progress during their treatment journey. NSPs have never been part of TOPs, but the principle would remain the same. People would be given regular reviews to just track progress, this would be in addition to any other assessments normally completed.

A self scoring tool: There is, of course, nothing to stop injectors and peer educators from using the tool themselves to self explore risk factors around their injecting. The resulting scores could then be used to keep track of their own risk/protective factors and help them keep safe in their own way.

However it’s used I hope you find this tool useful, please remember that this is the first version of this and that it may change over time, if you’d like to suggest any changes please feel free to get in touch with me at nigel@injectingadvice.com

How to use the tool

The following section is written working on the assumption that a full ‘assessment’ or a full ‘review’ is taking place. If you are using this tool as a regular tool for every visit please remember that it would be time consuming and inappropriate to complete the entire document each time. Instead workers should focus on specific sections dependant on the injectors individual needs.

What the D R O bit means: This stands for Discussion, Risk and Outcome. When talking to an injector about their issues/needs you should circle ‘D’ for each area discussed, ‘R’ for each area that there is a risk factor presenting.

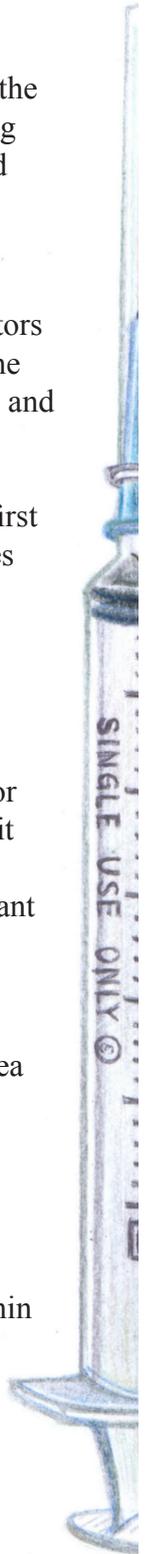
Discussion: This would be circled if the worker and the injector have had a ‘significant’ discussion on that topic.

Risk: Where a risk is identified the ‘R’ is circled, note that this is any risk within that area. (See example page 7).

Outcome: This should be circled where a change in behaviour or situation stems directly from work done via the project’s workers, eg reducing sharing behaviours following advice around HepC risk. Or where there is an existing protective factor (eg the injector is first aid trained when talking about OD)

Self scoring: As well as the main discussion topics there is also a section for self scoring both Mood and Health situations. (This becomes important when we talk about scoring the sheet, see page 6)

Non-injecting issues: Every discussion box should prompt the worker in a range of conversations, although most of these are very injecting focused there is an area to record non-injecting issues, this is an area that most NSP workers have always discussed in their sessions but have rarely recorded these interventions. However they have always been a major focus for the people commissioning the services as they demonstrate the work done to help people move away from substance use.



Scoring the tool

There are two scores that are tracked using this tool the first one is the Risk Score which measures well ... risk of course. (Obvious really). The second is the Protective Factors, this can be from changes in behaviour or existing knowledge like first aid awareness etc

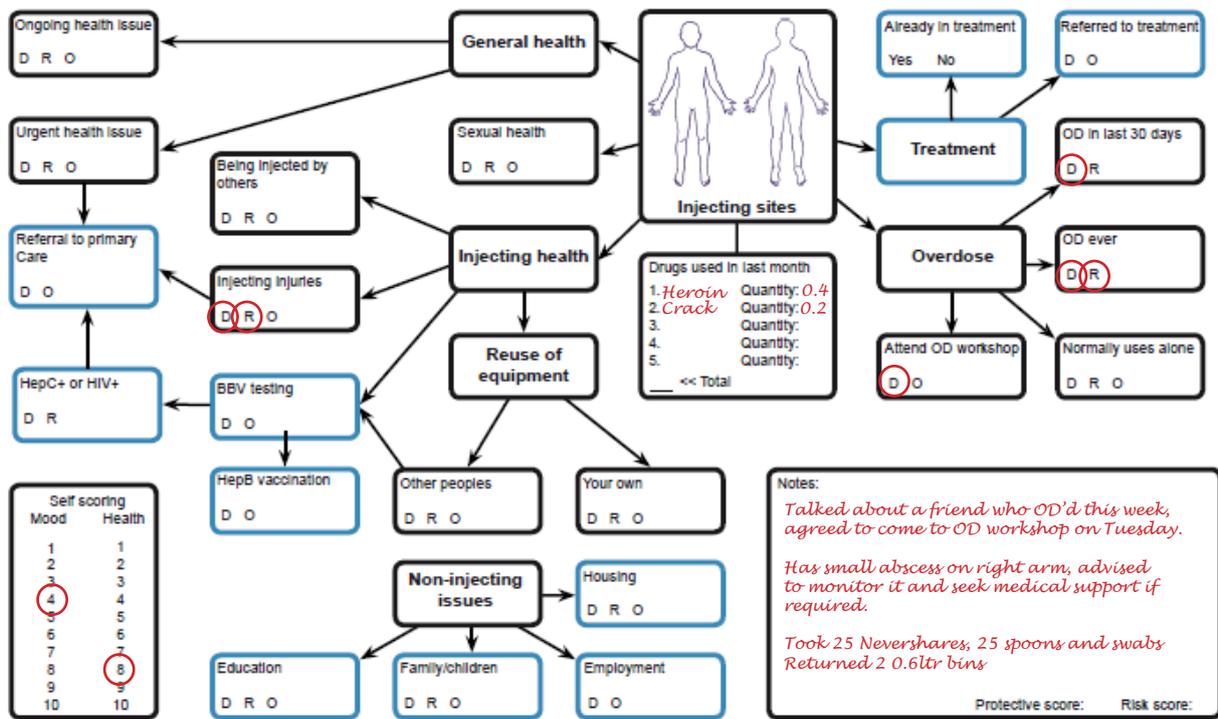
	Protective Score	Risk Score
Discussion boxes		
For each circled 'R' signifying risk		+1
For each 'O' signifying an outcome	+1	
<hr/>		
Drugs used		
Risks increase for every extra drug a person uses:		
One drug used		+1
Two drugs used		+3
Three drugs used		+6
Four drugs used		+10
Five drugs or more used		+15
<hr/>		
Injecting sites		
When figuring the risk score for injecting sites used people should be asked to self identify their injecting site(s) and then the score for the highest risk site is recorded.		
		
Arm		+1
Leg		+2
Hand/wrist		+2
Feet		+3
Skin popping (subcutaneous)		+4
Groin		+4
Neck		+5
<hr/>		
Self scoring		
With self scoring high numbers on either column add to protective factors, low numbers signify risks. (Add both columns)		
1		+5
2		+4
3		+3
4		+2
5		+1
6	+1	
7	+2	
8	+3	
9	+4	
10	+5	

Example

Although this example is not a full assessment or review it does show how the sheets can be used as regular documentation, and how the scoring works.

David comes into the NSP for equipment for injecting heroin and crack. Because the service is currently having a push on overdose awareness he has a long conversation with Neil the NSP worker about his friend who recently OD'd, David himself hasn't OD'd for 2 years. They arrange for him to attend that weeks OD workshop. David also asks about a small abscess he has, it doesn't appear infected but Neil advises he monitor it and go to the local walk in clinic if it gets worse (eg hot, swollen). When asked about how he'd score his current mood and health he scored 4 for mood and 8 for health..

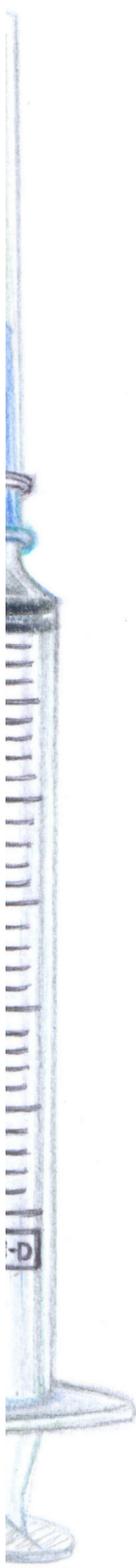
The areas circled on the above example would be:



Notice that although the worker can mark off the OD workshop as discussed they don't class this as an 'Outcome' because David hasn't yet attended (hopefully on his next visit they will be able to).

Although for this visit no scores are recorded (as it's not a full assessment/review) we can see what he would score from this example so far.

- Risks identified x2 = +2 risk
- 2 drugs used = +3 risk
- Low mood due to friends = +2 risk
- Feeling positive about his current health = +3 protective



As you may be able to tell this scoring would change on Davids next visit as he will hopefully have gained an outcome from attending the OD workshop, this would increase his score by +1, but if it also makes him feel more confident about dealing with ODs it may also improve his risk score for 'Mood'. He may also have resolved the issue with the abscess.

But what if he had a DVT rather than an abscess? Although at first glance it would seem a DVT would still score +1 Risk for 'Injecting injury' you have to take into account the increased concerns someone may have both for their health and their mood, both of which you would expect someone with a DVT to score lower.

I'd strongly encourage people to work with colleagues to come up with 'case study examples' that would allow them to try the tool out with each other first before trying to use it on injectors.

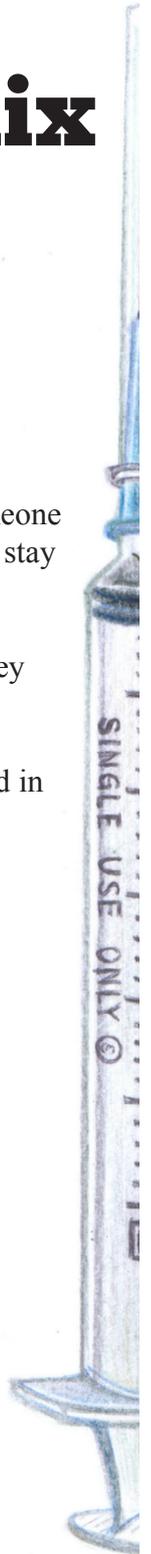
Appendix

Monitoring sheet

Rather than having to go through each individual sheet to work out the progress someone may be making, or to prove to commissioners that the NSP does in fact help people stay safer and encourage change, it is easier to keep a monitoring sheet for each injector.

This can also be used as a motivational tool to show people visually the progress they are making.

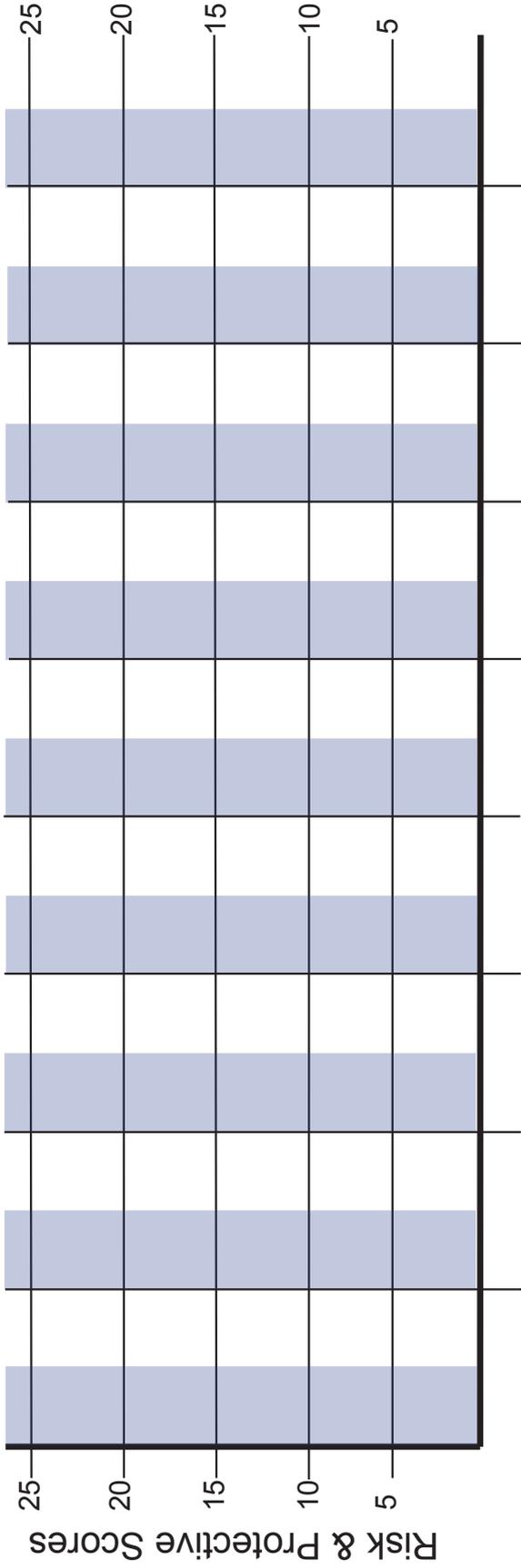
I've included a blank monitoring sheet and given an example of how it may be filled in over the next couple of pages.



NOTE: *there is very little point in keeping a score on every visit someone makes to an NSP, not only would this be very time consuming (as it would require an assessment or review every time, but it would also be very annoying to the person being seen and may even put them off attending the service all together.*

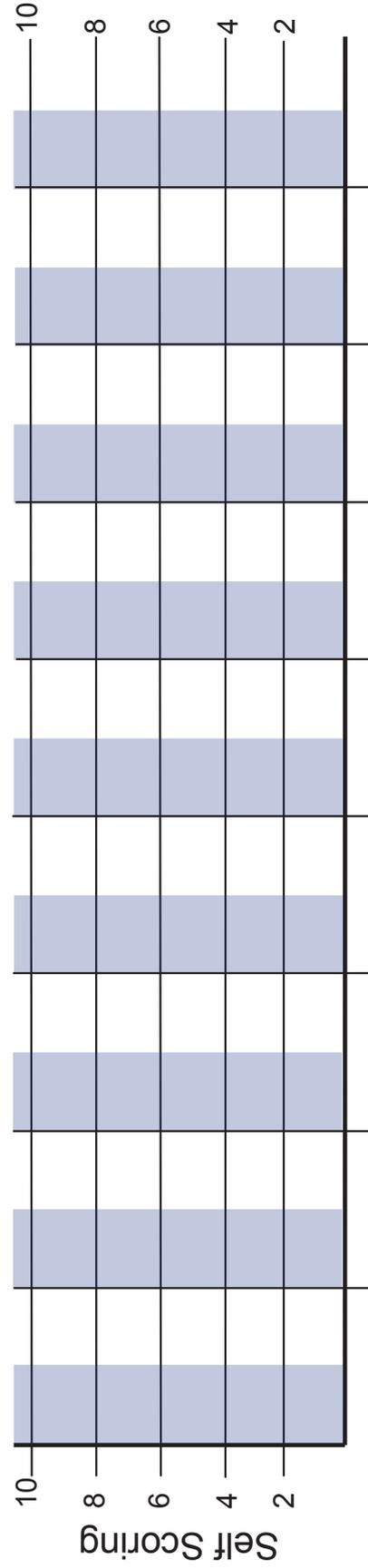
Name _____

DOB _____



Dates of assessment or review

■ Risk score
□ Protective score

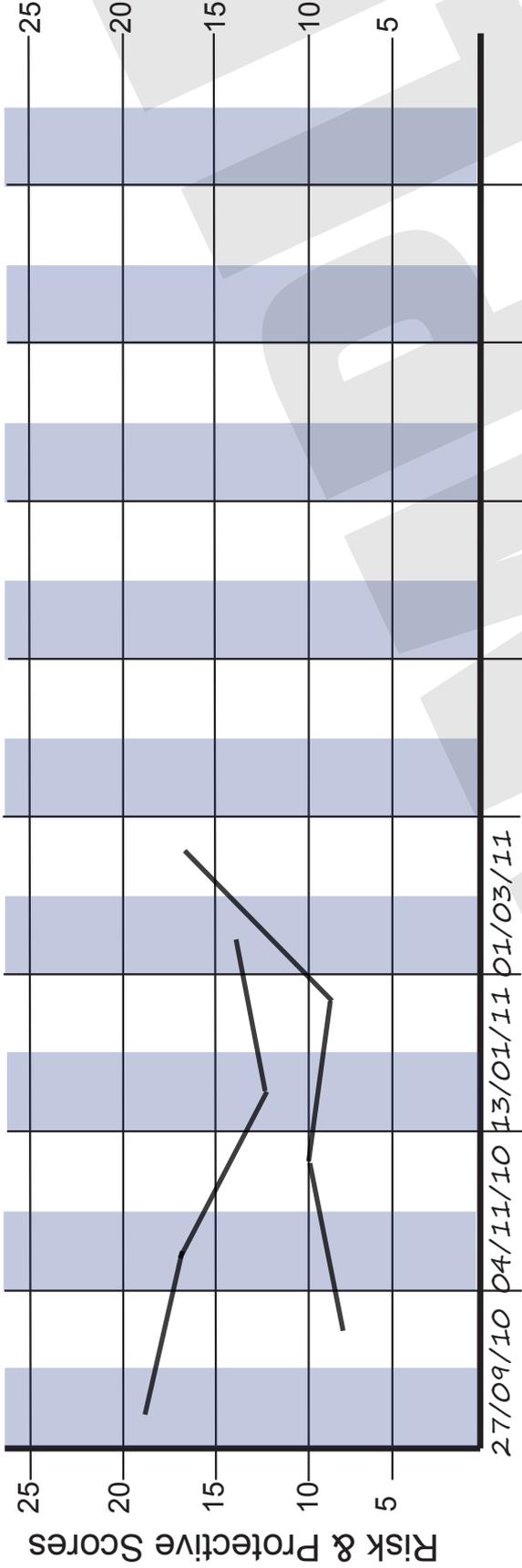


Dates of assessment or review

■ Mood
□ Health

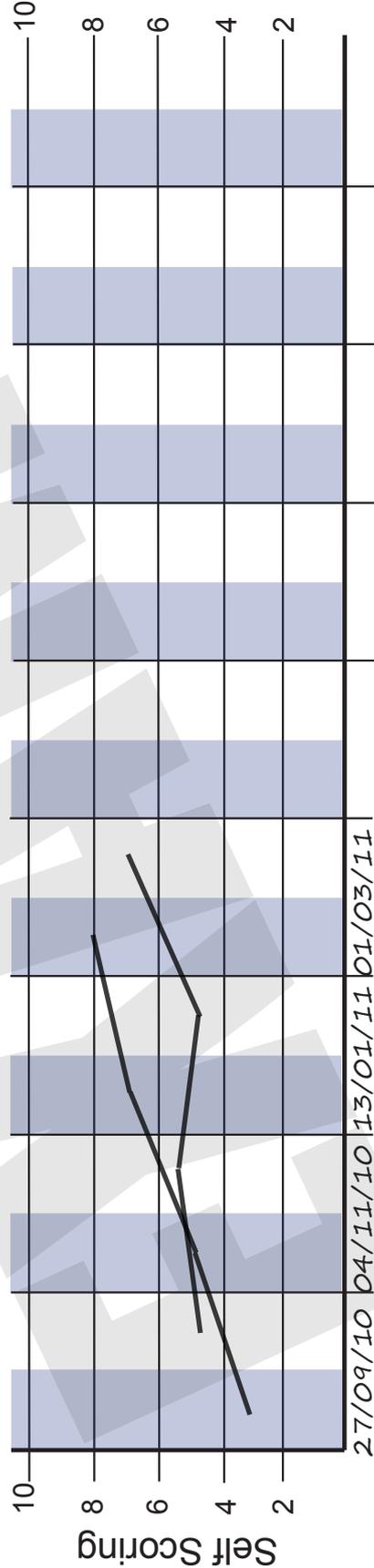
Name Postman Pat

DOB 04/07/53



Dates of assessment or review

- Risk score
- Protective score



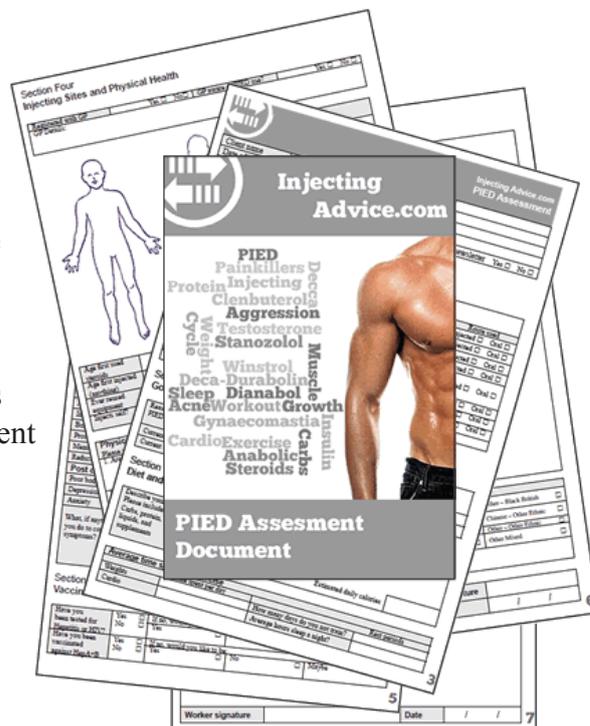
Dates of assessment or review

- Mood
- Health

Related resources

There are a number of other NSP related downloads available for free on the Injecting Advice.com website <http://injectingadvice.com>

Steroid Assessment Tool Steroid use and the use of other performance & image enhancing drugs (PIEDs) have been on the rise in the UK for a number of years now. We even have services reporting that over 50% of new injectors visiting their needle programmes come from these groups. This tool aims to help workers feel more confident and more equipped to work with this group.



Overdose Workshop Each year we lose far too many people to overdose (lets face it, one person dead is 'too many'). This latest workshop covers a range of overdose issues and has been designed to be run either as a full workshop, or as separate sections in NSP or one to one sessions.

Self Detox Handout This handout is designed to help people stop using heroin without the need for a substitute script. Although just a single page handout there are extensive supporting notes.



NSP Outcomes Tool

This edition released: 10 June 2010
For an Addaction version of this
tool please contact me directly
nigel@injectingadvice.com

If you are using this assessment please
let me know how you think it works and
if it can be improved in any way. If you
find this or any of the other resources on
<http://injectingadvice.com> useful in your
work please consider donating some
money to the upkeep of the site, even
small amounts help.
nigel@injectingadvice.com



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