

UKHRA Stakeholder Questionnaire Survey (England)

Introduction

As part of a stakeholder consultation exercise for the National Treatment Agency, UKHRA undertook a questionnaire survey concerning the adequacy of UK harm reduction/drug treatment responses to preventing blood-borne viruses (HIV and hepatitis) and overdose. This preliminary report summarises the main findings

Method

The survey was made available as an online survey from the UKHRA website and as a downloadable Word/pdf file for distribution to people within drug services and drug user groups who do not have access to the Internet that could be returned FREEPOST. A total of 343 responses were received of which 35 were submitted by post.

The survey was publicised through UKHRA's own discussion lists (ukhra-discussion, needle-X-discussion, ukhra-users, ukhra-young-people-and-drugs), the drug-misuse-research discussion list (a 'Jiscmail' academic discussion list) and, in a feature within 'Drink and Drug News'.

The IP address of web-based responses were monitored to identify multiple responses from the same computer. Some multiple responses were expected where staff or service users had access to the same machine. However, there were no patterns identified that would suggest fraudulent responses from the same individual.

A question was included asking "Have you submitted a copy of this questionnaire before?" Respondents who answered 'yes' were excluded from the analysis. The analysis in this report only includes the 288 people who responded that they live in England.

Sample and findings

Respondents were asked to identify the population group(s) from which they came as follows. Multiple responses were permitted therefore the percentages sum to more than 100.

N=288	%
Ex/current drug user	25.3
Treatment/harm reduction provider (practitioner)	50.7
Treatment/harm reduction provider (manager)	18.8
Commissioning/DAT	8.0
Academic/policy specialist	6.6
Other (please specify)	17.0

The preliminary findings are presented using the same question numbering and format as with the original questionnaire. Questions 1-3 concerned: country of residence; population group; and, whether respondents had previously completed the questionnaire.

4. With regard to **preventing the transmission of blood-borne viruses (HIV and hepatitis)**, how well do you consider that this is currently being led and managed by:

N=288	Very poorly	Poorly	Okay	Well	Very well	missing
a. The Government	24.1	53.9	20.2	1.4	0.4	6
b. The NTA	8.7	37.3	43.8	9.8	0.4	12
c. Your nearest DAT (or equivalent body)	12.1	28.5	39.9	17.1	2.5	7
d. Treatment providers in your locality	5.3	25.1	37.1	26.5	6.0	5

5. With regard to **preventing overdose**, how well do you consider that this is currently being led and managed by:

N=288	Very poorly	Poorly	Okay	Well	Very well	Missing
a. The Government	26.9	43.4	25.4	3.0	0.4	9
b. The NTA	7.6	33.8	42.2	14.5	1.8	13
c. Your nearest DAT (or equivalent body)	9.6	26.7	38.8	22.1	2.8	7
d. Treatment providers in your locality	6.4	18.1	39.9	30.6	5.0	7

6. How adequate do you consider the following specific elements of **your country's** overall response to **blood-borne virus and/or overdose prevention**?

	Very inadequate	Inadequate	Adequate	Good	Very good	
a. Needle and syringe provision	5.2	35.7	30.1	24.5	4.5	2
b. Provision of other injecting paraphernalia	17.8	42.3	24.8	14.0	1.0	2
c. Specialist harm reduction advice/information	7.0	36.0	29.4	23.4	4.2	2
d. Availability of methadone and other opioid substitute treatment	8.1	33.2	29.7	21.6	7.4	5
e. The quality of methadone and other opioid substitute treatment provision	11.4	31.1	31.8	22.9	2.9	8
f. Access to treatment for stimulant use	28.0	49.3	17.0	4.6	1.1	6
g. Access to blood-borne virus testing	9.2	33.9	34.6	20.1	2.1	5
h. Access to HIV/hepatitis treatment	13.4	45.1	25.7	15.1	0.7	4
i. Access to hepatitis B immunisation	5.3	35.5	35.5	19.5	4.3	6
j. Overdose prevention and management training	7.5	46.3	33.1	12.5	0.7	7
k. The development and publicising of local ambulance protocols for overdose responses	20.6	44.4	25.6	7.9	1.4	11
l. Efforts to reduce stigma and provide user-friendly services	21.7	40.2	23.5	13.2	1.4	7

7. Regarding **blood-borne infections and overdose**, the rolling out of the crime prevention agenda through DTTOs and related interventions means that:

N=288	Strongly disagree	Disagree	Agree	Strongly agree	Missing
a. Taken overall, treatment resources are deployed in the best way	26.8	49.3	22.5	1.4	8
b. There is too much emphasis on drug users' criminality rather than their health	2.5	13.5	38.8	44.8	7
c. There is better access to relevant interventions for those most in need	12.8	56.2	29.2	1.8	7
d. Criminal justice agencies are likely to develop a better harm reduction focus	22.8	50.0	24.6	2.5	12
e. Treatment services will become less attractive to those outside of the Criminal Justice system who are at risk	3.9	29.9	46.6	19.6	7
f. Drug users who need treatment but don't commit crimes are now losing out	4.3	18.1	42.6	35.1	6

8. How helpful to the **prevention of blood-borne viruses and overdose** would new or expanded responses in the following areas be?

	Definitely won't help	Unlikely to help	Likely to help	Certain to help	Missing
a. Safer injecting rooms	0.4	9.6	49.6	40.4	8
b. Increased use of coercion into treatment	17.8	51.1	27.5	3.6	12
c. Methadone maintenance in prison	1.4	7.1	50.0	41.4	8
d. 'Retoxing' of drug users who are leaving prison i.e. substitute opioid prescribing to those who are vulnerable to relapse	1.4	12.8	57.8	27.7	6
e. Naloxone availability for drug users and their family/friends	0	14.7	59.7	25.6	15
f. More intensive efforts to promote abstinence as an overall treatment goal	17.3	50.4	26.3	6.1	10
g. Expanding drug testing across more people who come into contact with the Criminal Justice system	16.1	50.4	29.3	4.3	8
h. An expansion in the number of detoxification facilities	2.8	11.3	48.8	37.1	5
i. An expansion in the number of residential rehabilitation places	1.4	15.2	43.6	39.7	6
j. Increased availability of complementary therapies	2.5	16.1	53.9	27.5	8
k. An expansion in the availability of injectable heroin prescribing	3.6	22.0	46.6	27.8	11
l. An expansion in the availability of smokeable heroin prescribing	5.0	23.3	43.7	28.0	9

9. Mentions of expanded responses within respondents' three priorities for development.

Respondents were asked to nominate the three developments that they regarded as most important of the 12 listed. The figures show the cumulative total of mentions in 1st, 2nd or 3rd priority - see below. The raw data is appended.

N=288

	N	%
1. Safer injecting rooms	126	43.8
2. Methadone maintenance in prison	113	39.2
3. An expansion in the number of residential rehabilitation places	106	36.8
4. An expansion in the number of detoxification facilities	105	36.5
5. An expansion in the availability of injectable heroin prescribing	102	35.4
6. 'Retoxing' of drug users who are leaving prison i.e. substitute opioid prescribing to those who are vulnerable to relapse	71	24.7
7. An expansion in the availability of smokeable heroin prescribing	55	19.1
8. Increased availability of complementary therapies	52	18.1
9. Naloxone availability for drug users and their family/friends	45	15.6

10. More intensive efforts to promote abstinence as an overall treatment goal	21	7.3
11. Increased use of coercion into treatment		
	13	4.5
12. Expanding drug testing across more people who come into contact with the Criminal Justice system	12	4.2

Summary

High levels of dissatisfaction with responses to the prevention of blood-borne infection and overdose are evident at all levels. The Government's leadership is viewed most critically, with over three quarters of respondents viewing this as very poor or poor. There is also considerable dissatisfaction with the NTA, but DATs and local treatment providers achieve modest levels of satisfaction with overall performance. Within this largely critical assessment, people consider that the response to overdose has been somewhat better than that to blood-borne infections.

Responses that are deemed to be most deficient - more than 50% of all respondents assessing provision as very inadequate or inadequate - are:

- Provision of injecting paraphernalia other than needles and syringes
- Access to treatment for stimulant use
- Access to HIV/hepatitis treatment
- The development and publicising of ambulance protocols and overdose responses
- Efforts to reduce stigma and provide user-friendly services

Although no response was assessed as good or very good by more than 30% of respondents, performance is viewed as better for:

- Needle and syringe provision
- Specialist harm reduction advice/information
- Availability and quality of methadone and other substitution treatment

Concerning the rolling out of the crime-prevention agenda, three quarters of respondents believe that resources are not deployed in the best way overall: a similar proportion believes that there is too much emphasis on drug users' criminality rather than their health.

Two thirds of the sample has concerns that treatment services are becoming less attractive to those outside of the criminal justice system and more than three quarters believe that drug users who do not commit crimes are now losing out.

The most important 'new or expanded response' rated as likely to prevent blood-borne infections and overdose was the introduction of 'safer injecting rooms', which was a priority for 44% of respondents. After these, the following responses were all prioritised by roughly a third of all respondents:

- Methadone maintenance in prisons
- An expansion in the number of residential rehabilitation places
- An expansion in the number of detoxification facilities
- An expansion in the availability of injectable heroin prescribing

More intensive efforts to promote abstinence as an overall treatment goal were assessed as least likely to help reduce blood-borne infections and reduce overdose.

Appendix - Development priorities basic data

priority item one	Frequency	Percent	Valid Percent	Cumulative Percent
Valida; inject rooms	79	27.4	28.4	28.4
b:coercion	5	1.7	1.8	30.2
c: MM/prison	51	17.7	18.3	48.6
d:retoxing	14	4.9	5.0	53.6
e: naloxone	12	4.2	4.3	57.9
f:Abstinence	6	2.1	2.2	60.1
g:testing/cjs	5	1.7	1.8	61.9
h:moredetox	42	14.6	15.1	77.0
I:residential places	25	8.7	9.0	86.0
j:comptherapies	4	1.4	1.4	87.4
k:injectheroin	25	8.7	9.0	96.4
l;somkeheroin	10	3.5	3.6	100.0
Total	278	96.5	100.0	
Missing99	10	3.5		
Total	288	100.0		

priority item two	Frequency	Percent	Valid Percent	Cumulative Percent
Valida; inject rooms	24	8.3	8.8	8.8
b:coercion	6	2.1	2.2	10.9
c: MM/prison	41	14.2	15.0	25.9
d:retoxing	28	9.7	10.2	36.1
e: naloxone	16	5.6	5.8	42.0
f:Abstinence	9	3.1	3.3	45.3
g:testing/cjs	3	1.0	1.1	46.4
h:moredetox	34	11.8	12.4	58.8
I:residential places	48	16.7	17.5	76.3
j:comptherapies	14	4.9	5.1	81.4
k:injectheroin	31	10.8	11.3	92.7
l;somkeheroin	20	6.9	7.3	100.0
Total	274	95.1	100.0	
Missing99	14	4.9		
Total	288	100.0		

priority item three	Frequency	Percent	Valid Percent	Cumulative Percent
Valida; inject rooms	23	8.0	8.6	8.6
b:coercion	2	.7	.7	9.3
c: MM/prison	21	7.3	7.8	17.1
d:retoxing	29	10.1	10.8	27.9
e: naloxone	17	5.9	6.3	34.2
f:Abstinence	6	2.1	2.2	36.4
g:testing/cjs	4	1.4	1.5	37.9
h:moredetox	29	10.1	10.8	48.7
I:residential places	33	11.5	12.3	61.0
j:comptherapies	34	11.8	12.6	73.6
k:injectheroin	46	16.0	17.1	90.7
l;somkeheroin	25	8.7	9.3	100.0
Total	269	93.4	100.0	
Missing99	19	6.6		
Total	288	100.0		