

REDUCING INJECTING DRUG USE RISKS BY PROVIDING FOIL TO SMOKE HEROIN: A SERVICE IMPROVEMENT PILOT EVALUATION.

Authors: Malaguti A.¹, Kelly, D.², Eriksen A.¹ and Power K.^{1,3}.

¹ NHS Tayside, UK

² Cair Scotland, UK

³University of Stirling

Background:

The Advisory Council for the Misuse of Drugs (2010) suggests the provision of foil to smoke heroin could reduce injecting related harms, Blood Borne Viruses (BBV) infections, risks of overdose, injecting drug use, drug related litter and drug related crime. In 2013 in the UK it became legal to provide foil as part of a harm reduction intervention. In Tayside there has been no provision of foil. A brief needs assessment was carried out to examine clients' interest and need of foil provision and to plan for costing.

The aim of the pilot is to provide support for the effectiveness of foil provision as a harm reduction strategy for the population of Tayside.

Method:

Clients of the Cairn Centre enhanced injecting equipment provision (IEP) site taking equipment for groin or neck injecting were offered foil and asked to self-report average daily injecting instances and average smoking instances. Follow-up occurred at approximately 4 weeks.

Results:

Fifty-four IEP clients were provided with foil (79.6% had never previously smoked). Forty-five clients were followed up at 4 weeks (83.3% retention rate).

A Wilcoxon Signed Rank test showed that smoking frequency increased significantly between time points, $Z = -4.495$, $p < .001$, with a large effect size $r = .5$, and that injecting frequency decreased significantly between time points, $Z = -3.353$, $p = .001$, with a medium effect size $r = .37$.

Conclusions:

Despite the difficulty following up clients, this service improvement pilot demonstrated that provision of foil contributes to a significant decrease in injecting behaviour, therefore reducing the health and social risks associated with this activity. A wider roll-out of foil provision should be considered.

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