

**STREET INJECTING AND INFECTIONS -
ATTEMPTING TO REDUCE THE HARMS
THROUGH STREET BASED NURSE
INTERVENTIONS**

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Homeless Primary Care Team

Birmingham



- ❑ Rise in rough sleeping in Birmingham
- ❑ Rise in drug related deaths
- ❑ Cohort of individuals not accessing specialist homeless primary care service despite having done street outreach weekly for years
- ❑ Local initiative for 4 hours of nurse 'street' time per day



- ❑ Almost all are substance users – heroin and crack, mamba, alcohol and pregablin
- ❑ Heroin and crack users – mostly injectors using higher risk sites (groin, neck)
- ❑ Some not in drug treatment or in and out of treatment

Street Nurse Data – Mid-July '17 – Early November '18

Total number of contacts with members of street community	3749
Total number of different individuals encountered	523 (446 M; 77 F)
Total number of different rough sleepers encountered	346 (292 M; 54 F)
Average number of separate individuals seen per month (not including July '17 and November '18 as not full months)	107
Total number of health interventions made	2351
Average number of health interventions made per 'day' (in four hours)	8.8
Number of drug interventions	313
Number of hospital admissions arranged	39 (approx one per week worked)

Role now full time on behalf of Homeless Primary Care Team

HIV

- ❑ 2016 – New infections noted
- ❑ Started to make links between street injectors
- ❑ Reported to public health
- ❑ More new cases identified
- ❑ Surveillance questionnaires
- ❑ ‘Cluster’ of new infections now within homeless drug using population



HIV

- ▣ Testing
 - ▣ Street 'education'
 - ▣ Awareness raising
 - ▣ Engagement with treatment
 - ▣ Flexibility essential
 - ▣ Working in partnership
 - with secondary care
 - ▣ Working with public health
 - 'network mapping'
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- ▣ More resources required!
 - ▣ Possibility of on-street dbt testing



Hepatitis C

- ▣ Hospital 'Test and treat' Hep C bus in city centre
- ▣ DBS testing
- ▣ Fibroscan
- ▣ HCV treatment
- ▣ Close partnership working



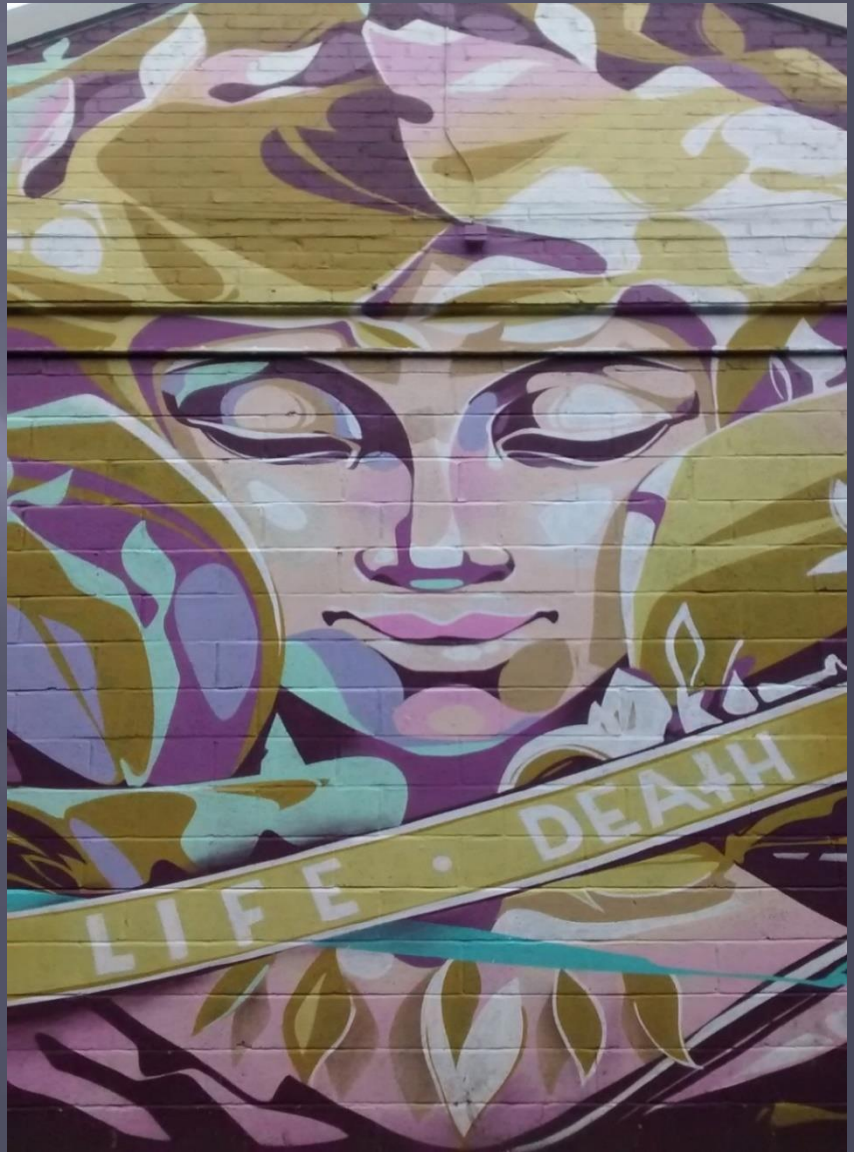
Group A Strep

- ▣ 2016 noticed impetigo type lesions
- ▣ Wound swabbing
- ▣ Prompt treatment with antibiotics
- ▣ Wound care / dressings
- ▣ On-street education / awareness raising & amongst hostels and drop-ins
- ▣ Public health involvement



Serious infections

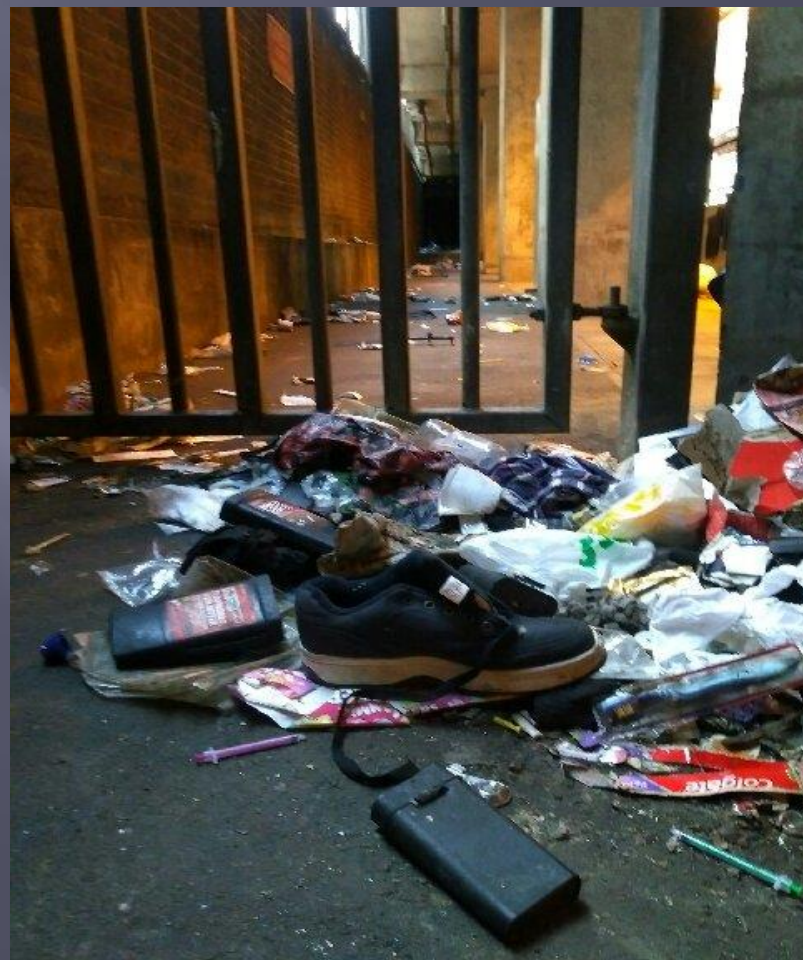
- ▣ Sepsis
- ▣ Endocarditis
- ▣ Osteomyelitis
- ▣ Septic arthritis
- ▣ Discitis



- ▣ Endocarditis, septic arthritis and osteomyelitis – increase in cases since 2017
- ▣ Sepsis – increase in cases since 2016
- ▣ Discitis / spinal abscesses – 6 cases over past 4 years – none prior to this
- ▣ Partners within secondary care are noting the same
- ▣ Often these cases arising within the street injecting community , often with very limited engagement with services.

Reaching out via Street Nursing

- ▣ Relationship building
- ▣ Prompt assessment and treatment/prescribing
- ▣ On-street wound care and wound advice management - pragmatism required!
- ▣ Intensive input to engage with primary/secondary care
- ▣ Increasing on-street knowledge of conditions
- ▣ 'Street intelligence'



Communication networks

- ▣ Other partners doing street based work / engaging with street population
 - ▣ Needle exchange pharmacies
 - ▣ Secondary care
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- ▣ Continually raising awareness amongst partner agencies and bodies (e.g. Drug & Alcohol Related Death Inquiry Group; Public Health; Police & Crime Commissioner's Office; Coroner's Office).

The Future



- ▣ Continue on-street education about infections
- ▣ Written info on conditions
- ▣ Hand wipes with needle exchange packs
- ▣ Local / national future developments – HAT, DCRs ??

Any questions?