



HOUSING OPIATE OVERDOSE RISK ASSESSMENT TOOL (HOORAT)

VERSION 5

WHAT IS HOORAT?

The Housing Opiate Overdose Risk Assessment Tool (HOORAT) is an assessment tool designed for drugs workers and housing workers to complete with individual clients in order to assess overdose risk stemming from opiate use. It takes the key factors associated with opiate overdose, applies weighting for some of the greater risks and provides a rough indication of level of overdose risk to which the person is currently exposing themselves.

WHY USE THIS TOOL?

The tool has a number of aims and can be used in different ways depending on the needs of your organisation. Each aim is described below.

Aim one: to assist early identification of high risk individuals

The tool was developed in response to reviews of a number of drug-related deaths in hostels, from which a number of common factors emerged. One of these was that drug deaths often occurred early in a person's stay. All too often the risk factors that increased the chance of an overdose were there, but they hadn't been assessed. The first aim of this tool is therefore to ensure that such an assessment happens early on in a person's stay, to keep them as safe as possible in those early weeks. So in the short term, this tool won't help reduce overdose, but it can help to identify those at risk of overdose so that overdoses aren't fatal. Based on the assessment, hostels can then implement strategies to reduce the impact of overdose such as regular room inspections, the use of a 'Red Board' to flag high-risk residents to staff, and other targeted interventions.

Aim two: to act as a catalyst for reducing harm

The HOORAT can be used to inform approaches to harm reduction. Specific high-risk activity can be identified by the tool and then worked on by support workers. The client's score can be used as a measure of progress, as a reduced score over time would indicate reduced risk.

Aim three: to improve organisational approaches to working with opiate users

The tool can be used to review staffing levels, inform staff training and develop policy. Organisations that routinely house residents with high HOORAT scores will need higher staffing levels to ensure an adequate staff response in the event of a critical incident. The staff and residents of these organisations will need to have received First Aid training, and overdose protocols should be in place.

Aim four: to enable referrers to identify the most appropriate type of housing for clients

A key function of HOORAT is to help assess level of overdose risk and then ensure that the person is offered housing with the correct level of support in light of that risk. People who are identified as high risk are more likely to overdose and so should be offered housing where suitable responses will be available on-site. See table over for details.

Risk level	Housing option
Low	Consider for independent living: effort should still be made to reduce risk further, and reviews should take place to reassess risk periodically
Moderate	Consider for cluster flats or hostels staffed day-time with on-call at nights: as there is still significant risk of overdose, it is preferable that the person has other people around to assist in the event of overdose. However, as the risk is lower, such support could come from on-call staff and other residents, especially if the resident has daily staff contact
High	Consider housing in 24 hour staffed accommodation: due to the high overdose risk, and the likelihood of it happening sooner rather than later, the resident should be in an environment with staff always on site, and with training to deal with incidents rapidly. While harm reduction interventions can be used to reduce risk, periodic reassessment should also highlight if risk has increased.
Very high	24 hour staffed environment; consider regular room inspections at night; use of 'Red Board' to flag high-risk residents to staff. Targeted interventions to bring risk profile down.

HOW TO USE THE TOOL

While the assessment needs to take place early in a person's residency to minimise risk of overdose in the first few weeks, the participant will need to trust the worker/organisation enough to complete the questions honestly and accurately. Several things will help this:

- The ethos of the housing provider will need to be one that actively engages with drug use and users and works from a harm-reduction approach rather than a zero-tolerance or abstinence model. Residents moving in to housing where they fear disclosure about drugs will jeopardise their housing are not likely to complete the assessment accurately.
- Before the assessment takes place, the worker should explain the purpose (to reduce risk of fatal, undetected overdoses) not to try and punish drug use.
- Assessment should take place in a safe environment, ideally not after a critical episode and not within the context of any sort of rule-breaking or punishment situation.
- The form can be completed by the client alone, worker and client together or by the client interviewing the worker. The first two methods are probably the most effective.

HOW SAFE IS THE TOOL TO USE?

The tool can only give a rough indication of risk; people with low scores could have an unexpected action, while people with high scores may be lucky. So this is not a failsafe way of avoiding or anticipating overdose.

FURTHER RESOURCES AND INFORMATION

HOORAT is only one of a number of ways to reduce risk and drug deaths in housing settings. It forms part of a growing toolkit of resources to help shape policy and practice in housing for people who use drugs. Homeless Link and KFx are working together to produce and disseminate these resources.

KFx

Website: www.kfx.org.uk

Email: mail@kfx.org.uk

See next page for additional measures to help reduce drug deaths in housing settings.

ADDITIONAL MEASURES TO HELP REDUCE DRUG DEATHS IN HOUSING SETTINGS

Assessing risk of overdose is an important step in reducing risk of death due to overdose. Housing agencies, especially hostels, can further reduce risk of fatalities by adopting a comprehensive approach to overdose management. The following measures could be explored to help reduce drug-related fatalities.

Access to Naloxone

Easy access to Naloxone for all residents and staff including: held by staff, held by residents, available in communal areas. Training for staff on use of Naloxone and wider CPR. Training for residents. Appropriate levels of naloxone for number of at-risk residents.

Development of an overdose policy and procedure

The organisation should develop and practise an overdose policy and procedure. This should include who takes responsibility for key actions – patient care, contacting emergency services, building management etc. It should also detail what actions will need to be taken during and after any incidents. Once in place all staff need to be trained in the policy and it should be reviewed and tested periodically.

Adoption of an effective drugs policy

The drugs policy should make it clear that residents will not get in to trouble for seeking help in the event of overdose. “Zero tolerance” policies or those that involve police in all episodes may deter people from seeking help in the event of trouble. Policies that force use off-site may increase risk of undetected overdose. Policies should not discourage people having a friend present when they are using.

Training

All staff should have training on identifying and responding to overdose, and training should also be made available to residents.

Joint working with emergency services

Discussion with Police and Ambulance services should take place to agree who should attend and under what circumstances. Wherever possible a policy of police-non-attendance should be agreed. A named contact within each service can help ensure good communication and post-incident review.

Effective internal communication

Good internal communication can ensure people who are at high risk can be effectively monitored. This will require effective communication and handovers between teams, especially between day and night staff. All critical incidents should be reviewed and action points identified.

Effective care pathways

Pathways should be in place to assist referring people in to drug treatment, to mental health services for residents who are depressed or suicidal, and to wound-care for residents with injecting complications or other health problems.

Joint working with prescribers and dispensers

This should ensure that everyone in receipt of prescribed opiates or other potentially hazardous substances is effectively supervised, and patients are not prescribed large quantities of any high-risk drugs on an unmanaged basis.

Building and resources assessment

The building should be risk-assessed in terms of overdose and patient management: do doors open outwards and can locks be over-ridden from outside; could a casualty become wedged and immovable in bedrooms or washrooms; will telephones work throughout the building; are First-Aid kits and resuscitation shields available and in full working order.

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INSTRUCTIONS

1. If the answer to a question is <yes> circle the score; if <no> record no score for that question
2. Make any notes related to your answer as required
3. Add up the total score to establish the level of risk
4. Determine the most appropriate type of housing and other interventions as appropriate.

Risk factor	Score	Notes
1 Current heroin user	1	
2 Current injector	2	
3 Has started injecting in last six months	3	
4 Current methadone user (prescribed) (street)	1 2	
5 Is <u>not</u> on supervised consumption	2	
6 Uses prebabin/gabapentin (prescribed) (street)	1 2	
7 Uses benzodiazepines (prescribed) (street)	1 2	
8 Also: drinks alcohol uses spice	2 2	
9 Dual use of heroin and crack	2	
10 Has been in prison, hospital or residential drugs treatment in preceding month	3	
11 Has ever overdosed (but not in past year)	1	
12 Has overdosed once in past year	2	
13 Has overdosed two or more times in past year	3	
14 Has been using for more than five years	1	
15 Is using large amounts to get a buzz	1	
16 Finds it harder to get a buzz	2	
17 Enjoys a really big 'gauch' or 'nod'	3	
18 Prone to low mood or depression	3	
19 Tends to use alone	3	
20 Has health problems (e.g. hepatitis, COPD)	2	
21 Has erratic patterns of use (different dealers, drugs, amounts, routes, combinations)	2	
Total		

Score band	Interpretation
Scores less than 5	Low risk: while there is always a risk of overdose, the person has a relatively low risk profile. Work can still be done to further reduce risk factors.
Scores of 5 to 10	Moderate risk: a number of risk factors exist making overdose more likely.
Scores 10+	High risk: resident is much more likely to overdose and this will need to be reflected in both the type of housing offered and the interventions used to reduce risk. Address all risk factors, especially high risk activities; OD training for all staff and residents, harm reduction advice to residents.
Score 15+	Very high risk: the likelihood of an imminent overdose is high. Hopefully this high score can be reduced through interventions. A high level of support, staff diligence and training will be needed to reduce risk of fatality.