

DAT ASSOCIATION DRUG-RELATED DEATHS SUB-GROUP

Wednesday 19th May 2004, 1100

held at DAT Association offices, within ASH Scotland
8 Frederick Street, Edinburgh

Present:

Dr. Jane Jay, Clinical Director, Glasgow Drug Problem Service [Chair]
Justine Walker, National Co-ordinator, DAT Association
Stevie Lydon, Argyll & Clyde ADAT
Jackie Davies, Dumfries & Galloway ADAT
Leona Paget, Forth Valley SAT
Mark Connelly, Lanarkshire ADAT
Ian Smillie, Perth & Kinross DAAT
Hilary Smith, West Lothian DAT
Det. Supt. Gillian Wood, National Drugs Co-ordinator, Scottish Drug Enforcement Agency
Sandra Wallace, Substance Misuse Division, Scottish Executive
Dr. Oliver Harding, Community and Priority Services, Forth Valley Health Board
Inspector Les Johnson, Grampian Police
Inspector John Duffy, Strathclyde Police
Linda Bates, DAT Association Administrator [minutes]

Apologies:

Barry Dougall; Kay Geddes; Grahame Cronkshaw; Grace Ball; Maggie Jamieson; Iain Turnbull; Donna Reid; Ruth Shepherd; Maurice Kilday; Julie Murray; Hazell Morrell; Ray de Souza; Maggie Murray; Christopher Denmark; Rita Keyte; Joni McArthur; Eric Corstorphine; Deborah Zador; Marion Logan; Liam Wells; Gordon Coster; Mike McCarron; Elaine Fetherston; Brian Gardner; Suzy Calder; Catriona Rasdale; Marie Hayes; Liz Coates; Nicole Sturla; Fiona McKay; Catriona Oxley; Margaret Birrell; Angus Mackay; Marnie Hodge

1. Welcome and Introductions

Dr. Jay welcomed all to the meeting; each attendee briefly introduced themselves.

2. Role and Remit of sub-group; Previous Minutes

A general discussion was held about the role and remit of the DAT Association Drug-Related Deaths [DRD] sub-group [[Appendix 1](#)]. Dr. Jay noted that it is not the intention of the DRD sub-group to look at numbers or individual cases; rather it is to share information and strategies between different DATs. This is the second of four intended meetings of the sub-group, before it issues its final report [outlining recommendations and key initiatives] in November 2004.

Regarding the minutes of the previous DRD meeting, Stevie Lydon requested that item 5 be amended from "Argyll & Clyde – other legislation data protection" to "Argyll & Clyde – the group first met in December 2003, and following concerns around data sharing are now operating under Caldicott Guardian's principles". With this amendment, the minutes were accepted as accurate.

3. Matters Arising

Regarding point 3 of the last minutes [Overview of Glasgow Working Group], Dr. Jay advised that this group has had its second meeting of the year, looking at deaths in 2003. Dr. Jay stated that 75% of drug overdoses in Glasgow are witnessed, but ambulances are not called immediately in many cases; these statistics motivated the group to look at prevention of overdoses. They had run a 'Preventing Overdose' campaign, which involved a survey last September amongst the different agencies working in the drugs field in Glasgow. The results of this survey ["Survey of Addiction Services re. Use and Effectiveness of 'Know The Score' Overdose Prevention Materials"] are available on the DAT Association's website:

www.drugmisuse.isdscotland.org/dat/datassoc/datassoc.htm

Dr. Jay informed the group that total deaths in the Glasgow area had fallen from 124 in 2002 to 97 in 2003; these figures correlated to a general downward trend in the Strathclyde region as a whole, and appear to be considerably down again in this year to date. Methadone deaths remain roughly the same. Members of the Glasgow group include an Accident & Emergency consultant, and two ambulance men; it was felt that their inclusion provides a broader range of issues and experience to the group as a whole.

4. Overview of Lanarkshire Critical Incident Group

Mark Connelly gave a presentation of Lanarkshire ADAT's work to date [Appendix 2], including information gathered from a questionnaire distributed to Substance Misuse Teams, Community Addiction Teams and LDFs, where they asked the agencies what type [and how much] contact they had had with a client prior to that client's drugs-related death. Mark stated that Lanarkshire ADAT are happy for other groups to use their questionnaire as a template for similar surveys; the questionnaire can be freely downloaded from the DAT Association's website. **action: LB**

Mark stated that it had been quite difficult to get complete statistics regarding non-fatal overdoses, as patients admitted to hospitals either do not wish to be referred on to Substance Misuse Liaison Nurses, or their details are not recorded as they are treated outwith the working hours of the SML Nurses. Additionally, information recorded by A&E reception systems is not broken down sufficiently to enable easy analysis, as it covers all substances and age groups.

5. Engaging with A and E

This item was moved down the agenda, to enable continued discussion of Critical Incidents.

6. Forth Valley Critical Incident sub-group

Dr. Oliver Harding gave a talk about the recently-convened Forth Valley Critical Incident group, which has now met twice. The target client group are those who have accidentally overdosed on opiates, which has led to a life-threatening situation. Membership of the group includes psychologists, members of SATs, Harm Reduction Service, Community Alcohol & Drug Service, Scottish Prison Service, Scottish Ambulance Service, and the police. Consultants from A&E were invited to attend, but they felt that they did not have much to contribute to the group. The issues raised in the Forth Valley group were very similar to those in the Lanarkshire group; Dr. Harding felt that it was very important that the Scottish Prisons Service be represented on the DAT Association Drug-Related Deaths sub-group, so that issues regarding overdoses amongst recently-released prisoners be fully addressed.

Dr. Jay agreed that the issue of people overdosing soon after release from prison was a major concern, and was an area that required close integration between the different agencies. Dr. Jay showed the group a pack which the Scottish Prison Service give to people upon their release, relating to drugs; Dr. Jay will contact Karen Norrie of the SPS to see if the pack can be distributed to DATs. **action: JJ**

Justine informed the group that Rita Keyte [Fife DAAT] is the Association's representative on the new Addictions Contract Advisory Group; Justine shall forward her details of the issues raised today to pass onto that group. **action: JW**

Justine suggested that she and Dr. Jay draft a letter for the External Advisors' Panel, to highlight the issues discussed at the DRD sub-group. **action: JW / JJ**

Mark Connelly stated that the figures given in his report regarding contact with agencies prior to death did not include statistics from GP surgeries; there were difficulties in obtaining such information due to issues of patient confidentiality and data protection. The figures in his report related to contact with drug agencies only. Dr. Jay suggested that GPs be invited to sit on local Critical Incident sub-groups, to help inform GPs about these issues.

A general discussion was held surrounding the use and availability of Narcan. Justine suggested that this be an Agenda item at the next DRD meeting, to further discuss the pros/cons of its use, and what local protocols are currently in place regarding the use and distribution of Narcan. To enable this, she requested that DAT members forward her details of the protocol currently in effect in each DAT area. **action: ALL**

Stevie Lydon recommended that a Specialist Pharmacist be invited to speak at the next DRD meeting, regarding efficacy of substances [eg half-lives of Narcan and methadone]. **action: JW**

A brief discussion was held regarding overdoses amongst people who don't manage [or do not wish] to get to A&E, and in particular whether there was currently a national protocol for Scottish Ambulance Association workers in how to deal with such cases. Justine suggested that she and Gillian Wood clarify current protocols, and report back on it to the next meeting. **action: JW / GW**

Justine requested that any area which has a Critical Incidents or Drug-Related sub-group pass on details of their remit and membership to the DAT Association, to be posted on the website as useful information. **action: ALL**

Stevie Lydon requested that the terms of reference of the National Investigation be made available to all DATs, to inform local working groups. Sandra Wallace shall forward them to the DAT Association to post on the website. **action: SW**

7. Engaging with A and E

Les Johnson of Grampian Police presented a paper on behalf of Grahame Cronkshaw, regarding Drug Related Deaths and Accident and Emergency Services in Grampian [Appendix 3]; Les requested that any specific questions regarding its content be addressed directly to Grahame [email Grahame.Cronkshaw@ghb.grampian.scot.nhs.uk]. Dr. Jay recommended that where

possible, a representative from A&E departments be invited to sit on local Drug Related Deaths groups; this would help develop protocols and share information on such matters.

8. Family Perspective on Preventing Overdose

A discussion was held regarding local initiatives to involve families in First Aid training; feedback indicates that some family members were keen to do so, whilst others were not so. It was suggested that First Aid training also be given to drug users, to help cascade throughout the drug-using population; although its quality after repetition is not always assured, it was recognised that such information could be useful in some cases. John Duffy reported that there is currently no First Aid training given to families in Strathclyde; they are examining the possibility of providing appropriate training to family groups, specific to overdose recognition and prevention. Dr. Jay suggested that DATs think of providing such information at needle exchanges, possibly in the form of a video; Mark Connelly advised that Lanarkshire DAT are currently developing 'well user' clinics at needle exchanges, with the intention of informing users about resuscitation after overdose.

Regarding the final report of the Drug Related Deaths sub-group, it was suggested that avenues of education [eg peer support, family involvement] be highlighted as ways of making users aware of the risks involved, and preventative/recovery measures to be used in the case of overdose. Dr. Jay felt that the most important remit of the Drugs Related Deaths is the education aspect; Stevie Lydon believes that involving users in their own education [and that of their peers] is often empowering, and can encourage safer practice amongst users generally. It was suggested that local DATs consider who they would use to provide training, and how it best be delivered, for the next meeting. **action: ALL**

Stevie Lydon mentioned that the Scottish Network for Families Affected by Drugs would be keen to participate in the Association's Drugs Related Deaths sub-group; Justine suggested that she and Davie meet separately to discuss their involvement. **action: JW / SL**

9. Police Perspective on Preventing Overdose

Gillian Wood led a discussion on current police strategies regarding drug use. The ACPOS [Association of Chief Police Officers in Scotland] drug strategy document highlights many of the issues raised in today's meeting; the main points of their strategy are aimed at reducing supply, reducing demand, and reducing harm. The police are very keen to work in partnership with other agencies in this area; Gillian understands that at the crisis point of overdose, the primary role sits with health and other service providers, but she believes that the police also have a key role to play at that point.

Gillian stated that a protocol has been agreed between the Scottish Ambulance Service and ACPOS regarding emergency calls for suspected overdose; when the ambulance service receives a call, police are now automatically informed and will also attend, as it is viewed as a potential crime scene. This led on to a general discussion about police attendance at the scene of overdose [both fatal and non-fatal]; most forces will have an officer attend in order to glean information about the source of the substance, whether a third party was involved, if the overdose was intentional or accidental etc. Justine stated that feedback to the DAT Association indicated that in many cases, there was a delay to the ambulance service being called to the scene of

overdose as witnesses were concerned with getting into trouble with the police, which may have an impact on the number of drug-related deaths; Dr. Jay gave statistics from Glasgow which indicated that in 38% of witnessed overdoses, there was a delay to an ambulance being called. Gillian shall raise the issue of peer education surrounding police attendance at the next Drugs Force Co-ordinators' meeting, and report back to the DRD sub-group at its next meeting.

action: GW

It was suggested that the best vehicle for the message of police attendance at an overdose scene might be the 'Know The Score' materials; this could tie in with facts and figures about fatalities arising from delays in calling the emergency services. Gillian offered to speak to Kevin Hanlon at the Scottish Executive regarding 'Know The Score' materials.

action: GW

Gillian shall provide a copy of the protocol between the police and the ambulance service for the next DRD sub-group meeting.

action: GW

10. Any Other Business

Justine suggested that items for the next Agenda be:

- Narcan
- A&E data
- Peer education [including protocols]

Justine would welcome any other suggestions for Agenda items, which can be emailed directly to her at justine@datassociation.org.uk.

Regarding the structure of the final report of the Drug Related Deaths sub-group to the Scottish Executive, Justine and Dr. Jay hope to include the remit of the group; progress made; and related items on the Association website. The recommendations would include future information sharing across DATs, and future strategies and practice that DATs or partner bodies may wish to take forward [including the sub-categories of education and training]. Justine shall start work on a draft structure of the final report to the next DRD meeting.

action: JW

Dr. Jay gave brief details of the report from a seminar on drug-related deaths recently held in Australia; she shall email a copy to the Association for onward dissemination.

action: JJ

11. Date of next meeting

The next meeting of the Drug Related Deaths sub-group has been set as **Tuesday 31st August, at 1100, in the offices of ASH Scotland.**

Association of Drug Action Teams

25 May 2004

Appendix 1

Association of Drug Action Teams Drug Related Deaths Information Sharing Sub-group

Background and Remit

The DAT Association short life sub-group has been developed as a priority area arising out of the Association's 2003 – 04 annual work plan.

It is expected that the group will meet approximately four times under the chairmanship of Dr Jane Jay. A report of key themes, together with future information sharing recommendations, arising from the work of the sub-group will be submitted to the full Association November 2004. At that time any future consideration and continuation of the sub-group will draw on related areas of work, such as the Scottish Executive funded national investigation into drug related deaths.

The remit of the short-life group is as follows:

- To supporting the sharing of information across local DAATs on strategies to prevent drug related deaths
- To identify relevant local initiatives currently being advanced by DAATs
- To explore common themes and issues
- To make recommendations on future information sharing arrangements across DAATs
- To make recommendations on key initiatives that DAATs and other partner bodies might wish to consider advancing

May 2004

Appendix 2

Lanarkshire ADAT: Reducing drug-related deaths in Lanarkshire

Background

- ADAT identify upward trend in drug-related deaths as key priority area (Dec 2002)
- Lanarkshire host Strathclyde Police seminar on reducing drug-related deaths (Jun 2003)
- Critical Incident Group convened to develop a response to drug-related deaths in Lanarkshire (Aug 2003). Group comprises representatives from:
 - Police
 - Fiscal's Office
 - North & South Lanarkshire Social Work
 - Primary Care Harm Reduction Team

ADAT Strategy

Remit:

- Collate information;
- Identify trends; and
- Identify areas for action

Progress to date

- Information on drug related deaths in Lanarkshire during 2001 and 2002 gathered from SDEA database and Sudden Death Reports
- Questionnaire developed and issued to relevant Social Work and Primary Care service providers to establish extent and nature of contact between deceased and agencies
- Preliminary data combined and analysed to investigate risk factors and opportunities for intervention

Data analysis

Findings:

- Demographics
- Circumstances
- Medical history
- Substances involved

- Prison release
- Contact with services

Findings

- Demographics
- Circumstances
- Medical History
- Substances involved

Prison release

- 60% previously in prison
- Time at liberty before death
- Sentence length vs actual time incarcerated

Agency contact

- Around 2/3 known to at least 1 agency
- Last contact before death
- Reasons for cessation of contact
- Types of treatment and support
- Unmet needs
- Problem areas

Suggested early actions

- Prison release is a critical period
- Audit of distribution of Know The Score materials to vulnerable groups and their families/friends
- Resuscitation training for agency staff, service users and their families/friends.
- Investigate opportunities for provision of Naloxone to appropriate groups in the community.

Future work

- Engage with families and service-user groups
- Potential areas for further research:
 - Non-fatal overdoses
 - Quality and sharing of information which could identify those at high risk
- Group will conduct in-depth review of subsequent fatalities as required

Appendix 3

Drug Related Deaths and Accident and Emergency Services in Grampian

1. In 2001 the three Drug and Alcohol Action Teams in Grampian collectively agreed to collate a range of information on drug related deaths and overdoses in order to gain additional understanding of trends and patterns to further develop preventative interventions.

Since 2001 information has been collected on all drug related deaths in Grampian including prison releases, recent treatment for drug related problems and previous Accident & Emergency overdose treatments.

Table 1

Accident & Emergency drug overdose treatments in year prior to death

	2001		2002	
	Occasions	People	Occasions	People
	1	13	1	10
	2	3	2	9
	3	1	3	4
	4	3	4	1
	5 or more	2	5 or more	1
Total		22		25
Died in Accident & Emergency	14		3	

2. In addition a six month survey of illicit overdoses treated in Accident & Emergency was completed by University of Aberdeen, Department of General Practice in 2001. Another survey is to be repeated in 2005. The 2001 survey included details on drug users health, overdose, demography and use of NHS Grampian services.

The Main results of the survey were:-

- In total there were 272 attendance's
- 183 males compared to 63 female presented at A & E
- 21.3% of injecting drug users had tested positive to Hepatitis C
- There had been a 29% increase in the number of injecting drug users presenting with injecting related problems since 1998
- 0.7% of injecting drug users in the 2001 survey stated they did not use clean equipment
- A 9% decrease was noted in the number of subjects being administered naloxone (for suspect overdose) on arrival at A& E since 1998
- Nurses reported that a majority of drug users were co-operative when presenting at A & E

3. The following preventative interventions are being developed and implemented by the three Drug & alcohol Action Teams in Grampian
- Provision of safer drug use information at Accident & Emergency centres throughout NHS Grampian area
 - Referral protocols and clinical pathways between Accident & Emergency centres and specialist drug treatment services/GP's
 - Improved data collection within Accident & Emergency centres
 - Referral protocols for under 17's who have been treated for a drug overdose between Accident & Emergency and Social Work child protection services, to improve the health, welfare and safety of children
 - Motivational interviewing of individuals admitted to Accident & Prevention in-patient care and referrals to community services

Grahame Cronkshaw
19 May 2004