

DAT ASSOCIATION DRUG-RELATED DEATHS SUB-GROUP

Friday 10th December 2004, 1100

held at the Scottish Executive, St. Andrew's House, Regent Road, Edinburgh

Present:

Dr. Jane Jay [Chair]
Linda Bates, DAT Association Administrator [minutes]
Insp. John Duffy, Strathclyde Police
Dr. Oliver Harding, Consultant in Public Health, Forth Valley Health Board
Stevie Lydon, Argyll & Clyde ADAT
Leona Paget, Forth Valley SAT
Ruth Shepherd, Ayrshire & Arran ADAT
Justine Walker, National Co-ordinator, DAT Association
Sandra Wallace, Substance Misuse Division, Scottish Executive
Det. Supt. Gillian Wood, National Drugs Co-ordinator, Scottish Drug Enforcement Agency

Apologies:

Grace Ball; Margaret Birrell; Suzy Calder; Liz Coates; Mark Connelly; Eric Corstorphine; Grahame Cronkshaw; Steven Dalton; Jackie Davies; Chris Denmark; Barry Dougall; Elaine Fetherston; Brian Gardner; Marie Hayes; Stephen Heath; Maggie Jamieson; Insp. Les Johnson; Rita Keyte; Maurice Kilday; Joni MacArthur; Angus Mackay; Fiona Mackay; Mike McCarron; Alistair McKie; Hazell Morrell; Hannah Muldoon; Julie Murray; Catriona Oxley; Ian Smillie; Hilary Smith; Anni Stonebridge; Iain Turnbull; Deborah Zador

1. Welcome and Introductions

Dr. Jay welcomed all to the meeting, which was to be the last of this short-term sub-group looking at Drug Related Deaths, and advised that the main thrust of today's business would be to help Justine finalise the sub-group's Report; all attendees then briefly introduced themselves.

2. Remit and Previous Minutes (31st August 2004)

Dr. Jay reiterated the remit of the sub-group, which was to look at ways of sharing information and good practice between local DATs (and their partner agencies). Regarding the previous minutes, Leona Paget advised that Forth Valley have not taken forward the discussed pilot for Naloxone use (page 3, first bullet point), due to reasons of legality; Justine stated that this issue would be highlighted in the final Report of the sub-group. Ruth Shepherd wished to clarify her point (page 4, para 2), to state that 'Heart Start' is a national programme and not exclusive to the Ayrshire & Arran area. Regarding Know The Score resources (page 4, para 5), Sandra Wallace stated that the correct website for free resources should read www.exchangesupplies.org (and not exchangecampaigns.org). With these amendments, the minutes were accepted as accurate.

3. Matters Arising

Regarding the Scottish Drugs Forum (SDF) contract for delivering First Aid (page 4, para 4), Sandra Wallace reported that she had recently met with Graham Mackintosh, the SDF co-ordinator for the contract, and that he is in the process of setting up a national training programme. This programme has a three-year workplan, but initial funding for only the first year

(with the expectation that the further two years' funding shall be approved if the programme is successful). Justine stated that she had also met with Dave Liddell of SDF, who was supportive of the new First Aid training via SDF but wished to stress that it would have limited capacity, although was certainly a resource for DATs to utilise. DATs should still continue to look at local mechanisms for delivering First Aid training.

Regarding Know The Score resource material (page 4, para 5), there was uncertainty about where the video mentioned by Kay Roberts had originated, as nobody present had been able to access a copy. Sandra Wallace shall investigate further. **action: SW**

4. **Social Network Correlates – article summary**

In response to Justine's request for information about views on delivering First Aid training to drug users and associated groups, Mark Connelly of Lanarkshire ADAT (not present at today's meeting) had provided a summary of an article he had read on the subject (*Social Network Correlates of Self-Reported Non-fatal Overdose, Drug and Alcohol Dependence*, 73, pp 61-67). Mark's summary (**Appendix 1**) concluded that training peer groups and social networks (including other drug users) would assist in preventing overdose and thus deaths; Justine stated that this approach would involve more complicated, timely, and costly training than is currently widely used. This information would be included in the final Report.

5. **Summary of Lanarkshire Critical Incident Review Group**

Mark Connelly had also produced a summary (**Appendix 2**) of Lanarkshire's Critical Incident Group (CIG), which meets approximately every two months. For clarification on Chart 2, the Divisional Areas for Strathclyde Police have been identified.

With reference to point 2.7 of the CIG Summary ("In-depth reviews of subsequent fatalities"), a significant problem arises when trying to confirm the cause of a death which may be suspected of being drug-related; this is mainly due to the length of time it can take for post-mortem toxicology results to be known (up to nine weeks). Gill Wood stated that preliminary notifications of sudden death forwarded to the SDEA would usually be listed as 'unconfirmed drug-related death', which in most cases would later be confirmed as drug-related; it was unusual for the cause to be established as non-drug related.

Jane believes that it is very important that local police, as well as Accident and Emergency services and the SDEA, are involved in regional Critical Incident Groups,. Gill shall send a list of each regional police force's Drugs Co-ordinator to Linda, who will forward the information to all DAT Officers and members of the sub-group. **action: GW / LB**

Oliver Harding stated that A&E specialists had been invited to sit on the Forth Valley CIG, but to date had not taken up the invitation.

The group discussed the desirability of A&E services having dedicated specialist nurses, who would liaise with drug services whenever a patient with a drug-related condition presented at hospital. Ruth Shepherd stated that in Ayrshire & Arran, there are two dedicated Psychiatric Liaison Nurses specifically for drugs and alcohol; however, there is only one for each of the two general hospitals, and so there was no 24-hour cover. One difficulty with sharing information is due to issues surrounding confidentiality and data protection; there may be reluctance to pass on certain relevant information from hospitals and/or healthcare locations to external agencies.

Regarding prison releases, Jane stated that drug-related deaths for the year 2003 were significantly down on the figures for 2002, and hoped that this trend would continue for 2004. There is more liaison work now being done with prisons in local areas; as an example, Ruth Shepherd stated that there have been no drug-related deaths in Ayrshire & Arran for the past 18 months, due in part to improved support services for recently-released prisoners. Jane believes that the new head of medical services at the Scottish Prison Service (SPS), Andrew Fraser, is very proactive in helping raise awareness of the issues involved, and in making improvements to services for drug-using inmates.

6. Feedback from Drug Related Deaths National Conference, Manchester

Stevie Lydon reported back from the recent Drug-Related Deaths National Conference held in Manchester; he stated that although there was not a great deal of new learning to be disseminated for Scotland (e.g. research), as the conference mainly focussed on issues in England & Wales, there were a couple of interesting aspects highlighted at the meeting:

- the Greater Manchester Ambulance Service had sponsored and organised the conference (driven by a local training officer who had contacted drug services to suggest it); this highlighted the apparent split in Scotland between the Scottish Ambulance Service (SAS) and the rest of the Health Service - in many cases of overdose, the SAS are often the first on the scene before A&E involvement, and Stevie feels that it is important to also have SAS representation on local CIGs;
- in various parts of England & Wales, local 'champions' had a significant part to play in driving forward drug-related issues and initiatives.

Stevie felt that there was much good practical advice given out at the conference (e.g. First Aid training – run by the ambulance service – would not be held in mornings; potential trainees would be phoned and/or texted on the day to remind them to attend, etc.). The main lesson learned seemed to be that care needed to be taken in targeting First Aid training to the most appropriate person/people – often a drug user with peer influence.

Sandra Wallace stated that the Executive would probably be open to looking at different methods of delivering First Aid training (in addition to that being provided by SDF), e.g. via SAS; Jane suggested that pilot sessions in specific areas might be worth investigating. **action: SW**

A discussion was held regarding police attendance at drug-related emergencies where the ambulance service had been called; Gill Wood reiterated the views of the SDEA and Association of Chief Police Officers in Scotland (ACPOS) generally, which was always in the first instance to be most concerned about the preservation of life. Mark Connelly had reported that a presentation was made to the Manchester conference by Salman Desai of the Ambulance Service, which stated that in certain areas of England (including Manchester), the police would no longer be automatically notified of an incident **unless**:

- i) there is a death at any time whilst a person is in the care of the Ambulance Service;
- ii) evidence of harm arising to children or other persons;
- iii) the ambulance crew are threatened or assaulted.

Gill believes that in practice the involvement of the police does not vary widely between Scotland and England & Wales, based upon the above criteria. Regarding the recent Memorandum of Understanding between ACPOS and the SAS, Gill reiterated that it is currently under review, and is not an 'unassailable dictate'.

Ruth Shepherd and Jane Jay both reported that in their experience, most overdose cases are witnessed by others, and that any delay in calling for an ambulance is often due to attempts being made by those present to resuscitate the person(s) involved; additionally, the intoxication of others present at the scene of an overdose can delay calls to the emergency services. There is also a legal dilemma inherent in such situations, given that the Lord Advocate's guidelines state that all drugs deaths are to be treated as potential culpable homicide, and the police are duty-bound to investigate accordingly.

It was agreed that Gill and Justine shall meet separately to draw up a paragraph for the final Report, on the topic of police involvement at the scene of overdose, and current practice elsewhere. **action: JW / GW**

It was also agreed that Gill and Justine shall further investigate the topic, to see if a recommendation can be made to partner agencies (Critical Incident Groups, SAS, ACPOS) regarding police involvement at the scene of overdose. **action: JW / GW**

Regarding 'Know The Score' materials, and advice given to drug users about how to contact the emergency services in case of an overdose, it was agreed that Gill and Justine shall draw up a document to highlight inaccuracies in current information being circulated. **action: JW / GW**

It was agreed by those present that the Drug Related Deaths conference hosted by Strathclyde Police two years ago had been extremely useful, and that it would be beneficial to have a similar event in 2005 (particularly as Deborah Zador's national report into Drug Related Deaths is due out in March). As the DAT Association's report and the GRO figures for 2004 would also have been published by then, there would be much information for participants to discuss. Sandra Wallace shall investigate the possibility of the Scottish Executive organising the event (probably in the last quarter of the year). **action: SW**

7. Outline of Draft Report

Justine had previously circulated the outline of her Draft Report for the work of the sub-group, and briefly re-stated that as the sub-group had only met four times, there are many issues on related subjects which have not been looked at by the group. However, two topics which were briefly touched upon at the very first meeting shall also be included in the Final Report:

- The use of methadone – standard guidelines, training strategies etc.
- The wider interventions currently being used (e.g. safer consumption rooms) – although there is no 'standard' view across all DATs on this topic.

It is anticipated that one of the recommendations which will arise out of the Final Report shall be a forum to look at national policy (including initiatives such as heroin prescribing, safer consumption rooms, etc.).

Section 2 in the Final Report shall at Key Risk Factors for drug-related deaths, such as:

- the combination of males who have been injecting for a long time and who have been in and out of treatment;
- the incidence of high amounts of alcohol and benzos in toxicology reports;
- homelessness and injecting on the streets.

Section 3 will identify current Action Team-led activities, which are to be taken from any papers submitted to the group at previous meetings, as well as any others drawn to the Association's attention (e.g. from Argyll & Clyde). Justine requested that all members of the sub-group provide a paragraph or summary of their own DAT's activity (approximately 200 words), to be emailed to the Association as soon as possible. **action: ALL**

There shall be an **Appendix (B)** to Section 3 giving weblinks to relevant sites mentioned by individual DATs (including their own websites).

Within Section 3, Key Themes addressed by the group were agreed as being:

- A&E as a point of non-fatal overdose
- the use of Naloxone in response to overdose (including by non-paramedic staff)
- terms of reference of local Critical Incident Groups (inc. links to suicide prevention work)
- mechanisms for delivering education and training (areas which have either looked at or are considering this include Greater Glasgow, Argyll & Clyde, Forth Valley)
- 'Know The Score' and additional resources for local use
- joint Police and Ambulance protocols
- best practice in Methadone prescribing (including training)

Section 4 shall provide Recommendations from local Action Teams and the Association, for use at both local and national level. Recommendations from local DATs were agreed as being:

- development of local Critical Incident Groups (including the use and development of local databases, as well as that of the SDEA)
- creating linkages with A&E (if not already in place)
- creating linkages with the Scottish Ambulance Service
- improving witnesses' / emergency intervention (including peer education)
- best practice in the use of Naloxone
- staff training (including STRADA)

From the Association of Drug Action Teams, recommendations for use at national level were agreed as being:

- amendment to the Medicines Act, to allow for the wider use of Naloxone (with training) in 'hot spot' areas (e.g. by hostel workers)
- the setting up of a steering group for preventing drug-related deaths (to implement the SACDM report and to facilitate a national forum), including representation from the SAS
- updating 'Know The Score' materials to address overdose issues (including "scene of crime" versus "medical emergency")

All **References** shall have come specifically either from the text of previous minutes, or from related documents mentioned in papers provided by local Action Teams.

Appendix A shall include a list of all attendees to the sub-group meetings, indicating which meetings they attended.

Appendix B shall include weblinks mentioned at Section 3, and external papers which are considered to be of particular relevance (e.g. those by Andrew Byrne, Avril Smith, and the Scottish Executive's Treatment & Rehab Review).

Jane and Justine shall meet separately to discuss what the circulation list shall be for the Final Report, asking via email for views from sub-group members.

8. **Strathclyde Police: Reducing DRD Best Practice document**

Stephen Heath (not present at today's meeting) had provided a 'Best Practice' document in paper version; John Duffy shall forward the electronic version to Linda for onward distribution to all sub-group members. **action: JD / LB**

9. **AOB**

No other business was tabled, so Dr Jay drew the meeting to a close and thanked all attendees for their input to the working group.

Appendix 1



Lanarkshire ADAT ALCOHOL & DRUG ACTION TEAM

Report to : DAT Association Drug-related Deaths Sub-goup
Date : 29th September 2004
Author : Mark C Connelly, Information & Research Officer
Title : Social network correlates of self-reported non-fatal overdose – Article Summary

Purpose of Report

Based on a sample of over 800 cocaine and opiate users, this study by Latkin, Hua and Tobin (2004) examined the relationship between history of self-reported drug overdoses and social network characteristics. The findings of this study are of relevance to the DAT Association Drug-related Deaths subgroup's recommendations regarding the use of peer education on dealing with overdose.

Background

This study follows from previous evidence regarding the social and contextual factors associated with drug overdose. Using a social network approach, it was predicted that conflictual ties and more drug users in the network would increase risky drug-taking behaviour, whereas social support may help to regulate drug use.

Findings

The authors found that even after adjusting for frequency of drug use and demographic factors, social network factors (the number of injectors in the network and the number of individuals in the network that the individual had conflict with) were associated with recent overdose.

Conclusion

This has implications for overdose prevention. Key members of large networks of injecting drug users, identified using an instrument such as the Social Network Inventory, would be an ideal target for training in peer education regarding overdose prevention and treating overdose victims with Naloxone.

Reference:

Latkin, C. A., Hua, W., and Tobin, K. (2004). Social network correlates of self-reported non-fatal overdose. *Drug and Alcohol Dependence*, 73, 61-67.



Report to : Alcohol and Drug Action Team
Date : 1st December
Author : Mark Connelly, ADAT Information & Research Officer
Title : Critical Incident Group update – for information

1) Purpose of Report: Information

The purpose of this report is to update ADAT members on the work of the Critical Incident Group (CIG). The CIG was convened in 2003 to pool and analyse information on drug-related deaths in order to identify risk factors and opportunities for intervention.

2) Progress

2.1 Prison release

Analysis of the Lanarkshire data for 2001/02 suggested a correspondence with national data and research literature highlighting the greatly increased risk of drug-related death for recently released prisoners. This led to the prioritisation of education and awareness-raising regarding this risk and the improvement of links to community-based services. These issues were presented to the Communities and Availability sub-group who agreed to:

- feed into the SPS contract review of prison and throughcare services
- Involve Barlinnie prison in local discussions and processes
- Identify and resolve local inconsistencies, for example regarding continuation of substitute prescribing within prison

The Communities and Availability sub-group are currently preparing an issues paper in this regard.

2.2 Know the Score materials

An audit of the distribution of the Know the Score materials on Preventing Overdose Deaths has led to concerns from the group about the lack of strategic targeting of these materials. This will be addressed in the short term by ensuring the information is distributed to all the appropriate services, and in the longer term through discussion with Health Promotion regarding the targeting and use of information in general.

2.3 Training

The training group are currently preparing a strategy for the December ADAT meeting. One of the clear issues from the work of the CIG has been the need for training on overdose prevention for non-specialist staff, particularly workers such as criminal justice. This is currently being progressed via the ADAT Training sub-group with the Harm Reduction Team and STRADA.

Local work is also commencing with the newly appointed SDF Critical Incident Training and Development Officer in relation to providing first aid training to drug users, their friends and families.

2.4 Naloxone

Based on preliminary work undertaken last year, the investigation of opportunities for the provision of Naloxone (the overdose-reversing opioid antagonist) to appropriate groups in the community was identified as part of the CIG's plan for preventative action. Unfortunately, correspondence with the Lord Advocate (see letter from Procurator Fiscal tabled at the September ADAT meeting) has established obstacles to local action on this issue.

In the recently published summary of the Review of Drug Treatment and Rehabilitation Services, the Scottish Executive have however pledged to "*monitor the impact of best practice initiatives in other countries and ask the Scottish Advisory Committee on Drug Misuse to consider the potential case for widening availability of Naloxone in order to counter the effects of heroin overdose.*"

In addition, the Lanarkshire CIG are using their influence on the DAT Association drug-related deaths sub-group to marshal further support for this initiative.

2.5 Engaging with families and service-user groups

In October of this year the Chair of the CIG met with a service-user group to discuss their views on issues surrounding drug-related deaths. One of the key points to emerge from this was the importance of educating drug users and their families on overdose prevention. While the existing information in the Know the Score packs was regarded positively, it was made clear that the information was not being conveyed appropriately by the right people at the right time.

It was suggested that this could be addressed, for example, by key workers as part of the induction process when entering treatment or support, or indeed prison. Other important issues raised by the service-users included the punitive measures used by some workers/services which could increase the likelihood of reverting to the use of illicit drugs instead of, or on top of, substitute medication. Meetings with families and cares have yet to be arranged, but remain as part of the group's workplan.

2.6 Non-fatal overdoses

Early work undertaken on this issue revealed that readily available information from A&E was of limited utility. However, the importance of this in terms of improving the understanding of what interventions can prevent a fatal overdose have led the group to pursue alternative avenues of investigation. Work to obtain information directly from the Scottish Ambulance Service, for example, is currently underway.

2.7 In-depth reviews of subsequent fatalities

Throughout 2004 the group have been striving to collate and review information on recent deaths as opposed to those occurring in the previous year. This has presented some difficulties however, not least the fact that there can be a delay of up to three months between a death and confirmation as a drug-related death.

Accessing prison records for 2004 cases has also been problematic. ***This in combination with the emergence of new trends in the substances involved in the deaths between January and August 2004 has led to the decision to postpone the presentation of findings to the ADAT pending further investigation of these crucial variables.***

In terms of basic frequency and demographic information, however, it is clear that there has been an increase between 2003 and 2004, with 23 deaths being recorded in the first eight months of 2004 alone (see chart 1 below). A similar increase between 2003 and 2004 has been noted across the majority of Strathclyde Police Force divisional areas (chart 2).

Chart 1

No. of Lanarkshire drug-related deaths; by year and gender

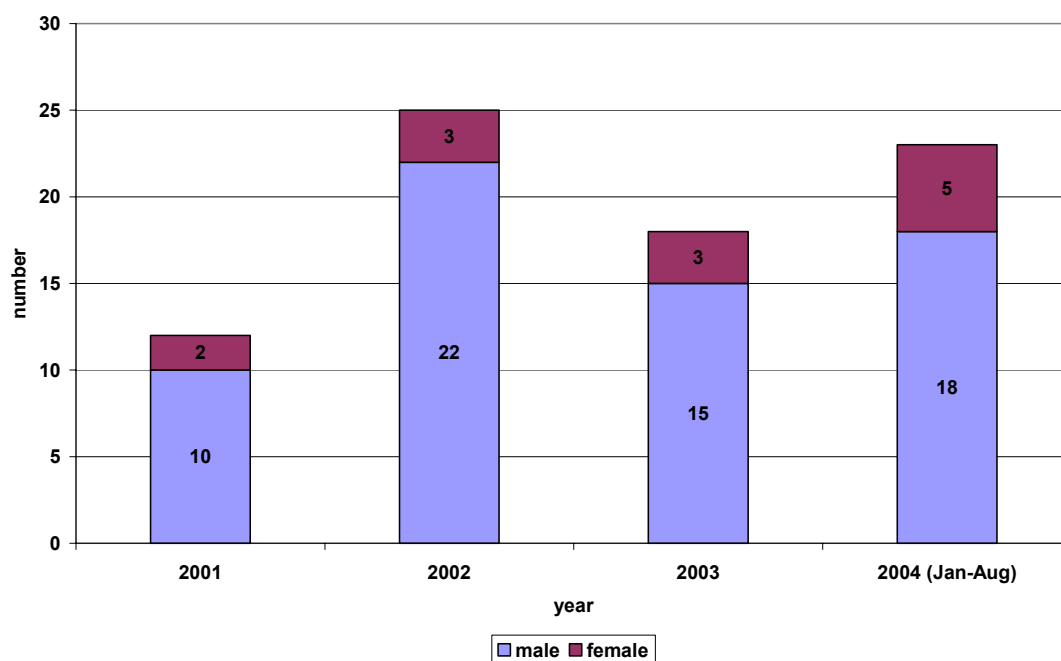
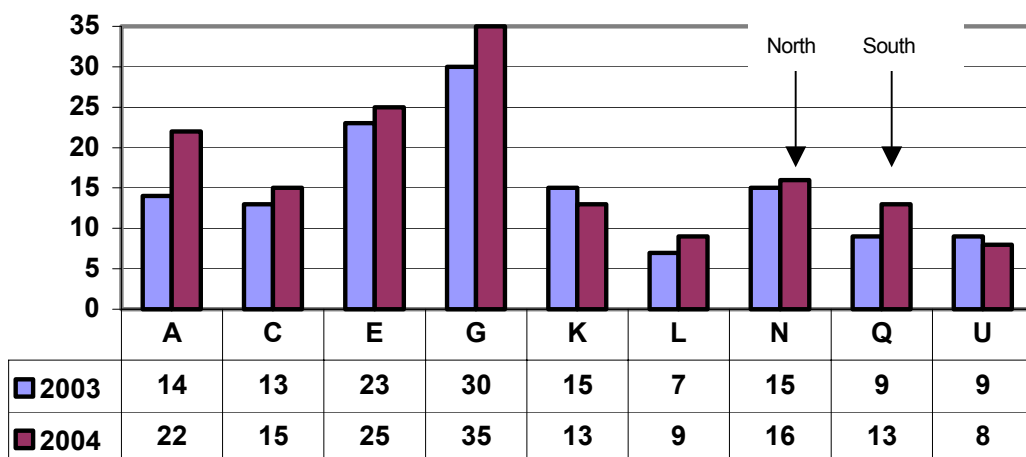


Chart 2

**Confirmed Drug Deaths
(1 Jan - 22 Nov 2004); by Divisional Area**



Strathclyde Police Divisional Areas:

A division - Glasgow Central and West (city centre and West End)

C division - Glasgow North and East Dunbartonshire

E division - Glasgow East

G division - Glasgow South and East Renfrewshire

K division - Renfrewshire and Inverclyde (Argyll & Clyde)

L division - Argyll, Bute and West Dunbartonshire

N division - North Lanarkshire

Q division - South Lanarkshire

U division - Ayrshire