

## **DAT ASSOCIATION DRUG-RELATED DEATHS SUB-GROUP**

**Tuesday 31<sup>st</sup> August 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]  
Mark Connelly, Lanarkshire ADAT  
Grahame Cronkshaw, Aberdeen City, Aberdeenshire, Moray DATs  
Jackie Davies, Dumfries & Galloway ADAT  
Det. Supt. Stephen Heath, Ayrshire & Arran ADAT  
Alistair McKie, Strathclyde Police  
Kay Roberts, Specialist Pharmacist in Substance Misuse  
Leona Paget, Forth Valley SAT  
Ruth Shepherd, Ayrshire & Arran ADAT  
Jim Stephen, Substance Misuse Division, Scottish Executive [after item 11 only]  
Ian Smillie, Perth & Kinross DAAT  
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

### **Via Video Conference:**

Elaine Fetherston; Brian Gardner; John Glenday; Dougie Montgomery [all Highland DAAT]

### **Apologies:**

Grace Ball; Margaret Birrell; Suzy Calder; Eric Corstorphine; Steven Dalton; Chris Denmark; Barry Dougall; Insp. John Duffy; Dr. Oliver Harding; Marie Hayes; Maggie Jamieson; Insp. Les Johnson; Rita Keyte; Maurice Kilday; Stevie Lydon; Joni MacArthur; Angus Mackay; Fiona Mackay; Mike McCarron; Hazell Morrell; Hannah Muldoon; Julie Murray; Catriona Oxley; Hilary Smith; Anni Stonebridge; Iain Turnbull; Deborah Zador

### **1. Welcome and Introductions**

Dr. Jay welcomed all to the meeting, and congratulated attendees on the recently published GROS figures for Drug Related Deaths in Scotland in 2003, which showed an overall decrease of 65. All attending members then briefly introduced themselves to the group.

### **2. Remit of sub-group; Previous Minutes**

The remit of the sub-group, which had been discussed at the last meeting and were published as part of the previous minutes, was accepted. Regarding the previous minutes, the only amendment was to item 11 [Date of next meeting, page 5]; to enable video conferencing to take place, the venue had changed from ASH Scotland to the Scottish Executive's offices at St. Andrew's House in Edinburgh. Justine thanked Sandra Wallace for her help in arranging this. With this sole amendment, the minutes were accepted as accurate.

### 3. Matters Arising

Regarding point 4 of the previous minutes [Overview of Lanarkshire Critical Incident Group, page 2], Linda Bates advised that the Lanarkshire questionnaire referred to had been placed on the Association's website [[www.drugmisuse.isdscotland.org/dat/datassoc/datassoc.htm](http://www.drugmisuse.isdscotland.org/dat/datassoc/datassoc.htm)].

Regarding point 6 [Forth Valley Critical Incident sub-group, page 3], Justine advised that the External Advisors' Panel meeting had been postponed from its original date of mid-July. The rescheduled meeting took place mid-August, but Justine was not able to attend. The letter that Justine and Dr. Jay intend to draft still remains to be written. **action: JW / JJ**

### 4. Appointment of new sub-group Chair person

Dr. Jay advised the group that she had recently resigned her post as Clinical Director of Glasgow Drug Problem Service; as it had proved difficult to contact her, Justine had felt it necessary to put this item on the Agenda in case Dr. Jay wished to step down as Chair of the Drug Related Deaths sub-group. However, Dr. Jay stated that she was happy to continue as Chair, and the attendees indicated that they were content to have her remain in that position. With this clarification, the item was taken off the Agenda.

### 5. The Use of Naloxone – presentation by Kay Roberts

Kay Roberts, Lead Pharmacist National Drug Misuse Training Programme, gave a presentation on the Pharmacist's role in the use and provision of Naloxone [notes from which can be found at [Appendix 1](#)]. Several key points were raised:

- Naloxone is produced in injection form only at the moment
- It is only effective against opiates
- It is currently not on the ACMD [Advisory Council of Misuse of Drugs] list of drugs that can be administered by anyone in an emergency; a change in legislation would be required to enable its wider use by non-medical staff
- It has a short half life so is only effective for a limited time [although the dose can be repeated. It is possible that drug users may be tempted to increase their consumption of opiates if they believe that Naloxone is readily available to retrieve them from overdose]
- Naloxone use should always be considered in the unconscious patient if a drug overdose is suspected, as well as the standard first aid procedures.
- As its use will precipitate withdrawals it is likely that the patient may be aggressive as a result.

There followed a discussion about the known use of Naloxone in the different Drug Action Team areas:

- Stephen Heath stated that its potential use had been discussed in Ayrshire & Arran last year, but is not currently to be pursued as an option.
- Members from Highland stated that it is only used in Accident & Emergency departments.
- Grahame Cronkshaw stated that its use in Grampian is the same as in Highland [i.e. only in A&E];

- Leona Paget of Forth Valley stated that they are currently looking into doing a small-scale pilot on the use of Naloxone, via the Harm Reduction Service based at the Salvation Army;
- Mark Connelly reported that Lanarkshire's Critical Incidents Group had applied earlier this year for a Letter of Comfort from the Lord Advocate, to allow its use by non-medical staff; this request was declined.
- Jackie Davies reported that there is currently no policy for its use in Dumfries & Galloway.

During general discussion, the Patient Group Direction (PGD) was highlighted as a useful tool that areas might wish to consider. Kay Roberts and Jane Jay both offered to supply copies of PGDs that had been advanced locally in Glasgow.

Justine stated that Naloxone's use in areas other than A&E could be extended by use of the Medicines Act; Dr. Jay stated that to her knowledge, it was currently being used in emergency kits sited in addiction clinics and needle exchanges. Ian Smillie suggested that as it has few known adverse side-effects, it should be used if those present consider it to be appropriate [e.g. if uncertain about what substance[s] have been taken]. Gill Wood stated that it had not yet been discussed by the Association of Chief Police Officers in Scotland [ACPOS] for use in custody suites, as there are not currently any suites which offer 24hr medical care, although she didn't believe that ACPOS would be opposed to its use.

Justine stated that she would take it forward as an issue to discuss at the next Association meeting [29<sup>th</sup> September], to recommend that Naloxone is put onto the ACMD 'safe' list for general administration [in particular in 'hot spot' areas]. **action: JW**

In the meantime, Justine suggested that the use of Naloxone be considered by local level Critical Incidents Groups, as each area may have differing views on the subject; the issue will be reviewed at future Association meetings.

## 6. Terms of Reference of Local Groups

At the last sub-group meeting, Action Teams had been requested to forward details of local groups. To date, only Ayrshire & Arran had sent on information about their Drug Death Review Group [Appendix 2]; Linda stated that this will be posted on the Association's website for wider dissemination, and Justine stated that she will highlight it at the next Association meeting as an example of good local practice. **action: LB / JW**

Leona Paget brought along the draft remit for the Forth Valley Critical Incident group to today's meeting, and will forward an electronic copy to Linda. **action: LP**

Ian Smillie stated that Perth & Kinross only has a prescribing protocol, but is keen to produce terms of reference similar to Ayrshire & Arran's model. Highland has no group specific to drug-related deaths; the bulk of their critical incident work on sudden deaths focuses on suicide prevention [although they intend to expand this to examine the circumstances leading to suicide]. Justine stated that Orkney had also raised the link between drug-related death initiatives and suicide prevention work.

## 7. Mechanisms for delivering Education and Training

The topic of education and training [including peer education] had been discussed at the last sub-group meeting; today's discussion was intended to examine *who* would deliver training in local areas. For clarification purposes, it was stated that the type of training being proposed was specifically in relation to overdose and CPR, and was not intended to be comprehensive First Aid training [i.e. that which deals with burns, fractures etc].

Ruth Shepherd reported that in Ayrshire & Arran, 'Heart Start' [a local organisation] is prepared to deliver training to local drug users; however, local service staff thought that their clients would not be willing to take on such training [although the clients themselves had not yet been approached]. Dr. Jay stated that in her experience clients were keen to undergo training, and would be surprised if this was not also the case in Ayrshire & Arran.

Mark Connelly stated that in Lanarkshire two groups had been identified as potential *recipients* of specific training: key social network members and family members. Since the majority of overdoses are observed and/or take place in a home setting, it was felt that these two groups of people known to a drug user would be most likely to benefit from and/or use the training provided to help prevent death from overdose. Mark provided a paper on peer education ["Social Network Correlates of Self-Reported Non-Fatal Overdoses"], which was an American study on the topic, for background information. Dr. Jay recommended that each DAT think about how key peer and social support networks might be identified in their own areas. **action: ALL**

Sandra Wallace reported that the Scottish Executive are about to award Scottish Drugs Forum [SDF] with a contract to provide First Aid training to service users and family members. The contract will initially be awarded for one year but may be extended if it proves to be successful. Justine suggested that while the SDF initiative would be a welcome addition to the national provision of training, individual DATs might still consider what strategy they could employ locally to offer comprehensive First Aid training for service users. She requested that if any local DATs had already done this [especially with regard to peer education and/or family support], or had approached agencies to deliver such training, that they forward the details to her. **action: ALL**

Kay Roberts reported that Know The Score had developed a VHS video aimed at reducing the number of drug-related deaths [entitled 'od'] for use in any environment where service users may be likely to view it [e.g. Harm Reduction Services, hostels, home]; the video is available via the Know The Score website [[www.knowthescore.info](http://www.knowthescore.info)], or its partner 'Exchange Campaigns' website [[www.exchangecampaigns.org](http://www.exchangecampaigns.org)]. Justine will approach SDF to find out if they have any additional video resource, which might be of use or interest to members. **action: JW**

## 8. Joint Police and Ambulance Protocols

Gill Wood of the Scottish Drug Enforcement Agency [SDEA] circulated a Memorandum of Understanding, drawn up in October 2003 by ACPOS and the Scottish Ambulance Service [SAS], regarding drug related incidents [including calls to suspected or actual overdose cases concerning controlled drugs]. The document [not for wider public dissemination] is consistent with the Lord Advocate's outlines, and effectively means that whenever an ambulance is called to a critical incident, the police will also be informed and attend. Gill reiterated that the police's first priority in attending any incident would always be the preservation of life [and in some cases, especially in rural areas, they may arrive at the scene ahead of any ambulance], and wanted to convey the message to users not to be inhibited about calling the emergency services. For

clarification, Gill confirmed that all attending police officers will have been trained in basic First Aid procedures [including CPR]. Kay Roberts stated that the *use* of drugs is not a crime, nor is being under their influence; however, the supply of controlled substances is, and this is where police attendance at any overdose scene may ultimately lead to criminal proceedings. Justine and Gill agreed to meet separately, to discuss further how to incorporate such information into training and educational literature. **action: JW / GW**

Stephen Heath reported that the SDEA had provided funding to create a full-time Divisional Drug Awareness Officer in each of the eight Scottish police forces; Gill can provide the DAT Association with a list of the names of current postholders. **action: GW**

#### 9. **'Know The Score' materials**

This item had been covered under point 7.

#### 10. **Outline of Draft Report**

Justine tabled the outline of her draft report of the Drug Related Deaths sub-group for discussion [Appendix 3], to examine areas where the sub-group may wish to make key recommendations, and to identify areas for future follow-up. The key themes identified in the draft report [point 4] were agreed by attendees as being an accurate reflection of what had been discussed during the lifespan of the sub-group, with the addition of prison and through care; it was also felt that it would be desirable to mention seasonal factors in overdose statistics [e.g. 30% of cases known to DATs occur over the Christmas and New Year period]. **action: JW**

Dr. Jay felt that the three key outputs of the final report should be to:

- i) raise awareness of related issues;
- ii) look at local strategies;
- iii) communicate those local strategies to a wider audience.

A first draft of the final report shall be produced by Justine and Dr. Jay, which shall be circulated via email to members for comment. **action: JW / JJ**

Any comments, and subsequent gaps highlighted in the first draft report, shall then be brought to the next meeting of the sub-group for final discussion and agreement. If any members wish to contribute to any part of the report [e.g. highlighting local strategies], they are encouraged to forward the details to Justine. It is hoped that the final report shall be published by Justine approximately three weeks after the last meeting of the sub-group [hopefully by mid-November].

#### 11. **Any Other Business**

Sandra Wallace stated that Know The Score materials had been cleared for use in prisons. Jim Stephen passed on his congratulations to all DATs for the reduction in deaths in the latest annual figures [posted last week].

#### 12. **Date of next meeting**

No date was set; Dr. Jay and Justine shall advise the group via email once they have consulted their respective diaries. It is anticipated that the next meeting take place around mid-October. **action: JW / JJ**

## Appendix 1

### DAT ASSOCIATION DRUG-RELATED DEATHS SUB-GROUP

Tuesday 31<sup>st</sup> August 2004

#### The Use of Naloxone

Presentation by Kay Roberts, Co-ordinator Glasgow Pharmacy Needle Exchange Scheme, on behalf of Specialist Pharmacists in Public Health

#### Naloxone

- For intravenous, intramuscular or subcutaneous injection
- Used for complete or partial reversal of opioid depression induced by natural and synthetic opioids, as well as the mixed agonist/antagonists nalbuphine, pentazocine or dextropropoxyphene
- Prescription Only Medicine
- Not without side effects but does save lives
- Not on list of products that can be administered by anyone in an emergency to save life (See ACMD Report)
- Advice to potential victims/friends/carers must be aimed at a) avoiding overdose b) first aid (recovery position etc.)

#### How can supply/administer

- By prescription/order of doctor
- By paramedics (see ACMD Report)
- Patient Group Directions
- Supplementary Prescribers???
- Independent Prescribers???
- Extended Nurse Prescribers???

#### Pharmacists and Naloxone

- Advice to NEX/methadone clients
  - Passive
  - Pro-active
- Supply and/or administration
  - Research undertaken in Glasgow, Aberdeen, Edinburgh and Dublin
  - Fewer willing to stock than prepared to undergo training to administer!
- Australia/ Jersey
- Newer formulation

## **Drug Death Review Group Ayrshire and Arran Alcohol and Drug Action Team**

**Submitted to DAT Association Drug Related Death Sub Group 31/08/04**

### Participants' names

- 1. Detective Superintendent Stephen Heath Strathclyde Police(Chair)**
- 2. Dr Charles Lind Associate Medical Director NHS Ayrshire and Arran**
- 3. Mr Terry Kane DTTO Co-ordinator Criminal Justice Services**
- 4. Ms Janet Cameron Area Procurator Fiscal Procurator Fiscal Services**
- 5. Ms Marnie Hodge Regional Manager Cranstoun Drug Services**
- 6. Ms Maria McLaren Addiction Co-ordinator HMP Kilmarnock**
- 7. Ms Ruth Shepherd Co-ordinator Alcohol and Drug Action Team**
- 8. Ms Lesley Robb Support officer Alcohol and Drug Action Team**

Over the past five years drug use has become an increasing cause of death for fifteen to thirty five year olds in Ayrshire and Arran. Most have been due to fatal overdose of a cocktail of drugs, usually involving Diamorphine (heroin) with either a tranquilliser and/or alcohol.

At the Ayrshire and Arran Alcohol and Drug Action Team (ADAT) meeting held in January of 2002, the worrying increase in drug related deaths was highlighted. After discussion it was decided that a multi agency approach was required to address the gaps in provision to this client group. Accordingly the Drug Death Review Group was formally adopted by the ADAT in March 2002.

As there were no examples of similar work or groups in other ADAT areas in Scotland, it was decided to structure the group based on the Child Protection Case Conference Model. The group was to meet timeously but in any case within 3 weeks of a relevant death.

The remit of the group was to examine each drug-related death in the area of responsibility and: -

- Consider the individuals circumstances prior to death, including, place of death, employment and accommodation status, family support and the nature of the individuals drug use.
- Analyse information available from Police, toxicology, addiction services, and Criminal justice services relating to the clinical and social circumstances surrounding the death.
- Identify patterns in social and clinical circumstances surrounding the deaths, and consider the associations between them.
- Make recommendations to ADAT partners and key stakeholders for policy and practice changes, impacting on a future reduction in drug related deaths.

All information processed by the group is stored on a confidential database which is used to identify patterns and trends as they emerge. Sanitised information and action points from the group are then circulated to all the other sub groups within the ADAT structure, as well as being uploaded onto the ADAT website.

The group initially identified two main categories of person at risk from fatal drug overdose.

1. Persons recently released from prison
2. Hostel dwellers.

An examination of addiction services available to drug dependant persons who had been taken into custody revealed that there was no provision for through care. That is to say once in custody, the individual was no longer under the remit of the community based drug treatment services, and any treatment they were receiving ceased. This was a particular problem for short term prisoners as, once they were released from custody they were not entitled to rejoin the treatment programme they had been on, but instead went to the bottom of the waiting list.

This was identified by the Drug Death Review Group as an issue which should be addressed. Therefore in December 2002 the ADAT, via NHS monies, funded the appointment of two addiction nurses, for one year, to work within HMP Kilmarnock. The focus of their work was on reception management and through care issues, in order to reduce drug related deaths soon after release from custody.

Put simply the two addiction nurses were to provide support for drug abusers prior to and after release from custody and to ensure access to health care services as an essential element of successful and safe integration back into the community.

This was achieved at a cost of £51,000. Importantly no new funding was required. The money was secured from existing budgets.

In order to target the second identified group, hostel dwellers, the Drug Death Review Group established an education programme. The programme was to take the form of a leaflet campaign. All homelessness service providers in the Ayrshire and Arran health board area were written to, and provided with "Know the score" overdose leaflets to circulate to all of their clients. This ensured that not only hostel dwellers, but people who live in supported B&B accommodation were reached. All of the partner organisations were involved in the formulation and delivery of the campaign.

The programme utilised leaflets available free of charge from "know the score", therefore the only costs incurred were those of ADAT support staff, which are contained within existing budgets.

These are only two examples of actions emanating from the drug death review group and along with other actions are currently being evaluated.

Initial statistics indicate a significant reduction in drug deaths within the Ayrshire and Arran Health Board area since the group's formation. Whilst this cannot solely be attributed to the group, there are encouraging reductions in prison release and hostel based deaths.

## Appendix 3

### **ASSOCIATION OF DRUG ACTION TEAMS DRUG RELATED DEATHS WORKING GROUP**

Proposed Chapter Layout – 1<sup>st</sup> Draft – Framework presented for discussion 31 Aug 04

#### **1. Purpose and Scope of Report**

- Background to group
- Remit
- Membership

#### **2. Current National Context**

National context (i.e. AMCD report, Scot Exec publications, National Investigation, Association of Drug Action Teams Scottish Drugs Strategy Starter Paper, development of local critical incident groups)

#### **3. Current Action Team led activities**

For example

- Local critical incident groups
- Local working groups
- Development of specific programmes

#### **4. Key Factors Associated with Drug Related Deaths**

Short chapter highlighting key risk factors identified from local/national working groups and reports

### **Key Themes Addressed by Working Group**

#### **5. Improving Witnesses/ Emergency Intervention**

Background

- 75% of cases were witnessed
- Although ambulances or police were called there were delays in 38% of cases.
- Resuscitation was attempted in a limited number of cases but was often inappropriate

Group recommendations on:

- decreasing delays
- improving resuscitation skills among drug users and family members

#### **6. A&Es as point of non-fatal overdose**

Background

Drug-Related Deaths sub-group, 31 August 2004

Consideration given to expanded opportunities for service intervention at A&E (i.e. Grampian working groups)

#### Recommendations

- Provision of safer drug use information at Accident & Emergency centres
- 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

#### 7. **Delivery of First Aid Training/ Dealing with Overdose**

Options for local delivery i.e. peer education, family support groups  
Group considerations and local practice on Naloxone

8. **Methadone Deaths and Prescribing Difficulties** ( i.e. Training, support and guidance re prescribing and supervision for those involved in delivering the methadone programme, systematic provision of advice to service users re risks of poly-drug use / need for safe methadone storage (take homes) and enhanced access to 7 day supervised consumption).

9. **Preventing Overdose Campaign** the use of " Know the Score" OD prevention materials etc

10. **Risk Factors / Assessment /Accessing Services** : Data - base containing known details and service contacts of those who died to be used to improve risk assessment and inform service improvements that avoid breakdowns in care pathways (recommendation from Glasgow report).

11. **Homeless People / Homeless Accommodation** Staff/ user training re ODs, improved recording and investigation of non- fatal ODs, rapid access to addiction services and development of appropriate accommodation options (with support).

#### Key Recommendations

##### National Coordination Level

National steering group developed with remit to look how recommendations from the AMCD 'Reducing Drug Related Deaths' report and findings of 'National Investigation' can be best implemented in Scotland

##### Action Team Coordination level

Role of local critical incidents groups

Continued Improvement in Liaison between Agencies Over Drug Deaths i.e. Setting up a standing "Drug Deaths Monitoring and Prevention Group" involving key agencies to ensure rapid sharing of information on deaths/ street drug trends and report on progress in implementing proposals to reduce deaths.

##### National and local Communications

'Know the Score' recommendations – future publications (including dealing with the issue of 'scene of crime' or 'medical emergency')

## **Training**

Including risk factors/OD symptom recognition/ appropriate first aid action for staff, users and relatives/ friends who may witness an OD Recommendations on way for taking this forward  
To address options for who should be trained and by whom

Dealing with Overdose

Naloxone – pharmacy plus other use

Expanded Service Interventions

A&E

Family Support