
DRUG DEATH MATTERS

Issue 8

December 2009

INTRODUCTION

Welcome to Issue 8 of *Drug Death Matters*. This issue features the regular update from the National Forum on Drug-related Deaths; articles from the Scottish Prison Service about their review of interventions and their Overdose Awareness and Prevention Campaign; details of the Choose Life Suicide Prevention Training Programmes; a nurse describes her experience of administering naloxone in an emergency; news about the naloxone programme in Inverness; and an introduction to Fife's new Overdose Prevention Co-ordinator.

UPDATE FROM THE NATIONAL FORUM

The National Forum has met twice since the last issue of this newsletter. There was obvious concern amongst members following the release, in August, of the General Register Office for Scotland (GROS) report on drug-related deaths. The GROS report showed another increase in deaths on the previous year giving the highest number of drug deaths (574) since recording began. All indicators suggest that figures for 2009 may be even worse. As a response to this worsening situation, the Forum has made recommendations for services and Alcohol and Drug Partnerships

(ADPs) as priority areas for action to try and reduce this tragic toll. These were included in a paper entitled: **National Forum on Drug-related Deaths - Recommendations for Alcohol and Drug Partnerships and Services following the report from the General Register Office for Scotland (GROS) on Drug-related Deaths in 2008.**

Key recommendations were made around: increasing access to services; developing and improving service delivery, assessment and interventions; and improving partnership working. The Forum strongly believes that evidence suggests that treatment is protective against drug-related deaths and that more problem drug users should have the benefits of coming into treatment. A recent survey of deaths in Glasgow has shown that 70% of these deaths were amongst people who were not in touch with a treatment service.

The Forum would like to promote, not only a range of services, but also higher quality services, which work well with all local partners and share the common goal of reducing drug-related deaths.

NATIONAL NALOXONE PROTOCOL

The Minister for Community Safety, Fergus Ewing, has asked the National Forum to develop a national protocol and guideline around take-home naloxone. A sub-group of the Forum has already convened led by Carole Hunter, Lead Pharmacist, Glasgow Addiction Services. The group met for the first time on 18 December. A draft protocol is expected to be tabled at the next full Forum meeting on 3 February.

SCOTTISH PRISON SERVICE – REVIEW OF INTERVENTIONS

Phoenix Futures are undertaking a comprehensive review of interventions that are currently detailed within the Scottish Prison Service Enhanced Addiction Casework Services contract.

The aim of the review is to ensure that interventions delivered within the Enhanced Addictions Casework Service meet client need and reflect the differing priorities of each establishment, as well as reflecting the national 'Recovery' agenda.

OVERDOSE AWARENESS AND PREVENTION CAMPAIGN

This year the Preventing Risk of Overdose in the Vulnerable (PROVE) group held a number of events aimed at vulnerable service users across Greater Glasgow and Clyde which took the form of information sessions, the distribution of practical items and useful help and advice.

Aimed at high risk individuals the first event took place in the Lodging House Mission on Tuesday, 24 November 2009. There was an open

invitation for all service users to attend as well as staff from drug and homeless services. There were presentations on First-Aid, Overdose Awareness, Naloxone Administration, Suicide Prevention, and *Alcohol & Street Drugs: What you Need to Know*. Information and resources on Hepatitis 'C' and Needle Exchange provision were also available.

Other events were held in St Mary's Church Hall, Greenock, on Tuesday 1 December and Holy Trinity Church, Paisley, on Thursday 3 December. Both these venues are regularly used by service users in these areas and are therefore both familiar and welcoming.

As well as the organised events the campaign also includes the distribution of information wallets with support networks and contacts, overdose awareness advice and an illustration of the recovery position. The wallets were distributed to substance users in Greater Glasgow and Clyde through statutory and voluntary services working with this client group.

The Scottish Prison Service is an active member of the PROVE group and, as in previous years, have taken part in the 2009 campaign by promoting the awareness events and ensuring that the overdose information wallets are available to all prisoners on liberation throughout December and January.

CHOOSE LIFE – SUICIDE PREVENTION TRAINING PROGRAMMES

Choose Life offer a range of suicide prevention training programmes from awareness and exploration to suicide first-aid skills training. The

programmes have been developed and disseminated by reputable training providers and are robustly evaluated.

Choose Life has advocated a risk awareness and management model rather than simply risk assessment. For example, the model used in ASIST (Applied Suicide Intervention Skills Training) incorporates a 'safe plan' outcome as part of risk reduction.

To find out more about this free training for services please click www.chooselife.net

NALOXONE TRAINING PUT INTO PRACTICE

This article was written by Alison Robertson, a team nurse at Glasgow Drugs Crisis Centre (GDCC). Here she describes her recent experience of administering naloxone.

"As a nurse at the Drugs Crisis Centre I was offered the opportunity to become a naloxone trainer. I enjoyed the training but didn't think I would use it much. Little did I know that a few hours later I would be administering naloxone in an attempt to save a young man's life.

It was around six o'clock in the evening when a frantic and upset man ran into the centre and told us that his friend had overdosed under a bridge nearby, had turned blue and stopped breathing.

I grabbed a naloxone pack and breathing mask and along with a colleague ran to where the young man was lying. What met us was very frightening, the victim had turned blue, his denims were at his

ankles as he had been injecting into his groin.

I immediately checked his airways and felt a faint breath. I then checked his pulse which was also very faint, I therefore immediately injected 0.4ml of naloxone. As there was no response, I ended up injecting the young man with 1.6ml of naloxone at which point he came round.

During this time my colleague had phoned an ambulance, which arrived at the moment the man came round; he then refused to go in the ambulance and ran away. However, I still felt pleased that having just trained in naloxone, I was now putting it into practice and had actually saved a life.

It is quite rare for staff at GDCC to be involved in using naloxone and I thought it would be a long time before I used it again, however, a few weeks later the man I had treated under the bridge came running into the centre in a very frantic state, his friend had overdosed under the same bridge.

I again grabbed a naloxone pack and breathing mask and with a colleague ran across to the bridge. This time what met us was a man with no pulse so I immediately started CPR and then administered the naloxone. When the ambulance arrived we continued helping the paramedics with compressions whilst they were administering more naloxone and atropine. After 45 minutes there was nothing more we could do and the man was declared dead.

This was a shock to me, I thought the naloxone would save him but the guy was too far gone by the time we

arrived and I comforted myself with the fact that we had done everything we could.

Over the next few days I thought about whether there was anything positive that we could take from the incident and came up with the idea of putting together an emergency naloxone rucksack, which would be kept at reception and grabbed in an emergency to save vital time.

In the pack we put naloxone, a breathing mask, a fully charged mobile phone, gloves, apron, torch, scissors, small brush and mat. Every staff member knows about the emergency pack. Hopefully it is a long time before we need to use it again but at least next time we will be well prepared.

MORE NEWS FROM AROUND THE COUNTRY read on.....

NALOXONE SUCCESS STORY IN INVERNESS

The following article was provided by Lisa Ross, Clinical Harm Reduction Nurse Specialist, NHS Highland.

After a number of drug-related deaths in the Highland area action was taken in an attempt to reduce them and improve the response to witnessed opiate overdoses. A proposal to run a take-home naloxone pilot to clients, for use in the event of an opiate overdose, was supported and approved by the Highland Alcohol & Drugs Partnership. The pilot commenced in July 2009.

The programme provides training to clients, family members and staff on overdose prevention, dealing with an overdose and basic life support

training. Training is also given on how to administer naloxone; the drug which is used to reverse the effects of opiate overdose. Following completion of the training, a pack containing naloxone is issued which clients can then use in the event of witnessing an opiate overdose, prior to arrival of emergency services.

The programme and training is delivered by the Harm Reduction Nurse Specialist and training sessions are provided at the NHS Highland Harm Reduction and Needle Exchange Service in Inverness; a service which has regular access to injecting drug users and where relationships have already been established with the client group. The training sessions are provided both at planned times and opportunistically, either in groups or individually.

At the time of publication 100 people had received the training and naloxone packs. There have been 12 confirmed uses of the naloxone, all with successful reversal of the overdose state. Eleven of those were found to be unresponsive and in respiratory arrest; requiring resuscitation as well as the administration of naloxone.

Training is also being delivered to clients in Inverness Prison and a naloxone pack is issued on liberation. Prior to commencing the programme, there had been 8 drug-related deaths in Inverness between January and July 2009. Since the programme started in July there has been 1 death attributed to opiate overdose.

There is no evidence to suggest that clients are taking more risks around injecting opiates because they have

naloxone in their possession. Local information reveals that there has been no increase in the number of non-fatal overdoses since the pilot began.

A further positive outcome has been the client's response and motivation to attend the training and to also encourage others to attend. Those who have used the naloxone for an overdose event have reported that they felt much more confident in dealing with an overdose than they did prior to attending the training.

The programme has also improved working relationships with the Police, Ambulance and Procurator Fiscal Services. A local protocol involving all the key partners is being developed to ensure ongoing consistency in response to dealing with non-fatal overdose and drug-related deaths through the local Critical Incident Group.

NEWS ALERT! NEWLY APPOINTED OVERDOSE AND PREVENTION CO-ORDINATOR IN FIFE

Mandy Young has been appointed as Fife's Overdose Prevention Co-Coordinator based at NHS Addiction Services, Ward 11, Cameron Hospital, Fife. This Alcohol and Drug Partnership funded post is aimed at helping to reduce drug-related deaths in Fife and will involve developing and implementing an overdose prevention strategy across Fife.

One of the components of the strategy will be to provide training for professionals, service users and family members around recognising and managing an overdose situation

as well as developing a co-ordinated approach to fatal and non-fatal overdose.

Mandy moved into this role with many years experience working in the addictions field. Her training is in therapeutic counselling and has come from a practice based background having worked directly with people accessing voluntary sector agencies who have substance dependency issues.

More recently she was based at the Violence Against Women Partnership in Dundee as a development officer looking at the links between domestic abuse and substance dependency. Key outcomes included writing and delivering a two day course on the links in partnership with Scottish Women's Aid; developing a good practice toolkit and piloting a series of women only spaces within drug and alcohol services.

Prior to that Mandy was a Training Officer with STRADA (Scottish Training on Drugs and alcohol) delivering drug and alcohol training to frontline workers in the voluntary and statutory sectors in Fife, Forth Valley, Perth & Kinross and Tayside.

Mandy is looking forward to getting started with the strategy in the new year and can be contacted on 01592 716 446.

CONTACT

We welcome contributions to the newsletter from all areas and disciplines. These can be e-mailed to: Fiona.scott@scotland.gsi.gov.uk

Look out for **Issue 9** in July 2010.