12.3 Reduce Fatal Drug Overdose

Improvement Project Title:
Reduce Fatal Drug Overdose

Executive Sponsor (Chair of Outcome Improvement Group or Locality Partnership):
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Aim statement
Reduce the incidence of fatal drug overdose by innovative developments and increasing the distribution of naloxone by 10% year on year by 2021

Link to Local Outcome Improvement Plan:
Stretch Outcome 12: Reduce the incidence of fatal drug overdose by innovative developments and increasing the distribution of naloxone by 10% by 2021

Why is this important

During 2017, 54 Aberdeen City residents died as a result of a drug related death during numbers more than doubled in since 2007[i]. This Scottish wide trend is attributed to the increasing age and premature frailty of people who use substances. Over this period there has been a rise in the popularity of and impact of using lots of substances at the same time, poly substance abuse. Another contributory factor includes the role of prescribed medications which interact with illicit drugs and increase the chances of overdose. A drug related death is an avoidable cause of death evidence based effective interventions exist which can save lives.

In 2017, 93% of the deaths recorded in Aberdeen city involved an opiate[1]. Opiates are a class of drug that include heroin, methadone, codeine or dihydrocodeine. Overdoses involving opioids are avoidable because there is a safe antidote – naloxone.

The 2017 NHS Grampian Drug Related Death audit identified that almost 100% of deaths involved more than one substance. Naloxone is only effective on reversing the effect of any opiate drug taken. Naloxone is still beneficial in a poly drug use scenario because:

- People may have knowingly consumed multiple drugs some of which may have been opiates
- People may have consumed a drug they thought to be something else which actually contained an opiate.

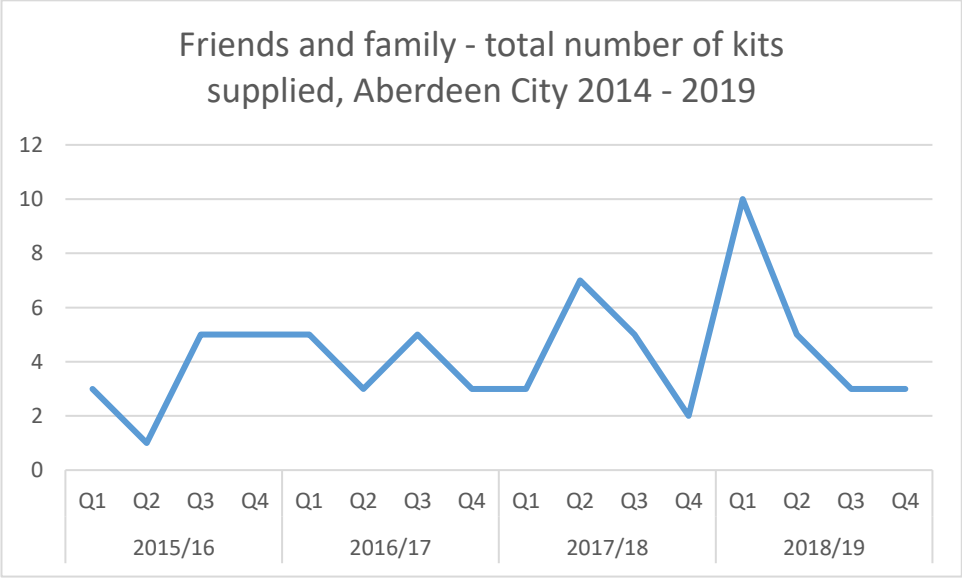
An overdose happens when a toxic amount of drug or a combination of drugs overwhelm the body. Where opiates are involved, people become unresponsive and breathing becomes inadequate, leading to a fall in oxygen levels. Not getting enough oxygen eventually stops the functioning of vital organs leading to coma, brain damage and death. Surviving an overdose depends on maintaining the ability to breathe and sustaining oxygen levels. Death is rarely instantaneous, most people stop breathing minutes to hours after the drug was used, so there is time to intervene before the person dies. Even if a person overdoses immediately after taking drugs prompt recognition and effective action on the part of bystanders can keep the person breathing.

Naloxone is a medication that counters the effects of opioid overdose, specifically it counteracts the impact that opiates exert on the central nervous system and on the respiratory system. Naloxone is available in two forms, an injection that has to be put together and delivered into the muscle as part of a first aid (Airway, Breathing, Circulation, Naloxone) approach. The second form is an intranasal product which can be sprayed up the nose as part of the same first aid approach described above. The intranasal preparation is more expensive, however there are other benefits including greater acceptability.

Naloxone is not a controlled drug, it is not addictive and cannot be abused. Naloxone provision is governed by a legal framework called the Human Medicines Regulations. Naloxone is prescribed to people at risk of opioid overdose, their friends or family once they have undergone training. The legislation also allows naloxone to be supplied, without a prescription, by people who are *employed or engaged in the provision of drug treatment services provided by, on behalf of or under arrangements of an NHS body, a local authority, Public Health England or another Public Health agency*. The legislation further stipulate that supply can only be made in the provision of a lawful drug treatment service[ii].

Supply to friends and families

The 2017 audit revealed that in over half (54%) of the cases, someone else was present at the scene during the overdose. In 38% of situations, resuscitation was attempted by bystanders, family members, friends or the ambulance service. But in only 4 instances (5% of all deaths in Grampian) was take home naloxone available at the scene of death. These statistics tell us that there is considerable willingness and lots of potential opportunities to save lives by engaging with people and increasing naloxone availability among people whose family member or friend uses substances. In addition to saving lives, providing naloxone to someone who is experiencing an overdose in a timely way could help reduce some of complications associated with poor health and disability following non-fatal overdoses (brain damage, other vital organ damage).

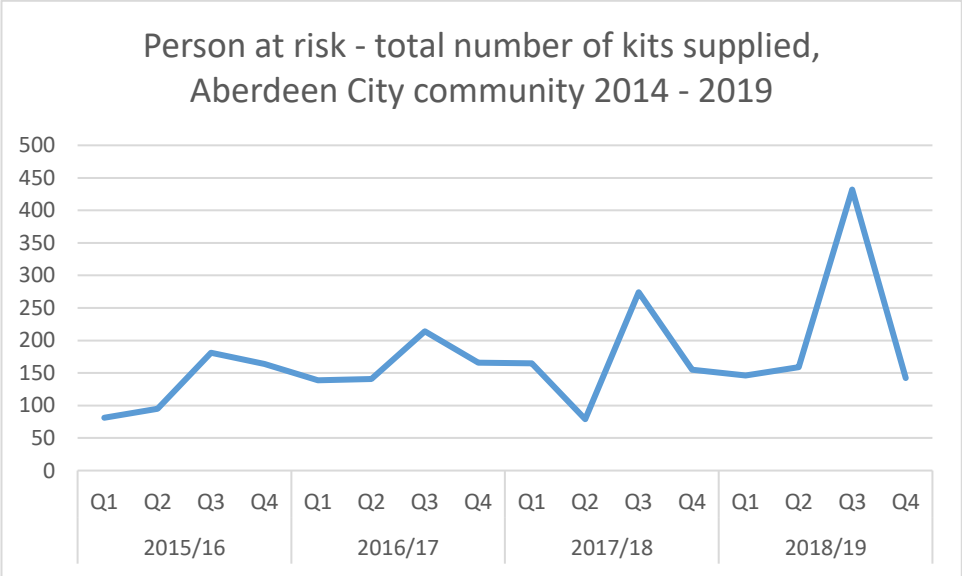


Since 2015, our main source of naloxone delivery to family has been services. There has been a couple of small scale attempts to increase coverage by working with peers. Although this has resulted bursts of increased distribution, the efforts have been difficult to sustain.
The organisation of substance misuse services acts as a barrier to the distribution of naloxone to friends/ family. Concerns about confidentiality and data protection may mean that the patient is not asked about whether there would be friends and family who are willing to be trained. Anecdotal reports from those who have witnessed an overdose reveal that confusion and fear are emotions that need to be recognised and managed. Using recovery groups, support groups and peers is a way of directly engaging with those who may be bystanders during an overdose and providing them with naloxone and the relevant knowledge about what to do.

Feedback from people with lived experience and community members say that there are many who want to help prevent others experiencing a drug related death, but there is no obvious pathway by which they can do this. A very specific barrier that the face relates to the interpretation of the legislation that governs the supply and exemptions to prescriptions for naloxone. Specifically, doubts about what "engagement" means and what a "lawful" drug treatment service is in relation to the context of a recovery group or a support groups mean that opportunities are missed.

Supply to the person at risk

The focus of the naloxone programme has always been on supply to the person at risk.



The overwhelming majority of these kits are distributed by substance misuse services and the third sector and are therefore delivered to people who are in contact with drug treatment services.

Between 2012 – 2016 In Aberdeen City, 60% of people who died of a drug related death were not in contact with drug treatment services in the six months prior to death. Three quarters of these individuals were known to have long standing drug use problems and

had disengaged or been discharged from treatment services. A quarter of people not in contact with services had a non-fatal overdose in the 12 weeks prior to their death.

Reaching people who are not in contact with established treatment services requires us to work with peers and social networks. It also requires us to mobilise organisations and services which are not drug treatment service but which are in contact with that individual.

The key settings include

<u>Aberdeen Royal Infirmary and Royal Cornhill Hospital</u>

People admitted to hospital are not currently provided with naloxone on discharge. The number of people who could benefit from naloxone distribution within the acute sector is significant and includes

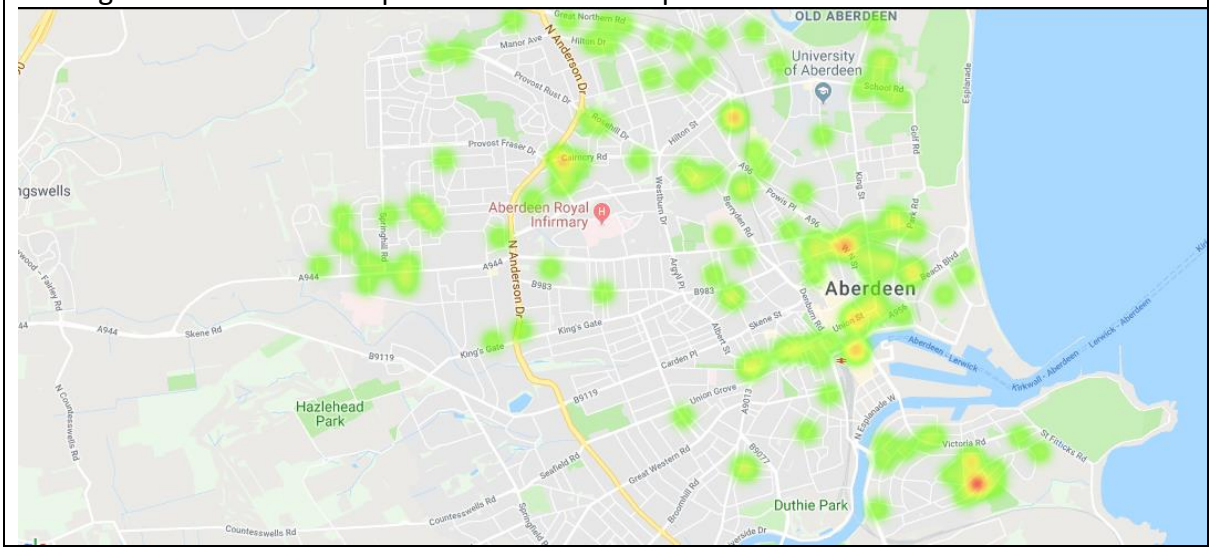
- Individuals experiencing an overdose or other adverse effect of using a substance
- People experiencing an infection as a result of injecting practices
- People whose continuation on methadone or other substitute treatment has been interrupted because of their admission (and so are at higher risk of overdose on discharge)
- People on high doses of opiate medication for the purposes of pain control

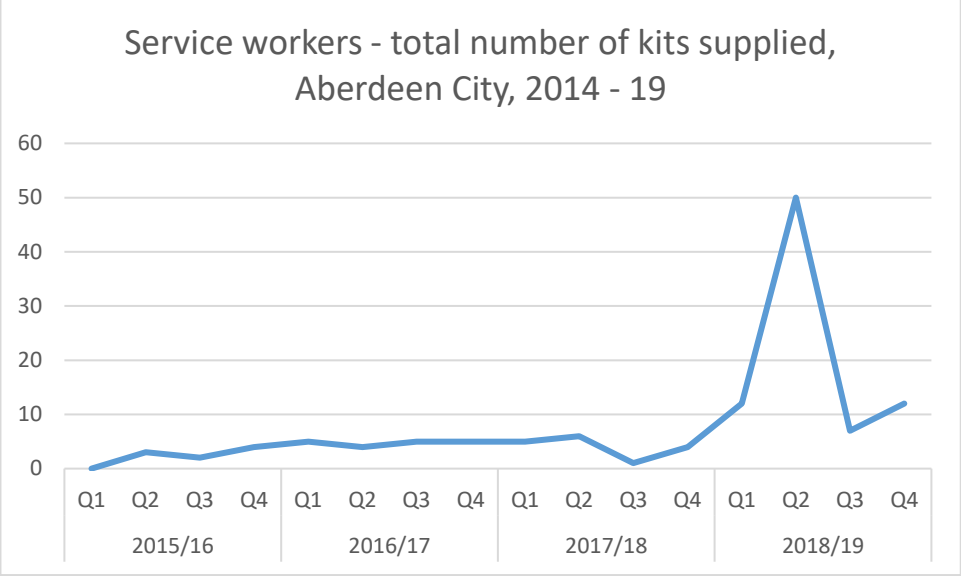
Given the range of settings and potential target groups and need to fit in alongside other priorities, small tests of change to determine how to roll out the programme in different areas is required and necessitates commitment at senior executive management level.

<u>Police Custody:</u> Being detained in police custody is a risk factor in drug related deaths, one in ten of the people who died of a drug related death in 2017 was detained in police custody in the six months prior to their death.

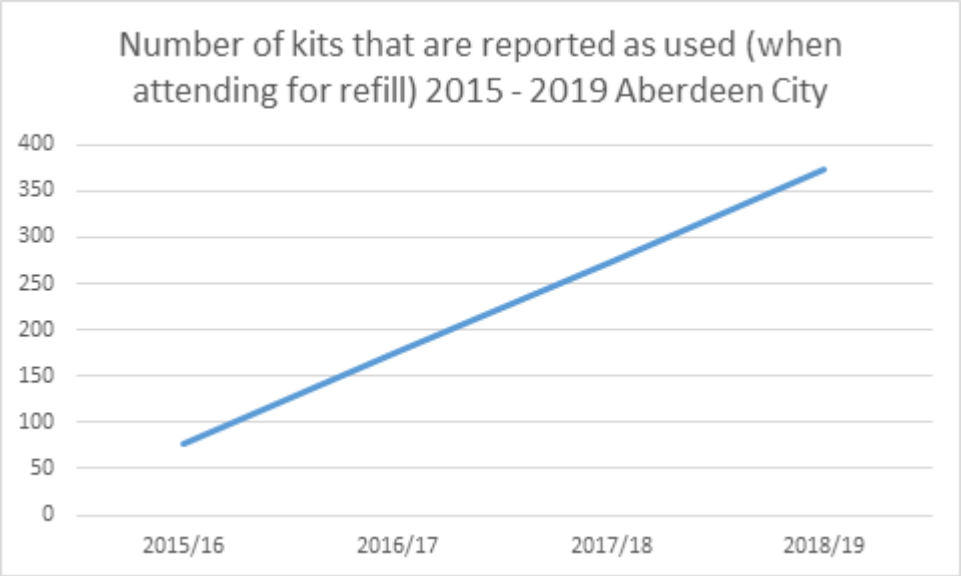
<u>Temporary housing, bed and breakfasts and commercial premises:</u>

Plotting the site of non-fatal overdose call outs to the ambulance service on a map allows us to identify settings where most overdoses occur. This shows that there are settings where overdose is a regular occurrence. Previously we have worked with housing colleagues to train them about naloxone (peak in naloxone distribution to services during 2018/19). However understanding these patterns better also offers an opportunity to redesign environments and processes in order to prevent overdose.





A key measure to ensure that kits are being distributed to those who need them is reported usage. This is an annual measure and can be tracked below. As coverage increases, it would appear that usage increases as well. This could be presented as usage as a proportion of repeat requests as a further measure.



Measures: (How will we know if a change is an improvement?)

Outcome measures:

- No. of fatal drug overdoses in Aberdeen
- No. of naloxone kits supplied
- Number of kits that are reported as being used
- Number offered overdose awareness (proportion of total) who refuse all naloxone
- Number of people offered overdose awareness (proportion of total) who refuse injectable naloxone but take up intranasal naloxone

Process measures:

- % of community members, people in recovery aware that they could become naloxone trainers and providers (view point survey carried out monthly in waiting areas)
- Number of naloxone kits provided by peer volunteers to people who are at risk of an overdose,
- Number of naloxone kits provided by peers to friends and family members
- Number of people attending events / courses to become naloxone trainers
- Number of naloxone kits provided to settings / service workers per quarter
- Number of naloxone kits provided by setting (if setting is going to distribute naloxone to people at risk/families/friends)
- Number of settings / organisations / businesses who are identified and agree to take part in overdose awareness and prevention
- Number of settings where a risk assessment is co-produced
- Number of individuals within a setting trained in naloxone delivery and overdose prevention
- Number of community overdose champions

Change ideas (What changes can be made that will result in improvement?)

- Introduce and increase the number of community overdose champions: Develop a pathway for peers and family members to become naloxone trainers. This would be applicable to people with lived experience, family members, and community groups. Part of the pathway would be an affiliation process by which volunteers can be recognised by a substance misuse service / approved third sector agency. This will allow community members and volunteers to become overdose champions and distribute naloxone.

- Media campaign to raise awareness of naloxone to address stigma and provide information on how to become a naloxone trainer. The theory is that increased awareness and ease of making contact will increase the number of people who put themselves forward to be trainers. Campaign to include: a video on what naloxone is, and how to use it along with directions for how to get a supply or get trained. This will be published on already existing website which provides information for people concerned about drug misuse. We will also distribute branded goods like t-shirts, wristbands and keychains with mouth protectors to raise the visibility of champions. We will work with the mainstream media on overdose awareness day to present stories about the opportunities for recovery and reversal of overdose. The messages in this change idea will directly address issues such as the fear of carrying a naloxone kit due to the risk of stigma or other negative consequences.

- Naloxone distribution process to include comprehensive harm reduction advice for people who will use illicit substances alone, based on suggestions from the Harm Reduction Coalition's toolkit on take home naloxone.

- Develop a help pack for places / settings where people who are at high risk of overdose may attend (e.g. police custody, housing, private businesses and NHS Grampian acute sector). Other settings would be identified using qualitative and quantitative intelligence. The pack would include:

    - Contact details of local overdose awareness champions
    - Provision of overdose awareness training to people who are working in setting including naloxone distribution
    - Environmental Risk Assessment
    - Provide information on overdose to be displayed in the service
    - Assist in the development of local standard operating procedures which would be the means by which risks of overdose in the short and medium term would be recognised and reduced for people in contact with that service / setting.

Potential risks and/or barriers to success & actions to address these

- Mixture of drugs and predominant use and overdose on substances that are not opiates – address this through the wider work alongside naloxone distribution about raising awareness on overdose, generic harm reduction measures and the importance of calling an ambulance, emphasising that administration of naloxone even if no opiates present is not known to cause harm to the individual.
- Fear of carrying a naloxone kit due to the perceptions about how police would respond – address through training and clear messaging
- Fear of carrying a naloxone kit due to the fact that it contains a needle – address through offering of intranasal naloxone
- Lack of engagement of organisations to get staff trained and publicise that staff are trained due to a concern that it gives people permission to misuse drugs (use of data and intelligence to identify “high risk settings”)
- Financial implications of providing an increased number of naloxone kits are not planned for.

Project Team:

- Fiona Raeburn, NHS Grampian
- Simon Pringle, Alcohol and Drugs Action
- Tara Shivaji, NHS Grampian
- Simon Rayner, ACHSCP
- Michelle Cochlan, ACC (Improvement Adviser)

Torry Locality have made a request of testing to start in this locality, they have identified:

- Chris Kerr – Police Scotland, Torry Locality Partnership
- Anne Marie Steedhouder Ross – ACC, Torry Locality Partnership

Police Scotland Kittybrewster Custody Suite

- Shona Stewart – Police Scotland (TBC)

Requests have also been received from frontline staff in health and housing settings, a family member of someone who died from a drug related death and people in recovery who have expressed an interest in becoming naloxone champions. Their names and involvement will be confirmed on approval of the project. Involvement in the project group will be open to anyone who can further shape the development of the project and provide tacit knowledge of the issues, challenges and opportunities at hand.

Outline Project Plan		
Project Stage	**Actions**	**Timescale**
Getting Started (Project Score 1-3)	• Project team established • Initial baseline established • Draft charter developed • Charter submitted to CPA Board	Complete Complete Complete Sep 2019
Designing and Testing Changes (Project Score 4-7)	• Initial tests of change in Torry and other sites where volunteers have been put forward (Police Custody, Family members) • Engaging with customers and colleagues on change design • Evaluate overall achievement to date and plan further PDSAs or move to implementation	Sep 2019 Oct 2019 Oct 2019 Dec 2019
Implementing and sustaining changes that demonstrate improvement (Project Score 7-10)	• Agree which change ideas tested are proven to work that we will seek to embed permanently • Continue to gather data • Assess whether improvement levels are sustained	Apr 2020 Apr – Sep 2020 Oct 2020
Spreading Changes (Project Score 9-10)	• Assess opportunities for spreading change to other areas where applicable	Dec 2020

[i] NRS report, Drug related deaths in Scotland 2017 https://www.nrscotland.gov.uk/statistics-and-data/statistics/statistics-by-theme/vital-events/deaths/drug-related-deaths-in-scotland/2017/list-of-tables-and-figures

[ii] http://www.legislation.gov.uk/uksi/2015/1503/pdfs/uksi_20151503_en.pdf