



# Community Planning Aberdeen

<b>Progress Report</b>	Project End Report: LOIP Aim 12.6: reduce the incidence of fatal drug overdose through innovative developments and by increasing the distribution of naloxone by 10% year on year by 2022
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<b>Date of Report</b>	20 November 2023
<b>Governance Group</b>	CPA Board – 29 November 2023

## Purpose of the Report

This report presents the results of the LOIP Improvement Project Aim 12.6 which aimed to reduce the incidence of fatal drug overdose through innovative developments and by increasing the distribution of naloxone by 10% year on year by 2022

## Summary of Key Information

### 1 BACKGROUND

- 1.1 In 2017, there was, at that time, a peak in drug-related deaths among residents of Aberdeen City, with a total of fifty-four fatalities. This trend mirrored the wider pattern observed across Scotland. The rise in these deaths was primarily linked to a mixture of aging population of substance users and their heightened vulnerability to health complications; an increase in the prevalence and consequences of poly substance use, where individuals consume multiple substances simultaneously. It is crucial to recognise that drug-related deaths have the potential to be prevented if adequate support systems are in place and if individuals are willing to embrace harm reduction strategies.
- 1.2 In 2017, 93% of recorded deaths in Aberdeen city were linked to opiates, a category of drugs that includes heroin, methadone, codeine, or dihydrocodeine. Fortunately, opioid overdoses can be prevented as there exists a safe antidote called naloxone. The 2017 NHS Grampian Drug Related Death audit revealed that nearly 100% of these deaths involved the use of multiple substances. Although naloxone specifically targets the effects of opiate drugs, it remains valuable even in cases involving multiple drug use. This is because individuals may have knowingly ingested multiple drugs, some of which could be opiates, or people may have unintentionally consumed a substance they believed to be something else, but it actually contained an opiate.

## Naloxone

- 1.3 Naloxone is a medication used to counteract the effects of opioid overdose. It specifically reverses the depressant impact that opioids have on the central nervous system and respiratory system. Naloxone is not a controlled substance, non-addictive, and cannot be abused. It is available in two forms: an injectable version that needs to be assembled and administered into the muscle as part of a first aid approach known as "Airway, Breathing, Circulation, Naloxone," and an intranasal product that can be sprayed into the nose following the same first aid approach. While the intranasal preparation is more expensive, it offers additional advantages, including enhanced acceptability
- 1.4 In the context of the UK and Scotland, the legislation permits the supply of naloxone without a prescription to individuals employed or involved in delivering drug treatment services. Legislation was changed to allow distribution of naloxone by other services if certain protocols and guidance are followed.

## Supply of Naloxone

- 1.5 According to the 2017 audit, more than half (54%) of the recorded overdose cases involved the presence of another individual at the scene. In 38% of these instances, resuscitation efforts were made by bystanders, family members, friends, or emergency medical services. However, it is concerning to note that take-home naloxone was available at the scene of death in only four cases, which accounts for a mere 5% of all deaths in the Grampian region. These statistics highlight the significant willingness and numerous potential opportunities to save lives by actively engaging with individuals and increasing the availability of naloxone among those who have family members or friends with substance use issues. In addition to its life-saving potential, timely administration of naloxone during an overdose could also help mitigate some of the complications associated with poor health and long-term disability following non-fatal overdoses, such as brain and organ damage.
- 1.6 Feedback from individuals with lived experience and members of the community indicate a strong desire to contribute to preventing drug-related deaths. However, they often face challenges in finding clear avenues through which they can effectively make a difference. Being able to administer or supply naloxone to people, friends at family at risk is one thing that all members of the community can potentially undertake.
- 1.7 The distribution of naloxone kits has, up until now, primarily been carried out by specialist substance use services and organisations within the third sector. As a result, these kits mainly reach individuals who are already engaged with drug treatment services. However, effectively reaching individuals who are not currently connected to established treatment services necessitates collaborative efforts with peers and social networks. It also calls for mobilising organisations and services that may not directly provide drug treatment but are in contact with the individuals at risk. By expanding our reach beyond traditional avenues, we can increase the availability of naloxone and its potential to save lives.

## **2 IMPROVEMENT PROJECT AIM**

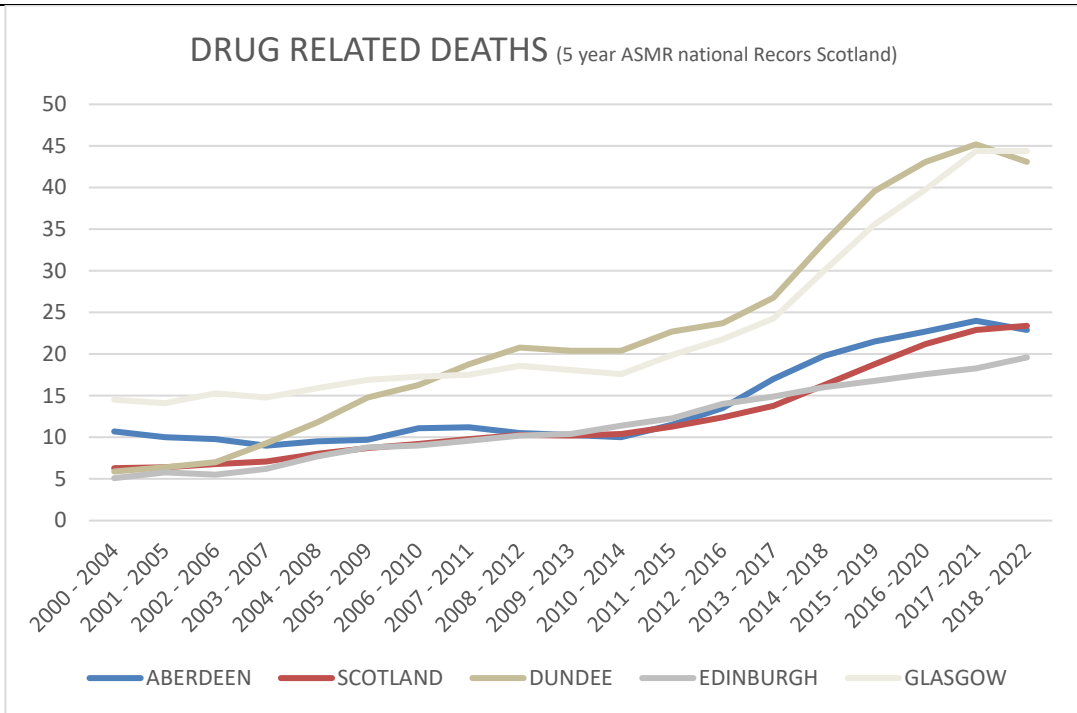
- 2.1 In September 2019 the CPA Board approved the initial [project charter](#) for the initiation, with a revised charter then approved in March 2022 of an improvement project which aimed to reduce the incidence of fatal drug overdose through innovative developments and by increasing the distribution of naloxone by 10% year on year by 2022.

## **3 WHAT CHANGES DID WE MAKE?**

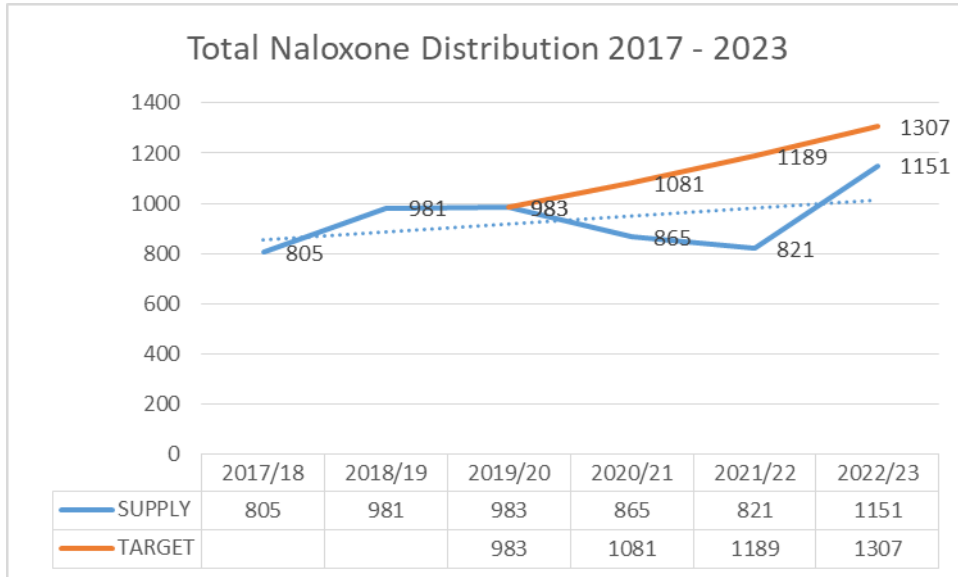
- 3.1 On the basis of the data above and from feedback from people with lived experience and community members, substance use services, the project identified the following changes to be tested:
1. Media campaign to raise awareness of naloxone to address stigma and provide information on how to become a naloxone trainer. The theory was 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 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.
  2. Naloxone distribution process to include comprehensive harm reduction advice for people who use illicit substances alone, based on suggestions from the Harm Reduction Coalition's toolkit on take home naloxone
  3. Increase Naloxone supply in services that are not Drug and Alcohol services and support this through the development of local naloxone standard operating procedures which could be adopted/tweaked for partner settings (e.g. police custody, housing, private businesses and NHS Grampian acute sector).
  4. Developing an outreach approach for issue of naloxone and encourage engagement of services with a particular focus in priority neighbourhoods.

## **4 HAVE OUR CHANGES RESULTED IN IMPROVEMENT?**

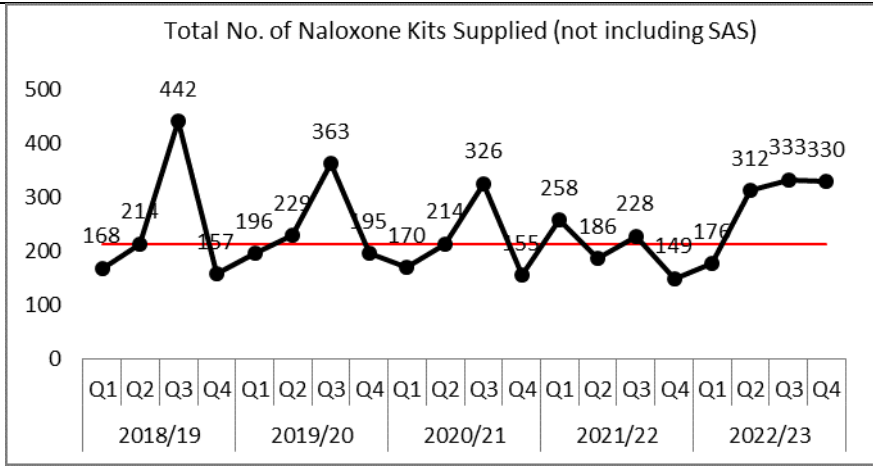
- 4.1 Data for 2022 (published in August 2023) indicates the aim has been achieved by 0.5 of difference between Scotland 5 year Age Standardised Mortality Rate of 23.4 and the Aberdeen rate of 22.9.



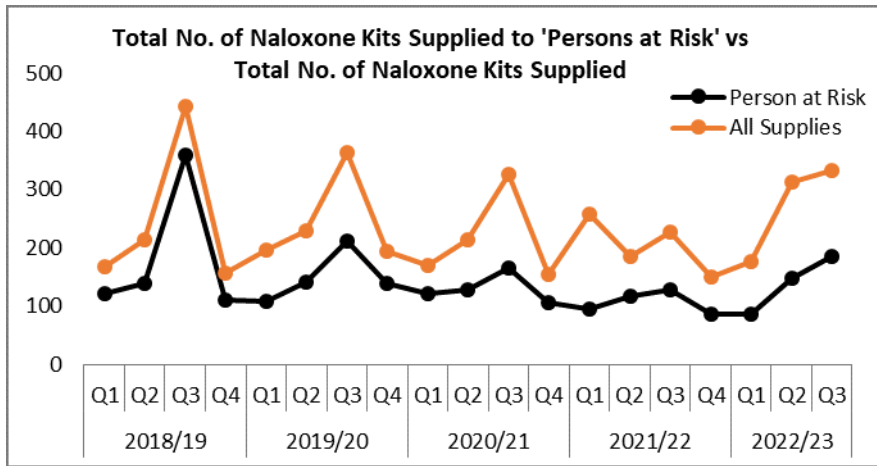
4.2 The 10% increase in supply of naloxone year on year has not been achieved by 156 kits. The reduction from supply in 2019/20 correlated with covid-19 pandemic and as from the chart below we can see that in 2022/23 we have supplied 1307 kits 17% more kits than pre pandemic in 2019/20. In total since 2017/18 a total of 5,606 kits have been distributed.



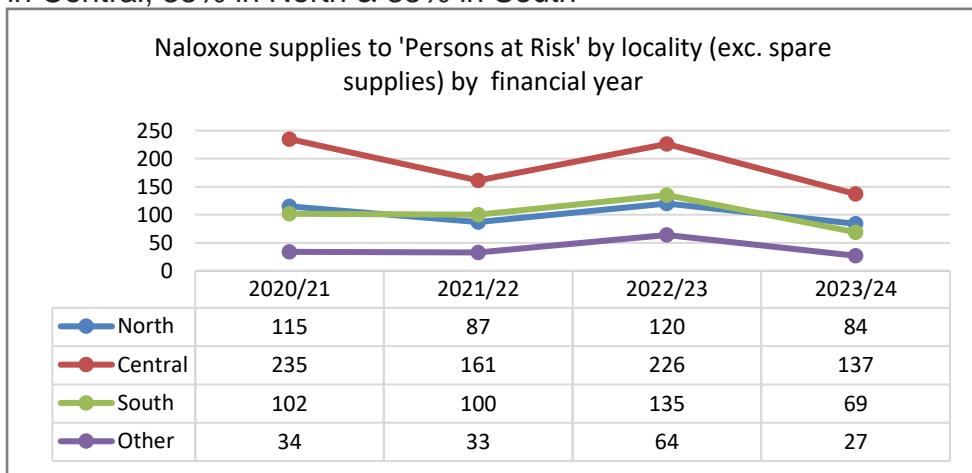
4.3 Data broken by quarter is below and shows a sustained increase in supply since Q4 of 2021/22. There has been a further increase in Q4 22/23 of the total No. of Naloxone Kits Supplied (not including SAS), with 330 kits supplied.



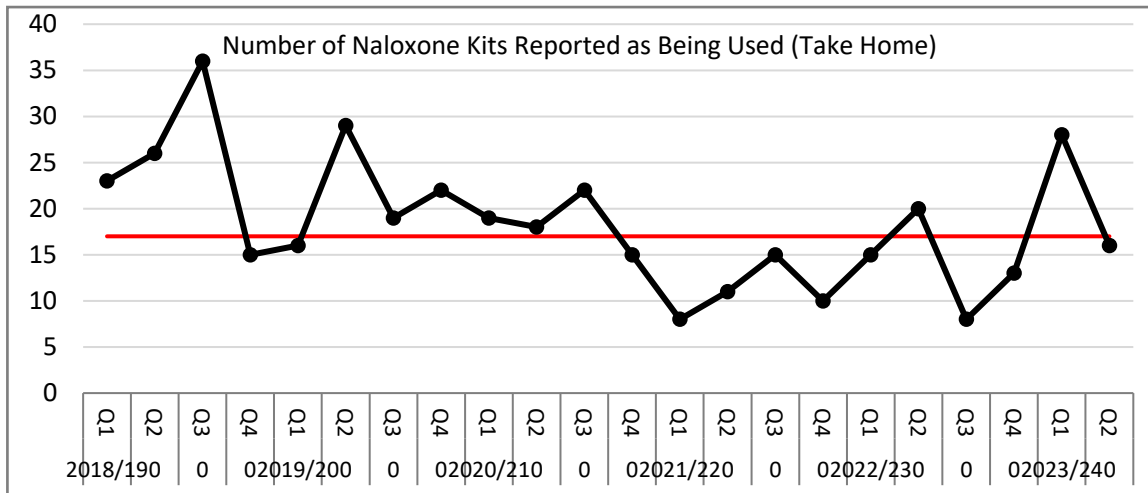
4.4 Similarly, in 22/23 there has also been an increase with 622 naloxone kits to people at risk a 46% increase compared to the same period for 21/22 (426 21/22). Supplies to people other than “People At Risk” includes family, friends and staff undertaking training.



4.5 Of the kits supplied to people at risk in 2022/23, broken down by locality we can see a similar pattern where compared to 21/22 there has been a 40% increase in Central, 35% in North & 35% in South

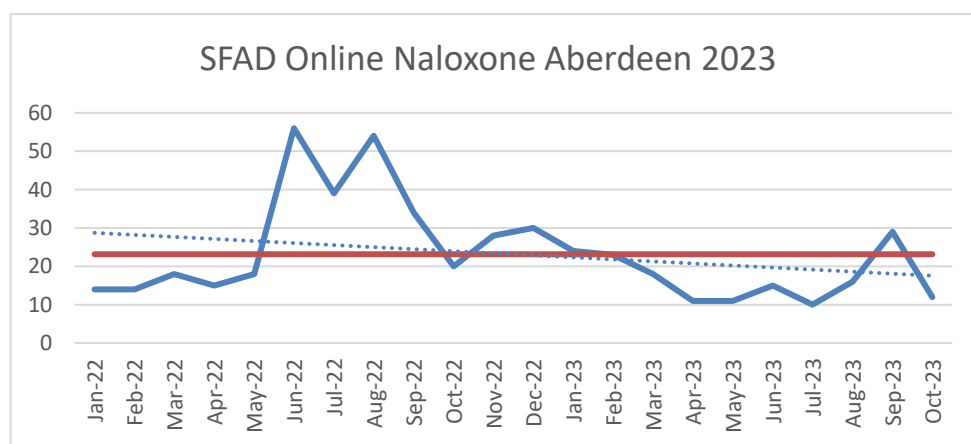


4.6 The reporting of kits being used is reliant on people letting us know, particularly if they are seeking a replacement kit so it's not a reliable indicator, however it is a useful metric and one that we can seek to influence / improve. In Q3 of 22/23 saw a reduction in the No. of kits reported as used from 20 in Q2 to 8 in Q3 and 13 in Q4. Kits reported as used in 23/24 so far have shown an improvement and will continue to be a focus for future improvement work.



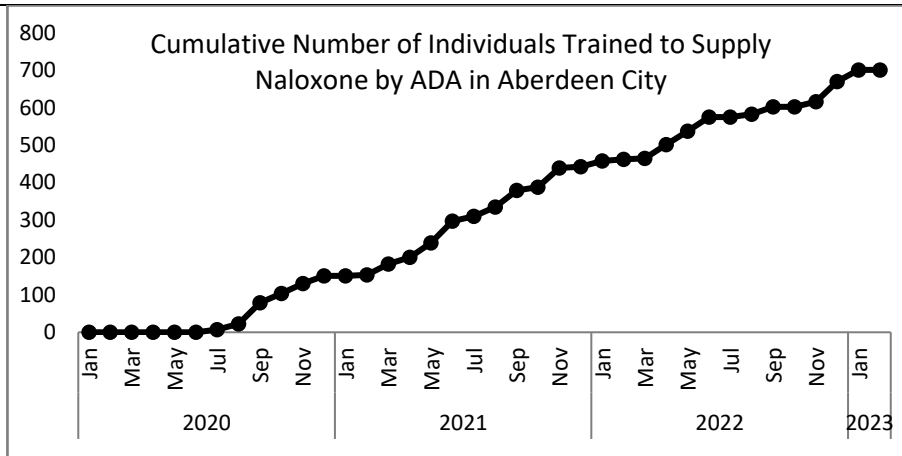
Increasing Methods for Accessing Naloxone

4.7 During 2022 Scottish Families Affected by Drugs launched a click and deliver postal distribution of naloxone. We have actively promoted this access during our campaign work and now on average 23 kits are being delivered to Aberdeen by post per month.

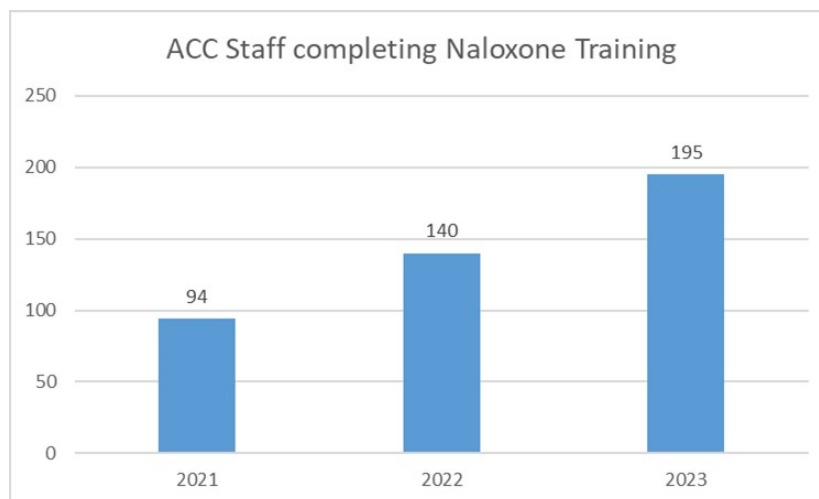


Naloxone Training

4.8 Since 2020, 701 individuals have been trained to supply by naloxone by ADA across Aberdeen (this is not inclusive of ACC and Police Scotland Staff) who have been trained separately.



4.9 Separate to this there has been a 107% increase in ACC staff trained in naloxone in 2023 (195 compared to 94 in 2021). Overall 429 ACC staff trained.



4.10 Feedback from training has been positive with some quotes below:

“The naloxone training is very good and helpful. I recommend it to all.” Social Worker MHO

“I found the training to be very informative and the session was very supportive. The training made me understand the importance of naloxone to our customers and community and removed any anxiety I had about naloxone.” Health and Wellbeing Librarian

Increase Naloxone supply in services that are not Drug and Alcohol services

4.11 We are increasing supply of the life saving medicine **naloxone** through **non** Drug and Alcohol services. We started our testing with Aberdeen City Council and tested the following process for becoming a new naloxone supplier/administer:

- Ran an ACC distributor campaign
- Held a webinar with ACC Chief Executive
- Provided training for staff

- Developed in house training
- Developed policy & procedures, including a Sharepoint site

4.12 Following which, ACC agreed it would become a corporate distributor in Naloxone.

- Since then 234 staff have been trained with:
- Full team has been trained at the Court and stock has been ordered and delivered across Criminal Justice Services
- 4 ACC staff members now Cascade trainers for Naloxone training.
- As of w/c 12/12/22 the following ACC service points are stocking Naloxone: Marischal College Housing Team, Cummings Park Centre, Kaimhill Centre, West North Street, Len Ironside Centre, Spring Gardens, Unpaid Work, Court Team, Central Library.
- Child and Family SW services now can supply naloxone to families at risk and carry naloxone and it is included in child protection guidance

4.13 As a result of this test we now have robust suite of template policies and procedures and training which can be adapted to each specific partner organisations.

4.14 Since the project started there has been national development of Police Scotland now carrying naloxone in case of emergency.

#### Campaign Work

4.15 International Overdose Awareness day 31 August 2022

- Marishcal College was lit in purple – press & social media
- 23 members of public trained and given Naloxone on IOAD at Marischal College.
- A number of events were held by partners to mark International Overdose Awareness Day on 31 August at which naloxone training was available. 23 people were trained at Mariscal College. In total over 100 kits were distributed. Paid for social media resulted in 2053 visits to the dedicated webpage; 62 page visits for Overdose and 62 visits for naloxone. 148 kits have been ordered via online provision.





**Naloxone Campaign 2022-23 Highlights**

Got Naloxone?

Prevent Overdose Deaths

You could save a life by using Naloxone



Ask at your pharmacy now

Naloxone is a medication that quickly reverses the effects of an overdose from opioids (Examples: Codeine, Morphine, Heroin, Oxycodone or Methadone)

Naloxone is available to family, friends and anyone at risk or those who may witness an overdose.

For further information visit [www.nhsgrampian.org/overdose](http://www.nhsgrampian.org/overdose)

Naloxone is **FREE** and available to order online or at most pharmacies and drug services.

**CARRY Naloxone • USE Naloxone • SAVE a life** **ADP**

**Aim:**

4.16 The campaign aim was to reduce drug related deaths in Aberdeen City by raising awareness of:

- ▶ Naloxone
- ▶ How to spot the signs and symptoms and respond to an overdose
- ▶ How to reduce your risk of overdose

PREVENT OVERDOSE DEATHS
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S

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P

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ask for an ambulance

O

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T

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YOU COULD SAVE A LIFE...

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PREVENT OVERDOSE DEATHS

**S**ee and know the signs of overdose. Know what to do.

**P**hone 999 immediately ask for an ambulance.

**O**verdose can be reversed, use Naloxone.

**T**ake action. Time is key, don't wait.

PREVENT OVERDOSE DEATHS

GET naloxone, CARRY naloxone, USE naloxone.

YOU COULD SAVE A LIFE...

YOUR LIFE COULD BE ON THE LINE...

**Target groups:**

- ▶ People at risk of harm from opioid drugs
- ▶ Family and friends of those at harm from opioid drugs
- ▶ General Public

**Media:** Northsound Radio 1 & 2

4.17 A 40 second radio advert was produced to raise awareness of Naloxone and how to access Naloxone.

- Duration: 25 July – 30 October 2022 (Every second week) Reach: 199,223
- Duration: 12 December 2022 – 5 February 2023 Reach: 179,414
- Duration: 31 August to 13 September 2023 Reach: 125,513
- Duration: 12 October to 25 October 2023 Reach: 125,513

**First Bus Aberdeen – Passenger Panels**

4.18 Duration: 17 October 2022 – 5 March 2023 (20 weeks)

**Paid Social Media ( Facebook and Instagram)**

- Duration: 24 August to 31 August 2022 Link Clicks: 2053
- Duration: 15 December 2022 to 15 January 2023 Link Clicks: 4008 Reach: 59,377
- Duration: 31 August to 14 September 2023 Link Clicks: 5456 Reach: 86,719
- Duration: 17 October to 31 October 2023

Community Outreach

4.19 Increased response to support people who have had a non-fatal overdose through an assertive outreach team.



**Data**

4.20 We have developed a data dashboard that allows us to see regular rates of distribution of naloxone across the City and by different providers.

4.21 We are able to map naloxone distribution in the priority neighbourhoods and against areas where non-fatal and fatal overdoses have occurred.

## 5 HOW WILL WE SUSTAIN THESE IMPROVEMENTS?

- 5.1 Aberdeen City has established distribution channels and points for naloxone kits, making them readily available in specialist drug services, community pharmacies, ACC services, such as justice SW, Children's SW, Housing Services, Libraries, Community Centres, and online. Moreover, ACC has developed an in-house training structure to train staff efficiently and sustainably in distributing naloxone. Partners such as Sport Aberdeen, Aberdeen University and NHS Grampian have also expressed interest in becoming corporate distributors. First responders Police Scotland, Scottish Ambulance Service and Scottish Fire & Rescue all now carry naloxone.
- 5.2 While social media has been instrumental in raising universal awareness of naloxone, Aberdeen City is only the sixth highest distributor of naloxone kits per 100,000 of the population compared to other areas in Scotland. Some city neighbourhoods have a higher incidence of discarded needles, non-fatal overdoses, and drug deaths. In addition, data suggests that some localities have a higher expressed need for naloxone, but lower levels of distribution. So for example South locality has a high incidence of drug related deaths and non-fatal overdoses but has a lower distribution of naloxone.
- 5.3 To improve distribution and ensure equitable access to naloxone kits, it is essential to have data that relates naloxone supply to **identify** the areas with the highest expressed need. It is crucial to **assess** the data and associated improvement actions and **connect** with people at a granular postcode level to incentivise and encourage uptake of naloxone. Furthermore, it is essential to **connect** with people to not only take a supply but to carry naloxone and use it.
- 5.4 To deliver improvement, it is necessary to establish baseline rates and target rates for the City, localities, and priority neighbourhoods which we already have. The responsibility for achieving the targets should be agreed upon, and accountability should be set in each locality and priority neighbourhood.
- 5.5 In conclusion, it is recommended that targets are urgently set for ongoing naloxone distribution in each locality and priority neighbourhood and establishing accountability is essential for improving access to naloxone kits, reducing drug-related deaths, and addressing the public health emergency of drug-related deaths. This work must proceed at pace.

## 6 HOW WILL WE MONITOR THESE IMPROVEMENTS?

- 6.1 We have established a subgroup of the ADP specifically to monitor, task and coordinate all activity to reduce drug related deaths. As part of the LOIP refresh we will update our Stretch Outcome to "reduce by x% every year until 2026". The subgroup is Chaired by the Chief Operating Officer of the Health and Social Care Partnership.



6.2 We have robust monitoring system in place with data reported via a dashboard



6.3 We have a robust infrastructure in place to train staff and undertake further improvement work.

## 7 OPPORTUNITIES FOR SCALE UP AND SPREAD

7.1 Project is now focusing on spreading the robust suite of template naloxone policies and procedures and training to support further non drug and alcohol services to sign up to become naloxone suppliers.

### Recommendations for Action

It is recommended that the CPA Board:

- i) note that the aim in relation to reducing drug related deaths had been achieved and whilst the aim in relation to naloxone supply had been narrowly missed, improvements had been achieved and agree that testing in relation to the distribution of naloxone across the City is continued with a revised aim focused on distribution within localities to be developed by the Alcohol and Drugs Partnership as part of the refresh of the LOIP.

### Opportunities and Risks

Opportunity to continue scaling up the distribution of naloxone

### Consultation

ADP

### Background Papers

The following papers were used in the preparation of this report.

Refreshed Aberdeen City Council Local Outcome Improvement Plan 2016-26  
Charter 12.6 Births Affected by Drugs

### Contact details:

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