

Improvement Project Title

Reduce drug related deaths in our communities by increasing the availability of Naloxone

Executive Sponsor

Angela Scott

Project Lead

Name: Simon Rayner

Job Role & Organisation: Alcohol & Drugs Partnership

Email Address: Simon.Rayner@nhs.scot

Aim statement

Outcomes – To prevent at least one drug related death in target areas by Sept 2021

To double the number of Naloxone kits supplied within at least one of the target areas identified

How – by identifying, enabling and training volunteer Council employees in targeted geographical areas and services to distribute, access, carry or administer naloxone in the event of an opioid overdose.

By when – by December 2021

Link to Local Outcome Improvement Plan

The proposed project directly supports the LOIP Stretch Outcome:

“Rate of harmful levels of alcohol consumption reduced by 4% and drug related deaths lower than Scotland by 2026”

It is also complementary to the LOIP Improvement Projects:

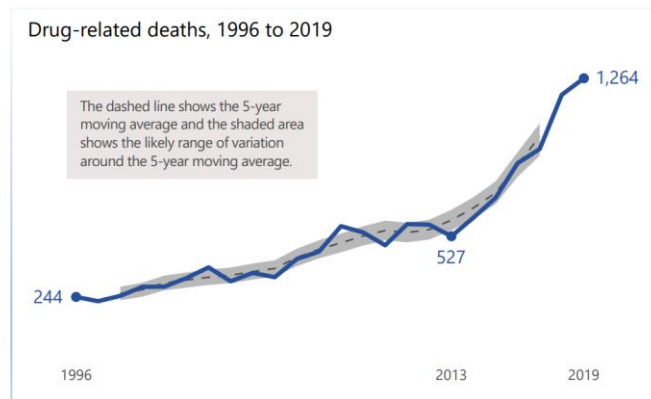
“Reduce the incidence of fatal drug overdose through innovative developments and by increasing the distribution of naloxone by 10% year on year by 2021.”

“Increase uptake of drug treatment and specifically within Locality Areas by 10% each year by 2021.”

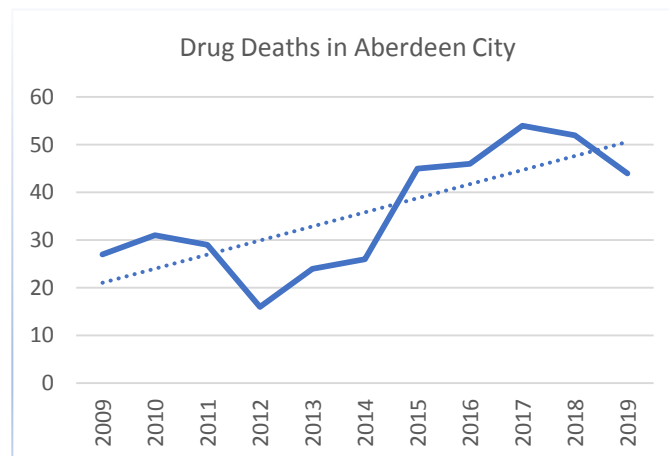
Why this is important

The Scottish Government and the national [Drug Death Task Force](#) have set increasing the distribution of naloxone as one of its main priorities with the aim of reducing the number of fatal drug related overdoses.

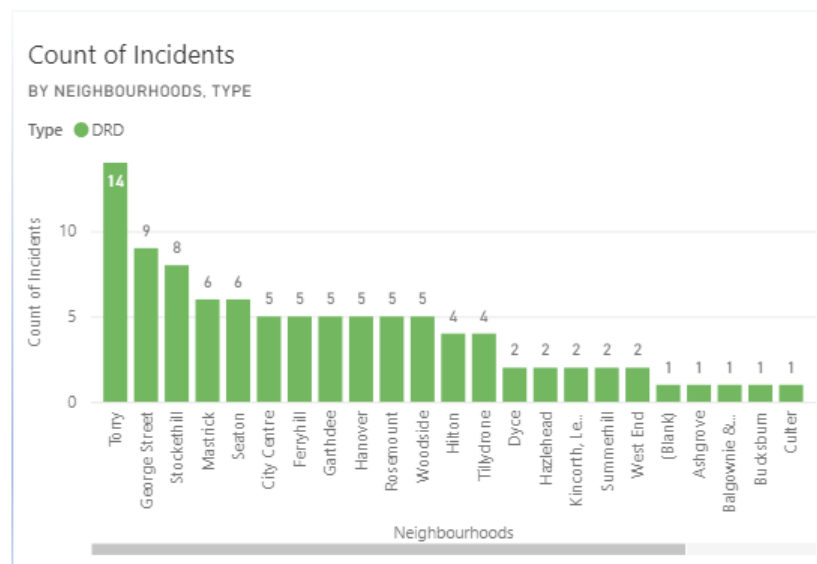
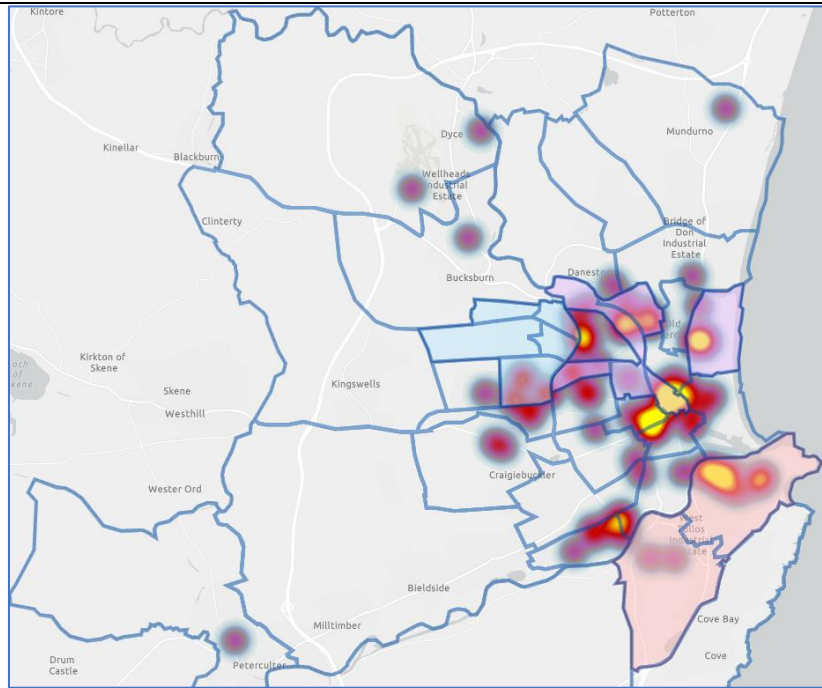
The number of drug-related deaths across Scotland has increased almost every year in the last 2 decades. In 2019 there were 1,264, which is the largest number ever recorded and more than double the number recorded 5 years previously.



The latest published figures for drug related deaths in Aberdeen are 44 in 2019.



A review of the geography of drug related deaths in Aberdeen has been undertaken, showing that, whilst drug related deaths have occurred in many areas of the city, there is clear evidence of clustering in areas including the city centre, Torry, Stockethill, Seaton and Garthdee.



Further analysis, of all drug related incidents attended by Scottish Ambulance Service and reports of discarded needles reported to the Council, shows a similar geographical pattern.

Whilst the majority of drug use and overdoses will occur within domestic settings further analysis is being undertaken to establish potential “hot-spots” within public areas of the City that will help inform further improvements.

Naloxone Take Home Programme

Naloxone is an easily administered medication which can temporarily reverse the effects of an opioid overdose. It is safe and works rapidly buying time for an ambulance to arrive and take over supportive care. It comes in two forms – intramuscular injection ([similar to an epi-pen](#)) and

a nasal spray. Both are equally effective and it is down to the staff member's personal choice as to which type of kit is preferred.

For the purposes of this paper we make a distinction between the "administration" of naloxone as a medicine in an emergency situation and the "distribution" of naloxone kits i.e. we supply the kit to the at risk population for administration in a future emergency overdose situation. There are an [estimated 2600 opioid users in Aberdeen](#) who will have friends and families, use our services and live in our communities. Our aspiration would be that everyone concerned with or about an individual with problematic drug use has a naloxone kit on hand in case of emergency.

Nationally (2015/16) an [estimated 56% of people died](#) with someone else present at the time of death and conversely 44% of people died alone. Each of these figures represent a different strategic challenge. People will be unable to use naloxone on themselves whilst overdosing.

Overdoses can be deliberate or accidental. Opioid overdose can also be caused through use of pain medication, whether prescribed or not, especially when used in combinations with other substances such as alcohol, medicines or if an individual is health impaired.

Up until 2020 only specialised drug treatment services were able to distribute naloxone kits to people concerned about overdose. A temporary change in prosecution policy announced in 2020 effectively allows any registered organisation (i.e. registered with Scottish Government Population Health Directorate), with the provision of appropriate instruction and training, to be able to distribute naloxone kits to people. Naloxone kits can be distributed by any trained person to people who are at risk of overdose themselves or to family and friends who are likely to encounter an overdose situation, who also receive a training briefing.

In May 2020 Dundee City Council implemented a Policy for Recognising and Responding to Overdoses, and The Safe Use of Naloxone. Aberdeen doesn't have an equivalent policy but equivalent actions are already in place. This proposal however, seeks to go further and link the use of community data and the distribution of naloxone to the public with the strategic aim of reducing deaths in our communities. One outcome of the test of change may be to create a policy based on the learning.

There are three key strategies that can be undertaken to increase the availability of naloxone:

- **Increase administration** - we can train more people to administer naloxone – so for example staff can be equipped with a naloxone kit and use it in an overdose situation
- **Increase distribution** - we can distribute more naloxone kits to the public – we can train staff to be able to give a naloxone kit to concerned individuals / families for their own future use in an overdose situation
- **Increase availability/access** - we can make naloxone more available in first aid kits and in community settings making it quick to access in an emergency situation

These factors allow naloxone to be supplied to, and used by, people at risk of overdose, community members and non-clinical staff members who have been trained in its use.

In Aberdeen City overdose prevention interventions and naloxone supply are mainly available through statutory and commissioned drug services and community pharmacy. The main challenges in distributing naloxone kits to the wider population are barriers such as stigma in attending specialised services to access; asking a pharmacist for it; pronouncing the name of it; geographic ease of accessibility, lack of knowledge and awareness of availability. Of 958 naloxone kits distributed in 2020 only 50 (5%) were to family / significant others.

Approximately 50% of people who die as a result of drug use are not engaged in specialised drug services but will be known to other public services where there is an opportunity to provide a naloxone kit.

Data tells us that the following actions are required across our systems:

- 1) Make more people aware of naloxone and normalise this discussion
- 2) Routinely check if people are concerned about overdose – their own, family, someone they know
- 3) Encourage people to carry naloxone, check it is “in-date” or if has been used to resupply

Aberdeen City Council has a workforce of 8,000 people employed with a range of public facing roles and with a remit to support vulnerable individuals and communities. As a major employer in the City, ACC is well placed to demonstrate leadership within the community as well as have access points across geographic areas of the city and access to large sections of the population. In addition, this will place Aberdeen City at the forefront of other local authorities and positioned to take future digital offerings in terms of apps and first responder developments.

In 2020/21 ACC distributed 8 of the total naloxone kits distributed in the City. Aberdeen City Council, therefore, is well placed to capitalise on its existing infrastructure and employees to be the major distributor of naloxone into our community.

In the light of increasing trend in DRD; the observed pattern of deaths and incidents in the City; and the current supply and use of naloxone, the better its availability and the greater the number of kits distributed and the greater number of people trained to administer it, the higher the likelihood there should be of preventing drug related deaths.

In adopting this improvement, and potential roll out beyond the test of change, Aberdeen City Council would be the first Council in Scotland to adopt the provision of naloxone at a corporate organisational level.

Measures

Baseline

2020 – 8 kits distributed by ACC staff

Outcome measures

- Case level evidence of potential drug death prevention

- Reduced drug related death rate (proxy measure: increase in naloxone reported as administered)
- Reduced rate of non-fatal overdose (proxy measures: hospital admissions and Scottish Ambulance Service attendances) (could be quantified financially too)

Process measures

- Number of times naloxone administered by ACC staff
- Increased number of naloxone kits supplied by ACC staff to the public
- Number of naloxone kits available in public locations
- Number of staff trained to administer naloxone
- Number of staff trained to supply naloxone kits
- Number of staff actively delivering the intervention
- Increase in number of opioid users accessing and maintaining support

Balancing measures

- Staff accessing H&W support after administering Naloxone, sick leave etc
- Communications from staff with Trade Unions
- Feedback on training supplied to staff
- Staff pulling out of the pilot scheme
- Change in rate of internal / external overdose
- Differing rates in test of change areas v rest of City

Change ideas

We believe that more lives could be saved if those at risk of overdose were more likely to have naloxone administered when needed.

We believe that increasing the number of 1) naloxone kits distributed to the public via ACC services, 2) employees trained and able to access naloxone, would, therefore offer additional protection for those at risk.

The scope of staff that could be engaged in this work could be by geography and by service opportunity. For a test of change the 5 top areas to test would be: Torry, George Street, Stockethill, Mastrick, Seaton. Initially the test of change will focus on Torry and Seaton and look to spread to the other areas depending on initial successes and learning. Change ideas could include:

- Raise awareness of ACC staff working in the identified geographical pilot areas about overdose and the role of naloxone; raise awareness of how to raise concern to Assertive Outreach Service
- Raise awareness of all community groups operating in these areas about overdose and the role of naloxone
- Leaflet / post all residential addresses in these areas, email and social media promotion of naloxone access points
- Leaflet / post all employers in these areas, email and social media promotion of naloxone access points

- Train staff in critical services to engage in and distribute naloxone kits – to consider job roles initially within Early Intervention and Community Empowerment and Operations.
- Train staff in critical areas to administer naloxone in case of emergency

Location/Test Group

Torry , Seaton.

Staff would be identified through a voluntary process in this test of change. The engagement, volunteering and training processes would be determined in partnership with NHS colleagues and with continued engagement with relevant Trade Unions.

Resources

Staff working in Torry , Seaton – ACC

Community groups and volunteers operating in Torry , Seaton - ACC

Train Trainers time – ACC and NHS Grampian

Staff Training – ACC

Leaflets, posters etc – £ADP

Domestic addresses and employer addresses – mailshots – ACC - £ADP

Naloxone kits – £ADP / NHS Grampian

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

legal; workforce; reputational

Project Team

Project Lead: Simon Rayner, Alcohol and Drugs Partnership

Subject Matter Experts: Fiona Raeburn / Simon Rayner, Alcohol and Drugs Partnership

P&OD: Kirsten Foley (Employee Relations and Wellbeing Manager), Isla Newcombe (Chief Officer, People and Organisational Development)

Data and Insights: Community Safety Analyst

Early Intervention and Community Empowerment: Derek McGowan (Chief Officer, EI&CE); Graeme Gardner, Development Team Leader

External Communications

Data Collection and Analysis: Data to be drawn from NEO system to track distribution of naloxone kits. Staff will need to enter distribution onto NEO (this is a simple process).

Incidents will be tracked from existing systems. Staff time will be identified to complete survey and create qualitative / experiential case reports – 5 reports max. Any staff volunteering to be a part of the test of change would be given time to be able to complete this. Alcohol & Drugs Partnership will lead data gathering and reporting.

Outline Project Plan		
Project Stage	Actions	Timescale
Getting Started (Project Score 1-3)	<i>Identify and agree geographic areas</i> <i>Establish training for trainers model and resources</i> <i>Identify staff to be trainers/champions</i> <i>Identify staff and segment in relation to distributors and administrators or both</i> <i>Leaflets and posters etc produced</i>	>April 2021 >April 2021 <April/May 2021 <April 2021 <April/May 2021
Designing and Testing Changes (Project Score 4-7)	Distribute leaflets and communications Train staff Data monitoring including quantitative and qualitative analysis.	>April 2021 >May 2021 >May 2021
Implementing and sustaining changes that demonstrate improvement (Project Score 7-10)	Training is sustainable	<May
Spreading Changes (Project Score 9-10)	Media / communication	>May