

Aberdeen City Drugs, Alcohol & BBV Forum

The Forum aims to find out, represent and respond to the views of people affected by, or concerned about, drugs, alcohol and BBVs in Aberdeen

Drug Deaths in Aberdeen – Focus on Prevention

Friday 19th June 2009 – Event Report

Introduction

The Forum hosted a successful event on Friday 19th June 2009 at the Citadel, Castlegate, Aberdeen. The event was attended by over 60 participants including service users, family members, service providers, managers and strategists. Through the course of the day, a number of priority actions were identified.

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Welcome & Introduction – Summary of opening remarks

Richard Carey, Chief Executive, NHS Grampian; Chairman of Aberdeen City Alcohol and Drug Partnership; and Chair for the morning

- 18 months involvement in the JADAT (now ADP) and at the time he became involved the waiting times for specialist treatment in Grampian were the highest in Scotland. £500k was injected into the SMS and the number waiting has dropped from 700 to 300.
- Recognition of and support for the strategy Road to recovery and the shift of emphasis from purely stabilisation and management towards recovery.
- There is to be a new facility for Aberdeen City – a multi agency central location dealing with treatment of substance use problems and also it will be a facility where user involvement can be progressed.
- The key challenge we face is the shift from containment of problems to a recovery strategy which will need more involvement with the voluntary sector with input from people who know about needs – support, counselling.
- There is an opportunity with the City Council to explore how we can commission services better – we recognise that the current short term funding approach we use is not the best – we need more stability around funding and more funding if we are to achieve the shift in emphasis.
- Sustained commitment is required and I plan to remain involved and ensure that NHS Grampian continues to make a significant contribution.

Setting the Scene

Senga MacDonald, General Manager of Drugs Action and Chair of Aberdeen City Drugs, Alcohol & BBV Forum

- Very encouraged by Richard's words
- As Chair of the Forum aim is to increase the voice of users and the public
- Outline of why this event is focussing on drug related deaths – in particular a request from the Family Support Group
- Future development of the Forum including the Website

Where are we now? Overview of Drug Deaths in Grampian

Dr. Andrew Robinson, Consultant Psychiatrist and Chairman of Grampian Drug Related Deaths Group - presentation available on Forum website www.dabvf.co.uk

3 key messages

1. The need for vigilance around methadone – it is not a benign drug and we need to know that the people who use it have a tolerance for it – therefore must continue “consume on premises” approach.
2. There is a reduction of tolerance for drugs while in prison so the period immediately after release is a dangerous time.
3. We are now having a significant impact on HIV – “we are on top of HIV”

Supply of “Take Home” Naloxone to patients and carers in Glasgow

Duncan Hill, Pharmacist, Glasgow Addiction Services - presentation available on Forum website www.dabvf.co.uk

Main points covered:

1. Naloxone as a safe, effective emergency first aid – Not a replacement for emergency services.
2. Circumstances of Drug Related Deaths – importance of family and friends and need for speedy response.
3. Legislative background and multi-agency support
4. Structure of the programme – Three Stages
 - a. Overdose awareness / how to recognise symptoms / risk factors
 - b. Practical Basic Life Support Training
 - c. Naloxone Supply (Patient Group Direction)
5. Results to date (May 2009)
 - a. 475 supplies made since April 2007
 - b. 19 reported uses of naloxone in overdose situation, with full use of program – all appropriate
 - c. 2 uses of recovery position and ambulance

Introduction to the afternoon session

Murray Leys

Head of Commissioning Aberdeen City Council and Chair for the afternoon

Murray Leys introduced the afternoon session and made a commitment on behalf of the City Council to follow up any issues arising from the day. Mr. Leys chaired a lively debate and discussion which raised the following issues and concerns:

1. Need to offer long term support – Treatment is just the start – then back into same circumstances – drugs readily available again.
 2. Importance of partnership working, sharing information and long term funding.
 3. Grampian 2007 – 11 cocaine drug deaths – need for targeted services.
 4. Support for other treatments – detox facilities / alternatives to Methadone
 5. How helpful is it to talk about alcohol and drugs separately?
 6. When drug users want help they need it there and then and when they are drug free they need support – there is always the fear that they will get involved again.
 7. Need to influence the media to counter stigma.
 8. Things are most effective where communities take action.
 9. Whole families need help, grandparents too.
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Summary of Questions

Overview of Drug Deaths in Grampian

1. What is the definition of drug death?
2. Why rule out suicide?
3. Is this (rate of drug deaths) an underestimation?
4. Consume on premises – is this all over Scotland, is it the same for tablets?
5. What can be done to educate the broader community about dispensing chemists?
6. Discrimination – how can we make this better – separate rooms?
7. There is an overlap of suicides and rug deaths – 8% increase in 5 years.
8. Regeneration matters – help from the community. Chemist in the post office. Addicts can go to the centre. It turns out that all staff are handing out methadone. – not just chemist. A responsible person should be identified to hand out methadone.. Group therapy should be organised. – suicide, depression – being alert, somebody to understand.
9. Lighthouse – ACC premises, not allowed to do this.
10. Look at near misses?
11. Fluctuation in numbers? Any alteration with police raids?
12. Our chemist has a separate room but people still complain about them being on their street. Not allowed into the local cafe.
13. Pharmacies – public need to be educated that people on methadone are on treatment.

Naloxone

1. How many syringes, how many doses in a syringe?
2. Do you need consent if unconscious? Can anybody give naloxone?
3. Relationship between naloxone and needle exchange?
4. Intra -nasal? – not licensed in UK at the moment.
5. Shelf life? – 2 to 3 years
6. 20 minutes to an hour stop to opiate – is there higher risk of overdose?
7. What comes with Naloxone pack? – instructions and face mask.
8. Message on back of door about where medication is.
9. Advice on setting up naloxone – get everybody on board – multi-agency approach
10. Cost - £6/7 per pack
11. How long to implement – 9 months.
12. Pilots showed sense of security for carers – empowering
13. Any concerns – some negative press comments.
14. Is this the next step in helping with drug deaths – yes.

GROUP DISCUSSIONS

What do we need to do to improve the prevention of drug related deaths?

GROUP 1 (Alison McLaughlin (NHSG) /Rhona Stewart (ACC))

1. Police policy in attending overdose scene
 - Should it be ambulance decision
 - Education for police “on the ground”
 - Educate service users and family users – about harm reduction, leaflets.
 - Advertise drug services in GP surgeries for drug users and their carers
 - Address issues of young drug users (18-20)
 - Find out what local policy is in Grampian
 - Training the users in critical overdose training
2. Waiting list for people in treatment is too long
 - Methadone for people in prison – begin prescribing in prison
 - Prisoners vulnerable – what can be done – prescribing and support when they come out
 - Young people – more to be done
3. Naloxone
 - We would like to see this implemented
 - Must look at where it will be distributed from
 - How will the training be rolled out
4. Successes need to be promoted ie IDS doing well
5. The Forum needs to look at its membership and representation and how it feeds back the information to the ADP. Forum needs to promote itself.

GROUP 2 (Kenny Malcolm (Drugs Action))

What do we need to do?

- Primary prevention – education, schools, more local rehab/menu of options, parents, youth groups, professional groups, looking at causes, poverty, deprivation etc, creating fair and equal society.
- Police not to attend or agreement to be there to help only.
- Costing of different rehab services
- TV campaigns to reduce stigma eg “See me” campaign
- More flexible support for people coming out of prison/rehab
- Naloxone should be available – advertise the fact that ambulance crews carry Naloxone.
- Roll out SDF overdose prevention training

How do we need to work?

- TV campaigns, bring agencies together, use ACC resources, use regeneration meetings
- Quick access to appropriate services – more funding
- Link in to D, A and BBV Forums – ADPs
- Promote together the need for Naloxone in Aberdeen

Key points for feeding back

1. Police not to attend.....
2. Quick access to services
3. Naloxone

GROUP 3 (Simon Pringle, (Drugs Action))

What do we need to do?

- More discussion with service users (they know what worked in the past)
- Links with Mental Health services and Drug and Alcohol services – dual diagnosis
- Difficulties in accessing services – **Issues with prescribing** ie how does other medicine react with methadone? Why is someone feeling down? Possible increased risk if people don't feel they can be honest.
- Fear around police attendance at the scene of an overdose – should this happen, possible amnesty for “warrants”
- **Strategies of emergency services and other services are sometimes confusing/conflicting ie ambulance “to save lives”, police “to gather evidence”**
- **More wide availability of “treatments” ie more than methadone – increase in suboxone prescribing – less overdoses risk**
- **Use prescribing conditions as punishment rather than have prevention**
- Naloxone would help as an immediate aid to help overdoses – FSG, carers, other users

How do we need to work?

- Reducing stigma – media – have some positive stories/examples to counter some of the negative headlines; **choice of language – how do we change this?**
- **Some support services – “misuse” and words like this being said**
- In some meetings people will use language that can be inflammatory/discriminatory. How to deal with this – need to educate on “this can happen to anyone” type of view. Education to deal with myths, name calling etc – need to challenge this language.
- **Need to do things, speak with passion when we challenge attitudes**
- There are a number of good projects and bits of work going on – need to disseminate and share this practice – let it be known.
- Shared experiences can change attitudes
- An exchange of groups – some members of one group going to meet others in the community.

Key Points for feeding back

- Attitudes and values are important in terms of helping users reduce risks eg police (some) wanting to attend overdoses, attitudes of pharmacists, workers, prescribers – if people think they will be punished for disclosing any use rather than being able to say why - perhaps have methadone increased – then this can discourage honesty and hide true use and possibly increase risk of overdose.

GROUP 4 (Steve Hughes, (Cyrenians))

What do we need to do?

- Change attitudes
- Wider range of treatment options including aftercare and support services
- Access to counselling services
- Dissemination of information

How do we need to work?

1. Education of drug users, pharmacists, schoolchildren (through TV and other media), books “Mum, can you lend me £20” by Elizabeth Philips
2. Involvement of senior local authority and health care officials
3. Use of internet ie discussion forum

Key Points for feeding back

- **FUNDING!!**

GROUP 5 (Gary Dawson (ACC, Criminal Justice))

What do we need to do?

- Make communications better leading to opportunities
- Feedback, knowledge, signposting, finance, resources, networks.
- Turn all this information back into the Forum/Group
- ***Be all recognised at all levels and respected***

How do we need to work?

- Mutual respect
- Proper integration and partnership working
- Good communications
- Equal funding

GROUP 6 (Angus McCurrach, (Drugs Action))

What do we need to do?

1. Partnership working – professionals/ services
2. Publicity about services
3. Active strategy in City
4. Bottom influences top
5. Partnership working at different levels
6. Naloxone for users/carers/services
7. Addressing mental health, suicide feelings, overdoes risk
8. Maintain momentum of today's meeting
9. Simplify process of getting support quickly
10. Better and quicker assessment
11. Services based on need and not age (16 – adult transition)
12. Prevention
13. Respite care for families
14. Contact information for attendees at seminar
15. Peer research - questionnaires

How do we need to work?

1. Family support groups to meet together
2. Mapping exercise
3. Drugs services directory
4. Naloxone training includes “self talk”
5. Tools/skills for family support group
6. More widely available information about services
7. Joined up partnership working
8. Greater resources
9. Financial input – greater resources

Key Points for feeding back

1. Service user group
2. Partnership working at all levels
3. ***Naloxone package***
4. ***Drug and safe talk and overdoes training package***

GROUP 7 (Sandy Kelman, Aberdeen City ADP)

What do we need to do?

- Need a protocol between police and ambulance service regarding attendance at overdose calls
- Need training to be given to police on resuscitation and administration of naloxone
- Need to ensure that the police role is clear – they should attend these calls primarily to preserve life. Although they may need to take the names of persons at the locus, they should not generally execute warrants for minor breaches (i.e. if they come across someone who has a small outstanding fine for instance) This discourages services users from calling the emergency services.
- Introduce naloxone, perhaps start by piloting in the prison
- Increase awareness campaign on drugs issues across the whole population to reduce stigma
- Provide ongoing support and information to communities and services on drugs issues

How do we need to work?

- Need to promote users who have a successful story to tell to show others that they can recover / use naloxone successfully
- Need partners working together on overall strategy – this will take time
- Look at bigger picture, drugs issues are across all society and there need a holistic approach when tackling the problem
- Raise awareness through advertising, schools, education, colleges, etc
 - Alcohol use – substance misuse
- Need services which can be accessed when service users need them rather than having to wait
- Need to have accessible information about what services are available

Key point for feeding back

- The points that the service users highlighted, i.e.
 - Attitudes
 - Access
 - Response
 - Naloxone

GROUP 8 (Lynne Sutherland, NHSG)

What do we need to do?

1. Aim for a relational society – where people matter
2. Publicise that if emergency services are called there is no risk of getting in trouble with the law

How do we need to work?

1. Engage with alternative healthy communities – partnership; spiritual care, not judge, not stigmatising
2. Communicating, partnership, building trust. Share examples, openness, sharing.

Next Steps

Closing Presentation – Senga MacDonald, Forum Chair

Service users 4 key points

- **Attitudes** - feedback to key organisations to gain commitment
- **Access** - Website development – improving information about direct access services
- **Response** - Raise with key individuals – Police, Ambulance Service & Andrew Robinson
- **Naloxone** - Secure support to progress Grampian wide through ADP and Forums

Report / record of event

- **Inclusion of questions & comments**
- **Distribution to participants and via website**
- **Forum strategy group will monitor progress and ensure that ongoing feedback is provided**
- **Strategy Group will consider content of feedback to inform future action & events**

Senga MacDonald thanked speakers, workshop hosts and members of the Forum Strategy Group for the work they had done to make the event a success. The contribution made by Elaine Mottram in preparation for the event and on the day was acknowledged and particular thanks went to Fraser Hoggan and Steve Hughes for the considerable work they put in behind the scenes and to Rob Stout for his work in developing the website.

Comment / Thoughts & Feedback: Bulletin Board

Get funding out to community centres that are involved with people who are or families of drugs users	Need to focus on long term solutions – societal issues – not focus on quick fixes ie getting treatment & support for drug users and people affected by drug use when its needed, and building capacity in communities to support these people in the long term	We must monitor near misses. We must include poly pharmacy issues eg drugs & alcohol deaths where drugs on their own would not be fatal	Out of prison → feeling insecure / unsafe? NO LONGER EQUAL
More focus on getting addicts away from Mathadone and offer treatment centres other alternatives. Very few addicts see methadone as a way of getting clean	People in chemist buying condoms and piles cream – shall we start objecting to that?	Lots of talk about changing attitudes & stigma – yet Fulton Clinic is ‘Substance Misuse Service’ – an immediate judgement!	Information to all needs to be publicized. Ban the word “Junkie” as it is being demeaning that person (people)
Carers of drug users less likely to seek support. Often children are young carers	Childrens’ education focus on understanding drug abuse and associated issues – increase understanding of complexities involved and how can happen to anyone. Value of individuals	Need for funding for complex programme of support for drug abusers → Methadone → Counselling → financial	As a parent of a drug user help was not available at the moment unless private. When they decide to get help - no delay!
Need for development and evaluation of a public awareness campaign to: 1) Increase understanding of drug treatment services 2) Complexity of issues faced by drug users 3) How drug abuse can	An independent employee at chemist who has the proper attitude and empathy towards service users. To converse and make them feel better.	Drug Related Deaths – what is the effect on the children?	There are a lot of very good pharmacists who are trying very hard to help!!
Increased awareness of co-morbidity of mental health issues and drug abuse	Other family groups to get together to discuss issues	Address causes and maintaining factors (eg housing, poverty, abuse etc) Long term funding for services shch as counseling, DSCR etc	Naloxone pilot should be tested in both needle exchanges and treatment centres.
Drugs Action provides excellent service Need funding / resources for stimulant projects Need increased resources / in-patient beds for rehab & detox Primary prevention & education (particularly regarding Methadone	Don’t talk about “Drugs & Alcohol”. Alcohol is a drug. Problems wont be sorted till people realize & accept this. Much more helpful & productive to talk about “Alcohol & Other Drugs”	All GPs to optimize Meth. prescribing & engage with specialist services	Sticker on hall & fridge in box or bottle persons own form with details and next of kin or friend, repeat prescription with normal medication and list name of Dr, chemist, & numbers etc
Introduction of Naloxone provision scheme		Longer term funding for projects / voluntary agencies that work. Too much time fund raising and not enough time to do coal face work	
Partnership Workind!!	Less acronyms!		