
Report To:	Inverclyde Integration Joint Board	Date:	23 January 2023
Report By:	Kate Rocks Chief Officer Inverclyde HSCP	Report No:	IJB/02/2023/GK
Contact Officer:	Gail Kilbane Service Manager	Contact No:	01475 715284
Subject:	Roll-out of Naloxone Training		

1.0 PURPOSE AND SUMMARY

- 1.1 For Decision For Information/Noting
- 1.2 On 22 September 2022 Inverclyde Council agreed to support a motion to increase the uptake of Naloxone.
- 1.3 The motion proposed that staff and Trade Union partners be consulted on whether Naloxone training should become mandatory in the future for relevant Inverclyde HSCP staff (as identified by the Chief Officer) rather than voluntary, with all Inverclyde Council staff offered training on a voluntary basis. Training and support will also be targeted across the local community with local businesses, including licensed premises and taxi firms.
- 1.4 Inverclyde Alcohol & Drug Partnership (ADP) secured Drug Death Task Force (DDTF) funding for a Naloxone Link Worker on a temporary basis to deliver training which includes recognising signs of drug overdose and safe administration of Naloxone, increase local availability by supplying Naloxone across third sector organisations and wider communities.
- 1.5 The ADP has extended the Naloxone Link Worker post for a further 12 months to roll out phase 2 and widen the scope of Naloxone training, including to HSCP and Inverclyde Council staff.
- 1.6 Naloxone has been readily available for a number of years via Inverclyde Alcohol and Drug Recovery Service (ADRS) who offer Naloxone kits and training as part of every new assessment for people in treatment. ADRS also provide staff training, support and supply of emergency Naloxone kits within the Homelessness service.

2.0 RECOMMENDATIONS

- 2.1 To note the continued roll out of Naloxone kits to appropriate staff across the Council/HSCP and third sector partner organisations across Inverclyde.

- 2.2 To note the advice of the Chief Social Work Officer that appropriate staff groups will be identified on a voluntary basis to maximise the availability of naloxone to assist the public who may require swift treatment in an emergency situation.
- 2.3 To note the Trades Union view that this work should continue with appropriate staff on a voluntary basis moving forward.

Kate Rocks
Chief Officer
Inverclyde Health & Social Care Partnership

3.0 BACKGROUND AND CONTEXT

3.1 A Community Response in Preventing Drug Related Deaths

The National Records of Scotland published the “Drug Related Deaths in Scotland in 2021”¹ report on 28th July 2022. 1,330 people sadly lost their lives to a drug related death in 2021 across Scotland. This is 1% lower than 2020, but is still the second highest annual total on record.

- Males were 2.4 times as likely to have a drug misuse death as females, but the gap is narrowing.
 - 65% of drug misuse deaths were of people aged between 35-54 years of age.
 - People in the most deprived areas were over 15 times as likely to die from a drug related death as those in the least deprived.
 - In Inverclyde in 2021 93.8% of all drug related deaths occurred in SIMD Quintile 1 postcodes.
- 3.2 While there was a significant reduction of drug related deaths in Inverclyde in 2021, 16 people sadly lost their life to a drug related death.
- 3.3 In 93% of all drug misuse deaths, toxicology indicated that more than one drug was found to be present. 84% involved opiates or opioids (such as heroin, morphine and methadone), 69% involved benzodiazepines (such as diazepam and etizolam).
- 3.4 The significance of this is that at the point of a suspected overdose, it may be unclear what particular substances have been taken but there is a high likelihood that it will include an opiate. Naloxone is a drug which reverses the effect of opiates. Even where Naloxone is administered and it transpires that no opiates were taken, Naloxone will not cause any harm to that individual.
- 3.5 Inverclyde Alcohol and Drug Recovery Service (ADRS) have for many years have offered Naloxone and training to individuals. This is done as part of a new assessment for people accessing the service. ADRS also provide training, support and supply of emergency Naloxone kits to staff within the Homelessness service. In addition eight Community Pharmacies provide Injecting Equipment Provision (IEP) offer Naloxone, however take up is low.
- 3.6 At the beginning of the Covid-19 pandemic Scottish Families Affected by Alcohol and Drugs developed a postal Naloxone service which offers a discreet service for families.
- 3.7 Scottish Ambulance Service (SAS), are now able to distribute Naloxone to anyone who has experienced a near fatal overdose; Police Scotland have completed a pilot and officers are now carrying the nasal formula for emergency use; and Scottish Fire and Rescue Service are also rolling this out to staff.
- 3.8 The Drugs Death Taskforce (DDTF) included several recommendations in relation to Naloxone including to maximise Naloxone distribution through all channels, including on release from prison and through families, with the possibility of using third sector organisations and recovery communities.
- 3.9 Inverclyde ADP secured DDTF funding for a Naloxone Link Worker on a temporary basis to increase the local availability of Naloxone by targeting third sector organisations. This was in

¹ <https://www.nrscotland.gov.uk/statistics-and-data/statistics/statistics-by-theme/vital-events/deaths/drug-related-deaths-in-scotland/2021>

recognition that the Lord Advocate had enabled third sector organisations to be registered to distribute Naloxone in addition to being able to hold a stock for emergency use.

3.10 Furthermore, the new Medication Assisted Treatment (MAT) Standards for Scotland (2021) include Naloxone in relation to harm reduction indicating that all service providers should “have an opt-out approach to the distribution of Naloxone with all staff having a supply of Naloxone for use in an emergency.”

3.11 The Naloxone Link Worker commenced the post in October 2021. From January – March 2022 has delivered training to 251 people, distributing 322 Take Home Naloxone (THN) kits. The majority to date have been staff in third sector organisations.

3.12 Inverclyde ADP has extended the Naloxone Link Worker post for a further 12 month period with a view to moving into a second phase of widening the scope of Naloxone training, including to HSCP and Inverclyde Council staff. Staff in our service are often members of the local community and training staff on a voluntary basis also increases availability within our community.

3.13 The Naloxone Link Worker has a key role in delivering Naloxone training and providing a supply of Naloxone. An essential element of this is raising community awareness of both the signs of a drug overdose and the safe administration of Naloxone.

3.14 The National Drug-Related Deaths Database (Scotland) Report 2022 indicates the following data: Take home Naloxone

- Naloxone supply was known in 78% (902) of cases in the 2018 cohort and unknown in 22% of cases.
- Where known, 29% (263) of the 2018 cohort had been supplied with THN before death.
- In 2018, for cases where it had been supplied, naloxone was available at the scene of overdose in 59% (24) of DRDs.
- Naloxone availability was unknown in 84% (222) of cases.
- Where available, THN was used in 77% (17) of deaths. Apart from one death in 2015, and three in 2017, in all other cases where naloxone was available but not used, no other persons were present at the scene of overdose or they were not in the same room.

3.15 Near Fatal Overdose

- In 2018, 49% (477) of people had a record of a near fatal overdose. Of those, 18% had experienced five or more incidents over their lifetime.
- In 2018, of those who had experienced a previous overdose and the length of time since the previous overdose is known, 32% (132) had overdosed within six months of death (19% (80) had overdosed in the three months prior to death).

3.16 Living Arrangements

- In 2018, around two-thirds of people consumed the drugs in their own home (65%) and died in their own home (60%).
- Over half of DRDs (52%) occurred when others were present at the scene of the overdose. The percentage of deaths where others were present at the scene of overdose (and potentially able to intervene) was lower where people lived alone all of the time (34%) or were aged 45 or over (44%), than in relevant comparison groups.
- In 2018, almost four out of five people who had a DRD (836, 77%) were reported to be living in their own home prior to death while 4% (46) lived in a hostel, were of no fixed abode or sleeping rough prior to death.

- In 2018, 63% (675) of people were recorded as living alone for part of the time, 58% of people (618) were recorded as living alone all of the time. Of those people who lived with other people, 19% (197) lived with a spouse or partner and 9% (99) lived with relatives.
- Older people were more likely to both live in their own home, and to live alone than those in younger age groups in 2018.
- Living arrangements at the time of death were recorded as unknown in over 10% of records in 2018 (14%).
- Living in own home (Under 25: 37%, 25-34: 63%, 35-44: 74%, 45 and over: 81%).
- Living alone only (Under 25: 24%, 25-34: 45%, 35-44: 53%, 45 and over: 60%)
- Around a third of women who died in 2018 were recorded as living with a spouse or partner at the time of death. Women were twice as likely to be living with a spouse or partner at the time of death compared to men.
- Most people who had a DRD lived in their own home (77%). Over half (58%) lived alone all of the time.
- In 2018, 566 children were reported to have lost a parent or parental figure as a result of a DRD.
- Across the time series, presence of another person at the scene of fatal overdose was much lower among people who lived alone all of the time (34%) than among those who did not (74%). Similarly, fatal overdoses were less likely to be witnessed where the person was living in their own home (48%) than where they were not (66%) (data not shown in tables).
- Within the population of people who use drugs, ageing appears to be associated with an increase in the number of people for whom there is a reduced probability of effective intervention in the event of a drug poisoning or overdose.

Scotland has a cohort of people with a drug problem who have multiple complex health and social care needs. Many people who had a DRD shared similar characteristics: they were male, aged over 35, socially deprived, lived alone and had a history of long term and / or injecting opioid use and near fatal overdose. In 2018, over half (55%) of the people who died lived in the 20% most deprived neighbourhoods in Scotland (Deprivation quintile 1).

3.17 Chief Social Work Officer Advice

The Chief Social Work Officer provides professional advice and guidance to the Chief Executive of the Council and to full Council on matters relating to social work practice. In order to advise on the validity of the motion, the Chief Social Worker has taken advice from a range of professional including HR, Legal Services and worked collaboratively with staff side representation.

- 3.18 The Chief Social Work Officer and staff side agree that future opportunities for staff training and access to Naloxone across HSCP services is best taken forward on a voluntary basis only.
- 3.19 The very nature of Naloxone administration during an emergency situation is best undertaken by staff who are not compelled but who are willing participants, fully engaged and confident in providing an emergency intervention either within a building or public space.
- 3.20 There is recent operational evidence within the Learning Disability Service which involved staff administration of emergency medication with service users. This resulted in Council staff declining a re-grading in their post due to some reluctance and opposition to undertaking this task. Agreement was reached by not insisting all staff being mandated to administer emergency medicine interventions to service users.

3.21 The Chief Social Work Officer, following consultation, is supportive of the roll out of Naloxone training across the HSCP on a voluntary basis alongside wider community targeting of local businesses, including licensed premises and taxi firms.

4.0 CONCLUSION

4.1 This report confirms that HSCP staff will continue to be offered training in Naloxone administration on a voluntary rather than mandatory basis. Phase two of the training will commence with this roll out along with the wider Inverclyde community.

5.0 IMPLICATIONS

5.1 The table below shows whether risks and implications apply if the recommendation(s) is(are) agreed:

SUBJECT	YES	NO	N/A
Financial		X	
Legal/Risk	X		
Human Resources	X		
Strategic (LOIP/Corporate Plan)	X		
Equalities & Fairer Scotland Duty		X	
Children & Young People's Rights & Wellbeing		X	
Environmental & Sustainability		X	
Data Protection		X	

5.2 Finance

One off Costs

Cost Centre	Budget Heading	Budget Years	Proposed Spend this Report	Virement From	Other Comments
N/A					

Annually Recurring Costs/ (Savings)

Cost Centre	Budget Heading	With Effect from	Annual Net Impact	Virement From (If Applicable)	Other Comments
N/A					

5.3 Legal/Risk

None.

5.4 Human Resources

Staff are supported in a safe system of work to participate in the carrying and administering of Naloxone on a voluntary basis.

5.5 Strategic Plan Priorities

This will support the priorities of the Inverclyde Drug Related Death Prevention Strategy.

5.6 Equalities and Fairer Scotland Duty

(a) Equalities

This report has been considered under the Corporate Equalities Impact Assessment (EqIA) process with the following outcome:

	YES – Assessed as relevant and an EqIA is required.
x	NO – This report does not introduce a new policy, function or strategy or recommend a substantive change to an existing policy, function or strategy. Therefore, assessed as not relevant and no EqIA is required.

(b) Equality Outcomes

How does this report address our Equality Outcomes?

Equalities Outcome	Implications
People, including individuals from the above protected characteristic groups, can access HSCP services.	Positive – all individuals regardless of protective characteristics have the opportunity to take part in Naloxone roll out training as part of community approach to harm reduction
Discrimination faced by people covered by the protected characteristics across HSCP services is reduced if not eliminated.	As above
People with protected characteristics feel safe within their communities.	As above
People with protected characteristics feel included in the planning and developing of services.	As above
HSCP staff understand the needs of people with different protected characteristic and promote diversity in the work that they do.	As above
Opportunities to support Learning Disability service users experiencing gender based violence are maximised.	NA

Positive attitudes towards the resettled refugee community in Inverclyde are promoted.	As above
--	----------

5.7 Clinical or Care Governance

Governance and professional oversight from the Chief Social Work Officer

5.8 National Wellbeing Outcomes

How does this report support delivery of the National Wellbeing Outcomes?

National Wellbeing Outcome	Implications
People are able to look after and improve their own health and wellbeing and live in good health for longer.	Positive – as part of ADP strategy supporting harm reduction across communities
People, including those with disabilities or long term conditions or who are frail are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community	As above
People who use health and social care services have positive experiences of those services, and have their dignity respected.	As above
Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	As above
Health and social care services contribute to reducing health inequalities.	As above
People who provide unpaid care are supported to look after their own health and wellbeing, including reducing any negative impact of their caring role on their own health and wellbeing.	Positive – supporting family inclusive practice
People using health and social care services are safe from harm.	Positive – as part of ADP strategy supporting harm reduction across communities
People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.	As above
Resources are used effectively in the provision of health and social care services.	As above

5.9 Children and Young People

Has a Children's Rights and Wellbeing Impact Assessment been carried out?

	YES – Assessed as relevant and a CRWIA is required.
x	NO – Assessed as not relevant as this report does not involve a new policy, function or strategy or recommends a substantive change to an existing policy, function or strategy which will have an impact on children’s rights.

6.0 DIRECTIONS

Direction Required to Council, Health Board or Both	Direction to:	
	1. No Direction Required	x
	2. Inverclyde Council	
	3. NHS Greater Glasgow & Clyde (GG&C)	
	4. Inverclyde Council and NHS GG&C	

7.0 CONSULTATION

7.1 Discussions with Trade Unions in relation to staff undertaking naloxone intervention.

8.0 BACKGROUND PAPERS

8.1 None

**INVERCLYDE ADP
NALOXONE PROGRAMME 2022**

OVERALL TOTALS

Date	Kits Issued	Numbers Trained	Activity
Apr – Jun 22	89	67	8 Third sector organisations over trained 12 sessions
July – Sept 22	93	79	7 Third sector organisations and 2 HSCP/Council services trained over 16 sessions
Oct – Dec 22	134	123	5 Third sector organisations and 4 HSCP/Council Sessions over 17 sessions 5 open sessions