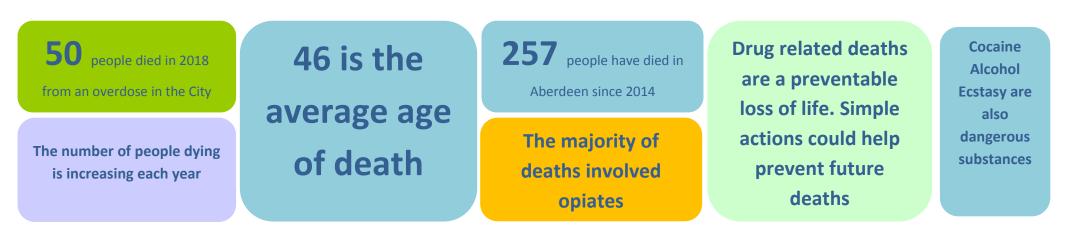
ABERDEEN CITY

REDUCING DRUG RELATED DEATHS

This toolkit guide is to help reduce drug related deaths in Aberdeen City

A range of housing, homeless, primary and secondary healthcare, criminal justice services and social care providers will have many opportunities to reduce the risk of overdose and potential death by considering the points below:



KNOW THE SIGNS AND SYMPTOMS

The majority of fatal overdoses involve opiates and / or depressants substances – substances that suppress breathing. Find out what these substances are and look like here <u>https://knowthescore.info/</u>:

The signs someone is overdosing are:

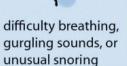
- Slow pulse / heart rate
- Small pinpoint pupils
- Very drowsy or you can't wake them up
- Pale clammy skin
- Blue lips and finger tips
- Shallow, slow breathing
- Snoring, rasping breathing or no breathing

WHAT TO DO











lips or nails





cold, clammy skin

tiny pupils

- Call an ambulance: MAKE THE CALL SAVE A LIFE
- Check for a response
 - Firmly shake shoulders
 - Ask if the person can hear you be calm, clear, and loud
- If unconscious but breathing put in recovery position
- If unconscious and NOT breathing start CPR
- Administer naloxone
- Don't leave the person stay with them until ambulance arrives



SEEK KEEP TREAT

Below are some common issues and considerations for all staff and teams to discuss and in relation to developing best practice.

	Factors	Considerations	Take away messages
1	Engagement and retention in drug treatment is a protective factor.	The first 4 weeks of treatment and the first 4 weeks after leaving treatment are critical intervention points to reduce mortality risk.	 Support people to engage and stay engaged in specialist treatment There are no waiting times for treatment. Someone struggling to engage? Call ADA. Use safety plans with clients.
2	For opioid dependent people, being prescribed an Opioid Replacement Therapy (ORT) such as methadone or buprenorphine reduces risk.	Ongoing illicit drug use and difficulty achieving stability can mean that the dose of ORT is not quite right – not optimised	 Understand and be able to explain how the options for ORT. Consider if ORT dose needs review. UK Clinical Guidelines can be found <u>here:</u> See Section 4.7.3 on page 112)
3	Poly drug use (taking a number of substances) increases the risk of overdose.	There are risks with both illicit and prescribed drugs. Don't forget alcohol. Poly drug use doesn't necessarily mean taking everything at the same time. Some drugs have effects that last for a long time.	 Using lots of substances increases the risk Ensure prescribed medicines are reviewed for efficacy and risk. Support people to reduce reliance e.g. with gabapentin and benzodiazepines such as diazepam
4	Naloxone can be a lifesaver. It can buy time for the ambulance to arrive.	Naloxone is a medication which can temporarily reverse opioid overdose. It is free and available from all alcohol and drug services and many community pharmacies.	 Make sure you, the people you work with, their friends and family know where to <u>get naloxone</u> and are confident to use it. Impress upon people the importance of calling an ambulance
5	People who overdose can't use naloxone on themselves	Naloxone is available from alcohol and drug services free to friends and family of people at risk.	Consider isolation as a risk factor
6	Always call an ambulance	There is never a reason to not call an ambulance.	Encourage people to always call an ambulance
7	Transitions increase risk of overdose. People are at higher risks of overdose during periods of change	People moving from prison custody, police custody, hospital are at increased risks of breakdown in care and / or reduced tolerance.	 Consider transition of care as a risk factor. Communication and careplanning are key. Consider how this currently occurs in your service Consider what might make transitions smoother
8	Drug users over 35 have more complex physical health problems – often undiagnosed and untreated	Regular opportunistic health checks. BBV tests. Encourage new improved Hep C treatment.	Age and other health problems are risk factors
9	A legacy of trauma is common, often leading to behaviours that can make engagement challenging for clients and staff	Aim to be trauma informed. Consider difficult behaviour as a "symptom" of trauma. Make it easy for service users to re- engage without "losing face".	 Be trauma informed – behaviour is not a barrier to helping

Mental health, wellbeing and mood can easily be affected.
10 Isolation, stress, relationship problems, arguments all increase overdose risk

Be alert to a range of factors that increase risk of death. Whilst people might not intentionally wish to die they may feel hopeless and ambivalent about living

Isolation, stress, arguments, mood are all risk factors

11 Language and stigma can make it harder for people to seek help

Language that stereotypes, blames and stigmatises can make it more difficult for people to ask for help

 Think about how stigma prevents people asking for help

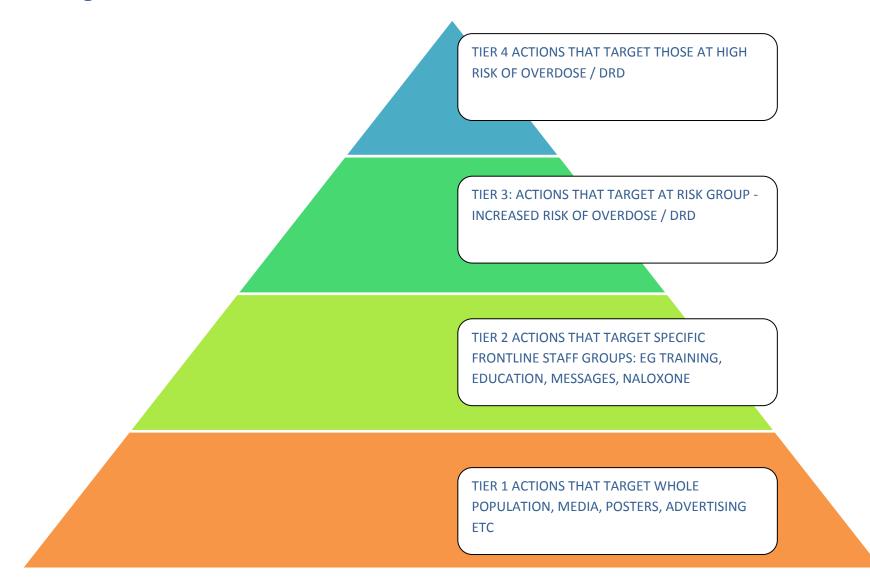
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12	Gender - female drug related deaths are increasing and we are not absolutely sure why. Isolated males over 40 are also a high risk group	Be alert to the particular challenges and stigma faced by women, particularly if they have children, when accessing services. Be alert to age, gender and isolation being risk factors. Be aware of coercion and gender abuse	Consider what makes it difficult for people to seek, ask and engage in help
13	Previous overdose is a strong indicator for future fatal overdose	Ask about previous overdose and discuss. Previous overdoses may have caused cognitive impairment making it harder for information to be retained.	Previous overdose is a significant risk indicator
14	All forms of homelessness makes it harder to engage in treatment and overdose a higher risk	Ask about living situations.	Consider living situation as a risk factor

Bottom line: Use naloxone - always call an ambulance.

THINGS TO DO NEXT

Think about what you can do, what your team can do and what your service / organisation can do. Think about the people you encounter day to day and think about tiers of risk. Think about practical things that can be done:





If you are looking for support in taking your ideas forward, or have suggestions that might make a difference, get in touch with us here at **Aberdeen Alcohol and Drug Partnership (ADP)** - we're here to help <u>https://aberdeencityadp.org.uk/</u>

MORE RESOURCES

Local webpage with information	https://www.hi- netgrampian.org/overdose/?preview=true
Naloxone	https://www.hi- netgrampian.org/overdose/naloxone/
Signs and Symptoms of Opiod Overdose: Video	http://www.prenoxadinjection.com/video/signs. mp4
The recovery position: Video	http://www.prenoxadinjection.com/video/recov ery.mp4
Performing CPR: Video	http://www.prenoxadinjection.com/video/cpr.m p4
Giving a Naloxone Injection	http://www.prenoxadinjection.com/video/admi n.mp4
Over the Counter / Prescribed Drugs	https://www.hi- netgrampian.org/overdose/perscription/
Mixing drugs and alcohol	https://www.hi- netgrampian.org/overdose/drugs-and-alcohol/
Buying drugs online	https://www.hi- netgrampian.org/overdose/buying-online/
Factsheet on New Psychoactive Substance Overdose	https://www.hi-netgrampian.org/wp- content/uploads/2019/08/Psy-FactSheet.pdf
Factsheet on Stimulant Overdose	<u>https://www.hi-netgrampian.org/wp-</u> <u>content/uploads/2019/08/Stimulants-</u> FactSheet.pdf
Factsheet on Depressant Drug Overdose	https://www.hi-netgrampian.org/wp- content/uploads/2019/08/Opioids- FactSheet.pdf
Factsheet on Opiod Overdose	https://www.hi-netgrampian.org/wp- content/uploads/2019/08/Opioids- FactSheet.pdf
Factsheet on Alcohol Overdose	https://www.hi-netgrampian.org/wp- content/uploads/2019/08/Alcohol-Factsheet.pdf
Local Support	https://www.hi- netgrampian.org/overdose/local-support-2/

Directly accessible drug and alcohol services are available from

Alcohol & Drugs Action (ADA)

01224 594700 (helpline open daily)

www.alcoholanddrugsaction.org.uk