Understanding the Vital Role of Peers in Harm Reduction

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#StopTheDeaths

A national resource of expertise on drug issues

www.sdf.org.uk
www.scottishdrugsservices.com
Glasgow Peer Supply Pilot

• 10 peers trained (4/5 peers actually doing all the work)

• Interviewed and selected

• Additional Neo database training

• Trained in the NHS Framework for supplying naloxone

• Pilot was launched 1\textsuperscript{st} September 2017
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<table>
<thead>
<tr>
<th></th>
<th>Quarter 1 (Apr – Jun 17)</th>
<th>Quarter 2 (Jul – Sep 17)</th>
<th>Quarter 3 (Oct – Dec 17)</th>
<th>Quarter 4 (Jan – Mar 18)</th>
<th>TOTAL 17/18</th>
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<td>Totals***</td>
<td>123</td>
<td>251</td>
<td>68</td>
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Notes
Glasgow Peer Supply Pilot

• Peers have trained over 1,073 people (Sep 17-Feb 18)

• Over 1,077 naloxone kits have been supplied by peers

• Training to date has focused on arranged sessions

• Peers will begin to actively target “Hard to Reach”

• Additional 5 peers trained to bolster numbers of the pilot.
Why should we be supplying naloxone?

• Evidence based simple harm reduction

• Supplying naloxone says we care if you live or die.

• Clients don’t always hear what we say but they feel what we do.

• Prevents death from opiate overdose amongst the most vulnerable clients we support.

• Naloxone can be the catalyst for individuals recovery.

• A choice to use drugs does NOT equal a choice to die.
Reasons for being involved with naloxone peer supply/education

• Getting an opportunity to save lives directly or indirectly.

• Getting new skills.

• Taking new skills into the community.

• Getting a chance to empower people through peer supply.

• Training people in their time and not ours
Benefits to Peers

• Interaction with others at risk of overdose.

• Using my experience as a positive.

• Working alongside my peers.

• Gaining more skills and knowledge that support other learning or employment opportunities.

• Passing on the knowledge and skills we gain.

• Saving lives!!
Benefits to others

• Empowering others to potentially save a life.

• Raising awareness of naloxone.

• Peers speaking the same language as the target group.

• Learning new skills.

• Peers providing a platform for people to have their voice heard.
Why use Peers?

• Peer Education empowers individuals to be in control of their own lives.
• Peers encourage an open and honest discussion around drug use and associated risks.
• Peers speak the same language as target group.
• Peer Education builds on the strengths of individuals knowledge and experience of using drugs.
• Peer education helps build confidence, self esteem, communication skills.
• Peer Education is cheap and effective.
Brief Intervention
Quick Discussion
2017 – 934 DRD’s

- UNDER 25 YEARS: 39
- 25 – 34 YEARS: 185
- OVER 45 YEARS: 350
- 35 – 44 YEARS: 360

652 MALES
282 FEMALES
Main drugs Implicated/Causal (DRD’s 2017)

- Heroin/Morphine: 470
- Benzo’s: 552
- Alcohol: 90
- Methadone: 439
- Cocaine: 176
- Ecstasy: 27
- Amphetamines: 32
Risk Factors for Overdose

- **Reduced tolerance**
- **Poly drug use** – In particular, mixing different CNS depressant drugs (illicit/prescribed/alcohol)
- Longer history of drug use
- History of non-fatal overdose
- Depression or very low mood
- Significant life events
- Poor physical and/or mental health
- Using drugs while alone (inc. chance of fatality)
- Injecting drugs
- Homeless drug users
- Not being in treatment/unsupported/disconnected
High Risk Times for Overdose

Times when tolerance may be lowered;
During/leaving prison or custody
During/leaving rehab or hospital
Beginning/ending substitute medication

Times when people might mix drugs or use too much;
Difficult life events
Bereavement
Loss of contact with children
Separation
Major stress events, arrest etc
Holiday/festive periods
Weekends
Times with extra cash
Common Circumstances in Fatal Overdoses

- Own or friend’s home
- Older, more experienced injector
- Recent non-fatal overdose
- Other drugs present
- Recent absitinance or reduction in use
- Witnesses present!!!
- Several hours between overdose and death
<table>
<thead>
<tr>
<th>Observable signs of overdose</th>
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<tbody>
<tr>
<td>Pinpoint pupils</td>
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<tr>
<td>Unrousable</td>
</tr>
<tr>
<td>Pale skin</td>
</tr>
<tr>
<td>Blue lips</td>
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<tr>
<td>Shallow/slow breathing</td>
</tr>
<tr>
<td>Snoring/rasping breaths</td>
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</tbody>
</table>
Adult BLS Algorithm – including naloxone

1. **Unresponsive?**
   - Shout for help
   - Open airway
   - **BREATHING NORMALLY?**
     - Recovery position
     - Naloxone
     - Call 999

2. **NOT BREATHING NORMALLY?**
   - Call 999
   - 30 compressions
   - 2 breaths
   - Naloxone
   - 30 compressions
   - 2 breaths (x3)
Recovery position

Say ‘hi’
Support my face
Lift my leg
Roll me over
Administering Prenoxad
THANK YOU FOR LISTENING

ANY QUESTIONS?