



**SDF**  
Scottish Drugs  
Forum

Informing  
Supporting  
Representing  
Leading

# 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](http://www.sdf.org.uk)  
[www.scottishdrugservices.com](http://www.scottishdrugservices.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<sup>st</sup> September 2017

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	Quarter 1 (April – Jun 17)				Quarter 2 (Jul – Sep 17)				Quarter 3 (Oct – Dec 17)				Quarter 4 (Jan – Mar 18)				TOTAL
	Pharmacy	Services	Prescription	Peer	Pharmacy	Services	Prescription	Peer	Pharmacy	Services	Prescription	Peer	Pharmacy	Services	Prescription	Peer	17/18
	Supplies		Route*	Supply	Supplies		Route*	Supply	Supplies		Route*	Supply	Supplies		Route*	Supply	
ED	0	7	6		0	7	18		1	0	20		1	7	14		81
ER			2				6				4				30		42
GC	32	220	35		64	109	57		46	318	124		41	171	54		1980
INV	63	0	0		2	4	0		3	29	0		5	20	9		135
REN	28	11	4		22	36	10		39	29	3		41	26	6		255
WD	0	13	12		0	7	13		23	4	34		0	2	30		138
UNK.**			9				19				23				17		68
Totals***	123	251	68		88	163	123	165	112	380	208	322	88	226	160	222	2699

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.

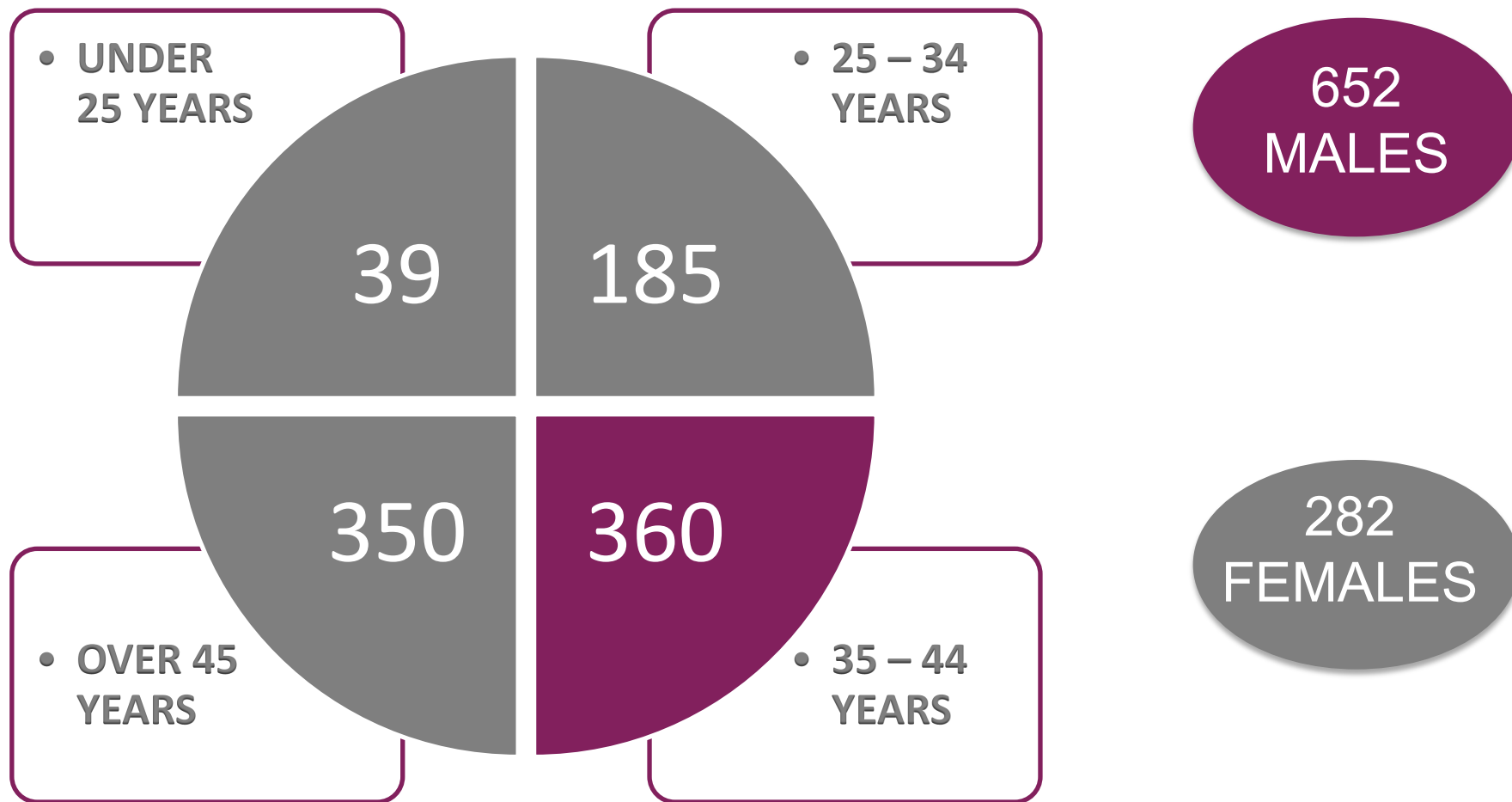
## Why use Peers?

- **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**

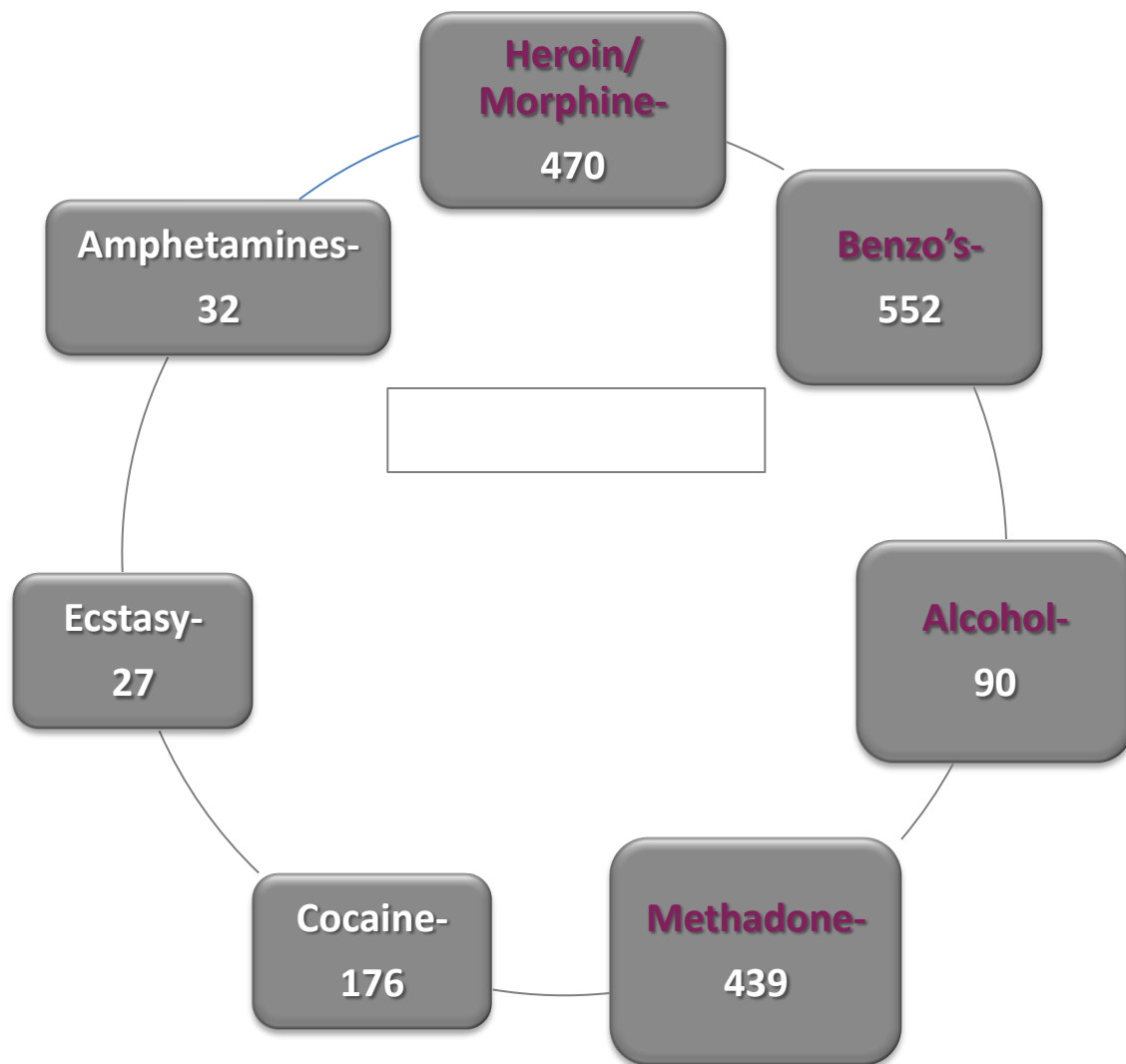
## **Quick Discussion**

# 2017 – 934 DRD's



# Main drugs Implicated/Causal

(DRD's 2017)



# 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

RECENT NON-FATAL  
OVERDOSE



SEVERAL HOURS BETWEEN  
OVERDOSE AND DEATH

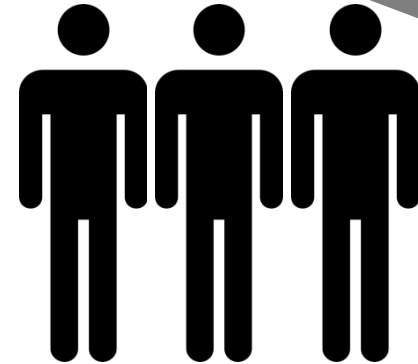
OLDER, MORE EXPERIENCED  
INJECTOR



OTHER DRUGS PRESENT



RECENT ABSITINENCE OR  
REDUCTION IN USE



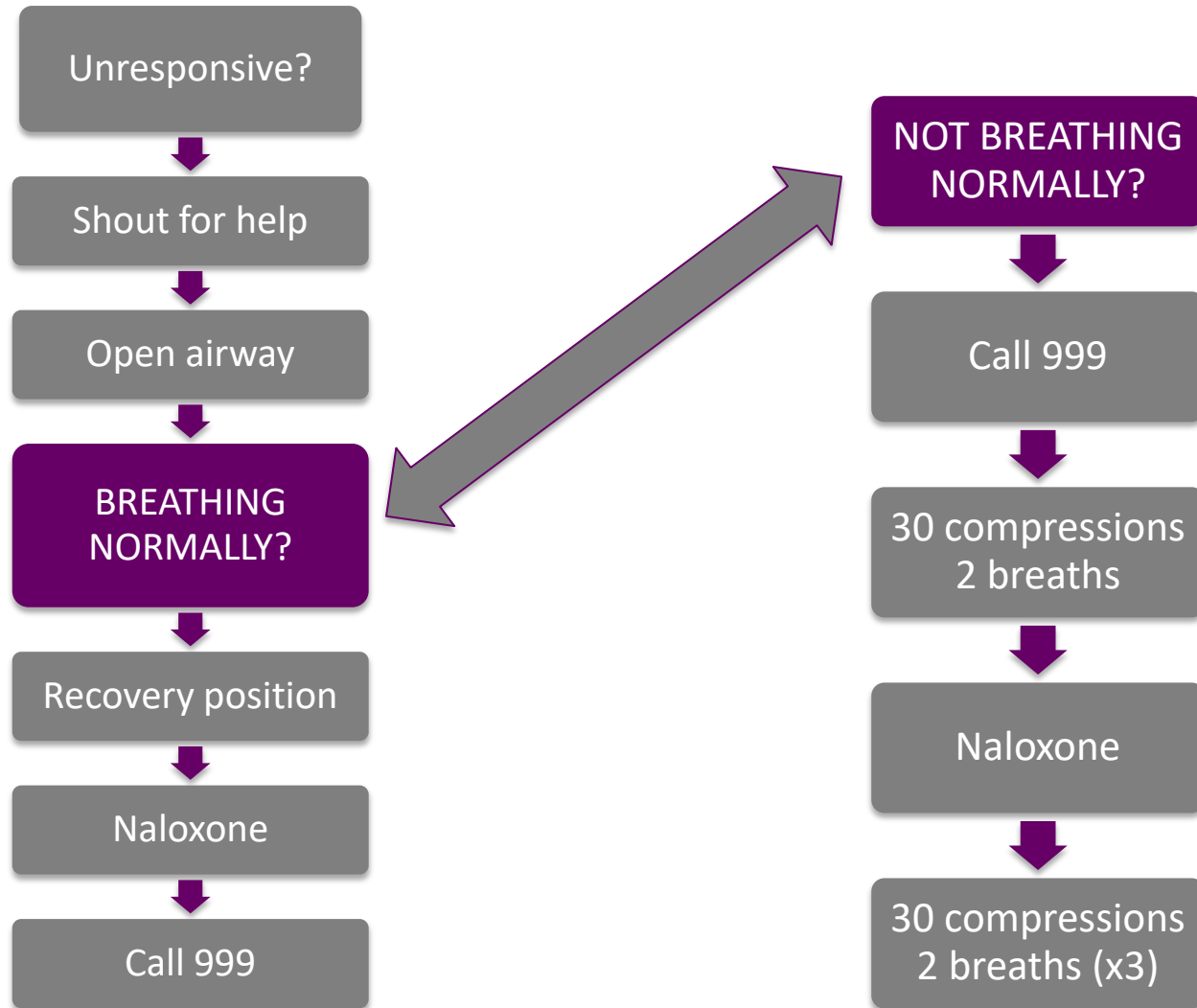
WITNESSES PRESENT!!!

# Observable signs of overdose





# Adult BLS Algorithm – including naloxone



# Recovery position

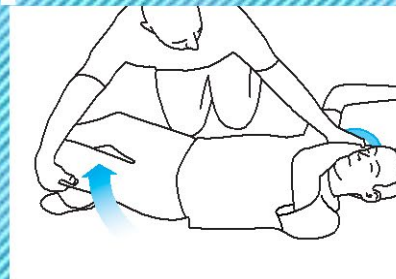
## RECOVERY pOSIt ION



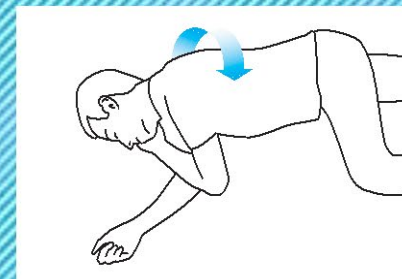
Say 'hi'



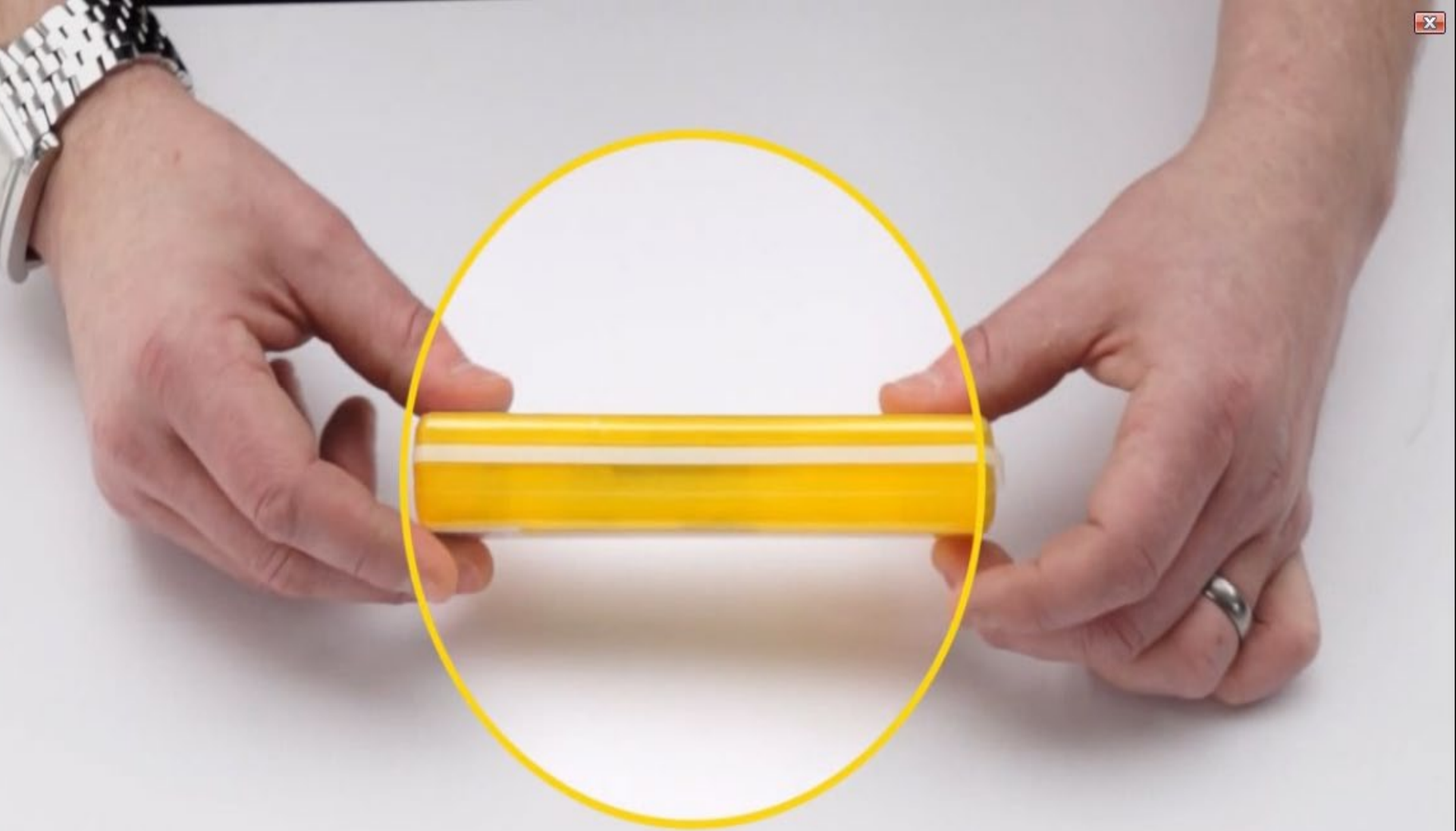
Support my face



Lift my leg



Roll me over



**Administering Prenoxad**

**THANK YOU FOR  
LISTENING**



**ANY QUESTIONS?**