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- 1**  Reduce supply
- 2**  Reduce harm
- 3**  Reduce demand

Working Together

To Reduce Drugs overdose and Death





Intentions:

- Briefly describe Scottish Ambulance Service & interface with drugs
- Partnerships
- Police & Ambulance - MOU





SAS

- Special Health Board
- Covering all Scotland & Isles
- 4,000 staff
- 500,000 emergency calls & 1.7 million non emergency contacts p.a.
- 3 Emergency Medical Despatch Centres (EMDC, integrating with NHS24)
- C&C System, ePRF & eHealth connection
- Increasingly we don't take people to Hospital!





Scenarios

- Emergency call for victim of heroin overdose (if known)
- Emergency call, drug misuse associated perhaps with domestic violence or vulnerable children identified
- Repeat emergency calls to same person/location for drug misuse
- User is vulnerable or socially excluded – homeless, mental illness, reduced capacity, no health care provider etc
- Crew risk through previous violence, dangerous situation, non cooperation etc.





Partnership

- Definition – “structured process that brings stakeholders together to align stakeholder objectives, to focus resources on resolving key tangible issues that are affecting performance, to escalate issues and to measure performance of the project”
(*Dombkins 1998*)
- Application – “in the public field, aims to prevent and to manage social emergencies and to build coalitions and strategic relationships”
(*Lendrum 1997*).





Partners?

- Government
- Strategic Networks, National Drug Death Forum (including research), Alcohol & Drug Action Teams etc
- Health Services
- Justice Agencies, Prison Service & Police
- Public organisations
- Communities & Volunteers
- Users (Patients?) and their friends and relatives





Police & Ambulance Controlled Drug Information Sharing MOU

- Build on what we already do/ have
- Simple, high level, measurable objectives
- Share information to protect, save lives, improve health surveillance, help with vulnerability & harm/ risk reduction
- Information provided is normally anonymised, proportionate & timely
- Ongoing awareness training
- Trying to develop common coding to allow better and earlier electronic data exchange
- National/ local monitoring/ liaison arrangements







Summary

- Service is in front line in dealing with acute drug misuse
- Management is not without risk & often it is management of vulnerability
- We capture information on “patients” who may not come to the attention of other agencies
- We need to continue to be seen as independent and helping, caring for the user/ family
- We will work within the law and good practice, with anyone who can assist!
- We need avenues of patient disposal/ intervention that may not currently exist...





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