

Meeting	People Committee
Date	01 June 2022
Location	MS Teams
Title of Paper	Naloxone Update
Presented By	Emma Bond, ACC Partnership, Prevention and Community Wellbeing
Recommendation to Members	For Discussion
Appendix Attached	No

PURPOSE

The purpose of this briefing paper is to provide further information to the Scottish Police Authority's People Committee on Police Scotland's National Roll out of Naloxone.

Members are invited to discuss the contents of this paper.

1. BACKGROUND

- 1.1 The issue of police officers carrying Naloxone has been under review for some time in Police Scotland. Following the publication of the independent academic evaluation into the Test of Change for the police carriage and use of intranasal Naloxone, the Chief Constable approved a national roll out and a staged delivery plan for this.
- 1.2 A Naloxone Delivery Steering Group (NDSG) was established under the leadership of ACC Gary Ritchie to deliver the Test of Change and this will be maintained as the roll out progresses, to ensure partner and staff association involvement.
- 1.1 The Scottish Police Authority (SPA) has requested that additional information be provided to their People Committee.

2. FURTHER INFORMATION ON THE TOPIC DETAILS REQUESTED BY SPA PEOPLE COMMITTEE

2.1 Full clarity on the policy position and the extent to which officers are required to use Naloxone.

Training in the use of and the high visibility carriage of Naloxone will be mandatory for all front line officers up to and including the rank of Inspector. There is no requirement for police officers to use Naloxone. The decision whether to use Naloxone or not will be down to the individual officer, depending on their assessment of the situation and in line with their training. The administration of Naloxone is a globally recognised and legal first aid technique which officers can use at their discretion.

This is the same as all other first aid/equipment and training given to officers.

2.2 Protections for an officer where they are equipped with Naloxone and choose not to use it.

The Principal Solicitor with Police Scotland's Legal Services Department has stated in relation to the decision to use or not use Naloxone that, *"the decision whether to administer Naloxone to an unconscious member of the public should be made in the same way as any decision to administer first aid treatment which police officers are trained to provide. In each case the officer will require to determine if the administration of Naloxone is appropriate, based*

on their assessment of the circumstances and the training which they have received. Police Officers are personally liable for the decisions they make whilst on duty. In terms however of Section 24 of the Police and Fire Reform (Scotland) Act 2012, the Chief Constable is liable in respect of any unlawful conduct on the part of a Constable. In addition the Scottish Police Authority must pay damages and expenses awarded against the Chief Constable in any action which is raised against the Force as a result of this Section”.

Police Scotland’s Legal Department advised all officers attending incidents that they should continue to act in line with current legislation and the policies and guidance of Police Scotland. This is the case for all incidents attended.

Naloxone in no way differs to any other first aid or other action taken by officers to try and save a person’s life, or to utilise any other equipment or techniques in which they are trained, authorised or directed to carry, in the course of their duty as a police officer.

The administration of Naloxone is viewed globally in the same way as any other first aid technique, such as administering CPR. It is at the discretion of the officer to do so.

Therefore the protection for officers does not differ in any way to their protection for all other conduct in the course of their duty, as this is equipment they are authorised and trained to use.

2.3 Protections (if any) for an officer who uses Naloxone and the individual dies, resulting in the officer having to go through an extensive FAI (we understand this is a concern for the SPF).

The UK Medicines Act was updated in 2005, with Naloxone added to the list of medicines stating, ‘any person, who is acting in good faith, can legally administer Naloxone, for the purposes of saving life’. Police officers are not exempt from that legislative framework.

It is widely acknowledged and accepted that Naloxone will not save every individual. It is designed and works on opiate based substances only and therefore it cannot reverse the effects of other overdoses. Therefore Naloxone, much like CPR, the use of defibrillators, placing someone in the recovery position or trying to stop them choking, will not always work and in no way differs from any other attempt to apply first aid or indeed undertaking any other action to try and save someone’s life.

Police Scotland's Legal Services Department has confirmed that all officers whilst on duty, are protected with Police Scotland's Legal Assistance Programme, as they are now for other on duty matters. The Scottish Police Federation have confirmed they will support officers in that Legal Assistance process as they currently do and would also provide a Federation representative in the unlikely circumstances they were needed.

The administration of Naloxone by an officer will not routinely be considered for referral to PIRC. No administration has as yet, been reported to PIRC. This is a policy decision made by PIRC that acknowledges the administration of Naloxone, to potentially save a life, will not be a causal or contributory factor in any subsequent harm to the recipient.

Should a person suffer a fatal overdose, the presence, or not, of Naloxone will have no bearing on whether or not the matter is treated as a death following police contact. Naloxone does not make an incident a death following police contact, it is the presence and contact with an officer. Sadly deaths following police contact are not an uncommon occurrence.

Current policies and processes will not be affected or require amendment and the protections in place for all other matters remain for Naloxone use.

2.4 How officers will be supported as part of the rollout of Naloxone from a Health and Safety and a Training perspective.

The Naloxone Coordination Unit developed a microsite on the Police Scotland intranet prior to the Test of Change. All documents relating to Naloxone are housed and accessible from here by all Officers and Police staff. This includes policy, guidance documents, videos and frequently asked questions.

Officers will complete an online e-learning package developed in partnership with the Scottish Drugs Forum, with contact details included for the SDF and Police Scotland's Naloxone Coordination Unit.

Refresher training will be delivered annually to all officers as part of their officer safety and first aid training. The instructors delivering

the training will attend inputs to impart enhanced knowledge on the subject.

A full Health and Safety Risk Assessment was completed ahead of the Test of Change and remains in place.

Monitoring of all uses will continue and the Naloxone Delivery Steering Group, which was established to oversee the Test of Change, has been maintained to ensure ongoing oversight to support officers should any issues arise. Membership includes key partner agencies, medical experts and staff associations.

Each Division has identified Naloxone Champions, who will receive further detailed training, which will be designed to assist officers with any concerns or issues they may have after completing the e-learning package.

2.5 The position of the SPF (and ASPS if they have a view) in relation to this.

The Scottish Police Federation relayed their position on the Police carriage of Naloxone during early 2021; this was by way of an organisational circular to its members. The SPF remain fully opposed to the police carriage of Naloxone.

No view has been given by ASPS.

2.6 How SPF/ASPS have been engaged in this work and will be engaged going forward.

The Naloxone Delivery Steering Group has SPF representation and they have attended all meetings.

The SPF, as with all other key partners, were supplied with the training package ahead of the Test of Change and their input was encouraged relative to content.

The SPF were involved and assisted with the risk assessments carried out for the initial training for the Test of Change and were further invited to attend the training sessions delivered throughout. The SPF did attend numerous training sessions at locations across the country. They were also fully engaged in the evaluation process.

SPF were further involved through local group meetings in test bed areas and were engaged throughout.

2.7 How any concerns have been mitigated and/or plans to mitigate concerns further as part of the ongoing engagement through rollout.

National policy and guidance was developed specifically to address concerns, either raised by the SPF, officers or partners before the Test of Change commenced. The guidance was and remains accessible to all officers in Police Scotland via the Force Intranet and remains a live document that is updated should any previously unidentified concerns be raised. News articles were also published to update officers on progress.

The Chief Constable recorded a personal video message to all officers giving reassurances directly.

Senior representatives from both PIRC and COPFS attended the training sessions in person to give officers the reassurances they needed. PIRC were clear that the use of Naloxone does not automatically make the incident a death following police contact; it is the presence of officers and Naloxone is not viewed as a contributing factor. COPFS likewise advised officers that administering Naloxone is not a crime; if it fails to work, that does not then make it a crime that can be prosecuted. Both COPFS and PIRC made themselves available to officers and welcomed any direct questions in an open forum.

Concerns have also been addressed through the training package developed for the Test of Change and the training for the national rollout. Further to this, there is the Police Scotland dedicated Naloxone microsite and there will be further internal organisational communications to officers as the national rollout develops.

Officers from the Naloxone Coordination Unit have attended and will continue to attend numerous front line engagement events across Police Scotland, allowing them to answer officers' questions and provide the assurances needed.

Naloxone Champions are being trained for every Division and will be in place to support officers, should any concerns be raised locally.

2.8 Phase One of the roll out is already complete. This phase is to equip all officers in the original test bed areas with Naloxone where

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they either declined the Test of Change or stopped carrying Naloxone. No issues have been raised during this phase. However, Champions in those areas are reporting demand from officers asking to be trained (i.e. officers who have transferred into Division or who are new recruits etc.)

- 2.9 Officers continue to use Naloxone across all test bed areas, with 70 incidents recorded administered to 71 people (1 incident involved 2 individuals). In 69 of those cases the individual survived their ordeal. In the remaining incident where Naloxone was administered, the officers suspected the individual was sadly already deceased, but nevertheless administered Naloxone to try and save the individual, to no avail.
- 2.10 There have been no complaints regarding Naloxone use and Naloxone has behaved entirely as suspected on every occasion.
- 2.11 The process established with the Scottish Ambulance Service continues to work well, with ambulance attendance within expectation and officers have never been asked to attend an incident in place of an ambulance.
- 2.12 As the evaluation report highlighted, the fact that the Test of Change was voluntary caused concern amongst some officers, as they felt as if they were not being supported. However, given the fact that Naloxone has now been approved as standard kit, they appear to feel more reassured that they have the support of the organisation, as it is in line with all other standard equipment.

3. FINANCIAL IMPLICATIONS

- 3.1 Police Scotland Finance Department is represented on the DSG and have been fully engaged throughout the development of this Test of Change and the national roll out.
- 3.2 Police Scotland Procurement Department have been consulted throughout the initial Test of Change and continue to work with the Naloxone Coordination Unit to deliver the national rollout.
- 3.3 During the 21/22 financial year Police Scotland received funding for two posts to support the Test of Change pilot. This funding will continue until April 2023, which has been confirmed by the Scottish Government and will support the management of the roll-out of the programme.

- 3.4 Scottish Government have now confirmed that it will fully fund the national rollout including both the Naloxone and the carry pouches for officer's utility belts. The funding will be delivered through local Health Boards who will distribute Naloxone to officers across Scotland, supported by the Police Scotland Naloxone Coordination Unit.

4. PERSONNEL IMPLICATIONS

- 4.1 The Scottish Drug Deaths Taskforce provided funding for 2 additional posts (1xPS and 1xPC) within the Substance Harm Prevention Team, PPCW, throughout the Test of Change. These officers remain in post and continue to work on the roll out and are supporting a number of other UK and international forces.
- 4.2 The proposal has the potential involvement of approximately 12,500 – 13,000 front line officers, with 800 additional recruits annually.

5. LEGAL IMPLICATIONS

- 5.1 As above update on legal position.

6. REPUTATIONAL IMPLICATIONS

- 6.1 The carriage of Naloxone intranasal spray allows Police Scotland officers to have a potentially lifesaving option available to them in life threatening situations.

7. SOCIAL IMPLICATIONS

- 7.1 Evidence submitted by charity Scottish Families Affected by Drugs & Alcohol has already demonstrated that the police carriage has influenced the public to carry Naloxone. This has included members of the general public, police officers from various constabularies when off duty and private organisations expressing their desire to carry Naloxone. This approach is one tool officers will have at their disposal to support some of the most vulnerable members of society, thus challenging both barriers and stigma alike.

8. COMMUNITY IMPACT

- 8.1 It is evidenced in the evaluation that Naloxone can save lives and make a contribution as part of a wider programme of works to tackle drug related deaths, not only in the instance of saving a person from an overdose, but in sign posting them to support and recovery.

9. EQUALITIES IMPLICATIONS

None.

10. ENVIRONMENT IMPLICATIONS

- 10.1 Development of a process to replace expiring Naloxone from local Health Boards who will then distribute these kits to areas of highest use, will work towards minimising waste and ensuring best use of this life saving tool.

RECOMMENDATIONS

Members are invited to discuss the contents of this paper.