
Report To:	Health & Social Care Committee	Date:	7 January 2021
Report By:	Louise Long Corporate Director, (Chief Officer) Inverclyde Health and Social Care Partnership (HSCP)	Report No:	SW/07/2021/AM
Contact Officer:	Anne Malarkey Head of Service Mental Health, Addictions and Homelessness	Contact No:	01475 715284
Subject:	Drug-related Deaths 2019		

1.0 PURPOSE

- 1.1 The purpose of this report is to provide an update to the Health and Social Care Committee on the recently published 2019 drug-related deaths information; and provide an update on the Inverclyde Alcohol and Drug Partnership's Drug Death Prevention Action Plan.

2.0 SUMMARY

- 2.1 The National Records for Scotland published the 2019 Drug-Related Deaths in Scotland Report on 15th December 2020. This report is usually published in July however was delayed due to toxicology issues.

- 2.2 In Scotland in 2019, 1264 people sadly lost their life to a drug-related death. This was an increase of 6.6% from 2018 and continued the trend seen over the past few years.

In 2019 in Inverclyde 33 people lost their life to a drug-related death. This is an increase of 9 people from 2018 which equates to a 37.5% increase. Every death affects the wider Inverclyde community as they are friends or family.

- 2.3 When comparing prevalence rates per 1,000 population (averaged over 2015 – 2019) Inverclyde is the 3rd highest area in Scotland.

- Dundee City (0.36)
- Glasgow City (0.35)
- Inverclyde (0.29)

- 2.4 Initial analysis of the data is available at a Scottish and at NHSGGC level, with more limited information currently available at an Inverclyde level. The NHSGGC Drug Death Research Analyst will be providing more detailed analysis over the coming months.

Current analysis for Inverclyde shows:

- 79% were male and aged between 35-54 (which is higher than the national and NHSGGC profile of 69% males)
- In terms of the drugs involved:

- There was an increase in heroin/morphine and a decrease in methadone, with benzodiazepines continuing to be the commonly found drug implicated.
 - Of the benzodiazepines found in the analysis, “street benzodiazepines” had increased, mainly driven by the drug Etizolam
 - There was also a slight decrease in deaths involving alcohol and a slight rise in cocaine involvement (both alcohol and cocaine use was higher in Inverclyde than in NHSGGC).
 - Poly drug use was common with on average 3 or more drugs implicated in cause of death.
- There was a slight rise compared to 2018 of the number of individuals who died who were also known to be on Opioid Replacement Therapy at the time of death.
- 2.5 Inverclyde Alcohol and Drug Partnership’s Drug Death Prevention Action Plan focuses on actions related to the national Drug Death Taskforce priorities:
- 1 – Targeted distribution of naloxone
 - 2 – Immediate response pathway for non-fatal overdose
 - 3 – Medication-Assisted Treatment
 - 4 – Targeting the people most at risk
 - 5 – Public Health Surveillance
 - 6 – Equity of Support for People in the Criminal Justice System
- 2.6 Funding of £156,000 until March 2022 has been received from the Scottish Government to address in particular, increasing Naloxone supply across Inverclyde, and assertive outreach to support the most vulnerable people into treatment services particularly following a non-fatal overdose.
- 2.7 The Inverclyde Alcohol and Drug Partnership has a Drug Death Prevention action plan, and is working with the Scottish Drugs Forum to review this prevention plan to ensure all appropriate actions to mitigate, and prevent, future drug deaths are being delivered within Inverclyde.

3.0 RECOMMENDATIONS

- 3.1 The Health & Social Care Committee is asked to note the findings from the National Records of Scotland Drug-Related Death Report 2019.
- 3.2 The Health & Social Care Committee is asked to note the work being driven through the Alcohol and Drug Partnership in relation to drug death prevention.

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4.0 BACKGROUND

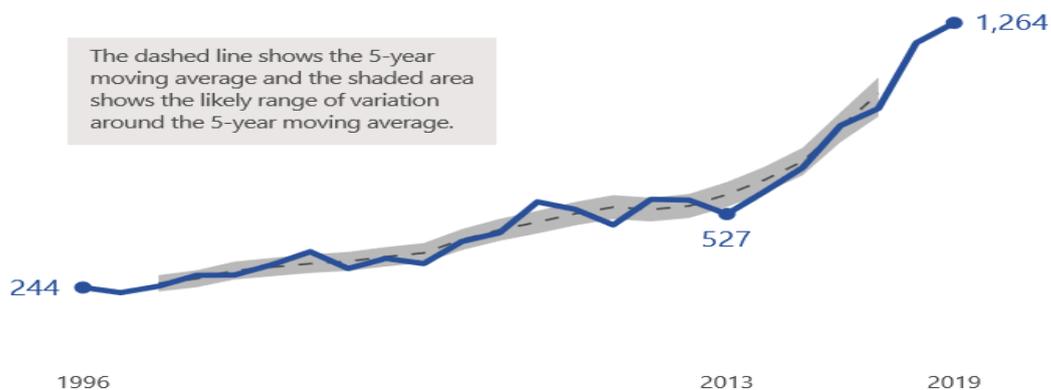
4.1 The “Drug-Related Deaths in Scotland in 2019” was published on 15th December 2020 by the National Records of Scotland (NRS). This continues the long standing drug-related death (DRD) reporting framework of those vulnerable individuals who sadly lose their lives to controlled drugs within the previous year.

This paper sets out the published data in relation to Scotland; NHS GGC and where available, Inverclyde data.

4.2 SCOTTISH DATA

- In 2019 there were 1,264 drug-related deaths, an increase of 6.5% and the highest number of deaths ever recorded, and more than double that of ten years earlier (545 in 2009).

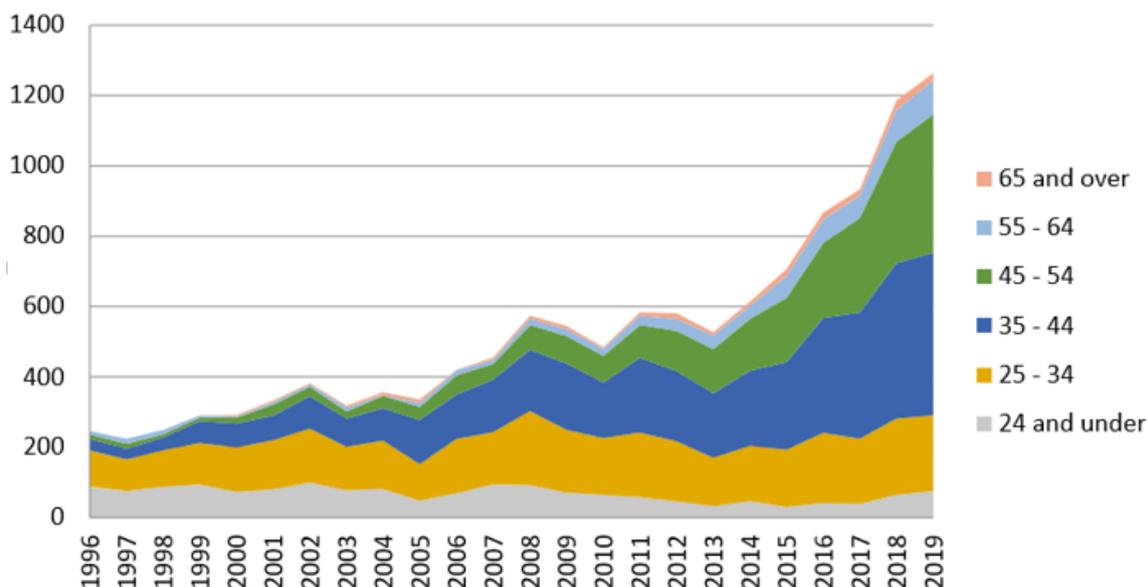
Drug-related deaths, 1996 to 2019



- Males accounted for 69% of the drug-related deaths in 2019, a similar proportion to recent years.
- The median age of drug-related deaths has increased from 28 to 42 over the last 20 years.
- In 2019, over two-thirds (68%) of all drug-related deaths were of people aged between 35 and 54: there were 856 such deaths, 69 more than in 2018. There was also an increase in 15-24 year old drug-related deaths, from 64 in 2018 to 76 in 2019.

The figure 1 below shows the changes in the age ranges since 1996 of those who died of a drug-related death.

Fig 1 Drug-related deaths by age and year 1996-2019



- Scotland's drug-death rate was higher than those reported for all the EU countries, and was approximately 3½ times that of the UK as a whole.
- Of the 1,264 Scottish drug-related deaths in 2019, these substances were implicated in, or potentially contributed to the cause of, the following numbers of deaths:
 - heroin and/or morphine 645 deaths, more than in any previous year and 51% of the total;
 - methadone 560 deaths, the same as in 2018 (44%);
 - one or more opiates or opioids (including heroin/morphine and methadone) 1,092 deaths, more than in any previous year (86%);
 - 'street' benzodiazepines (such as etizolam) 814 deaths, more than in any previous year (64%);
 - 'prescribable' benzodiazepines (such as diazepam) 195 deaths, fewer than in 2017 and 2018 (15%);
 - gabapentin and/or pregabalin 438 deaths, more than in any previous year (35%);
 - cocaine 365 deaths, more than in any previous year (29%).
- 94% of all drug-related deaths were of people who took more than one substance.

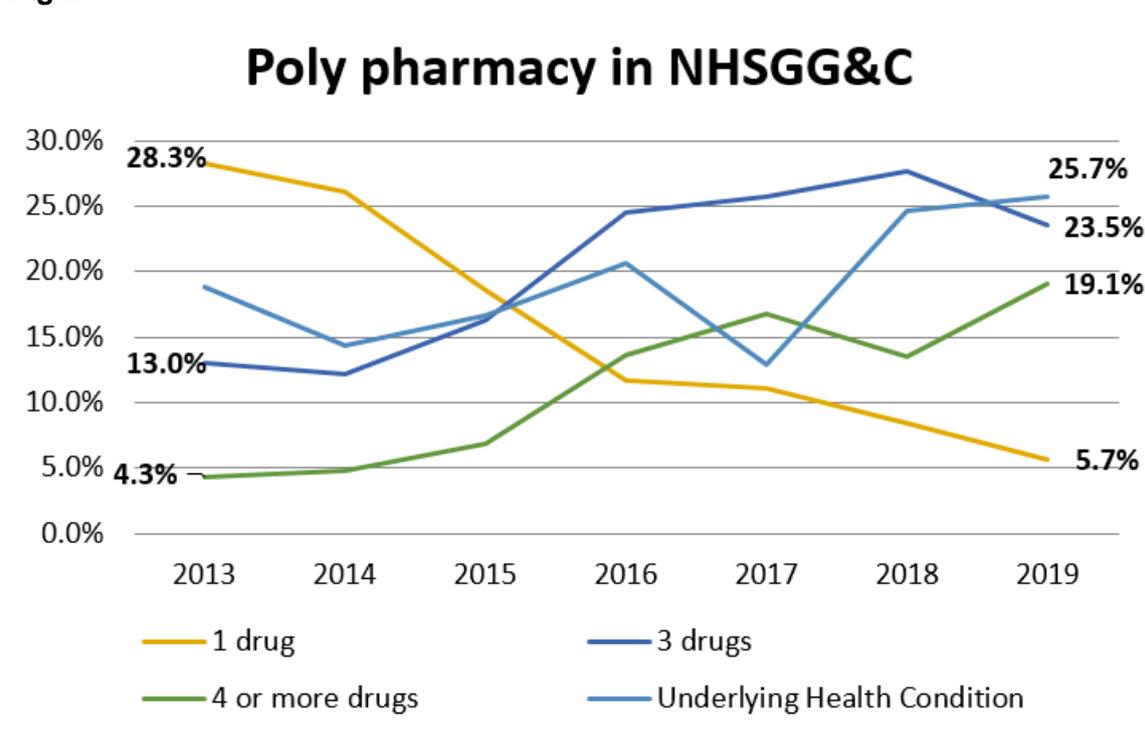
4.3 NHSGGC DATA

Those who died of a Drug-related Death across NHS GG&C were most likely to be:-

- Male (69.3%), aged between 45-54. (Range 16-73). This represents a shift compared to 2018 where those aged 35-44 were the most common across NHS GG&C.
- Living in the poorest communities of NHS GG&C (69.1%; SIMD Quintile 1).
- An increase in polypharmacy and in 2019 it was most common for 3 or more drugs to be implied in the cause of death.
- In 2019, more than one quarter of those who died also died with an underlying health condition in addition to drug intoxication (25.7%). This continues the trend seen in recent years where conditions such as chronic obstructive pulmonary disorder (COPD) or ischaemic heart disease have played a significant role in the death of an individual.

Fig.2 below shows the increasing trend in poly drug use over time

Fig.2



- With regards to opiate drugs, there were increases in the incidence of Heroin/ Morphine (50.3%) and Methadone (48.5%) although there was a slight decrease in the incidence of Buprenorphine (7.4%) and Tramadol (2.8%) present. There were also a very small number of deaths which had Fentanyl present (2.3%).
- Benzodiazepines continue to be the most commonly found drug implicated in drug-related deaths in 2019 (77.7%), which is mainly driven by the drug Etizolam (76.1%) which has risen from previous years.
- Overall the incidence of Gabapentinoids in drug-related deaths continues to rise (27.4%) although the proportion of Pregabalin now exceeds that of Gabapentin found at toxicology.
- There was also a slight decrease in deaths involving alcohol (9.9%)
- There continues to be no incidence of Stimulant –type New Psychoactive Substances(NPS) drugs, whilst analysis of other stimulant type drugs indicates a rise in Cocaine deaths (2017-17.1%; 2018-20.8% 2019- 27.2%).
- Analysis indicates that 92% of this involved Cocaine taken with other substances.
- Deaths involving Ecstasy remained low at 1.5% whilst there was a small rise in deaths involving Amphetamines (2.8%).
- There was a slight rise compared to 2018 of the number of individuals who died who were also known to be on Opioid Replacement Therapy at the time of death (42.9%). This is much lower compared to the peak in 2017 of 51.2%.

4.4 INVERCLYDE DATA

In 2019 there were 33 drug-related deaths, an increase of 9 (37.5%) from 24 in 2018. Fig 3 shows that Inverclyde has fewer actual numbers of drug deaths compared to other local authority areas.

Fig 3

Fig 3: Number of drug deaths by local authority 2019

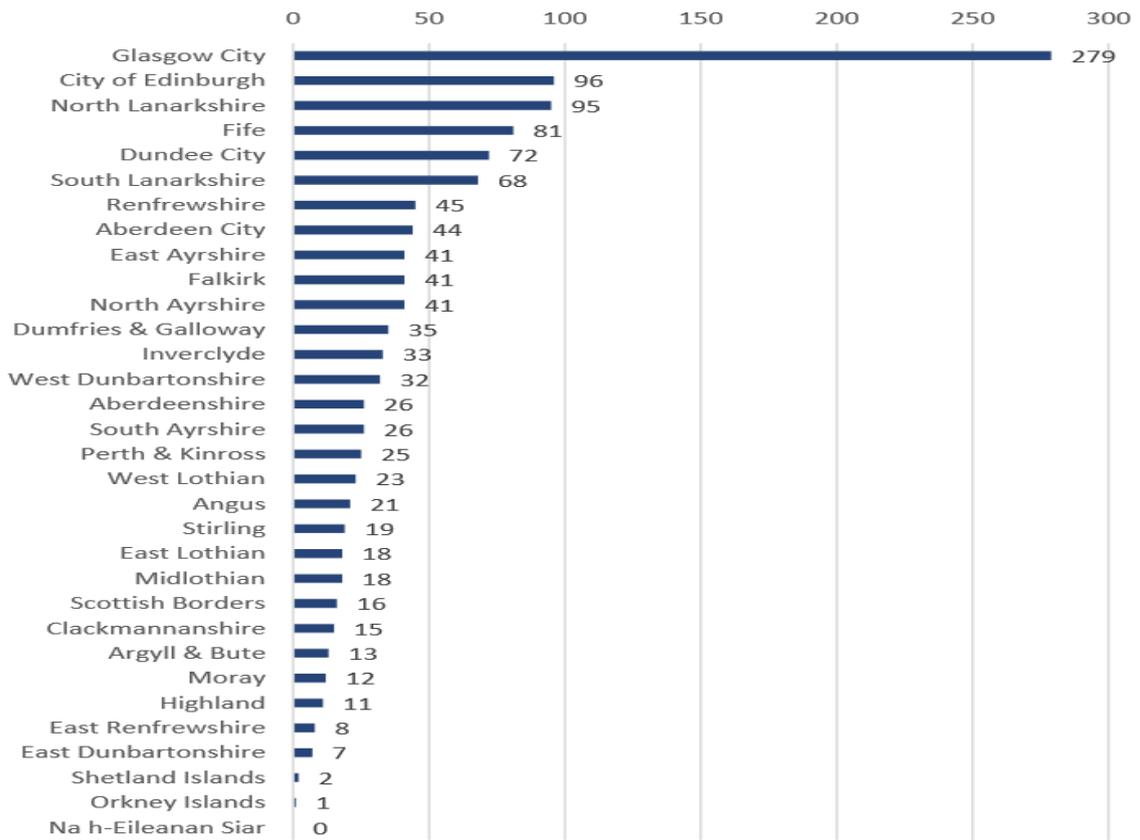
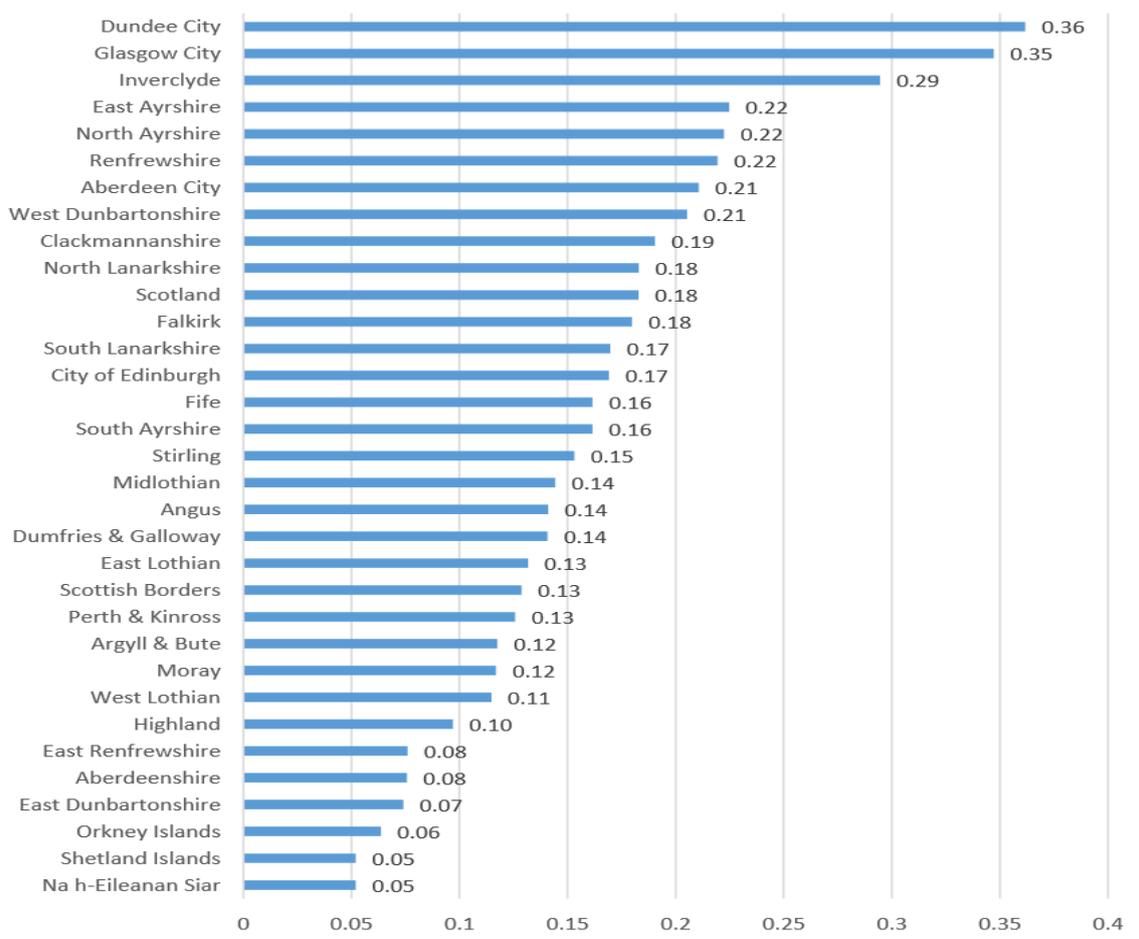


Fig 4 shows when this number is compared over a 5 year rolling average per 1000 population, Inverclyde is 3rd to Dundee and Glasgow city.

Fig 4

Fig 4: Average deaths per 1,000 population (2015-19)



The current data analysis of the 33 Inverclyde drug-related deaths is limited and care requires to be taken as the information is related to small numbers.

Those who died of a Drug-related Death in Inverclyde were most likely to be:

- Male 79% (26 males/7 females). Nationally males account for 69%
- Aged between 35-54
- With regards to opiate drugs in association with the drug-related deaths, there has been an increase in heroin/morphine and a decrease in Methadone
 - 13 (39%) deaths involved Heroin/Morphine (compared to 33% in 2018)
 - 16 (48%) deaths Methadone (compared to 54% in 2018)
- With regards to Benzodiazepines, they continue to be the commonly found drug implicated in drug-related deaths in 2019 (72.7%). (although a slight decrease compared to 79.1% in 2018)
 - Of the benzodiazepines found, “street benzodiazepines” were found in all cases which is mainly driven by the drug Etizolam (95.8%).(Higher than Scottish/NHSGGC figures)
 - This has risen since 2018 when “street benzodiazepines” accounted for 89.4% of all found, and Etizolam was 76.4%.
- Overall the incidence of Gabapentinoids in drug-related deaths continues to rise (36%) compared to 33% in 2018
- There was also a slight decrease in deaths involving alcohol (15%) compared to 20% in 2018, however this is still higher than the NHSGGC figure of 9.9%
- There has been a slight rise in cocaine to 36% compared to 33% in 2018.
- As stated previously poly drug use was common with on average 3 or more drugs implicated in cause of death.

- There was a slight rise compared to 2018 of the number of individuals who died who were also known to be on Opioid Replacement Therapy at the time of death (42%) compared to 37% in 2018.

4.5 Further analysis will now be undertaken by the NHSGGC Drug Death Research Analyst who should be able to provide more detailed information over the coming months.

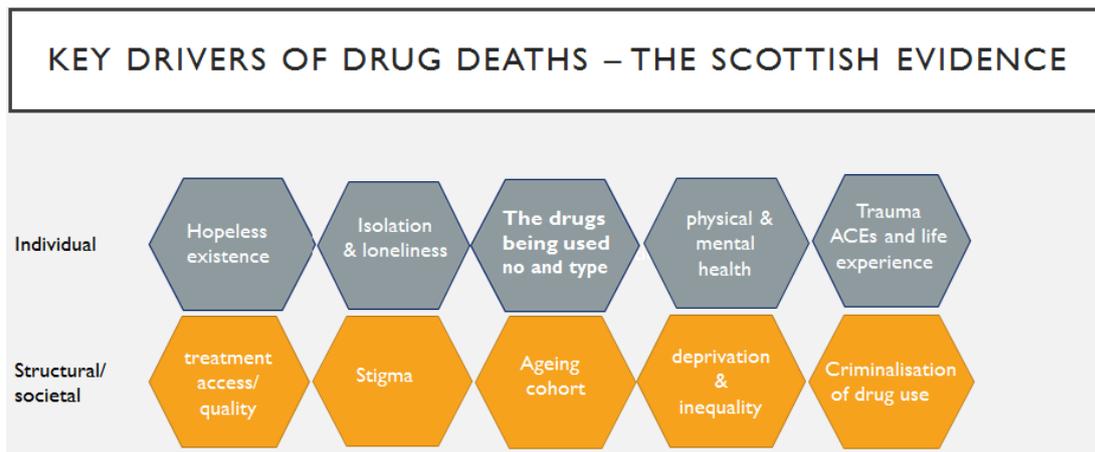
5.0 INVERCLYDE DRUG DEATH PREVENTION ACTION PLAN

5.1 Inverclyde Alcohol and Drug Partnership (ADP) has a 3 year strategy (2020 to 2023) with the Inverclyde vision “prevent alcohol and drug-related harm, support recovery and reduce the impact of alcohol and drug use across our community”. The strategy emphasises the cross cutting themes related drug and alcohol related harm and the need to focus on a wider systems approach to tackle these.

The ADP strategy is therefore focussed on the wider work required and based on the 5 pillars set out below, with previous reports to committee outlining the ongoing work in relation to these.

Pillars	Prevention and Early Intervention	Developing Recovery Orientated Systems of Care	Getting it Right for Children, Young People and Families	Public Health Approach in Justice	Alcohol Framework 2018
National Outcomes	Fewer people develop problem drug use.	People access and benefit from effective, integrated person-centred support to achieve their recovery.	Children and families affected by alcohol and drug use will be safe, healthy, included and supported.	Vulnerable people are diverted from the justice system wherever possible, and those in the system are fully supported.	A Scotland where less harm is caused by alcohol.

5.2 Preventing drug deaths is a key component of this overarching strategy and the ADP previously developed a Drug Death Prevention Action Plan, focussing on the areas of evidence and key outcome areas as determined by the Scottish Government Drug Death Taskforce. This taskforce has identifies a complex mix of factors, as set out below, which require a response from a wide range of agencies, and a better understanding of need among those who can support people impacted by harmful drug misuse.



5.3 Inverclyde’s Drug Prevention Action Plan sets out the six key outcome areas identified by the national Drug Death Taskforce as areas of evidence based practice to impact on drug deaths:

- 1 – Targeted distribution of naloxone
- 2 – Immediate response pathway for non-fatal overdose
- 3 – Medication-Assisted Treatment
- 4 – Targeting the people most at risk
- 5 – Public Health Surveillance
- 6 – Equity of Support for People in the Criminal Justice System

5.4 The action plan (Appendix1) highlights a range of ongoing work against each of these outcomes including:

- The inclusion of the 3rd sector to distribute Naloxone (through the Lord Advocate’s decree during Covid)
- The development of the information sharing protocols with key partners to ensure assertive outreach within 48 hours to anyone who has had a non fatal overdose.
- The work to support those most at risk into treatment and try to keep them established within treatment services
- The reduction in waiting times into ADRS treatment services; the ongoing work to support service users onto appropriate doses of treatment; and the introduction of Buprenorphine (longer lasting injection) which may change prescribing practices.
- The review of all drug deaths on a multiagency basis to determine any learning and improvements in practice
- The introduction of Care Navigators to work intensively with the most vulnerable service users known to Homelessness; ADRS and Criminal Justice

5.5 This action plan is being reviewed in early 2021 as part of an ongoing process to ensure everything possible to mitigate drug deaths is considered and actioned. As part of the “*Staying Alive in Scotland Toolkit*”, two sessions facilitated by the national Scottish Drugs Forum are organised for February 2021 to support local ADP partners, and community members with lived experience, to reflect on the current action plan and develop areas of work related to:

- Opioid Substitution Therapy and Low Threshold Prescribing
- Access to Services
- Retention in Services, Continuity, Trauma and Assertive Outreach
- People Over 35 Who Use Drugs
- Naloxone
- Prison Throughcare and Custody
- Information Sharing
- BBV Testing and Treatment
- High Risk Injecting, Wound Care and Bacterial Infections

5.6 Further analysis will now be undertaken by the NHSGGC Drug Death Research Analyst who should be able to provide more detailed information over the coming months. Dr Tony Martin will be asked to present a more detailed analysis in early Spring to Alcohol and Drug Partnership this could extend to an all members if requested.

6.0 IMPLICATIONS

Finance

6.1

Cost Centre	Budget Heading	Budget Years	Proposed Spend this Report £000	Virement From	Other Comments
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Annually Recurring Costs / (Savings)

Cost Centre	Budget Heading	With Effect from	Annual Net Impact £000	Virement From	Other Comments

Legal

6.2 There are no legal issues within this report.

Human Resources

6.3 There are no Human Resources issues within this report.

Equalities

6.4 Has an Equality Impact Assessment been carried out?

	YES (see attached appendix)
x	NO – This report does not introduce a new policy, function or strategy or recommend a change to an existing policy, function or strategy. Therefore, no Equality Impact Assessment is required.

Fairer Scotland Duty

If this report affects or proposes any major strategic decision:-

Has there been active consideration of how this report's recommendations reduce inequalities of outcome?

x	YES – A written statement showing how this report's recommendations reduce inequalities of outcome caused by socio-economic disadvantage has been completed. Many of the service users affected by drug and alcohol issues are from areas of deprivation and suffer greater inequalities. Through delivering more recovery orientated care should bring positive impact on service users ability to engage more meaningfully within the community.
	NO

(c) Data Protection

Has a Data Protection Impact Assessment been carried out?

	YES – This report involves data processing which may result in a high risk to the rights and freedoms of individuals.
x	NO

6.5 Repopulation

All of the steps undertaken by Officers seek to support the long-term interests of the Inverclyde economy and to provide a secure and safe environment for its workforce.

7.0 CONSULTATION

7.1 None

8.0 LIST OF BACKGROUND PAPERS

8.1 Appendix 1-Inverclyde Alcohol and Drug Partnership Drug Death Prevention Action Plan

Inverclyde IADP

Alcohol & Drug Partnership

www.inverclydeadp.org.uk

Inverclyde Alcohol and Drug Partnership

Drug Related Death Prevention Action Plan 2020/21

May 2020

Progress update as at November 2020

Introduction

This action plan provides details of Inverclyde Alcohol and Drug Partnership's priorities for preventing drug related deaths in 2020/21. Key actions which will be taken forwarded by ADP partners are outlined. Our actions are directed by recent recommendations from the Scottish Government's Drug Death Task Force which was set up in response the ongoing and rapid increase in Drug Related Deaths in Scotland in 2018 and Scottish Governments " Staying Alive" in Scotland - good practice indicators for the prevention of drug related deaths.

Key Actions for 2020/21

Response Outcomes	Current Coverage	Actions for 2020/21	ADP Partners Who will be involved in delivering priorities	RAG & Update Quarterly review of progress to be completed by Drug Death Prevention Group
<p>1. Targeted distribution of Naloxone</p> <p>Outcome :</p> <p><i>-Naloxone is available to those who need it.</i></p> <p><i>-Drug related deaths are reduced.</i></p>	<p>Treatment services include the offer of Naloxone at assessment and throughout the care pathway.</p> <p>Take up can be low.</p>	<p>1.1 ADRS services to increase take up of Naloxone offer. Offer to be recorded and acceptance/refusal to be recorded.</p> <p>1.2 All commissioned services to be trained</p> <p>1.2 Include peer support and recovery communities in helping to reduce barriers to take up of Naloxone.</p> <p>1.3 Train peers to deliver Naloxone training.</p> <p>1.4 Train and distribute Naloxone to family members. (including via family support services and those not in service)</p>	<p>ADRS</p> <p>HMP Greenock</p> <p>Recovery Communities</p> <p>Recovery Development –Your voice</p> <p>Moving on Inverclyde</p> <p>Peer mentor project & Recovery Café</p> <p>Successful bidder to ADP Family support Service</p>	<p>Nov 2019</p> <p>Successful bid to DDTF until March 22. –Naloxone facilitator part time post in recruitment</p> <p>Focus on increasing supply and distribution agencies across Inverclyde.</p> <p>Increased provision of Naloxone throughout pandemic via ADRS.</p> <p>Three 3rd sector organisations now</p>

Response Outcomes	Current Coverage	Actions for 2020/21	ADP Partners Who will be involved in delivering priorities	RAG & Update Quarterly review of progress to be completed by Drug Death Prevention Group
				<p>signed up to distribute naloxone.- Moving On; Salvation Army; YourVoice.</p> <p>SFAAD able to distribute to family members locally.</p>
	Several local pharmacy outlets offer training and distribution of Naloxone.	<p>1.5 Expand Naloxone training and awareness provided at community pharmacy.</p> <p>1.6 Expand number of pharmacy outlets where Naloxone is available Naloxone to provide a wider geographic spread of supply.</p>	<p>ADRS</p> <p>HSCP Public Health</p> <p>NHS GGC Addictions Pharmacy.</p>	<p>Once Naloxone facilitator in post will have key remit to include more pharmacies (currently 5 in Inverclyde supply)</p>
		1.7 Increase Naloxone provision to high risk individuals. POP Clinics /DTTO/Co morbidity/ Homelessness.	<p>ADRS</p> <p>Homelessness Services</p> <p>Criminal Justice Services</p>	<p>Staff in Homelessness training to administer Naloxone. Refresher training for all ADRS staff</p>
	Release from Prison is a high risk time for Drug Related Deaths and other drug use related harms.	1.8 NHS HMP and Scottish Prison staff will increase training and take up of Naloxone for prisoners on release.	HMP Greenock – SPS and NHS.	<p>HMP Greenock in conjunction with Scottish Drugs</p>

Response Outcomes	Current Coverage	Actions for 2020/21	ADP Partners Who will be involved in delivering priorities	RAG & Update Quarterly review of progress to be completed by Drug Death Prevention Group
	<p>Naloxone is part of the person's healthcare offer for those in prison and for take home on release. Take up can be low.</p> <p>ADRS staff who work with people on release from Prison include Naloxone as part of core assessment.</p>	<p>1.9 HMP Greenock will include the distribution of intra nasal naloxone kits as a way of overcoming barriers to take up of Naloxone.</p>		<p>Forum developing peer mentor naloxone programme. All people liberated leave prison with Naloxone if required.</p>
<p>2. Immediate response pathway for non-fatal overdose</p> <p>Outcome:</p> <ul style="list-style-type: none"> - <i>Fatal overdose is reduces:-</i> - <i>People are supported following a non-fatal overdose to help reduce the risk of subsequent fatal overdose.</i> 	<p>Patients admitted to acute NHS care for non-fatal overdose will be provided with access to acute psychiatric services and alcohol and drug acute liaison support. This provides the opportunity for:</p> <ul style="list-style-type: none"> ▪ intervention ▪ referral on to specialist services ▪ prescribed Naloxone on discharge <p>Non-fatal overdose patient who are treated by emergency services at acute settings or by paramedics fall outwith this opportunity. In addition, other emergency</p>	<p>2.1 Establish improved multi agency intelligence around non-fatal overdose including those not in services.</p> <p>2.2 All non- fatal overdose cases will be reviewed by a multiagency group to establish and apply learning to current practice.</p> <p>2.3 ADRS Processes will be reviewed to ensure fast track assessment and access to Medically Assisted Treatment for those experiencing non-fatal overdose.</p> <p>2.4 In hospital settings, we will ensure drug liaison service response pathway are in place as quickly as possible including those attending emergency</p>	<p>ADRS/ADP</p> <p>Police Scotland</p> <p>Scottish Ambulance Service</p> <p>Acute Liaison Service</p> <p>NHS GGC</p> <p>NHS GGC Acute Services</p>	<p>Inverclyde Drug Death Monitoring Group established to oversee all progress.</p> <p>Protocol with IRH and ADRS being established to ensure all affected by NFOD will be seen through assertive outreach within 48hours.</p> <p>Awaiting Information sharing protocols</p>

Response Outcomes	Current Coverage	Actions for 2020/21	ADP Partners Who will be involved in delivering priorities	RAG & Update Quarterly review of progress to be completed by Drug Death Prevention Group
	services may be first responders to non-fatal overdose situations.	departments. 2.5 Establish Information sharing protocols between first responders to non-fatal overdose including Accident and Emergency departments and Police Scotland and ADRS to support continuation/initiation of prescribed medication and support where appropriate. - This work is in the early stages of development with NHS GGC.		with national Police Scotland to be agreed. Protocol with SAS in progress.
<p>3. Medication-Assisted Treatment</p> <p>Outcome:</p> <p><i>Optimal Medication-Assisted Treatment is available for everyone who needs it.</i></p>	<p>Inverclyde ADRS provides a comprehensive Medically Assisted Treatment (MAT) Service. All ADRS services have been reviewed and a new service model is currently being implemented. This service is supported by psychological services, counselling and social support.</p> <p>Most recent drug related Death data (2018) reflected an increase in people who had died who were not at the time of death in receipt of MAT services.</p>	<p>3.1 Our MAT model will be supported by access to commissioned services supporting recovery pathways.</p> <p>3.2 Increase capacity across psychological services within ADRS</p> <p>3.3 Reduce waiting times for Drug Treatment services.</p> <p>3.4 ADP will raise public awareness of MAT as an effective medical intervention –this will involve local leadership.</p> <p>3.5 Target those not in services. Reduce barriers to access by providing assessment clinics at GP practices as part of CORRA funded test of change project.</p>	<p>ADRS</p> <p>Recovery Community</p> <p>GP Practices</p> <p>Local Leaders (ADP Committee Representation)</p> <p>All ADP Partners (Stigma)</p> <p>Third sector partners</p>	<p>Waiting times reduced into ADRS treatment. Same day treatment available if appropriate.</p> <p>Work ongoing within ADRS to support the need for service users to be on appropriate doses of medication (to try to reduce poly drug use)</p> <p>ADRS now rolling out use of Buprenorphine</p>

Response Outcomes	Current Coverage	Actions for 2020/21	ADP Partners Who will be involved in delivering priorities	RAG & Update Quarterly review of progress to be completed by Drug Death Prevention Group
	<p>Inverclyde MAT services offer a key worker model which provides for regular review of treatment. Medication dose and other support needs.</p> <p>People who use drugs face many barriers to accessing treatment including the stigma they face across the community.</p>	<p>3.6 Inverclyde wide campaign to address stigma faced by people who use drugs will be implemented, This will be for staff across all agencies and wider community. This work will be supported by our peer and recovery communities.</p> <p>3.7 Trauma informed practice training will be delivered across services.</p> <p>3.8 Consider outcomes of evaluation of Glasgow City HSCP use of Safer Injection</p>		<p>Trauma informed training as part of upskilling ADRS and partner organisations staff</p>
<p>4. Targeting the people most at risk</p> <p>Outcome:</p> <p><i>- the most at risk are supported, informed and empowered to help decide on the recovery pathway which will offer the best outcome for them.</i></p> <p><i>- health inequalities are reduced by focusing</i></p>	<p>The prevalence of comorbidity is high among the people who use our services; this includes both physical and mental health morbidities. In addition, we have an ageing cohort of people with needs related to harmful drug use who often also face particular problems with poverty and deprivation.</p> <p>ARDS have a co-morbidity team which is supervised by a Consultant Psychiatrist and will continue to implement the</p>	<p>4.1 ADRS will develop increased opportunities for MAT to be provided within Primary Care.</p> <p>4.2 Primary Care Addiction Nurse Liaison will support access to services for hard to reach groups.</p> <p>4.3 ADRS extended hours provided via test of change will support better access to services . Including for those with caring responsibilities.</p> <p>4.4 Opportunities for harm reduction support (Needle Exchange, BBV testing) will be increased by primary care developments and work with local pharmacy outlets</p>	<p>ADRS</p> <p>Primary Care</p> <p>Recovery Communities</p> <p>Local Pharmacy</p> <p>NHS GGC Addictions Pharmacy Lead.</p>	<p>CORRA funded developments within Primary care affected by Covid and now being established.</p> <p>BBV testing now offered at every new assessment. Routine BBV testing affected by Covid.</p> <p>Funding from DDTF</p>

Response Outcomes	Current Coverage	Actions for 2020/21	ADP Partners Who will be involved in delivering priorities	RAG & Update Quarterly review of progress to be completed by Drug Death Prevention Group
<p><i>activities around the people who are often hardest to reach.</i></p>	<p>Mental Health and Addictions Interface Policy.</p> <p>Poly drug use and in particular the use of 'street' benzodiazepines (specifically Etizolam) is of particular concern in Inverclyde.</p> <p>People who are homeless are a particular vulnerable group, ADRS have dedicated staff teams supporting this patient group.</p>	<p>4.5 ADP commissioned recovery services will target participation from vulnerable groups. Including women and people living in areas of high deprivation.</p> <p>4.6 Assertive outreach is part of the new ADRS model which will support us to maintain people in services reducing unplanned discharge.</p>		<p>to ADRS and Moving On until March 2022 to develop assertive outreach services including peer support for those most at risk, to try to get into, and stay in treatment.</p>
<p>5. Public Health Surveillance</p> <p>Outcome:</p> <p><i>-Harm is reduced as our response is shaped by information and intelligence including - trends and changes in patterns of harm and drug types found to be in supply.</i></p>	<p>All drug related deaths are currently scrutinised as part of clinical governance processes. We are provided with national and local intelligence as part of the NHS GGC Drug Trend monitoring group and local information obtained from staff working on the front line. We work closely with partners and share national information across ADP partners.</p> <p>The ADP participates in the</p>	<p>5.1 improve how we collect, communicate and share data more quickly to better support our response to changing trends and risks.</p> <p>5.2 Ensure we have the appropriate information sharing protocols in place to support the sharing of information for public health surveillance purposes.</p> <p>5.3 Implement multiagency analysis of all DRD in Inverclyde including those in/known to services and those not known to services with a focus on</p>	<p>ADP</p> <p>ADRS</p> <p>NHS GGC Drug Trend Monitoring Group</p> <p>Police Scotland</p> <p>NHS GGC Drug Death Analyst</p> <p>Police Scotland</p>	<p>Current ADRS Governance processes to review all deaths of those who were in service.</p> <p>Multiagency Drug Death review Group established to review all drug deaths and learning from this reflecting into changes in</p>

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	<p>Police Scotland K division Drug Action Partnership Group which provides a focus on local intelligence around drug supply and drug related deaths.</p> <p>The ADP has a drug alert process in place which shares information about drug trends across a wide range of ADP partners including those providing prevention and education to our young people and across the community.</p>	<p>implications for practice across partner agencies.</p>	<p>including Drug action Partnership Group</p>	<p>practice as required.</p> <p>Regular reporting from Police Scotland on suspected drug deaths.</p> <p>Regular reporting from Public Health on any new or emerging drugs across the UK.</p>
<p>6. Equity of Support for People in the Criminal Justice System</p> <p>Outcome: <i>-People who use drugs have access to equivalent support through the most appropriate MAT and that naloxone provision is available in the criminal justice system as they would elsewhere</i></p>	<p>There is a high correlation between people who die from Drug Related Deaths and involvement with the criminal justice system.</p> <p>Release from prison custody is a particularly vulnerable time for people who use drugs: tolerances can be reduced and knowledge of the quality of supply may be poor. Prison healthcare and SPS staff include harm reduction including Naloxone and</p>	<p>6.1 Review ADRS and HMP protocols for referrals to MAT services for prisoners being released from across the HMP campus.</p> <p>6.2 Provide staff across local criminal justice systems (HMP, Police Scotland, Criminal Justice Social Work and third sector) with access to training and awareness around alcohol and drug related harm, trends in drug use and supports available.</p> <p>6.3 Continue to develop a multiagency approach to this most vulnerable cohort</p>	<p>Police Scotland</p> <p>SPS HMP Greenock</p> <p>NHS Staff HMP Greenock</p> <p>Criminal Justice Social Work</p> <p>Community Justice Partnership</p> <p>ADRS</p>	<p>All prisoners on treatment being released to Inverclyde community are transferred from prison healthcare to ADRS.</p> <p>All prisoners initially moving into residential rehab in Inverclyde through prison pathways, are</p>

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	<p>referrals to local drug treatment services. These processes are important to ensure continuity of treatment where those being released are in receipt of MAT.</p> <p>ADRS Complex Needs Team continues to support people into drug/alcohol services on release from custody and support diversion from custody. This includes supporting women involved with the justice system.</p>	<p>who access Homelessness, ADRS and Criminal Justice services. Including intensive support being provided by care Navigator project.</p> <p>6.4 Utilise current Voluntary Throughcare developments in Inverclyde as a mechanism for supporting needs related to drug use including links with recovery networks.</p> <p>6.5 Explore the use of Police custody suites as a location for the provision of support and referral to drug treatment, support and recovery networks.</p> <p>6.5 Support diversion from custody by increasing our public health approach to help people avoid, or be diverted from the system. Including Specialist treatment as part of the judicial process (e.g. Drug Treatment and Testing Orders or Drug Treatment Requirements as part of a Community Payback Order).</p>	<p>Third sector</p> <p>Homelessness Services</p>	<p>alerted to ADRS.</p> <p>Voluntary Throughcare established to ADRS for support to any prisoner requesting support with alcohol and drug issues prior to their release</p> <p>Two Care Navigator posts within Inverclyde HSCP to work with most vulnerable known to ADRS, Homelessness and Criminal Justice.</p> <p>Bid into Scottish Government DDTF for a peer navigator to support arrest referral and custody support into early intervention.</p>

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<p>7. Governance</p>	<p>Drug related deaths is a standing agenda item within the ADP Executive group agenda and details of people who have died is part of quality assurance and monitoring within ADRS reporting processes through clinical governance. Where there is a focus on future prevention and any practice implications. HNS GGC Drug Death analyst provides specialist knowledge.</p>	<p>7.1 Establish a drug death prevention group to drive and monitor the actions within the strategy which will be reported to the ADP.</p> <p>7.2 Group chair will reflect the leadership required by the recommendations within the Drug Death Task Force Report.</p>	<p>Representation from ADRS Drug Treatment Service</p> <p>Prison Services</p> <p>Police Scotland</p> <p>Criminal Justice SW, Acute Services, Primary Care.</p> <p>Public Health NHS GGC Drug Death Analyst</p>	<p>Inverclyde Drug Death Monitoring Group established with leadership from head of Mental Health/ADRS and Homelessness</p>

References

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