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<b>Report To:</b>	<b>Inverclyde Integration Joint Board</b>	<b>Date: 20 September 2021</b>
<b>Report By:</b>	<b>Louise Long Chief Officer Inverclyde Health &amp; Social Care Partnership</b>	<b>Report No: IJB/35/2021/AM</b>
<b>Contact Officer:</b>	<b>Anne Malarkey Head of Mental Health, ADRS and Homelessness</b>	<b>Contact No:</b>
<b>Subject:</b>	<b>DRUG RELATED DEATHS 2020 AND ADP UPDATE</b>	

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## **1.0 PURPOSE**

- 1.1 The purpose of this report is to present to the Integrated Joint board the details from the recently published Drug Related Deaths in Scotland in 2020, published by the National Records of Scotland. An update on the Inverclyde Alcohol and Drug Partnership will also be presented.

## **2.0 SUMMARY**

- 2.1 While this report has a particular focus on presenting data; it is important to recognise that behind every piece of data presented are people who have sadly lost their lives, who have left behind family and friends and who were part of our local communities.
- 2.2 Data in the report is presented at a Scotland wide level (with additional detail provided at this level) and then at Health Board Level and finally there is more limited information available at a Local Authority level.
- 2.3 In 2020, there were 1,339 drug-related deaths registered in Scotland. This was 5% more than in 2019 and the largest number since records began in 1996. In NHS Greater Glasgow and Clyde there were 444 drug-related deaths, an increase of 9.9% on 2019. In Inverclyde there were 33 drug-related deaths, no change from 2019.
- 2.4 In 2020, males were 2.7 times as likely to have a drug-related death as females, after adjusting for age in Scotland. This picture is reflected across NHS GG&C where there were 321 male deaths compared to 123 females, however, of note is the rate of increase over the last 10 years in female deaths, rising from 35 in 2010, an increase of 251.4%. In Inverclyde there were 28 male deaths and 5 female deaths in 2020. This compares to 13 male deaths in 2010 and 4 female deaths in the same year.
- 2.5 63% of all drug-related deaths were of people aged between 35-54 years of age in Scotland, with the average being 42.6. This was a similar picture in NHS GG&C indicating that those aged 35-44 have the highest 5 year average drug-related deaths per 100,000 population at an average of 81.9. Likewise, Inverclyde has an average rate of 113.3 for those aged 35-44.
- 2.6 In 2020, after adjusting for age, people in the most deprived areas were 18 times as likely to have a drug-related death as those in the least deprived areas. That ratio has almost doubled in 20 years, from around 10 times in the early 2000s.

2.7 Using age standardised death rate in relation to drug related deaths, the Scotland wide rate average from 2016-2020 is 21.2 per 100,000 population. NHS GG&C has the highest age-standardised drug-related death rate of all health board areas at 30.8. Inverclyde has the third highest rate at a Local Authority level with a rate of 36.7. This compares to Dundee at 43.1 and Glasgow City at 39.8.

2.8 In 93% of all drug-related deaths, more than one drug was found to be present in the body.

2.9 The table below provides an outline of the overall substances implicated:

<b>Substances</b>	<b>Scotland</b>	<b>NHS GG&amp;C</b>	<b>Inverclyde</b>
opiates/opioids (such as heroin/morphine and methadone)	89%	86.7%	87.88%
benzodiazepines (such as diazepam and etizolam)	73%	72.97%	75.76%
gabapentin and / or pregabalin	37%	32.88%	24.24%
cocaine	34%	33.56%	69.7%

2.10 With regards to the underlying cause of death there is a very similar picture with 92.76% of drug-related deaths in Scotland being classified as accidental poisoning and this being 95.05% in NHS GG&C and 93.94% respectively in Inverclyde.

2.11 Scotland's drug-death rate was over 3½ times that for the UK as a whole, and higher than that of any European country.

2.12 Following the publication of the 2019 Drug-Related Deaths in Scotland Report, Scottish Government has outlined the National Drugs Mission and associated funding to address drug related deaths.

2.13 Inverclyde Alcohol and Drug Partnership's Drug Death Prevention Action Plan focuses on actions related to the national Drug Death Taskforce priorities:

- Targeted distribution of naloxone;
- Immediate response pathway for non-fatal overdose;
- Medication-Assisted Treatment;
- Targeting the people most at risk;
- Public Health Surveillance;
- Equity of Support for People in the Criminal Justice System

### **3.0 RECOMMENDATIONS**

3.1 It is recommended that the Integrated Joint Board:

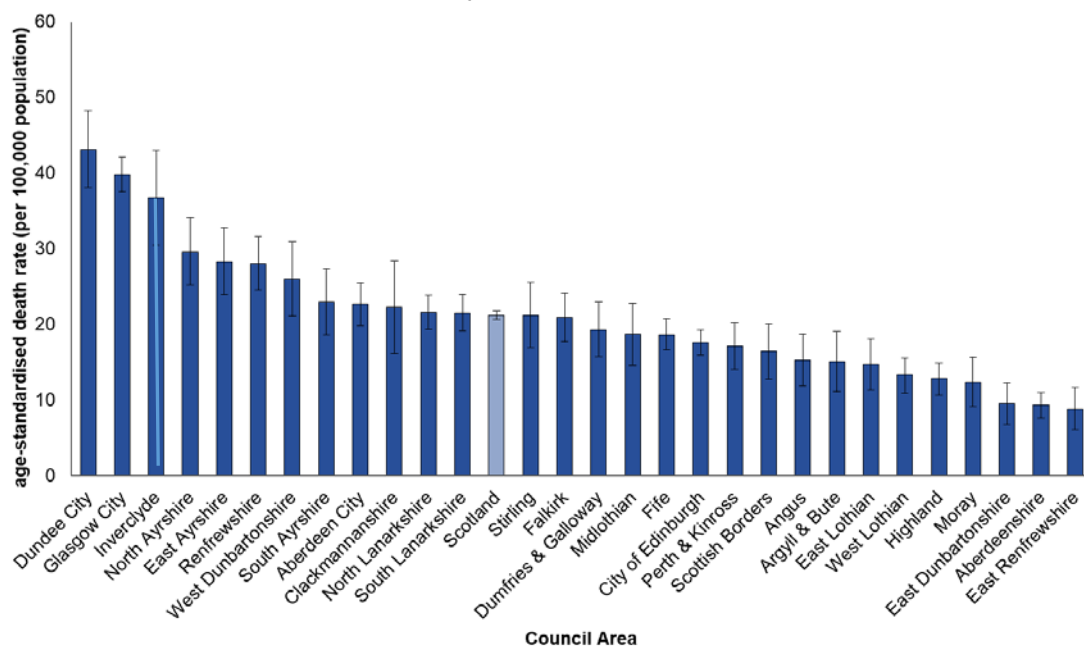
- a. Note and give comment on the Drug Related Deaths in Scotland in 2020 Report.
- b. Approve the work being driven through the Inverclyde Alcohol and Drug Partnership in relation to drug death prevention.

**Louise Long**  
Chief Officer

## 4.0 BACKGROUND

- 4.1 The “Drug Related Deaths in Scotland in 2020” was published on 30 July, by the National Records of Scotland. This continues to be the long standing drug related death reporting framework of those individuals who sadly lose their lives to controlled drugs within the previous year.
- 4.2 In 2020 there were 1,339 drug-related deaths in Scotland. This is a 5% increase since 2019, with the age standardised rate per 100,000 population being 25.2 in Scotland.
- 4.3 Deaths have increased substantially over the last 20 years – there were 4.6 times as many deaths in 2020 compared with 2000.
- 4.4 Age-standardised mortality rates take account of the size of the population and its age structure, in order to provide more reliable comparisons of mortality over time and/or between areas or between sub-groups of the population. For example, as the probability of death tends to increase with age, changes in the age distribution of the population could have an effect on any apparent trend shown by the numbers of deaths. Similarly, if the populations of two areas or sub-groups have different age distributions, using age-standardised rates will remove the effect of those differences and show which area or sub-group has the higher underlying mortality rate. Therefore age-standardised rates are more reliable for comparing mortality over time and between different areas.
- 4.5 In NHS GG&C there were 444 drug-related deaths, an increase of 9.9% on 2019, the highest ever recorded. Here the 2016-2020 average deaths per 100,000 is 30.3, with Glasgow City being 38.6 and Inverclyde being 34.5.
- 4.6 While Inverclyde has seen no rise in the number of drug-related deaths from 2019, remaining at 33; as outlined by the 5 year average rate outlined above; Inverclyde remains the third highest rate only compared to Glasgow at 38.6 and Dundee at 43.1. This is illustrated in the graph below:

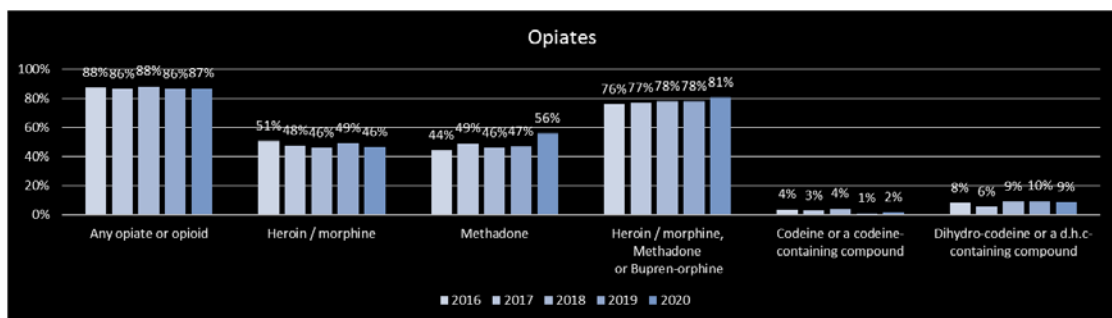
**Figure 6A: Drug-related deaths for selected council areas, age-standardised death rates, Scotland 2016-2020**



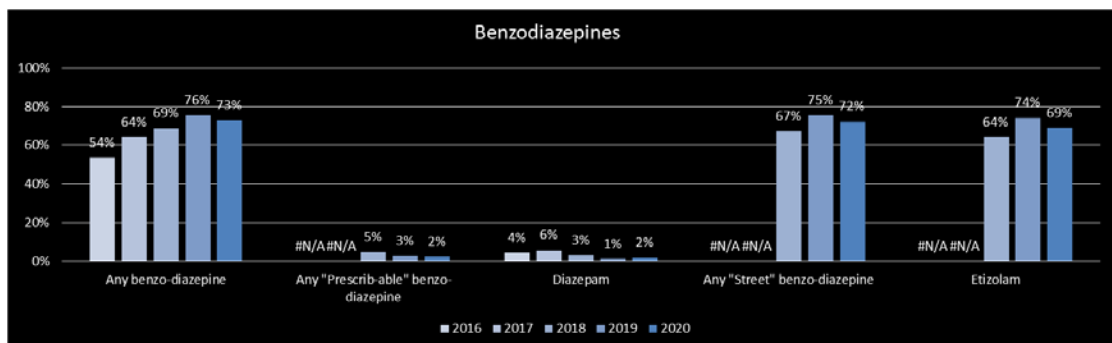
- 4.7 The average age of drug-related deaths has increased over the last 20 years, with the average age being 32 years in 2000, whereas this has increased over time to 43 years in 2020. There may be several factors that are influencing this pattern including, for example, having a long history of drug use and the physical impact of this; as well as the significant increase in poly-drug use and the range of drugs implicated as well as the volume taken.

- 4.8 In Inverclyde the annual average for 2016-2020 per 100,000 was 16.3 who were 15-24 years of age. This is the third highest rate for this age-group next to Renfrewshire at 17.0 and Midlothian with 18.6. A further deep dive to understand this data more will be undertaken.
- 4.9 The largest rate in relation to age-group in Inverclyde is the 35-44 age band in Inverclyde with a 5 year average rate per 100,000 of 113.3. Work is underway by services across the ADP to target this age-group, particularly those who are also experiencing severe and multiple disadvantages such as homelessness, involvement in the justice system and / or mental health issues.
- 4.10 Poly-drug use is a critical factor with 93% of drug-related deaths in Scotland evidencing more than one substance from the toxicology reports. The following graphs illustrate the range of substances and illustrate the changing drug trends across NHS GG&C, however, these very much reflect a similar picture in Scotland and in Inverclyde.

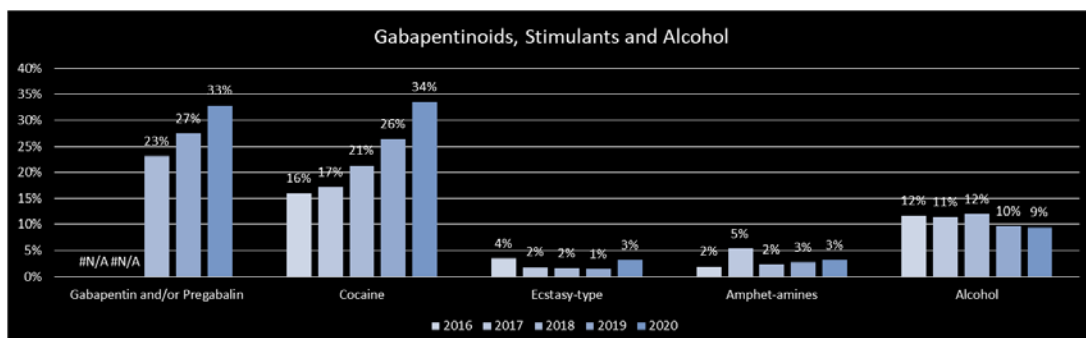
Opiates Implied in the Cause of Death



Benzodiazepines Implied in the Cause of Death



Gabapentinoids, Stimulants & Alcohol Implied in the Cause of Death

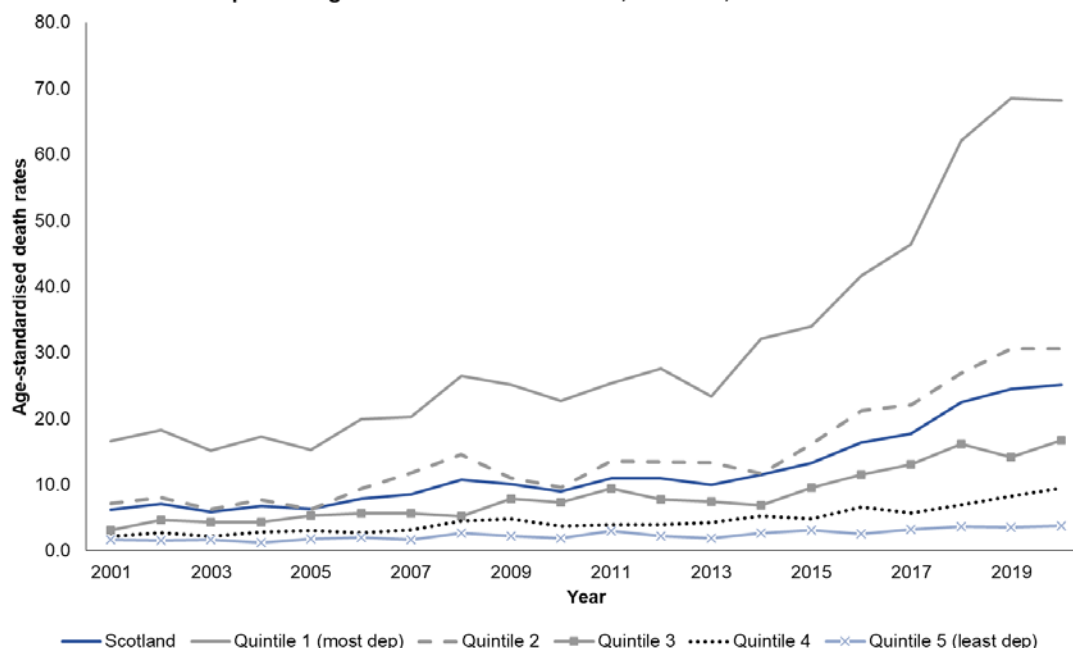


Of particular note where there is a clear distinction in Inverclyde is that 69.7% of drug-related deaths implicated cocaine use, compared to the NHS GG&C figure of 33.56% and the Scotland wide figure of 34%. This would suggest that cocaine is possibly easier to access in Inverclyde.

- 4.11 In 2020, after adjusting for age, people in the most deprived areas were 18 times as

likely to have a drug-related death as those in the least deprived areas (68.2 per 100,000 population compared with 3.7) This ratio has almost doubled in 20 years where those in the most deprived areas were around 10 times as likely to have a drug-related death as those in the least deprived. This stark factor is illustrated in the graph below:

**Figure 4: Drug-related deaths by Scottish Index of Multiple Deprivation (SIMD) quintile: age-standardised death rates, Scotland, 2001 to 2020**



4.12 A key priority in Inverclyde's Anti-Poverty Strategy is to use funding to undertake an employability pilot, targeting a cohort of 20-30 year old males who are unemployed with alcohol or drug dependencies. This pilot will initially target Greenock Town Centre followed by a second phase targeting Port Glasgow. This pilot recognises the challenges to be overcome in relation to reducing poverty and increasing employment opportunities while tackling health inequalities.

4.13 In January 2021 the First Minister announced a new National Drugs Mission and a five year commitment of £250 million. The National Drugs Mission includes the following five key areas:

- Fast and appropriate access to treatment;
- Residential rehabilitation;
- The creation of a more joined-up approach that supports people living with drug addiction to address all the underlying challenges that they face and which ensures better support after near-fatal overdoses;
- The vital role of front-line, often third sector organisations;
- Exploring ways to overcome the barriers to introducing overdose prevention facilities.

4.14 As outlined in a letter to ADP Chair's in June 2021; Inverclyde ADP has been allocated an additional funding for 2021-2022 of:

- £81,537 to support priorities of National Mission;
- £81,537 to support access to residential rehabilitation; and
- £57,076 to support implementation of a Whole Family Approach.

4.15 A further letter to ADP Chair's in August 2021 outlined further funding allocation for Inverclyde ADP including:

- £48,922 to support outreach;
- £48,922 to support near-fatal overdose awareness pathways; and
- £8,154 to support lived and living experience panels / forums.

- 4.16 Inverclyde Alcohol and Drug Partnership's Drug Death Prevention Action Plan focuses on actions related to the national Drug Death Taskforce priorities:
- Targeted distribution of naloxone;
  - Immediate response pathway for non-fatal overdose;
  - Medication-Assisted Treatment;
  - Targeting the people most at risk;
  - Public Health Surveillance;
  - Equity of Support for People in the Criminal Justice System
- 4.17 Over the last year good progress has been made in several key actions 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.
  - 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 Buvidal (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 test of change of Care Navigators to work intensively with the most vulnerable service users known to Homelessness; ADRS and Criminal Justice.
- 4.18 Inverclyde ADP Committee has recently approved the following:
- A WTE OT post that will support people involved in ADRS and Homelessness to ensure people have the necessary skills to sustain a tenancy. This will be a test of change until March 2022 costing £31,300.
  - The extension of a current test of change into Phase 2 of the Pharmacist Led Analgesic Review Clinic. This will involve recruiting a 0.6 WTE Senior Pharmacist until March 2022 costing £28,900.
  - Funding of a range of regular Recovery activities until March 2022 costing £9,740.
  - The development of an information wallet with the printing costs being £587.
  - Scoping of ADP website development, with a future one-off cost being the maximum of £10,000 for this work to be completed.
- 4.19 In addition Inverclyde ADP Committee also approved the scoping of a local residential rehabilitation pathway and continuum of care model that will include further funding proposals in going forward.
- 4.20 Analysis from the 2019 drug-related deaths in Inverclyde indicated that 30.3% of people were in police custody in the six months prior to their death. Inverclyde ADP has secured funding from the national Drug Death Task Force to employ Peer Navigators in Greenock Police Custody as a means of early help. This is a test of change with the potential to influence practice across Scotland, targeting a group of people who are at an increased risk of a drug-related death.
- 4.21 Inverclyde ADP are in the process of refreshing the Drug Death Prevention Action Plan, taking the opportunity to capture the wide range of actions and additional funding. Partners recognise that these actions will take time before achieving the overall ambition of reducing the unacceptable number of drug related deaths in Inverclyde.

## 5.0 IMPLICATIONS

### 5.1 FINANCE

Inverclyde ADP has secured several various strands of additional funding where combined actions are aiming to over time, reduce drug-related deaths.

Cost Centre	Budget Heading	Budget Years	Proposed Spend this Report £000	Virement From	Other Comments
PA370	ADP OT	2021-2022	£31,300		1 WTE
PA520	Senior Pharmacist	2021-2022	£28,900		0.6 WTE
S1930	Misc	2021-2022	£9,740		Recovery Activity
PA800	Admin clerical	One-off cost	£587		Printing
S1305	Equipment Purchase	One-off cost	£10,000		Website Development

Annually Recurring Costs / (Savings)

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

### 5.2 LEGAL

There are no specific legal implications in respect of this report.

### 5.3 HUMAN RESOURCES

There are no specific human resources implications arising from this report.

### 5.4 EQUALITIES

Has an Equality Impact Assessment been carried out?

	YES
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.

How does this report address our Equality Outcomes?

Equalities Outcome	Implications
People, including individuals from the above protected characteristic groups, can access HSCP services.	Positive impact – It will ensure access and new pathways to services for all individuals.

Discrimination faced by people covered by the protected characteristics across HSCP services is reduced if not eliminated.	Positive impact- It will ensure service users with alcohol and drug issues are not discriminated against.
People with protected characteristics feel safe within their communities.	Positive impact- It will offer community support
People with protected characteristics feel included in the planning and developing of services.	Positive impact – it will ensure people with lived experience are included.
HSCP staff understand the needs of people with different protected characteristic and promote diversity in the work that they do.	Positive impact- Training needs procured to ensure staff are aware of their values and beliefs to ensure non-discrimination
Opportunities to support Learning Disability service users experiencing gender based violence are maximised.	None
Positive attitudes towards the resettled refugee community in Inverclyde are promoted.	Positive Impact –It will ensure people accessing support and Inverclyde communities are not discriminated against

## CLINICAL OR CARE GOVERNANCE IMPLICATIONS

5.5 There are no clinical or care governance implications arising from this report.

## 5.6 NATIONAL WELLBEING OUTCOMES

How does this report support delivery of the National Wellbeing Outcomes?

National Wellbeing Outcome	Implications
People are able to look after and improve their own health and wellbeing and live in good health for longer.	Staff will provide a ROSC approach to ensure people have access to a range of local supports and promoting a Recovery focused ethos
People, including those with disabilities or long term conditions or who are frail are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community	Staff will provide a holistic approach, assessing the needs of the individual and referring to appropriate services.
People who use health and social care services have positive experiences of those services, and have their dignity respected.	It aims to provide new pathways for people to improve engagement and Recovery
Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	It will ensure people have access to an evidence based service which will meet their needs
Health and social care services contribute to reducing health inequalities.	It will ensure people have access to community supports.



People who provide unpaid care are supported to look after their own health and wellbeing, including reducing any negative impact of their caring role on their own health and wellbeing.	The model will ensure responsive and flexibility to meet and accommodate the needs of the individual
People using health and social care services are safe from harm.	It will support the reduction in alcohol and drug use
People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.	Staff will be encouraged to raise opinions and views on service improvements models via sub group discussions
Resources are used effectively in the provision of health and social care services.	It will ensure people get the right care, at the right time, in the right place and from the right service and profession.

## 6.0 DIRECTIONS

6.1

<b>Direction Required to Council, Health Board or Both</b>	Direction to:	
	1. No Direction Required	x
	2. Inverclyde Council	
	3. NHS Greater Glasgow & Clyde (GG&C)	
	4. Inverclyde Council and NHS GG&C	

## 7.0 CONSULTATION

7.1 This report has been prepared by the Chief Officer, Inverclyde Health and Social Care Partnership (HSCP) after due consultation with statutory and third sector partners.

## 8.0 BACKGROUND PAPERS

8.1 Drug Related Deaths in Scotland in 2020, (2021), National Records of Scotland