
Report To:	Inverclyde Health & Social Care Committee	Date:	6 January 2022
Report By:	Allen Stevenson Interim Corporate Director (Chief Officer) Inverclyde Health and Social Care Partnership	Report No:	SW/09/2022/AM
Contact Officer:	Anne Malarkey Head of Service Mental Health, ADRS and Homelessness	Contact No:	715284
Subject:	Inverclyde Alcohol and Drug Partnership Update		

1.0 PURPOSE

- 1.1 The purpose of this report is to present to the Health and Social Care Committee an update on the Inverclyde Alcohol and Drug Partnership, with a particular focus on responding to questions raised at the previous Committee on 21 October in relation to Naloxone and residential rehabilitation.

2.0 SUMMARY

- 2.1 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.
- 2.2 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.
- 2.3 In 93% of all drug-related deaths, more than one drug was found to be present in the body.

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

Substances	Scotland	NHS GG&C	Inverclyde
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%

- 2.4 Accidental overdose is a common cause of death among users of heroin, morphine and similar drugs, which are referred to as opioids. Naloxone is a drug which reverses the effects of a potentially fatal overdose with these drugs and provides time for emergency services to arrive and for further treatment to be given.
- 2.5 Targeted distribution of Naloxone is one of the national Drug Death Taskforce priorities and is also a key priority in Inverclyde's Drug Death Prevention Strategy.
- 2.6 Inverclyde ADP successfully secured funding from the Drug Death Taskforce in 2020 to develop a specific Naloxone post. This bid also included funding for 500 Naloxone kits.
- 2.7 In January 2021 the First Minister announced a new National Drugs Mission and a five year commitment of £250 million. A key focus of the National Drugs Mission is residential rehabilitation as a treatment option.
- 2.8 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.
- 2.9 Inverclyde ADP is developing a residential rehabilitation pathway and has submitted a bid to the Corra Improvement Fund to support the implementation of this over the next five year period.

3.0 RECOMMENDATIONS

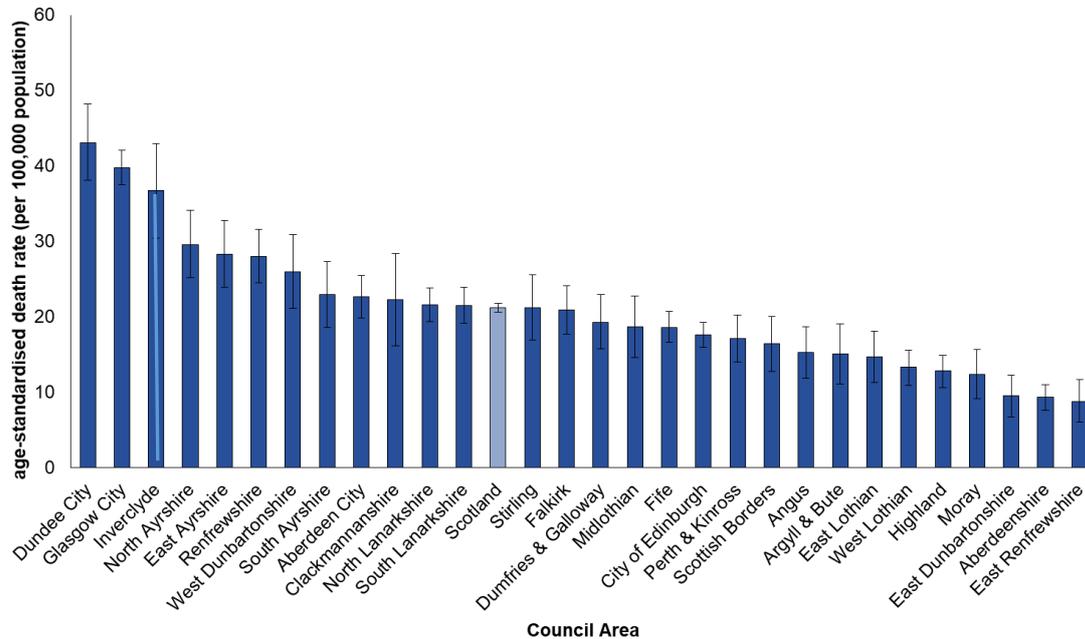
- 3.1 It is recommended that the Health and Social Care Committee:
- a. Note and give comment on this report.
 - b. Approve the work being driven through the Inverclyde Alcohol and Drug Partnership in relation to drug death prevention.

Allen Stevenson
Interim Chief Officer
Inverclyde HSCP

4.0 BACKGROUND

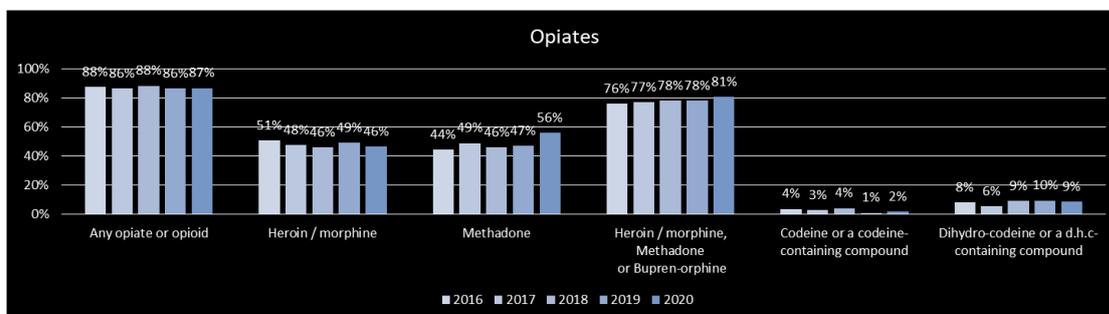
4.1 While Inverclyde has seen no rise in the number of drug-related deaths from 2019, remaining at 33; as outlined by the 5 year average rate outlined above; Inverclyde remains the third highest rate only compared to Glasgow at 38.6 and Dundee at 43.1. This is illustrated in the graph below:

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



4.2 Poly-drug use is a critical factor with 93% of drug-related deaths in Scotland evidencing more than one substance from the toxicology reports. While toxicology indicates the range of substances taken opiates remains the largest grouping as outlined in the chart below. The significance of this is that at the point of a suspected overdose where it may be unclear what particular substances have been taken, there is a high level of likelihood that this will include an opiate. Naloxone is a drug which reverses the effect of opiates. Even where Naloxone is administered and it transpires that no opiates were taken, Naloxone will not cause any harm to that individual.

4.3 Opiates Implied in the Cause of Death



4.4 Targeted distribution of Naloxone is one of the national Drug Death Taskforce priorities and is also a key priority in Inverclyde's Drug Death Prevention Strategy.

4.5 It has been recommended that annual provision of Take Home Naloxone Kits should be 9-20 times the annual number of opioid related deaths. This is calculated based on the number of Drug Related Deaths, non-fatal overdoses and has previously been based on a rolling 2 year average to take account of cumulative supplies and kit expiry dates. Greater Glasgow & Clyde produce regular performance reports with regards to Naloxone community supplies. The table below outlines the recommended target for Inverclyde and the actual number of Naloxone kits supplied.

Target 2019/20	Actual kits Supplied 2019/20	Target 2020/21	Actual Kits Supplied 2020/21	Target 2021/22	Actual kits Supplied to September 21
210	145 69%	580	147 25%	580	79 13%

4.6 Currently Inverclyde Alcohol and Drug Recovery Service (ADRS) offer Naloxone kits and training as part of every new assessment. ADRS also supply emergency Naloxone kits to staff at the Homelessness Service and train them in how to administer it. Eight Local Community Pharmacies who provide IEP (Injecting Provision Equipment (50% of all local pharmacies)) offer Naloxone, however take up is low.

4.7 In addition, Scottish Families Affected by Alcohol and Drugs developed a postal Naloxone service at the start of Covid-19. Essentially, this offers a discreet service for families. From April-August 2021 SFAD sent out 17 Naloxone kits to people in Inverclyde. Scottish Government started showing a national TV advert about Naloxone in September 2021 which has had a positive impact in the uptake of the SFAD service with 24 kits being sent out in September and 63 kits in October.

4.8 It is clear that Inverclyde is not meeting the recommended target with regards to Naloxone supply.

4.9 Inverclyde ADP successfully secured funding from the Drug Death Taskforce in 2020 that included the development of a specific part-time Naloxone post. Two attempts were made to recruit a Band 5 nurse to this post, but these were unsuccessful. A decision was therefore made to advertise the post as a full-time position and following expert advice, the job description was amended that it was not an essential requirement for the post holder to be a qualified nurse. This enabled the job to be advertised to a wider pool of people.

4.10 The Naloxone Link Worker commenced the post on 19 October. A draft plan of what we aim to achieve for the remaining duration of this post includes:

- By 31 March 2022 an additional 500 Naloxone kits (in addition to current delivery numbers via ADRS and on prescription) will have been distributed across Inverclyde.
- By 31 March 2022 all 3rd sector commissioned support providers working with service users with homelessness; alcohol and drug issues or known to criminal justice community organisation staff will have been offered training to administer Naloxone.
- By 31 March 2022, 20 peer mentors will be able to supply Naloxone within the wider community.
- By 31 March 2022 six 3rd sector organisations will be part of the Naloxone Programme and will be registered to distribute Naloxone- including The Richmond Fellowship Scotland, Salvation Army, Inverclyde Association of Mental Health, Inverclyde Faith in Throughcare, Your Voice (Lived Experience Network), Jericho House.

- 4.11 The above actions will form the basis of a community approach to tackling drug related deaths by ensuring people are aware of Naloxone, can access training and have access to Naloxone kits.
- 4.12 One further action being progressed by the Naloxone Link Worker will be to develop a local reporting mechanism recording the number of Naloxone kits distributed, by which service / organisation as well as when we are aware of these kits being used. This will link in with information about near fatal overdoses.
- 4.13 A further development relating to Naloxone is a pilot being led by a senior pharmacist with ADP funding that is testing the role of co-prescribing Naloxone to patient's prescribed long-term opioids for chronic non-malignant pain.
- 4.14 In January 2021 the First Minister announced a new National Drugs Mission and a five year commitment of £250 million. A key priority being to support residential rehabilitation as a treatment option. Inverclyde ADP is receiving an additional £81,537 for this specific priority.
- 4.15 Following an options appraisal; Inverclyde ADP's preferred option for a local residential rehabilitation model is to replicate the Fife Intensive Rehabilitation and Substance Misuse Team (FIRST) in Fife which is cited as a best practice example. Following discussions with Turning Point Scotland, it was agreed that a joint bid be submitted to the Corra Improvement Fund to fund the posts for this model including a Lead Practitioner, Band 6 Nurse and Admin support. Inverclyde ADP will commit match-funding costs towards residential rehabilitation and any necessary detox placements. We are waiting for confirmation from Corra if this bid has been successful.
- 4.16 The criteria is relatively simple to access residential rehabilitation in that:
- People have a long-standing drug or alcohol issue for a period of years as opposed to months;
 - People need to be committed to actively participate in a residential programme and
 - Agree to participate in recovery community activities following discharge from residential.
- 4.17 Referrals can come via several professional routes and a triage drop in clinic is also available for self-referrals. From recent feedback from people currently in a residential placement, residential rehabilitation will be promoted locally as an option.
- 4.18 The assessment stage is considered critical alongside the preparatory stage. Whilst resident there will be ongoing contact, family support, six weekly reviews and planning for discharge and aftercare. The final stage is aftercare and engagement with the Recovery Peer Support team currently commissioned by Inverclyde ADP.
- 4.19 Critically, where people are not offered residential rehabilitation, alternative community rehabilitation support is provided. This highlights the underlying belief that no-one should be left behind without an offer of support.
- 4.20 It is envisaged in the first year that the project will receive 30 referrals whereby approximately 10 people will access residential rehabilitation. This calculation is based on learning from the FIRST project in Fife. We would aim to increase both the referrals received and the number accessing residential rehabilitation year on year.
- 4.21 From the Residential Rehabilitation in Scotland: Service Mapping Report (December, 2020), Scottish Government, it is clear that there is considerable variation in the costs

for the 18 providers detailed in this report ranging from a weekly cost of £335 PPPW to £3,489 PPPW. Likewise, while each indicated a minimum stay period, this varied from 5 weeks to 44 weeks. This makes it very difficult to navigate around the various residential rehabilitation providers. It highlights both the need for specific project staff to be able to build relationships with the providers and understand all that they offer in which to be able to best match the needs of each individual being assessed for residential rehabilitation.

4.22 Inverclyde ADP has commissioned a Recovery Development Coordinator post who has a pivotal role in the development of a recovery community. Inverclyde ADP is also funding a Peer Support sessional budget who can also work alongside the Peer Support funded by the Drug Death Taskforce. Some of the current recovery activity includes:

- A weekly recovery walk;
- A weekly “recovery jam” with approximately 8 people attending;
- A weekly recovery café in Greenock on a Tuesday with approximately 20 people attending;
- A weekly recovery café in Greenock on a Friday night;
- A weekly recovery café in Port Glasgow with approximately 20 people attending;
- A weekly recovery café on a Saturday is due to start soon.

4.23 The Recovery Development Coordinator is also supporting the Lived Experience Network (LEN). The LEN hosted an event as part of recovery month titled “Shine a light on recovery”. This was attended by fifty people from a wide range of partners. At this event two of the speakers from the LEN announced they have recently started Peer Support posts.

4.24 Inverclyde ADP has been approached by several small community organisations / third sector supports who play a vital role in enabling recovery. They have indicated difficulties in securing a suitable venue for their activity. Inverclyde ADP is funding a Recovery Hub venue that will be open seven days a week, including evenings providing a range of support delivered by partners.

4.25 A further hugely significant milestone this year was that there were two vigils organised by various third sector organisations, to remember all those who have lost their life following a drug death. Both events were well attended and demonstrated that Inverclyde is a caring and compassionate community.

5.0 IMPLICATIONS

Finance

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

Legal

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

Human Resources

5.3 There are no implications.

Equalities

5.4 Has an Equality Impact Assessment been carried out?

	YES (see attached appendix)
✓	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.

(b) 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?

	YES – A written statement showing how this report's recommendations reduce inequalities of outcome caused by socio-economic disadvantage has been completed.
✓	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.
✓	NO

Repopulation

5.5 There are no specific repopulation issues.

6.0 CONSULTATION

6.1 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.

7.0 BACKGROUND PAPERS

7.1 None