NATIONAL FORUM ON DRUG-RELATED DEATHS IN SCOTLAND

ANNUAL REPORT 2013

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The National Forum on Drug-Related Deaths, established in 2005, is an independent expert group which examines trends and disseminates good practice on reducing drug-related deaths in Scotland. The Forum is a multi-disciplinary group which consist of participants from a range of medical, social, community, prison, police, legal and non-statutory agencies. The Forum is chaired by Dr Roy Robertson and the Vice-Chair is Dr Saket Priyadarshi.

Introduction

This is the sixth report of the Forum and reflects on the important work done by the members and their associated organisation in 2013. The work of the Forum extends into many areas of clinical practice, public health and drug policy as well as scrutinising organisations closely associated with drug users. The Forum has taken an interest in the criminal justice system, police and prison activity and the work of other advisory groups such as the Scottish Drug Strategy Delivery Commission. Representatives from other groups with an interest are included in our meetings and represent important sectors affected by drug taking. Such organisations are Scottish Families Affected by Alcohol & Drugs, Scottish Drugs Forum and Volunteers groups. The intention of the Forum is to extend its enquiry into any area which might illuminate causes of death among drug users and indicate changes which might reduce the numbers at risk. Although the Forums' recommendations are usually directed at the Government, health boards, Alcohol & Drug partnerships and other public institutions, the complex social nature of the issue is such that drug deaths prevention is everyone's business.

Based on the definition used for these statistics and reported by the National Records of Scotland (NRS), 581 drug-related deaths were registered in Scotland in 2012, three (0.5 per cent) fewer than in 2011. This was the second highest number ever recorded, and 199 (52 per cent) more than in 2002.

http://www.gro-scotland.gov.uk/files2/stats/drug-related-deaths/2012/j29693001.htm

The long-term trend remains upwards, although the statistics for recent years suggest that there may have been a reduction in the rate of increase, or even a levelling-off, which may indicate change for the better. Nevertheless the total number of deaths in Scotland continues to be disappointingly high and the importance of the Forum's work remains. Each individual death is a tragedy and collectively they represent a heavy burden of lives lost prematurely in Scotland, endings that could have been avoided. To give recovery from substance misuse and mental health problems a chance, we must continue to do everything possible to keep people alive.

One of the tasks of the Forum is to interpret the information in the NRS report and to explain and explore the findings in the context of what we know about the vulnerable population at risk and the prevention activities designed to mitigate these casualties. Despite the apparent intractable nature of the problems which give rise to drug related deaths there are insights and explanations for the continued mortality among the Scottish drug using population and some reasons why the numbers remain stubbornly high. The development of the Drug Related Deaths database by Information Services Division (ISD) has been supported by many in the field and depends on the work of Alcohol and Drug Partnerships and Police Scotland to supply detailed information about every case. The ISD report which will appear alongside this one gives an increasingly clear picture of circumstances and events around each casualty. Further developments of these data have been possible after increased Government funding in responses to the Forum's recommendation last year.

Other activities from our resident working parties involves important developments in the areas of Naloxone provision, pathologists and toxicologists coordination and discussion, and Police, Crown Office and Scottish Prison Service areas of responsibility. These are described in this report. In addition the contents of our quarterly meetings which operate on, a theme and reporting back, basis are recorded. The themes selected each quarter allow detailed scrutiny, with the help of invited experts, in areas relevant to understanding and prevention of deaths. This model seems so successful that new ideas and suggested interventions continue to proliferate. The enormity of our task sometimes out strips our capacity for developing proposals suitable for interventions and advice to Ministers.

The publication of the Chief Medical Officer's Independent Expert Review of Opiate Replacement Therapy is welcome and, containing the results of close collaboration with the Forum. This report contains its own recommendations which are familiar to the Forum. These recommendations are endorsements of some of our activities and are encouraging. Follow up discussions have reiterated the importance of our two recommendations from last year and, although further examination of these difficult areas has demonstrated the complexity and difficulty of change, activity is being increasingly focussed on data, research and clinical care at Primary Care level. Both of these remain a central interest of the Forum.

This report covers the work and activity during 2013. Already we are into a new year and the report of the Drug Deaths Database published along with this one will contain an exploratory account of new information on suicides and novel psychoactive substances. These will prove to be important in the current year. Also started is a plan to join with European colleagues in a venture to learn by discussion with other countries and to compare interventions. It may also be possible to develop the capability to embark on some detailed data sharing.

The" recovery" agenda has not been forgotten this year and discussions in the Opiate Treatment review document as well as the Forum's debates have exercised the importance of joint working across all agencies. The imperative to merge philosophical approaches will be high on the agenda this year.

Recommendations to Ministers this year are like last year, deliberately short and focussed in order to be most helpful, and to increase the likelihood of implementation.

The Scottish Government's response to last year's recommendations (Page 28) indicates the extent of joint working which is active in the various agencies and professional bodies responsible for implementing policy and shows the large amount of work in progress. Some of this has been generated by the Forum and it is clear that, at a time of considerable change, foundations are being laid for a strategic and enduring implementation of the ambitions of the Road to Recovery. The importance of the Forum's work is recognised and the scale of the effort needed is acknowledged.

It is noted that with the reorganisation in Police Scotland and the transfer of responsibility for the delivery of health services in prisons to the NHS and the technical difficulties arising with the Scottish Government statistical data recording system, there has been a problem with the data availability. The previously available

statistical predictors supplied by the now disbanded SDEA were of great interest for the planning process in past years. The information about deaths after discharge from prison was similarly missed this year and hopefully will be available again shortly. The Forum would suggest that SPS and Police Scotland review the DRD information sharing memorandum of understanding between SPS and SCDEA (now Police Scotland) to enable management information to be provided.

As before, thanks must be extended to officials in the Drug Policy Unit at St Andrew's House. In addition, colleagues at Police Scotland, ISD and ADP drug death coordinators have worked relentlessly to produce and supply information. Thanks also to Scottish Families Affected by Alcohol & Drugs for providing the Secretariat support to the Forum. As well as the members of the Forum these individuals have made our work possible.

Dr. Roy Robertson and Dr. Saket Priyadarshi
National Forum on Drug-related Deaths in Scotland
March 2014

1. Forum's Work and Progress in 2013

1.1 Since the Forum's last annual report, published in February 2013, the Forum has considered evidence and has engaged in discussions with a wide range of colleagues and organisations, and has discussed the findings of a number of publications. This report covers the period January to December 2013 and during which time the Forum has held four one day meetings. These meetings were individually designed to explore an issue of importance on drug-related deaths. The topics covered and the presenters are listed in Annex A.

1.2 Also during quarterly meetings were opportunities to update the Forum on the work of its subgroups. There is currently a Data Collection Sub Group and a Pathology Sub Group, both of which meet regularly. The group second additional members from other agencies and university and health board departments to help them with discussion and planning. Regular updates were also received from the National Records of Scotland on collating drug-related deaths statistics, the Scottish Prison Service, Police Scotland and National Naloxone Advisory Group. The Volunteer Forum has been re-established and the National Forum looks forward to receiving advice and support from volunteers. Members of the Forum and its sub groups are listed in Annex B and updates from sub-groups and key stakeholders are provided in Section 6.

1.3 The Forum publishes a bi-annual newsletter, Drug Death Matters, which provides an update on the group's on-going work. The most recent newsletter was published on-line by Information Services Division (ISD) Scotland in December 2013.

http://www.isdscotland.org/Health-Topics/Drugs-and-Alcohol-Misuse/Drugs-Misuse/docs/drug_deaths_newsletter_ed16.pdf

1.4 Looking back over the last three years, the Forum as had an impact on various topics. These include:

- The Scottish National Naloxone Programme, through increased coverage and supplies, is developing such, that a positive impact on drug overdoses may be anticipated in the next few years. The programme has attracted International attention. The project coordinator has recently been asked to work on a World Health Organisation guidelines group, recognition not only of the potential that take home naloxone has to reduce drug-related deaths but also Scotland's pioneering strategy.

- The Forum has had a major input into the work of the independent expert group on opiate replacement therapies in Scotland, commissioned by the Chief Medical Officer, and led by Dr Brian Kidd. The group reported in August. The expertise of the Forum fed into the process and contributed to the evidence gathering process for the work. The Forum was also involved in taking forward the recommendations from this work. The Chair of the Forum Dr Roy Robertson and the Vice-Chair of the Forum Dr Saket Priyadarshi were both on the Steering Group, as was Dr Carole Hunter, a

key member of the National Forum and the Chair of the National Naloxone Advisory Group.

- Following requests from members of the Forum, National Records of Scotland expanded its publication in various ways, such as providing separately figures for deaths involving Novel Psychoactive Substances and for deaths for which the underlying cause was Hepatitis C, in order to shed some light on the wider issue of drug related deaths.

- The Pathology and Toxicology group has been instrumental recording, researching and systematically investigating events leading up to and precipitating deaths. This has had a considerable effect on our understanding of deaths and has undoubtedly helped families of those affected by drug deaths in Scotland.

- The Data Collection group has continued to work closely with ISD and local data collection coordinators to manage the Drug Deaths database. This will produce the fourth annual report to coincide with the release of this report. There is now a cohort of cases which offer the potential for further analysis. The most recent report includes a more detailed sub-analysis of NPS and suicide deaths that were reported as drug-related deaths. The important insights gained have been the result of research capacity secured and directed by the Forum.

2. Forum's 2013 Recommendations

Recommendation 1

Older, socially isolated drug users who are not engaged with treatment and recovery services seem at highest risk of suffering drug-related deaths.

More should be done to engage such populations with recovery opportunities. Potential means of achieving this are the availability of assertive outreach by harm reductions services, low threshold treatment services, Heroin Assisted Treatment and Drug Consumption Rooms and assertive links to the recovery communities.

Recommendation: All ADPs should ensure local strategies and work plans prioritise drug-death prevention strategies to vulnerable groups, particularly those not in contact with treatment services. All ADPs should conduct a needs assessment for such vulnerable groups in their localities and assess the need for interventions identified above. The Scottish Government should consider how this might be best supported by government.

Action for: All ADPs

Recommendation 2

Injecting drug use remains one of the highest risk factors from drug deaths. Route transition from injecting to smoking heroin is likely to significantly reduce risk of fatal overdose and may be the first step on an individual's recovery journey. Despite the Ministerial statement last year on the changes to allow supplies of foil we are still waiting on details of the supply and monitoring restrictions that will be put in place.

Action for: The National Forum on Drug-Related deaths recommend that a Scottish solution is sought that would provide a "letter of comfort" or an equivalent of the Lord Advocate's guidance on Naloxone supply to allow this and other harm minimisation initiatives to proceed in Scotland.

Recommendation 3

Older drug users feature most prominently in drug- related fatalities in Scotland. This is partly explained by high prevalence of physical and mental health problems that exist in such populations, increasingly their vulnerability. Even drug users enjoying early recovery in treatment and rehabilitation services continue to suffer poor outcomes, especially in relation to liver, respiratory and mental health problems. Many older drug users are not gaining benefit from current health improvement or chronic disease management opportunities that exist. The challenges of multimorbidity cross speciality interface problems and the lack of engagement in primary care may be barriers to optimising health of this population. Best practice guidance and new models of care are critically important to allow the larger infrastructure of the NHS and social care service to engage with these individuals. Uniformity of guidance is essential to ensure consistency and adequate standards.

Recommendation: National work should be initiated to inform health boards and ADPs on best practice and models of care to reduce the disease burden in older drug users. This will clearly involve optimised recovery orientated systems of care, but should also include how to deliver health improvement and chronic disease management to this vulnerable group. The absence of National guidelines on prescribing and clinical management remains an outstanding problem which needs to be addressed.

Action for: Scottish Government

Recommendation 4

The National Forum believes drug death prevention strategies could be significantly strengthened in prison settings. Best practice as demonstrated and described in the recent Chief Medical Officer's Independent Expert Review of Opiate Replacement Therapy includes optimising Opiate Replacement Therapy in such settings, ensuring continuity and initiation, high uptake of Naloxone on release and recognition and treatment of comorbidities.

Recommendation: NHS boards which have responsibility for healthcare in prisons should embed such drug deaths prevention strategies in prison care.

SPS will work in collaboration with the Scottish Government, Alcohol & Drug Partnerships and the Scottish Drugs Forum to develop a corporate Naloxone training package for operation prison staff.

Action for: NHS boards and Scottish Prison Service

Recommendation 5

The importance of research has never been greater. The recent Chief Medical Officer's report on opiate replacement therapies is just one example of the recognition that structural changes in data supply and analysis are necessary.
The research capacity made available to the Forum in the last year allowed more detailed analysis of NPS and suicide deaths within the drug deaths database report.

Recommendation: The Scottish Government should continue to support the Forum's research capacity, particularly in gaining deeper understanding from the drug deaths database with future priorities being the role of mental health, multimorbidity, benzodiazepine misuse and methadone overdoses in drug deaths. A robust and secure method of supporting this research capacity needs to be developed which will last for a realistic period. Research needs support for several years to prosper.

The Scottish Government should encourage close coordination between national information departments and institutions to support drug deaths research.

The Scottish Government and the Drugs Delivery Strategy Commission should ensure drug deaths prevention research is embedded within the research outputs of an action plan related to the Independent Expert review of ORT.

Action for: Scottish Government

Recommendation 6

Although Novel Psychoactive Substances feature in only a small minority of drug deaths in Scotland, the numbers seem to have risen in recent years.

The Forum would like to see NPS awareness and training embedded into health and social care services as well as criminal justice settings (custody suites and prisons) and will also support and collaborate with ISD on any research into the size and nature of NPS use in Scotland.

Action for: ADPs and Scottish Government

Forum's Response to the National Records of Scotland Drug-Related Deaths in Scotland 2012 Statistics

The National Records of Scotland (NRS) published its annual report, *Drug-Related Deaths in Scotland in 2012* on 27 August 2013.

There were 581 drug-related deaths in 2012. This was the second highest number ever recorded. Males accounted for 72% of the drug related deaths.

In 2012 there were 199 drug related deaths of people aged 35-44(34% of all drug related deaths) and 171 drug related deaths of 25-34 year olds (29 %).

It is always disappointing to see the depressing loss of live from drug related causes. The National Forum on Drug Related Deaths has made several recommendations over the last few years to Ministers which have helped shape the national agenda and we continue to endorse these as the most appropriate response to this issue.

Taken in conjunction with the review published by the Chief Medical Officer in August 2013, to which the National Forum on Drug Related Deaths contributed, these statistics provide a further opportunity to review what more can be done to reduce such deaths and accelerate progress.

The total number of deaths reported is almost identical to the year before and initial review of the detailed analysis carried out by colleagues at NRS seems to confirm a similar profile of ages, sex, geographical distribution and drugs implicated to previous years. This now confirms the importance of recognising the multifaceted nature of the ageing cohort of drug users who are at most risk of death. This vulnerable group now needs to be prioritised for outreach and care.

The Naloxone programme is evolving steadily and needs to continue to be supported and implemented locally to ensure coverage and protection of those most at risk of overdose.

The National Drug Related Database has consistently found that most drug related deaths occur in people with a drug problem out of specialist structured treatment. This suggests that primary care, acute health care and other services in contact with drug users also have a role to play in identifying and reducing risks. The Forum continues to emphasise the importance of prescribing guidelines for clinicians and to make the case for updating the guidelines and looking at what support may be necessary to make further improvement.

Despite criticism of the cost of drug treatment services investment is still needed to improve service capacity as well as quality and to ensure that a full range of treatments is offered including alternatives to methadone such as buprenorphine.

The National Forum on Drug Related Deaths will undertake further scrutiny and discussion of the details and implications of today's figures and offer further advice.

5. Insights from Scotland's Drug-Related Deaths Database: 2012 Deaths

5.1 The Forum's 2011/12 annual report commented on the findings of the second report from the National Drug-Related Deaths Database (Scotland) Report which provided detail on the drug-related deaths which occurred in Scotland in 2010. The information provided gave an invaluable insight into the circumstances of individuals who died from a drug-related death during that time. Although the NRS drug-related deaths statistics provide information on the number of drug-related deaths broken down by age, gender and geographical area, as well as toxicology information on the drugs implicated in the death, in contrast, the National Drug-Related Deaths Database takes this information as its starting point and collects more detailed socio-demographic information and treatment history on each drug-related death.

5.2 The National Drug-Related Deaths Database's third report was published by ISD Scotland in April 2013 and the fourth report was published in March 2014. The March 2014 report presented information on deaths which occurred in 2012, and trends since 2009. The report also analysed a cohort of deaths already published by the National records of Scotland (NRS) in August 2013 in greater depth, exploring their social circumstances and previous contact with health and criminal justice services more widely. This provides insights to inform the development of preventative, harm reduction and therapeutic interventions to reduce drug-related deaths. In addition to the 479 cases in the main cohort, there were 52 deaths by suicide reported in 2012. The 2012 report included an analysis of these deaths compared to the main 'non-intentional' NDRDD cohort. Increased availability and consumption of 'new' or 'novel' psychoactive substances' (NPS) in recent years had led to considerable public health concern and an increase in the number of NPS-related drug-related deaths in Scotland. In order to document the characteristics of individuals whose death was linked to such substances, an analysis of NPS-related cases was also included in the 2012 report. In summary, the report told us that:

- Of the 479 deaths analysed in this report are a subset of the 581 drug-related deaths already published by National Records Scotland (NRS) in August 2013.
- Of the 479 deaths analysed, 75% were male, over half lived in the most deprived areas and the highest frequency of deaths occurred amongst the 35-44 and the 25-34 year age groups(37% and 30% respectively)
- Over a third (37%) of those who died were a parent or parental figure. A total of 286 children lost a parent or parental figure to a drug-related death in 2012.
- Nearly three-fifths (59%) of those who were known to have used drugs also had a history of intravenous (IV) drug use.
- Over four-fifths (85%) of the 2012 cohort had a medical condition recorded in the six months prior to death (an increase from 77% in 2011). Those using drugs intravenously (especially long term users) were more likely to have had medical problems than those who were not known to inject drugs.

- Six in ten individuals (60%) had been in contact with a drug treatment service in the six months before death.

- More than a quarter of individuals (28%) were prescribed and opioid substitute therapy drug at the time of death.

- Around one quarter of the cohort (27%) had been in police custody and around one in ten (12%) had spent time in prison in the six months prior to death.

- As in previous years, in almost all cases (97%) there was more than one drug *present* and in 69% of cases more than one drug was *implicated.*

- The drug most frequently found to be *present* in the body at death was diazepam (79%) followed by methadone (50%), heroin/morphine (48%), alcohol (47%) and anti-depressants (44%). Opioids (methadone, heroin, morphine or buprenorphine) were present in 80% of cases.

- The drug most frequently found to be *implicated* in death in 2012 was methadone (46%), followed by heroin/morphine (41%), diazepam (30%) and alcohol (19%).

- During the period 2009 to 2012, the percentage of deaths with heroin/morphine present declined from 73% in 2009 to 48% in 2012. The presence of alcohol in drug-related deaths also decreased from 58% in 2009 to 47% in 2012.

- The percentage of deaths with methadone present increased from 39% in 2009 to 57% in 2011, but decreased to (50%) in 2012. The presence of anti-depressants increased markedly from 2009 (23%) to 2012 (44%).

- In addition to the 479 non-intentional drug-related deaths in the 2012 NDRDD, 52 deaths by suicide were analysed (a further subset of the 581 drug-related deaths (including suicide statistics) published by NRS in August 2013). Half were among males and the mean age of deaths by suicide was ten year higher than the main NDRDD cohort.

- There were 36 deaths with a ‘new’ or ‘novel’ psychoactive substance (NPS) present in the body at death. They were categorised into two main types: Benzodiazepine-type drugs (mainly Phenazepam) and Stimulant-type drugs (e.g. BZP, Mephedrone). 5.3 The National Drug Related Deaths Database has helped not only profile those who die from drug-related deaths in more detail, but has also provided important context for the drug deaths statistics. This in turn should help guide the Forum's future priorities.

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5.4 In line with the overall gender pattern of drug misuse in Scotland, the NDRDD cohort continues to be predominately male. Similarly, the finding that over half of the cohort lived in the most deprived areas of Scotland indicates the continuation of an existing trend and supports the association between income inequality and health inequalities. The most significant demographic change in 2012 was the increasing prevalence of individuals from older age groups among drug-related deaths. The percentage of individuals aged 45 and over increased from 14% in 2011 to over a quarter (26%) in 2012.

5.5 Information with contact with services shows that those dying from drug-related death were often already known to and involved with a range of services. Two thirds of the 2102 cohort (325, 68%) had been in drug treatment, in prison custody or police custody in the six months prior to their death. There is therefore considerable potential to reduce the number of drug-related deaths by undertaking targeted harm reduction measures.

5.6 These are a few, but not exhaustive, range of findings and possible areas for development triggered by the information within the database. These findings provide a better insight into the complexity of drug-related deaths. The emerging picture supports the clinical impression of individuals with multiple health and lifestyle factors likely to affect wellbeing and in some cases survival. Our challenge is to understand this information as well as possible and to communicate findings and advice.

5.7 The ambition of the Forum's Data Collection Sub-Group and the Forum is to further develop the analysis of these data to answer more detailed questions which might identify special sets of circumstances which may make an individual especially vulnerable to a drug-related death. The new analyses of deaths by suicides and NPS-related deaths are an important step towards this goal. However, both analyses were restricted by the lack of trend analysis and, due to the small numbers of such cases, an inability to draw robust conclusions. In future years we aim to continue monitoring these areas and in order to detect any emerging patterns which may help inform harm reduction measures in relation to drug-related deaths.

5.8 The fifth National Drug-Related Deaths report is due to be published by ISD in March 2015 and will be based on information concerning individuals who dies drug-related deaths in 2103. As well as providing a similar level of detail concerning the background circumstances of these deaths as the previous four reports have done, this fifth report will also explore some topics in greater depth. It is expected that the findings from this report will further enhance existing knowledge of the loves from die from drug-related deaths and will be useful for continuing efforts to prevent such deaths.

6. Updates from other Areas

Pathology

6.1 The Pathology sub-group met twice in 2013, with representation from pathologists and toxicologists from three of the four University Forensic Medicine departments involved in investigating drug-related deaths in Scotland. Other members include colleagues from the Scottish Government Drugs Policy Unit, National Records of Scotland and the Crown Office. This is a unique opportunity for those involved in the scientific and legal aspects of drug related deaths work to come together to discuss developments and address practice, reporting and interface issues.

6.2 Previous years had been focussed on agreeing a standardised approach to toxicology and pathology practice. This having been agreed between Aberdeen, Edinburgh and Glasgow, was strengthened further when the responsibility for investigating the toxicology of such deaths in the Dundee area was transferred to Glasgow. In the last year, there has been more a focus on addressing waiting times for toxicology reports, particularly in the Lothian area where there have been very significant delays in the past, resulting in data gathering issues and, more importantly , distress to families who had often to wait for many months to discover the cause of death of their relative. From April 2013, responsibility for toxicology analysis of suspected drug deaths in Lothian was transferred to Glasgow University and the pathology sub-group has been informed that there have since been huge improvements.

6.3 Other areas of recent focus have included reviewing the ME4 form. This is the form by which forensic pathologists report information on drug-related deaths to National Records of Scotland. The latest revision of this form aims to capture information which will help us understand the contribution of illicit drugs to deaths of problem drug users beyond those that result from drug overdoses, by providing some data on a “broader definition of drug related deaths”. Finally, the pathology sub-group has been exploring the impact of Novel Psychoactive Substances. The new ME4 form, which came into use at the start of this year, has been amended to also cover deaths in which these substances may have been involved. However, in the year ahead, the sub-group will hope to understand and address the technical and logistical challenges of investigating such deaths.

Police Scotland

6.4 On 1 April 2013, Scotland's eight police forces, the Scottish Crime and Drug Enforcement Agency (SCDEA) and the Association of Chief Police Officers in Scotland (APCOS), merged to form Police Scotland. Police Scotland is now responsible for policing across the length and breadth of Scotland.

The Service is led by Sir Stephen House and comprises police officers, police staff and special constables who are working together to deliver the best possible policing service for the people of Scotland. Reducing the number of drug deaths and the harm caused by the availability and use of illicit substances such as controlled drugs is a key element of "Keeping People Safe".

Police Scotland recognises the importance of The National Forum on Drug-Related Deaths in the examination of trends and the dissemination of good practice to reduce drug-related deaths in Scotland. As a committed member of the independent expert group, Police Scotland will continue to support, enhance and develop its important work.

Scottish Prison Service

Naloxone

6.5 SPS is playing its part in the delivery and evaluation of the national take-home naloxone programme due to prisoners being particularly vulnerable to opiate overdose in the first weeks following release. Delivery of the naloxone programme in prisons is now the responsibility of NHS. Data published in July 2013 shows that a total of **1,461** 'take home' naloxone kits were issued by prisons in Scotland between 2011 and 2013 as part of the national programme.

6.6 The Lord Advocates Guidelines (letter of comfort) on allowing the supply of naloxone to extend to staff working for services in contact with people at risk of opiate overdoses is currently applied to staff working with high risk groups in Scotland, including homeless hostels staff. Health Professionals and Addiction Caseworkers are not available in all Scottish prisons during night shift periods therefore SPS should consider training operational prison staff to administer naloxone in emergency 'first on the scene' situations during patrol periods and night shift.

Novel Psychoactive Substances (NPS)

6.7 The SPS Strategy Framework for the Management of Substance Misuse in Custody was introduced in 2010. The strategy reflects the National Drug Strategy – The Road to Recovery and aims to reduce reoffending and drug related deaths by adopting the principles of recovery to reduce the supply and demand of illegal substances and the harm caused by problematic substance use. Since the introduction of the strategy in 2010, and the emergence of NPS, the Scottish Prison

Service has been working collaboratively with the Scottish Government and other partners to respond to the challenges posed by NPS in Scottish prisons.

SPS activity on NPS

Understanding the issue - Questions on NPS were included in the 2013 SPS Prisoner Survey. This will allow SPS to increase further its understanding of NPS. The results of the survey are expected to be published in the coming months.

Training – SPS continues to liaise with Police Scotland, Alcohol and Drug Partnerships (ADPs), Scottish Drugs Forum (SDF) and Crew to provide SPS staff with information and awareness training on NPS.

Raising Awareness - Governors and staff continue to ensure that prisoners are kept informed of the risks associated with taking NPS. SPS National Intelligence Bureau receives information from Police Scotland in relation to emerging issues, drug trend information and any drug alerts that are circulated around national agencies.

SPS HQ is currently working with Crew, SDF, and staff and prisoners at HMP Edinburgh to develop information materials to support prisoner education on NPS across all prisons.

HM YOI Polmont is working with the Scottish Drugs Forum to formulate a plan on NPS work for prisoners within their specific age group.

Research - In 2013 SPS supported a research study, conducted by a team of forensic toxicologists based at the University of Glasgow, into the prevalence of novel psychoactive substances in the prisoner population. The research study included 8 prison establishments during November 2013 and the results are expected summer 2014.

The Scottish Prison Service will continue to raise staff awareness on NPS and work in collaboration with the Scottish Government, Alcohol and Drug Partnerships, Police Scotland, CREW and the Scottish Drugs Forum to ensure appropriate information and educational material is developed.

7. ADP National Support Programme

7.1 The reduction of drugs-related deaths and increasing the availability of take home naloxone, through the national naloxone programme, are included in the range of key Ministerial priorities for the focus of Alcohol & Drug Partnership (ADP) delivery in 2013/14.

The role of the ADP National Support Team, which c comprises 5 expert secondees, is to work with ADPs to offer support on the following areas in order to achieve improvement against the identified range of Ministerial priorities:

- improving skills to use data for evidencing progress against core outcomes
- supporting delivery of recovery-oriented systems of care (ROSC)
- embedding a whole population approach to tackle alcohol-related harm
- strengthening the Scottish Government's engagement with the social work/care sector in relation to drug and alcohol policy objectives and drug and alcohol workforce development.

7.2 In addition to the support outlined above, the ADP National Support Team work collaboratively with the Nationally Commissioned Organisations (NCOs) for drugs and alcohol, such as the Scottish Drugs Forum, Scottish Recovery Consortium, Scottish Training on Drugs & Alcohol (STRADA), Scottish Families Affected by Alcohol and Drugs (SFAD) and Alcohol Focus Scotland, to ensure a co-ordinated approach to supporting the needs of ADPs, services and the drug and alcohol workforce.

7.3 In response to the publication of the Independent Expert Group's report on Opioid Replacement Therapies (ORT), ADPs were asked to develop a Key Aim Statement to highlight a key improvement they wish to prioritise in the next year. A number of ADPs, including Aberdeen City and Highland, placed focus on the reduction of drugs-related deaths within their areas.

7.4 The submission of ADP Annual Reports in Autumn 2013 evidenced a range of improvements being progressed by ADPs. The reports also reinforced the strong performance across Scotland of the HEAT Standard for drug and alcohol treatment waiting times, which is an exceptional achievement given the situation in some areas prior to the introduction of the national HEAT target.

7.5 For the year ahead, the ADP National Support Team and national commissioned organisations will continue to work with ADPs around identified priorities to support continued improvements in the commissioning, design, delivery and measurement of services and associated outcomes for people, and their families, affected by problem drug and alcohol use.

8.Update on Scotland's Naloxone Programme

8.1 In 2013, expert advice received from Scotland's national naloxone advisory group suggested that a minimum of 15% of people with problem opiate use, based on the latest available estimates of the prevalence of problem drug use for 2009/10, should be supplied with take home naloxone kits. The national advisory group also highlighted the importance of ensuring that take-home naloxone kits are supplied to all new clients receiving prescribed opiate substitute treatment, as well as those released from prison and discharged from hospital, all of whom are vulnerable to an increased risk of opiate overdose and drug related death.

8.2 The Scottish Government's funding allocation letter to NHS Boards included the above advice with a Ministerial priority which highlighted the importance of increasing the reach and coverage of the national naloxone programme by increasing the number of kits supplied to people at risk of opiate overdose.

8.3 The second annual release of monitoring information on take home naloxone supplies was published by ISD Scotland on 30th July 2013. This report presents data from the period April 2012 – March 2013. Some key findings were:

There were a total of 3,833 'take home' naloxone kits issued in Scotland in 2012/13, through the National Naloxone Programme. This compares with 3,458 kits issued in 2011/12 (revised 2011/12 figures), an increase of 375 kits (10.8%). Note: these figures include kits issued in the community and kits issued to prisoners (at risk of opioid overdose), on their release from prison.

8.4 There were 3,087 'take home' naloxone kits issued in the community in Scotland in 2012/13, through the National Naloxone Programme. This compares with 2,743 'take home' kits issued in the community in 2011/12, an increase of 344 kits (12.5%). The majority of kits issued in the community in 2012/13 (86.8%) were issued to individuals at risk of opioid overdose, 10.7% were supplied to service workers and 2.5% to family and friends (with the recorded consent of the person at risk).

8.5 Of the 3,087 kits issued in the community in 2012/13, 80% were reported as a 'first' supply, 18.1% a 'repeat' supply and 1.8% 'unknown' if first or repeat supply. In 210 cases 'repeat' supply was reported as due to use of the previous kit on a person at risk. There were 746 'take home' naloxone kits issued by prisons in Scotland in 2012/13, all to persons at risk of opioid overdose, an increase of 31 kits (4.3%) on 2011/12. Note: kits are not issued 'in prison'; rather they are supplied to the individual 'on release'.

8.6 Of the 746 kits issued by prisons in 2012/13, 86.3% were reported as a 'first' supply, 10.6% a 'repeat' supply and 3.1% 'unknown' whether a 'first' or 'repeat' supply. In 10 cases 'repeat' supply was reported to be due to use of the previous kit on a person at risk.

8.7 In order to establish how best to support the increase in naloxone activity in the Scottish prisons, the national coordination team began visiting all prison establishments to determine how each Heath Board was delivering the programme in prison and to suggest areas of improvement which would replicate some of the work in the community. This work is on-going, with improvements of provision noted

in some areas. A recommendation for a minimum supply rate by prisons will be provided by the national naloxone advisory group in 2014.

8.8 Naloxone distribution performance is measured by comparing the annual total of opioid related deaths within 4 and 12 weeks of prison release against a baseline using data from 2006-2010.
In 2011, 63% of opioid related deaths within 12 weeks of prison release occurred in the four weeks after release from prison. This supports the Baseline Indicator's emphasis on the four weeks period following prison release.
There was no significant decrease in opioid related deaths within four weeks of prison release in 2011 (36, 8.4%) compared to the 2006-10 Baseline Indicator (9.8%).
A comparable indicator of deaths within 12 weeks of release from prison also showed no significant reduction in the percentage of opioid related deaths in 2011 (57, 13.3%) when compared against the 2006-10 baseline (13.6%).
Performance against the Baseline Indicator will continue to be monitored until the end of the National Naloxone Programme in 2015.

Scottish Drugs Forum

8.9 SDF remains committed to making a significant contribution towards achieving national focus on reducing drug-related deaths, primarily with their work on Scotland's national naloxone programme. They also provide support to ADPs, statutory services and third sector organisations in their work to reduce drug-related deaths through improving the availability and effectiveness of life-saving measures in their local area.

The two Scottish Government funded naloxone posts are based within SDF and include:

National Naloxone Coordinator (full time post). This post is responsible for the coordination of the national programme which involves ensuring local areas are equipped with the skills, knowledge, training and resources to deliver their individual programmes. National group membership includes the National Forum on Drug-Related Deaths, National Naloxone Advisory Group, Scottish Naloxone Network (which is now chaired by SDF) and National Prisoner Healthcare Network Expert Advisory Group for Medicines.

Naloxone Training and Support Officer (full time post). This post is responsible for delivering training and providing on-going support for SDF's Naloxone Peer Education Initiative which also includes chairing the National Volunteer Forum on Drug Related Deaths.

8.10 To mark International Overdose Awareness Day 2013, the radio adverts played in 2012 were again utilised across Central Scotland, with some other areas in Scotland, including several prisons, also opting to play them on local stations. You can listen to them here.

A Scottish 'I'm the Evidence' video campaign was also launched, which included interviews with people who had administered naloxone to potentially save a life, those who had been the recipient of naloxone administration, people involved in the distribution of naloxone and others with a role in the Scottish programme. This will be an on-going project and can be viewed on the naloxoneuk YouTube channel.

8.11 Updates on the National Naloxone Programme continue to be available on a variety of social media platforms:

http://www.naloxone.org.uk – the official website of the Scottish programme

www.facebook.com/naloxoneuk - NaloxoneUK facebook page

www.twitter.com/naloxoneuk - NaloxoneUK Twitter account

www.youtube.com/naloxoneuk - YouTube page

The opiate overdose app from U-turn training continues to be available free –

For Android
https://play.google.com/store/apps/details?id=uturn.org&feature=search_result#?t=W251bGwsMSwyLDEsInV0dXJuLm9yZyJd

iPhone/iPad

https://itunes.apple.com/gb/app/u-turn/id533243395?mt=8

A range of updated and brand new materials were launched and distributed across Scotland to support the national programme and can be viewed and downloaded here -
http://naloxone.org.uk/index.php/naloxoneseperator/naloxoneinformation/2013-naloxone-materials

8.12 The introduction of the Naloxone Peer Education Programme has been a significant addition to the national programme. This exciting new initiative involves groups of people who use/formerly used drugs completing a peer training package, provided by Scottish Drugs Forum, which allows them to train their peers in overdose prevention, intervention and naloxone. To date, there have been 9 networks trained across 6 health board areas, including one prison. The peer trainers have trained 293 people, resulting in 204 of these people being supplied with naloxone. Some excellent examples of partnership working have been the peer trainer's work in Pharmacies and with Community Addiction Teams.

On the day of the naloxone monitoring data publication, the Minister visited one of the peer networks in Glasgow, which she describes as 'vital' work and you can view this here - http://www.youtube.com/watch?v=JFPmcHsfleA

8.13 The National Volunteer Forum on Drug Related Deaths, a sub-group of the main forum, has been re-established and membership of this group is made up of Naloxone Peer Trainers.

8.14 The engagement of GP's in the national programme remains an area of importance for Scotland, with sessions having been delivered at RCGP training events and future workshops planned with NHS Education Scotland. Now that a licensed community naloxone pack is available, GP's can often be in a prime position for reaching people who do not necessarily attend other services, such as community addiction teams.

8.15The Scottish programme was highlighted with a poster presentation at the International Harm Reduction Conference in Vilnius, Lithuania in June.

8.16 The **key priorities** for the national programme in 2014 are to:

Continue to develop peer education networks across Scotland, including Scottish prisons, and showcase this work in an event for International Overdose Awareness Day.

Continue to support the work of Health Boards in order to increase the provision of naloxone in Scottish prisons.

Continue work with ADP's and other strategic partners in order to increase the reach and the quality of the programme.

Encourage GP engagement in the programme.

Continue discussions with Police Scotland regarding their future involvement in the programme.

ANNEX A

Summary of Expert Presentations at Forum meetings

Throughout the year, the Forum invited guest speakers who could provide information, reflect upon and stimulate discussion on key issues. The following is a list of presentations received and a brief outline.

On **08 May 2013, John Corkery, University of Hertfordshire** delivered a presentation on deaths involving Novel Psychoactive Substances.

On 14 August 2013 Kevin Fulton from the Rehabilitation & Reintegration Unit within Scottish Government delivered a presentation on the review of through care that is taking place and the plans for the future.

Also on **14 August Tom Byrne, National Prisons Pharmacy Adviser from NHS Health Improvement Scotland** delivered a presentation on Prisoner Healthcare and how it is integrated into the prisons.

Also on 14 August **Jim Kerr from Scottish Prison Service** delivered a presentation on the Throughcare Support Officer's Pilot Project that was being delivered within HMP Greenock.

On **the 13 November Katy McLeod from Scottish Drugs Forum** presented on New Psychoactive Substances.

Also on the 13 November **Dr Richard Stevenson from NHS Greater Glasgow & Clyde** delivered a presentation "NPS Anyone's Guess". This was taken from the perspective of the emergency room team and how the NPS cases arrive medically and how they are treated.

Continuing the **theme Jo McManus Health Improvement Senior from Greater Glasgow & Clyde**, presented on how the NHS dealt with the cluster of deaths within the health board in relation to NPS.

ANNEX B

National Forum Remit and Membership

Remit

The main aims of the National Forum on Drug-related Deaths are:

- To update Scottish Government Ministers on the Forums work.
- To consider any new research findings from the national and international medical literature and consider policy issues as expressed elsewhere. Appropriate experts are asked to contribute to discussions.
- To identify areas where examples of good practice are recognised and disseminated to others through the newsletter *Drug Death Matters,* published on the ISD website.

FORUM MEMBERSHIP 2013

Name	**Title**
Dr Roy Robertson (Chair)	Roy Robertson, Reader, Centre for Population Health Sciences, University of Edinburgh and Muirhouse Medical Group, Edinburgh
Dr Saket Priyadarshi (Vice Chair)	Senior Medical Officer and Lead Clinician, Greater Glasgow and Clyde Addiction Services
Robert Aldridge	Director, Scottish Council for Single Homeless
Alana Atkinson	Health Improvement Programme Manager (Choose Life) NHS Health Scotland
Dr Alex Baldacchino	Lead Clinician & Consultant in Addiction Psychiatry NHS Fife,Senior Lecturer University of Dundee
David Green	Head of Scottish Fatalities Investigation Unit, Crown Office
Marina Clayton	Re-Solv Scotland
Tommy Crombie	National Drugs Co-ordinator, Police Scotland
Frank Dixon	National Records of Scotland
Dr Carole Hunter	Lead Pharmacist, Glasgow Addiction Service, NHS Greater Glasgow & Clyde
Dave Liddell	Director, Scottish Drugs Forum
Kirsten Horsburgh	National Naloxone Coordinator, SDF

Robin Lawrenson	Clinical Performance Manager, Scottish Ambulance Service
Chris Littlejohn	Consultant in Public Health Medicine NHS Grampian
Dr Julie McAdam	Consultant Forensic Pathologist – University of Glasgow
Andrew McAuley	Public Health Information Manager NHS Health Scotland
Garry Hecht	Senior Information Analyst ISD Scotland
Lee Barnsdale	Principal Information Analyst ISD Scotland
Catherine Thomson	ISD Scotland
Dr Claire McIntosh	Consultant Addiction Psychiatrist NHS Forth Valley
Ruth Parker	Scottish Prison Service
Emma Christie	Scottish Prison Service
Lynn Sutherland	NHS Grampian
Dr Samantha Perry	A&E Consultant, Western Infirmary, Glasgow
Eleanor Robertson	Board Member, Scottish Families Affected by Alcohol & Drugs
Jason Wallace	Volunteer Forum, Scottish Drugs Forum
Dr Maria Rossi	Consultant in Public Health Medicine, NHS Grampian
Jim Sherval	Specialist in Public Health, NHS Lothian
Christine Duncan	CEO, Scottish Families Affected by Alcohol & Drugs
Tom Byrne	Health Improvement Scotland

Scottish Government Official Support and Secretariat

Julie Carr	Scottish Government, Drugs Policy Unit
Hilary Smith	Scottish Government, Drugs Policy Unit
Gillian McKenzie (Minutes)	Scottish Families Affected by Alcohol & Drugs

Membership of National Forum Sub-Groups

DATA COLLECTION SUB-GROUP MEMBERSHIP

Name	Title
Dr Roy Robertson (Chair)	Reader, Department of Community Health Studies, Edinburgh University and Muirhouse Medical Group, Edinburgh
Andrew McAuley	Public Health Information Manager NHS Health Scotland
Tony Martin	Drug Death Co-ordinator, Greater Glasgow & Clyde
Peter Fairbrother	Drug Death Co-ordinator NHS Lothian
Jim Sherval	Specialist in Public Health, NHS Lothian
Lee Barnsdale	Principal Information Analyst ISD Scotland
Robin Lawrenson	Clinical Performance Manager, Scottish Ambulance Service
Garry Hecht	Senior Information Analyst ISD Scotland
Dr Claire McIntosh	Consultant Addiction Psychiatrist NHS Forth Valley

Scottish Government Official Support and Secretariat

Julie Carr	Scottish Government, Drugs Policy Unit
Fiona Fraser	Scottish Government, Drugs Researcher
Gillian McKenzie (Minutes)	Scottish Families Affected by Alcohol & Drugs

PATHOLOGIST SUB-GROUP MEMBERSHIP

Name	Title
Dr Saket Priyadarshi (Chair)	Senior Medical Officer and Lead Clinician, Greater Glasgow and Clyde Addiction Services
David Green	Head of Scottish Fatalities Investigation Unit, Crown Office
Sunella Brahma	Scottish Police Services Authority, Forensic Services, Edinburgh
Dr Ralph Bouhaidar	University of Edinburgh
Jim Allison	NHS Scotland
Frank Dixon	National Records of Scotland
Dr James Grieve	Consultant – University of Aberdeen
Dr Julie McAdam	Consultant Forensic Pathologist– University of Glasgow
Professor Derrick Pounder	University of Dundee
Rosslyn Rankin	Pathologist - NHS Highland
Duncan Stephen	Aberdeen Royal Infirmary
Hazel Torrance	Forensic Toxicology, Glasgow University
Lee Barnsdale	Principal Information Analyst, ISD Scotland

Scottish Government Official Support and Secretariat

Gillian McKenzie (Minutes)	Scottish Families

NALOXONE ADVISORY GROUP MEMBERSHIP

Name	Location
Dr Carole Hunter(Chair)	Glasgow Addiction Services, NHS GG&C
Prof. Sheila Bird	MRS Biostatistics Unit, Cambridge Unit
Kirsten Horsburgh	Scottish Drugs Forum (SDF)
Ruth Parker	Scottish Prison Service
Samantha Perry	NHS GG&C
Jim Sherval	NHS Lothian
Parveen Chishti	ISD Scotland
Catherine Thomson	ISD Scotland
Lee Barnsdale	ISD Scotland
Christine Lyall	Scottish Ambulance Service
Tommy Crombie	Police Scotland
Tom Byrne	Healthcare Improvement Scotland
Emma Christie	Scottish Prison Service
Jason Wallace	Scottish Drugs Forum(SDF)
Elinor Dickie	NHS Health Scotland
Dave Liddell	Scottish Drugs Forum(SDF)
Andrew McAuley	NHS Health Scotland
Christine Duncan	Scottish Families Affected by Alcohol & Drugs

Scottish Government Official Support and Secretariat

Julie Carr	Scottish Government, Drugs Policy Unit
Malcolm Cowie	Scottish Government, Drugs Policy Unit
Fiona Fraser	Scottish Government
Fran Warren	Scottish Government
Rachel Tatler (Minutes)	Scottish Government, Drugs Policy Unit

ANNEX C

SCOTTISH GOVERNMENT RESPONSE TO RECOMMENDATIONS MADE IN THE NATIONAL FORUM ON DRUG-RELATED DEATHS 2011/12 ANNUAL REPORT PUBLISHED MARCH 2013

Recommendation 1: "There is a need to encourage all GPs to consider treatment of drug users as essential, rather than optional, work. Integration of the whole range of requirements of drug users into General Practice and Primary Care is still underdeveloped. This may be due to inadequate guidance, poorly targeted resources and lack of recognition of the central position General Practice has in managing these problems. The BMA Report mentioned above highlights the health issues and suggests that the NHS alter its position and attitude. Specific examples of how these issues might be addressed might be the inclusion of drug and alcohol services in the current discussions on a separate Scottish Contract for General Medical Practice and Primary Care and updated guidelines for clinical practice."

Scottish Government response March 2014:

NHS Boards are mandated, on behalf of Government, to work with general practice to ensure that the right services are delivered for local communities.

Substance misuse services are currently provided, by General Practice, as a specialist service - commissioned by NHS Boards through Enhanced Services or via GPs with a special interest. Patient care is provided by the whole clinical team - not just GPs - and GPs use their professional judgement to work with patients to agree the best, and most appropriate, care to support the general health of individuals, including their recovery from drug use. In delivering care for their patients, GPs should take account of all aspects affecting a patient's care, and where necessary actively link with specialist services to deliver the care required.

The Scottish Government has invested more than £757 million to deliver primary care services in 2012/13 - an increase of more than 17% since 2004 - and over the same period the number of GPs in Scotland has increased. At the time of publication, Scotland has more GPs per head of population than the rest of the UK and is leading the way with the world's first patient safety programme for primary care.

The Scottish Government, and its partners, are currently in the third phase of delivering the national drugs strategy (the Road to Recovery), which is focused on quality, and are committed to continually building on the improvements made. As part of this work, the Minister for Community Safety and Legal Affairs, who has portfolio responsibility for drugs, asked Scotland's Chief Medical Officer, Sir Harry Burns, to commission an independent expert group on Opioid Replacement Therapies (ORT) led by Dr Brian Kidd.

The Group's report, Delivering Recovery, published in August 2013, confirmed the evidence base for opiate replacement therapies (ORT) and supported the continued role of ORT in the context of recovery in Scotland.

The Scottish Government responded to the report at a Scottish Parliament debate in November (2013), which outlined the development of an alcohol and drugs quality improvement framework. This will ensure quality in the provision of care, treatment and recovery services; as well as quality in the data that will evidence the outcomes people are achieving. The Scottish Government is currently developing quality principles, in consultation with Alcohol and Drug Partnerships and other partners. These set out what someone accessing a service can expect to achieve and ensure measures are in place to recognise when progress is being made in an individual's recovery journey.

The independent report noted that there is room for improvement across the whole system including the NHS. That is why the Minister for Community Safety and Legal Affairs and the Minister for Public Health have challenged local leaders to commit to action. As part of the Scottish Government's response to the report, Scottish Ministers committed to delivering an event, in 2014, for healthcare professionals (including GPs and pharmacists) who work with people and families affected by drugs – this follows a planning for change event held with healthcare professionals in 2013); as well as identifying a senior accountable officer in each NHS Board with responsibility for problem drug use.

Following on from a successful event 'Recovery Through Treatment' held by Glasgow Addiction Services with support from the Scottish Recovery Consortium which allowed GPs, clinicians and frontline addictions staff to focus on the recovery contributions that they can offer; throughout 2014-15, the Scottish Recovery Consortium will be rolling this programme out across the country. This will allow meaningful conversations to be facilitated with staff across the NHS – specifically GPs and pharmacists – together with individuals who have experienced recovery themselves. This will enable more people to develop their understanding of recovery and recognise the contribution of their work to recovery.

Recommendation 2: "A three year project should be supported to allow an academic post to work with a university department and to research drug deaths in Scotland. This should be a stage towards establishing a future academic department in a Scottish university which might address the medium to long term clinical and behavioural research interests into Scotland's enduring problem of drug and alcohol misuse. The project worker should be appointed to work with the Forum and any relevant agency, in order to establish and develop relationships with relevant academic institutions and projects, which might inform the work of the Forum. This person would have suitable academic credentials and capability to work independently but guided by a steering group from the Forum. Such a project would allow comparisons with published literature, links with relevant academics and production of papers for the Forum, Scottish Government and academic journals. This would allow the work of ISD Scotland, ADPs, the Forum and others to be synchronised and set in the context of the available academic understanding of drug related deaths."

Scottish Government response March 2014:

The Scottish Government has worked with the Forum and its members in 2013/14 to explore priority research areas on drug related deaths in Scotland and options around how these can be progressed.
Additional support was provided to the Forum this year to increase the analytical capacity available to them. This has enabled, for the first time, the analysis of information from Scotland's National Drug Related Deaths Database on New Psychoactive Substances and suicides. The analysis, due to be published by the Information Services Division of the NHS, will inform potential policy and practice responses to reducing drug related deaths in the future.

The Forum's recommendation in this area also resonates with the recommendations on research made by the independent expert group on opiate replacement therapies in their report, Delivering Recovery, published in August 2013. The Scottish Government continues to work with members of the expert group, via the independent Drugs Strategy Delivery Commission (which includes members of the National Forum on Drug Related Deaths) to explore the feasibility of agreeing key priorities for research on drug use in Scotland, and to identify potential sources of funding for this work.

ANNEX D

National Forum on Drug Related Deaths – Scottish Government response to the Forum's observations on key priority areas of work.

Observation 1: Hepatitis C treatment in community settings has been difficult to develop and further efforts are required to allow shared care models to achieve significant impact. Health Boards should report difficulties encountered and strategies for overcoming these.

Scottish Government update, March 2014

The Sexual Health and Blood Borne Virus Framework continues to be the over-arching policy document setting out the Government's priorities in respect of Hepatitis C. The NHS in Scotland is continuing to build on the foundations established by the Hepatitis C Action Plan for Scotland. In the summer of 2013 a National Stakeholder Event was held to reflect on the significant progress that had been made as a result of the Action Plan. This event reported on the significant increases in testing, diagnosis and treatment of Hepatitis C in Scotland, as well as recent epidemiological data depicting an overall reduction in the prevalence of Hepatitis C in Scotland as a result of these activities. There has, therefore, already been a significant impact on Hepatitis C in Scotland.

Despite recent challenges around costs of new therapies (protease inhibitors) NHS Boards continue to initiate over 1,000 people onto anti-viral treatment every year. Treatment is provided in specialist treatment centres as well as in community settings across Scotland, and it is for NHS Boards to determine the best model of delivery for their own populations. In the community, these are a mix of nurse or consultant led clinics, primarily operating out of addiction or harm reduction services, community hospitals and health centres.

Anti-viral treatment for Hepatitis also continues to be available within prisons in Scotland. The Scottish Government undertakes local areas visits to all NHS Boards in Scotland to discuss progress against the Framework and the Minister for Public Health retains a close interest in the subject through his chairmanship of the National Sexual Health and Blood Borne Virus Advisory Committee. The Minister has recently asked Professor David Goldberg of Health Protection Scotland to lead a sub-group specifically looking at the future of Hepatitis C treatment in Scotland in light of emerging new therapies. Such new therapies, particularly those which are interferon free, may allow for greater development of community-based treatment programmes, and this will be considered as part of this work. The sub-group will report back to the Ministerial Advisory Committee before the end of 2014/15.

Observation 2: **Throughcare for those leaving prison and relocating in communities is slow to develop. This is a central strategy in addressing the risk of death from overdose in the months after leaving custody. Transfer of health care to the NHS is now complete and liaison with community health and social care services needs to be improved and developed.**

Scottish Government update, March 2014

The Scottish Government works with national and local organisations to ensure that critical interventions are in place at every possible stage to prevent drug related deaths. Successful throughcare from prisons is an important factor in this. That is why for the Forum's meeting in August 2013, the Scottish Government arranged for key stakeholders to be brought together to update the Forum on developments in this area, as well as to provide a platform for discussion and advice from the Forum. This included a Scottish Government policy perspective, Health Improvement Scotland update on Prisoner Healthcare, update on naloxone in prisons, a presentation on a pilot project in Greenock Prison and a promotional film on the benefits of naloxone.

As part of Phase 2 of the Scottish Government's Reducing Reoffending Programme a **review of offender throughcare for short term prisoners** has been established. This involves a number of work streams which aim to test new models offering rehabilitation and reintegration support to short term offenders in custody and in the community.

To improve links between prisons and community agencies, a **Ministerial Group on Offender Reintegration** was established in October 2013 to examine how early release prisoners can be better reintegrated into communities. The Cabinet Secretary for Justice, chairs the group, and is joined by Ministers (including the Minister for Legal Affairs and Community Safety), from a range of portfolios, to reflect the role of the wider public sector and the importance of offender reintegration. The group has been established in response to the available evidence, which tells us that as well as rehabilitative support, access to 'universal' services, such as housing, healthcare and welfare, are significant in reducing reoffending once offenders are released from prison. The first meeting of the Ministerial Group focused on housing and subsequent themed meetings will follow on employability and welfare and access to healthcare, including mental health and addictions.

Community Reintegration Projects have been created in partnership with the Scottish Prison Service, Scottish Court Service and Criminal Justice Social Work teams at Dundee and North and South Lanarkshire Council. These will test revised processes and more sophisticated and person focused approaches to needs screening and on-going support for liberation, including addictions advice and support. This includes linking pre and post custody with a named individual from the Criminal Justice Social Work team in the community. It is intended that this will maximise the likelihood of continuation of support in the community to support desistance and minimise the likelihood that the offender will reoffend. Projects are live in HMP Perth (for men) and Cornton Vale, Edinburgh and Greenock for women. The project includes an independent evaluation which will report in May 2014.

In partnership with the Robertson Trust and Scottish Prison Service, the Scottish Government has established the £10 million **Reducing Reoffending Change Fund.** This recognises that offenders leaving custody often need one to one support. The Fund has established two national, and four specialist, mentoring projects across Scotland, which are currently being evaluated by Ipsos Mori.

Since November 2011, the NHS has been statutorily responsible for the delivery of all primary healthcare services in Scottish prisons. Health Boards have indicated that they are at various stages of progress in working to re-configure health and addiction services towards community health models. Emphasis has been placed on recovery focused treatment options and improved throughcare services.

The National Prisoner Health Network has identified throughcare as a high priority, proposing that a multi-agency group should be established to support work to improve care pathways. A Throughcare work stream is currently being established, which will connect to the wider strategic throughcare developments being taken forward nationally to enable a co-ordinated response to reducing inequalities and improving throughcare opportunities for offenders across Scotland.

Scotland's 30 **Alcohol and Drug Partnerships (ADP)**, as strategic leads for problem substance use, are responsible for commissioning appropriate recovery-focused services to ensure continuity of care for individuals between prison and community. In recognition of the increased risk of opiate overdose in the first 3 months following liberation from custody, the Scottish Government continues to work with the Scottish Prison Service and the NHS to deliver the provision of take home naloxone at the point of release in all Scottish prisons. In 2012/13, 746 take home naloxone kits were issued to prisoners on their release.

The Scottish Government's ADP National Support Team are working with SPS, ADPs and NHS Boards (who are responsible for the healthcare needs of prisoners) to strengthen partnership working and consider how the "Quality Principles: Standard Expectations of Care and Support in Drug and Alcohol Services" can be embedded into delivery to ensure equal provision of quality services for people accessing treatment in community and prison settings.

Observation 3: Data on drug and alcohol treatment waiting times within prisons has not been published to date. Publishing this information would be valuable in ensuring that there is continuity in the care arrangements of those requiring drug treatments, especially given the increased risk of a drug related death within the first 12 weeks of release from prison.

Scottish Government update, March 2014

Since September 2013, this information has been routinely published by the Information Services Division (ISD) of NHS National Services Scotland in their quarterly release of drug and alcohol treatment waiting time statistics.

The most recent information on how long people waited to start drug treatment in prison shows that 98.4% of people started drug treatment within 3 weeks of their referral and 88.6% had waited one week or less (*Source: Drug and Alcohol Treatment Waiting Times, July – September 2013, published by ISD Scotland, December 2013).*

The next release of information from Scotland's Drug and Alcohol Treatment Waiting Times Database will be on the 25 March 2014 and will cover the quarter October to December 2013.

The Scottish Government continues to work with ISD, the NHS and Alcohol and Drug Partnerships to ensure that prisons are fully compliant in providing robust data on drug and alcohol treatment waiting times.

Observation 4: Alternatives to methadone remain available to a minority of drug dependent patients. These alternatives are other pharmacotherapies and non-pharmacological interventions such as detoxification and residential rehabilitation. Successful recovery depends upon increased capacity in projects designed to address the longer term problems. One specific example is the possibility of methadone and other opiate substitute therapy maintenance being part of a recovery package in residential recovery agencies.

Scottish Government update, March 2014

The Forum will be aware that it is for clinicians and other practitioners in substance misuse services to determine in partnership with the patient the most appropriate care plan or recovery package (and the components within it) for the individual concerned. This will be based on a clinical assessment of the patient which includes their wider health and wellbeing.

Alternatives to methadone, such as buprenorphine, are available to prescribers. In line with existing local, national and UK guidelines[(1)], the decision about which type of opiate replacement therapy to use should be made on a case by case basis, taking into account a number of factors, including the person's history of opioid dependence, their commitment to a particular long-term management strategy, and an estimate of the risks and benefits of each treatment made by the responsible clinician in consultation with the patient.

(1) Drug Misuse and Dependence UK Guidelines on Clinical Management;,

NICE (Multiple) Technology Appraisal Guidance No 114 Methadone and Buprenorphine for the Management of Opioid Dependence.

The report of the Independent Expert Group on Opiate Replacement Therapies (Delivering Recovery published August 2013) reinforced the aim of the Road to Recovery Strategy, to focus on the needs of the individual and provide a range of interventions where needed to support recovery. The Scottish Government and its partners are now in the third phase of delivering the Strategy – ensuring quality is embedded across all services in Scotland.

The Scottish Government responded to the expert group report at a Scottish Parliamentary debate in November 2013. As part of the response, the Minister for Community Safety and Legal Affairs (who has portfolio responsibility for drugs policy) committed to delivering an event, in 2014, for healthcare professionals (including pharmacists and GPs) who work with people and families affected by drugs – this will build on the planning for change event held with healthcare professionals in late 2013. In addition, the Minister for Public Health committed to identifying a senior accountable officer in each NHS Board with responsibility for problem drug use.

Observation 5: Community pharmacies remain vulnerable to criticism and to (lack of) capacity problems. Support and adequate resources are required to maximise the role that optimal pharmaceutical care can play in promoting recovery for individual patients. The Forum recommend that the document *Prevention and Treatment of Substance Misuse-Delivering the Right Medicine: A Strategy for Pharmaceutical Care in Scotland* which was published by the Scottish Executive in 2005, is updated to reflect current strategies to help prevent drug-related deaths.

Scottish Government update, March 2014

The Scottish Government recognises the valuable contribution that pharmacists in the community make in supporting individual patients in their recovery from problem drug use. Many pharmacists are already independent prescribers in this field and operate pharmacist-led clinics focusing not only on NHS pharmaceutical care needs, but the wider health and wellbeing of the individual patient.

Pharmacists are often the health care professionals who have the highest level of contact with people recovering from drug dependency. They are readily accessible six, and in some cases seven days a week and have the appropriate skills, training and expertise to undertake support services such as opiate replacement - including supervision. The pharmacist can also contact the prescriber and other practitioners/agencies if they have a concern about the patient's behaviour or adherence to their care/recovery plan.

The Scottish Government published **Prescription for Excellence in September** - its 10 year Vision and Action Plan for pharmaceutical care in Scotland. This gives a firm commitment to work with pharmacists, and other health care professionals, to develop and implement new NHS standards and specifications for drug and alcohol services. Prescription for Excellence recognises the important role of pharmacists, working in close partnership with GPs and other health and social care practitioners, to deliver high quality and consistent pharmaceutical care across Scotland. In 2012-

13, NHS Boards across Scotland invested approximately £18.5 million in the safe dispensing and supervision of opioid replacement therapies in Scotland through community pharmacies. This investment is important in ensuring that patients' recovery plans are adhered to and that the overall health and wellbeing of those receiving these treatments is supported as part of a wider package of care.

As part of the Scottish Government's response to the report by the independent expert group on opiate replacement therapies, the Minister for Community Safety and Legal Affairs, who has portfolio responsibility for drugs policy, will be convening a further event for healthcare professionals (including community pharmacists) who support people and families affected by drugs in local communities. This will build on the planning for change event held with healthcare professionals and convened by the Scottish Government in 2013.

Observation 6: The roll out and reach of the national naloxone programme needs to be significantly enhanced. Specialist addiction services need to provide training and provide naloxone to their clients. The Scottish Government should explore how best to deliver this including the possibility of a target for Alcohol and Drug Partnerships (ADPs).

Scottish Government update, March 2014

The Scottish Government continues to value the support and guidance of the National Forum on Drug Related Deaths and the National Naloxone Advisory Group in the delivery and development of Scotland's national take home naloxone programme.

Reducing the number of drug related deaths and increasing the number of naloxone supplies available to those at risk of opioid overdose continues to be a priority for the Scottish Government in delivering the national drugs strategy - the Road to Recovery.

The National Naloxone Advisory Group, chaired by Dr Carole Hunter (who is also a member of the National Forum on Drug Related Deaths) is formed of experts from a range of professions, who direct the development and delivery of Scotland's national naloxone programme, provide advice to those involved in delivering and developing the national programme at a local level, and assess the national and international evidence on take-home naloxone.

In 2013/14, increasing the coverage of the national naloxone programme was a Ministerial priority for NHS Boards and Alcohol and Drug Partnerships in Scotland.

Expert advice received from the National Naloxone Advisory Group suggested that a minimum of 15% of people with problem *opiate* use (based on the latest available prevalence estimates of problem drug use for 2009/10) should be supplied with take home naloxone in 2013/14 – this equates to the supply of 8,940 naloxone kits across Scotland between 1 April 2011 and 31 March 2014. In addition, the National Naloxone Advisory Group also highlighted the importance of ensuring that take-home naloxone is supplied to all new clients receiving prescribed opiate substitute treatment, as well as those released from prison and discharged from hospital.

Monitoring information from ISD Scotland received by the National Naloxone Advisory Group indicates that most local areas are on track to meet, and in some cases exceed, the minimum coverage advised by the Group by the end of March 2014. Increasing the number of take-home naloxone supplies even further will continue to be a priority for the Scottish Government in 2014/15.

Observation 7: More work needs to be done by the Scottish Government and ADPs to investigate the specific needs of older drug users (35+ years) with a view to improving services for this population.

Since the introduction of the Road to Recovery Strategy, the Scottish Government has continued to improve the evidence available on drug use in Scotland. For the first time, a range of evidence is now available, which identifies an ageing cohort of people, aged 35 years and over, who are vulnerable to both problem drug use and other co-occurring chronic health conditions. The Scottish Government remains committed to working with Alcohol and Drug Partnerships, the nationally commissioned drugs organisations and delivery partners to identify how the needs of this vulnerable group of people can be best met.

Observation 8: In the event of a further prolonged delay by the Home Office including foil in the list of exempted items in section 9a of the Misuse of Drugs Act 1971, the Forum request that the Lord Advocate issue a Letter of Comfort in Scotland, to allow drug treatment services to supply this item of paraphernalia.

On 4 July 2013 the UK Government announced that legislation would be introduced for the lawful provision of foil by drug treatment providers, subject to the strict condition that foil is part of structured efforts to get people into treatment and off drugs.

The Scottish Government welcomes any intervention that contributes to an individual's recovery from problem drug use and is grateful to stakeholders in Scotland for expressing their views and expertise on this issue.

The Scottish Government continues to be in regular contact with the Home Office and has shared the Forum's observations with them to ensure that the needs of services and people with problem drug use in Scotland are represented in this process. The Scottish Government remains in contact with the Home Office on the timescales for the legislation, operational arrangements and its subsequent implementation.