

REPORT TO ABERDEENSHIRE INTEGRATION JOINT BOARD 11 October 2023

Title: Monitoring and Review of Drug and Alcohol Related Deaths

1 Recommendation

It is recommended that the Integration Joint Board (IJB):

- 1.1 Note the review and learning process of drug and alcohol deaths and the actions already in place to prevent deaths in Aberdeenshire
- 1.2 Approve and support the progression of new notification processes for alcohol related deaths
- 1.3 Approve and support the promotion of wider distribution and availability of naloxone across Health and Social Care Partnership services

2 Directions

- 2.1 No direction requires to be issued to Aberdeenshire Council or NHS Grampian as a result of this report.

3 Risk

- 3.1 **IJB - 5:** Risk of not fully informing, involving and engaging with our patients/clients, the public, staff and partners.
IJB – 6: Service/ business alignment with current and future needs
IJB – 7: Failure to apply all processes in a timeous fashion can lead to exacerbation of public protection issues

4 Background

- 4.1 The Scottish Drug Deaths Taskforce was established in June 2019, to support the delivery of the national drug and alcohol strategy “Rights, Respect Recovery”. The Taskforce had the central aim of identifying measures to improve health by preventing and reducing drug use, harm and related deaths.
- 4.2 In 2020, Scotland saw the most significant rise in fatal drug related harm and this changed the scope of the Taskforce to provide the Scottish Government with evidenced based advice on how to respond to what was considered as a public health crisis.
- 4.3 Then in January 2021, the First Minister announced a new [national mission to reduce drug related deaths and harms](#) supported by an additional £50 million funding per year. The aspiration of the National Mission is to save and improve lives through:
 - fast and appropriate access to treatment and support through all services

- improved frontline drugs services (including third sector)
- services in place and working together to react immediately and maintain support for as long as needed
- increased capacity in and use of residential rehabilitation
- a more joined-up approach across policies to address underlying issues.

The National Mission identified the new Medication Assisted Treatment (MAT) standards as the central platform through which to deliver its recommendations.

- 4.4** Early intervention strategies are threaded throughout the aspiration of the National Mission. “Safer in Service” recommended as a key principle to address drug related harm with a clear direction towards a more holistic and whole system approach to addressing drug harm. However, the people who have lost their lives through drug related harm should not be disregarded. Their experiences should be respected in a way which brings learning into the new standards of treatment and support.
- 4.5** In July 2022, the Drug Death Taskforce returned its final report, Changing Lives^[6]. The report reflected the difficulties that must be overcome to change culture, practice and process in how drug and alcohol services should be delivered. It also made a clear statement that the review of the experiences of people who had died as a result of drug related harm should become an established process and should contribute to how culture can be changed and practice and process improved.
- 4.6** Variance was identified in practice and process across Scotland in how areas responded following a drug related death. Some areas only reviewing deaths of people already engaged in services, however, the learning from the deaths of people not engaged in services should also be captured to inform how services can better support individuals into treatment – achieving that principle of being Safer in Service. The Taskforce, therefore, recommended that a formal review process should be undertaken for every suspected drug related death. These should start from the principle that every drug-related death is preventable.
- 4.7** The ADP partnership agreement provides definition of the governance structure and identifies lines of accountability between the ADP and other strategic partnerships. For the IJB Section 8.2 of the Partnership Agreement highlights the accountability between the ADP and external partners. It states “The ADP Committee exists within a complex public sector governance structure and will provide report twice yearly to the Integration Joint Board on delivery of agreed strategic priorities. The ADP will provide information to the Executive Group for Public Protection and the Community Planning Board on progress in relation to agreed strategic priorities and the ADP’s annual report will also be shared widely”.

Section 6.3 highlights the working arrangements between the ADP and the IJB which clarifies the respective responsibilities and decision making

roles for each. Section 6 also explains working arrangements with other strategic partners. Section 6.3 states

Aberdeenshire Integration Joint Board

- Provide support to the work of the ADP and its governance and accountability arrangements and align Strategic Plans.
- Receive and consider a report twice per year on ADP delivery against agreed strategic priorities.
- Consider the use of directions to formalise those agreed elements of Alcohol and Drug Strategy and ADP Delivery Plan Actions relating to NHS Grampian and Aberdeenshire Council.

4.8 Aberdeenshire ADP response to the Licensing Board is attached at Appendix 2

5 Aberdeenshire Drug and Alcohol Related Death Review Process

5.1 Aberdeenshire Review and Development Group is a multi-agency group which reviews all drug related deaths and those alcohol related deaths which are known to services. The review process ensures each notified death is discussed by a multi-disciplinary group to consider whole system learning through analysis of the circumstances and events leading up to the persons death. Multi agency chronologies are a key feature which contributes to the learning which inform service improvements. Staff attending the reviews have the opportunity to reflect on practice and identify any opportunities missed, as well as how earlier engagement could have been achieved. As part of the group discussions staff are supported to realise their input was of value and impactful and that deaths are sadly part of working in drug and alcohol service. Previously reporting DRD was slow and unconfirmed for many months, this leaving questions for the practitioner which made reflection and resolution of the loss difficult. Improved notification processes through Police Scotland and opportunity for immediate debrief for workers is in place.

5.2 In situations where a person has been known to other services, specifically mental health and adult support and protection, liaison takes place with key contacts in these service areas to agree which review process is most appropriate. This reduces duplication and gives opportunity for representation and attendance at the most relevant review forum. Where a dual diagnosis was present staff from both Mental Health and Drug and Alcohol services will attend the agreed review group.

5.3 A multi-agency Action Subgroup takes place following the Review and Development Group to take forward the recommendations of the review process. Recommendations may require improvement actions in either single agency and multi-agency policy and practice. Where gaps have been identified resources are agreed and new processes are developed. Training needs might be identified for parts of the workforce and includes wider partners. Where there are improvement actions which relate to wider partners such as housing or mental health these are communicated through key contacts to be considered through appropriate strategic and

operational oversight. Examples of learning which have been translated into actions are;

- Referral pathways from unscheduled care
- Pharmacy notifications of poor presentation and missed collection of medication.
- DWP notification of large, backdated benefit payments
- Review of MARS (Multi Agency Risk Strategy)
- Multi agency chronologies

5.4 The learning outcomes and related actions are shared with all staff that form the Multi disciplinary team at the review and any other partners that may benefit from the learning, Embedding the learning into practice is as important as identifying the need. This takes place at locality hubs, directly into teams and communication in relevant multi agency forums.

6 Review of Data

6.1 National Records for Scotland (NRS) provide a range of collated data on drug and alcohol deaths, some of which is available at local authority level and this is published annually. The Action Subgroup use this national information alongside local intelligence and feedback from the local review process to inform developments and improvements in service delivery.

6.2 National figures indicate that 1,051 people died due to drug misuse in 2022.

6.2.1 This is a decrease of 279 deaths compared with 2021, representing the lowest number of drug misuse deaths in Scotland since 2017.

6.2.2 Glasgow City and Dundee City had the highest rates of drug misuse deaths over the last 5 years Aberdeenshire was second lowest to East Renfrewshire.

[drug-related-deaths-22-data.xlsx \(live.com\)](#)

6.3 Drug Related Deaths in Aberdeenshire

Total DRD's for years 2019, 2020, 2021, 2022

Year	Total
2019	26
2020	33
2021	31
2022	24

- 2022 Drug related deaths down 23% from 2021

- Female DRD's down 60% from 2021. This is not reflected in the Scotland figures, which record the majority of the reduced numbers of deaths being male.
- Aberdeenshire has seen the same number of male deaths in 2021 and 2022.
- Age range 35-44 in 2021 and 2022 had the highest percentage of deaths.
- Most if not all deaths were due to Polydrug use.
- 87.5% (n21) of drug deaths had opiate as a cause.

6.4 An example of how we have translated national data into local service delivery is our response to women. The review of the women who died in 2020 identified that every woman had experienced the removal of a child or children , through Child Protection procedures. The trauma impact of this is significant and evident in the chronology of engagement and this contributing risk of harm. A new dedicated team of workers which combine Adult and Children's services has now been established and provides support for women who are at risk of, or who have already, experienced the loss of a child.

6.5 National Records for Scotland reported the numbers of alcohol deaths from alcohol-specific causes rose in Scotland in 2022 by 2%, totalling 1,276. This represents 31 more than in 2021: the highest number since 2008. ¹Within the Scottish context Aberdeenshire have the lowest rate of alcohol deaths by 100,000 population. Within the local context however, the 2022 number of people who died from an alcohol specific cause rose by 5 deaths. Further context as to Aberdeenshire's death number in relation to other areas in Scotland is.

- 11 areas where deaths reduced from last year with varying % between 6 and 50.
- 2 stayed areas the same.
- 19 increased between 5 and 78 %, (there was 1 at 200% but small numbers so not included). Aberdeenshire's increase was 17%. 11 areas had a larger % increase than 17% and 8 areas had a higher numerical increase, 4 areas with the same number as Aberdeenshire the same i.e.5, and 7 areas had less than 5 of a numerical increase.
- Aberdeenshire lowest by head of population by 1.1

See Appendix 1 for additional information regarding Scotland wide data.

6.6 Alcohol Specific Deaths in Aberdeenshire

Total ARDs for 2019.2020,2021.2022

Year	Total
2019	29

2020	32
2021	30
2022	35

While Alcohol Specific deaths are reported at a National level this does not translate into as in depth and localised data as is received in relation to drug related death information. In Aberdeenshire no formal notification process is in place to report all alcohol specific deaths. [alcohol-specific-deaths-22-all-tabs.xlsx \(live.com\)](#)

- 6.7** Due to us not having a formal process to receive notifications for all alcohol specific deaths, we are only able to review those we are aware of and who died whilst being involved in services. These reviews follow the same format as the Drug Death Reviews, likewise any learning is taken forward by the Action subgroup.
- 6.8** A process to have all alcohol related deaths notified at a local level would provide opportunity to review and analyse, taking forward learning and improvement actions in service delivery. The notification of people who have died and are not known to services would allow a consistent review process for both alcohol and drug use. This will inform early intervention strategies and processes to increase numbers of people accessing support at an earlier stage of problematic alcohol use. Collaboration with Primary Care and Public Health is required to progress this fundamental improvement. Recommendation 1.2 - The IJB is asked to Approve and support the progression of new notification processes for alcohol related deaths

7. Aberdeenshire response to preventing Drug and Alcohol deaths.

- 7.1** Aberdeenshire Drug and Alcohol services are delivering a number of interventions to prevent drug and alcohol deaths. These are in response to both MAT standards implementation and are informed by the local needs of Aberdeenshire communities. These are summarised below:
- 7.2** The **ARIES** team provides a fast outreach response to referrals for people identified as being at high risk of drug or alcohol harm and in line with the requirements of MAT standard 3. People referred may or may not be open to current services, but concerns have been raised due to recent presentations or where someone has fallen out of service. This includes referral pathways from,
- Drug and Alcohol services who have been unable to trace the person at risk.
 - Unscheduled Care
 - Police Scotland
 - HMP Grampian
 - A and E
 - Hospital – Drug and Alcohol Care Team (DACT)
 - Housing

- Scottish Ambulance Service

7.2.1 The ARIES team has two Social Workers, two Nurses, Police Officer (Sgt) and includes Health Care Support Workers (HCSW) and LAC support, all are experienced in working within Drug and Alcohol Services. The team aim to see all referrals within 24 hours and will visit people in their home. They are assertive in their approach to ensure they reach all referrals and will make contact with family members and friends where necessary. They have access to a range of information which helps them locate the person at risk. A relatively recent development is providing outreach on a Saturday which is proving to be successful. The support provided is client led and whilst the staff aim to support people into or to re-engage with services, they also provide practical and harm reduction advice and support.

The ARIES team works closely with the Out of Hours and Crisis interventions teams in Mental Health.

7.3 “Safer in Service” Days of Action - Operation Protector

7.3.1 This is a partnership approach to address and reduce the harms of drugs and alcohol use and prevent drug and alcohol related deaths in the communities of Aberdeenshire. This approach contributes to the multi-agency response to increased complexity and risk which feature in the lives of people affected by drugs and alcohol. The impact of County Lines activity is addressed through this partnership approach

7.3.2 Aberdeenshire Drug and Alcohol service, Criminal Justice, Police Scotland - North East Division, Housing and the Community Safety Team established this approach in December 2021. Colleagues from Mental Health services, BBV testing and prison outreach are now also included in the Days of Action. There are four elements of the Days of Action. These are:

- **Outreach** Cross agency teams carry out doorstep visits to people believed to be at risk of drug-related harm.
- **Community Engagement /Drop-in** A partnership ‘pod’ is stationed prominently in the town centre. This provides increased knowledge of drug and alcohol harms in the community and how to inform about concerns as well as provide immediate access to services.
- **Community Harm Reduction** Community Safety Officers from Aberdeenshire Council proactively investigate the community impact of drug and alcohol related activity.
- **Enforcement** Police undertake Criminal Justice enforcement with ARIES in attendance to provide immediate outreach support.

7.4 Step In - Provides faster delivery of support to people in Aberdeenshire. Five Step In teams provide.

- Fast access and same day treatment and assessment
- Holistic approach to supporting all needs.
- Practical Support
- Health checks
- Access to wider agency support

All aspects of harm reduction are available at Step Ins including

- Needle Exchange
- Wound Assessment
- Naloxone
- Blood Borne Virus Testing

- 7.4.1** Whist Step In are relatively new additions to Drug and Alcohol services, they are developing to respond to both Drug and Alcohol harm. Additional health assessment in relation to assessment of liver functioning. given the national information indicating liver disease as the main cause of death, would be optimal. This would provide an earlier intervention to prevent this disease from becoming terminal.
- 7.4.2** Information on how to contact Step in teams can be found here - [Easy access to drug and alcohol services - Aberdeenshire Council](#)
- 7.5** **Residential Rehabilitation** – The National Mission expects that each area has increased numbers of people accessing residential Rehabilitation including effective pre and post rehabilitation support. A residential rehabilitation pathway is in place in Aberdeenshire and numbers have increased. There are also pathways directly from prison into residential rehabilitation which again reduces risks.
- 7.6** **Naloxone** -Naloxone is an opioid antagonist, which means it can quickly and safely reverse the effects of an opioid-related overdose. Evidence is clear that wider distribution of naloxone saves lives and in. expanding the distribution of naloxone in Aberdeenshire would make it more likely to be available in the event of an opioid overdose.
- 7.6.1** Naloxone is promoted at wider community engagement interventions and activities including the ongoing Days of Action. Naloxone champions who promote and provide training on Naloxone and its use is embedded within Drug and Alcohol services. Aberdeenshire Council Housing have staff trained in administering and supply of Naloxone and NHS Grampian have very recently agreed to provide Naloxone across their services. Recommendation 1.3 - Approve and support the promotion of wider distribution and availability of naloxone across Health and Social Care Partnership services
- 7.7** **WEDINOS - Drug Checking** - Licensed drug-checking services allow people to anonymously submit samples of psychoactive drugs for testing. On completion of testing, they are advised on the content and potency of the submitted drugs so they can make more informed decisions about use. This process can play a vital role in harm reduction, not just for the

person deciding whether to use the drug, but also through providing wider public health information about the drugs in circulation in an area.

7.8 RADAR is Scotland's drugs early warning system. Using innovative data collection methods, RADAR validates, assesses and shares information to reduce the risk of drug-related harm by:

- identifying new and emerging harms
- recommending rapid and targeted interventions
- publishing accessible, up-to-date information on services, harms and emerging drug trends, including quarterly reports

8 Equalities, Staffing and Financial Implications

8.1 An equality impact assessment is not required in relation to this report as this is an initial report providing follow up information in relation monitoring of drug and alcohol deaths.

Jeff Shaw, Partnership Manager (North)

Aberdeenshire Health and Social Care Partnership

Report prepared by Gillian Robertson, Project Manager Drugs and Alcohol Service

Appendix 1 – Alcohol data

Appendix 2 – ADP response to licensing Board