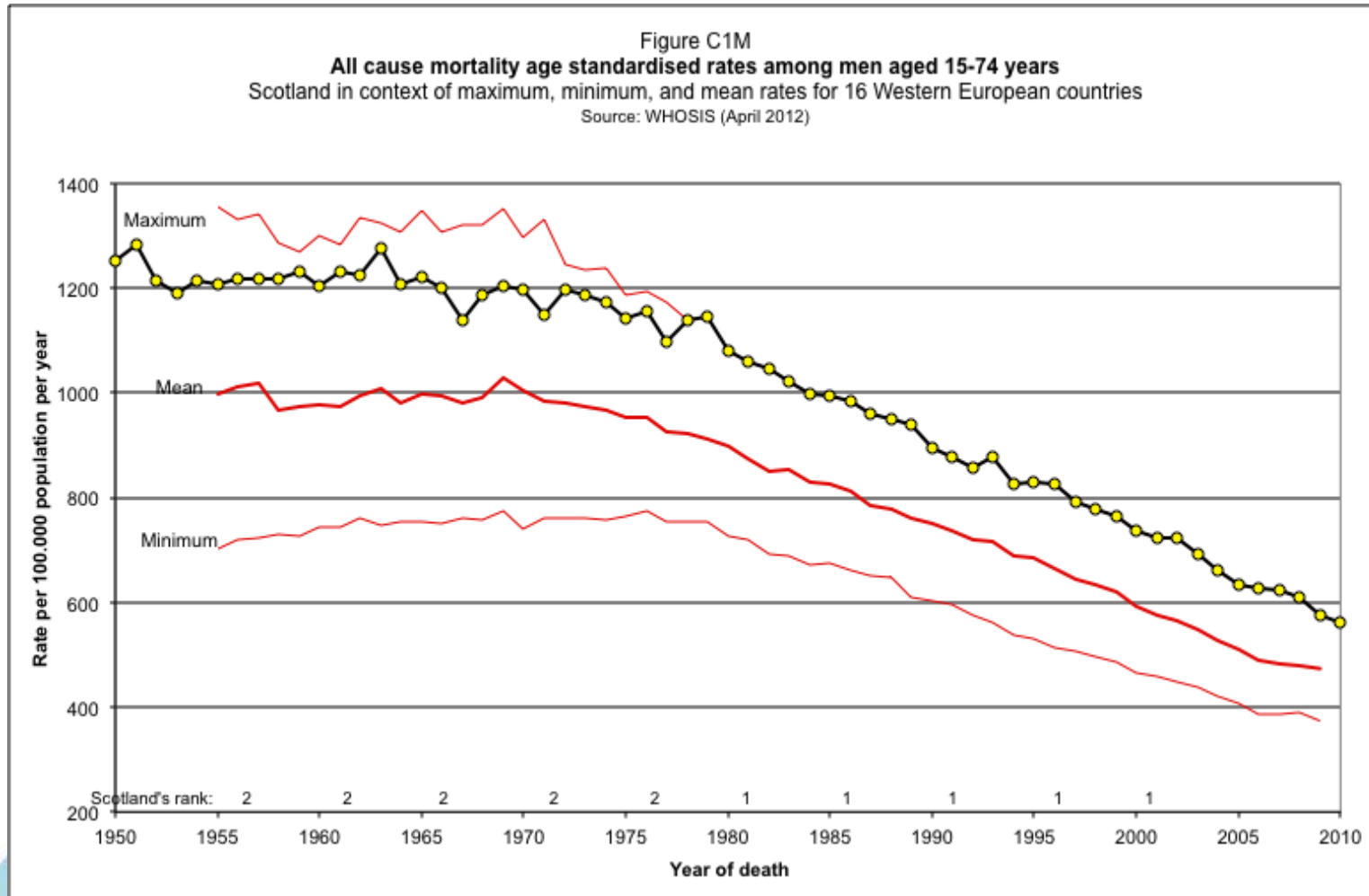


**What Brings Us to Reach (Seek), Engage (Keep) and
Support (Treat):
Background and Evidence for this approach**

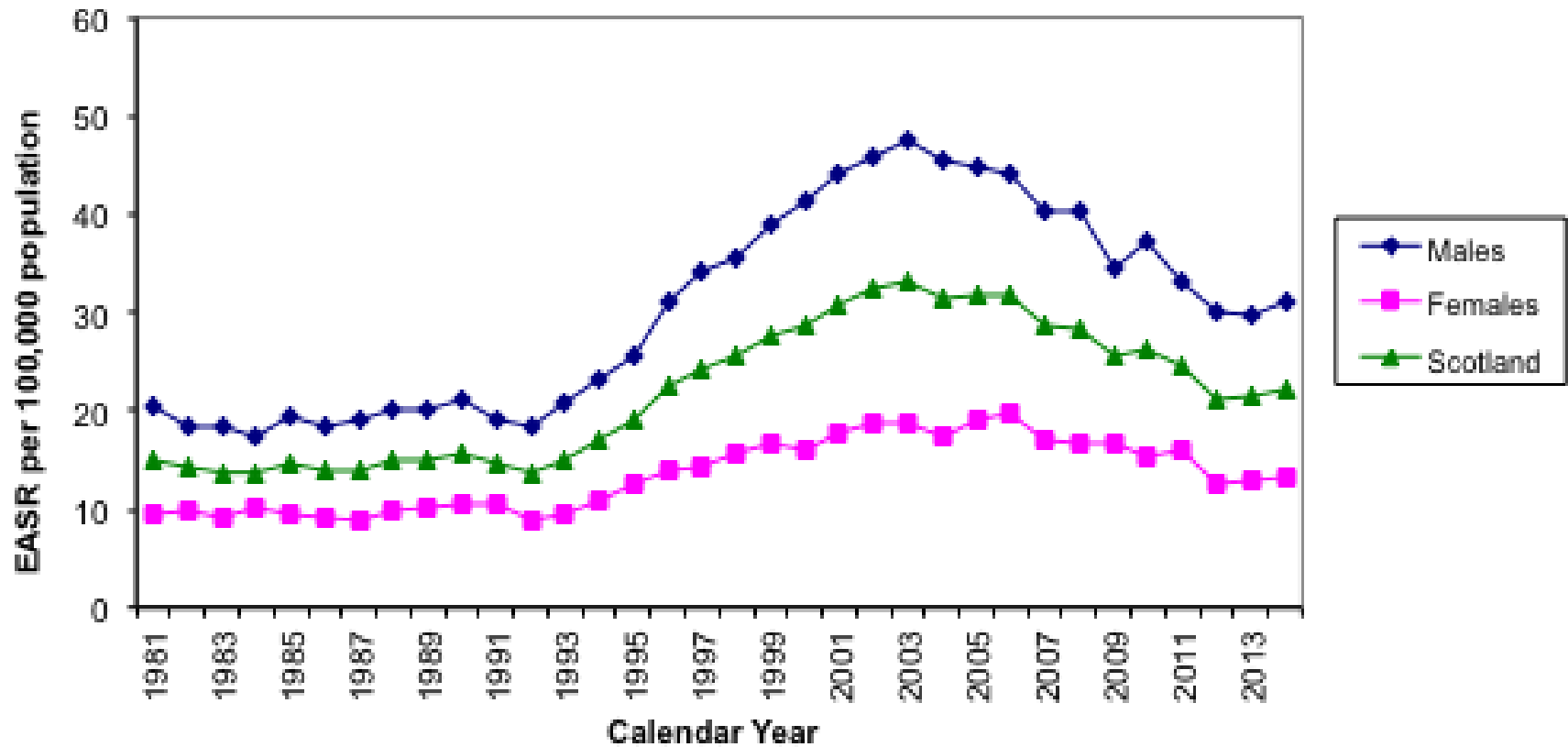
Grand Central Hotel
20th March 2018

Dr Lesley Graham
Public Health Lead for Drugs, Alcohol and Health in Justice
ISD

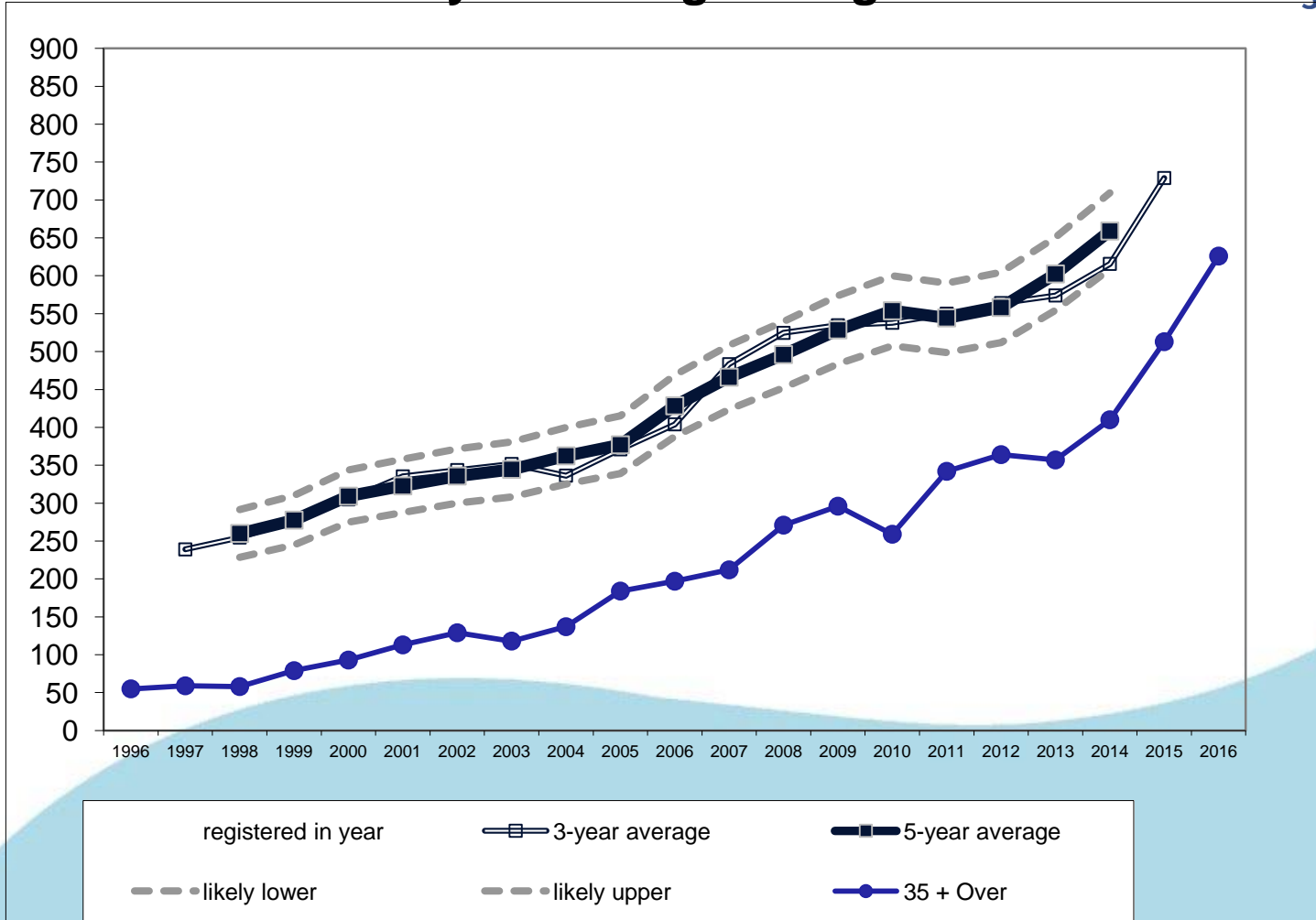
All cause mortality rates in Scotland in men aged 15-74 years 1950-2010



Alcohol-related deaths, by gender

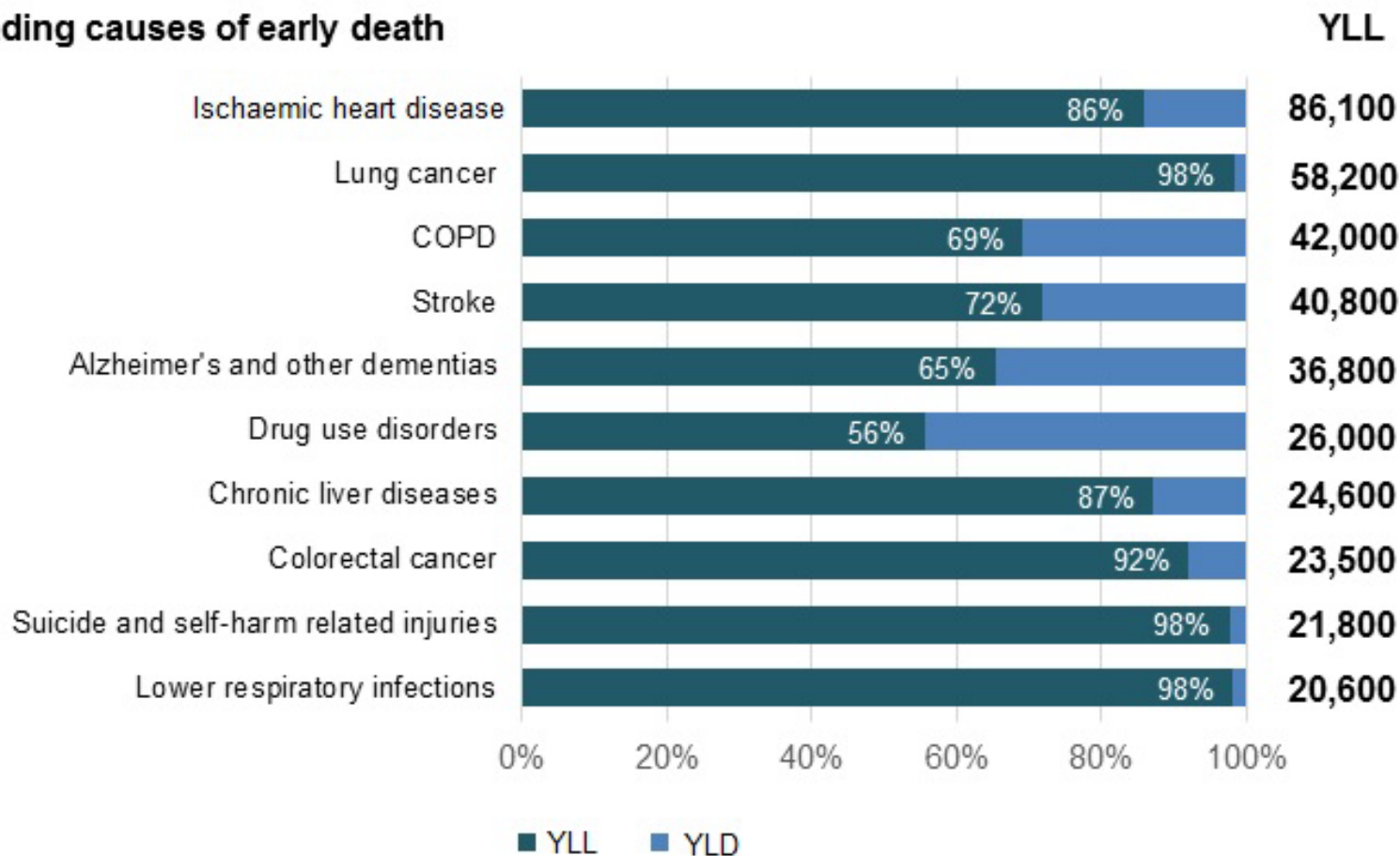


Drug related deaths in Scotland, 3 and 5 year rolling averages and likely range of values around 5 year rolling average



Years of Life Lost from Drug Use Disorders Scotland 2015

Leading causes of early death

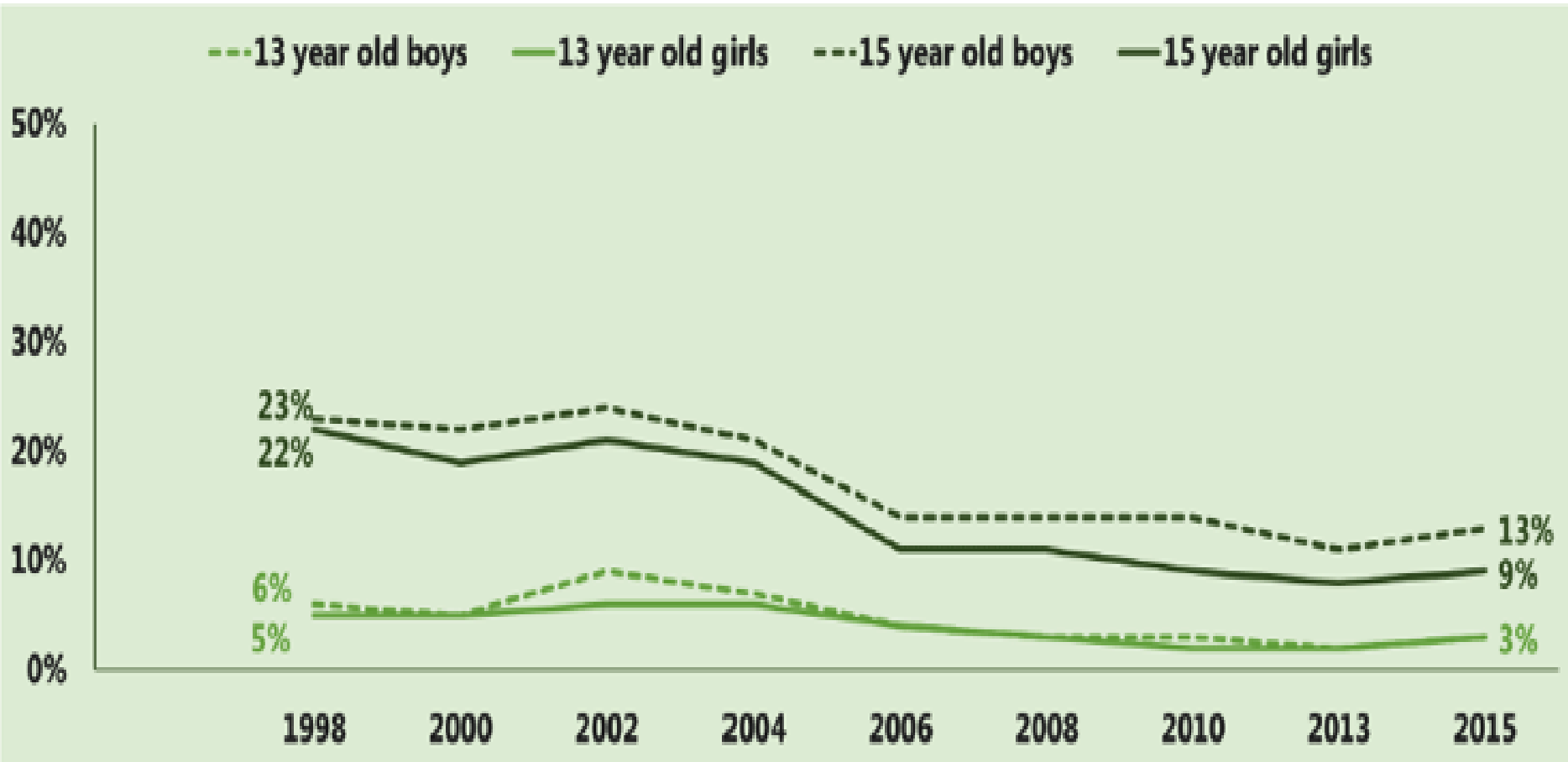


Are drug deaths rising because drug use is going up?

Drug use (self report) in the general population is falling

- In 2014/15, 6.0% of adults reported having used one or more illicit drugs *in the last year*, a slight fall from 7.6% in 2008/09 with cannabis the most commonly used drug (5%)
- Similar proportions in E&W (8.4% of adults aged 16-59)

Proportion of pupils who have used drugs in the last month, by age and gender 1998-2015

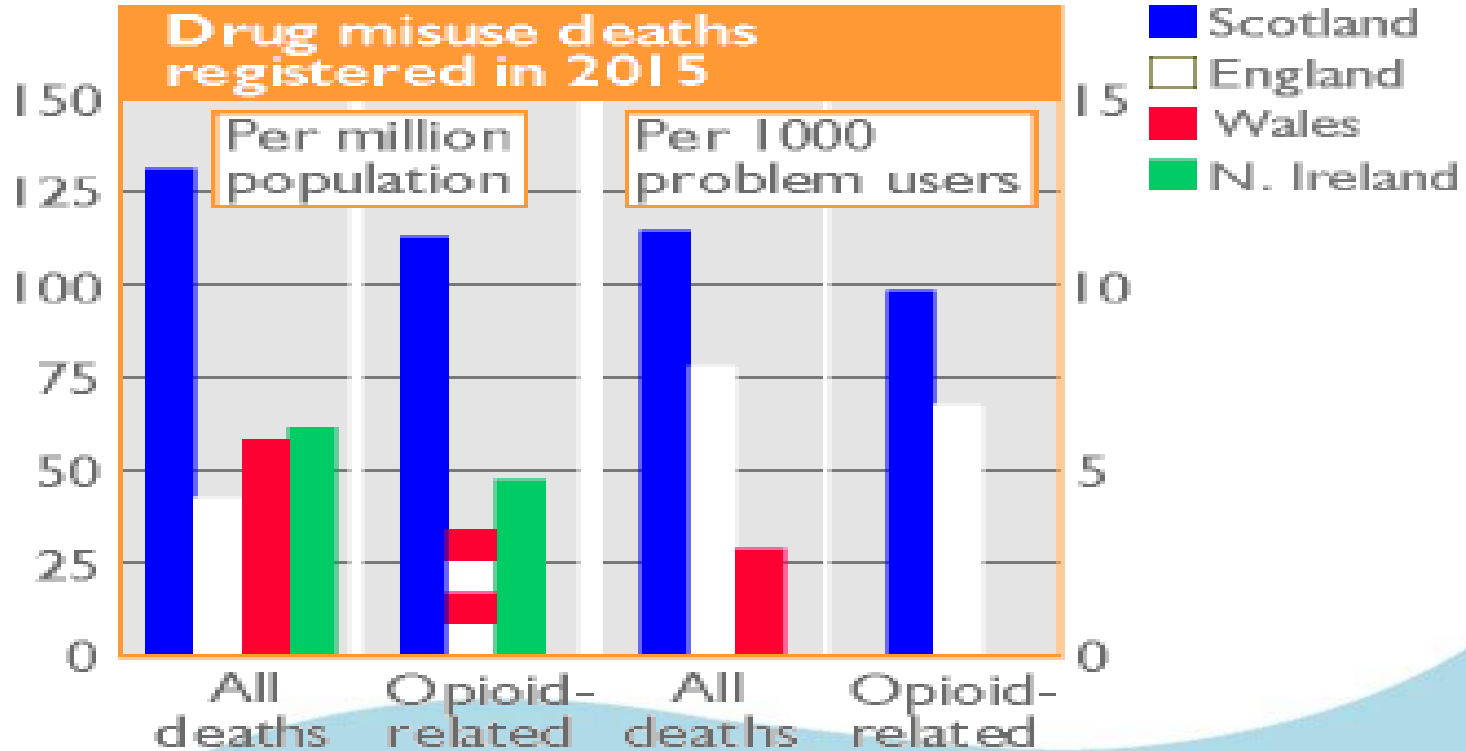


Are rising drug deaths because problematic drug use is rising in Scotland?

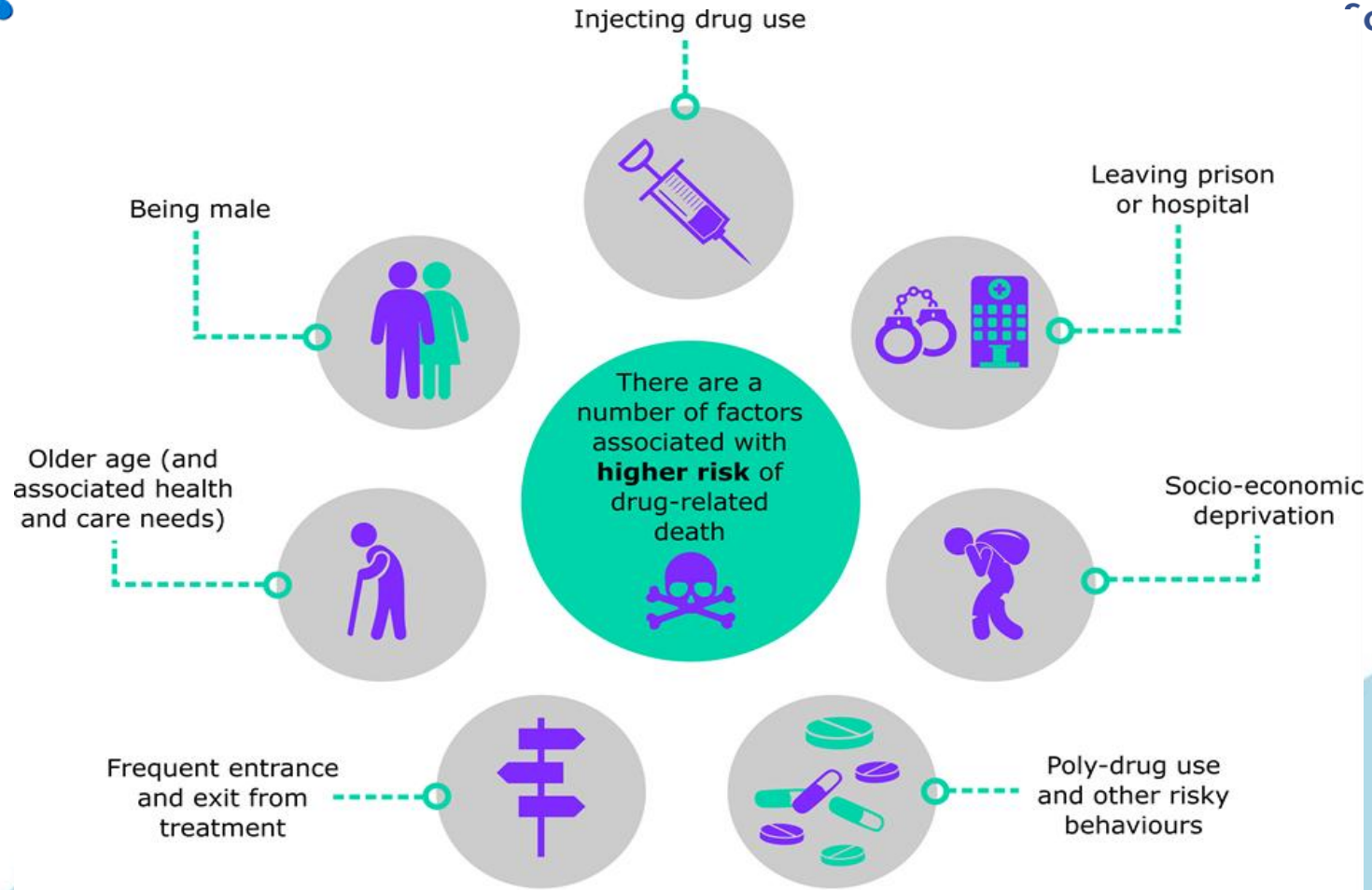
Slight increase in numbers of problematic drug use over time

- **61,500** problematic drug users aged 15-64 (opiates and/or benzos) in 2012/13 (55,800 in 2000) representing 1.74% of the population
- Majority males (70%)
- Rates highest in 25 to 34 age group
- Rise in proportion of (male) users from 43% (2009/10) to 51%

But Scotland rates are higher even accounting for more problem drug users



Are people in Scotland more at risk?



High prevalence of risk factors in those who died a drug related death

- Predominately (75%) male
- Ageing cohort (who age prematurely)
- Opiates implicated in 76%
- Over half (54%) long term drug use often with previous injecting history
- Over half ((54%) live alone
- 63% had a medical condition and 60% had a psychiatric condition in previous 6 months
- Polydrug use common
- Multiple overdoses

Additional vulnerability (worse outcomes despite a similar exposure)?

especially in Glasgow

- higher levels of deprivation in Scotland but that does not explain all difference in mortality
- deindustrialisation which accelerated in the 1980s but still excess mortality when compared to other cities such as Liverpool and Manchester
- impact of regional and local planning (especially housing)
- more susceptible to direct effects?

Walsh et al History, politics and vulnerability:
explaining excess mortality in Scotland and Glasgow
2016

What works to prevent drug deaths?

Keeping
People
Safe

Intensive
support to
overcome
barriers and
meet needs

Design
services to
improve
access and
keep people
in treatment

Being in
substitution
treatment is
protective
against the
risk of death

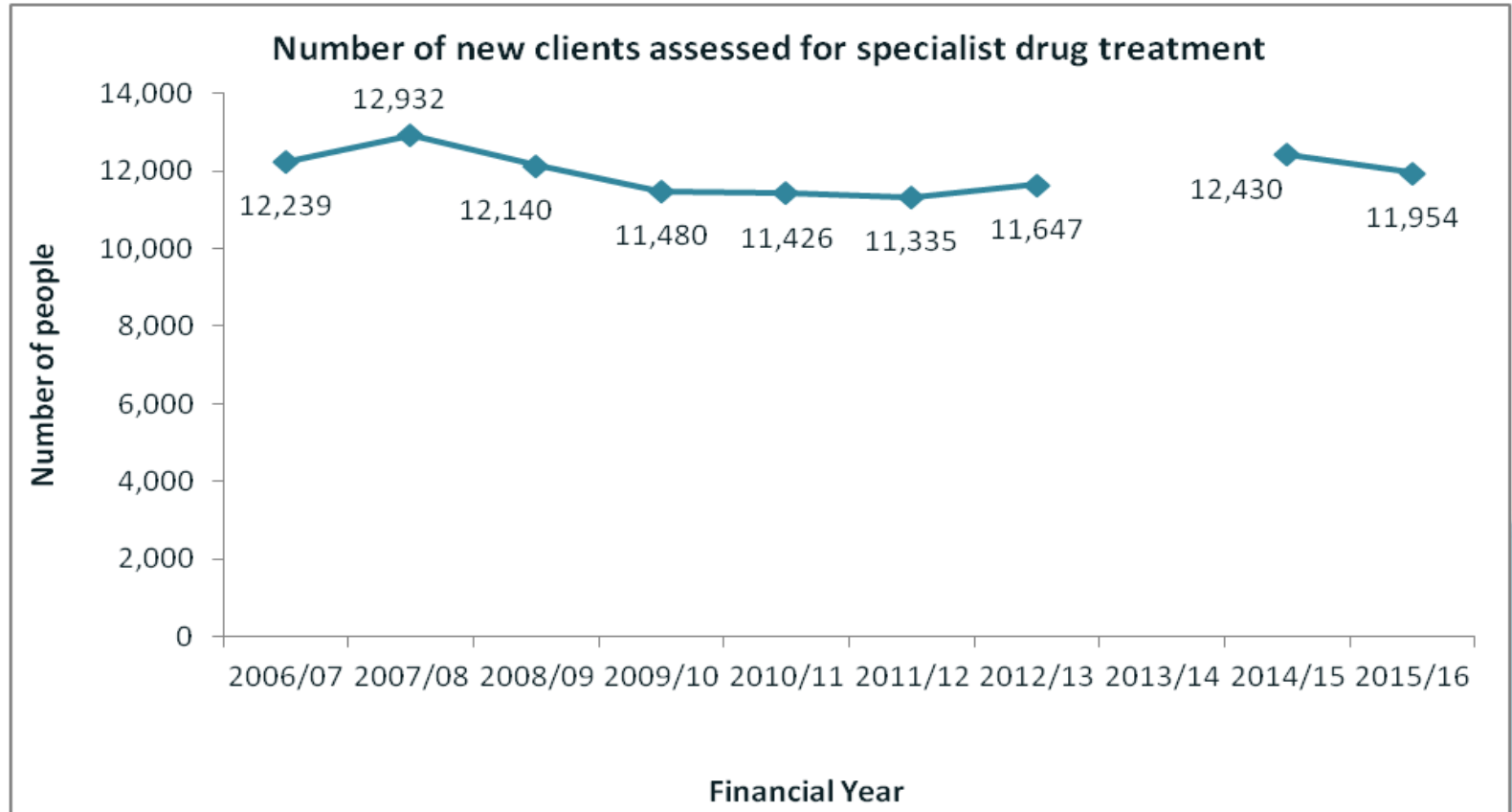
What has been happening in Scotland?

- Harm reduction measures from late 1980s (e.g. needle exchange)
- Drive to get people into treatment from late 90's
- SACMD Methadone Review and Essential Care report informs national strategy, The Road to Recovery (2008)
- ADP reform (2009)
- National Drug Related Death Database (from 2009)
- Drug treatment waiting times target (2011 onwards)
- Take Home Naloxone Programme (2011 onwards)
- ORT Review (2013)
- Substance Misuse Guidance for health in prison and police custody (following transfer to NHS in 2011/14)
- Staying Alive report (2016)
- Older Drug User report (2017)

Into treatment (reach): harm reduction measures

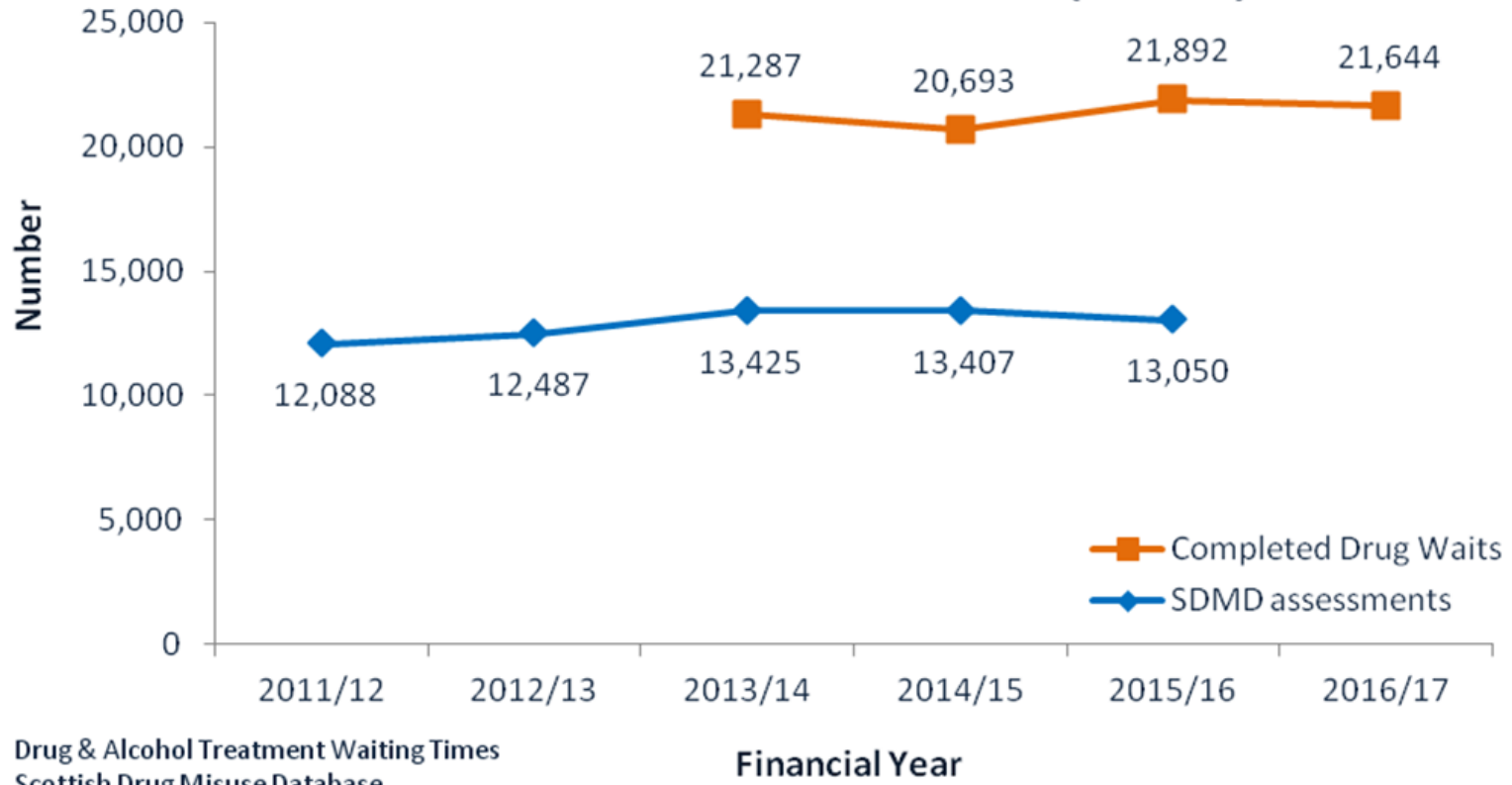
- 37,609 Take Home Naloxone (THN) kits issued from 2011/12 to 2016/17
- 21,189 THN kits were a first supply to people at risk (345 per 1,000 PDU)
- In 2014/15, 4.4 million needles/syringes distributed (71 per PDU up from 66/PDU in 2011/12)

Into treatment (reach): new clients assessed



Into treatment(reach): completed waits

Number of completed drug waits (DATWT) vs. number of initial assessments (SDMD)



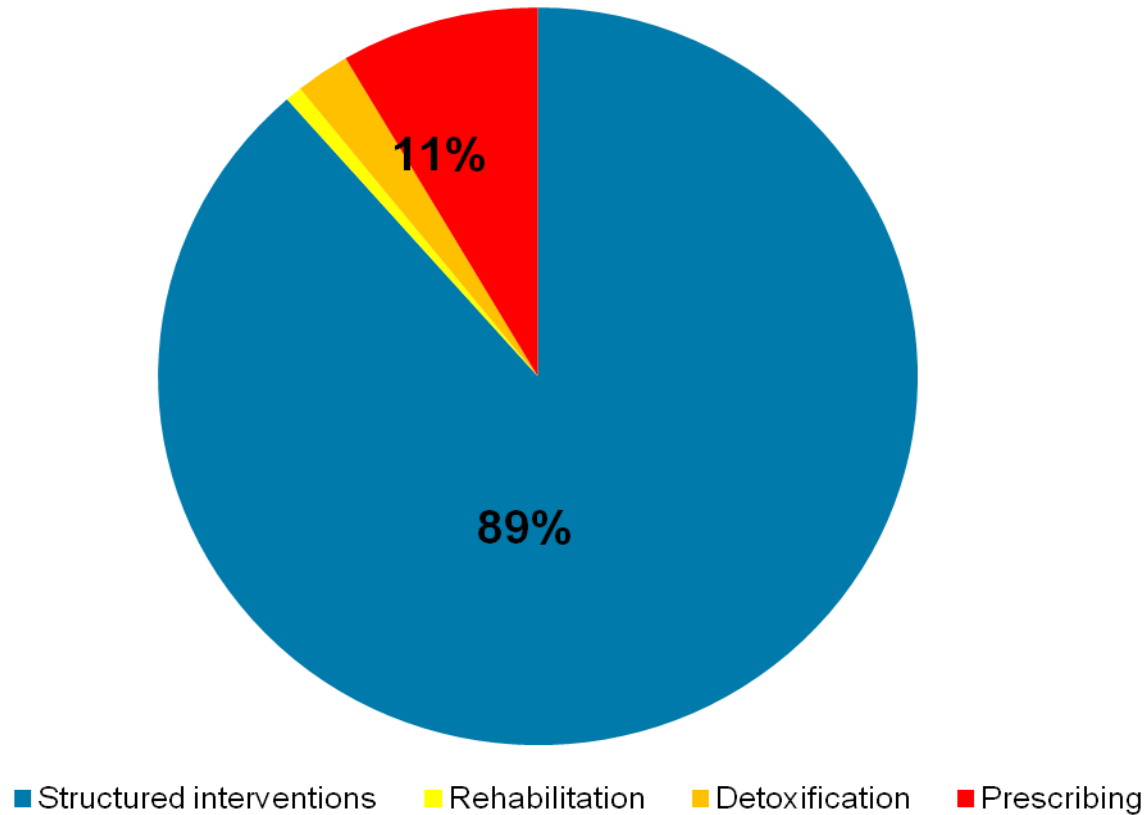
Into treatment (reach): proportion in need in treatment

- In 2009/10 in Scotland, 42% of those in need (problematic opiate and/or benzo use) were in treatment
- by 12/13, this had fallen to **35%** (**21,314/61,500**)
- this compares with about 60% in England and Wales (though caution with direct comparisons)

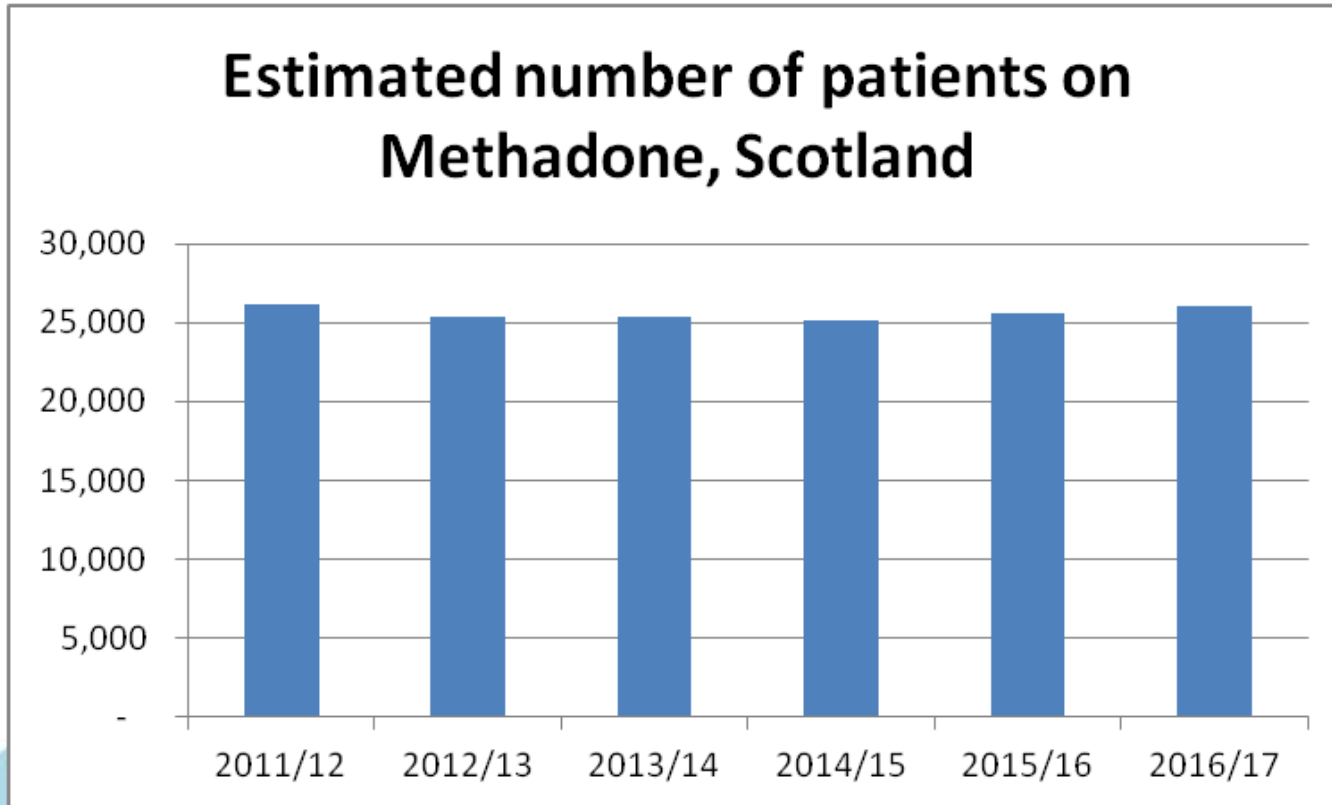
- A third of those who died a drug related death in Scotland in 2014 had never been in contact with a drug treatment service

In treatment (engage): wait by type of treatment

2016/17: DATWT Completed drug waits by
first treatment type



In treatment (engage): minimum number of patients on methadone

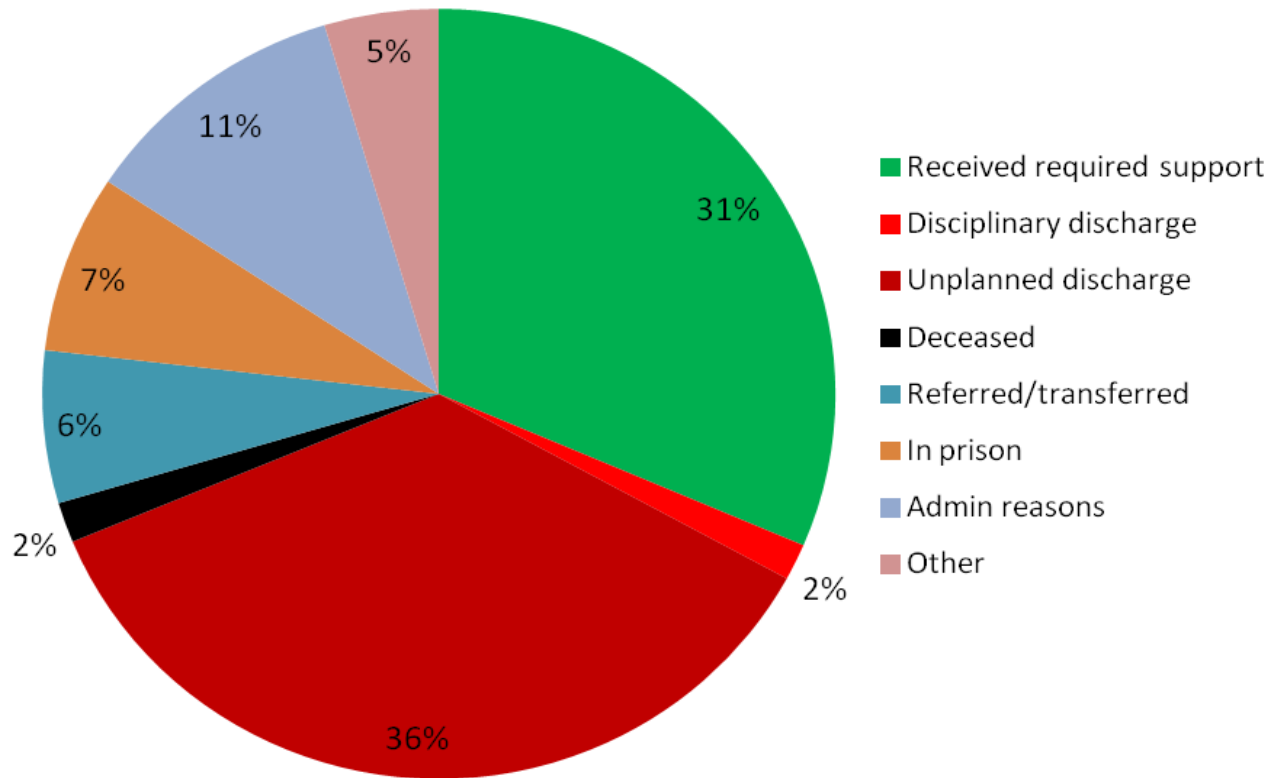


In treatment (engage) optimal prescribing?

- 29% on ORT at time of death
- 26% were on methadone, of whom 39% were below the recommended dose

In treatment (engage): discharge type

2015/16: SDMD Discharge type (n=12,919)

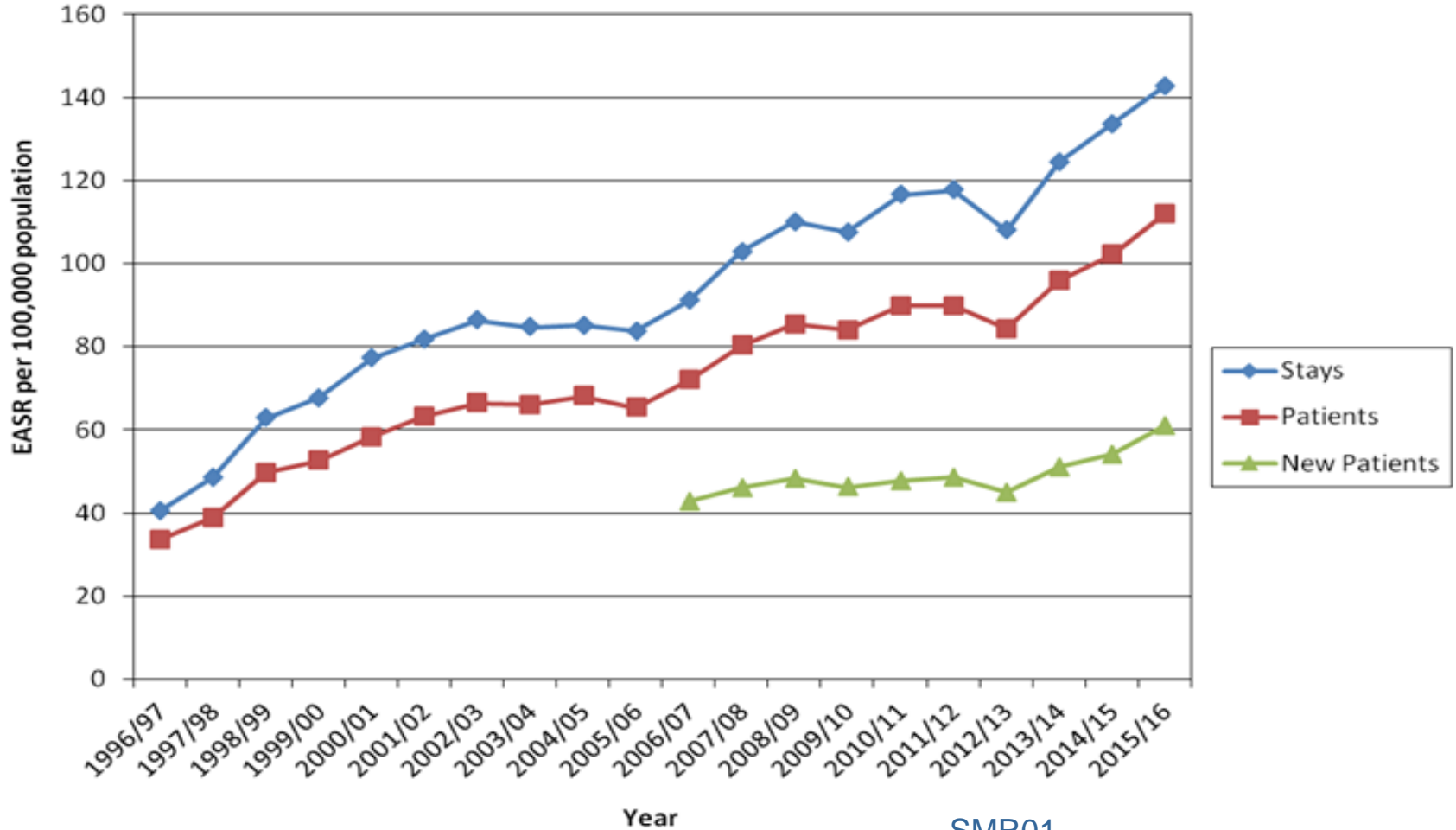


In treatment (engage): continuity of care

In 2014

- 3% (19) of those who had died a drug related death had been released from **prison** in the 4 weeks prior to death and 7% (41) had been in **police custody**

In treatment (engage): drug related hospital admissions



Wider support (treat): evidence informed

- ‘A holistic approach, designed and tailored to the health and social needs of individuals will improve the effectiveness of interventions, help increase motivation and prevent drop out’
- Just over half (53%) who died a DRD were in contact (within 6 months) with non drug treatment services before death.

Wider support (treat): evidence of pressure

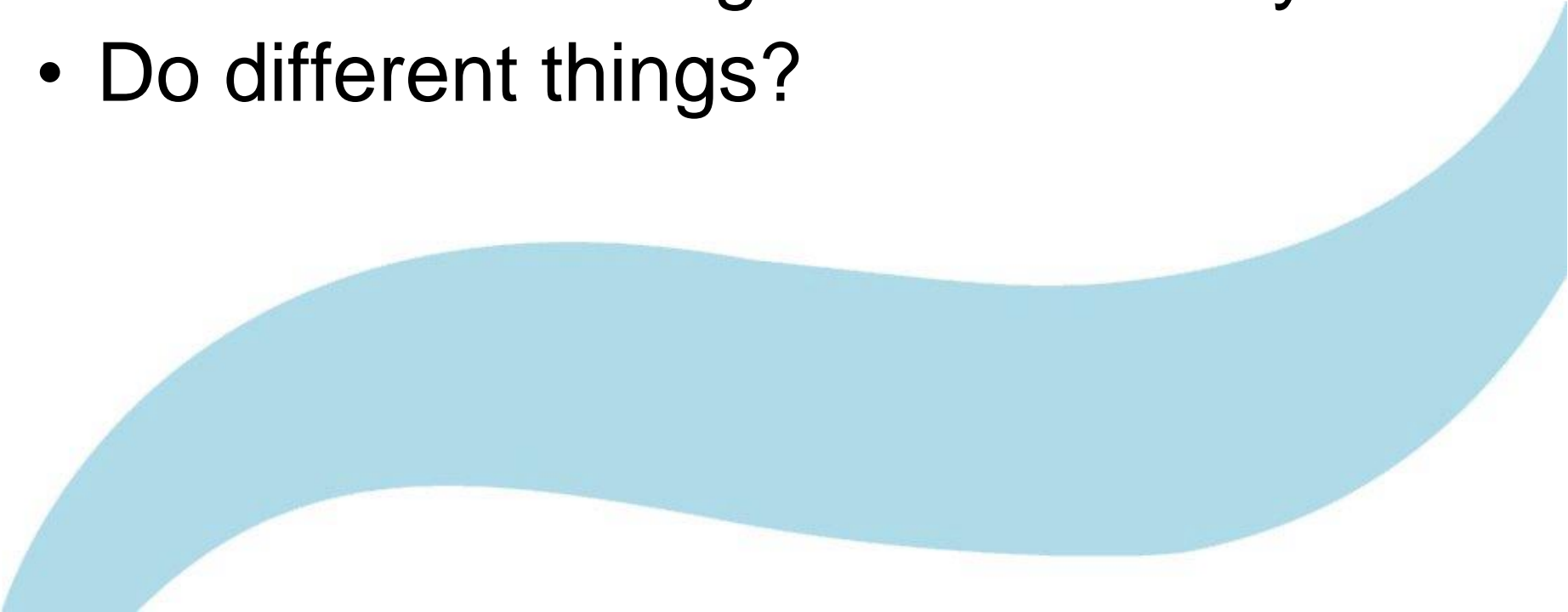
Participant: Lost my tribunal, because we were late, so now I've had to put in another, well not me, my worker has put in another one, so I've got to go and see somebody on Thursday about it, so, and they've taken money off my (name), to pay my loans back, which is like £78 a month they're taking off me, so I've got £146 a month to live on.

Interviewer: So how do they think that you're living?

Participant: Well I can't get a place to stay, because I've got no benefits, so I can't get housing benefit, so I can't get nowhere to stay, so.

(Interviewee 209)

Going forward

- Do more of the same?
 - Do the same things but differently?
 - Do different things?
- 
- A large, light blue wavy graphic that starts from the bottom left and curves upwards towards the right, occupying the bottom half of the slide.

Drug policy going forward?

- Improve detection, access and retention in treatment
- Adapt to the profile of older users
- Outreach/low threshold/fast track re-entry/duty of care/trauma informed/no stigma
- Injecting rooms/ heroin assisted treatment
- Better understanding of prescribing
- Monitor non fatal ODs
- Wider support (mental health/homelessness)
- Ensure continuity of care
- Harm reduction is part of the recovery journey
- Optimise delivery in justice settings
- Better detection and referral in generic services
- Enhanced information (e.g. DAISY) intelligence, evaluation and research
- Optimise the legislative and regulatory framework



As well as policies to tackle social (in)justice



- income
- housing
- social cohesion
- ACEs
- healthy environments
- more local democracy

Last words...

'I just want the same things as anyone else, a job, a place to live and to meet someone. I can't wait now to see the world. These were all things before that I didn't think I could do.'

Most drug deaths are preventable



Thank You



Dr Lesley Graham
Information Services Division
NHS National Services Scotland

lesley.graham@nhs.net