
To: Renfrewshire Integration Joint Board

On: 20 September 2019

Report by: Chief Officer

Subject: Drug Related Deaths Update

1. Summary

- 1.1. The purpose of this paper is to advise the Integration Joint Board (IJB) of the drug related deaths in Renfrewshire in 2018. The National Records of Scotland published these figures in July 2019.
- 1.2. Early discussions at the Renfrewshire Alcohol and Drug Partnership (ADP) have identified a range of actions with partners, to prevent and reduce drug related deaths in Renfrewshire.
- 1.3. The ADP will continue to work to further develop and refresh our Drug Death Prevention Action Plan.
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2. Recommendations

The Integration Joint Board is asked to:

- Note the content of the briefing, detailed in Appendix 1;
 - Support the further development and refresh of the ADP Drug Death Prevention Action Plan; and
 - Note the complex nature of drug related deaths and the need for a multi-agency response.
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3. Background

- 3.1 In Renfrewshire there were 50 drug-related deaths in 2018, an increase of 31.6% on the 38 drug-related deaths in 2017. Greater analysis is provided in the attached briefing from Dr Tony Martin, Drug Deaths Research Associate, NHS Greater Glasgow & Clyde.
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4. Renfrewshire Profile

- 4.1 People who died of a drug-related death in Renfrewshire were most likely to be:
- Male
 - Living alone
 - Using 3 or more drugs
 - Have an underlying health condition.

- 4.2 The most common cause of death was Methadone and Etizolam intoxication. A more detailed analysis is available at Appendix 1.

5. ADP Drug Deaths Action Plan

- 5.1 Early discussions at the Renfrewshire Alcohol and Drug Partnership (ADP) have identified a range of activity and developments already underway. A number of actions have been identified with partners to prevent and reduce drug related deaths in Renfrewshire. Areas of priority agreed so far include:

- Naloxone supply
- Optimal methadone maintenance dose
- People who have multiple and complex needs
- Non-fatal overdose assertive outreach
- Gabapentin prescribing audit

6. Next Steps & Progress Update

- 6.1 We will further develop and refresh our Drug Deaths Action Plan which will be a working document, with actions, timescales and leads identified. This will be coordinated by the ADP Co-ordinator and will report through Renfrewshire's ADP Delivery Group.

- 6.2 The implementation stage of the Whole System Review of Alcohol & Drug Services is currently underway. Progress to date includes:

- Latest staff briefings held in August with further briefings planned for November in relation to new staffing model;
- Service Manager for the new integrated Renfrewshire Alcohol & Drug Recovery Service has been recruited to with an expected start date of October 2019;
- Recovery Hub premises has been secured and currently being renovated with a completion date early 2020;
- Recruitment to the Recovery Hub Manager will commence November 2019;
- Funding has been secured to recruit a further 2 peer support workers with lived experience. Recruitment will commence October 2019;
- Provision of a more robust Shared Care service has been agreed with GPs – due to commence early 2020;
- Home Alcohol Detoxification to be available in Renfrewshire early 2020;
- ADP funded Navigator posts to be established in Emergency Department at RAH and recruitment is underway with Police Scotland's Violence Reduction Unit;

- Drug Death Partnership Group (DDPAG) will continue. This Group was set up locally in 2018 in response to the concerning rise of Etizolam use and associated deaths within Renfrewshire. Police Scotland are the lead partner in this development with our HSCP Drug Treatment Services. This development has improved information sharing across agencies to ensure effective communication to the people who use our services - most vulnerable to risk, as part of the Early Warning System process. The work of the DDPAG will be reported through the Drug Deaths Action Plan process;
- Exploring the potential of Operation Threshold with Police Scotland which will focus on disrupting the drugs trade whilst directing vulnerable individuals to engage with local services in the hope of preventing and reducing drug and alcohol related deaths in the future;
- Exploring the potential for an Advocacy Worker with lived experience specifically for Alcohol & Drugs, in partnership with the Scottish Recovery Forum; and
- Continue to participate in and support the Renfrewshire Alcohol & Drug Commission.

6.3 All drug related deaths are tragedies. Renfrewshire HSCP are committed to continue to work in partnership to reduce the harm caused by alcohol and drugs, to stop drug related deaths and support more people to recover in Renfrewshire.

Implications of the Report

1. **Financial** – None
2. **HR & Organisational Development** – None
3. **Community Planning** – None
4. **Legal** – Meets the obligations under clause 4/4 of the Integration Scheme.
5. **Property/Assets** – None
6. **Information Technology** – None
7. **Equality & Human Rights** – The recommendations contained within this report have been assessed in relation to their impact on equalities and human rights. No negative impacts on equality groups or potential for infringement have been identified arising from the recommendations contained in the report.
8. **Health & Safety** – None
9. **Procurement** – None
10. **Risk** – None
11. **Privacy Impact** – None

List of Background Papers – None.

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Drug-Related Deaths in Renfrewshire-2018 NRS Briefing

1. Introduction

The “Drug related deaths in Scotland in 2018” was published on July 16th, by the National Records of Scotland (NRS). This continues the long-standing drug related death (DRD) reporting framework of those vulnerable individuals who sadly lose their lives to controlled drugs within the previous year.

In addition, as part of the Scottish Governments drug strategy “Rights, Respect and Recovery”, the National Drug-related Death Database (NDRDD) report published by NHS-National Services Scotland-Public Health Intelligence (PHI) division, provides more detailed information on a wider variety of data specific to each death. This report provides a summary of the key characteristics of those who died in 2018 within Renfrewshire.

2a. Results (Summary)

In Scotland in 2018 there were 1,187 Drug-related deaths, an increase of 27.1% and the highest number of deaths ever recorded.

In NHS Greater Glasgow and Clyde there were 394 drug-related deaths, an increase of 40.7% on 2017 and in Renfrewshire there were 50 drug-related deaths, an increase of 31.6% on 2017. Again, for both areas this is the highest number of deaths ever recorded in each area. Whilst the increase within NHS GG&C is throughout each local Alcohol and Drug Partnership (ADP), the rate of change varies a great deal from one area to another and caution should be used when interpreting percentage changes especially for areas with smaller numbers

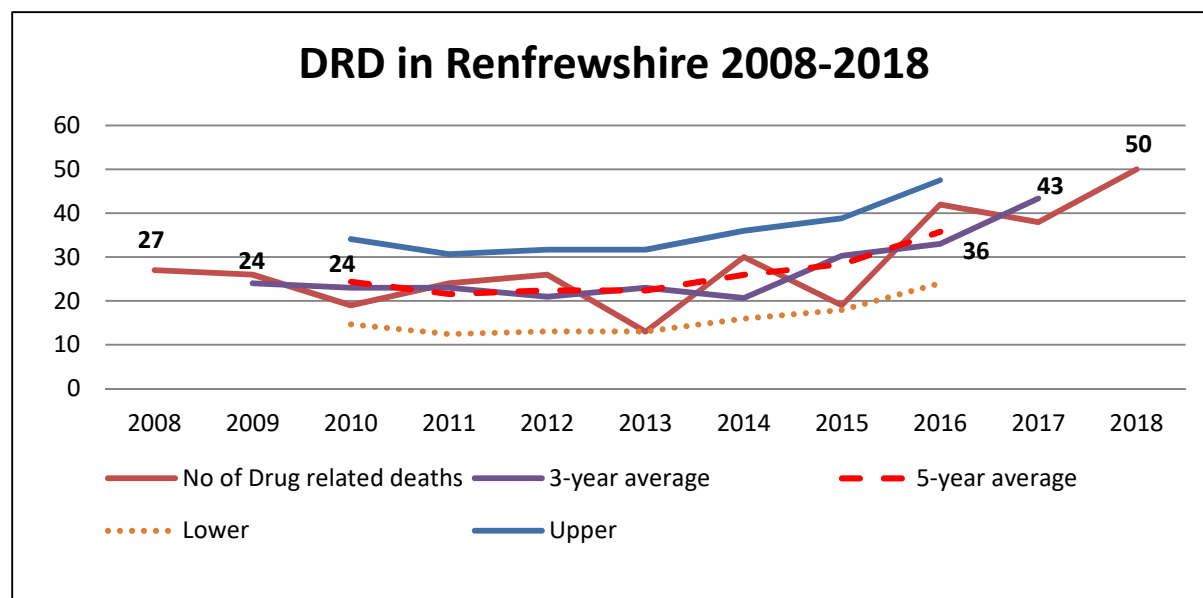
Key points

- Those who died of a Drug-related Death in Renfrewshire were most likely to be: -
- Male (72.0%), Aged between 35-44 (46.0%; Median = 41, Range 22-61).
- Most commonly lived in their own home (owned or rented) (89.4%), alone (74.5%), with nearly two-thirds (64.0%) living in the 20% most deprived communities.
- There is continuing evidence of a high degree of polypharmacy. It was most common for 3 or more drugs to be implied in the cause of death (36.0%). There continues to be a similar proportion of individuals who also had an underlying health condition such as COPD or Ischaemic heart disease which contributed to their death (26.0%)
- There were reductions in the proportion of deaths which contained Heroin/ Morphine (42.0%), Tramadol (6.0%), Diazepam (0.0%), Gabapentin (20.0%), Cocaine (16.0%), Ecstasy (0.0%) and Amphetamine (6.0%).
- In contrast there were increases in the proportion of deaths where Methadone (54.0%), Buprenorphine (6.0%), atypical Benzodiazepines (68.0%), Pregabalin (4.0%) and Alcohol (14.0%) were implied in the cause of death.
- The most common cause of death was Methadone and Etizolam intoxication.
- In contrast to recent years, there was a decrease in the proportion of individuals who died whilst on opioid replacement therapy, despite low threshold access (44.0% compared with 47.4% in 2017)

2b) Results (Details)

i) Number of Drug-related deaths and Trend over time.

Graph 1 Drug-related deaths in Renfrewshire 2008-2018



The graph above indicates the continuing rise in the number of drug-related deaths in Renfrewshire in the 5-year average from 2013 till 2018. The 3-year average indicates that the trend is set to continue to increase based on the data in 2018. It should be noted that the rate of rise in Renfrewshire compared with the rest of Scotland is not uniform as indicated in the table below. The increase in the 5-year running average from 1996—2000 to 2014-2018 indicates that deaths have risen 300% over the past 18 years.

Table 1 Year on year percentage change within NHS GG&C

Area	2017	2018	%age change
E DUN	8	9	12.5 inc
E REN	4	11	175.0 inc
GLA	192	280	45.8 inc
INV	23	24	4.3 inc
REN	38	50	31.6 inc
W DUN	15	20	33.3 inc
NHS GG&C	280	394	40.7 inc
DUN	57	66	15.8 inc
SCO	934	1187	27.1 inc

ii) Mortality rates

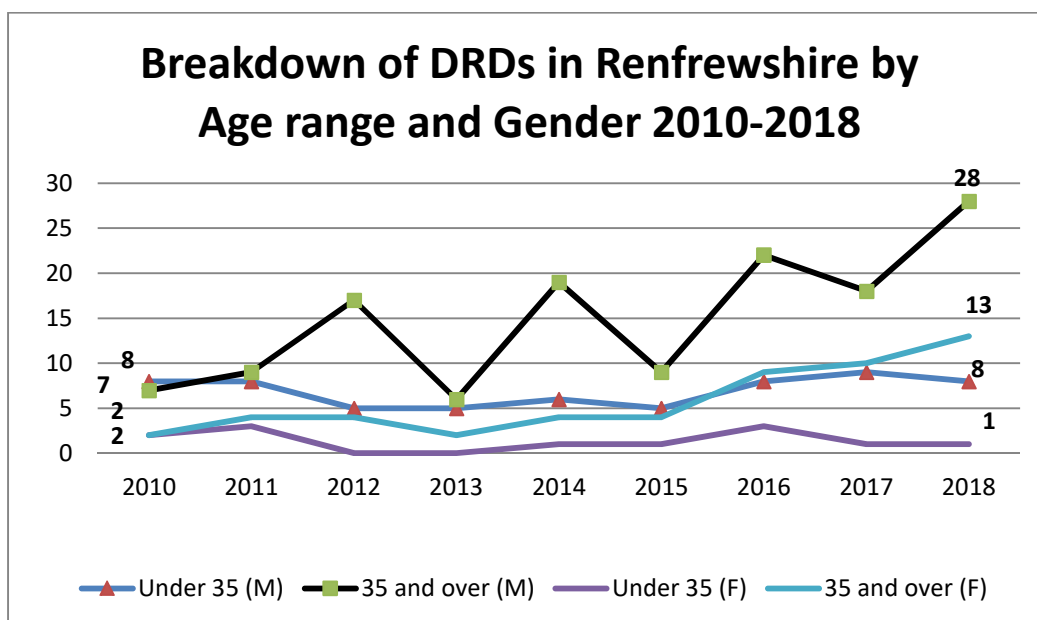
Table 2 Mortality rates per population and prevalence of problem drug use in Scotland.

Area	2014-2018 average deaths	Mid 2016 pop estimate	2014-2018 average deaths per 1000 population (2016)	Prevalence of Problem Drug Use in Scotland: 2015/16 Estimates	Annual average drug-deaths: 2014-2018 per 1,000 problem drug users in 2015/16
E DUN	7	107,540	0.07	710	10.4
E REN	7	93,810	0.07	800	8.3
GLA CITY	183	615,070	0.30	11,900	15.3
INV	20	79,160	0.25	1,500	13.3
REN	36	175,930	0.20	2,700	13.3
W DUN	16	89,860	0.18	1,100	14.4
NHS GG&C	268	1,161,370	0.23	18,700	14.3
SCO	862	5,424,800	0.16	57,300	15.0

The population mortality rate of Renfrewshire is above the national average but is below the board average and below that of Glasgow City & Inverclyde ADP. Comparison of the mortality rate per prevalence of drug uses indicates that Renfrewshire has a slightly lower rate than the national average and that of NHS GG&C too.

iii) Age Range & Gender

Graph 2 Breakdown of DRDs in Renfrewshire by Age Range & Gender 2010-2018

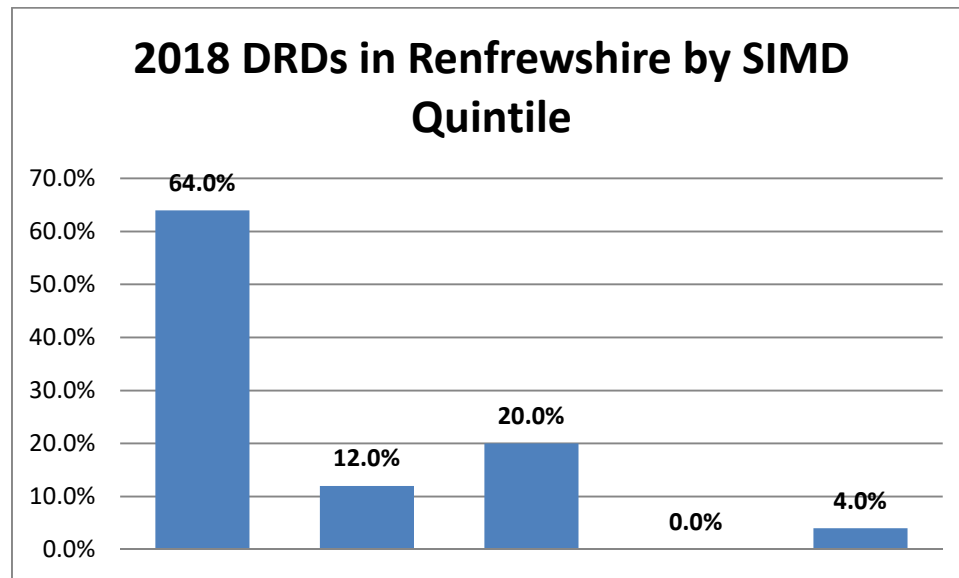


In 2018 72% of those who died were male, with just under half (46.0%) of all deaths in those aged 35-44. The median age at death was 41 whilst the range was 22-61. Consistent with previous years males aged over 35 are the most common individuals who have died and this upward trend is now clearer in females.

iv) Scottish Index of Multiple Deprivation (SIMD)

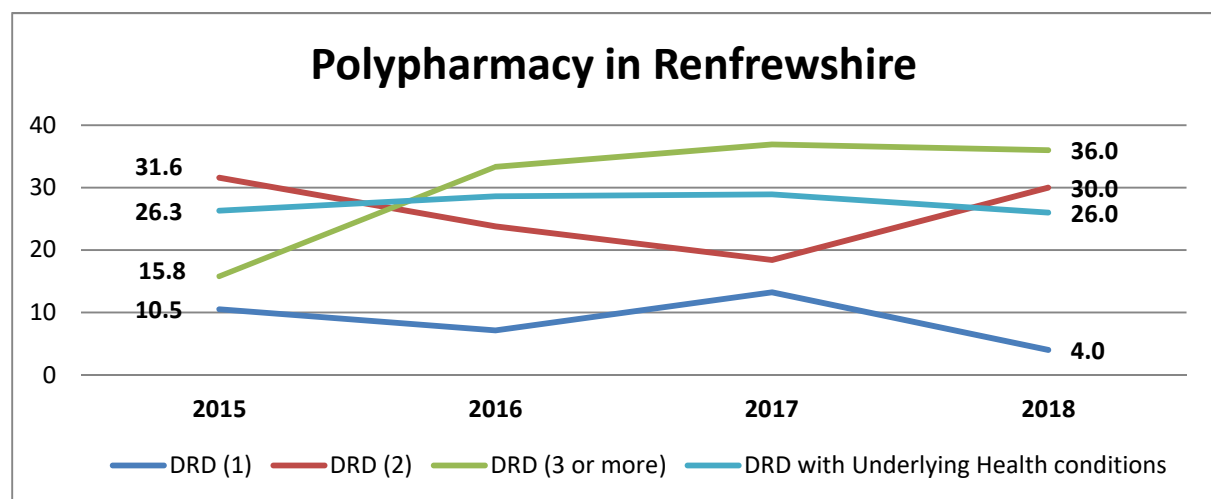
As in previous years, those who died most likely lived in the 20% poorest communities within the (64.0%). One fifth (20.0%), of individuals lived in the 5% poorest communities of Renfrewshire. This continues the strong links between deprivation and drug-related deaths, as seen in the graph below.

Graph 3 2018 DRDs in Renfrewshire by SIMD Quintile



v) Toxicology

Graph 4 Polypharmacy



As is evident from graph 4 above, in 2016 there was a steep rise in the number of cases where 3 or more drugs and/or alcohol were implied in the cause of death, which has continued in 2018. In addition, there was an increase in 2017 in the incidence of cases where 2 drugs and/or alcohol were implied in the cause of death. This corresponds to the decrease in the number of cases where only one drug and/or alcohol was implied in the cause of death. There continues to be just over one-quarter of deaths where an underlying health condition has also contributed to the cause of death. Typically this would be chronic obstructive pulmonary disease or ischaemic heart disease.

Specific Drugs

It should be taken into consideration that due to smaller numbers there could be a wide variation in proportion despite only a small numerical change.

Opiates

Graph 5a indicates that there has been a reduction in the proportion of cases which contain Heroin/Morphine (42.0%) although it is still the third most common drug found in toxicology. In 2018, there continues to be a slight increase in the proportion of cases involving Methadone (54.0%). Like the increase in Methadone there has been a slight increase in deaths in which Buprenorphine has been implied in the cause of death, although below the 2015 peak of 11.9%. There were fewer cases involving Tramadol in 2018 (6.0%) compared with 2017.

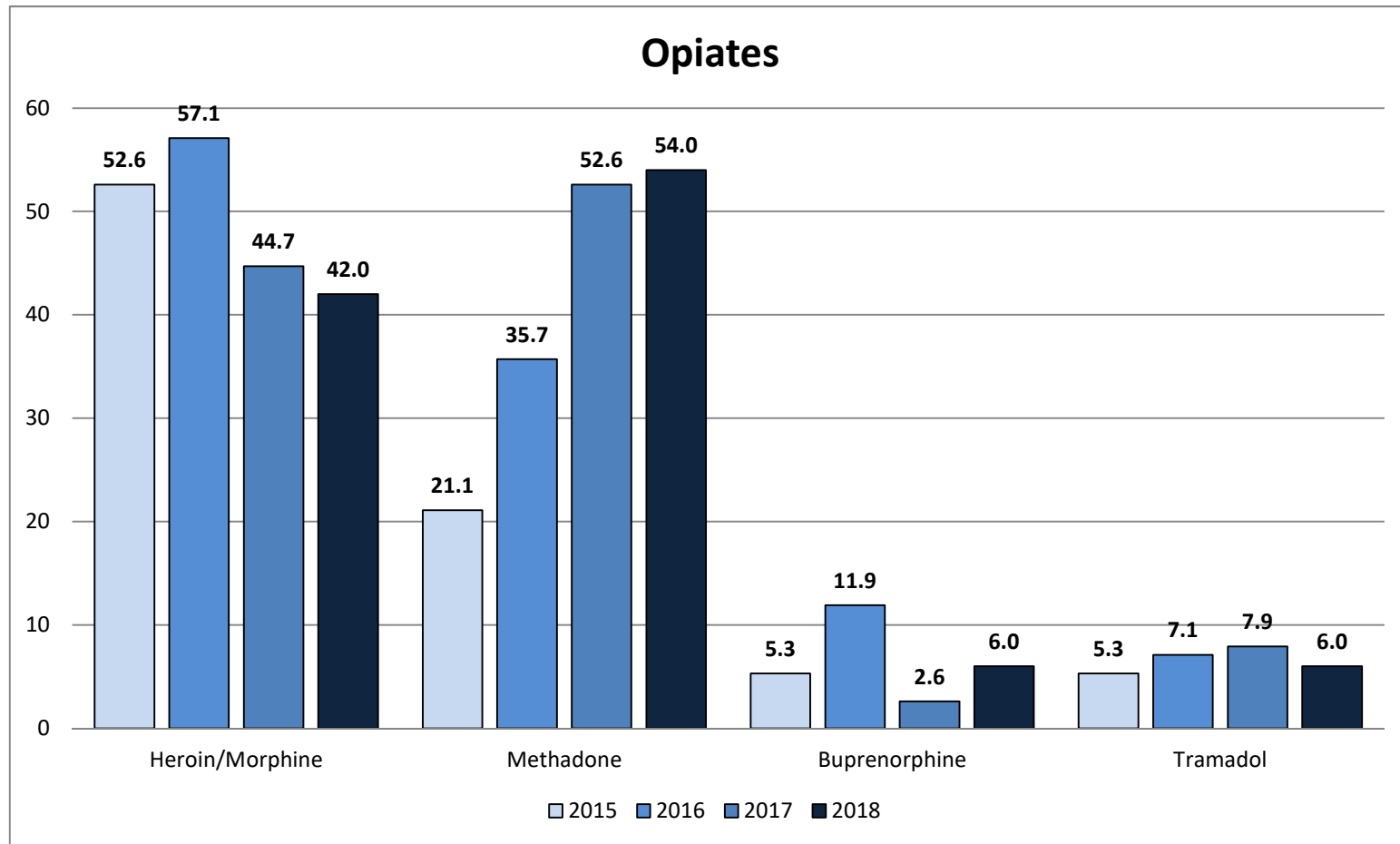
Benzodiazepines, Gabapentinoids & Alcohol

Graph 5b reveals the extent to which the family of drugs known as benzodiazepines has become the most common drug found at toxicology with 68.0% of all cases having one of the drugs implied in the cause of death. It is clear that this is not due to prescribed forms of the drug family e.g. Diazepam, as the proportion of deaths containing this drug implied in the cause of death has decreased in 2018 to a low of 0.0%. The main reason for the rise in benzodiazepine deaths is due to the increased use of the drugs atypical benzodiazepines principally Etizolam as found in 68.0% of the deaths. In 2018 Gabapentin and Pregabalin, collectively known as Gabapentinoids, featured in around one quarter of the deaths (Gabapentin-20.0%; Pregabalin 4.0%) which were small rises compared with 2017 (23.7%). DRDs where alcohol is also implied in the cause of death continue to rise steadily from a low in 2013 but still low compared to a peak of 31.6% in 2015.

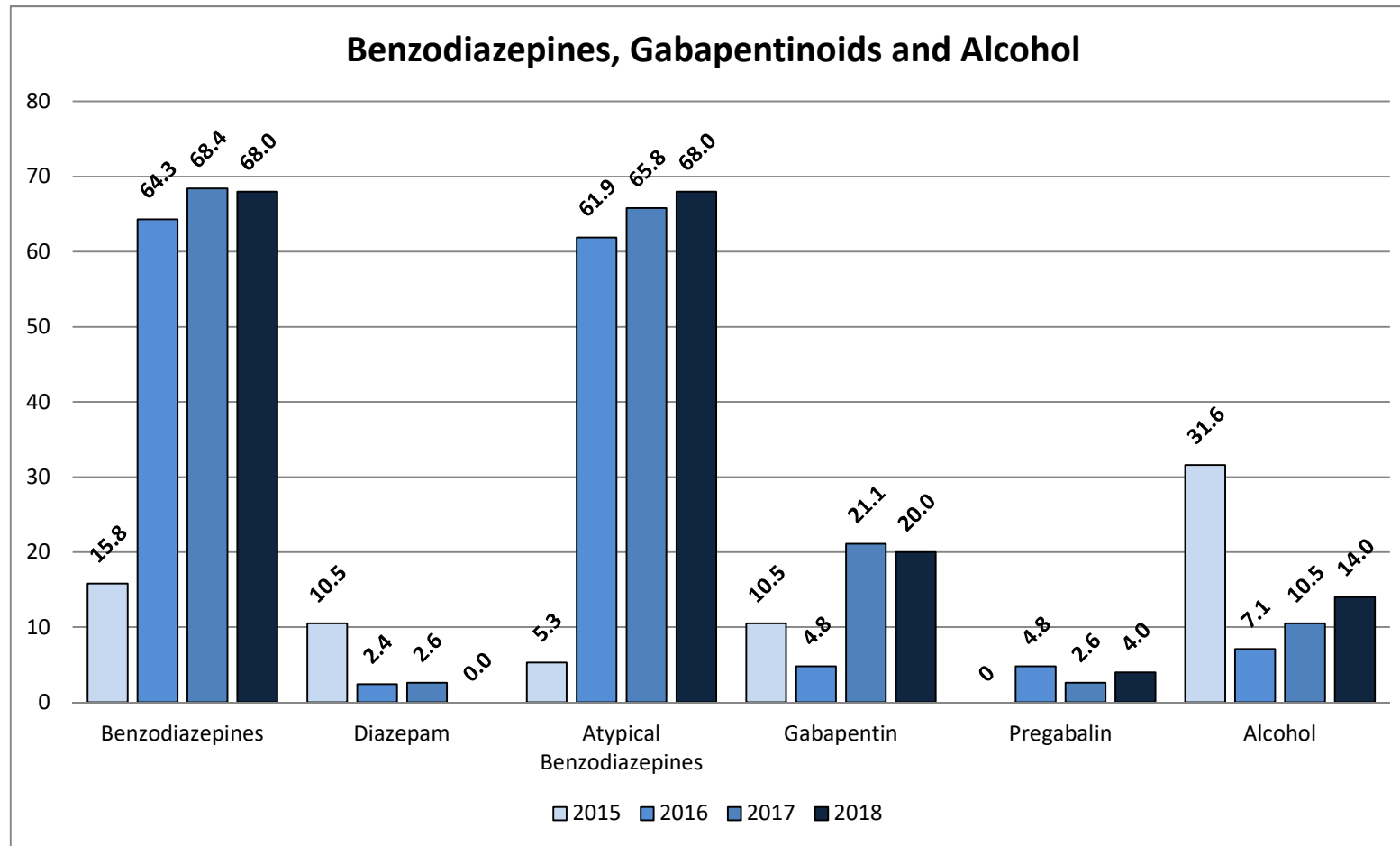
Stimulants

Graph 5c indicates that there continues to be no deaths which have occurred in 2018 in which a stimulant-type novel psychoactive substance (NPS) was implied in the cause of death. The overall proportion of deaths involving cocaine has decreased quite remarkably in 2018 compared with 2017, however as defined above caution should be exercised as this is only a difference of 3 cases. There were no cases in 2018 in Renfrewshire in which Ecstasy /MDMA played any role and there was a reduction in the incidence of Amphetamines (6.0%) implied in the cause of death of those who died.

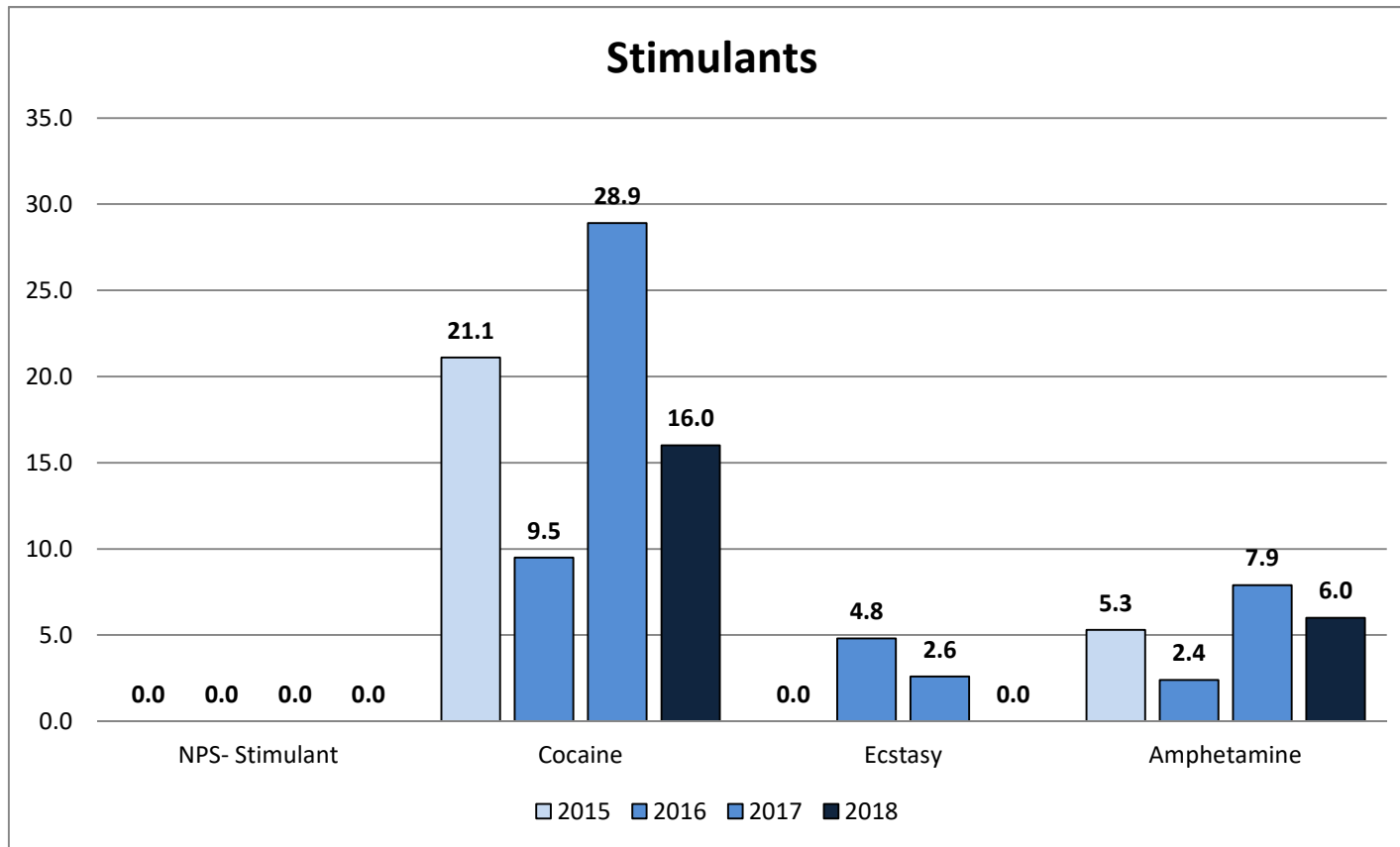
Graph 5a) opiates implied in the cause of death



Graph 5b) Benzodiazepines, Gabapentinoids and Alcohol implied in the cause of death

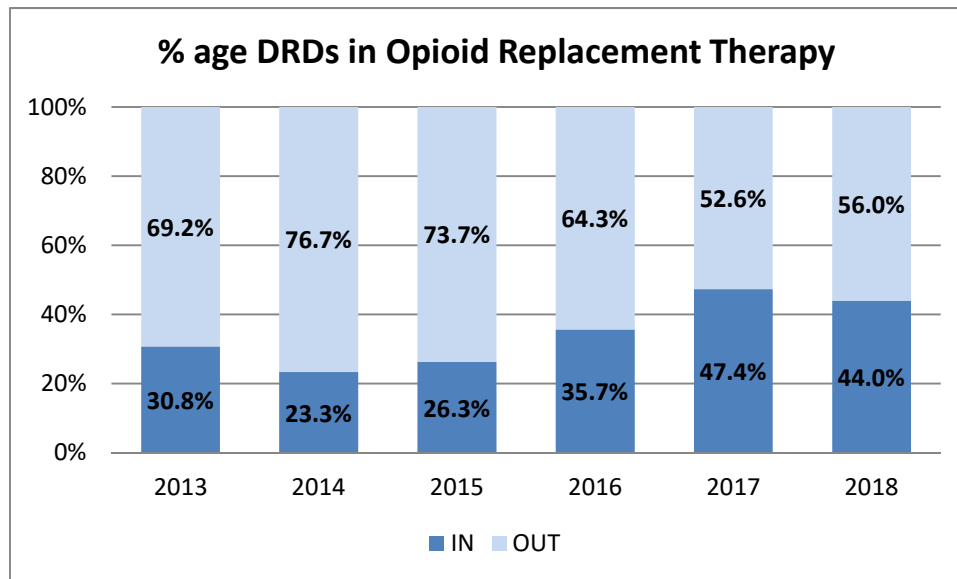


Graph 5c) Stimulants implied in the cause of death



vi) Opioid Replacement Therapy

Graph 6 Opioid Replacement Therapy



Graph 6 indicates that in contrast to the rising trend in those who have died in opioid replacement therapy from 2014-2017, there was a reduction in those who died whilst part of treatment in 2018 (44.0%).