TAKING ACTION TO REDUCE SCOTLAND’S DRUG-RELATED DEATHS

The Scottish Executive Response to the Scottish Advisory Committee on Drug Misuse Drug-Related Deaths Working Group, Report and Recommendations
TAKING ACTION TO REDUCE SCOTLAND’S DRUG-RELATED DEATHS

The Scottish Executive Response to the Scottish Advisory Committee on Drug Misuse Drug-related Deaths Working Group, Report and Recommendations

December 2005
# CONTENTS

| MINISTERIAL FOREWORD | 1 |
| INTRODUCTION | 3 |
| RESPONSE TO RECOMMENDATIONS | |
| 1. Improving Responses to Overdoses | 5 |
| 2. Perceived Barriers to Contacting Emergency Services | 6 |
| 3. Need for Further Research | 8 |
| 4. Improving the Quality of Existing Responses | 9 |
| 5. New and Innovative Treatments | 9 |
| 6. Developing Existing Approaches | 12 |
| 7. Targeting those at Greatest Risk | 13 |
| 8. Service Integration, Recording and Information Sharing | 22 |
| 9. Training for Service Professionals, Staff and the Voluntary Sector | 23 |
| 10. Planning and Co-ordination of Response | 26 |
| 11. Monitoring Drug-related Deaths | 27 |
| 12. Establishment of a National Confidential Inquiry | 28 |
| GLOSSARY | 30 |
MINISTERIAL FOREWORD

The Scottish Executive is committed to reducing the number of people dying needlessly each year from illegal substances. Preventing these deaths should be everyone’s priority. Every person who dies is somebody’s son or daughter, nephew or niece, friend or acquaintance. We cannot lose sight of the fact that people with substance misuse problems are human beings and deserve help.

Preventing these deaths is not an easy task. It will require the assistance of many people working in all the fields of substance misuse - from Drug and Alcohol Action Teams to general practitioners, statutory authorities, addiction services, homelessness networks, prison workers, police, emergency services and many more.

I want effective action to reduce the trend in drug-related deaths. That is why, in 2003, I commissioned the most detailed and comprehensive investigation into drug-related deaths ever undertaken in Scotland. This action plan is the culmination of the hard work and perseverance of the team who carried out the National Investigation, and is also a response to the subsequent recommendations of the Scottish Advisory Committee on Drug Misuse (SACDM) Drug-related Deaths Working Group.

The SACDM Working Group made a series of recommendations about reinforcing good practice, better information, better engagement, rapid intervention, improved treatment and better integration. This action plan addresses all of these areas and provides the basis for a wide-ranging and effective programme to achieve a reduction in the number of drug-related deaths.
We cannot do it alone. Preventing these deaths requires everyone to work together to achieve this common aim. It is our responsibility to do whatever we can to prevent lives being lost and opportunities wasted. It is the responsibility of us all to work towards a safer, stronger Scotland.

I commend this action plan to you.

Hugh Henry MSP
Deputy Minister for Justice
INTRODUCTION

In May 2005, the Deputy Minister for Justice asked a Working Group, set up under the auspices of the Scottish Advisory Committee on Drug Misuse (SACDM), to prepare a report and recommendations aimed at reducing drug-related deaths in Scotland.

The Working Group were asked to look at two documents when considering their recommendations:

- The National Investigation into Drug-related Deaths in Scotland, 2003\(^1\); and
- The Association of Drug Action Teams report on Drug-related Deaths\(^2\).

Sixteen recommendations were made with suggested areas for action under each. The Executive has looked at each of the recommendations in turn, and this action plan provides a response to them and also details action already in place or planned for the future.

In writing this action plan the Executive has taken the views of others into consideration, e.g. the police, emergency services, Scottish Prison Service (SPS), Drug Action Team Association, voluntary organisations, procurators fiscal and others.

---

\(^2\) http://www.drugmisuse.isdscotland.org/dat/datassoc/pdfs/drd_final05.pdf
WARNING: Watching this could save someone’s life

GOING OVER
4 overdose stories told by the people who were there

KNOW THE SCORE
RESPONSE TO RECOMMENDATIONS

1. Improving Responses to Overdoses

RECOMMENDATION 1

The Scottish Executive and Alcohol and Drug Action Teams (ADATs) should consider methods to raise the level of resuscitation skills among drug users, family members, friends, and social networks. It is recommended that the provision of information and training for families and friends of drug users and drug users themselves is further developed across Scotland.

The Executive supports this recommendation.

The number of drug-related deaths could be substantially reduced if appropriate *swift* action was taken by those who witness overdose. Research shows that many overdose deaths occur in the presence of others. It is necessary to provide drug users, their families and friends with appropriate information resources to help them understand how to save a life.

TAKING ACTION

- To help inform drug users, their families, friends and service providers about the risks associated with overdose and dispel some of the myths surrounding resuscitation, the Executive has produced a DVD – ‘Going Over’. The DVD will be made available in Scotland, free of charge, together with other overdose awareness materials via Exchange Supplies³, on behalf of the *Know the Score*⁴ (KTS) campaign.

- The Executive has funded the Scottish Drugs Forum (SDF) to provide first aid training to drug users, their families, friends and service providers. Funding initially provided for one year will be continued in 2006 and 2007. ‘Going Over’ will form part of the first-aid training sessions.

- All ADATs will make available to services their own leaflets or those provided by KTS which cover the dangers of mixing drugs including alcohol.

---

³ The Executive has collaborated with Exchange Supplies to produce the first aid DVD. Exchange Supplies are based in Doncaster. Copies of the DVD and other overdose materials are made available, free of charge in Scotland, phone 01305 262244 to place an order.

⁴ Information and advice on drugs in Scotland. http://www.knowthescore.info
• ADATs will ensure services inform non-injecting populations about the dangers of drug overdose through counselling sessions and the provision of written information to clients in current treatment and rehabilitation services, where the majority of current clients are not injecting.

2. Perceived Barriers to Contacting Emergency Services

RECOMMENDATION 2

Association of Chief Police Officers in Scotland (ACPOS) and the Scottish Executive should jointly explore ways in which contact with the police can be used as an opportunity to intervene with vulnerable individuals in order to prevent future drug-related deaths. In particular, the Memorandum of Understanding (MOU) between ACPOS and the Scottish Ambulance Service should be reviewed in order to ensure that, in the event of an overdose, help is available as quickly as possible. The police attending the scene of an overdose should ensure that preservation of life should take precedence.

The Executive has consulted ACPOS and the Scottish Ambulance Service and supports an updated MOU.

The ACPOS drugs strategy supports the concept of harm reduction. Arrest referral schemes and needle exchange facilities in custody suites are evidence of police commitment in this area. ACPOS works in partnership with the Scottish Executive’s communication strategy to increase knowledge and awareness.

There is scope to expand the role of the police in engaging an otherwise hard to reach group, vulnerable to drug-related death, by using police to facilitate contact with other service providers.

The National Investigation into Drug-related Deaths in Scotland, 2003 found that although police attended 90% of the scenes of overdose they undertook no activity in 87% of cases. In 5% of cases they were called to obtain access to premises and in 10 cases they performed Cardio-Pulmonary Resuscitation (CPR). In some areas e.g. Highland region, the police often arrive first at the scene and can administer first-aid which may prevent an unnecessary death.

ACPOS has confirmed that the police always ensure that preservation of life takes precedence at scenes of overdose.
TAking ACTION

- The MOU between ACPOS and the Scottish Ambulance Service will be reviewed annually in October. The review will take account of practice elsewhere in the UK, including Greater Manchester via the Association of Chief Police Officers (ACPO) Drugs Committee in London. Crown Office views will also be sought.

- Information from all Scottish forces on police attendance at incidents of overdose is being collated by the Secretariat of the ACPOS Drugs Sub-Committee, based at the Scottish Drug Enforcement Agency (SDEA).


- The Executive has been providing contributory or full funding to six pilot Arrest Referral (AR) schemes across Scotland since early 2004. A 12-month external evaluation of the six pilot AR schemes commenced in March this year and is expected to report early in 2006. The evaluation will consider the process and practices of the different schemes; how AR relates to other existing disposals and interventions for drug misusers; and what, if any, impact the schemes have had on arrestees referred into services.

- The NDC chairs the Force Drug Co-ordinators’ Forum, and co-ordinates activities of all police forces in Scotland in terms of demand and harm reduction.

- ACPOS will continue to work closely with KTS to ensure local activity complements national communication campaigns.
3. Need for Further Research

RECOMMENDATION 3

The Scottish Executive should commission applied research to explore drug user perceptions, and those of their friends/family, with a view to understanding how delays in contacting the emergency services can be reduced.

The Executive supports this recommendation.

Research is important in understanding problems and developing ways to prevent them. Prevention efforts are likely to be more effective if they can be directed to specific factors. The Executive supports this recommendation. It will assist in the process of understanding drug users’ perceptions of risks overdose more fully and assist in developing policies to address any issues that arise.

TAKING ACTION

• The Executive will fund research through their Substance Misuse Research Programme to look at drug users’ perceptions of risks of overdose and delays in calling for help. The research will also take into account the views of the emergency services and explore the actions they take on arrival at the scene of an overdose.
4. Improving the Quality of Existing Responses

RECOMMENDATION 4

NHS Boards and their primary care management components should be encouraged to employ the nGMS and nGPS frameworks to increase access to high quality, evidence based treatment programmes for substance misusers.

The Executive supports the implementation of the new General Medical Services (GMS) and new General Pharmaceutical Services (GPS) contracts.

The new GMS Contract includes a National Enhanced Service (NES) for patients suffering from drug misuse. NHS Boards therefore have a facility from within the GMS contract to provide services as described under the terms of the NES.

5. New and Innovative Treatments

RECOMMENDATION 5

The Scottish Executive should develop and fund a co-ordinated process of introduction and evaluation of new or more innovative treatments across Scotland, with the aim of ensuring that substance misusers in all ADAT areas have access to a range of evidence based treatments.

The Executive broadly supports this recommendation but it is important to look at all treatment options available and to ensure that the treatment choice is made by clinicians in full consultation with their clients. The Executive already provides substantial funding so that treatment choices can be developed and tailored to suit local circumstances.

There is some evidence that the introduction of buprenorphine as the preferred treatment in France has resulted in a reduction in drug-related deaths. However, the reduction coincided with the introduction of a harm reduction strategy.

Guidance issued by the Royal College of General Practitioners (RCGP) on the use of buprenorphine for the treatment of opioid dependence refers to the Cochrane Review, which evaluated buprenorphine maintenance against placebo and methadone maintenance in retaining patients in treatment and in suppressing illicit drug use. The review concluded that optimal doses of methadone (e.g. 80 to 120 mg) were still the gold standard for maintenance.
TAKING ACTION

- The Executive works closely with local ADATs to ensure the most effective use of resources for drug treatment and rehabilitation services. Additional funding from 2005-06 was allocated according to proposals submitted from each ADAT on the basis of projected improvements in numbers into treatment, waiting times and the range of services available locally.

- The Executive will continue to observe the progress of ‘heroin prescribing pilots’ taking place in England.

- The Executive will continue to monitor the use of supervised consumption rooms outwith the UK.

- The Executive will monitor trends in drug-related deaths elsewhere and establish the factors which contribute to a reduction in the number of deaths.
6. Developing Existing Approaches

RECOMMENDATION 6

The Scottish Executive should require ADATs and their partners to demonstrate that services are delivered in an effective and co-ordinated way with the aim of delivering clear evidence based outcomes, including improved engagement with drug users, reduction in waiting times and improvements in retention rates with services.

The Executive supports this recommendation.

New treatment resources provided by the Executive and others, such as the Big Lottery and Lloyds TSB Partnership Drugs Initiatives (PDI), are used by ADATs to increase capacity of existing services and to reduce waiting times. In some rural areas mobile provision is available through the use of vans, e.g. Perth and Kinross, West Lothian and East Dunbartonshire. In Edinburgh 160 staff have been given training about understanding and responding to the needs of people using crack cocaine.

TAKING ACTION

- ‘Performance Contracts’ between ADATs and the Executive are signed agreements detailing the impact that additional resources will be expected to have on the three key priorities of improvements in numbers into treatment, waiting times and the range of services available locally. Initial Performance Contracts, for the period 2005-06 to 2006-07, cover additional allocations announced in July 2005 but will later cover all drug treatment specific funding from the Executive.

- ADATs are considering ways that services can be made available outside normal working hours. One example is the Glasgow Drug Crisis Centre, which is open 24 seven. Some pharmacies are also open in the evenings for methadone and needle exchange services.
7. Targeting those at Greatest Risk

**RECOMMENDATION 7**

The Scottish Executive should review services for groups where drug-related deaths occur at a higher rate than the overall population of problem drug users (people recently released from prison, the homeless/roofless, people with co-morbidity and complex needs, and the over thirties) with the aim of developing services and responses that are specifically targeted at these vulnerable populations.

The Executive supports this recommendation.

274 (86%) of those who died as a result of a drug-related incident in 2003 were known to the Scottish Criminal Records Office. It is not unreasonable to conclude that many of those vulnerable to drug-related death are at some point in contact with the police service. Any review of services should take this into account, and seek to use contact with the police as an opportunity to engage with potential clients. Facilities could be introduced in police custody suites for other services to access clients.

**Those at greatest risk and with complex needs i.e. co-morbidity**

The Executive’s vision for mental health and wellbeing in Scotland is to improve the mental health and well-being of everyone living in Scotland and to improve the quality of life and social inclusion of people who experience mental health problems. A number of initiatives aimed at realising this are being taken forward. Some of this work is designed to support people who have mental health problems and are substance misusers.

‘Choose Life’, the Executive’s National Strategy and Action Plan to Prevent Suicide in Scotland was launched in December 2002, with guidance on implementation for local authorities and their Community Planning Partners issued in July 2003. 27% of drug-related deaths in 2003 (that were studied in this report) were recorded as suicide (including deaths of undetermined intent). People who misuse substances are therefore identified as one of seven priority groups for action under ‘Choose Life’. Implementation of local suicide prevention action plans by Community Planning Partnerships includes action to establish and improve links with local drug action work. For example, local ‘Choose Life’ funds have been used to extend the existing outreach service offered by the Shetland Community Drugs Team and the service offered by the Alcohol Advice Centre in Lerwick. Extension of these key services will provide greater access for those affected by substance misuse (particularly young men) in a rural and isolated area.
The Executive also funds the ‘Breathing Space’ telephone advice line for people experiencing low mood or depression. ‘Breathing Space’ is free and confidential and is aimed particularly, although not exclusively, at young men who are experiencing mental health or emotional difficulties. It provides a listening ear and signposting to relevant support agencies in the caller’s own locality. ‘Breathing Space’, which was rolled out nationally in 2004, is available on 0800 83 85 87 from 6 p.m. to 2 a.m. every evening and is therefore a source of support for vulnerable people at a time when many other services are closed. The service handles calls on a wide range of issues, including some from people with substance misuse problems.

Mental Health First Aid is a training course being rolled out across Scotland as part of the Executive’s action to raise public awareness about mental health issues. The aim of the course is to improve awareness and understanding of mental health and mental illness amongst the public. It has proved successful with members of the general public and different professional groups including teachers, front line public sector workers and health workers. It also teaches people how to put someone in the recovery position following overdose.

**TAKING ACTION**

The Executive is working with colleagues on the ‘Choose Life’ National Implementation Support Team, with the aim of reducing the number of substance misusers who commit suicide.

- For example, with Executive funding, ASIST (Applied Suicide Intervention Skills Training) is being rolled out across Scotland to a wide range of frontline workers and local people. This two-day suicide prevention first aid skills workshop prepares people to intervene competently with a person at risk of suicide. As the cornerstone of suicide prevention training, it is relevant to professionals, carers and volunteers involved with drug and alcohol issues.

- The Executive plans to strengthen links between the substance misuse and mental health agendas and take forward the recommendations of Mind the Gaps\(^5\) and A Fuller Life\(^6\). As a first step we plan to set up a Cross-Departmental Advisory Group who will be tasked with delivering the objectives of these documents.

---


Prisoners

It is recognised that prisoners with addiction difficulties are particularly vulnerable on their release from custody. The Scottish Executive is already working in partnership with the SPS, local authority social work services and the voluntary sector to deal with the problem of drug-related deaths amongst ex-prisoners.

Voluntary Throughcare, often referred to as Phase 2 of the Enhanced Throughcare Strategy, is about providing services and support to ex-prisoners in order to help them effectively resettle within their communities.

A key new component of Phase 2 is the Throughcare Addiction Service (TAS). This service seeks to engage prisoners at least six weeks prior to release from custody, motivate them to address addiction and associated problems, and then link them into community-based resources upon release. The Service will continue to work with the prisoner for at least six weeks post release. TAS will have close working links with the SPS and community health and addiction resources. Together they will provide the continuity of care required to help prisoners successfully address their addiction problems. TAS, which will be managed by local

7 Voluntary Throughcare refers to the range of social work and associated services that are available to prisoners who are not subject to any form of post custody statutory supervision. These services aim to help prisoners address a variety of issues, such as offending, addiction, accommodation, employment, education, health etc.

8 see [http://www.scotland.gov.uk/library5/justice/tcds-00.asp](http://www.scotland.gov.uk/library5/justice/tcds-00.asp) for more info
authorities or by one of their contracted service providers, is a developing service. Local authorities only began taking referrals in August 2005 after the SPS’s Transitional Care service provider’s contract ended in July 2005.

The Scottish Executive and its partners on the Tripartite Group (the SPS and local authorities) recognised that, as a developing service, it was appropriate to target priority groups for TAS from the outset. This has been done in order to avoid overburdening existing resources and service providers.

The Tripartite Group concluded that there would be severe logistical problems in trying to provide a service to all those prisoners serving less than 31 days in custody, on the basis that a person sentenced to 28 days in custody would actually spend only 14 days in prison. This would create substantial practical problems and strains on service providers. However, in recognition of the concerns expressed about the exclusion of those serving less than 31 days, two priority groups were identified within this group of prisoners: young offenders and female prisoners. Both these groups are therefore eligible for TAS after a full addictions assessment has been completed.

All prisoners who are not subject to statutory supervision on release can request a voluntary social work service up to one year after their date of release from custody. Those men serving less than 31 days therefore have a right to request such a service from the local authority.

The SPS is committed to improving prisoners’ health and works closely with key stakeholders to reduce drug-related deaths for prisoners on release.

TAKING ACTION

- The Throughcare Addiction Service was implemented in August 2005.

- The Executive has invested £2.8 million in voluntary Throughcare services. £0.4m from this budget has been targeted specifically at three (criminal justice) drug hotspot areas because they have significantly high numbers of known problem drug users: Glasgow, the Lothian and Borders Criminal Justice Consortium and the Northern Criminal Justice Partnership.

- Young prisoners and female prisoners serving sentences of less than 31 days are eligible for a Throughcare Addiction Service. Those male prisoners serving sentences under 31
days have the opportunity to request a voluntary Throughcare service whilst in custody, in preparation for release, or up to a year after release from custody.

- The SPS plan to recruit an additional 27 addiction nurses for SPS establishments, increasing the complement to 42 nurses. This increased capacity will allow the SPS to deal with mental health and primary care needs to a higher standard and increase their knowledge base on blood-borne viruses.

- The SPS Addictions Advisor will communicate with the DAT Association regarding membership on ADATs to ensure the appropriate level of representation by the SPS at local level.

- Introduction of Health Care Standard 10 (November 2005) will ensure a shift from predominantly detoxification prescribing to methadone or buprenorphine maintenance treatment in order to better meet the needs of prisoners.

- The SPS will continue to liaise with key stakeholders in Scotland (for example the Golden Lion Group) regarding prescribing patterns both in prison and in the community.

- The SPS will ensure that prisoners on methadone who are released on a Friday are given their daily prescription dose prior to discharge.

- Measures are being taken by ADATs to improve access to services for prisoners released on Fridays, e.g. in Tayside and Greater Glasgow specific arrangements have been made to ensure continuity of GP prescribing.

- The SPS will continue to liaise with key stakeholders in Scotland, including the Scottish Network of Clinical Specialists, regarding integrated approaches to addiction management both in prison and in the community.

- The SPS will continue to work with ADATs to ensure that prisoners who are at high risk of drug-related death receive appropriate care packages on release.

- A Memorandum of Understanding to formalise existing arrangements for information sharing on drug-related deaths has recently been agreed and signed off by the

---

9 A group of senior doctors delivering drug misuse services in Scotland.
SPS Director of Rehabilitation and Care and the Director of the SDEA.

- The SPS have introduced a package of addictions and harm reduction booklets and information cards which were recently updated (November 2005), taking account of recommendations on the dangers of oral drug use.

- The Executive will provide the SPS with their First Aid DVD which will be used nationally in the SPS pre-release programme. The SPS were consulted during the production process of the DVD to ensure its suitability for prisoners.

The Homeless

The Executive is committed to improving the links between drug treatment and housing services, in particular in addressing the Homelessness Task Force recommendations. It is hoped the delivery of integrated care which, with its requirement for a wide range of service providers to work together, will deal effectively with the multiple problems faced by drug misusers. Integrating Service Delivery is one of the five key strands of the Action Plan\(^{10}\) published in October 2004 following the Executive’s Review of Drug Treatment and Rehabilitation Services.

TAKEING ACTION

- The Executive has set up an Advisory Group with the aim of improving links between drug, alcohol and housing services. The group held its first meeting in November 2005.

- Every ADAT is operating within the partnership context of a local Homelessness Strategy and a Health and Homelessness Action Plan in which support to housing providers is central.

- Some ADATs have established specialist services and partnerships addressing the needs of people living in hostels and transitory accommodation, e.g. a specialist Homeless Addiction Team has been operating for some years in Glasgow, and other areas such as Fife are expanding services to homeless people.

Services for the Over-Thirties

A high proportion of deaths occur in the population of drug users over thirty years old; there were approximately 200 deaths in 2003 and 2004. There are no specific services that we are aware of currently available for this age group. User Groups may be best placed to advise and look at identifying needs for this group.

TAKEING ACTION

- The Executive will encourage ADATs to look at whether service provision is adequate and reaching those over thirty years of age, and to work with User Groups to identify needs.
RECOMMENDATION 8

ACPOS, ADATs and NHS Boards should consider how best to address the issue of illicit manufacture and/or diversion of prescribed drugs such as benzodiazepines and dihydrocodeine, given their prominence in the drug-related deaths examined by the National Investigation.

The Executive supports this recommendation.

The SDEA is responsible for collating trend information from all Scottish police forces for inclusion in their Drug Trends Bulletin, which is distributed nationwide to the law enforcement community and partner agencies, including ADATs. Further, the SDEA has agreed a written protocol with the Scottish forces in relation to information sharing on the emergence of new drugs or methods, which may be worthy of national dissemination by way of Special Alerts or Health Alerts.

ACPOS considers it important to identify the scale of the market for prescription-only drugs in order to devise control strategies. Members of ACPOS Drugs Sub-Committee agreed that forces should make local enquiries with health partners to establish the position with regard to prescribing practices and measures to prevent over-prescribing. Intelligence should also be reviewed in relation to the availability of counterfeit drugs.

The issue of prescribed drugs being used as cutting agents has also been discussed at ACPOS level, and work is ongoing with the Scottish Police
Forensic Laboratories to conduct analysis to establish the extent of this practice.

The National Hi-Tech Crime Unit recently developed an intelligence-led operation into the illegal sale of prescription-only drugs over the Internet.

**TAKING ACTION**

- **The Drug Trends Bulletin will continue to be produced by the SDEA (three per year).** The SDEA will continue to produce Special Alerts and Health Alerts based on information received from Scottish police forces.

- **ACPOS Drugs Sub-Committee has been tasked with making enquiries with local health partners regarding prescribing practices, and with reviewing intelligence relating to the availability of counterfeit drugs.**

- **ACPOS Drugs Sub-Committee is considering strategies to deal with the diversion/supply of prescription drugs.**

- **Work is ongoing with the Scottish Police Forensic Laboratories regarding the testing of samples of illicit drugs for evidence of prescribed drugs being used as cutting agents.**

- **The National Hi-Tech Crime Unit remains capable of responding to intelligence regarding the illegal sale of prescription only drugs over the Internet.**

- **Within the development of integrated care services as part of Joint Future, and together with the existing Critical Incidents Groups, ADATs are improving and monitoring prescribing protocols.**
8. Service Integration, Recording and Information Sharing

RECOMMENDATION 9

Priority must be given to greater development of the Single Shared Assessment (SSA\textsuperscript{11}) as highlighted by the EIU in ‘Integrated Care for Drug Users, Principles and Practice’; improving and standardising clinical note taking; and developing effective methods for dealing with clients’ case files across Scotland. To support these efforts, it is essential that robust systems for sharing of information between local generic, specific and voluntary services are developed as a matter of urgency.

The Executive supports this recommendation.

There is considerable local activity addressing development of SSAs but there is a long way to go in many ADAT areas. Whilst much work is underway it is hoped that the current drug scoping exercise across the Executive, in preparation for a more specific review of ADATs, will greatly assist integration of ADAT activity with Joint Future, SSAs and Integrated Care. Most ADATs have practical experience of acquiring client consent for the exchange of personal information, which is a basis on which to develop further drug-related death preventative work.

TAKING ACTION

• The Scottish Drugs Misuse Database is being expanded to provide information on numbers in treatment, the length of time they remain in treatment, and on outcomes and changes in behaviour. It will follow clients within services through their individual treatment pathway. Data collection for the expanded system will begin in 2006.

• Prevalence intervention developed by the ADATs covered by NHS Grampian\textsuperscript{12} will be used as a model of good practice across Scotland. The DAT Association will ascertain how other ADATs take this up or approach it differently.

\textsuperscript{11} Single Shared Assessment – aims to create a single point of entry to community care services with a view to better use of resources and more effective outcomes for people in need.

\textsuperscript{12} ADATs covered by NHS Grampian are: Moray ADAT, Aberdeen City JADAT and Aberdeenshire ADAT
9. Training for Service Professionals, Staff and the Voluntary Sector

RECOMMENDATION 10

The NHS in Scotland and relevant partners (e.g. Royal Colleges and academic institutions) should consider supporting the development of a national process to promote good practice in the delivery of medical treatment to drug misusers. This should include availability of a comprehensive range of accredited training (Scottish Training on Drugs and Alcohol (STRADA)), The Royal College of General Practitioners (RCGP); and the development of meaningful prescribing guidance, such as a (Scottish Intercollegiate Guidelines Network (SIGN) guideline); and the creation of clinical governance (managed care) networks.

The Executive supports this recommendation.

More and more drug misusers are accessing treatment services, some via criminal justice interventions, e.g. Drug Treatment and Testing Orders (DTTOs). It is therefore essential to have trained staff in place to deal with these increased numbers. The Executive recognises the importance of GPs and their role in providing support and treatment to drug misusers. However, there is currently a shortage of trained GPs. The Executive hopes to address this issue with a substantial investment in training. This should help to increase the number of GPs caring for people with drug problems.
TAKING ACTION

- The Executive will work with the Scottish Intercollegiate Group on Alcohol, NHS Education Scotland, medical and nursing schools and colleges, STRADA, the Scottish Institute for Excellence in Social Work Education, and other relevant bodies and professional groups, to develop a co-ordinated national drugs and alcohol training strategy by mid 2006. The strategy will consider the implications of wider initiatives and work including the development of single shared assessment, Joint Future, and the publication of the Health Technology Assessment (HTA) and SIGN guideline, *Mind the Gaps, A Fuller Life, Hidden Harm*¹³ and *Getting Our Priorities Right*¹⁴.

- The Executive has provided two year funding to the RCGP to develop and deliver the RCGP Certificate in the Management of Drug Misuse in Primary Care in Scotland.

- The Executive funds STRADA to improve the skills of professional staff, who address drug and alcohol misuse throughout Scotland, to ensure that interventions introduced are based on the evidence of ‘what works’.

- The Executive will work with the Department of Health and counterparts from Wales and Northern Ireland to update existing clinical guidelines on Drug Misuse and Dependence, after current work by the National Institute for Clinical Excellence for England and Wales is completed.

RECOMMENDATION 11

Resources should be made available to allow prison medical and nursing staff to undertake the RCGP Certificates in the Management of Drug Misuse in Primary Care and the Universities of Nottingham and Lincoln Prison Medicine programmes. In addition, the SPS in conjunction with the SDF should adapt critical incident resuscitation awareness training for use within the prison setting.

The Executive supports the SPS in the work it undertakes with drug misusers and the efforts made to ensure that it’s staff are trained to the highest level, guaranteeing a high standard of care for prisoners affected by drug misuse.

---

TAKING ACTION

- The SPS have developed a Critical Incidents awareness package. The package will be piloted in HMP Dumfries and HMP & YOI Polmont in March 2006. It will provide resuscitation and overdose awareness training for staff and prisoners.

RECOMMENDATION 12

Training aimed at raising awareness and improving co-ordination of activity for those generic staff most likely to come into contact with people vulnerable to overdose should be provided as a matter of urgency.

The Executive supports this recommendation.

TAKING ACTION

- The SDF first aid training package, funded by the Executive, also covers training for generic staff.
10. Planning and Co-ordination of Response

RECOMMENDATION 13

Under the auspices of the ADATs each area should establish a local standing drug deaths monitoring and prevention group that involves key agencies in order to manage rapid sharing of information on near misses, deaths and street drug trends, to instigate action and report on progress in implementing proposals to reduce deaths.

The Executive supports this recommendation.

A number of ADATs already have local drug death monitoring groups. In some areas where there are none or low numbers of drug deaths a ‘group’ may not be necessary. Local situations will determine the best practical application for each ADAT area.

The rapid sharing of information is possible through the national drug deaths database, maintained by the SDEA on behalf of ACPOS, which is unique in that it is a source of up-to-date data on drug-related deaths in Scotland. The database includes information from all Scottish police forces on deaths that come into the ACPOS definition of a drugs death, namely – ‘where there is prima facie evidence of a fatal overdose of controlled drugs. Such evidence would be recent drug misuse, for example controlled drugs and/or a hypodermic syringe found in close proximity to the body and/or the person is known to the police as a drug misuser although not necessarily a notified addict’.

TAKING ACTION

• The Executive will produce a half-yearly newsletter to share with ADATs and others information on drug deaths obtained at a national level. This may include details of new research, new information materials and examples of good practice. The newsletter will be disseminated via the Drug Misuse Information Scotland website.

• The SDEA produces a monthly spreadsheet showing year-to-date figures on the number and distribution of drug-related deaths in each police force and ADAT area, compared with the same period the previous year. The value of this information is the opportunity to identify trends and to inform practice and decision making at a local level. This information is also made available to the Executive.
11. Monitoring Drug-related Deaths

RECOMMENDATION 14

The definition of a drug-related death must be standardised nationwide with the same definition being used by all involved in its investigation. For instance, a drug-related death could be defined as any death, at any age group, that is directly or indirectly related to the use of controlled substances. This would include accidental, suicidal, homicidal deaths, including those in the very young and in older age groups and excludes deaths from overdoses of other medicinal drugs. This definition would trawl all deaths from benzodiazepines.

The Executive, following discussion with the General Register Office for Scotland (GROS), believes the definition currently being used satisfies this recommendation and is a good baseline definition for anyone in Scotland collecting data on drug-related deaths. The Executive would encourage use of this definition as standard.

GROS defines a drug-related death as one where – ‘the underlying cause is poisoning, drug abuse or drug dependence and where any of the substances controlled under the Misuse of Drugs Act (1971) are involved.’

This definition was agreed in 2001 by a working party set up following the publication, by the Advisory Council on the Misuse of Drugs (ACMD), of their report ‘Reducing Drug-related Deaths’. The Office for National Statistics also uses this definition in the preparation of data for England and Wales.

GROS works with the SDEA to compare data collected by Scottish forces and ensure that GROS data is consistent with the (Scottish) national drug death database, where a death fits into the GROS definition.

ACPOS has agreed that the information supplied by Scottish forces to the SDEA for inclusion on the national (Scottish) drug death database, can be shared with the National (UK) Programme on Substance Abuse Deaths (np-SAD). The Programme aims to reduce and prevent drug-related deaths in the UK by collecting and analysing data on the extent and nature of death. Annual reports are published (usually autumn) providing information on deaths that occurred during the previous calendar year.
TAKING ACTION

• GROS will continue to liaise with the SDEA to ensure all relevant data on drug deaths is consistent.

• The information included on the national drug death database administered by the SDEA will now be shared with the National Programme on Substance Abuse Deaths (np-SAD).

12. Establishment of a National Confidential Inquiry

RECOMMENDATION 15

A National ‘Preventing Drug-related Deaths Forum’ should be established with a remit to report to Ministers annually on trends and causes of drug-related deaths in Scotland.

The Executive supports this recommendation and will establish a National Forum to report annually to Ministers.

The Executive is now represented on the steering group of np-SAD which reports annually on UK trends and patterns of drug use, and also provides early warnings of emerging drug problems. GROS is also represented on this group and the SDEA now provides data input on Scottish deaths.
Information gained from representation on np-SAD will be fed into the National Forum.

**TAKING ACTION**

- The Executive will establish a National Forum to look at trends, causes and good practice in preventing drug-related deaths. The forum will report annually to Ministers.

- The DAT Association will re-establish their Drug-related Deaths Working Group, which produced the 2005 report. The group will promote wider adoption of good practice already developed in some ADAT areas and monitor progress.

13. Toxicological Findings and Circumstances of Death

**RECOMMENDATION 16**

In order to enable a long term, meaningful interpretation of post-mortem toxicological data, Procurators Fiscal, who instruct autopsies on these deaths, should insist that the pathologists carrying out the autopsies follow a nationally agreed protocol based on an agreed best practice model.

The Executive broadly supports this recommendation however, as lawyers, Procurators Fiscal are unable to advise senior pathologists on the best methods to obtain, analyse and interpret the results of samples collected for drug deaths. Any protocol would have to be agreed between medical practitioners and supported by their professional bodies.

**TAKING ACTION**

- The Executive will explore this further through Fiscal contacts and the Crown Office.

---

<table>
<thead>
<tr>
<th>Glossary Term</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACPO</td>
<td>Association of Chief Police Officers</td>
</tr>
<tr>
<td>ACPOS</td>
<td>Association of Chief Police Officers in Scotland</td>
</tr>
<tr>
<td>ADAT</td>
<td>Alcohol and Drug Action Team</td>
</tr>
<tr>
<td>AR</td>
<td>Arrest referral</td>
</tr>
<tr>
<td>ASIST</td>
<td>Applied Suicide Intervention Skills Training</td>
</tr>
<tr>
<td>Breathing Space</td>
<td>Telephone advice line for people experiencing low mood or depression</td>
</tr>
<tr>
<td>Choose Life</td>
<td>Scottish Executive’s National Strategy and Action Plan to Prevent Suicide in Scotland</td>
</tr>
<tr>
<td>Cochrane Review</td>
<td>A systematic review of healthcare interventions which promotes the search of evidence in the form of clinical trials and other studies of interventions</td>
</tr>
<tr>
<td>CPR</td>
<td>Cardio-Pulmonary Resuscitation</td>
</tr>
<tr>
<td>DAT Association</td>
<td>Drug Action Team Association</td>
</tr>
<tr>
<td>DTTO</td>
<td>Drug Treatment and Testing Orders</td>
</tr>
<tr>
<td>GMS</td>
<td>General Medical Services</td>
</tr>
<tr>
<td>Golden Lion Group</td>
<td>A group of senior doctors delivering drug misuse services in Scotland</td>
</tr>
<tr>
<td>GP</td>
<td>General Practitioner</td>
</tr>
<tr>
<td>GPS</td>
<td>General Pharmaceutical Services</td>
</tr>
<tr>
<td>GROS</td>
<td>General Register Office for Scotland</td>
</tr>
<tr>
<td>HMP</td>
<td>Her Majesty’s Prison</td>
</tr>
<tr>
<td>Acronym</td>
<td>Description</td>
</tr>
<tr>
<td>---------</td>
<td>-------------</td>
</tr>
<tr>
<td>KTS</td>
<td>Know the Score – The Scottish Executive’s communication campaign</td>
</tr>
<tr>
<td>Mental Health First Aid</td>
<td>Training course to raise public awareness about mental health issues</td>
</tr>
<tr>
<td>MOU</td>
<td>Memorandum of Understanding</td>
</tr>
<tr>
<td>NDC</td>
<td>National Drug Co-ordinator</td>
</tr>
<tr>
<td>NES</td>
<td>National Enhanced Service</td>
</tr>
<tr>
<td>np-SAD</td>
<td>National (UK) Programme on Substance Misuse Deaths</td>
</tr>
<tr>
<td>PDI</td>
<td>Partnership Drugs Initiative – Funding provided by Lloyds TSB Foundation</td>
</tr>
<tr>
<td>RCGP</td>
<td>Royal College of General Practitioners</td>
</tr>
<tr>
<td>SACDM</td>
<td>Scottish Advisory Committee on Drug Misuse</td>
</tr>
<tr>
<td>SDEA</td>
<td>Scottish Drug Enforcement Agency</td>
</tr>
<tr>
<td>SDF</td>
<td>Scottish Drugs Forum</td>
</tr>
<tr>
<td>SIGN</td>
<td>Scottish Intercollegiate Guidelines Network</td>
</tr>
<tr>
<td>SPS</td>
<td>Scottish Prison Service</td>
</tr>
<tr>
<td>SSA</td>
<td>Single Shared Assessment</td>
</tr>
<tr>
<td>STRADA</td>
<td>Scottish Training on Drugs and Alcohol</td>
</tr>
<tr>
<td>Substance Misuse Research Programme</td>
<td>Research programme funded by the Scottish Executive for research in the area of substance misuse</td>
</tr>
</tbody>
</table>
TAS

Throughcare Addiction Service

Tripartite Group on Throughcare

The Scottish Executive, the Scottish Prison Service and local authorities