Recommendation

The Board is asked to note the increase in drug related deaths across Ayrshire and Arran in recent years and the underlying reasons contributing to this.

The Board is asked to endorse the recently developed Strategic Framework: Preventing Drug related Deaths, which sets out the overarching response of the three Alcohol and Drug Partnerships in Ayrshire. The framework sets out their commitment to create local drug death prevention groups in North, South and East Ayrshire, as well as refreshing the coordinating role of the pan-Ayrshire Drug Death Review Group.

The Board is asked to consider receiving further annual updates on progress within the action plans from the three Alcohol and Drug Partnerships given the deteriorating picture locally and nationally.

Summary

The purpose of this report is to highlight concerns about the number of deaths amongst people with problematic drug use across Ayrshire and Arran in 2016 and 2017. Although absolute numbers of deaths are relatively small the increasing trend in deaths of great concern. Drug related deaths are often indicative of other factors affecting the most vulnerable in society. Those affected are relatively young adults aged 35-44yrs and early intervention can make a significant difference to survival.

The Strategic Framework has been endorsed by all three Alcohol and Drug Partnerships and has been considered and supported by North and South IJB’s at their June 2018 meetings. It will be presented at East Ayrshire IJB on 29th August 2018.
Key Messages:

- In 2016 there were 85 confirmed drug related deaths recorded across Ayrshire and Arran, the total for 2017 was 59. The pattern is of a significant increase on numbers seen in previous years and was similar to that seen across the rest of Scotland.
- Contributory factors include an aging drug using population; as older drug users have a higher proportion of physical and mental health conditions.
- Socio-economic pressures including poverty and homelessness are known risk factors for drug related deaths and recent pressures in wider society may also be contributing to the deteriorating picture.
- People with problem drug use who are not in contact with specialist services are at increased risk of drug related death. National reports show that a higher proportion of people who died in Ayrshire and Arran were not in contact with specialist services than in other parts of Scotland.

Glossary of Terms

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
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<tbody>
<tr>
<td>NHS A&amp;A</td>
<td>NHS Ayrshire &amp; Arran</td>
</tr>
<tr>
<td>HSCP</td>
<td>Health &amp; Social Care Partnership</td>
</tr>
<tr>
<td>DRD(s)</td>
<td>Drug Related Death(s)</td>
</tr>
<tr>
<td>ADP</td>
<td>Alcohol and Drug Partnerships</td>
</tr>
<tr>
<td>DDRG</td>
<td>Drug Death Review Group</td>
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<tr>
<td>NRS</td>
<td>National Records of Scotland</td>
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<tr>
<td>ACEs</td>
<td>Adverse Childhood Experiences</td>
</tr>
<tr>
<td>DDPG</td>
<td>Drug Death Prevention Group</td>
</tr>
</tbody>
</table>
1. Introduction

1.1 What happened in 2016

In 2016 there were 85 confirmed drug related deaths recorded across Ayrshire and Arran. The final number of deaths was confirmed late in 2017, following confirmatory investigations. A similar increase in the number of deaths was seen across Scotland as a whole, raising significant concerns across agencies nationally and locally. As can be seen from Figure 1, drug deaths have risen systematically from 11 in 2004 to a marked peak of 85 in 2016. The 2016 figures showed a substantial increase from the confirmed total of 46 deaths in 2015. North Ayrshire experienced the highest number of drug related deaths at 35. There were 28 deaths in East Ayrshire and 22 deaths in South Ayrshire. It is of note that the majority of Intermediate Zone geographies in all three local HSCP areas also experienced increases in drug hospital stays in the three year period 2014/15-16/17. Summary slides showing the patterns of hospital stays are included in Appendix 2.

Figure 1

![Trend in annual number of drug related deaths in Ayrshire and Arran: Total number of confirmed deaths, 2004 - 2016](image)

1.2 Local response

Following the increase in the number of drug related deaths seen in 2016, the Alcohol and Drug Partnerships in Ayrshire jointly hosted a conference in November 2017. This set out to explore what more could be done to strengthen local responses to prevent drug related deaths. The key themes identified during the conference and subsequent discussion between the local Alcohol and Drug Partnerships led to the development of the strategic framework attached in Appendix 1. This strategic framework covers East, North and South Ayrshire and describes the principles the Alcohol and Drug Partnerships will use to work together over the next three years to reduce drug related deaths.
1.3 Strategic framework

The strategic framework, which has been endorsed by each of the ADPs in Ayrshire, is a high-level document which agrees vision and direction for all local partners. Local action plans with agreed metrics will be developed to sit beneath this. The overarching vision set out in the framework document is to protect everyone at risk of a drug related death. Partners are agreed that central to this vision is the need to build strong relationships between and with people who are using drugs, their families and the wider community. Everybody matters.

2. Background

2.1 National picture

2.1.1 The Scottish Government estimate that approximately 52,000 people in Scotland are problem drug users. Although this is a relatively small number of people, the risks associated with problem drug use are high and mortality is 12 times that of the general population. Since 2012, the number of deaths involving illicit drug use has steadily increased across the UK.

2.1.2 In Scotland in 2016 there were 867 drug-related deaths based on the definitions used by the National Records of Scotland (NRS). This was the highest number ever recorded in Scotland at the time with an increase of 161 on the total for 2015. The total numbers of drug-related deaths for 2017 were released in early July this year and confirmed as 934 for the whole of Scotland. The majority of deaths involved one or more opiates or opioids (including heroin/morphine and methadone). These drugs were implicated in, or potentially contributed to, 765 deaths across Scotland (88% of the total).

2.1.3 It is anticipated that a new national strategy will be published in coming months. The existing national strategy, ‘The Road to Recovery’ has been in place since 2008.

2.2 Local investigation

2.2.1 Analysis of routinely available data has helped build understanding of the key issues involved in drug related deaths. The Public Health department completed an epidemiological Needs Assessment investigation into Drug and Alcohol Related harms in 2017. Data was obtained by North, East and South geography to gain more detailed understanding of local patterns of need. In addition, each year all Drug Related Deaths are collated and reviewed by the Ayrshire and Arran Drug Death Review Group.

2.2.2 Understanding the individual circumstances provides opportunity to learn about possible points of intervention which can reduce the number of people coming to harm in future. Almost all of those who died in 2016 were known to be a drug user by either a family member, service provider, police or general practitioner (75 of 85 deaths).

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2.2.3 In Ayrshire and Arran in recent years, most deaths have occurred among men aged 35-44 years of age. Although the age of individuals has risen over time, these are still relatively young people who may have families of their own. In 2016 we know that 42 children were affected by a death and that 25 of these children were aged 16 or under. It is of note that these deaths contribute directly to adverse childhood experiences. Breaking the cycle of harm is essential to the wellbeing of both current and future generations.

2.2.4 Heroin/morphine was the highest substance implicated in the cause of death in 2016, in keeping with the pattern of recent years. Polydrug use was common among those who died, with over half of all cases having more than one substance attributed to the cause of death.

2.2.5 National literature and investigation from the Ayrshire and Arran Drug Death Review Group show that the age profile of people who experience drug related deaths is increasing across Scotland among both men and women. With age, the risk of death from overdose increases. In addition, people are more likely to be living with long-term conditions and engaged in multiple risk-taking behaviours. Part of the explanation for the increase in drug related deaths in 2016 appears to be because people with problem drug use are getting older and accumulating risk. It is likely that a rising trend in drug related deaths will continue for at least several years.

2.2.6 There are a number of interventions which we know do protect people and without the hard work of services the numbers of deaths would undoubtedly be higher. Strengthening local responses and tailoring options to meet the needs of individuals offers the best way to protect against drug related deaths.

2.2.7 Abstinence, when it is sustained, is the most effective way of reducing the risk of overdose and death. Other strategies to prevent opioid related death include: a reduction in supply; support for abstinence and recovery from dependence; Opioid Substitution Treatment; prevention and treatment of overdose; social and economic support, along with integrated psychologically informed service responses for the most vulnerable. For the NHS this means partnership working between primary care, specialist services and transition points such as release from prison or discharge from hospital.

2.2.8 Data suggest that large proportions of deaths continue to occur among those who are recorded as having had no contact with treatment services. *Staying Alive in Scotland*, published in 2016, outlines the protective nature of engaging in and being retained in treatment against both overdose and non-overdose deaths. Analysis over the time period 2009-14 showed that a higher proportion of people experiencing drug related deaths were not in contact with specialist services in Ayrshire compared to the rest of Scotland (36% Scotland vs 39-44% North/South/East Ayrshire). A similar pattern was seen in more recent years (44 of the 85 of those who died in Ayrshire were not in contact with specialist services in 2016 and 31 of the 59 people who died in 2017 were not in contact). For many drug users, engaging in treatment can be the catalyst for getting the medical help they need to address their physical and mental health problems. People should not have

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4 2009-2014 aggregated data were provided by ISD in 2017 as the most recent complete dataset available at Scotland, Board and Health and Social Care partnership level. Annual numbers are too small for statistical analysis. The proportion of people who died and were not in contact with services in 2016 and 2017 in Ayrshire remains broadly similar to the aggregated figure in this paper.
to stay in contact with services for ever but have rapid access to help when they are in need.

2.2.9 Socio-economic pressures also contribute to problem drug use and drug related deaths. Risk factors include long-term poverty, unemployment and homelessness. More recent changes in welfare provision pose an additional pressure on individuals and communities. A coordinated whole-system response addressing physical and mental health needs along with housing, employment and benefits support is required.

2.2.10 The purity of heroin may make a moderate contribution to the risk of fatal overdose, it is likely that the availability and price of heroin affects whether or not users take it, how much they take, and how often they take it.

2.3 Key themes from conference

2.3.1 Four key areas for action were discussed during the November conference, these were:
- Caring for people in contact with services
- Reaching people not in contact with services
- Reducing risk
- Working with families and communities

2.3.2 The conference was attended by different statutory organisations and community members. Facilitated discussion gathered views from attendees. Following the conference a small working group met to identify themes and issues raised. Cross-cutting themes were identified and these were used to develop the strategic framework document in Appendix 1. The central theme to all of the discussions during the conference was the importance of developing strong, trusting relationships between people with problematic drug use, their families, the wider community and all statutory services.

2.3.3 The central messages included in the strategic framework document are summarised in the infographic below:
The Ayrshire Strategy

**Caring for people in contact with services**
- Trauma informed services
- Right treatment, right time
- Include families, peers and communities

**Reaching those not in contact with services**
- Range of options from befriending to service involvement
- Outreach policy for those not yet ready to engage with services
- Consider those at risk of homelessness

**Reducing Risk**
- Those who have previously overdosed and may be at higher risk of DRD should have flexible, accessible support
- Clear referral pathways for those who have overdosed
- Develop and implement information sharing protocols

**Working with Families**
- Involvement in recovery
- Support resilience and care for families
- Relationships and support
2.4 Explanation of ‘trauma informed’

Trauma informed practice recognises that anyone can experience trauma at any point in their lives. Traumatic life experiences can have a significant impact on outcomes and life chances and the likelihood of engaging effectively with services. Trauma informed services change the question from ‘what is wrong with you?’ to ‘what has happened to you?’ and are built on the fundamental need to establish trusting relationships, safe environments, good communication and service continuity. This approach is used by specialist services across Ayrshire and Arran.

3 Progress to date

3.1 Development of strategic framework

The Alcohol and Drug Partnerships recognise the importance of working together to address this complex and challenging issue. Using the themes identified in the conference, they agreed to work together to develop a strategic framework for the whole of Ayrshire and Arran. The ADPs will seek support from Community Planning Partnerships and Integration Joint Boards in each area for the approach set out in the framework.

3.2 Actions and governance structures

3.2.1 The Framework includes a commitment to create local multi-agency prevention groups. These new groups will identify and deliver actions for the priority areas described in the framework. The groups will report to each local ADP, which will monitor progress over the lifetime of the framework.

3.2.2 The Pan-Ayrshire Drug Death Review Group has been responsible for collating and reporting the circumstances of individual deaths until now. Responsibility for investigating deaths will now move to the local multi-agency prevention groups. The focus of the pan-Ayrshire group will change to that of prevention and the group will develop responses which require a ‘once for Ayrshire’ solution. This will include agreeing information sharing protocols, public messaging, analysis and oversight of trends and pressures across agencies.

3.2.3 Scottish Government continues to monitor progress across all ADPs through Staying Alive Action Plan and this will form the starting point for each of the local multi-agency prevention groups.

4 Alcohol and Drug Partnership responses

4.1 North Ayrshire

4.1.1 The North Ayrshire ADP Communities and Prevention Group will coordinate activities identified within the action plan. Updates will be provided on a quarterly basis to the ADP Strategic Management Team. The group will liaise with the pan Ayrshire Adverse Events Review Group to identify ongoing learning and approaches to reduce risk. Links with Adult Support and Protection will be improved to consider those near misses and reporting of concerns to address our coordinated responses of support.
4.1.2 There will be engagement from a diverse range of services to reflect the requirement of a whole population approach in reducing drug related deaths. The ADP will lead on identified actions with clear accountability routes to the Integration Joint Board and Community Planning Partnership structures.

4.1.3 The ADP will continue to challenge stigma and perceptions of addiction through engagement and education within a diverse range of settings; whilst offering hope and inspiration to individuals through promoting the value of lived experience and enhancing engagement with marginalised groups, providing alternatives to traditional approaches. Arrangements and pathways will be developed to enhance engagement with individuals at risk. Services will promote and signpost individuals to recovery activities, and opportunities to engage in mainstream community provision.

4.2 South Ayrshire

4.2.1 In May 2015 South Ayrshire Alcohol and Drug Partnership established a multiagency Drug Death Prevention Group as a sub group within the ADP structure. The local DDPG was established to consider factors in drug related deaths and develop activities aimed at increasing engagement and support for those most at risk. In December 2015 a multiagency event was held and the key learning informed local activities. The DDPG completed the Staying Alive in Scotland Baseline Assessment and identified a number of improvement actions.

4.2.2 South Ayrshire ADP has endorsed the Ayrshire Strategic Framework and has embedded the document within the new ADP Strategic Plan for 2018–21. The membership and remit of the local DDPG will be reviewed in line with the new framework to ensure appropriate representations to progress agreed actions. The DDPG will develop a local Action Plan and will report directly to the ADP. Update reports will also be provided to the pan-Ayrshire Drug Death Prevention Group.

4.3 East Ayrshire

4.3.1 The local ADP service delivery group has consistently worked together to identify innovative and creative opportunities to engage with those most at risk across all East Ayrshire’s communities. This group with its accountability into the ADP strategic partnership group and beyond into the localised Community Planning structure will continue to be at the forefront of the implementation of ongoing innovations and opportunities identified via the action plan to reduce risk to this vulnerable population.

4.3.2 Recently the ADP approved the development of a dedicated drug and alcohol death prevention group to consider the factors around drug and alcohol deaths. In doing this, this group will consider academic research and national and international evidence with which to make recommendations for practice.

4.3.3 East Ayrshire ADP has recently endorsed the Ayrshire Strategic Framework and the recommendations for action will form a significant element within the ADP strategic plan 2018-21
4.4 Pan-Ayrshire specialist service

4.4.1 Community Addiction Services are now delivered within East, North and South Health and Social Care Partnership areas. There is also a hospital based facility within Ward 5, Woodland View at Ayrshire Central Hospital and an Ayrshire-wide Prevention and Service Support Team.

4.4.2 Ward 5 provides a flexible service based on the needs of each individual person. The main treatment is through one to one support and group work, with each workshop designed to support each person on their road to recovery.

4.4.3 All the community services offer an ‘open’ referral process e.g. anyone can refer direct to the service including self referrals, referrals on behalf of an individual or referrals from any service. 90% of all individuals referred will commence treatment within three weeks of referral and 100% of all individuals referred will commence treatment within six weeks of referral (these standards have always been met by the service providers).

5 Summary

5.1 There has been a significant increase in drug related deaths across Ayrshire and Arran with particularly high numbers in 2016. The underlying reasons for this are likely to be related to ageing of the problem drug using population combined with socioeconomic pressures and availability of opiates.

5.2 The Board is asked to endorse the new Strategic Framework; Preventing Drug related Deaths, which sets out the overarching response of the three Alcohol and Drug Partnerships across Ayrshire and Arran. The framework sets out their commitment to create local drug death prevention groups in North, South and East Ayrshire as well as refreshing the coordinating role of the pan-Ayrshire Drug Death Review Group.
## Monitoring Form

<table>
<thead>
<tr>
<th>Policy/Strategy Implications</th>
<th>The Framework should be linked to the ADP strategies in each area.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Workforce Implications</td>
<td>There are no workforce implications</td>
</tr>
<tr>
<td>Financial Implications</td>
<td>There are no financial implications as a result of the framework</td>
</tr>
<tr>
<td>Consultation (including Professional Committees)</td>
<td>The conference in November 2017 included multi-agency representation and each ADP has consulted locally with stakeholders.</td>
</tr>
<tr>
<td>Risk Assessment</td>
<td>Not applicable as there are no recommendations to change services at this point.</td>
</tr>
<tr>
<td>Best Value</td>
<td>Effective partnerships</td>
</tr>
<tr>
<td>- Vision and leadership</td>
<td>Governance and accountability</td>
</tr>
<tr>
<td>- Effective partnerships</td>
<td></td>
</tr>
<tr>
<td>- Governance and accountability</td>
<td></td>
</tr>
<tr>
<td>- Use of resources</td>
<td></td>
</tr>
<tr>
<td>- Performance management</td>
<td></td>
</tr>
<tr>
<td>Compliance with Corporate Objectives</td>
<td></td>
</tr>
<tr>
<td>- To protect and improve the health and wellbeing of the population and reduce inequalities, including through advocacy, prevention and anticipatory care</td>
<td></td>
</tr>
<tr>
<td>- Create compassionate partnerships between patients, their families and those delivering health and social care services which respect individual needs and values</td>
<td></td>
</tr>
<tr>
<td>Single Outcome Agreement (SOA)</td>
<td>Adults live healthier and more active lives (North Ayrshire), Health Inequalities and Physical Activity (South Ayrshire), All residents are given the opportunity to improve their wellbeing, to lead an active healthy life and make positive lifestyle choices (East Ayrshire)</td>
</tr>
<tr>
<td>Impact Assessment</td>
<td>An impact assessment will be completed by each ADP once local action plans have been prepared to sit underneath this framework.</td>
</tr>
</tbody>
</table>
Appendix 1

Everybody Matters

Preventing Drug Related Deaths: A Framework for Ayrshire and Arran 2018-2021
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<td>Appendix B – Emerging Themes</td>
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Introduction

This strategic framework is a call to action. In 2016 we saw the highest number of drug related deaths recorded across Ayrshire and Arran, following a longer term more gradual upward trend. Sadly, the increase in the number of drug related deaths across Ayrshire and Arran mirrored the picture seen across the rest of Scotland. This has raised widespread concern, among people seeking help, their families, supportive agencies, local communities and specialist services.

Following the dramatic increase in the number of drug related deaths seen in 2016, a conference was held in Ayrshire and Arran in November 2017. This set out to explore what more could be done to strengthen our local responses. The key themes raised during the conference and subsequent discussion between local Alcohol and Drug Partnerships led to the development of this strategic framework. This strategic framework covers East, North and South Ayrshire and describes the principles the Alcohol and Drug Partnerships will use to work together over the next three years to reduce drug related deaths. Action required to meet the strategic aims in this framework will be developed in East, North and South Ayrshire through local Prevention groups. These groups will report on progress through the Alcohol and Drug Partnerships and the actions will be supported through the pan-Ayrshire Drug Death Prevention group. We also commit to working with the Integrated Joint Boards and Community Planning Partnerships in each area to ensure that the strategic aims within this document are embedded within other local plans.

Our vision is to protect everyone who is at risk of a drug related death. We will do this by building strong relationships between and with people who are using drugs, their families and the wider community. Everybody matters.
Background

The pattern of drug related deaths over recent years has been carefully monitored both locally and nationally. The patterns seen require careful interpretation as there is significant year to year variability because relatively small numbers of individuals are affected. The trends and recent findings are shown below in summary form.

**The Ayrshire Picture**

Drug Related Deaths have risen systematically from 11 in 2004 to their highest level - 85 - in 2016.

**Drug Related Hospital stays**

Large increases in the rate* of drug related hospital stays in reporting period 2014/15-2016/17 are displayed in the table below.

<table>
<thead>
<tr>
<th>Region</th>
<th>3 year rolling average no. of drug related hospital stays</th>
<th>Directly age-sex standardised rate per 100,000 popn</th>
</tr>
</thead>
<tbody>
<tr>
<td>East Ayrshire</td>
<td>296</td>
<td>312</td>
</tr>
<tr>
<td>North Ayrshire</td>
<td>303</td>
<td>396</td>
</tr>
<tr>
<td>South Ayrshire</td>
<td>129</td>
<td>181</td>
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<tr>
<td>Ayrshire &amp; Arran</td>
<td>728</td>
<td>889</td>
</tr>
<tr>
<td>Scotland</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Hospital stays” are defined here as general acute inpatient and day case stays with a diagnosis of drug misuse in any diagnostic position

Source: Analysis of local HSC data; Local Stats 2016.”Directly age-sex standardised rate per 100,000 popn: Scottish Locality Profiles (SLP).
Drug Related Deaths & Deprivation

The charts below show the percentage of 2016 DRDs in each Ayrshire area by SIMD quintile.

- 5 represents Quintile 5 - the most deprived fifth of the population.
- 1 represents Quintile 1 - the least deprived fifth of the population.

East Ayrshire:
- 58% in Quintile 3
- 24% in Quintile 4
- 15% in Quintile 5
- 3% in Quintile 1
- 1% in Quintile 2

North Ayrshire:
- 73% in Quintile 5
- 21% in Quintile 4
- 5% in Quintile 3
- 1% in Quintile 2
- 0% in Quintile 1

South Ayrshire:
- 55% in Quintile 5
- 25% in Quintile 4
- 7% in Quintile 3
- 7% in Quintile 2
- 5% in Quintile 1

The vast majority of DRDS affect the MOST deprived in Ayrshire.

Source - Local Stats 2016
There is a substantial evidence base about problematic drug use and the actions which can be taken to help reduce drug related deaths and other harms. Scotland’s national strategy ‘The Road to Recovery’ has been in place since 2008 and it recognised key areas for action. The national strategy is expected to be refreshed later in Spring 2018. It is anticipated that this new strategy will build on ‘The Road to Recovery’ and identify areas where greater efforts are needed to reduce the risks associated with drug related deaths. It will recognise the importance of working collaboratively across housing, employment, mental health services, with those who have lived experience and families. The infographic which follows captures the key points from the 2008 strategy.
The Scottish Government Strategy to tackle problem drug use

Preventing Drug Use

Reducing supply of illegal drugs

Getting it right for children affected by parental substance misuse

Promoting Recovery
Although only small numbers of people living in Ayrshire and Arran have problematic drug use sadly this carries significant risks of health harms. The circumstances surrounding every death are already carefully scrutinised and collated. The central messages we have learned are shown below.

Across Ayrshire and Arran as a whole, from 2009-2014, 54% of people who died had an underlying medical condition recorded in the six months prior to death. This is broadly similar to the picture seen in Scotland. Deaths among people with
problematic drug use in Ayrshire and Arran are occurring in a slightly older age group than in the past and they commonly have underlying medical problems. The most common age group affected is 35-44yrs of age for both men and women.
Where are Drug Related Deaths happening?

- North Ayrshire (41.18%)
- East Ayrshire (32.94%)
- South Ayrshire (25.68%)

In 2016, North Ayrshire had the highest number of Drug Related Deaths. South had the lowest and East fell between the two.

Drug Related Deaths & Gender

Male DRDs have been consistently highest in North Ayrshire and lowest in South over the last decade however East and South have seen the greatest relative increase - rates doubled over the last decade.

The rate of Female DRDs in Ayrshire has risen over the past decade, steadying over the most recent time periods.

Source - Local Stats 2016
Across Ayrshire and Arran as a whole, from 2009-2014, 52% of people who died had a psychiatric condition recorded in the six months prior to death, with the most commonly recorded being depression and anxiety.

52% of DRDs had psychiatric conditions recorded in the 6 months prior to death.

Most Commonly:

Depression & Anxiety

Source - Local Stats 2016
The central messages from our review of the literature describing the interventions that are likely to prove most effective are captured in the infographic below, further detail is available in the full literature review in Appendix A.

How do we help prevent drug related deaths? What does the literature say?

- Address other social risk factors (e.g. homelessness)
- Provision of safe injecting sites
- Promote Naloxone and increase access
- Consider the impact of Adverse Childhood Experiences (ACES)
- Take trauma / psychologically informed approach
- Apply learning from reviews of non-fatal overdoses
- Encourage Opioid Substitution Treatment
- Further Research into supply reduction, drug treatment effectiveness, accessibility of Naloxone
- Support abstinence and recovery from dependence
- Supply Reduction (work to reduce illegal supply of drugs)
- Consider evidence-based activities that support education about drug harms
- Joint Working (between specific and non-specific agencies and partners)

We know that in Ayrshire and Arran there are still a substantial number of people who die who are not in contact with specialist services at the time of their death.
This is slightly higher than the national findings. For Scotland as a whole, 36% of people who died had no contact with specialist services compared to between 39 and 44% for East, North and South Ayrshire.

Our local findings broadly agree with the wider literature. Further detail can be found at Appendix A, at the end of this framework document.
A Framework for Ayrshire

Strategic Aims

Through discussion at our joint conference we identified four key areas for action which together will strengthen protection of people at risk of drug related deaths. Running through each of these areas is our overarching vision of developing strong, trusting relationships between people with problematic drug use, their families, the wider community and all statutory services. We recognise the central importance of breaking the cycle of harm from problematic drug use that damages current and future generations. Evidence from the literature describes the importance of ensuring our services are ‘trauma-informed’, recognising the impact of earlier adverse events on the lives of people with problematic drug use and this theme was also identified during our conference.

Caring for people in contact with services
Everyone who has problematic drug use should have the same opportunities to access support from specialist services as a matter of fairness. The Quality Principles of care and support set out the approach expected across all services. In addition, each local Prevention group will consider the local actions necessary to meet the priorities listed below.

- People with problematic drug use will access specialist, barrier free support as quickly as possible
- Services should be delivered as locally and flexibly as possible, taking care to use inclusive language especially for people seeking to re-engage with services (who may be described as 'closed' cases).
- Services will prioritise those at greatest risk, making contact with those at highest risk quickly. This approach will be take whether people have previously been known to services or not
- Services will maximise the strengths and assets of individuals, their families and the wider community to enhance recovery through the use of trauma informed approaches and recovery communities
- Families will be appropriately involved in care and recovery plans
- Communication between different services, those who access services and families will be strengthened using information protocols where appropriate
- We will work to support recovery in the community through meaningful activity
- We will work to reduce stigma and isolation of people in recovery
- People with Lived Experience (peer workers) will have a central role strengthening links between services, communities and people with problematic drug use

Reaching people not in contact with services

We will maximise the opportunities to link people with problematic drug use to specialist services. Contact with specialist services is known to protect people with problematic drug use from dying. A significant proportion of people who die in Ayrshire and Arran are not in contact with specialist services. The need for strong, trusting relationships between services and people with problematic drug use was highlighted during our conference. These relationships are essential before we can reach everyone with problematic drug use. Local Prevention groups will work to ensure:

- Links will be strengthened between specialist services, wider services and families, so people with problematic drug use are identified and supported to gain rapid access to specialist support

- A range of interventions, including peer support or befriending, will be available. We will reach out to those not yet ready to make changes, testing assertive outreach approaches
Flexible outreach approaches will be tested to ensure basic needs such as food, housing and non-judgemental support are met. This might include community cafe models and ‘Housing First’ for those with complex needs who are also at risk of homelessness.

- We will develop local awareness among non-specialist services such as housing, fire, DWP and general health services (for example General Practices), exploring the use of routine enquiry.

- There will be clear and rapid referral pathways across services for people seeking specialist support. Transitions between services will be strengthened ensuring no gaps in communication.

- We will work to reduce stigma across agencies and communities.

Reducing risk

People who have experienced overdose are at increased risk of a drug related death and this is a key moment when rapid intervention can provide protection. Once again during our conference discussions the central theme of trusting, strong
relationships between people affected by problematic drug use and the services which support them was highlighted. Peers can play a pivotal role. Local prevention groups will work to ensure:

- People who have experienced overdose are identified (by all services) and prioritised for support, engagement and intervention

- There are clear referral pathways to specialist services for people who have overdosed. These will be developed using data from A&E and first responder agencies. Referral pathways from A&E into the concerns hub will be strengthened

- Information sharing protocols between services should be developed using learning from other parts of Scotland as a template. We will analyse the patterns in near-miss overdoses to identify opportunities to intervene

- People who have experienced overdose and their families should be offered training and support in how best to protect themselves using naloxone

- We will work to expand the role of peers to link and work with those at highest risk of drug related death.

**Working with Families and Communities**

Families and communities have an important role to play, and should be part of the local network of strong, trusting relationships wherever possible. Families can provide essential support for individuals with problematic drug use, depending on individual
circumstances. Families and children can feel overwhelmed and are not always aware of the support that is available to them through individual agencies. Our communities can provide a supportive environment but stigma and isolation remain challenges which we will continue to address.

- Families should have the opportunity of inclusion in all aspects of support where agreed with the person receiving treatment
- Links will be strengthened between services and families appropriate to individual circumstances
- Families and children should receive support for their own resilience through education, peer support, awareness of their own health and services that are available
- Bereaved children and families should receive tailored, sensitive support
- Work should continue to tackle stigma and isolation of children and families in the community
The Ayrshire Strategy

Caring for people in contact with services
- Trauma informed services
- Right treatment, right time
- Include families, peers and communities

Reaching those not in contact with services
- Range of options from befriending to service involvement
- Outreach policy for those not yet ready to engage with services
- Consider those at risk of homelessness

Reducing Risk
- Those who have previously overdosed and may be at higher risk of DPD should have flexible, accessible support
- Clear referral pathways for those who have overdosed
- Develop and implement Information sharing protocols

Working with Families
- Involvement in recovery
- Support resilience and care for families
- Relationships and support
Next Steps:

We will seek endorsement of this strategic framework from the NHS Board, CPPs and IJBs in each area as quickly as possible. We will task local multi-agency prevention groups to identify actions for the priority areas described in this framework. This will include detailed agreement on future service requirements.

We will monitor the progress of each local prevention group through the area ADP.

The Pan-Ayrshire group will coordinate responses which require a ‘once for Ayrshire’ approach. This will include agreeing information sharing protocols, public messaging, analysis and oversight of trends and pressures across agencies.

This framework will be revisited by a small working group to ensure key actions from the future national strategy once published & any new recommendations are considered.

Appendices

Appendix A: Literature review

Appendix B: Emergent themes from conference
## Appendix 2

### Drug related hospital stays – South, North and East

#### Drug related hospital stays

(Analysis of local Intermediate Zones)

IZ’s in SOUTH where drug related hospital stay rates were significantly worse than Scotland in recent period 2014/15 to 2016/17 (Scottish average = 147 per 100,000)

<table>
<thead>
<tr>
<th>Intermediate Zone</th>
<th>Drug related hospital stays</th>
<th>Rate per 100,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ayr North Harbour, Wallacetown and Newton South</td>
<td>1,634</td>
<td>2014/15 - 2016/17</td>
</tr>
<tr>
<td>Lochside, Braehad and Windleigh</td>
<td>441</td>
<td></td>
</tr>
<tr>
<td>Dalmally</td>
<td>406</td>
<td></td>
</tr>
<tr>
<td>Ayr South Harbour and Town Centre</td>
<td>313</td>
<td></td>
</tr>
</tbody>
</table>

**KEY:**

- **Range of rates per 100,000**
  - 1,000 - 1,500
  - 326 - 499

4 out of 25 (16%) IZ’s in South Ayrshire were significantly worse (<0.05) than Scotland as a whole during relevant period.

**SOURCE:** ScotPHO locality profiles
### Drug related hospital stays

**NORTH AYRSHIRE:** Intermediate Zones significantly worse than Scotland during most recent 3-year period

<table>
<thead>
<tr>
<th>Location</th>
<th>Drug related hospital stays</th>
<th><strong>KEY:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Irvine Fullarton</td>
<td>1,377</td>
<td>700 – 1,400</td>
</tr>
<tr>
<td>Saltcoats Central</td>
<td>940</td>
<td>300 – 399</td>
</tr>
<tr>
<td>Ardrossan Central</td>
<td>840</td>
<td>320 – 399</td>
</tr>
<tr>
<td>Irvine East</td>
<td>601</td>
<td></td>
</tr>
<tr>
<td>Kilwinning West and Blacklands</td>
<td>539</td>
<td></td>
</tr>
<tr>
<td>Irvine Central</td>
<td>520</td>
<td></td>
</tr>
<tr>
<td>Kilwinning Central and South</td>
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<td></td>
</tr>
<tr>
<td>Etherton South and Longway</td>
<td>408</td>
<td></td>
</tr>
<tr>
<td>Stevenston Recreation</td>
<td>408</td>
<td></td>
</tr>
<tr>
<td>Irvine East</td>
<td>420</td>
<td></td>
</tr>
<tr>
<td>Irvine South</td>
<td>412</td>
<td></td>
</tr>
<tr>
<td>Irvine Borderlands</td>
<td>399</td>
<td></td>
</tr>
<tr>
<td>Kilwinning Central and South</td>
<td>337</td>
<td></td>
</tr>
</tbody>
</table>

**KEY:**
- Range of rates per 100,000
- **Key Colour Codes**

**EAST AYRSHIRE:** Intermediate Zones significantly worse than Scotland during most recent 3-year period

<table>
<thead>
<tr>
<th>Location</th>
<th>Drug related hospital stays</th>
<th><strong>KEY:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Ayr North and Outmark</td>
<td>899</td>
<td>750 – 1,000</td>
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<tr>
<td>Ayr North and Outmark</td>
<td>872</td>
<td>500 – 699</td>
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<td>Ayr North and Outmark</td>
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<td>320 – 499</td>
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<td>Ayr North and Outmark</td>
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<tr>
<td>Ayr North and Outmark</td>
<td>324</td>
<td></td>
</tr>
</tbody>
</table>

**KEY:**
- Range of rates per 100,000
- **Key Colour Codes**

**Notes:**
- 15 out of 36 (42%) IZ’s in North Ayrshire were significantly worse (p<0.05) than Scotland as a whole during relevant period.
- 11 out of 36 (31%) IZ’s in East Ayrshire were significantly worse (p<0.05) than Scotland as a whole during relevant period.