

ACADEMIC INPUT TO THE DRUG DEATH CRISIS

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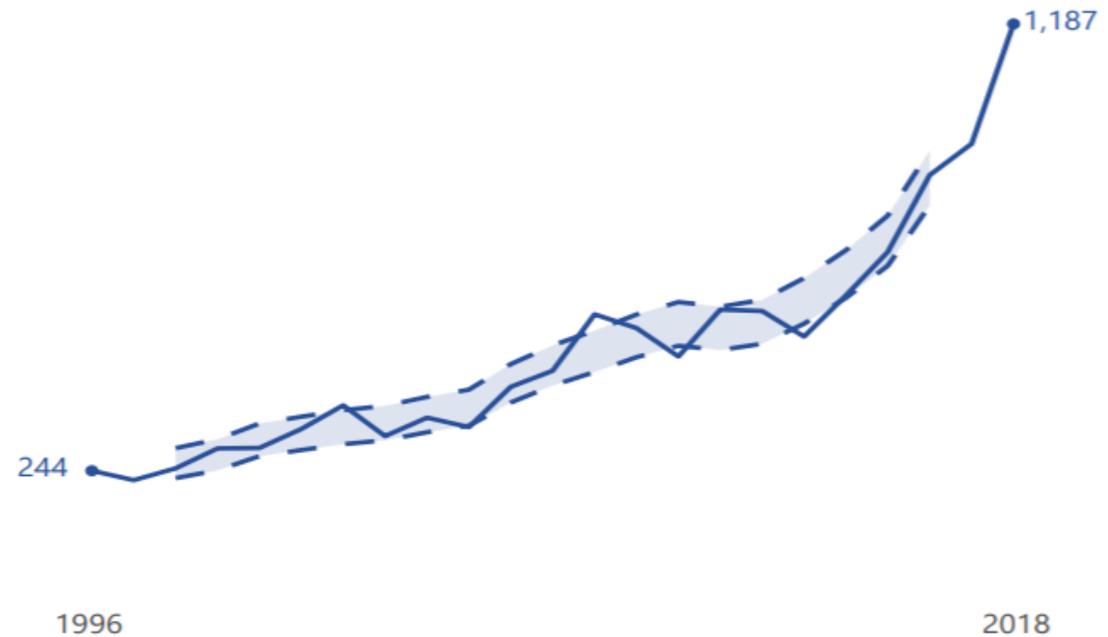
NATIONAL DATA ON DRUG RELATED DEATHS

Drug-related deaths continue to increase

The number of drug-related deaths increased by 27% in 2018 to reach 1,187 - the largest number ever recorded and more than double the number recorded a decade ago.

* The shaded area shows the likely range of variation around the 5-year moving average

Trend in drug-related deaths, 1996 to 2018



TASK FORCE MEMBERS

- Leads from organisations and professional groups – people who have power to make change across NHS/criminal justice/public health/police
- People with lived experience
- Third sector representation
- Alcohol and drug partnerships and Integrated joint boards
- Ambulance service
- Social work
- **Drugs research network – evidence base**

Support roles provided by Scottish Drugs Forum, Scottish Families, Scottish Recovery Consortium

DRUG DEATH TASK FORCE: SUB GROUPS

Medically assisted treatment

- Developing standards for minimal and optimal delivery of care
- Psychosocial support (counselling, families, parents, employment, etc)

Public health surveillance

- Developing a responsive, national public health surveillance system

Addressing multiple complex needs

- Mental health comorbidity
- Physical co-morbidities
- Through care from prison
- Welfare/income
- Women and DRD
- Impact on families and parents

Criminal justice and legislation

- Alternatives to criminal justice
- Changes to legislation

OTHER WORK ONGOING

- **Anti-Stigma Strategy**
- **Immediate impact actions:**
 - Increasing naloxone distribution e'g' Scottish Ambulance service pilot/ winter shelters/peer to peer naloxone
 - Digital health e.g. use of monitors etc in homeless settings (Simon Community pilot study)
- **Action and outcome focus** based on: Plan, Do, Study, Act (may be known as small test of change for quality Improvement)

CURRENT PROJECTS (FROM DRNS SCOPING SURVEY)

- Telehealth to prevent DRD or detect respiratory/cardiac compromise (Aberdeen City ADP & DRNS)
- Assessing prescription opioid overdose risk (POOR) (distribution of and training in administration of intranasal take home naloxone) delivered by community pharmacists in NHS Fife. (Stirling Uni lead)
- Naloxone from Hospital to Home (PhD study, Stirling Uni, Gill Burton)
- A Systems Approach To Exploring Syndemic Health And Social Condition Clustering Among Individuals Who Experience A Drug-Related Death. (Kath Skivington, Glasgow Uni with Stirling, St Andrews, Aberdeen GP & ISD)
- Morbidity and mortality among people experiencing severe and multiple disadvantage: a retrospective cohort study using cross-sectoral data linkage (Emily Tweed, Glasgow)
- A review of drug related deaths of younger people in Highland (age 16-25). (Highland ADP)
- Near Fatal Overdose Research (Falkirk Council)
- Metabolism of Psychoactive Substances and Emerging Drug Threats in a Poly-Drug Context. (Andrew Brandon, Dundee Uni)
- Drug deaths in Tayside: an ongoing analysis (NHS Tayside)
 - The wider social determinants associated with risk of drug death in people who use illicit drugs: a literature review
 - A comparison of trends in drug deaths and drug-related deaths in Tayside (2012-2017).
 - Assessing Risk of Drug Death in People with Problematic Drug Use: A Retrospective Cohort study

PLANNED / IN PREPARATION

- Social autopsies of DRD
- Management of benzodiazepines in the context of polydrug use and increased risk in DRD
- Drug checking pilot
- Ambulance call outs to non fatal overdose

WHAT EVIDENCE ARE WE MISSING?

For example:

- Understanding the underlying physiology of a DRD according to drugs used – speed, affect on heart rate, respiration, blood oxygen etc
 - How does co-morbidity affect the above?

HOW CAN THE ACADEMIC COMMUNITY CONTRIBUTE (IN A TIMELY WAY)?

- **Prompt:**
- Grant applications and funding processes are slow – are there alternatives?