

Patricia Tracey

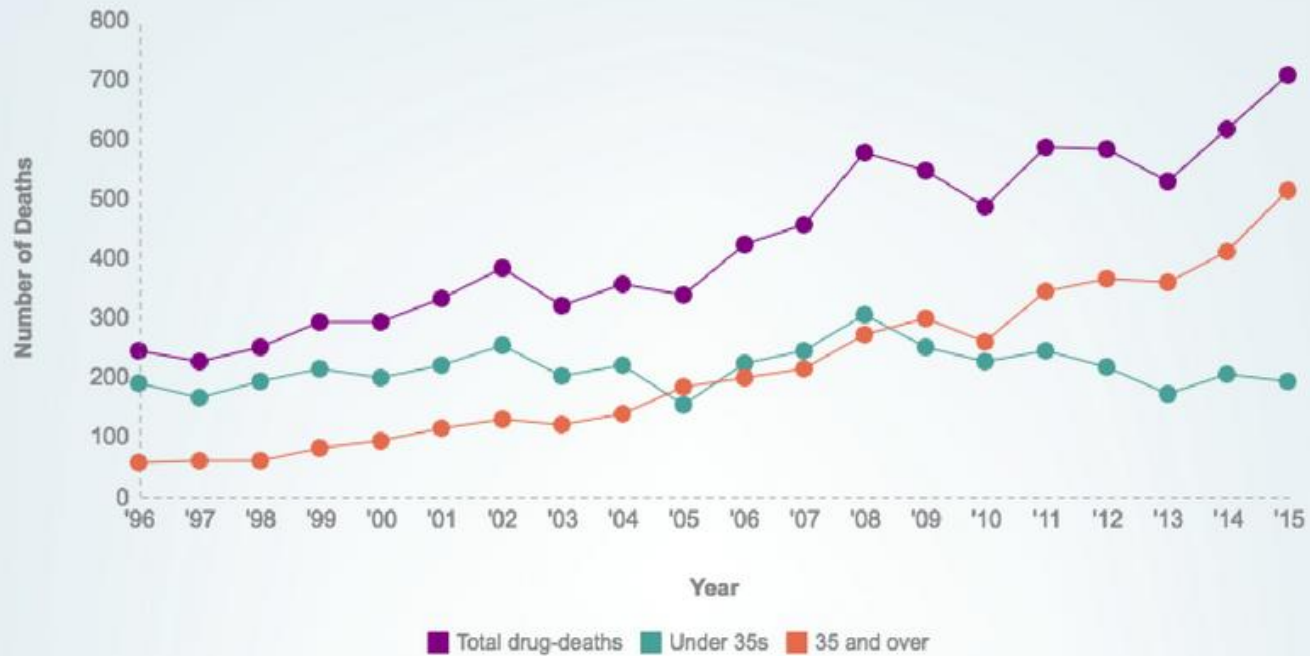
National Development Officer

Harm Reduction and Death Prevention

- Overview of drug deaths in Scotland
- ‘Staying Alive in Scotland’ paper
- Good Practise Indicator Tool

- 2014 Highest Ever Number of Drug Deaths
- 2015 Increased by another 15%
- Almost 2 overdose deaths every day
- 213 more deaths from drug overdose than road traffic accidents in 2014-(15

Drug-related death figures in Scotland (1996-2015)



Gender

69 % Male

But

The increases higher in the number of woman in
last few years

Drug of choice

- One or more opiate 86%
- Heroin/morphine 49%
- Poly drug use
- 10% 1 substance
- 10% NPS, 74% benzo type
- 27% benzodiazepines
- Cocaine 13%

Contact with services

- 68% known to addiction services at some stage.
- 40% known to addiction services prior to death
- 6 months prior to death, police custody, prison, GP, housing, mental health services, alcohol services

Preventable
not Inevitable

706++

STAYING ALIVE IN SCOTLAND

*Strategies to
Combat Drug
Related Deaths*

The aim of this report is to stimulate actions which can reduce the high mortality rate amongst people with drug problems in Scotland by encouraging a wider and more holistic view of drug related deaths.

June 2016



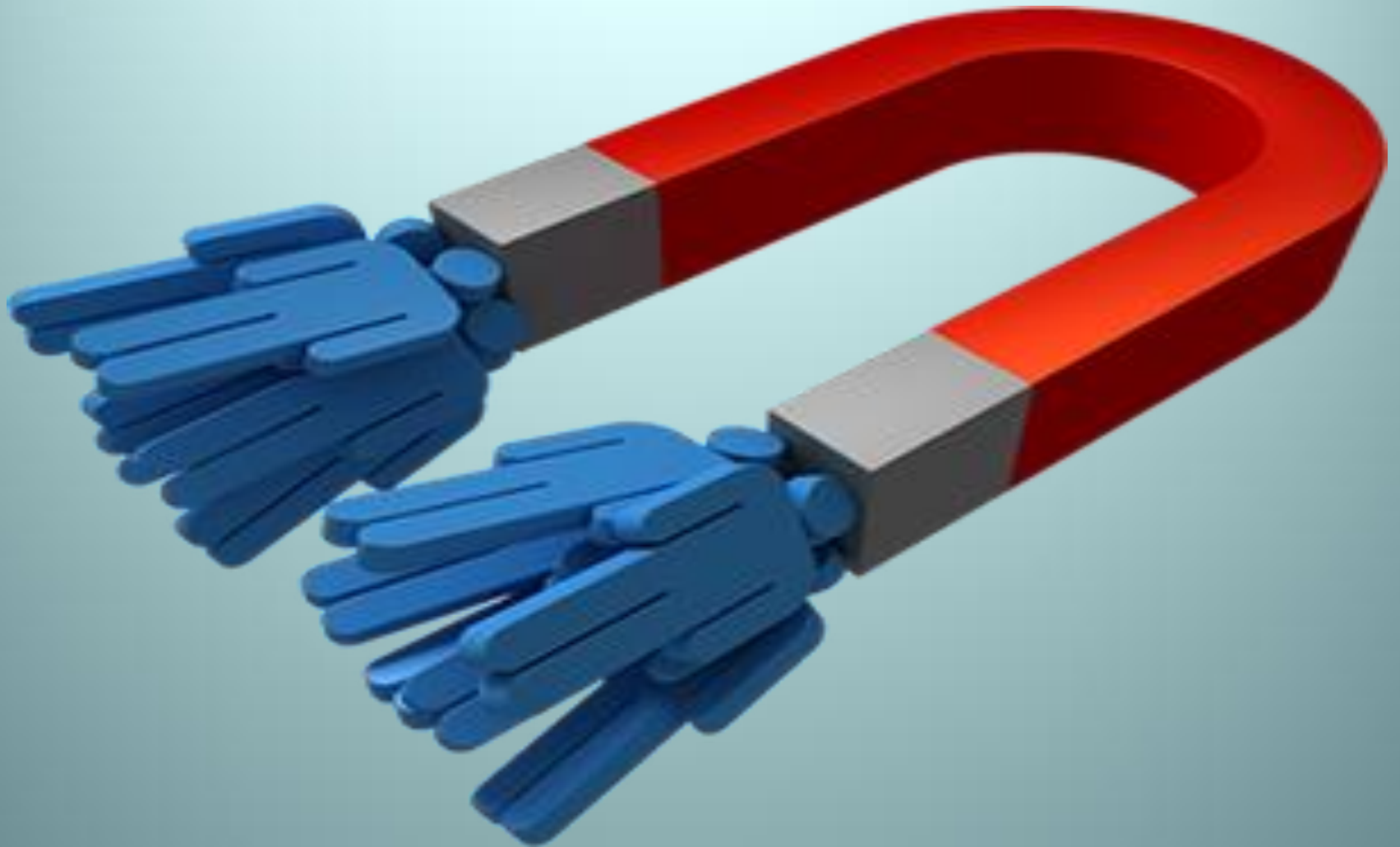
15 Key Findings

1. DRD Monitoring and Learning
2. Access to services
3. ORT and Low Threshold Prescribing
4. Retention in services, continuity of care, trauma and outreach
5. Information Sharing
6. High risk Injecting/Wound care/Bacterial Infections
7. BBV testing and treatment
8. Naloxone
9. Prison Throughcare/Police Custody
10. Older Drug Users
11. Dual Diagnosis and suicide
12. Homelessness
13. Females
14. Prescription Drugs and non opiates
15. Attitude and Stigma

Good Practice Indicator 2: Access to services	In Place/ In Development <small>(complete within 12 months)</small>	Not in Place	Goal <small>(1-2 years)</small>	Goal <small>(2-3 years)</small>	No Action Give Reason	Responsible Person/Job title
Individuals are triaged upon first presentation.						
Services adopt 'all individuals are high risk' approach until risk assessments are complete.						
Processes are in place for those who have successfully moved through treatment to rapidly re-engage with treatment if needed.						
Processes are in place for individuals who have disengaged from services to allow rapid reengagement.						
Fast track assessment and access to ORT is in place for those experiencing non fatal overdose.						
Risk management plans of individuals with a history of limited engagement outlines solutions to encourage engagement.						
Clear processes are in place for continuation of ORT following prison.						
Clear processes are in place for continuation of ORT following hospital discharge.						
Services assess access by high risk groups every 3 years.						
Child protection policies are easily accessed via websites and service literature.						
All initial contacts with individuals who are parents explain the practicality of how child protection policies operate and the support available.						









Drug Related Deaths:
Preventable
not **Inevitable**

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