

BACKGROUND PAPER

This paper is intended to set the context for the work of the Taskforce, its role, and the approach to its work.

Background

The Minister for Public Health, Sport and Wellbeing, supported by the Cabinet Secretary for Justice, announced his intention to convene a taskforce to examine the issue of drug deaths and make recommendations for action at the end of March. This was further to a commitment which had been made in the Scottish alcohol and drug strategy, published in November 2018, which would advise Health Ministers on the contribution and limitations of the Misuse of Drugs Act in support of health outcomes in Scotland.

Following the publication of the drug related death figures in July, and in recognition of the growing scale of the problem, the Minister announced the appointment of Professor Matheson as the Chair of this taskforce. In the intervening period work has progressed including: the development of a terms of reference for this group; the invitation to a range of individuals and organisations to be members of the group; and discussions around the necessary inclusion of the voices of lived and living experience on the group.

A summary of some of the information around drug related deaths is included at Annex A

Terms of Reference

The full terms of reference (TOR) for the group are available on the Scottish Government website (<https://www.gov.scot/publications/drug-deaths-taskforce-terms-of-reference/>). These TOR set out that tackling drug related deaths are a priority for this Government and note that the taskforce has the central aim of identifying measures to improve health by preventing and reducing drug use, harm and related deaths.

The primary role of the Taskforce is to lead and drive action to improve the health outcomes for people who use drugs, reducing the risk of harm and death. Part of the actions taken by the Taskforce to achieve this will be to monitor, support and facilitate within their spheres of influence the delivery of the commitments set out in the alcohol and drug strategy “Rights, Respect and Recovery”.

Methodology

The Chair, in discussion with the Scottish Government Secretariat, made the decision to identify a range of key questions around substance use which the taskforce could address in turn. This was a method used successfully by the Homelessness and Rough Sleeping Action Group (HARSAG) and which allowed that group to make recommendations on a short, medium and long term basis (more

information available here - <https://www.gov.scot/publications/homelessness-and-rough-sleeping-action-group-terms-reference/>).

Actions and Recommendations

Both the Minister and the Chair have been clear that this group must focus on action and solutions for both immediate and longer term change. It will be expected that each meeting will deliver some form of action or recommendation to be taken forward, and that will make a real difference. The membership of this group has been selected to ensure that those around the table are able to make decisions or take on responsibilities for their respective organisations, and, as a result, are well placed in order to deliver those changes required.

This is an area for discussion at the first meeting with some more detail provided around what timescales might be imposed around actions, particularly those which might make the most immediate impact.

Programme for Government

In the recent Programme for Government (PFG) statement, the First Minister announced an additional £20 million of funding, on top of that already provided to Scotland's Alcohol and Drug Partnerships, available over two years to tackle the issues associated with use of illicit drugs and stop the rising number of drug deaths.

While some of that money has already been earmarked for specific projects (such as the establishment of joint working protocols between alcohol and drug services and mental health services to improve access, assessment and outcomes), there was also a commitment within the PFG statement that some of this money would be provided to this Taskforce to support innovative (for Scotland) projects, test new approaches and drive forward specific work to improve the quality of services across health and justice.

The amount which the taskforce will have to allocate will be around £9 million over the next two years, with the money becoming available in April 2020. It will be for this group to recommend to Ministers how and where this money will be spent. A mechanism around the bidding process will need to be developed as part of this work.

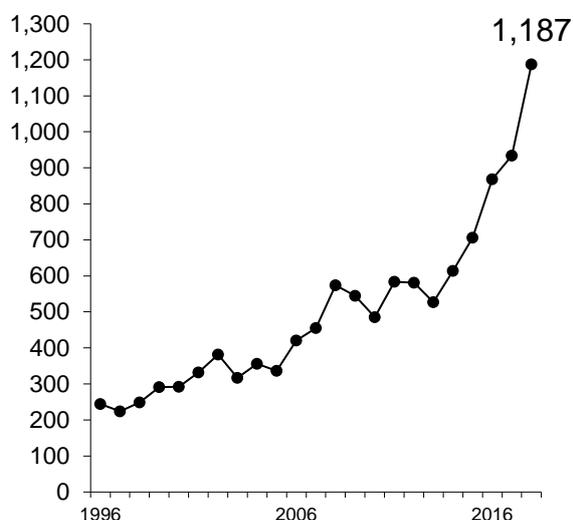
Scottish Government Support

The taskforce will be supported by a Secretariat team comprising officials from the Scottish Government's Substance Misuse Unit. In addition to supporting the Chair around the arrangements of meetings, the Secretariat will also: distribute papers; act as central contact point for members; manage the Scottish Government website where minutes and other related items will be published; support any sub-groups which might be formed by the main group; and provide support around the funding process.

Scottish Government
Drug Deaths and Harm Prevention
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DRUG RELATED DEATHS – KEY FACTS AND STATISTICS

Figure 1: Drug related Deaths 1996 - 2018ⁱ



- **1,187 DRDs** in 2018, 27% increase on 2017.
- **107%** higher than 2008
- The highest rate of DRDs in Europe and around **3 times** the rate of the **UK as a whole**
- **Three quarters (74%)** of decedents were **over 35**.
- **Opiates or opioids** were implicated in, or potentially contributed to **86%** of deaths.
- **94%** of deaths involved **more than one drug**.

High Prevalence of Problem Drug Use

1. There were an estimated 57,300 (95% CI = 55,800 – 58,900) individuals aged 15-64 years old with problem drug use (routine/prolonged use of illicit opiates and/or benzodiazepines) in Scotland during 2015/16ⁱⁱ. Expressed as a percentage of the population, the rate of problem drug use in 2015/16 was 1.62% (95% CI = 1.58% – 1.67%).
2. The most recent prevalence estimates are lower than previous estimates (1.62% in 2015/16 compared with 1.74% in 2011/12), However, as the confidence intervals associated with these estimates overlap those provided for previous estimates, and there have been some changes in the methodology used to produce these figures, it is not possible to determine if a real reduction in the prevalence of problem drug use has occurred.
3. While caution should be taken when making comparisons due to methodological and definitional differences, the data suggest that Scotland has a far higher rate of problem drug use than England (1.62% compared with 0.737%).

Ageing Cohort

4. The ageing cohort of drug users has been well documented and evidenced in drug death rates, hospital admissions and treatment statistics. The latest drug death statistics state that nearly three quarters (74%) of decedents were over 35 years old and the problem drug use prevalence estimates state 64% of PDUs were over 35.
5. A recent study by Health Scotland of DRDs in Scotland concluded there is an 'increased risk of DRD for the cohort born between 1960 and 1980, especially

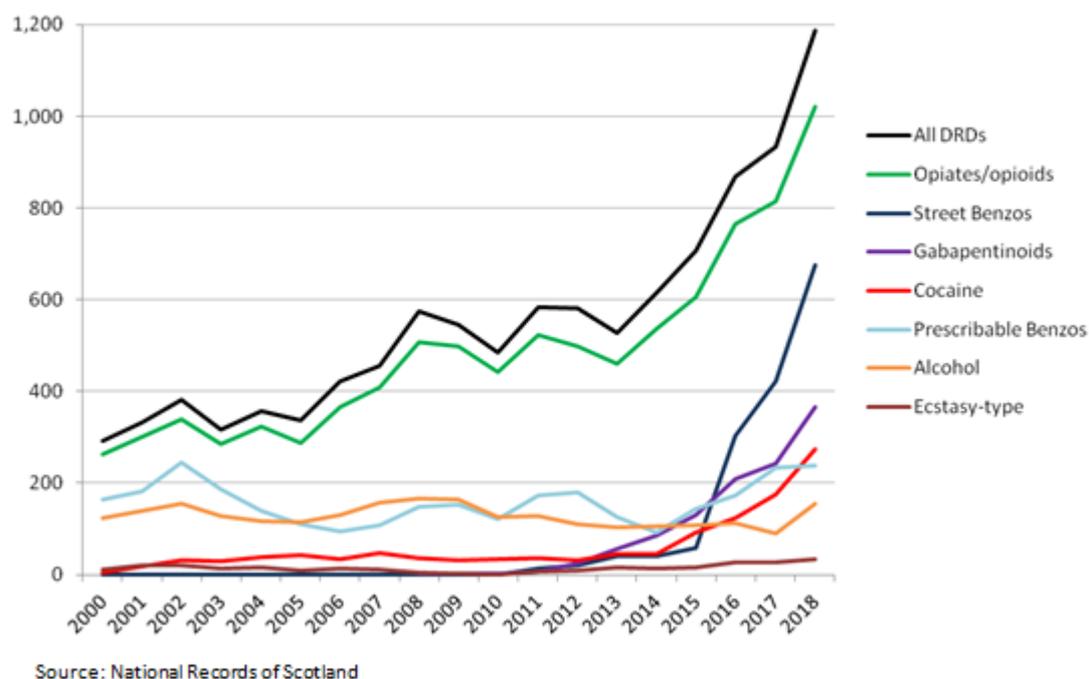
for males living in the most deprived areas. This cohort effect is consistent with the hypothesis that exposure to the changing social, economic and political contexts of the 1980s created a delayed negative health impact.ⁱⁱⁱ The study highlights that Scotland may have been particularly badly affected during this period due to underlying vulnerabilities due to historical regional and urban policy.

6. Older drug users have often been using drugs for many years and as a result have complex co-morbidities. The average age that people in treatment started taking drugs is 15^{iv}.

Polydrug use and changing drugs market

7. Opiate use remains a key factor in the rise in DRDs, one or more opiates or opioids (including heroin/morphine and methadone) were implicated in, or potentially contributed to, 1021 deaths (86%) in 2018. However, most drug-related deaths involve more than one substance. Of the 1,187 drug-related deaths in 2018 in Scotland, there were just 68 for which only one drug (and, perhaps, alcohol) was found to be present in the body.
8. This reflects a wider trend of polydrug use seen in other data sources. Drug use trends appear to be quite specific to different regional areas. For example, Glasgow and the West of Scotland have seen more cocaine use alongside opiates^v.
9. Of particular concern is the increase in use of 'street' benzodiazepines such as etizolam and alprazolam (Xanax), as well as gabapentinoids such as pregabalin and gabapentin. These drugs are often consumed alongside opioids to enhance their effects. These drugs (at high doses) are associated with respiratory depression and may substantially increase the risk of fatal overdose.
10. Illicit benzodiazepine use has been common among drug users in Scotland since the 1980s and does not appear to the same extent in other UK countries. This increase in use and move from prescribable benzodiazepines (such as diazepam (Valium)) to street versions which vary more in strength and purity is of particular concern may be a key explanatory factor in the rise in DRDs.
11. Figure 2 below shows how these drugs have been implicated in an increasing number of deaths, almost always alongside opiates.

Figure 2: Types of drugs implicated in DRDs (Scotland: 2000 – 2018)



Low numbers of Problem Drug users in treatment.

12. The number of people in specialist drug treatment in Scotland is not known. However, information from individual data sources allow the figure to be estimated. The problem drug use prevalence study reported the number of people in treatment in 2015/16 as 30,046^{vi}. It is estimated that a minimum of 25,906 individuals^{vii} were prescribed methadone in 2017/18^{viii}. Comparing this to the most recent prevalence estimates of 2015/16 (57,300) it suggests that up to 52% of problem drug users are accessing treatment and 48% had an unmet treatment need,

Increasing hospital admissions

13. Over the past 20 years, there was a fourfold increase in the rate of drug-related general acute hospital stays (from 51 to 199 stays per 100,000 population), with a sharper increase observed in recent years. This has been mainly driven by an increase in stays among individuals aged 35 and over^{ix}.

Societal factors and health inequalities

14. People who experience socio-economic disadvantage disproportionately also experience problematic drug use. The recent burden of disease study^x found the overall burden for drug use disorders was 17 times higher in Scotland's most deprived areas compared with the least deprived areas (this is the largest relative inequality in burden for all 132 diseases and injury categories).

References

- ⁱ National Records of Scotland (2019) Drug-related deaths in Scotland in 2018. Available at <https://www.nrscotland.gov.uk/statistics-and-data/statistics/statistics-by-theme/vital-events/deaths/drug-related-deaths-in-scotland/2018>
- ⁱⁱ NHS Scotland Information Services Division (ISD) (2019) Estimating the Prevalence of Problem Drug Use in Scotland in 2015/16, Available at <https://www.isdscotland.org/Health-Topics/Drugs-and-Alcohol-Misuse/Publications/2019-03-05/2019-03-05-Drug-Prevalence-2015-16-Report.pdf>
- ⁱⁱⁱ Parkinson, Jane, Minton, Jon, Lewsey, James, Bouttell, Janet, McCartney, Gerry (2018) *Drug-related deaths in Scotland 1979–2013: evidence of a vulnerable cohort of young men living in deprived areas*. BMC Public Health Article number 357 (2018) Available at: <https://bmcpublihealth.biomedcentral.com/articles/10.1186/s12889-018-5267-2> accessed on 09/09/2019)
- ^{iv} ISD, (2018) Scottish Drug Misuse Database, Available at: <https://www.isdscotland.org/Health-Topics/Drugs-and-Alcohol-Misuse/Drugs-Misuse/Scottish-Drug-Misuse-Database/>
- ^v For example see SDF drugs trends conference presentations <http://www.sdf.org.uk/resources/conference-presentations/>
- ^{vi} NHS Scotland Information Services Division (ISD) (2019) Estimating the Prevalence of Problem Drug Use in Scotland in 2015/16, <https://www.isdscotland.org/Health-Topics/Drugs-and-Alcohol-Misuse/Publications/2019-03-05/2019-03-05-Drug-Prevalence-2015-16-Report.pdf> (table A5)
- ^{vii} Scottish Public Health Observatory (2018) Drugs information Pages, Available at: <https://www.scotpho.org.uk/behaviour/drugs/data/treatment-for-drug-misuse/>
- ^{viii} Scottish Public Health Observatory (2018) Drugs information Pages, Available at: <https://www.scotpho.org.uk/behaviour/drugs/data/treatment-for-drug-misuse/> (accessed on 09/09/2019)
- ^{ix} ISD (2019), Drug Related Hospital Admissions 2017/18. Available at: <https://www.isdscotland.org/Health-Topics/Drugs-and-Alcohol-Misuse/Publications/2019-05-28/2019-05-28-DRHS-Report.pdf>
- ^x NHS Health Scotland (2018) The Scottish Burden of Disease Study, 2016: Deprivation report, Available at: <https://www.scotpho.org.uk/comparative-health/burden-of-disease/overview>
<https://www.scotpho.org.uk/media/1656/sbod2016-deprivation-report-aug18.pdf> (accessed on 09/09/2019)