

Borders Alcohol & Drugs Partnership (ADP)

Update for Police, Fire and Rescue and Safer Communities Board

1 Introduction

This paper aims to provide the Police, Fire and Rescue and Safer Communities Board with an update on those areas of ADP work of most relevance to Board members and to brief the Board on the progress of an updated ADP Strategic Plan.

2 Background

Borders ADP is a partnership of agencies and services involved with drugs and alcohol. It provides strategic direction to reduce the impact of problematic alcohol and drug use. It is chaired by the Director of Public Health and the Vice Chair is the Chief Social Work & Public Protection Officer /Interim Service Director Children and Young People and membership includes officers from NHS Borders, Scottish Borders Council, Police Scotland and Third Sector.

3 Update on ADP work

The ADP would like to brief the Board on the following areas: work in custody; responses to drug related deaths; progress of the new Assertive Engagement Service.

3.1 Work in custody

There is a positive working relationship with colleagues in our Hawick Custody Suite. Officers support the work of the ADP through operating an arrest referral scheme where people detained are offered (where appropriate) the opportunity for referral to a local alcohol and drug service. In addition Custody Suite officers deliver alcohol brief interventions (ABI's). This involves asking individuals a series of screening questions relating to alcohol use and, based on responses, delivering a short intervention aimed at addressing harmful and/or hazardous alcohol use.

3.2 Responses to drug related deaths

Significant concern has been raised locally and nationally about the increase in drug related deaths and the ADP is keen to report on local work to reduce deaths. Scotland's drug related deaths have continued to increase and reached 1,187 in 2018, the highest number ever recorded and a 27% increase on 2017 figures. In Scottish Borders the trend overtime is increasing and reflects the national picture. Every death is a tragedy and impacts on families and friends. National Records of Scotland reported 22 drug deaths for Scottish Borders. Scottish Borders Drug Death Review Group (DDRG) examined 21 drug deaths for 2018. The one death was outwith the remit of the DDRG.

The annual average number of deaths investigated by DDRG for the five year period 2014 – 2018 was 11.2, an increase on the 2010 – 2014 average of 6.4 deaths.

The ADP and the DDRG have reviewed evidence for reducing drug deaths and outlined the Borders approach to working in line with the evidence. This is summarised below:

Evidence based approaches	Borders ADP Response
Low threshold access to opioid substitute therapies (OST) e.g. methadone	A new Assertive Engagement Service commissioned from April 2019 which aims to remove barriers to accessing drug and alcohol services and reduce the harms
Optimise retention in treatment	Maintain engagement in adult services of 60% of population of estimated problem drug users (currently 340 individuals (67% estimated drug users) active in Borders Addiction Service
Develop protocols for active follow-up after non-fatal overdoses	A non-fatal overdose protocol is in place between BAS, SAS and BGH.
Increase overdose awareness and availability of take home naloxone to people who use opioids and their families and friends	Overdose prevention training is delivered by BAS staff. 74% of estimated target population supplied with take home naloxone.
Tackling poverty and addressing childhood	New children affected by parental substance use service commissioned from April 2019.

adversity	Drug and alcohol services are implementing trauma informed approaches recommended in national Lead Psychologist in Addiction Services Scotland report
Improve access for HIV / hepatitis B / hepatitis C prevention and treatment	Drug services support delivery of the recommendations within the Hepatitis C Virus Case Finding and Access to Care report.

The ADP is awaiting updated guidance from Scottish Drugs Forum about actions to be taken to reduce Drug Related Deaths. A workshop for key stakeholders is planned for February.

Scottish Government has convened a Drugs Death Task Force which has as its primary role of the taskforce is to co-ordinate and drive action to improve the health outcomes for people who use drugs, reducing the risk of harm and death. The Strategic Lead – ADP is representing ADP’s on the Task Force.

3.3 Assertive Engagement Service

The Assertive Engagement Service (ES) was commissioned to identify and support ‘harder to reach’ vulnerable people who are not engaged with drug and alcohol services as well as to support development of alcohol pathways from hospital to community.

The service aims to improve identification of those with alcohol and drug problems and reduce barriers to access to those at most high risk. There is a national drive to achieve ‘same day prescribing’ of opioid substitution therapy (e.g. methadone) for people at high risk of drug deaths. The service is piloting a ‘drop-in’ model of support for this client group and is experiencing considerable success in implementing rapid prescribing and access to wider support.

4 Refresh of ADP Strategy

Scottish Government has requested that Alcohol and Drugs Partnership develop a locally agreed strategic plan which sets out the long term

measurable outcomes and priority actions for the local area, focussing on preventing and reducing the use of and harm from alcohol and drug use and the associated health inequalities. This should be based on a clear and collective understanding of the local system in particular its impact, how it is experienced by local communities, and how effectively it ensures human rights are met.

It is expected that people with experience of problem alcohol/drug use and those affected are involved in the planning, development and delivery of services. This is in parallel with adopting a human rights approach.

To date the ADP has consulted with people with lived experience, staff in services, the Children and Young People's Leadership Group on areas for improvement to inform our strategy. Meetings are planned with Integrated Joint Board Leadership Group (30.1.20) and Justice Board (3.2.20) and Serendipity Recovery Café (6.2.20).

Going forward continuing to take an evidence based approach to reducing drug deaths will remain a priority. A summary of other gaps/areas for improvement identified via our discussions are as follows:

- Involvement of lived experience
- Further development of recovery communities
- Alcohol pathways
- Co-morbidity with mental health and long-term conditions
- Stigma
- Strategic partnerships

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