



SDF
Scottish Drugs
Forum

Informing
Supporting
Representing
Leading

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**Highland Alcohol and Drugs Partnership
Stakeholder Conference 2018**

Is Scotland Facing a National Emergency?

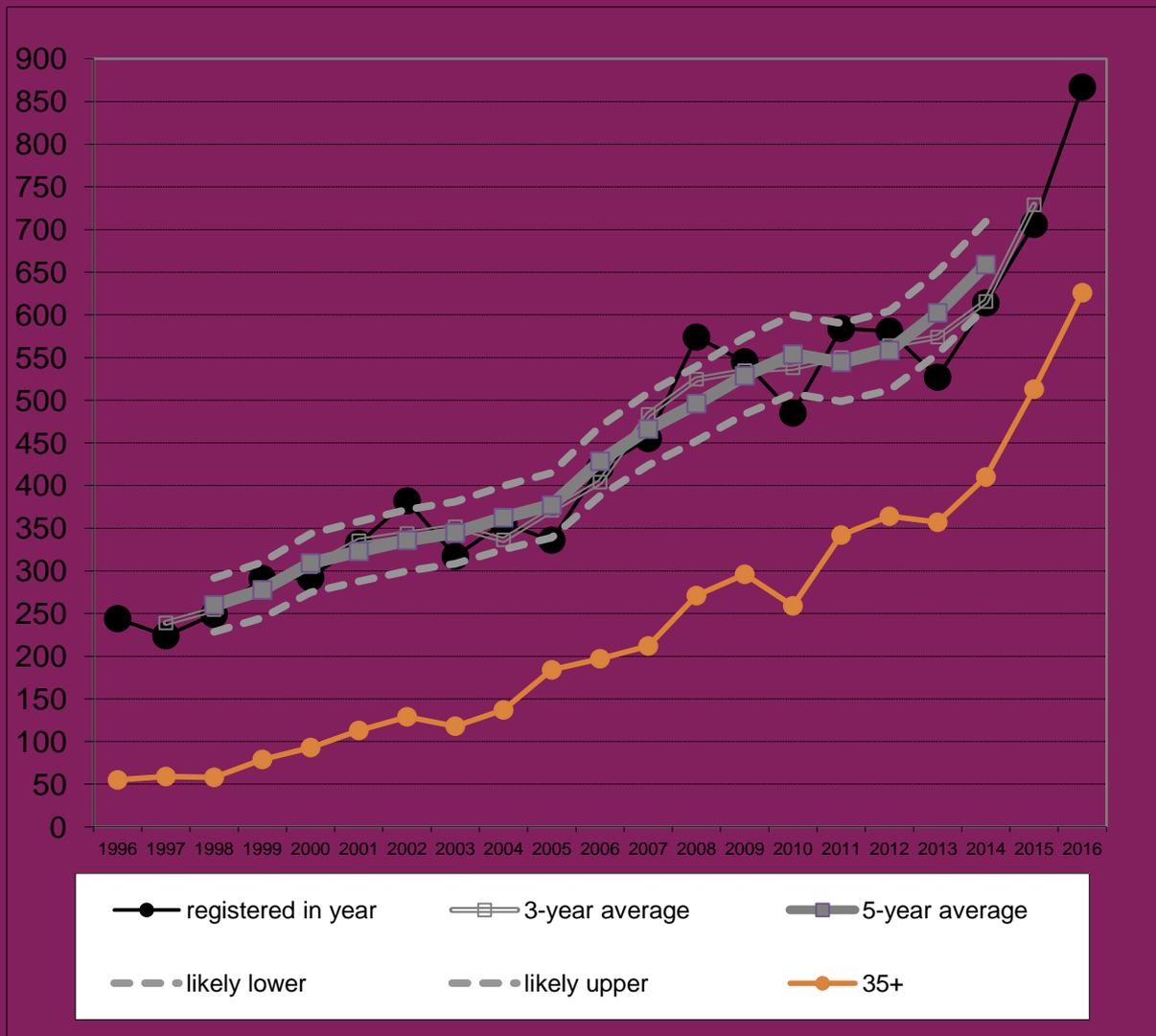
1st June 2018

A national resource of expertise on drug issues

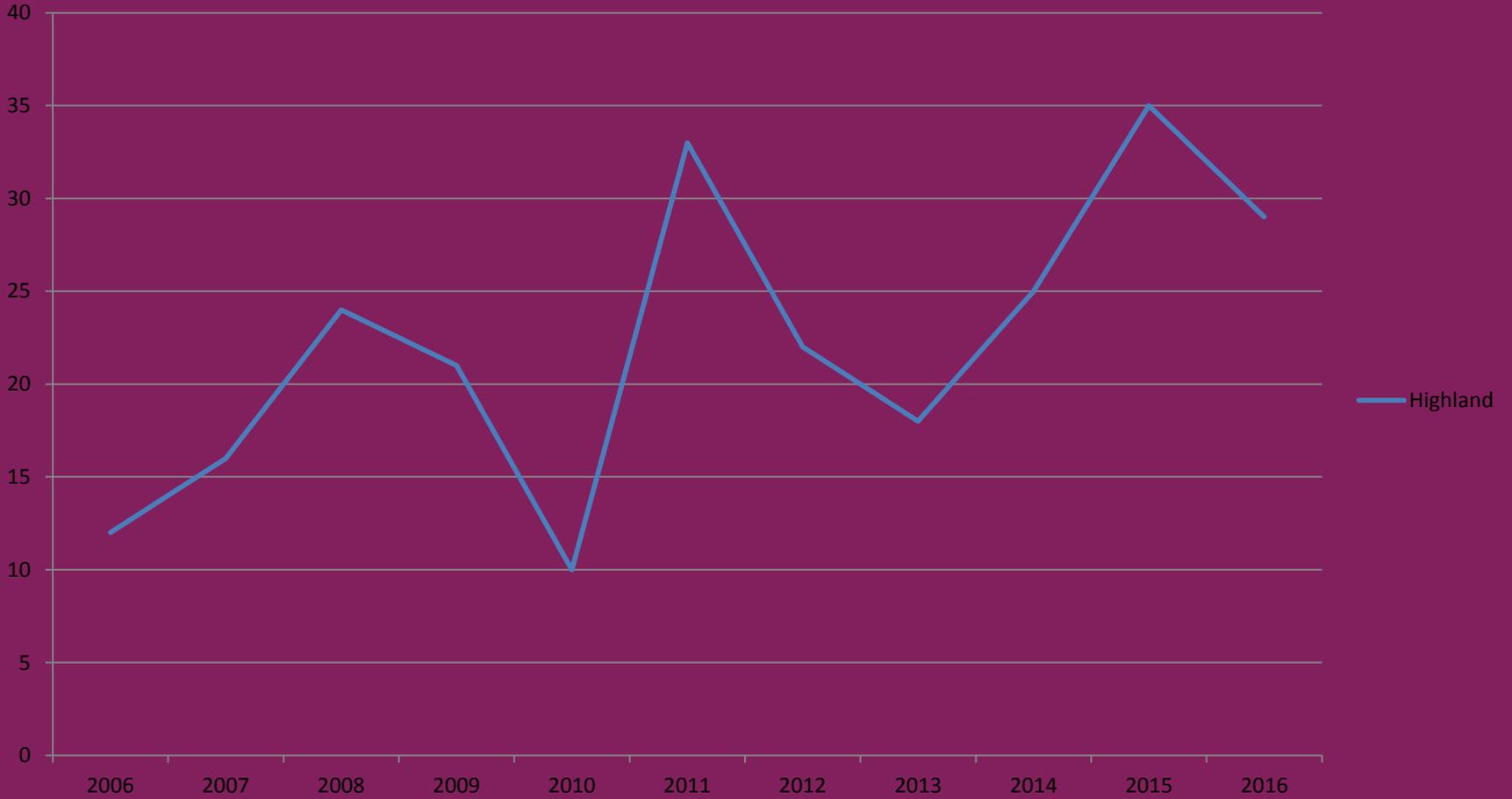
www.sdf.org.uk
www.scottishdrugservices.com



Figure 1: Drug-related deaths in Scotland, 3- and 5-year moving averages, and likely range of values around 5-year moving average



Highland Drug Related deaths, 2006-2016



*Is Scotland facing a
National Emergency in
terms of drug related
deaths?*

Focus of presentation

- People aged 35 and over with a drug problem
- Range of Provision required
- Changes that need to happen
- Concluding comments

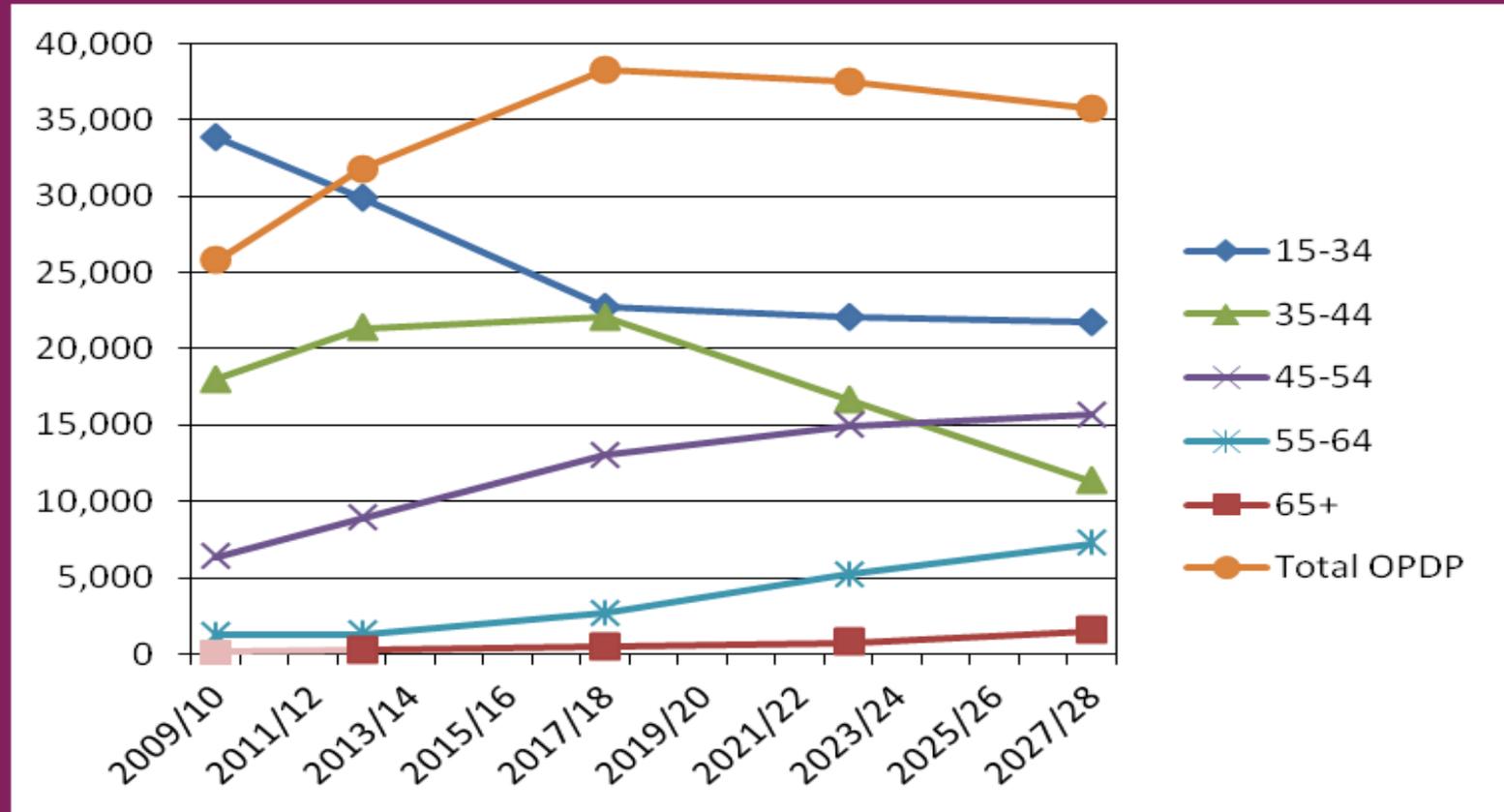
2017

June SDF Older People with a Drug
Problem (35 years and older)
published

What the work entailed:

- Literature review
- Evidence day
- Survey of frontline specialist services – 74 responses
- Survey of 123 older people with drug problems
- Data linkage work to make estimates of future scale of need

OPDP Population estimates and projections (both sexes; 2009/10 to 2027/28;)



Source: ISD (2016 & OPDP population projections with 20% non-relapse rate)

Mixed methods study of older people with a problem;

Mixed methods study of older people with a problem;

An interview based study of OPDP (>35 years) was undertaken in 2016, with the full research report being published alongside the working group report. The following is a summary of the key findings.

Quantitative findings

- Data was collected from 123 OPDP, 93 male 30 female. Participants were 35-57 years old with a mean age of 41 years. Key findings were:
- Drug use became 'problematic' at a mean age of 25 years
- 79% were living alone
- 37% had been in treatment five or more times
- 75% had overdosed at some time in their lives
- 95% were on welfare benefits
- Three individuals worked
- 96% had convictions for any offences
- 84% had been in prison at some time in their lives
- 91% had been homeless at some time in their lives
- Five individuals had *never* been in treatment
- 75% were in opiate replacement treatment
- 95% suffered from depression
- 89% suffered from anxiety
- 53% suffered from chronic pain
- 80% used prescribed medicines other than opiate replacement treatment with antidepressants most frequently noted
- 32.5% used over the counter medicines
- 86% would use mental health support service in future
- 83% would use substitute prescribing in future

Qualitative findings

- Full transcription and thematic analysis was undertaken on a purposive sample of 30 out of the 123 participant interviews. Key findings were:
- *Stigma, isolation and loneliness, the need to talk and being older and wiser* were recurring themes.
- OPDP could feel 'forgotten about' in treatment.
- Willingness of service providers to take time to talk with OPDP was valued.
- Lack of support services alongside ORT treatment limited engagement.
- Mental health problems were evident and contributed towards isolation and loneliness.
- Chronic pain may be undertreated as stigmatisation prevented people accessing treatment.
- OPDP felt there was more stigma towards them compared to younger drug users, as people were perceived to dismiss them as a 'lost cause'.
- Female OPDP could have more issues in their past that limited their engagement with services.
- Younger people with a drug problem were seen to have different priorities to OPDP.
- This age gap amongst service users could limit engagement of OPDP as they felt marginalised.
- There was an expressed desire to separate older and younger drug users in services.
- Many participants wanted specific services for OPDP, particularly peer support groups.
- OPDP believed their life experience could be used positively to support younger people.

Conclusion

- This research highlighted, very starkly, the issues facing those aged thirty five and over with a drug problem.

Key issues emerging -

- Mental health and isolation
- Stigma around drug use and age
- The need to talk
- Feeling 'forgotten about' in treatment
- Pain/health management
- Impact of welfare reform
- Punitive nature of some treatment

Multiple health conditions

The modelling work undertaken by ISD identified significantly higher rates of hospital admissions for the following conditions than the general population of comparable age:

- Chronic Obstructive Pulmonary Disease (COPD)/asthma
- Hepatitis C
- Liver disease
- Epilepsy
- Deep vein thrombosis/pulmonary embolism
- Skin infections/cellulitis
- Depression
- Psychosis

Range of Services:

- Outreach
- Needle Exchanges – Injecting Equipment Provision
- Opioid Replacement Therapy(ORT)
- Naloxone
- Criminal Justice interventions eg DTTOs
- Social Care support mostly through NGOs
- Recovery Groups/cafes etc
- Employability Services
- Family Support
- Housing – including Housing First
- Welfare Rights

Injecting Equipment Provision 1

- *Remained relatively unchanged, although some reductions through cuts and other issues eg Glasgow Central Station*
- *There is a shortfall between equipment distributed and numbers of injecting episodes – although data is historical*
- *Shortfall is probably more evident now with increased stimulant use*
- *Mostly Pharmacy provision*
- *Examples of very stigmatising practice in Pharmacy settings*
- *Significant evidence of harm eg HIV infections and bacterial infections*

Injecting Equipment Provision 2

Developments required:

- *Increase outlets including outreach*
- *Improve delivery of pharmacy provision*

Opioid Replacement Therapy 1

- *Approx 27000 of 61500 on ORT at any one time*
- *Mostly methadone but small proportion on Suboxone*
- *Wait for ORT often much greater than 3 weeks(as target met through providing 'structured support')*
- *Retention rate poor for most vulnerable*
- *Punitive practice remains in parts of Scotland*
- *Models of deliver varies greatly across Scotland*
- *Poor wider support for many on ORT*

Opioid Replacement Therapy 2

Developments required:

- Improve quality – including person centred*
- Increase prescribing options – include Buprenorphine, HAT and slow release morphine*
- Increase proportion of 61500 on ORT*
- Increase retention*
- Look at new delivery models which integrate health and social care*
- Greater GP involvement particularly for those 35+*
- Extend nurse and pharmacy prescribing*
- Psychologically informed environment – trauma informed*

Naloxone

- *Good coverage across most of Scotland*
- *Kits distributed: 40,000*
- *Number of kits used in an OD reversal: 3000*

Developments required:

- *Develop wider distribution, particularly peer distribution*

Employability and employment 1

- Little in the way of employability and employment opportunities*
- At most 50 supported employment places – nearly all in social care*
- Some other opportunities developed eg through Glasgow PSP Elevate*

Employability and employment 2

Issues to address:

- Need to identify aspirations of people with drug problems regarding work and meaningful activity*
- Develop wider range of options for training and employment*

Housing and welfare rights

- *Housing First good evidence base - needs to be rolled out*
- *Welfare Rights workers placed in drug services – good evidence of increasing income*

Enforcement and wider criminal justice 1

Drug possession

- *No prosecutions for small amounts of cannabis – approx 3000 per year*

Prison and alternative to custody

- *Prison population static - including proportion of drug users*
- *DTTOs - numbers static*

Enforcement and wider criminal justice 2

Issues to address:

Drug possession

- *Develop models to divert from prosecution for all drugs possessions – models from Bristol and Durham*

Prison and alternative to custody

- *Improve throughcare/continuity of care*
- *Develop wider range of alternatives to custody through court disposals eg DTTO Lite in Edinburgh*

Conclusions

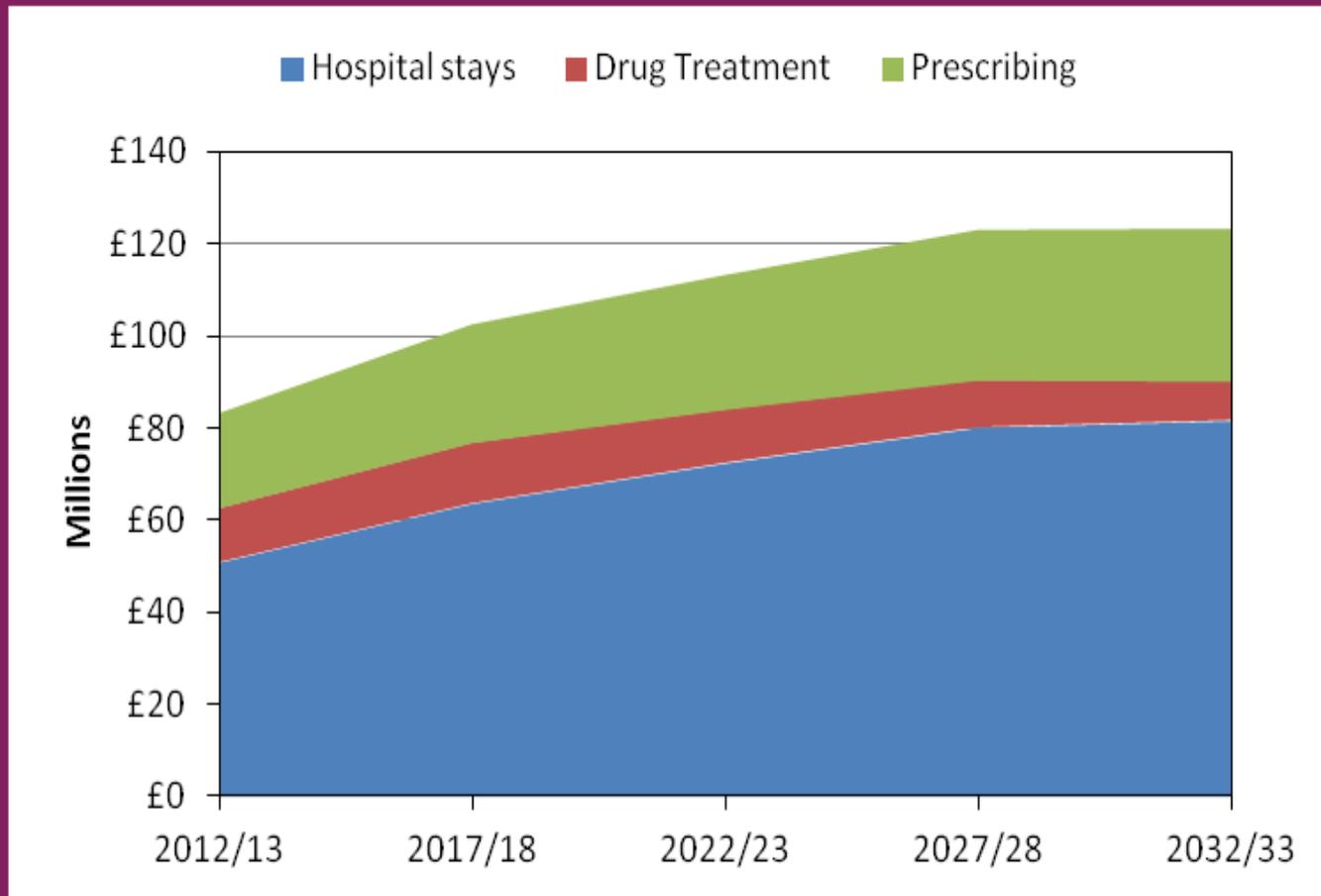
2017 Drug related deaths figures likely to be up again –
3rd July

Drug related deaths need to be seen as a public
emergency

Have to ask ourselves why that view is not widely
shared?

- Wide ranging stigma
- Life style choice
- Undeserving population/underclass

Projected Annual Costs (Scotland 2012/13-2032/33; OPDUs, by cost type)



Aspiration

“I would just like to get a job and all that and just be like a normal person, but certain months of the year take a break, take a holiday and ... (I'd) just like to be living like the same mundane existence that eight tenths of the population are living.”