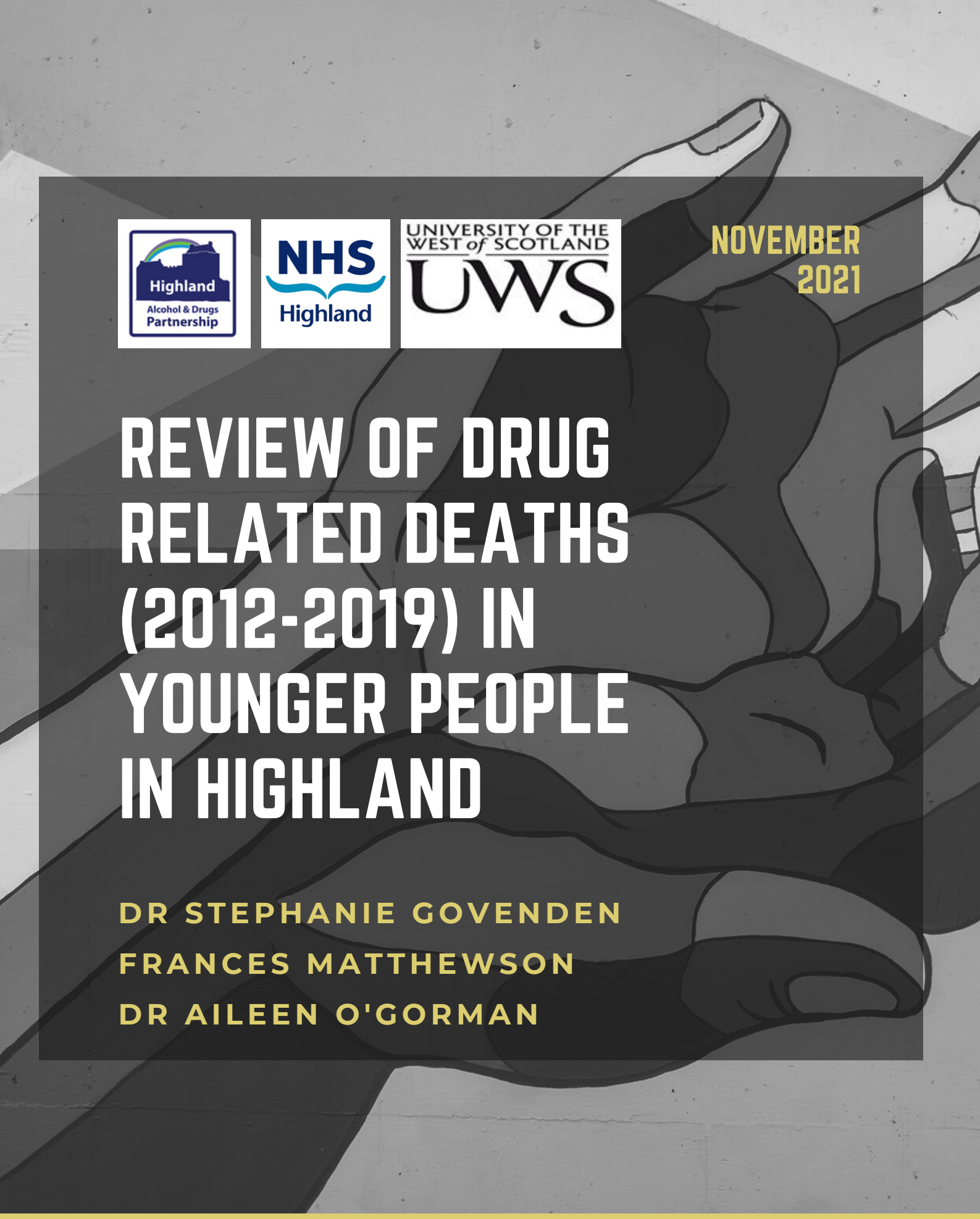

Highland Alcohol & Drugs Partnership

NHS Highland

UNIVERSITY OF THE WEST of SCOTLAND UWS

NOVEMBER 2021

REVIEW OF DRUG RELATED DEATHS (2012-2019) IN YOUNGER PEOPLE IN HIGHLAND

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NHS Highland Public Health report on behalf of the Chief Officers for Public Protection, North Highland

BACKGROUND TO THE REPORT

This report was commissioned from the NHS public health team by the Chief Officers for Public Protection in Highland to consider the reasons for the drug related deaths of younger people. The study was also supported by the Corra Foundation's Challenge Fund and Highland Alcohol and Drug Partnership.

Highland has a lower rate overall of drug related deaths compared to many areas of Scotland but in people aged 35 and under there is a different pattern with higher rates of deaths, compared to many other parts of Scotland. This review set out to examine the deaths among the youngest in that group, ages 16 to 25 using available records. It was hoped that through greater understanding of the challenges faced by these young people, their families, communities and the support around them; chief officers, community planning partnerships and others would be better informed when making decisions that affect some of the most vulnerable or at risk young people in Highland.

The report concludes that there is complexity and fragmentation within and between services that cause difficulties for families, young people and professionals. Understanding the barriers faced by younger people who need the support of services should enable policy makers to make a commitment to a different system for younger people which focuses on assertive outreach, inclusion and enabling staff to work cooperatively across professional boundaries to provide help and support.

The report has been written to show that these young people were part of the fabric of Highland and that they had dreams and aspirations for themselves. They worked and lived here and their loss leaves a hollow place in our communities.

THE REVIEW TEAM

The report has been carried out in partnership with NHS Highland, the Highland Alcohol and Drugs Partnership and Senior Lecturer Dr Aileen O'Gorman at the University of the West of Scotland.
Dr O'Gorman is Programme Leader of the MSc in Contemporary Drug and Alcohol Studies at UWS.

Frances Matthewson is the Research and Intelligence Specialist for the Highland Alcohol and Drugs Partnership.

Dr Stephanie Govenden is a Consultant in Community Child Health and the Lead Paediatrician for Child Protection and Children in Care for NHS Highland.

The review was given research ethics committee approval in December 2019.

CONFIDENTIALITY

In this report, the work of gathering the information from the lives of all the young people in this review is brought together with recommendations for our services based on the documented experiences of those young people. Every young person in this study has a story that is their unique experience and much can be learned from them. For reasons of privacy, we cannot share the individual details of every person's life here but many of the young people had enough similar experiences that we have been able to share common themes to give an insight and understanding into how and why these young people interact with our systems as they do; and how our systems could adapt to take into account at least some of the challenges and barriers facing younger people in Highland who use drugs.

**“Anything can happen, the tallest towers
Be overturned, those in high places daunted,
Those overlooked regarded.”**

Seamus Heaney

FOREWORD FROM CHIEF OFFICERS FOR PUBLIC PROTECTION

This report highlights a gap in services for some of our most vulnerable younger people. It illustrates the challenges of working with young people and families who have experienced significant adversity and trauma.

This report shows that a complex network of different services need to find a way to work more closely in order to provide a service that can offer help to those in need at any point where they look for that support. The challenge of that will not be solved by any one organisation or group alone but will need the concerted efforts of many, with a shared vision of what may be achieved.

As Chief Officers, we want to remember those who have died and the need to learn lessons from their deaths to prevent future deaths.

METHODS

For every person in the study, we requested all available notes from general practice, hospital records, social care and police reports. Not all people had records from every service.
From these records, a chronology was built up from childhood to the point of death. Interventions, professional involvement, and any comments or reflections from the young person themselves, their friends and family, and the professionals around them were noted. The researchers also noted their own reflections on the information.

This was all based on what was recorded and did not come from interviews with people who knew the young people personally. It is recognised that crucial perspectives will be missing because of this.

Special effort was made to record any work done and interventions and to see the effect of these. The patterns of professional involvement were noted with the intention of highlighting what was effective and what, if any, were felt to be unhelpful.

ADVERSE CHILDHOOD EXPERIENCES

Particular attention was given to any mention of adverse childhood experiences. These are a set of events that occur during childhood and are known to cause significant emotional upset and trauma. When people have many events or even one very deeply traumatic event it can make them more vulnerable to mental health and physical health problems in later life.

KEY FINDINGS

The young people in this study used a range of services including housing, social care, GP and hospital services throughout Highland. Navigating those systems was often challenging.

ANALYSIS

21	DEATHS REVIEWED
22	YEARS OLD MEDIAN AGE AT DEATH
18	DEATHS DUE TO MULTI DRUG TOXICITY OR HEROIN MIXED WITH OTHER SUBSTANCES

- Half of the young people were living in the Inverness area and half were living in other parts of Highland.
- Most of the young people in this study were male.

SUBSTANCE USE

- Most people started using alcohol in their early teens, then cannabis soon after with later use of opiods, benzodiazepines and other drugs.
- More than three quarters of the young people in the study (85%) either reported binge drinking alcohol or were felt to be dependent on alcohol.
- Half of the young people were injecting drugs at the time of their death.
- Almost half were using drugs regularly but were not known to inject drugs.

LINK TO DEPRIVATION

Deprivation is described using the Scottish Index of Multiple Deprivation.

Highland areas are sorted into 10 groups that are ranked by deprivation:

- the 1st group is the 10% most deprived areas,
- the 10th group is the 10% least deprived areas.

OVERALL, TWO THIRDS OF THE YOUNG PEOPLE IN THIS REVIEW DIED IN THE 30% MOST DEPRIVED AREAS OF HIGHLAND.

The young people in this study had a range of jobs and some were unemployed. Just over half were unemployed at the time of their deaths and some could not work due to health issues.
Many had had jobs including work in construction, hospitality, and trades such as joinery, paving, roofing, scaffolding, cleaning and hotel work.

THE ROLE OF TREATMENT SERVICES

YOUNG PEOPLE VIEWED THEIR DRUG USE AND MENTAL HEALTH AS A CONNECTED ISSUE - BUT SERVICES OFTEN SAW THESE AS SEPARATE.

- A minority (under a quarter) of the young people in this review were seen and treated in alcohol and drug recovery services.
- Over half were advised to 'self-refer' or 'opt-in' but did not.

- 90% of people reported mental health issues including anxiety, depression and deliberate self harm most commonly.
- Just over three quarters of people had hurt themselves deliberately or attempted suicide before they died.

NON-FATAL OVERDOSE

- Experiencing a non-fatal overdose is a known risk factor for having a drug-related death. Over half the young people in this review had experienced at least one overdose before they died. It is likely that the numbers recorded in the review are lower than in reality because non-fatal overdoses are often not reported.
- About one third of people in this review had been given the option of Naloxone and almost everyone who was offered it accepted but not everyone had the training to use it.

Note: Naloxone is a medicine that rapidly reverses an opioid overdose. Naloxone can quickly restore normal breathing to a person if their breathing has slowed or stopped because of an opioid overdose.

CASE EXAMPLES

The cases described are entirely made up but are a mixture of experiences that groups of people in the review had in common.

These descriptions reflect details of the lives of the young people in this review. They are provided here to show the adversity and trauma that some of the young people in this review experienced. They do not represent all the young people in the study.

In each case we have not described if the person is a man or woman in order to keep the information non-specific to any individual.

ALEX

DREW

NICKY

ALEX

Alex was the eldest child in their family. Their mother had mental health issues and used alcohol. Their father used drugs and during Alex's childhood spent long periods of time in jail. There was domestic violence within their childhood home. They were told from a young age, and believed, that they were the source of all their mother's problems and this caused them great unhappiness.

After being on the child protection register from age 4, due to maltreatment, they were placed into foster care and removed into residential care at 14 years old. Alex began using alcohol and cannabis at 12. They started taking benzodiazepines ('Valium', 'Xanax' and similar drugs that sedate) then used heroin from the age of 17 years. By age 21 they had significant drug debts and were dealing to pay for drugs and to pay the debt. This led to a number of arrests and charges for assault, breach of the peace and drugs offences. They were extremely stressed and anxious about being involved with other people dealing drugs due to the high likelihood of violence occurring.

They had a child when they were 19 and the child was removed into foster care. They had no contact with the child. They attended the family GP who referred them to the community mental health services at least every year from around age 18, but they often did not attend the offered appointments, even though they continued to have a low mood, very negative thoughts of themselves and felt little hope of things improving. They continued to use drugs and alcohol and felt they were in a spiral of violence as the debts increased. At 18 they were admitted to hospital following a serious drug overdose and were an inpatient for suicidal thoughts and intent.

At age 21 they took an overdose of heroin and street drugs containing benzodiazepines and this caused their breathing to slow and stop. This led to a lack of oxygen to the brain and then death. The cause of death was 'multi-drug toxicity'.

DREW

Drew was 6 when their parents separated and they then lived with their mother and step-father. There were concerns in primary school that their behaviour was challenging, and their step-father repeatedly asked the school for help. Drew loved football and got support through school.

Drew's mother raised concerns in secondary school about their refusal of school and their mental health. The school advised they would keep this under review. Drew started to drink alcohol from age 13, around the same time as they refused school. From 14 they began using cannabis and other drugs. Drew was frequently suspended from high school and then left at age 15 with no qualifications but was described as being very able when they tried.
Both of Drew's parents attended GP appointments along with Drew at different times as they tried to support Drew to access services. Drew was advised to self-refer to drug and alcohol recovery services repeatedly but never made the appointments.

Drew was charged with assault aged 15. They had Youth Action Team (YAT) and criminal justice social work input as a result but continued to offend to obtain drugs. Interventions such as education about the effects of alcohol were undertaken but were not felt to be effective.

At age 19 Drew became a parent. Children and families social work became involved at this time and Drew admitted that alcohol was behind most of their convictions, had affected relationships and employment as well as having an adverse effect on their family. Drew had been violent before and there was concern from social work that they were a risk to the child.

At age 22 Drew died after injecting heroin with friends and then again later alone in their room. The drugs caused Drew to stop breathing. The cause of death was ‘heroin toxicity’.

NICKY

Nicky was the youngest of two children. Their parents separated when Nicky was two because their father used drugs. Their mother started a new relationship with a partner who used alcohol heavily and who was physically violent towards Nicky. Their grandmother was supportive but died when Nicky was 12 and they were devastated by this loss. The household was a violent one and one where emotional needs were not met. Nicky truanted school often from age 12 and this was at the same time they began to drink alcohol and started using cannabis.

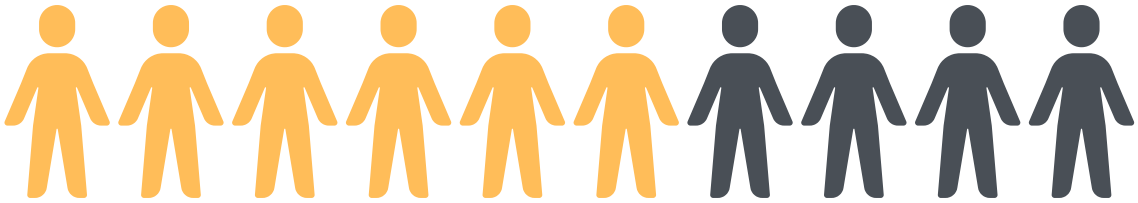
At age 13 Nicky was charged with multiple offences of vandalism and ran away from home, and then insisted they wanted to live with their biological father. Despite concerns over the father's drug and alcohol use, it was agreed that Nicky would go to live with their father and the primary mental health worker service was to provide support. Nicky continued to be very unhappy and at age 14 was seen in the emergency department after taking an overdose of paracetamol. Six months later Nicky was admitted to hospital again after taking alcohol, ecstasy and other 'street' drugs and required paediatric high dependency care.

Nicky had a school exclusion in high school for fighting and left school at age 16 with no qualifications. They also left home and lived in a homeless B&B from age 15 and had no ongoing contact with family. Nicky told the criminal justice social worker that drugs were too easily available in the accommodation. Nicky loved the sea and tried working on boats but stopped when their drug use got more and more. At age 17 Nicky had an injury after using drugs that left them with chronic pain. Nicky found it hard to work with treatment services and have all their health needs met.

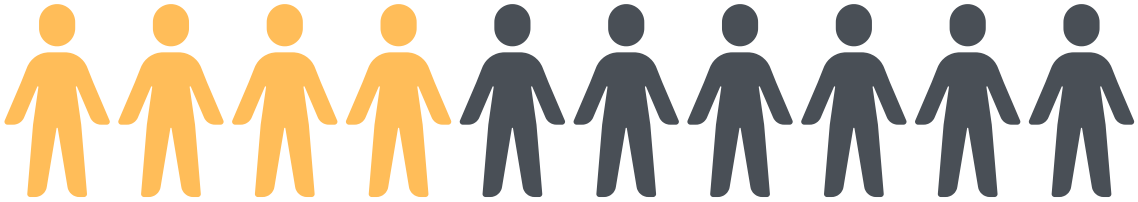
At 19 Nicky was charged with assault and was on a Drug Treatment and Testing Order with input from multiple services. Nicky continued to use street drugs as well as methadone. At 20 they took a heroin overdose along with other drugs, and despite the best efforts of staff and paramedics they could not be resuscitated. The cause of death was 'multi-drug toxicity.'

ADVERSE CHILDHOOD EXPERIENCES

EXPERIENCE OF TRAUMA & WIDER VULNERABILITIES



- The commonest childhood adversity was 'parental separation' for just over half of the young people.



- 40% of young people had grown up in households where one or more of their parents used substances and a similar number grew up in households where at least one parent had a mental illness.

Three quarters of the young people in our study had experienced some form of childhood abuse, particularly verbal and/ or physical abuse as well as neglect and other types of harm.

Other Vulnerabilities

- Almost two thirds of people in this study had been violent towards other people and just over half had been physically assaulted themselves.
- One third were involved in acquisitive crime, such as theft.
- Almost one quarter had engaged in unsafe sexual behaviour.

EXPERIENCES OF EDUCATION

- Nearly a quarter of young people had 'behavioural issues' during their school years.
- About one fifth were reported to struggle with learning difficulties in school.
- Nearly one third had poor attendance at school.
- Almost one quarter of people were excluded at some point.

These concerns were raised more often in secondary school than primary school.

OTHER LIFE EVENTS

In the time leading up to their deaths, there were a number of significant life events for the young people in this review.
These events included:

- the breakdown of a significant relationship
- serious ill health for themselves or for close family
- a child taken into care
- the loss of a job
- relapse of drug use
- bereavement
- financial problems
- recent homelessness or housing problems.

There were also a number of people who had recent involvement with police, prison or criminal justice services.
Of all the young people, over half of them had been in prison and almost all of them had been released within 10 months of their deaths.

LIVING ARRANGEMENTS

Over two fifths of people (43%) were reported as having 4 or more different addresses in a 5 year time period. This shows that for a number of young people, their childhood and teenage years were unsettled with frequent moves.

EXPERIENCE OF CARE

Nearly one third of young people in this study were in care and had legal arrangements in place.
A similar number had moved to live outside their main family home because of family difficulties or the children suffering maltreatment at home.

FINDINGS: MULTIPLE COMPLEX & RELATED RISKS

For most young people in this study, there is a pattern of experience of many very difficult life events as they were growing up and many grew up in homes where their families found it hard to support them and encourage them because of their own difficulties. Some of the young people in this study, but not all, experienced maltreatment at home.

Children and young people who live in homes that are not very loving or kind can learn that no one is to be trusted. For some children who are not safe in their homes, they find that they cannot trust professionals because of their early life experiences.

The level of mental ill health experienced by almost all the young people is notable, with high levels of self-harm, suicidal ideation, attempted suicide and non-fatal overdoses among the young people in this study. The young people studied in this review have a high rate of contact with the criminal justice system (with many sentenced to imprisonment) as a result of violent behaviour, acquisitive crime, and offences against the Misuse of Drugs Act. They experience high levels of illness and injuries with frequent visits to primary and secondary care. Many have been referred to mental health and addictions services but have a high rate of missed appointments ('did not attend') in their records. As a result, many had been discharged from these services.

For the majority of this group, problems with drug and alcohol use are one of many challenges they face. The challenge for services is how best to respond to the experience of accumulated trauma and adversity in the lives of those at risk of drug-related deaths and create trusting relationships that foster a sense of safety.

SERVICE RESPONSE TO DRUG AND ALCOHOL USE

Teams across health, social care and justice worked with a number of the young people in this review - and at times this engagement was good, but at other times they clearly found it much more challenging. The young people gave a history of starting to use alcohol and other substances from between 9 and 16 years. They experienced a number of adversities at the point when they sought out GP support. They appeared to want to speak about some of their underlying distress but often seemed unable to fully describe this or they were not invited to. It appears from records that clinicians assumed that if young people are willing to speak about their drug use, then they would be willing to access support services. In many cases though, follow on appointments are not taken up and many of the young people in this review were not engaged with treatment and recovery services.

SERVICE RESPONSE TO NEED

When recovery services are discussed, young people seem to find it difficult to make the separation between their mental health issues and their substance use and some find the focus on substance use difficult.

Most of the young people in the study were referred by GPs to a range of drug and alcohol recovery services across Highland, In general, although their alcohol and drug use was known about from a young age they were not referred to these services until they were at least 16 years old.

For young people who were working with services; staff were caring and respectful and they were focused on offering support. A typical service will carry out an assessment, provide a treatment plan and then deliver that, but from the records of the young people in this study, services found deterioration difficult to act upon and found it hard to respond when the treatment plan failed to translate to real clinical improvement.

CONCLUSIONS & KEY MESSAGES

This study is a review of a small number of deaths of young people, and the review recognises that there are initiatives and new programs of work at the current time that were not available during the lives of these young people.

The key messages are:

- Services are complex and fragmented. This causes difficulties for families, young people and professionals. There are not enough joins between secondary care health services and there is a need for stronger links between primary and secondary care, youth action teams, council nursing staff and criminal justice social work as well as social work teams for adults and children.

- A majority of the young people in this study had experienced significant childhood adversity and distress during their young lives. In some cases this distress was apparent from school age and the use of drugs appeared to be a way to numb difficult feelings or cope with distress, or was the only way they could feel part of a friendship group, or feel accepted. In the records of some of the young people, it appears that they felt very low and had a sense of hopelessness that was ultimately debilitating.

RECOMMENDATIONS

CORE PRINCIPLES

The following principles underly the recommendations and should be considered in each action taken.

- Working together. There is a shared responsibility across partnerships (Highland Health and Social Care, community planning, Highland Alcohol and Drugs Partnership and third sector) to provide joined up services that meet the needs of individuals with complex needs. Decision makers and budget holders across services and the third sector including providers of mental health, recovery services and services for children, young people and families must work together to reach shared solutions.

- No wrong door. Providers in health, social work and the third sector must have an open door policy for young people with complex needs and co-occurring conditions and make every contact count.

RECOMMENDATION 1: STRATEGY & POLICY

Chief Officers will oversee the development of a strategy and policy document to support young people with experience of complex trauma and substance use. The views of families and people with lived experience should be sought in the production of this work. This policy must be supported by a 'Young People - pathway of care' which will enable collaborative delivery of care by multiple agencies in response to individual need.

RECOMMENDATION 2: TRAUMA INFORMED APPROACHES

In line with the Scottish Psychological Trauma Training Plan, services and workers across all disciplines should understand and implement trauma informed services, and trauma informed care in practice. Highland must have a workforce that is equipped to respond to the needs of everyone affected by psychological trauma. Services must adopt an assertive outreach practice in order to meaningfully engage and support younger people, instead of discharging those who do not attend appointments. Mental health and drug treatment and recovery services must be fully integrated in line with national recommendations.

RECOMMENDATION 3: CLINICAL & CARE GOVERNANCE

All relevant agencies must be represented at the Drug-related Deaths Review Group and partner representatives should submit sufficient information in a timely way in advance of meetings to allow effective reviews to take place. NHS Highland and the Highland Alcohol and Drugs Partnership (HADP) must set out clear clinical and care governance pathways to evidence that lessons have been learned from drug death reviews. This must be led by the Chief Social Work Officer and an Associate Medical Director or Deputy Director of Nursing, with advice from HADP to ensure all recommendations are implemented and progress reported to the Infants, Children's and Young People's clinical governance group and/ or NHS Highland Quality and Patient Safety Committee for acute and community services.

RECOMMENDATION 4: NURTURE

There must be a focus on families affected by substance use and the provision of evidenced based interventions to support those families in their own right. For children and young people, the presence of mentors, support for development of skills and interests, opportunities for engagement within schools and communities all promote positive norms and physical and psychological safety. Chief officers and community planning partnerships must oversee the provision of specific young people supports that foster a positive and safe youth culture in Highland.