

# NHS Ayrshire & Arran



<b>Meeting:</b>	<b>Ayrshire and Arran NHS Board</b>
<b>Meeting date:</b>	<b>Monday 3 February 2020</b>
<b>Title:</b>	<b>Drug Related Deaths: emerging threat</b>
<b>Responsible Director:</b>	<b>Dr Joy Tomlinson, Interim Director of Public Health (Joint)</b>
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## 1. Purpose

This is presented to the Board for:

- Discussion

This paper relates to:

- Emerging issue

This aligns to the following NHSScotland quality ambition(s):

- Person Centred

## 2. Report summary

### 2.1 Situation

National statistics showed that in Scotland during 2018, 1,187 people died as a direct result of drugs. This is the highest number of deaths directly caused by illegal drugs ever recorded in Scotland and included 82 deaths among people from Ayrshire and Arran. In 2018, Ayrshire and Arran had the third highest death rate from drugs in Scotland.

The continuing upward trend in drug related deaths across Scotland is deeply concerning. The Board are asked to be aware of the National context and discuss progress towards implementing the local [Strategic Framework: Preventing Drug related Deaths](#), endorsed in August 2018.

## 2.2 Background

### **Declaration of a Public Health Emergency**

The Minister for Public Health, Sport and Wellbeing released a public statement in July 2019 noting that the rising number of drug related deaths represents a public health emergency. This statement was prompted by the publication of the document [Drug-related Deaths in Scotland 2018](#) by the National Records of Scotland (NRS). Drug related deaths are a significant contributor to the stalling of life expectancy in Scotland<sup>1</sup>. Emergency measures are therefore thought to be necessary and appropriate for a problem of this scale and urgency. Consequently this emergency requires a coordinated, systematic approach in response to the challenge we face.

### **Creation of Drug Deaths Taskforce**

Following the ministerial statement a new Drug Deaths Taskforce was established by the Minister for Public Health, Sport and Wellbeing. The Taskforce is also supported by the Cabinet Secretary for Justice, to enable the delivery of Scotland's alcohol and drug strategy "Rights, Respect, and Recovery". The strategy sets out a clear public health approach including a number of measures designed to reduce harm, and death.

The first meeting of the new Taskforce set up to address drug deaths in Scotland took place on 17 September 2019. The primary role of the Taskforce will be to coordinate and drive action to improve the health outcomes for people who use drugs, reducing the risk of harm and death<sup>2</sup>.

### **Actions of the Drug Death Task Force**

The main actions of the Taskforce will be to:

- Publish evidence of good practice about prevention of death and harm from drug use
- Identify the barriers that exist to the planning, commissioning and delivery of addiction services in Scotland
- Consider whether the Misuse of Drugs Act 1971 could affect the provision of a strengthened public health approach to drug use.
- Make recommendations for changes in current health and social care practice and on how a public health approach to drugs might be more fully realised.

It is expected that we will see output from this national group over coming months.

### **[Dundee Commission](#)**

An independent commission was convened by the Dundee Partnership (Community Planning Partnership) in response to concerns about drug related deaths across their partnership area. The Commission report "Responding to Drug Use with Kindness, Compassion and Hope" was published in August 2019. Many of the recommendations within the report are relevant to Scotland as a whole and as such it has generated considerable attention. The recommendations are grouped into the following broad themes:

- Culture and Systems: recognising need for cultural change across drug treatment services, related disciplines and communities.

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<sup>1</sup> – see the ScotPHO website for further detail (<https://www.scotpho.org.uk/population-dynamics/recent-mortality-trends/>).

<sup>2</sup> <https://www.gov.scot/publications/drug-deaths-taskforce-terms-of-reference/>

- A holistic system model: including primary care in provision of drug treatment and support services.
- Causes and effects of drug use: ensure wider issues are addressed to enable a holistic response.

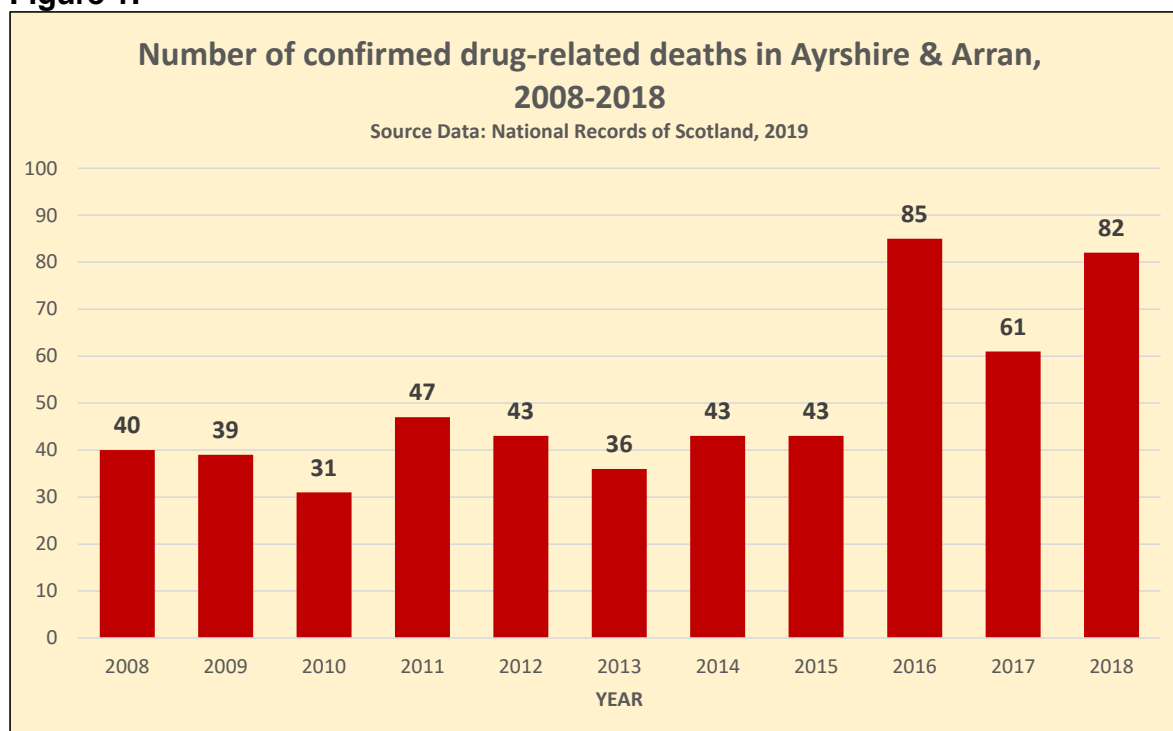
The recommendations from the Dundee Commission are being considered by the Alcohol and Drug Partnerships (ADPs) in North, South and East Ayrshire.

## 2.3 Assessment

### Drug related deaths

Although there is considerable year to year variability in the number of drug related deaths the upward trend over the last decade is clear. As can be seen from **Figure 1** the total number of deaths in 2018 across Ayrshire and Arran was very similar to the peak seen in 2016. The NRS report confirmed a total of 82 local people experienced a drug related death (29 deaths in East Ayrshire, 38 deaths in North Ayrshire and 15 in South Ayrshire).

**Figure 1:**



At national level, in 2018, the largest increases in deaths were among the 35-54 year olds and among 45-54 year olds. Although more men died than women, the percentage increases in deaths were greater for women (212%) than for males (75%).

### Drug related Hospitalisation rates

Hospitalisation rates provide helpful context and allow meaningful analysis at locality level. Data is available at Health and Social Care Partnership locality level for the years 2002-2017. This information has been analysed by Public Health to gain better understanding of local trends and patterns and the full report is available in

**Appendix 1.** Key findings showed that:

- Local areas with high drug-related admission rates were significantly more deprived than Scotland.

- There is a strong association between levels of population income deprivation and levels of drug-related harm impacting local acute care services.
- The four localities with the highest drug-related hospital admission rates lie within the major urban populations in Ayrshire and Arran; namely, Ayr (specifically Ayr North), Three Towns, Irvine and Kilmarnock.

There are also some areas of improvement within the 2002-2017 dataset at local level. Although starting with higher rates of drug hospitalisation among 11-25 year olds compared to Scotland, rates of drug-related hospital stays among this age group fell substantially over the last decade. Hospitalisation rates in this age group are now closer to the national average. In addition, rates of maternities reported with drug use and rates of drug crimes recorded across Ayrshire and Arran also fell considerably.

### **Specialist services**

Analysis of drug treatment waiting times over the same time period (percentage of clients waiting more than three weeks between referral to specialist service and start of treatment) in 2017/18, showed that rates in East (2.8%), North (2.4%) and South (1.4%) were markedly and significantly lower than the national average (7.5%). Compared to Scotland as a whole, rates in East, North and South were ranked among the 10 lowest reported.

### **Assessment of Risk**

Overall, the longer-term trends in hospitalisation rates and in drug related deaths remains very worrying. The evidence suggests it is likely we will continue to see high levels of harm to population health from drugs both nationally and locally. Statutory services have a key role in mitigating the harms from drugs, working alongside other agencies.

#### **2.3.1 Quality/patient care**

In 2018, the NHS Board endorsed the [Strategic Framework: Preventing Drug related Deaths](#). This report includes an update on local activity towards shared goals in the framework. In this first year, the main activity relating to the Framework is the development of local drug death review groups in North, South and East Ayrshire. While there is a long-established mechanism of notification of all drug related deaths, the process of confirmation has proved lengthy. The establishment of local multi-disciplinary groups in each area provides opportunity to identify potential points of intervention and potentially reduce the risk of dying from drugs. The aim of these groups is to allow timely identification of contributory factors and opportunities for intervention.

Across all of the local ADPs a range of activities are underway in line with the ambition set out in the Framework.

#### **North Ayrshire**

In December 2018, the North Ayrshire Drug Death Prevention Group (DDPG) was convened as an ADP local sub-group. This group was tasked to bring together local and national agencies to take cognisance of the 'National Staying Alive in Scotland' report and the pan-Ayrshire [Strategic Framework: Preventing Drug related Deaths](#). The group meets bi-monthly but will convene quickly in the event of any local adverse activity or increase risk within the community that may require or benefit from partnership response. The group also reviews any local drug related trends and any

learning resulting from individual services reviewing their involvement in any drug related deaths.

North Ayrshire have been exploring opportunities to increase the roll out of Naloxone training and supply within wider community health and council services. North Ayrshire Housing services have been identified as an area where there are vulnerable service users and previous incidents of fatal and non-fatal overdose. Housing managers have recognised the benefit of participating and supported housing and hostel staff to undertake training. To date 68 housing staff have been trained and have been provided with naloxone kits. By the end of Quarter 2 (September 2019) 295 Naloxone Kits had been supplied across North Ayrshire. 23 lives have been reported as having been saved via the naloxone intervention in North Ayrshire by the end of Quarter 2. Over 250 staff have received overdose awareness training and completed the naloxone learnPro module across Ayrshire and Arran by the end of Quarter 2.

The Alcohol and Drug project coordinator has provided detailed geographical information about drug related deaths in North Ayrshire. North Ayrshire ADP have agreed to a community participatory budgeting type approach in order to identify proposals in line with prevention, early intervention and in areas where there are higher numbers of deaths. The ADP have allocated funding for 2020 to support this initiative. An event is planned for April 2020.

North ADP have commissioned Turning Point Scotland tier two and three support service to offer interventions across the six localities in North Ayrshire. The service commenced on 12 August 2019 and they are currently working on pathways to support early intervention and prevention, recreational drug use, family support and recovery groups to include the vulnerable group of men over the age of 35, as identified within the national drug death statistics.

In 2019, North Ayrshire Council voted to declare a drugs death emergency in North Ayrshire and have urged central government to decriminalise users in a bid to tackle the ongoing drugs crisis. The full motion is included in **Appendix 2**.

### **South Ayrshire**

South Ayrshire ADP convened their local Reducing Drug Related Deaths (RDRD) Sub Group in 2015. The group refined its focus following the pan-Ayrshire conference and now reviews every potential drug related death notified in South Ayrshire. A multi-disciplinary group considers the circumstances in each case to identify key themes. Through in-depth case reviews they are developing a detailed understanding of the factors contributing to every death.

The RDRD sub-group also considers preventative activities aimed at reducing drug deaths in South Ayrshire. Innovative approaches include the new Assertive Outreach and Intensive Support Multidisciplinary Team (MDT) pilot. The MDT aims to provide intensive and flexible support for vulnerable people who may be disengaging from alcohol or drugs services, who have had recent contact with emergency services or who may be at risk of an alcohol or drug related death. The pilot will run from February 2020 until March 2021 and will include an independent evaluation.

The ADP is also piloting a peer-led Police Custody Referral project at Ayr Police Station. The pilot involves peers, with lived experience of alcohol or drug misuse,

visiting individuals held in police custody to provide support and information on local recovery groups and services.

Expanding the provision of naloxone remains a priority in South Ayrshire with 243 naloxone kits supplied during 2018/19. In 2019 the expansion of provision included staff within Addaction Recovery Service being trained in the supply of naloxone kits, including the new intranasal kits.

The group are currently establishing a baseline position in line with the recently published Staying Alive in Scotland, 2019 and the Dundee Drug Commission Report 2019 and will identify local improvement actions in line with the recommendations from both reports.

The ADP are hosting a locality wide workshop on 12 March 2020 to consider the factors contributing suspected drug related deaths in 2019, current preventative activities and adopting a whole system approach to reducing drug related deaths. C

### **East Ayrshire**

East Ayrshire ADP convened their local Substance Related Death review group in August 2018. The group meets quarterly and has a protocol to convene as a matter of urgency in the event of unusual patterns or trend. The group reviews the wider circumstances which contribute to individual deaths using a root-cause analysis approach. This approach means that contributing and protective factors are identified and over time this will support services to identify strengths as well as areas which may require improvement.

Key actions of this group so far include work with the Head of Information Governance to formalise a multi-agency information sharing protocol, dissemination of leaflets to raise awareness of risks, and development of stronger links with Police Scotland Specialist Crime Unit for Drugs via the ADP advisory group in an effort to understand availability as well as developing links with the Prison health service to ensure a seamless transition. There is a well-recognised increased risk of death following release from custody.

In improving access to naloxone, the ADP has supported Addaction to obtain its own supply. All Addaction service users are now offered training and their own naloxone supply. The local family support group SEA also have access to training and supply for family members. However, the ADP has adopted a policy of increasing the availability and access to naloxone. This policy direction has seen supply of naloxone made available to local housing offices as well as members of the local pub watch scheme. It is believed that this supply to public houses is unique across Scotland and Glasgow are interested in its implementation.

Furthermore, the ADP has agreed funding for the local peer support group Patchwork in order to further develop and enhance individual recovery journeys. This group further provide drop in support sessions on Saturdays and Sundays and often attract many individuals who are not currently engaged in active treatment and support.

### **2.3.2 Workforce**

No changes to the existing workforce have taken place as a result of the roll-out of the Framework. Creation of the local drug death review groups has taken place within existing resources. Other local activities are all within existing resources.

### **2.3.3 Financial**

There are no financial impacts as a result of this new work. All activities are being delivered within existing resources.

### **2.3.4 Risk assessment/management**

No risk assessments have been carried out directly as a result of this work.

### **2.3.5 Equality and diversity, including health inequalities**

The majority of people at risk of drug related deaths are among the most marginalised and disadvantaged in our population. Many of those people experience significant disadvantage of opportunity and poorer health outcomes. By progressing and strengthening preventive work through our alcohol and drug partnerships the NHS Board contributes to effective means of preventing drug related deaths.

An impact assessment has not been completed. The Framework provides an overarching approach for the Alcohol and Drug Partnerships in each area. Individual projects and actions are contained within the governance structure of each locality.

### **2.3.6 Other impacts**

#### Best Value

Creation of the pan-Ayrshire Framework has enhanced partnership working between the Alcohol and Drug Partnerships and fostered a shared learning culture. The Framework also provides an opportunity to identify areas of shared focus, such as developing monitoring indicators for the whole of Ayrshire & Arran.

#### Corporate Objectives

The approach set out in the Strategic Framework supports delivery the following corporate objectives in particular:

- Protect and improve the health and wellbeing of the population and reduce inequalities including through advocacy, prevention and anticipatory care.
- Create compassionate partnerships between patients, their families and those delivering health and care services which respect individual needs and values. This will result in those using our services having a positive experience of care to get the outcome they expect.

### **2.3.7 Communication, involvement, engagement and consultation**

The Strategic Framework was developed following a stakeholder conference convened by the three Alcohol and Drug Partnerships in November 2017. It was endorsed by the NHS Ayrshire & Arran Board in August 2018.

### **2.3.8 Route to the meeting**

The Framework has been previously considered by the ADPs in each area and local prevention groups established. The key findings from the Health & Wellbeing report have been shared with each of the ADPs. Feedback from each of the ADP coordinators has informed the development of the content presented in this report.

## **2.4 Recommendation**

For awareness and assurance of progress in each alcohol and drug partnership. For discussion of the data presented and to consider future reporting to Board. It is proposed to provide further updates to Board once there is clarity from the National Taskforce about recommendations for local areas.

### **3. List of appendices**

The following appendices are included with this report:

- Appendix 1 - Health & Wellbeing: Drug related trends
- Appendix 2 - North Ayrshire Motion





# Health and Wellbeing in Ayrshire and Arran

## Volume 3: Drug-related harm trends

*ScotPHO area profile data, accessed October 2019*

**AUTHOR:**  
**Alister Hooke**

**October**  
**2019**



# Health and Wellbeing in Ayrshire and Arran: Drug-related harm trends

Public Health Department  
NHS Ayrshire & Arran

**Version no:**

Draft v2.2

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**Effective from:**

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# CONTENTS

SECTION	HEADING	PAGE
	Introduction	1
A	Indicator 1: Drug-related mortality (all persons)	2
B	Indicator 2: Female drug-related mortality	4
C	Indicator 3: Male drug-related mortality	6
D	Indicator 4: Drug-related hospital stays (all persons)	8
E	Indicator 5: Drug-related hospital stays (aged 11-25 years)	12
F	Indicator 6: Maternities with drug use	14
G	Indicator 7: Drug treatment waiting times	16
H	Indicator 8: Drug crimes recorded	18
I	Overview of trends	20

# Drug-related harm trends in Ayrshire and Arran

## Introduction:

In the first two volumes<sup>3</sup> of this series, data drawn from online ScotPHO area profiles were used to build cross-sectional and longitudinal pictures of the general health status of the Ayrshire and Arran population. A wide-ranging depiction of population health was compiled across a selection of key indicators. This third volume focuses specifically on data relating to drug-related harm, and was considered important in light of recent sharp upward trends in drug-related hospital stays which were reported in Volume 2 of this series. The purpose of the current report is to explore the wider impact of drug-related harm on the local population, drawing on a range of relevant indicators available from the ScotPHO profiles.

Currently, there are 19 indicators listed in the area profiles which relate to drug-related harm. Of these, eight were chosen here for analysis due to their importance and continuity of data reporting. The remaining 11 were not retained due to lack of continuity; e.g., data on prevalence of drug use among those aged 15-64 has not been reported since 2012/13, and SALSUS data on drug use by S2 and S4 pupils has not been reported since 2013.

The term **EASR** appearing in this report denotes, for any measure of population health, the **European age-sex standardised rate** per 100,000 population (using ESP2013). This takes the relevant measure, e.g., number of drug-related deaths, and transforms the measure into a rate allowing valid comparison of data across geographical areas and across time.

For each of the eight indicators used in this brief study, rates in Ayrshire and Arran are reported for East, North and South Ayrshire. For expediency, the three local areas will simply be referred to as **East, North** and **South**. Profile data was available for the relevant indicators at Health and Social Care Partnership (HSCP) area, Alcohol and Drug Partnership (ADP) area or Council area. It should be noted that HSCP and ADP areas are all coterminous with Council areas in Ayrshire and Arran, so that reporting for local areas is equivalent regardless of specific jurisdiction (HSCP, ADP or Council).

Data was available at **HSCP locality** (sub area) level for drug-related hospital stays (all persons) but not for any of the other indicators. Availability of data at this smaller geographical level permitted more detailed analysis to be carried out, exploring hot spots within each of the three local HSCP areas where drug-related harm appears to be having a relatively greater impact on the local population.

Finally, the data used in this study has been organised in Excel format and is distributed separately and concurrently with this report.

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<sup>3</sup> The reports, *Health and Wellbeing in Ayrshire and Arran, Volume 1: Current Health Status* and *Volume 2: Longitudinal Trends*, are available on request from: [Alister.Hooke@aapct.scot.nhs.uk](mailto:Alister.Hooke@aapct.scot.nhs.uk)

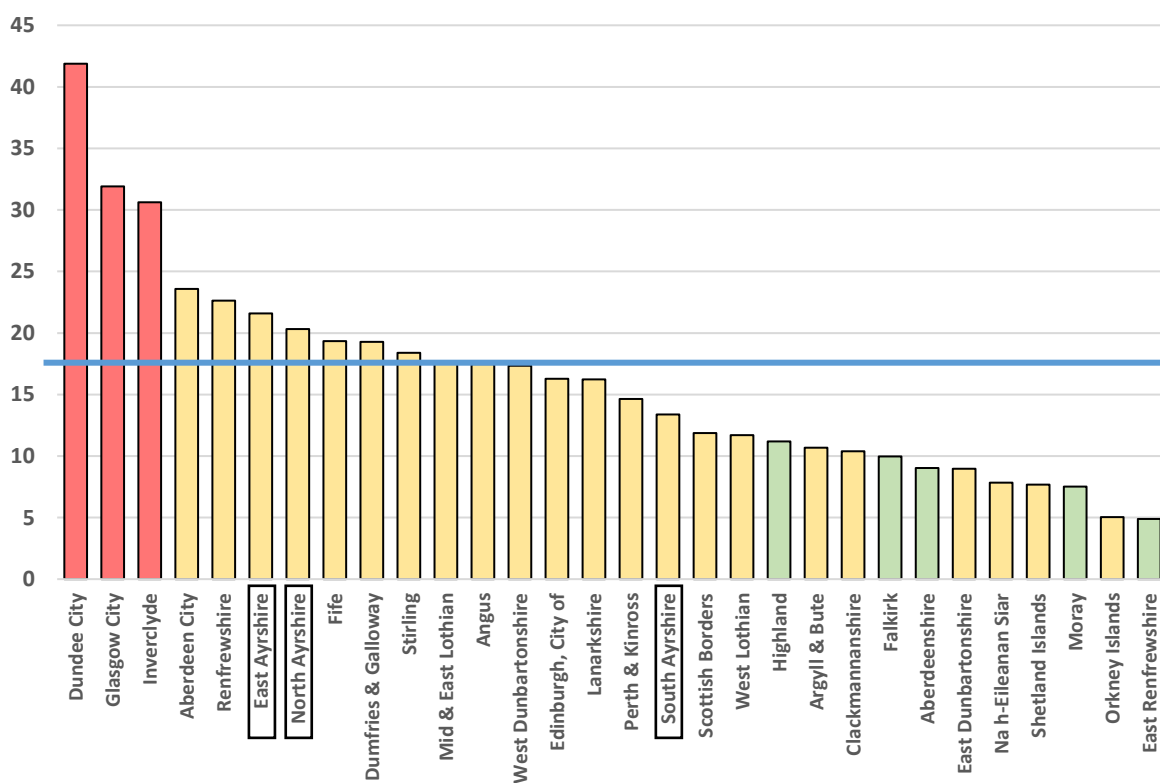
# A. Indicator 1: Drug-related mortality (all persons)

**AREA COMPARISONS, 2017**

Single year data (calendar years)

Analysis of drug-related mortality rates (all persons, EASR per 100,000 population) in 2017, showed that rates in East (21.6) and North (20.3) were higher (worse), and in South (13.4) was lower (better), than the national average (17.8) (Figure 1). However, local rates were not significantly different from the Scottish average. In 2017, rates in East, North and South ranked 6<sup>th</sup>, 7<sup>th</sup> and 17<sup>th</sup> respectively among 30 ADP areas across Scotland. Five of the top 7 reports, including those in East and North, related to West of Scotland areas, demonstrating a possible regional effect.

**FIGURE 1: Drug-related mortality rates (all persons) in Scottish ADP areas, 2017: EASR per 100,000 population**



**KEY:**

- Scottish average (17.8 drug-related deaths per 100,000 population)
- Statistically significantly 'worse' than national average
- Statistically not significantly different from national average
- Statistically significantly 'better' than national average

Source: <https://www.scotpho.org.uk>

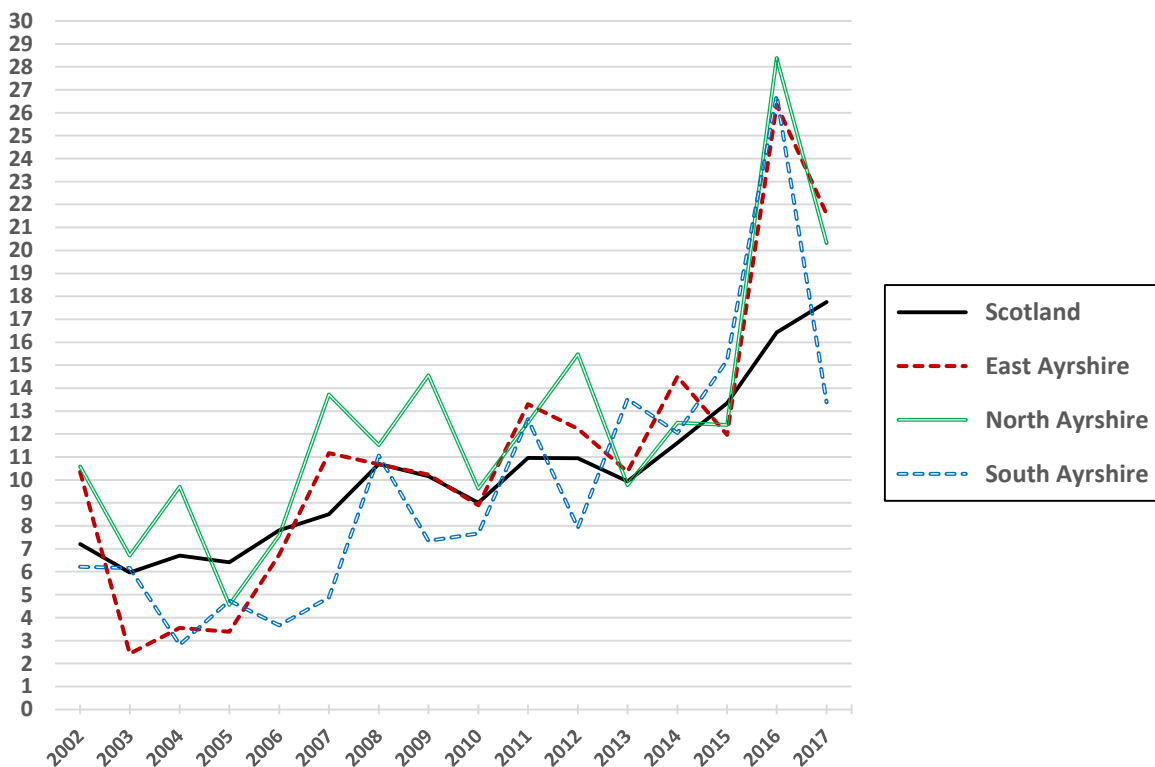
## AREA TIME TRENDS, 2002-17

Single year data (calendar years)

**Big picture:** From 2002 to 2017, drug-related mortality rates increased substantially, both locally and nationally (Figure 2). While year-to-year fluctuations in local data were quite marked, local trends essentially followed the persistent upward trajectory of the national trend. On closer examination, the national trend demonstrated two main periods of increase: from 2005 to 2008 (prior to global economic recession) and again from 2013 to 2017, with increase in the recent period stronger than that observed in the earlier period. Moreover, concurrent sharp peaks in local data occurred in 2016, though local rates fell quite extensively in 2017, especially in South, unlike the Scottish rate which continued rising in 2017. Despite the recent drop in local rates, the longer term pattern evident from the historic trends would suggest that rates are set to continue rising in the near future, both locally and nationally.

**In detail:** From 2002 to 2017, rates increased from 7.2 to 17.8 per 100,000 in Scotland, from 10.3 to 21.6 in East, from 10.6 to 20.3 in North and from 6.2 to 13.4 in South. Over the relevant 15-year period, rates increased by 146% in Scotland, 109% in East, 92% in North and 115% in South; thus rates doubled locally and more than doubled nationally.

**FIGURE 2: Drug-related mortality rates (all persons) in Scotland and ADP areas within Ayrshire and Arran, from 2002 to 2017: EASR per 100,000 population**



Source: <https://www.scotpho.org.uk>

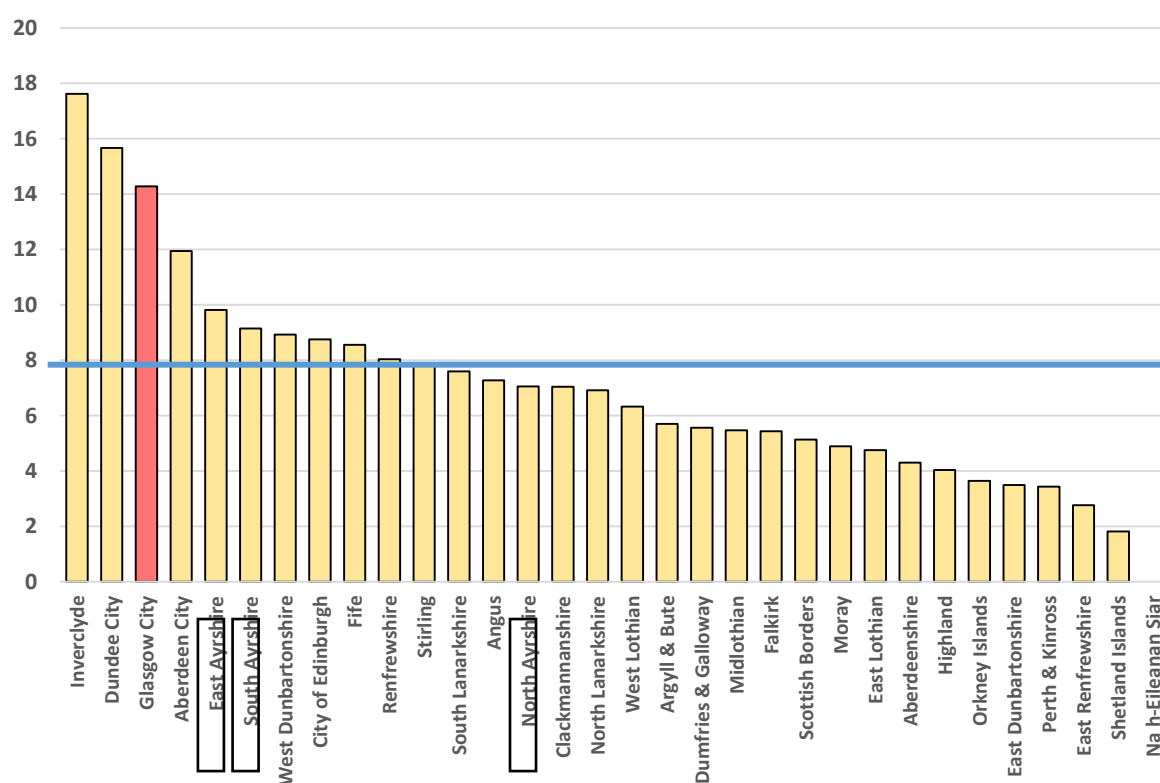
## B. Indicator 2: Female drug-related mortality

**AREA COMPARISONS, 2013-17** (aggregated)

5-year aggregated data (calendar years)

Analysis of female drug-related mortality rates (EASR per 100,000 female population) in the recent period 2013-17, showed that rates in East (9.8) and South (9.2) were higher (worse), and in North (7.1) was lower (better), than the national average (7.9) (Figure 3). However, local rates were not significantly different from the Scottish average. Apart from the result in East, local area patterns of female drug-related mortality differed from that for all persons inasmuch as South female mortality was relatively more prominent than the equivalent for all persons in South, and North female mortality was relatively less prominent than that for all persons in North.

**FIGURE 3: Female drug-related mortality rates in Scottish Council areas, 2013-17 (5-year aggregated data): EASR per 100,000 female population**



**KEY:**

- Scottish average (7.9 drug-related deaths per 100,000 female population)
- Statistically significantly 'worse' than national average
- Statistically not significantly different from national average

Source: <https://www.scotpho.org.uk>

**AREA TIME TRENDS, 2002-17**

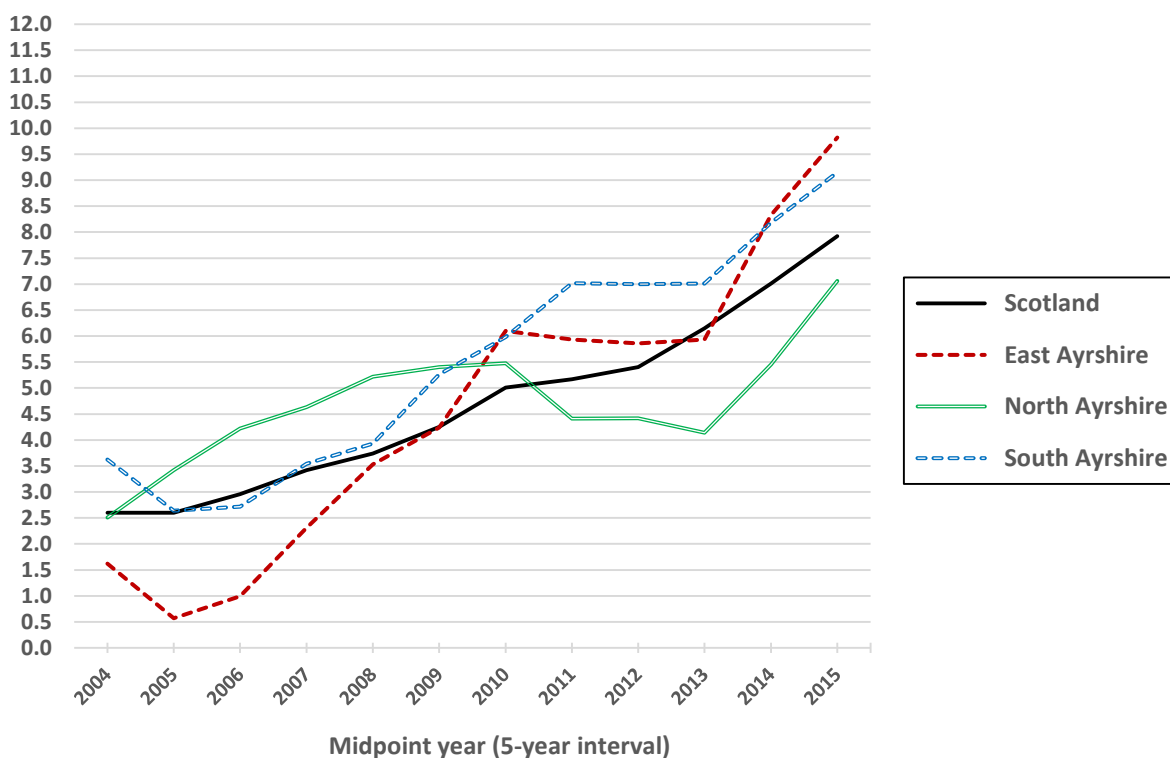
5-year rolling interval data (calendar years)

**Big picture:** From 2002 to 2017, female drug-related mortality rates increased substantially, both locally and nationally (Figure 4). Rising trends for females largely reflected those for all persons. However, aggregation of data over 5-year intervals effectively smooths the female

data trends, reducing fluctuations and allowing the steady upward trajectories in the data to be seen a little bit more clearly than was apparent in the single-year data trends for all persons (compare Figure 4 with Figure 2 above). For example, there were no sharp peaks in the female drug-related mortality data and all area trends appear to have consistently and markedly risen over the last three 5-year intervals (that is, since midpoint year 2013 in Figure 4), with no sign of slowing down in future.

**In detail:** From 2002 to 2017, rates increased from 2.6 to 7.9 per 100,000 females in Scotland, from 1.6 to 9.8 in East, from 2.5 to 7.1 in North and from 3.6 to 9.2 in South. Fifteen-year percentage increases amounted to 205% in Scotland, 506% in East, 181% in North and 153% in South, showing a striking increase in East which yielded the lowest report in the baseline period (2002-06) and the highest report in the recent period (2013-17).

**FIGURE 4: Female drug-related mortality rates in Scotland and Council areas in Ayrshire and Arran, from 2002 to 2017 (5-year rolling intervals): EASR per 100,000 female population**



Source: <https://www.scotpho.org.uk>



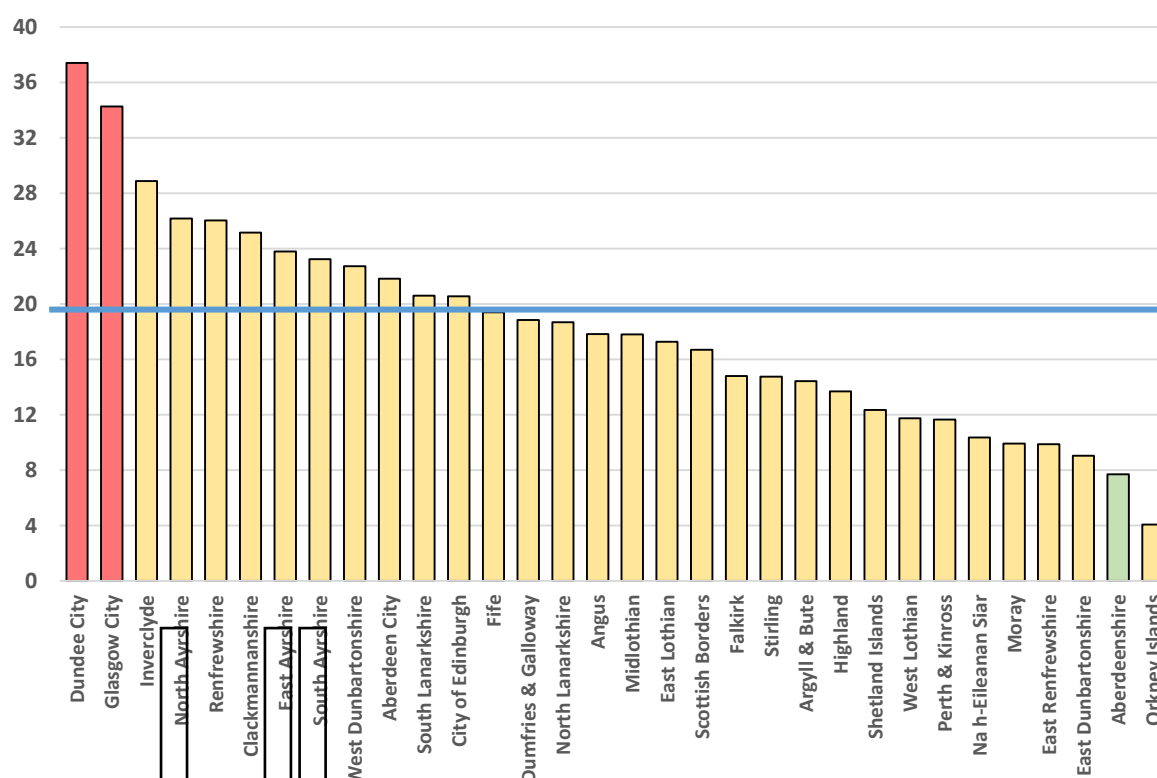
## C. Indicator 3: Male drug-related mortality

**AREA COMPARISONS, 2013-17** (aggregated)

5-year aggregated data (calendar years)

Analysis of male drug-related mortality rates (EASR per 100,000 male population) in the recent period 2013-17, showed that rates in East (23.8), North (26.2) and South (23.3) were all higher (worse) than, though not significantly different from, the national average (19.7) (Figure 5). The three local areas yielded reports that were in the top 8 among all Scottish Council areas. The report for males in North exceeded that of East and South, but the comparatively lower report for females in North (see Figure 3 above) means that East yielded the highest local report for all persons, with North just behind (see Figure 1 above).

**FIGURE 5: Male drug-related mortality rates in Scottish Council areas, 2013-17 (5-year aggregated data): EASR per 100,000 male population**



**KEY:**

- Scottish average (19.7 drug-related deaths per 100,000 male population)
- Statistically significantly 'worse' than national average
- Statistically not significantly different from national average
- Statistically significantly 'better' than national average

Source: <https://www.scotpho.org.uk>

**AREA TIME TRENDS, 2002-17**

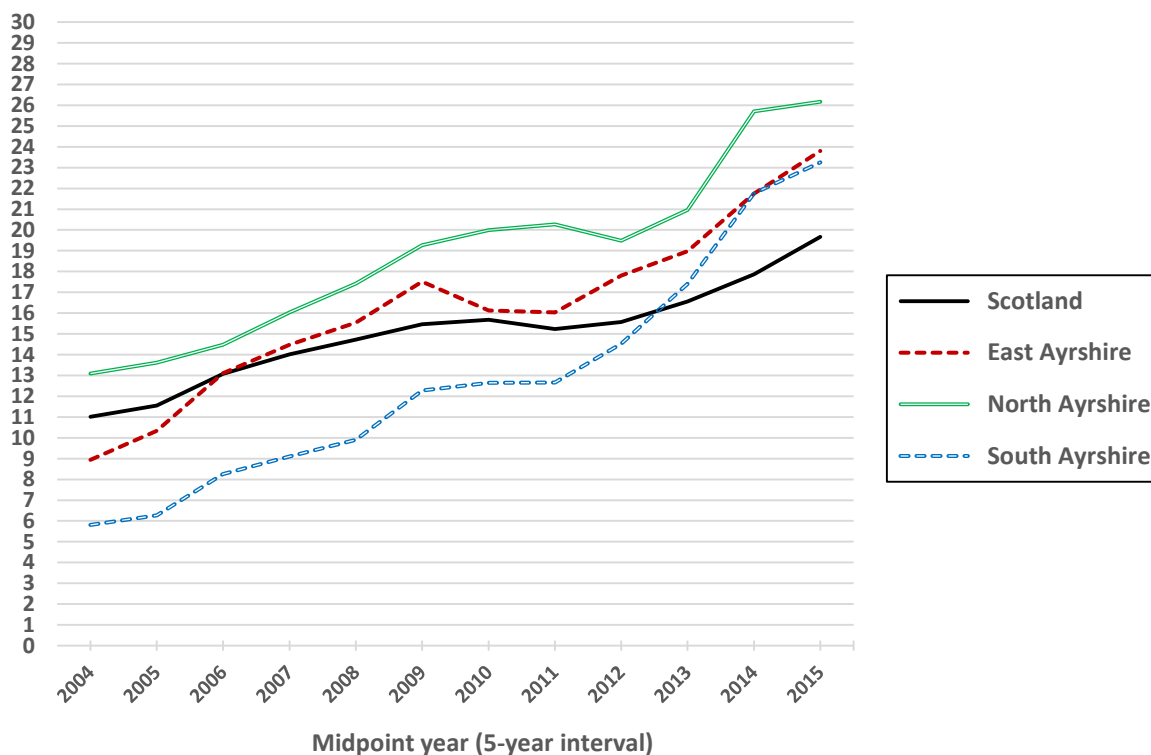
5-year rolling interval data (calendar years)

**Big picture:** From 2002 to 2017, male drug-related mortality rates increased substantially, both locally and nationally (Figure 6). Rising trends for males mirrored that for females and all

persons, showing strong upward trajectories and even greater distinction between area trends. In particular, reports for males in North were consistently above those of other areas at all periods, with the gap between North and Scotland widening over time. Meanwhile, rates in East and South which started below the Scottish average in the baseline period (2002-06), now stand well above the national average, though not significantly so, in the recent period (2013-17). Moreover, the sharp rise in female rates seen from 2013 (midpoint) may have started even earlier among males from 2011 (midpoint).

**In detail:** From 2002 to 2017, rates increased from 11.0 to 19.7 per 100,000 males in Scotland, from 8.9 to 23.8 in East, from 13.1 to 26.2 in North and from 5.8 to 23.3 in South. Fifteen-year percentage increases amounted to 78% in Scotland, 166% in East, 100% in North and 300% in South, showing a striking increase in South which yielded the lowest report in the baseline period (2002-06) but rose more sharply than other areas after 2011 (midpoint).

**FIGURE 6: Male drug-related mortality rates in Scotland and Council areas in Ayrshire and Arran, from 2002 to 2017 (5-year rolling intervals): EASR per 100,000 male population**



Source: <https://www.scotpho.org.uk>

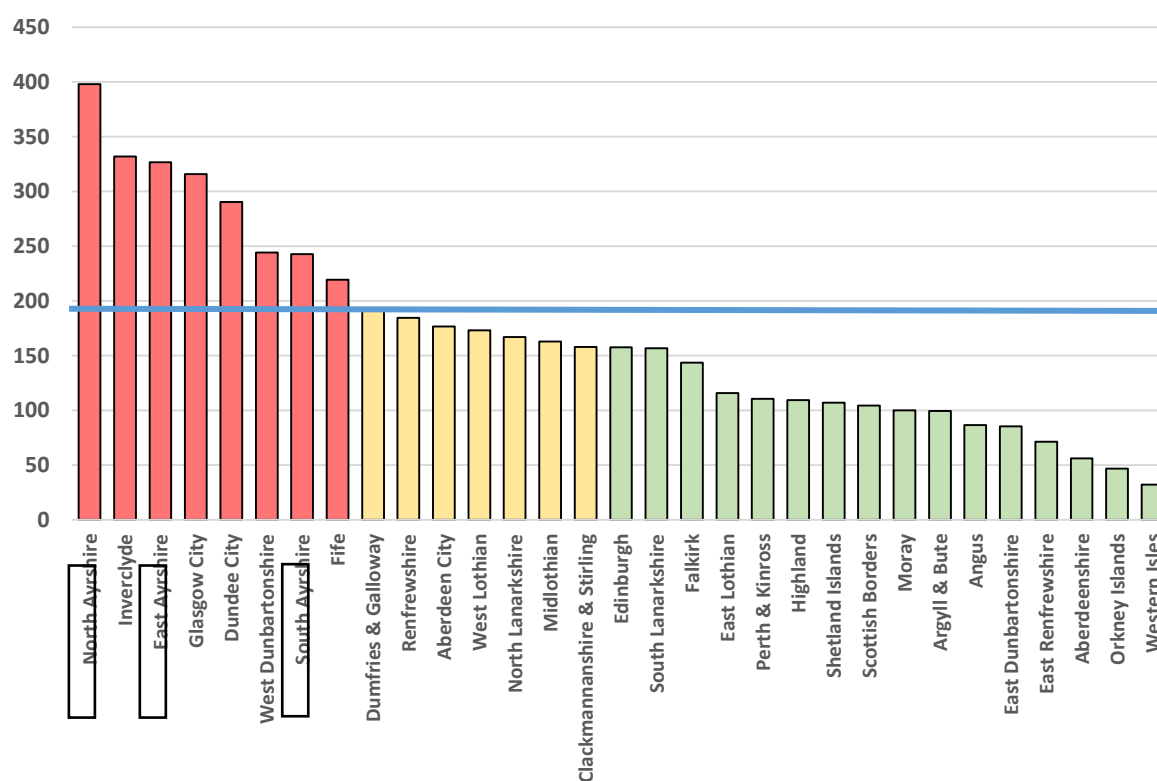
## D. Indicator 4: Drug-related hospital stays (all persons)

**AREA COMPARISONS, 2015/16-17/18**

3-year aggregated data (financial years)

Analysis of drug-related hospital stay rates (all persons, EASR per 100,000 population) in the period 2015/16-17/18, showed that rates in North (397.9), East (326.8) and South (242.7) were all significantly higher (worse) than the national average (180.5) (Figure 7). The three local reports were in the top 7 among all Scottish HSCP areas. In particular, rates in North, East and South ranked 1<sup>st</sup>, 3<sup>rd</sup> and 7<sup>th</sup> respectively among 31 HSCP areas across Scotland. Six of the top 7 reports related to West of Scotland areas, reflecting and corroborating the regional effect seen in the drug-related mortality trends (see Figure 1 above).

**FIGURE 7: Drug-related hospital stays (all persons) in Scottish HSCP areas, 2015/16-17/18 (3-year aggregated data): EASR per 100,000 population**



**KEY:**

- Scottish average (180.5 drug-related hospital stays per 100,000 population)
- Statistically significantly 'worse' than national average
- Statistically not significantly different from national average
- Statistically significantly 'better' than national average

Source: <https://www.scotpho.org.uk>

**AREA TIME TRENDS, 2002/03-17/18**

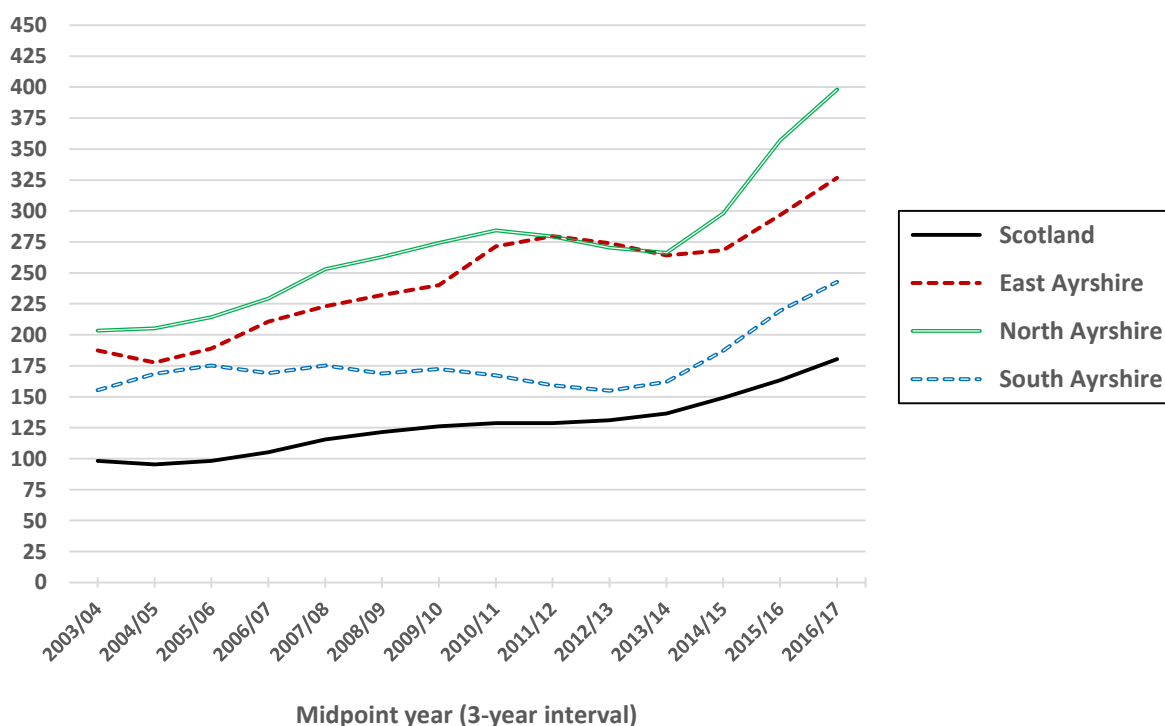
3-year rolling interval data (financial years)

**Big picture:** From 2002/03 to 2017/18, drug-related hospital stay rates increased locally and nationally, and most emphatically during the recent period (Figure 8). Nationally, two main

periods of increase were apparent: from midpoint years 2006/07 to 2010/11 and then again from midpoint years 2013/14 to 2016/17, with steeper increase observed in the latter period. Local rates were considerably elevated above national rates at all time points, especially in East and North, and local trends mostly followed the national trend with the exception of South where rates were flat from midpoint years 2003/04 to 2013/14. However, steeper inclines occurred in all areas locally than nationally during the recent period, especially in North, resulting in a widening of the already extensive gap between national and local data.

**In detail:** From 2002/03 to 2017/18, rates increased from 98.1 to 180.5 per 100,000 population in Scotland, from 187.5 to 326.8 in East, from 203.4 to 397.9 in North and from 155.3 to 242.7 in South. Fifteen-year percentage increases amounted to 84% in Scotland, 74% in East, 96% in North and 56% in South, showing a notable increase in North which yielded highest area report at most time points and a very high report in the most recent period (2016/17 midpoint).

**FIGURE 8: Drug-related hospital stay rates (all persons) in Scotland and HSCP areas in Ayrshire and Arran, from 2002/03 to 2017/18 (3-year rolling intervals): EASR per 100,000 population**



Source: <https://www.scotpho.org.uk>

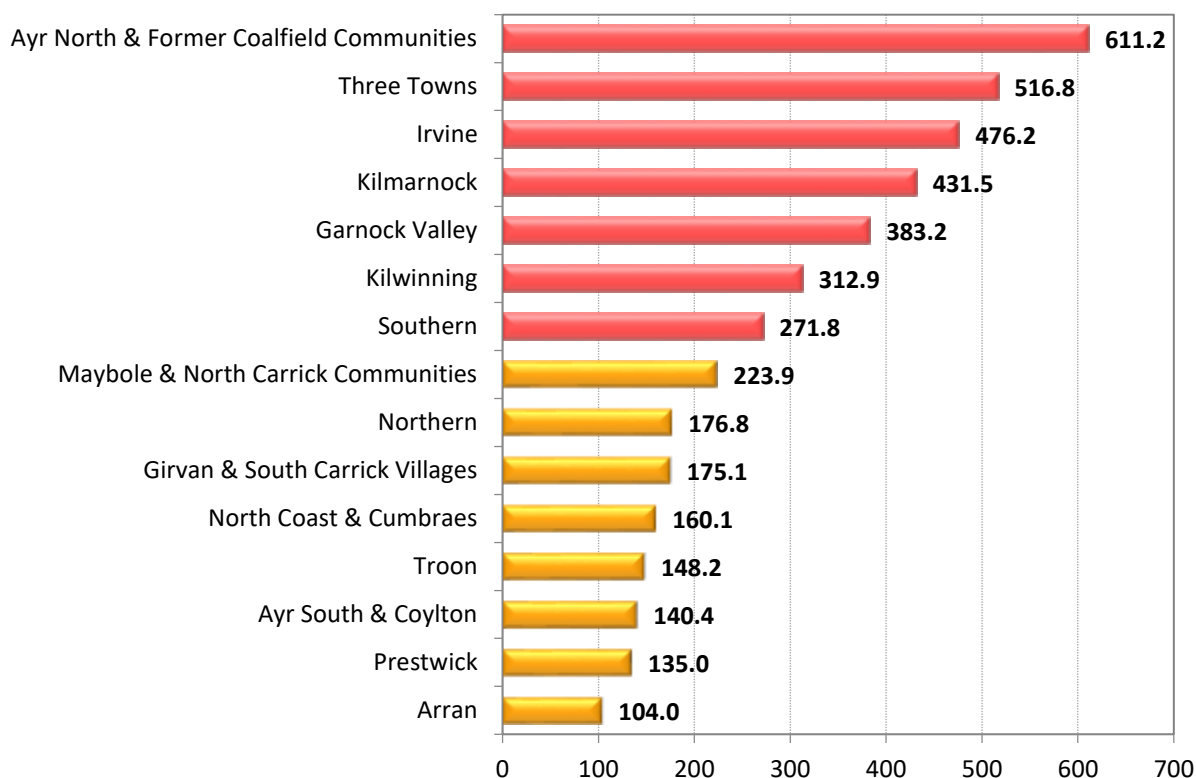
**LOCALITY COMPARISONS, 2015/16-17/18**  
(aggregated)

3-year aggregated data (financial years)

Data at HSCP locality level was available for drug-related hospital stays (all persons), allowing for more detailed geographical analysis and identification of hot spots at sub area level. Analysis relating to the period 2015/16-17/18 showed that rates of drug-related hospital stays in Ayr North, Three Towns, Irvine, Kilmarnock, Garnock Valley, Kilwinning and the Southern locality in East were all significantly higher (worse) than the national rate (Figure 9). All other localities in Ayrshire and Arran reported rates statistically indistinguishable from the national average (of 180.5 per 100,000). Areas with drug-related hospital stay rates significantly worse than Scotland were also found to be significantly more deprived than Scotland, revealing a strong association between levels of population income deprivation and levels of drug-related harm impacting local acute care services. Moreover, the top four drug-related hospital stay

rates pertained to the major urban populations in Ayrshire and Arran; namely, Ayr (specifically Ayr North), Three Towns, Irvine and Kilmarnock.

**FIGURE 9: Drug-related hospital stays (all persons) in HSCP localities in Ayrshire and Arran, 2015/16-17/18 (3-year aggregated data): EASR per 100,000 population**



**KEY:**

- Statistically significantly 'worse' than national average
- Statistically not significantly different from national average

Source: <https://www.scotpho.org.uk>

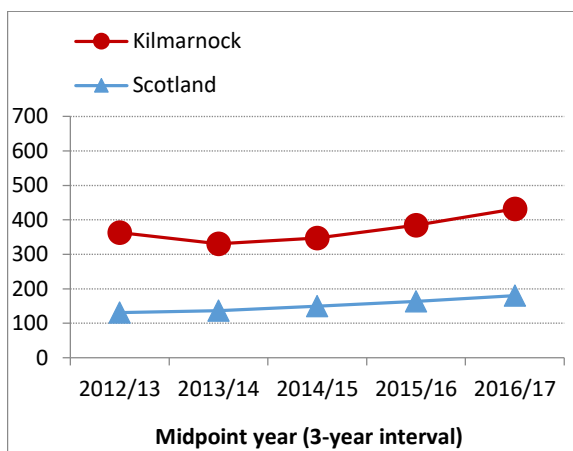
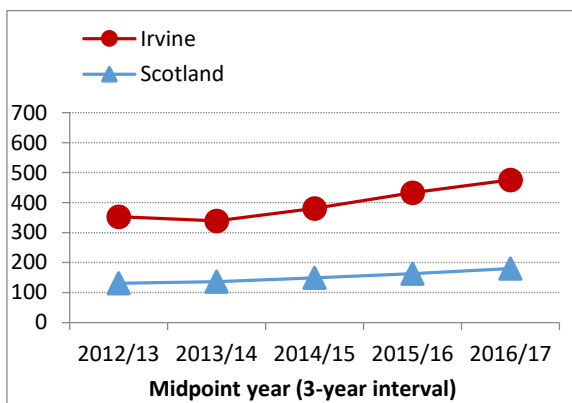
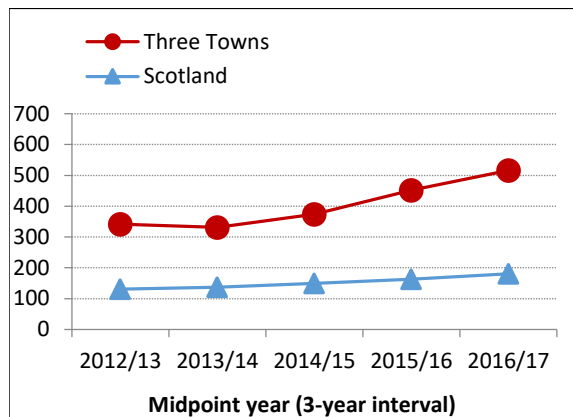
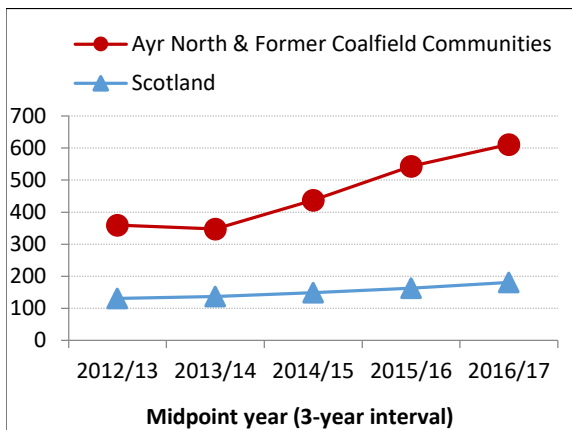
**LOCALITY TIME TRENDS, 2011/12-17/18**

3-year rolling interval data (financial years)

**Big picture:** From 2011/12 to 2017/18, drug-related hospital stay rates increased in Scotland and in all HSCP localities (n=15) in Ayrshire and Arran, with the exception of Arran (in North) and Northern (in East), both of which demonstrated modest decreases in rates. Trends over time were strikingly similar among the top four localities which were significantly worse than Scotland in the current period (Figure 10). Essentially, rates in these localities were fairly level at the start of the relevant period before all climbing notably after 2013/14 (midpoint), with more rapid increase observed in Ayr North and Three Towns.

**In detail:** From 2011/12 to 2017/18, increases over time in excess of 50% were observed in 7 of 15 HSCP localities in Ayrshire and Arran as follows: Southern (located in East); Kilwinning, Garnock Valley and Three Towns (all located in North); and Maybole & North Carrick Communities, Ayr North & Former Coalfield Communities and Troon (all located in South).

**FIGURE 10: Drug-related hospital stay rates (all persons) in HSCP localities in Ayrshire and Arran, from 2011/12 to 2017/18 (3-year rolling intervals): EASR per 100,000 population - top four localities currently and significantly worse than Scotland**



Source: <https://www.scotpho.org.uk>

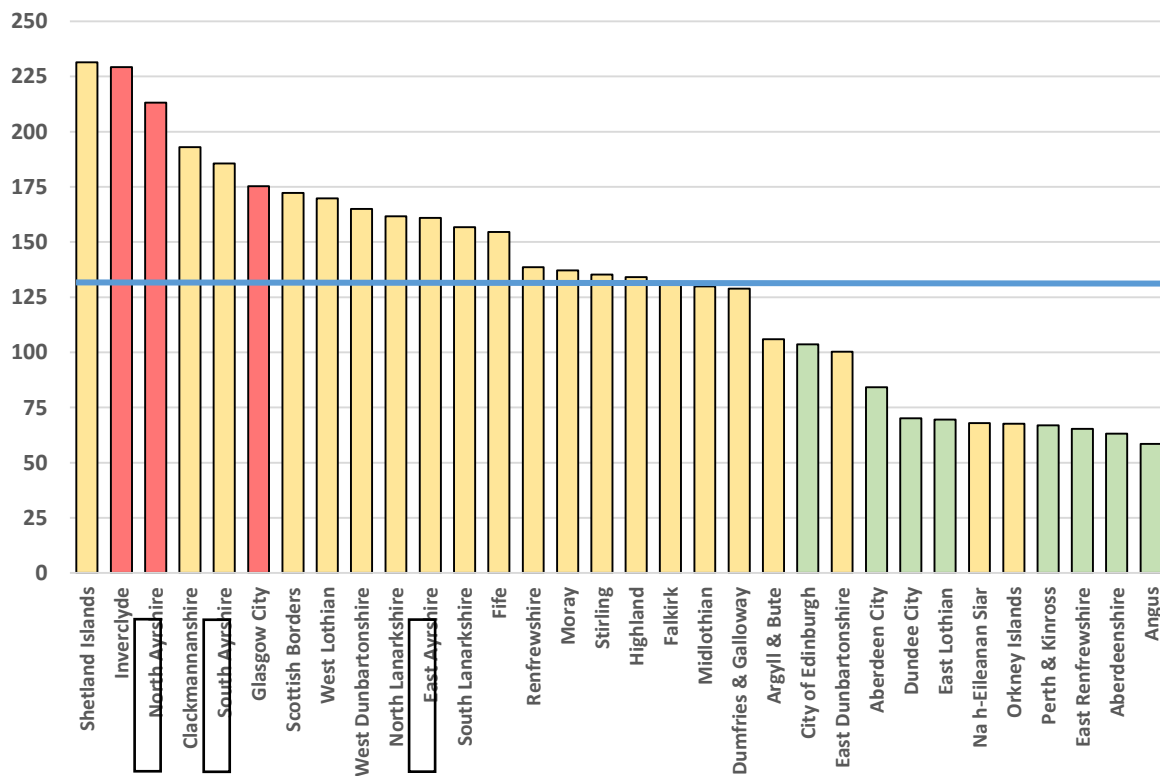
## E. Indicator 5: Drug-related hospital stays (aged 11-25)

**AREA COMPARISONS, 2015/16-17/18**  
(aggregated)

3-year aggregated data (financial years)

Analysis of drug-related hospital stay rates among young people aged 11-25 years old (EASR per 100,000 population aged 11-25) in the period 2015/16-17/18, showed that rates in North (213.2), South (185.6) and East (161.0) were all higher (worse) than the national average (132.2), and significantly so in North (Figure 11). Among all Scottish Council areas, rates in North, South and East were ranked 3<sup>rd</sup>, 5<sup>th</sup> and 11<sup>th</sup> respectively. Interestingly, West of Scotland areas were not as strongly featured among the top reports for the 11-25 age group compared to those for all ages (compare Figure 11 with Figure 7 above).

**FIGURE 11: Drug-related hospital stays (aged 11-25) in Scottish Council areas, 2015/16-17/18 (3-year aggregated data): EASR per 100,000 population aged 11-25**



**KEY:**

- Scottish average (132.2 drug-related hospital stays per 100,000 population aged 11-25)
- Statistically significantly 'worse' than national average
- Statistically not significantly different from national average
- Statistically significantly 'better' than national average

Source: <https://www.scotpho.org.uk>

**AREA TIME TRENDS, 2002/03-17/18**

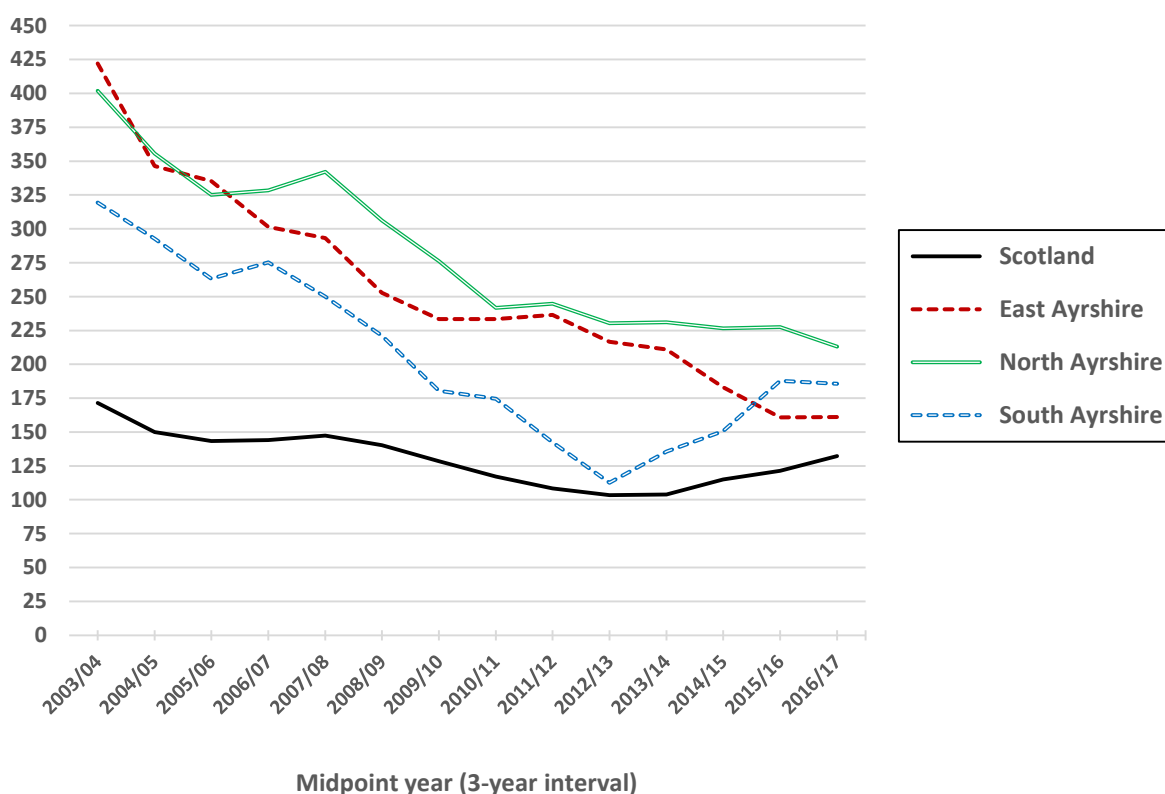
3-year rolling interval data (financial years)

**Big picture:** From 2002/03 to 2017/18, drug-related hospital stay rates among 11-25 year olds decreased in all areas, with steeper decreases seen locally than nationally (Figure 12).

The sharper decline in local than national reports has resulted in narrowing of the gap between local and national data, as shown by converging trend lines in Figure 12. North reports mostly exceeded those of other areas throughout the whole period, including the current period, with East and South rates mainly in between North and Scotland.

**In detail:** From 2002/03 to 2017/18, rates dropped from 171.6 to 132.2 per 100,000 aged 11-25 in Scotland, from 422.1 to 161.0 in East, from 401.9 to 213.2 in North and from 319.4 to 185.6 in South. Fifteen-year percentage decreases amounted to 23% in Scotland, 62% in East, 47% in North and 42% in South, showing a notable decrease in East on account of yielding highest local report at baseline (2003/04 midpoint) and lowest in the current period (2016/17 midpoint). Local decreases were therefore about twice or more that of the equivalent national decrease for this particular age group.

**FIGURE 12: Drug-related hospital stay rates (age 11-25) in Scotland and Council areas in Ayrshire and Arran, from 2002/03 to 2017/18 (3-year rolling intervals): EASR per 100,000 population aged 11-25**



Source: <https://www.scotpho.org.uk>



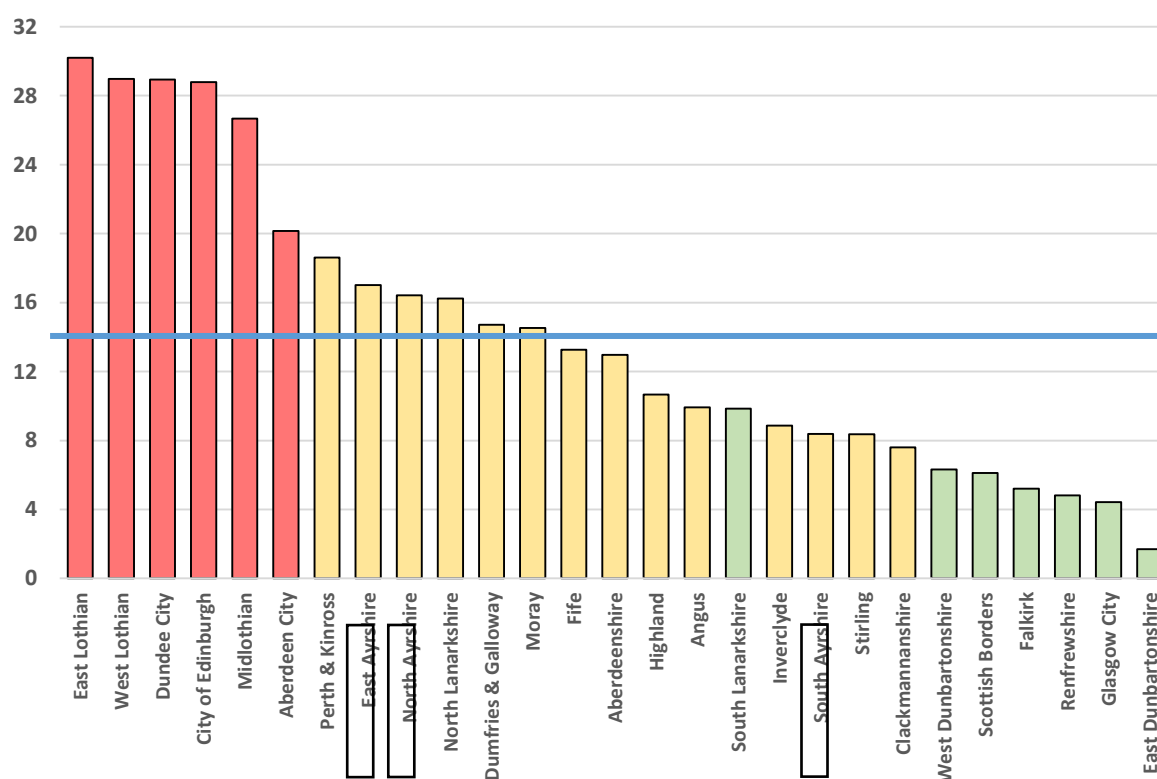
## F. Indicator 6: Maternities with drug use

**AREA COMPARISONS, 2015/16-17/18**

3-year aggregated data (financial years)

Analysis of maternities recorded with drug use (crude rate per 1,000 maternities) in the period 2015/16-17/18, showed that rates in East (17.0), North (16.4) were higher (worse), and in South (8.4) was lower (better), than the national average (14.1), though differences between local and national data were not significantly different (Figure 13). Among 27 Scottish Council areas reporting, rates in East, North and South were ranked 8<sup>th</sup>, 9<sup>th</sup> and 19<sup>th</sup> respectively. Interestingly, East of Scotland areas were strongly represented at the top end of this data, contrasting with the prominence of West of Scotland areas at the top end of the drug-related mortality and hospital stay (all persons) data.

**FIGURE 13: Maternities recorded with drug use in Scottish Council areas, 2015/16-17/18 (3-year aggregated data): crude rate per 1,000 maternities**



**KEY:**

- Scottish average (14.1 maternities recorded with drug use per 1,000 maternities)
- Statistically significantly 'worse' than national average
- Statistically not significantly different from national average
- Statistically significantly 'better' than national average

Source: <https://www.scotpho.org.uk>

**AREA TIME TRENDS, 2005/06-17/18**

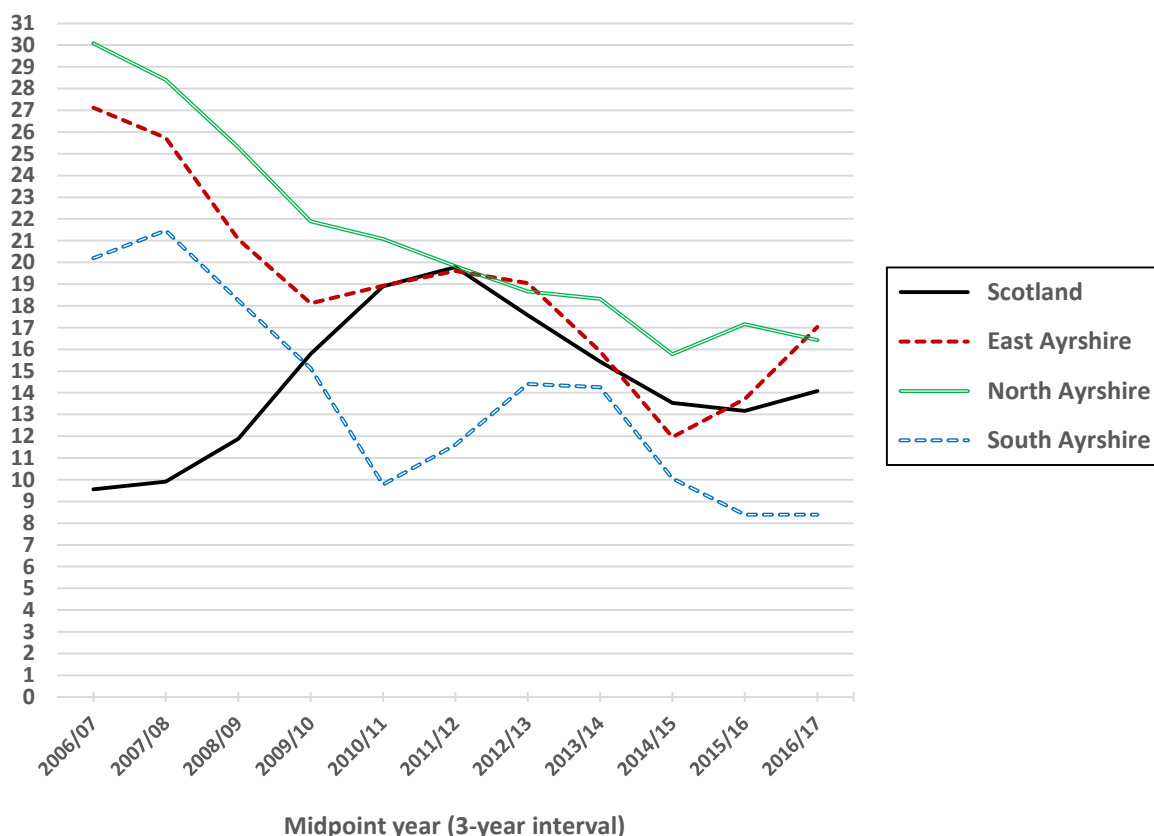
3-year rolling interval data (financial years)

**Big picture:** From 2005/06 to 2017/18, crude rates of maternities recorded with drug use notably decreased in local areas while modestly increasing in Scotland as a whole (Figure 14).

Locally, the drug-related maternity data followed the declining patterns seen in drug-related hospital stays among 11-25 year olds, rather than the increasing patterns seen in drug-related mortality and hospital stays (all persons). And while increasing overall, the national trend also appears to have largely fallen since 2011/12 (midpoint).

**In detail:** From 2005/06 to 2017/18, rates of maternities recorded with drug use increased from 9.6 to 14.1 per 1,000 maternities in Scotland, and decreased from 27.1 to 17.0 in East, from 30.1 to 16.4 in North and from 20.1 to 8.4 in South. Twelve-year changes amounted to an increase of 47% in Scotland, and decreases of 37%, 45% and 58% in East, North and South respectively. Over the relevant period, rates in East and North have remained elevated above those in South.

**FIGURE 14: Maternities recorded with drug use in Scotland and Council areas in Ayrshire and Arran, from 2005/06 to 2017/18 (3-year rolling intervals): crude rates per 1,000 maternities**



Source: <https://www.scotpho.org.uk>

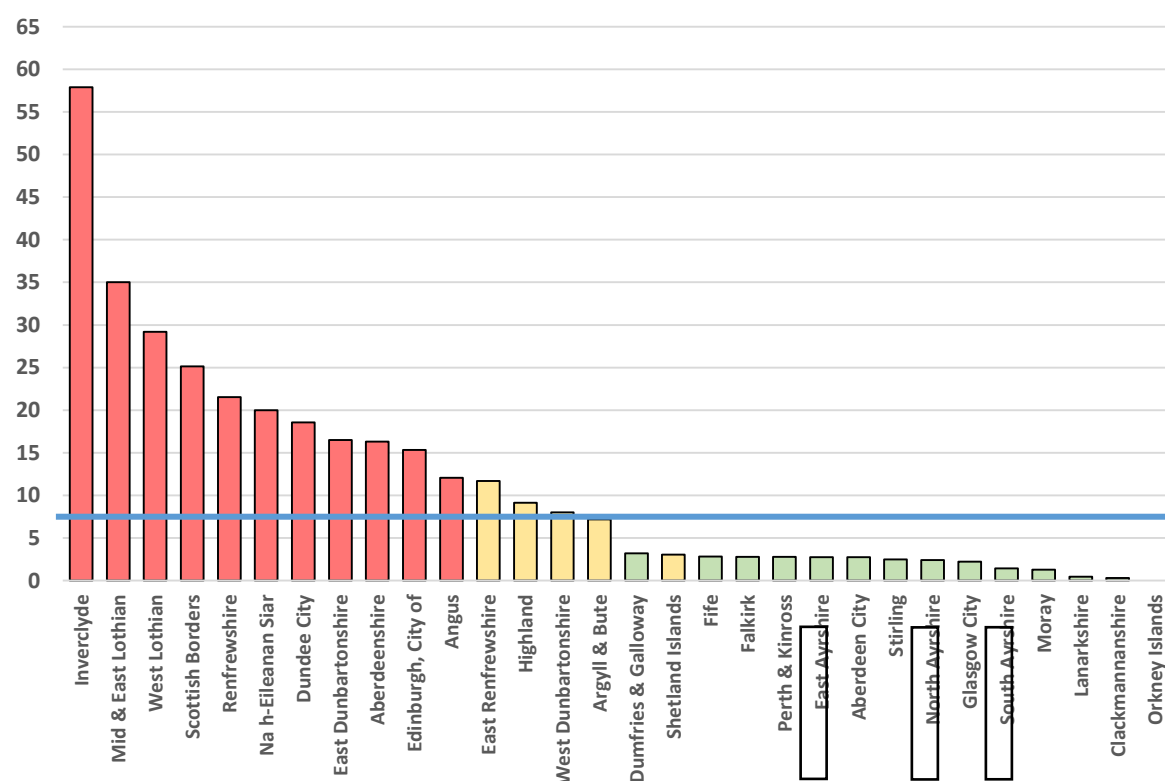
## G. Indicator 7: Drug treatment waiting times

### AREA COMPARISONS, 2017/18

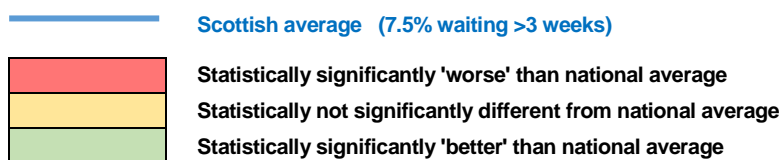
Single year data (financial years)

Analysis of drug treatment waiting times (percentage of clients waiting more than three weeks between referral to specialist service and start of treatment) in 2017/18, showed that rates in East (2.8%), North (2.4%) and South (1.4%) were markedly and significantly lower than the national average (7.5%) (Figure 15). Among Scottish ADP areas, rates in East, North and South were ranked among the 10 lowest reported in Scotland. Local area figures appear fairly commensurate, showing consistency across Ayrshire and Arran. Moreover, long waiting times appear, proportionally, to be about 3-5 times less of a problem locally than nationally.

**FIGURE 15: Drug treatment waiting times in Scottish ADP areas in 2017/18: percentage of clients waiting >3 weeks between referral to specialist service and start of treatment (HEAT target)**



#### KEY:



Source: <https://www.scotpho.org.uk>

### AREA TIME TRENDS, 2011/12-17/18

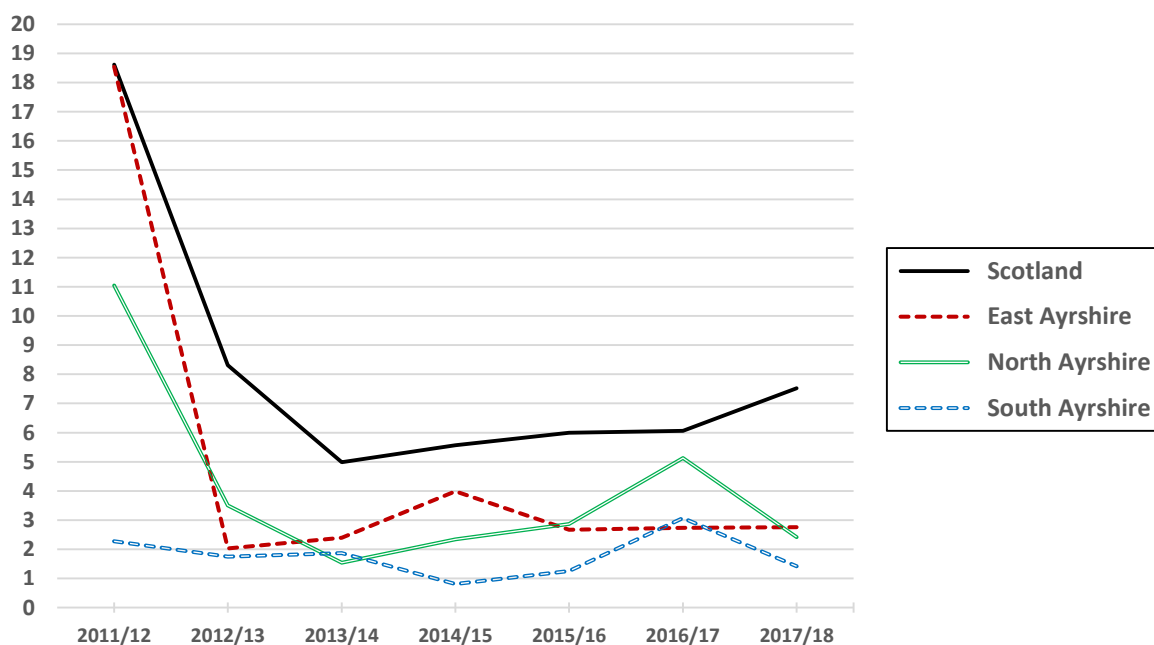
Single year data (financial years)

**Big picture:** From 2011/12 to 2017/18, percentages of clients waiting more than three weeks declined markedly in all areas, with the exception of South which remained on a relatively low

level throughout this period (Figure 16). Sharp declines were observed in East, North and Scotland over a 1-2 year period at the start of the relevant period and, from 2013/14 forward, reports in these areas levelled out, conforming to the flatter pattern of South. Since 2013/14, local reports have been consistently below national reports.

**In detail:** From 2011/12 to 2017/18, percentages of clients waiting more than three weeks decreased from 18.6 to 7.5% in Scotland, from 18.5 to 2.8% in East, from 11.0 to 2.4% in North and from 2.3 to 1.4% in South. Six-year changes amounted to sizeable decreases of 60%, 85% and 78% in Scotland, East and North respectively, and a modest decrease of 38% in South. As stated above, the bulk of change in most areas occurred over a brief period of time at the start of the relevant period, raising questions about potential cause(s) of such abrupt downward shifts in the data. By way of speculation, these shifts are more likely to be explained by service improvements (e.g., service expansion or reconfiguration) than by diminished numbers of clients, given the big increases which were seen over this same period in drug-related mortality and hospital stays (all persons).

**FIGURE 16: Drug treatment waiting times in Scotland and ADP areas in Ayrshire and Arran, from 2011/12 to 2017/18: percentage of clients waiting >3 weeks between referral to specialist service and start of treatment (HEAT target)**



Source: <https://www.scotpho.org.uk>

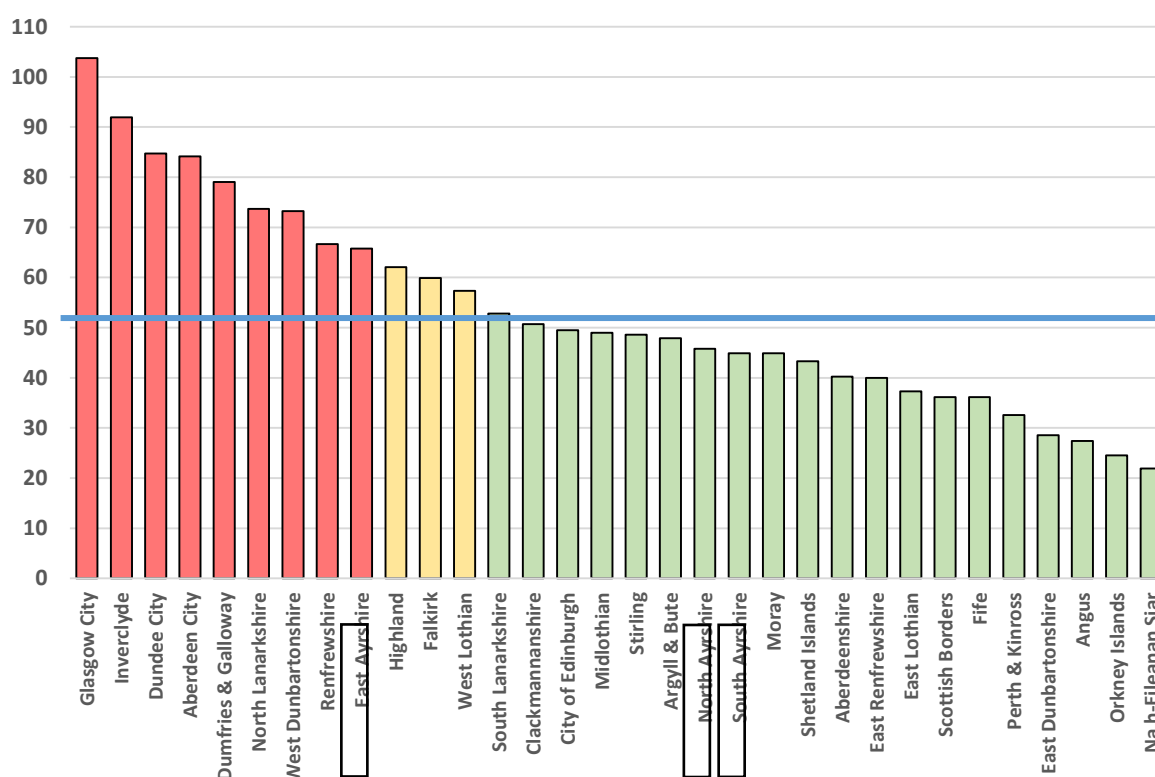
## H. Indicator 8: Drug crimes recorded

### AREA COMPARISONS, 2017/18

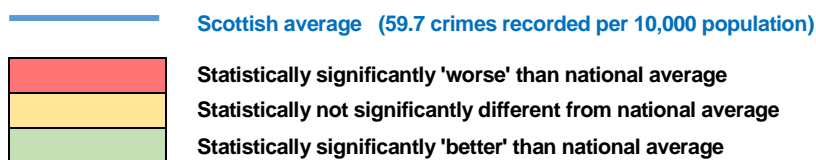
Single year data (financial years)

Analysis of drug crimes recorded (crude rate of numbers of crimes recorded per 10,000 population) in 2017/18, showed that the rate in East (65.8) was significantly higher (worse), while rates in North (45.8) and South (44.9) were significantly lower (better), than the Scottish average (59.7) (Figure 17). Among Scottish Council areas, rates in East, North and South were ranked 9<sup>th</sup>, 19<sup>th</sup> and 20<sup>th</sup> respectively. Six of nine Scottish Council areas which were found to be significantly worse than Scotland as a whole were located in West of Scotland, reinforcing the narrative of more widespread drug-related harm being experienced in that region.

**FIGURE 17: Drug crimes recorded in Scottish Council areas in 2017/18: crude rates of numbers of crimes recorded per 10,000 population**



#### KEY:



Source: <https://www.scotpho.org.uk>

### AREA TIME TRENDS, 2006/07-17/18

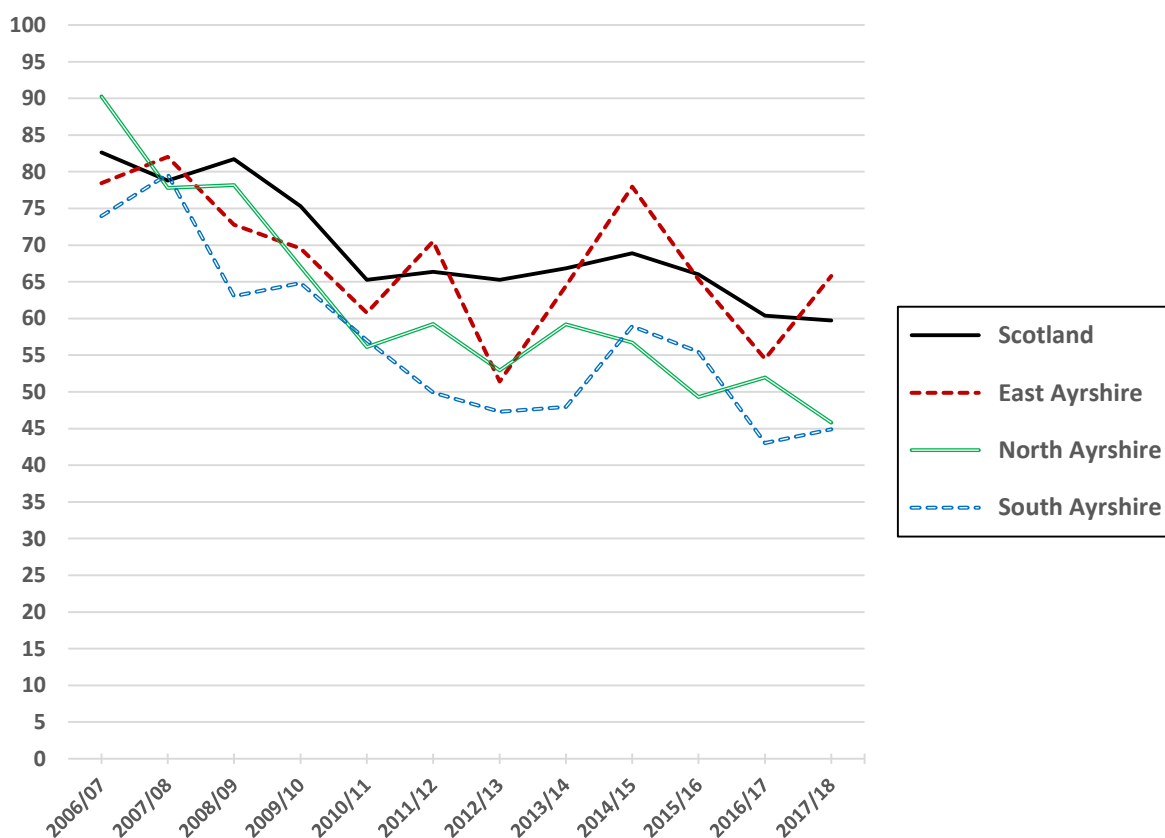
Single year data (financial years)

**Big picture:** From 2006/07 to 2017/18, rates of drug crimes recorded declined markedly in Scotland and also locally (Figure 18). On closer examination, patterns of decline in North and

South were similar and steeper than Scotland as a whole, while that in East was somewhat erratic, more gradual overall and closer to the Scottish rate of decline. Moreover, rates in North and South have been below Scottish rates since 2008/09 and the gap between the national and local data has widened in these two areas.

**In detail:** From 2006/07 to 2017/18, rates decreased from 82.6 to 59.7 crimes recorded per 10,000 population in Scotland, from 78.5 to 65.8 in East, from 90.3 to 45.8 in North and from 74.0 to 44.9 in South. Eleven-year changes amounted to relatively modest decreases of 28% in Scotland and 16% in East, and more marked decreases of 49% in North and 39% in South. Thus rates have fallen around 2-3 times faster in North and South than in East and Scotland.

**FIGURE 18: Drug crimes recorded in Scotland and Council areas in Ayrshire and Arran, from 2006/07 to 2017/18: crude rates of numbers of crimes recorded per 10,000 population**



Source: <https://www.scotpho.org.uk>

## **I. Overview of trends**

In conclusion, it is clear that drug-related harm in Ayrshire and Arran and Scotland as a whole has largely increased over the last decade, and especially over the latter half of this period. In particular, rates of drug-related mortality and drug-related hospital stays (all persons) all demonstrated strong inclines, locally and nationally, with more marked increases apparent from 2013 until the present time. Within this finding, male and female drug-related mortality trends both demonstrated evidence of rapid increase after 2013. Escalating trajectories in mortality and acute care data suggest that drug-related harm and its adverse effects to health and life will likely continue to increase locally and nationally in the near future, and almost certainly in the absence of robust intervention and/or deep cultural change.

Within this predominant pattern of increase, some geographical distinctions in the data were evident and worth noting here. In particular, local drug-related mortality rates were mostly higher (worse) locally than nationally. For example, male drug-related mortality has been worse in all three local HSCP areas compared to Scotland since 2013, significantly so in North. In contrast, equivalent female data was lowest in North in the current period and below the national average, and concurrent reports in East and South were above the national average. These distinctions, however, should not distract from the overriding fact that drug-related mortality rates are progressively increasing in all areas. With respect to the acute care data (hospital stays, all persons), area distinctions were even more pronounced. Rates in local HSCP areas were all significantly above (worse) than Scotland in the current period, and the gap between local areas and Scotland has also widened recently. The elevated rate and steeper increase observed in North is of note. Again, these distinctions should not detract from the clear indication that rates are climbing rapidly in all areas, locally and nationally.

Examination of locality (sub area) data also shed light on where drug-related harm appears to be exerting greatest impact locally. Analysis showed that those localities in the more income deprived parts of Ayrshire and Arran were those reporting relatively higher rates of drug-related mortality and hospital admissions. The top four localities in this context covered all major urban populations in Ayrshire and Arran: namely, Ayr North, Three Towns, Irvine and Kilmarnock. However, problems were also evident in rural and relatively more affluent localities, with sizeable increases in drug-related hospital stays (all persons) observed over a six year period in Garnock Valley, Southern (in East), Maybole & North Carrick and Troon. These various findings suggest that broad approaches to education, prevention and intervention across all socio-economic strata of the local population may prove more appropriate and efficacious compared to more narrowly targeted approaches, or at least developed and implemented alongside such targeted approaches.

Despite the disquieting conclusions reported above, there is also some optimism to be gleaned from some of the ScotPHO indicators. In particular, rates of drug-related hospital stays among 11-25 year olds, rates of maternities reported with drug use and rates of drug crimes recorded all substantially fell over the last decade. From a maternal and child health perspective, the fall in data pertaining to the first two indicators is clearly encouraging. *However, the hospital trends for those aged 11-25 are at odds with those for all ages, so that increases seen in the latter data have clearly happened among those aged over 25 years.* This last point has implications for effective intervention since drug prevention education may be getting through to younger people, locally and nationally, possibly explaining the substantial drops observed in the hospital data for younger people. But there is unquestionably a deficit in the group aged over 25. Other studies have suggested that this deficit is strongest in the middle-aged group, with evidence that drug-related mortality is currently highest in this age group, particularly among males. It is hard to confidently interpret the fall in reported drug-related crime. This may reflect Scottish policing policies and strategies rather than an actual fall in prevalence, particularly when mortality and acute care data indicate that prevalence of drug misuse is likely increasing in Ayrshire and Arran and in Scotland as a whole.

Finally, all of the results considered together should encourage focus on development of preventive measures which maintain and improve on the progress being made with young people and expectant mothers. But effective measures are also needed to counter the growing problems seen in adults aged over 25. The scale and escalating nature of the problem suggest that concerted local and national action is urgently required across a range of disciplines and agencies working in close partnership to tackle drug misuse and resultant harms.



### Motion agreed by North Ayrshire Council

Data published in 2018 showed that Scotland has the highest level of drug related deaths across Europe, here in North Ayrshire the level of drug related deaths are above the Scottish average.

North Ayrshire Council agrees:

1. To declare a drugs death emergency and requests the Health and Social Care Partnership to convene a drugs death summit of Community Planning Partners to consider multi-disciplinary local drug policy, funding and service improvements (summit date arranged for January 2020)
2. That the Chief Executive write to the Cabinet Secretary for Health and Sport to strongly urge the Scottish Government to declare drug related deaths as a public health emergency in Scotland and seek a commitment to making real terms funding increases towards Alcohol and Drug Partnerships.
3. That the Chief Executive write to the Home Secretary seeking the devolution of drug powers to Scotland that would allow Drug Consumption Rooms in Scotland and permit the decriminalisation of drug possession which has proved hugely successful in countries such as Portugal.