



DRUG DEATHS IN FORTH VALLEY 2018

*A Report of the Findings of the Forth Valley Alcohol and Drug
Partnership Drug Death and Critical Incident Review Group*

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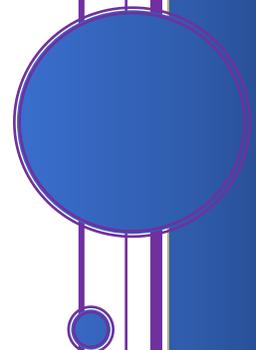
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Executive Summary

This report contains cumulative and descriptive information about the drug-related deaths which occurred in the Forth Valley Health Board area between January and December 2018. Key points include the following:

Prevalence Rates

- There were 69 drug deaths in Forth Valley in 2018; the highest number of drug death to have occurred in this area in a single calendar year.
- There were 0.225 drug deaths per 1000 of the population in Forth Valley in 2018. This was a marked increase from the rate of drug deaths in 2017 (0.124) and 2016 (0.188).
- The 2018 drug death rate for Forth Valley was, for the first time, marginally greater than the average rate across Scotland of 0.219 drug deaths per 1000 of the population.
- The rate of drug deaths varied across the different Health Board areas within Forth Valley: relatively more deaths occurred in the Falkirk area (0.274 per 1000 population), than in Clackmannanshire (0.175) and Stirling (0.169).

Demographic Information and Living Situations

- The mean age of drug death victims was 39.4 years. 72% of the drug death victims were male and 28% were female; both age and gender of the victims were in line with national trends.
- The majority (74%) of drug death victims were living in their own tenancies at the time of their deaths; 58% of the victims lived on their own.
- The majority of drug death victims (80%) were not involved in an intimate, romantic relationship at the time of their deaths.
- 38% of the drug death victims had children under the age of 16. Across Forth Valley, 39 children lost a parent as a result of a drug death in 2018.
- 93% of drug death victims were unemployed at the time of their deaths.

Service Contact and Health

- 45% of drug death victims had served a prison sentence in the past.
- The majority of the drug deaths victims were suffering from serious physical (84%) and/or mental (75%) health problems at the time of their deaths.
- Around 1 in 4 of the drug death victims had been the victim of abuse in the past and adverse life events in the six months prior to the deaths were common.
- 97% of the drug death victims were known to services across Forth Valley as substance users and 57% were known injecting drug users.
- 62% of the drug death victims were known to have taken a drug overdose at least once in the past.
- All but one of the drug death victim were registered with a GP at the time of their deaths; 59% of drug death victims had made contact with their GP in the 6 months prior to their deaths.
- 27 (39%) were known to Criminal Justice Social Work Services at some point in their lives; 7 individuals (10%) were in active contact with these services at their time of deaths.
- 26% of the drug deaths victims were in contact with a specialist statutory drug treatment service at the time of their deaths. Almost half of the drug death victims (46%) were in contact with any substance use treatment service at the time of their deaths (including primary care, third sector and specialist services).
- 36% of the drug death victims had been prescribed opioid substitute medication at the time of their deaths.
- Two individuals (3%) were in contact with mental health services (either statutory or forensic).

Circumstances of Drug Deaths

- There were no reliable patterns in the days of the week on which drug deaths occurred, but deaths may have been more likely during the winter months than at other times of the year.
- The majority of drug deaths (58%) occurred in the victims' own homes.
- Bystanders were present in just over half of the drug deaths (55%).
- Take Home Naloxone had been supplied to 35% of the drug deaths victims prior to their deaths; however, it was administered by bystanders in only 1% of the cases.

Substances Involved

- The substances most commonly involved in the drug deaths were benzodiazepines (83%), opiate substitutes (62%), heroin/morphine (61%), and anti-depressant medication (55%).
- The number of benzodiazepine-related deaths continue to rise in Forth Valley; in 2018, for the first time, Etizolam was more common in drug deaths than Diazepam.
- Prevalence of medications that is primarily available by prescription (e.g. anti-depressants, opioid analgesics, pregabalin and gabapentin) was high in the drug deaths; as were indications of diversion of prescribed medication.

Introduction

The aim of the Forth Valley Drug Death and Critical Incident Review Group is the review of drug related harm and critical incidents, including drug deaths and non-fatal overdoses in Forth Valley. This report includes information pertaining to the demographic, geographical, social, criminal offending, substance use, physical health, psychiatric/psychological health and service use characteristics of individuals who died as a result of a fatal drug overdose between January and December 2018. The circumstances of these deaths are also considered in detail within the present report.

The information collated here is based on the data submitted to the ISD database, which gathers information regarding all drug deaths in Scotland. Forth Valley has been gathering detailed and systematic information on all drug deaths since 2010. As a result of this information, the group sets forth recommendations to facilitate improvement in patient care in Forth Valley, by informing policy and practice at a local and national level. The review of individual cases and implementation of national policy, it is hoped, will lead to a reduction in drug death and critical incidents.

Methods Used

The Forth Valley Drug Death and Critical Incident Review Group routinely collects information about all drug deaths in the Clackmannanshire, Falkirk and Stirling council areas (i.e. Forth Valley) and submits this information to the ISD database. The present report is based on an extract of this data.

Any death for which no death certificate can be issued immediately is subject to a police investigation and a Sudden Death Report, which is submitted to the Procurator Fiscal. The group is alerted by the police of any deaths which have the potential to be later confirmed as drug deaths by the post-mortem toxicology results. Specifically, these are either sudden deaths of known substance users or deaths in which illicit drugs were found at the scene or mentioned in witness statements.

The group requests medical records for the potential drug death victims, as well as information from additional treatment services the individual might have been known to.

Approximately 12 weeks after the death, the post mortem and toxicology reports of the suspected drug deaths are considered by the group, at which point the deaths are either confirmed or rejected as drug deaths. If the death is confirmed, the ISD database is populated with information from a number of sources, including: General Practice electronic and paper records, Psychiatry and Substance Misuse Services case records, Clinical Portal, data collected from other services, information from Adult and Criminal Justice Social Work, Police Reports, NHS Prisoner Healthcare and Post Mortem and Toxicology reports.

A process of confidential data interchange occurs between the National Records of Scotland and the Forth Valley ADP Coordinator, which can be a further point at which drug deaths may be identified and investigated by the group. The National Records of Scotland produce an annual report on drug deaths – their information is derived from post-mortem and toxicology reports and inclusion weighted towards the pathologists' recorded cause of death.

Findings

Prevalence of Drug Deaths

The Forth Valley Drug Death and Critical Incident Review Group has identified 69 drug deaths which occurred in Forth Valley between January and December of 2018. These were deaths which were directly caused by the consumption of either illicit drugs or illicitly obtained prescribed drugs. This means that these deaths were either attributed to a fatal drug overdose by the post-mortem pathologist (and were not better explained by other underlying health conditions), or deaths for which it was reasonable to assume that illicit drugs played a significant role and such drugs were found in the post-mortem toxicology.

It should be noted here that the National Records for Scotland report on Drug-Related Deaths in Scotland in 2018 report (published on 16th July 2019)¹ considers 72 drug deaths in the Forth Valley area in 2018. This report considers 69 deaths. The differences are due to two factors; firstly, the Forth Valley report includes deaths by date of death, while the NRS data is based on date of death registration. This can lead to deaths being counted in different years and therefore belong to different data sets. Secondly, there are also differences of definition; for one case the Forth Valley group had further information available which suggested inclusion in the drug death analysis data set would be unhelpful, while the different methodology employed by NRS meant the patient remained included in the national figures.

Based on the whole Forth Valley population of 306,070 individuals in 2018², the rate of drug deaths in the area were 0.225 per 1000 population in 2018. This exceeds the 2018 drug death rate for the whole of Scotland of 0.219 deaths per 1000 and the 2014 – 2018 Scottish population average of 0.16 drug deaths per 1000 population² by a large margin. It is also noticeably higher than the drug death rate across Forth Valley in 2017 (0.124), as well as the 2014-2018 average rate for Forth Valley (0.14). These figures show a large increase in the drug deaths across Forth Valley from the previous years and exceeding the increase seen on a national level.

¹ National Records of Scotland Drug-Related Deaths in Scotland 2018 (pub. 16th July 2019)

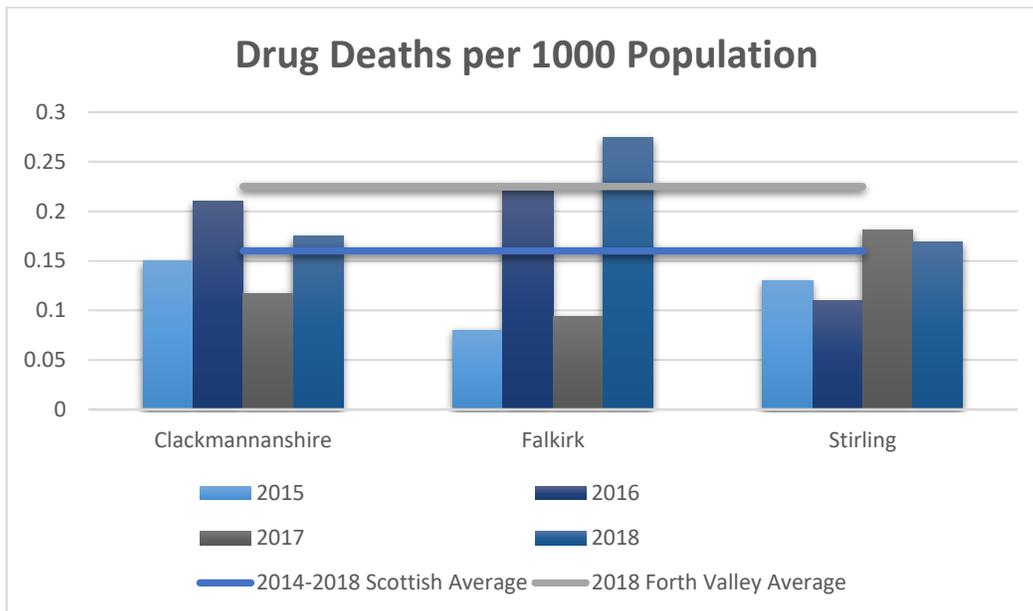
² National Records of Scotland Mid-2018 Population Estimates

Drug Deaths by Area within Forth Valley

The 69 drug deaths in Forth Valley in 2018 did not occur evenly across the three council areas. The number of drug deaths, population and drug deaths per 1000 population for each of the council areas are displayed in the table below:

Area	Number of DDs	Population	Drug Deaths per 1000 population
Clackmannanshire	9	51,400	0.175
Falkirk	44	160,340	0.274
Stirling	16	94,330	0.169
Forth Valley	69	306,070	0.225

Although the overall rate of drug deaths has increased from 2017 (0.124) to 2018 (0.225), this pattern is only reflected in two of the council areas, namely Clackmannanshire and Falkirk. In these areas the rates of drug deaths per 1000 population have increased from 0.117 to 0.175 and from 0.094 to 0.274 respectively. However, in Stirling, the drug death rate per 1000 population has decreased from 0.181 in 2017 to 0.169 in 2018. This shows a reversal of patterns across the three council areas from the previous year, but some fluctuation can be expected. However, the increase in the number of drug deaths in Falkirk in particular is noteworthy in 2018.



The graph shows the drug death rates for the three areas of Forth Valley per 1000 population over the last four years, as well as the Scottish population average for 2014-2018 for comparison. Note that across all three areas, the 2018 drug death rates were generally more aligned with those of 2016 (when the number of drug deaths were also high) rather than 2017. This is especially true for

Falkirk, where the drug death rates were particularly high in 2016 and 2018. It therefore appears that the current trend of the large increase in the number of drug deaths across Forth Valley began in 2016.

Age, Gender and Ethnicity of Drug Death Victims

The mean age of drug deaths victims in Forth Valley was 39.4 years, with ages ranging from 18 to 62 years of age. This is broadly in line with the median age of drug death victims in Scotland in 2018, which was 42 years². When broken down into the separate council areas, the average age of drug death victims in Falkirk was 40.1 years, which is slightly higher than the Forth Valley average. In comparison, the average ages of drug death victims in Stirling (38.8 years) and Clackmannanshire (36.9 years) was slightly lower than the average age of drug deaths victims across Forth Valley. However, these small age differences are likely due to random variability in the data and unlikely to constitute a meaningful pattern, although they reflect the same pattern as seen in previous years, with drug death victims in Falkirk being marginally older, on average, than those in the other areas of Forth Valley.

On a national level, the NRS report for 2018¹ noted that the largest increase in drug deaths occurred in victims between the ages of 35 and 54. Although many deaths occurred in this age range in Forth Valley as well, the largest number of deaths in Forth Valley occurred in individuals between the ages of 25 and 34. These figures indicate that many drug death victims in Forth Valley were young people and not part of an aging cohort.

In terms of gender, 50 of the drug death victims were male and 19 were female, giving a male:female gender ratio of 2.63 (i.e. 72% of drug death victims were male and 28% were female). This is broadly in line with national figures and patterns previously observed in the drug deaths occurring in Forth Valley and across Scotland, where equally 72% of drug death victims were male in 2018¹.

All drug death victims were white, with the vast majority described as White Scottish. This is in accordance with the predominant ethnicity in Forth Valley.

Living Situation of Drug Death Victims

The majority of drug death victims were living in their own tenancies (n = 51 or 74%) at the times of their deaths, with some living in the homes of their relatives (n = 10 or 14%), with friends (n = 2 or 3%) or living in other accommodation arrangements (n = 6 or 9%). Four individuals (6%) were considered homeless, either having no fixed abode at all or staying in homeless accommodation at the time of death. This indicates that while compared to the general population the rate of

homelessness is high in this particular group, the majority of individuals appear to have been in stable and settled living arrangements. Only three individuals (4%) were known to have experienced significant changes in their living arrangements in the 6 months prior to death.

The majority of the drug deaths victims were living on their own at the time of death (n = 40 or 58%). The remaining 29 individuals (42%) were living with others, either with their spouse or partner (n = 8), with their parents or other relatives (n = 11) or with other individuals (n = 10), for example their friends. Five individuals (7%) had changed who they lived with in the 6 months prior to their deaths.

33% of the drug death victims lived in the most deprived areas, or Scottish Index of Multiple Deprivation (SIMD) decile 1. 75% lived within SIMD deciles 1-3, 82% lived within SIMD deciles 1-4 and 89% lived within SIMD deciles 1-5.

Families and Relationships of the Drug Death Victims

The relationship status was known for 65 of the 69 (94%) drug death victims. Ten individuals (or 15%) were married or living with a civil partner. The majority of drug death victims however were not in long term relationships and were either classified as single (n = 38 or 55%), or otherwise separated, divorced or widowed (n = 17 or 25%).

Whether or not the drug deaths victims had children under the age of 16 was known for 63 individuals (or 91% of the cohort). Twenty-six of these individuals (38%) had children under the age of 16, in six cases (9%) these children were living with the drug death victim at the time of death. Across Forth Valley, a total of 39 children under the age of 16 lost a parent as a result of a drug death in 2018; four in Clackmannanshire, 27 in Falkirk and eight in Stirling.

Employment Status

The majority of drug death victims were unemployed at the time of their deaths (n = 64 or 93%). It is likely that a large number of these individuals were in receipt of state benefits. Only five drug death victims (or 7%) were employed at the time of their deaths. Of these, three lived in Falkirk and one each lived in Clackmannanshire and Stirling.

Criminal Justice Histories

Nine individuals (13%) were known to have been in police custody in the 6 months prior to their deaths. Thirty-one drug death victims (or 45%) were known to have served a prison sentence in the past, with the last known prison stay of these individuals lasting in duration from 1 day to 11 years. One individual had been released from prison in the week prior to death, which is a known risk factor for suffering both fatal and non-fatal overdoses. A further four victims had been released from prison between 2 weeks and 6 months prior to their deaths, and the remaining 25 victims were released from prison more than 6 months prior to their deaths.

Physical and Mental Health Indicators

The medical histories were known for all drug death victims. Of the 69 drug death victims, 58 (or 84%) were known to have serious physical health problems. The most common conditions suffered at the time of death and their prevalence are summarised in the following table:

Medical Condition	Number of DD victims	Percentage
Respiratory Disease	17	25%
Liver/Gastrointestinal	8	12%
Neurological Disease	8	12%
Viral Hepatitis	7	10%
Musculoskeletal Problems	7	10%
Cardiac Disease	5	7%
Chronic Pain	3	4%
Deep Vein Thrombosis	3	4%
Cellulitis	3	4%
Other Conditions	11	16%

Similarly, the psychiatric and mental health difficulties of the drug death victims were considered and 52 out of the 69 drug death victims (or 75%) experienced mental health difficulties at the time of their deaths. The most common conditions are summarised in the following table:

Psychiatric Condition	Number of DD victims	Percentage
Depression	32	46%
Anxiety	27	39%
Personality Disorder	6	9%
Posttraumatic Stress	3	4%
Schizophrenia	3	4%
ADHD	2	3%
Other Conditions	3	4%

In addition, three individuals were also diagnosed with an Autism Spectrum Disorder or a Learning Disability.

Twenty-three (or 33%) of the drug death victims had a known history of self-harm, and six victims (9%) were known to have self-harmed in the 6 months prior to their death. Twenty-two victims (32%) had previously attempted suicide.

It is recognised that substance users experience high levels of comorbidity with other physical and mental health problems. In reality, many drug users experience a complex combination of physical and mental health difficulties alongside their substance use, which is also observed in the drug death victims in Forth Valley.

Life Events

Substance users are known as a particularly vulnerable population, which is reflected in the fact that 7 (or 10%) of the drug death victims were known to have experienced sexual abuse and 14 (or 20%) had been the victims of domestic abuse in their lives. Three individuals (or 4%) were known perpetrators of physical abuse.

Difficult and stressful life events were also prevalent amongst the drug death victims, with 30 victims (or 43%) having experienced at least one adverse life event in the 6 months prior to their deaths. The type of adverse life events are recorded in the following table:

Life Event	Number of DD victims	Percentage
Criminal Justice Problems	20	29%
Recent Ill Health	9	13%
Bereavement	8	12%
Assault	7	10%
Homelessness / Housing	6	9%
Child Custody Problems	5	7%
Relationship Breakdown	4	6%
Release from Prison	4	6%
Other	4	6%

It should be noted that the data sources used to collect this information (i.e. service records) have limitations in terms of recording this information. As such, the actual prevalence of life events experienced by the drug deaths victims may be considerably higher.

Substance Use Histories

Sixty-seven of the 69 drug death victims (97%) were known substance users and 39 individuals (or 57%) were known to have a history of injecting drug use. The length of time of their drug use and injecting drug use is summarised in the following table:

Length of Time	Drug Use (n = 67)
Less than 6 months	1 (1%)
6 months – 1 year	1 (1%)
1 – 5 years	6 (9%)
6 – 10 years	10 (14%)
11 – 19 years	16 (23%)
20 years or more	26 (37%)
Unknown	9 (13%)

The distribution of injecting substance users across Forth Valley was very consistent; 56% of the drug death victims in Clackmannanshire and Stirling and 57% of the drug death victims in Falkirk were known injecting drug users.

Forty-three (or 62%) of the drug death victims were known to have overdosed at least once in the past. The number of previous overdoses of these individuals ranged from one to seven, with an average of 2.6 previous overdoses per drug death victim. Twelve individuals (or 17%) of the drug

death victims were known to have experienced at least one non-fatal overdose in the 6 months prior to their deaths.

To put this in context, there were 317 known non-fatal overdoses in Forth Valley in 2018 (53 in Clackmannanshire, 166 in Falkirk and 98 in Stirling). Strikingly, and unlike the drug deaths rates across the three areas, the rate of known non-fatal overdoses is remarkably consistent across Forth Valley: 1.03 overdoses per 1000 of the population in Clackmannanshire, and 1.04 overdoses per 1000 of the population each for Falkirk and Stirling. Considered together, this data suggests that while overdoses occur at an equal rate across Forth Valley, the fatality rates of these overdoses differs across the different areas. This data is also summarised in the following table:

	Drug Deaths per 1000 Population	Non-fatal Overdoses per 1000 Population
Clackmannanshire	0.175	1.03
Falkirk	0.274	1.04
Stirling	0.169	1.04

Although this is not the focus of this report, it should be noted that many of the drug death victims also had experienced problematic alcohol use. Twenty-eight individuals (41%) were also known to use alcohol at the time of their deaths. A further 13 individuals (or 19%) had used alcohol in the past, but this was no longer the case at the time of their deaths.

Primary Care Contact

All but one of the drug deaths victims (99%) were registered with and had known contact with a GP. The length since last contact with the GP was known for 60 individuals (87%) and is summarised in the following table:

Length of Time since last GP Contact	Number of DD victims (n = 60)	Percentage
Longer than 2 years	1	2%
1 – 2 years	7	12%
6 months – 1 year	11	18%
1 – 6 months	22	37%
2 weeks – 1 month	9	15%
Less than 2 weeks	10	17%

This information indicates that most drug death victims were known to their GPs and many had been in contact with their GPs not long before their deaths.

Hospital Contact

In the 365 days prior to date of death, 42 of the 69 drug death victims (61%) had attended the Emergency Department (ED) of Forth Valley Hospitals. There were a total of 87 Emergency Department attendances by these 42 individuals, with the number of attendances by each individual ranging between 1 and 7.

In the year prior to their deaths, 12 of the 69 drug death victims (17%) had been admitted to Clinical Assessment Units, with a total number of 18 admissions between them.

32 drug death victims (46%) had been admitted to hospital in the year prior to their deaths, occupying 223 bed days in total. There were 57 hospital admissions for these 32 victims, with the highest number of admissions being 4 for one individual.

Service Contact

Beyond the contact with general practitioners, the drug death victims were also often known to other, non-drug-related treatment services at the time of their deaths, including prisons, hospitals, and various voluntary services. Across Forth Valley, two individuals from Clackmannanshire (22%), ten from Falkirk (23%) and six from Stirling (38%) were in contact with these non-drug-related treatment services at the time of their deaths.

Of the 69 drug death victims, 27 (39%) were known to Criminal Justice Social Work Services at some point in their lives; 7 individuals (10%) were in active contact with these services at their time of deaths. Of these, two individuals each were in contact with services in Clackmannanshire and Falkirk and three in Stirling.

Two individuals (3%) were in contact with mental health services (either statutory or forensic); both of these were based in Falkirk.

In terms of contact with services specific to the treatment of drug use, the drug deaths victims attended a range of services including specialist and third sector support for drug and alcohol problems, as well as NHS prison healthcare, addiction psychology and psychiatric services in the 5 years prior to their deaths.

At the time of their deaths, 32 of the drug death victims (46%) were in contact with either a primary care, third sector or statutory drug treatment services. These service contacts are summarised in the following table (note that a number of individuals were in contact with more than one service at the time of their deaths):

Service	Clack'shire (n=6)	Falkirk (n=17)	Stirling (n=9)	Total (n=32)
Community Alcohol and Drug Service *	1 (1%)	10 (14%)	6 (9%)	17 (25%)
Forth Valley Substance Treatment Service *	0 (0%)	1 (1%)	0 (0%)	1 (1%)
Addiction Recovery Service ^(a) **	3 (4%)	5 (7%)	1 (1%)	9 (13%)
Signpost Recovery **	2 (3%)	0 (0%)	1 (1%)	3 (4%)
Harm Reduction Service **	0 (0%)	1 (1%)	0 (0%)	1 (1%)
General Practitioner Prescribing ***	0 (0%)	4 (6%)	2 (3%)	6 (9%)

* Statutory Service

** Third Sector Service

*** Primary Care

(a) Note that the Addiction Recovery Service is delivered in partnership with NHS clinicians

Across Forth Valley, 67% of the drug death victims in Clackmannanshire, 38% of the drug death victims in Falkirk and 56% of the drug death victims in Stirling were in contact with a substance treatment service (either a specialist statutory, primary care or third sector service) at the time of their deaths. 26% of the drug death victims were in contact with a specialist statutory substance treatment service at the time of their deaths.

A further four drug death victims (6%) had been in contact with a drug treatment service in the 6 months prior to their deaths but were no longer in contact at the time of death. Adverse Event Reviews were either already completed for all of the drug death victims who had been in contact with a treatment service in the 6 months prior to their deaths, or are scheduled to take place shortly at the time of writing. This applies to all individuals who had service contacts, regardless of whether or not the contact was still active at the time of death. Adverse Incidents are reviewed by the Case Management Sub Group of the Alcohol and Drug Partnerships.

37 of the drug death victims (or 54%) were not in contact with any form of substance treatment service at the time of their deaths.

Twenty-six (38%) of the drug death victims had been prescribed opiate substitute medication (methadone = 24 and buprenorphine = 2) at the time of their deaths. All of these individuals had been prescribed their substitute medication for at least one year at the time of death. The doses ranged from 20 – 90 mg and 23 of the 26 individuals received their substitute by supervised consumption; the remaining three individuals were allowed to take their medication home for

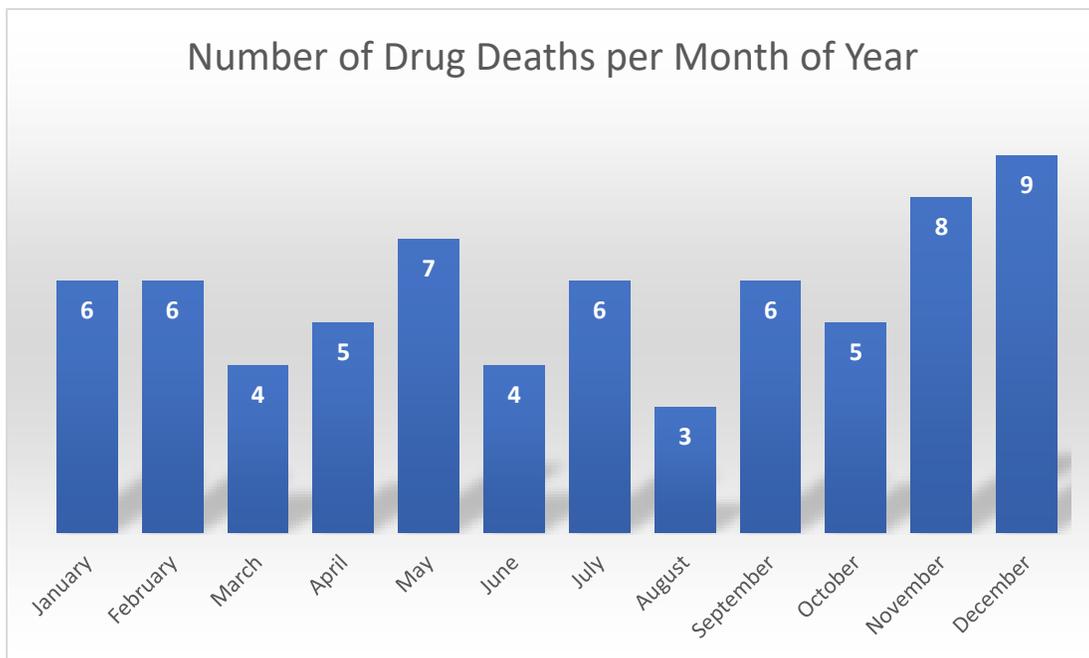
unsupervised consumption. These individuals all received low doses of methadone of less than 35mg.

When considering this separately across the three council areas, the percentage of drug death victims that had been prescribed opiate substitutes ranged from 33% in Clackmannanshire, to 36% in Falkirk to 44% in Stirling.

Across Forth Valley, two of the drug death victims (3%) were known to have taken part in a drug detox programme in the year prior to their deaths. In both cases these were medication reductions carried out within drug treatment services (i.e. within their usual area of residence).

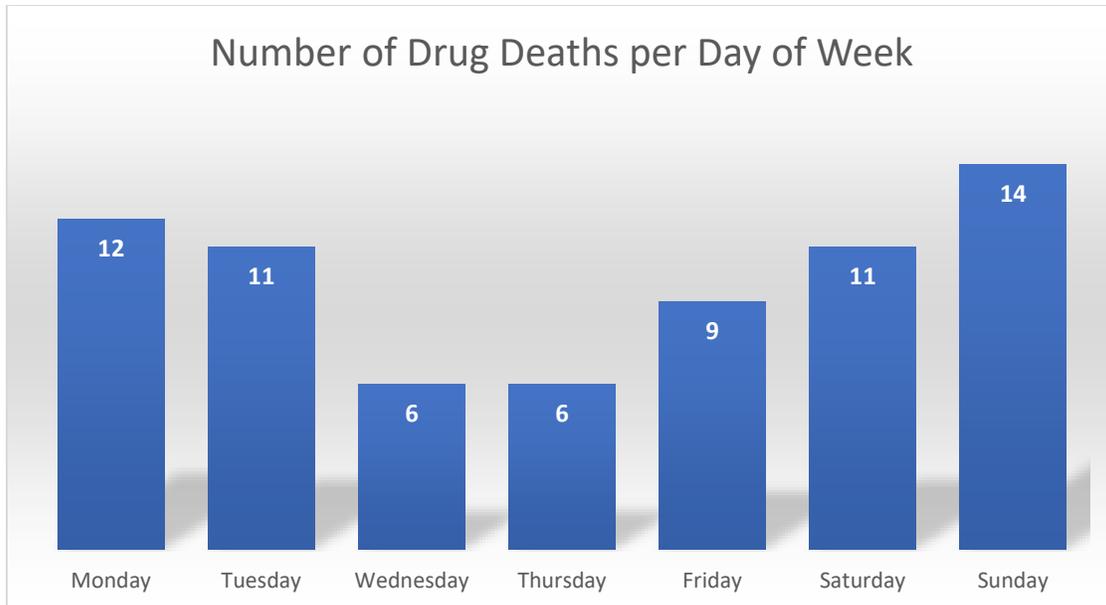
Timings of the Drug Deaths

The months of the year in which the drug death victims died are presented in the following graph:



Although the number of drug deaths varies between 3 and 9 by calendar month, deaths may have been somewhat more common in the colder winter months.

Similarly, the days of the week on which the drug deaths occurred are summarized in the following graph:



This data suggests that in 2018, there was great variability in the number of drug deaths on any given day of the week, ranging from 6 to 14. Although deaths appeared to be somewhat less common in the middle of the week, this may not be a meaningful pattern.

Circumstances of the Drug Deaths

The location of the drug deaths were known for all cases. The majority of drug deaths occurred in the victims' own homes (n = 40 or 58%), with a number of deaths occurring in someone else's home (n = 20 or 29%), often the homes of friends, partners or family members. Six deaths (9%) occurred in hospital; these victims had consumed the fatal overdose usually at a residential property and were transported to hospital by ambulance before being declared dead there. A further three deaths (4%) occurred at other locations, e.g. homeless accommodation or prison.

Bystanders were known to be present in 38 cases (or 55%). Most commonly the bystanders were known to the drug death victims and included their friends, family members or partners.

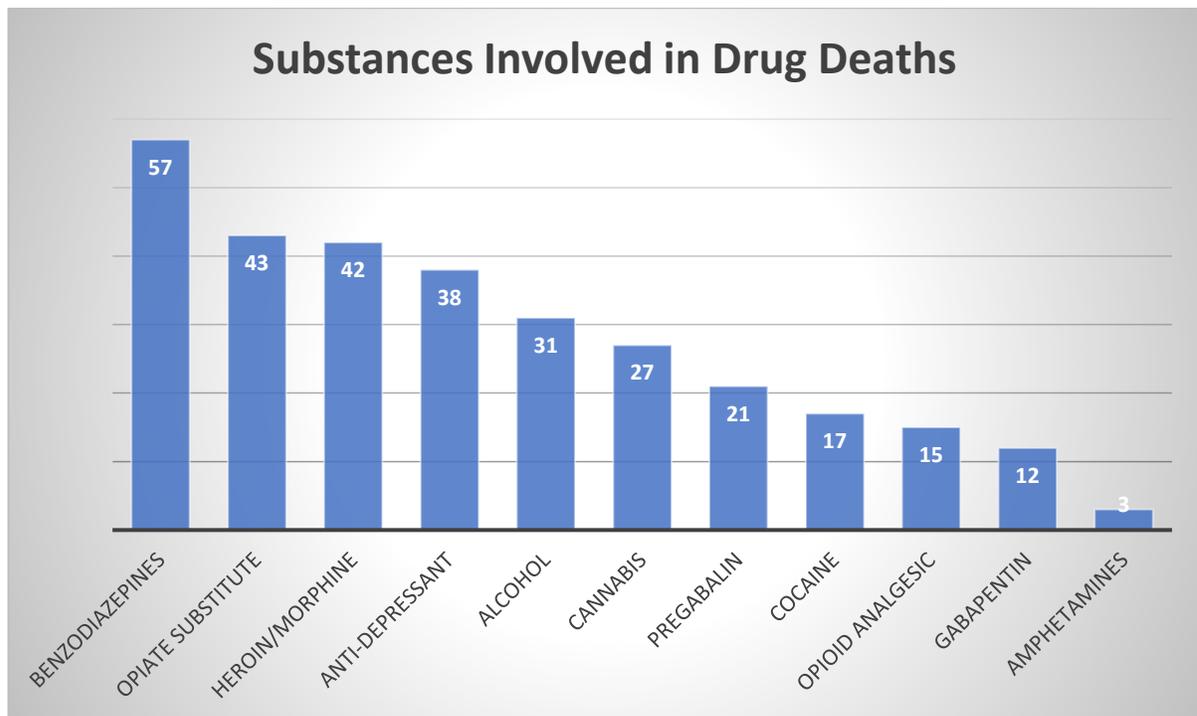
Bystanders attempted resuscitation in less than half of the total number of drug deaths (n = 31 or 45%). However, in cases where bystanders were present, resuscitation was generally attempted (31 out of 38, or 82%). In 38 cases (55%) resuscitation was not attempted, generally because no bystanders were present, but equally there were a number of cases (18%) where bystanders were present and no resuscitation was attempted.

However, ambulances attended to 60 of the eventual drug deaths (87%). It is unknown, however, in how many of these cases the victim was still alive by the time the ambulance arrived.

Take Home Naloxone had been supplied to 24 (35%) of the drug death victims at some point prior to their deaths. This constitutes 71% of the 34 drug death victims which were known to drug treatment services in Forth Valley. Take Home Naloxone was known to be available at the scene of six of the drug deaths (9%) and administered by bystanders in one case (1%). Across Forth Valley there were 462 Take Home Naloxone kits provided to substance users in 2018: 45 in Clackmannanshire, 300 in Falkirk, 117 in Stirling. A further 230 kits were dispensed from prisons across the area.

Substances Involved in the Drug Deaths

The substances involved in the drug deaths of Forth Valley in 2018 are summarised in the following graph:



The substances most commonly involved in all drug deaths were benzodiazepines (83%), opioid substitutes (62%), heroin/morphine (61%), and anti-depressant medications (55%).

A number of other prescribed medications were also found in a number of the drug deaths and included anti-psychotic medication, non-opioid analgesics and beta blockers.

All of these were polysubstance deaths; the minimum number of separate substances involved in a drug death was 2. The average number of substances involved was 4.75.

The following table considers the prevalence of drugs in the deaths by council area; the first column gives the number and percentages of all drug deaths which involved each substance. The subsequent

three columns break this down into the different council areas in Forth Valley. In these columns, the percentages are based on the number of drug deaths that occurred in each council area.

Substance	All Drug Deaths (n=69)	Clack'shire (n=9)	Falkirk (n=44)	Stirling (n=16)
Benzodiazepines	57 (83%)	8 (89%)	34 (77%)	15 (94%)
Opiate Substitute	43 (62%)	6 (67%)	26 (59%)	11 (69%)
Morphine	42 (61%)	4 (44%)	28 (64%)	10 (63%)
Anti-Depressant	38 (55%)	4 (44%)	25 (57%)	9 (56%)
Alcohol	31 (45%)	5 (56%)	20 (45%)	6 (37%)
Cannabis	27 (39%)	4 (44%)	17 (38%)	6 (37%)
Pregabalin	21 (30%)	4 (44%)	14 (32%)	3 (19%)
Cocaine	17 (25%)	2 (22%)	8 (18%)	7 (44%)
Opioid Analgesic	15 (22%)	1 (11%)	10 (23%)	4 (25%)
Gabapentin	12 (17%)	3 (33%)	6 (14%)	3 (19%)
Amphetamines	3 (4%)	0 (0%)	3 (7%)	0 (0%)

Notable in the breakdown of the substances per area is that gabapentin and pregabalin appear to be most commonly involved in drug deaths occurring in Clackmannanshire, which is also the area with the fewest deaths involving heroin. Cocaine appears to be more common in the drug deaths occurring in Stirling.

Types of Benzodiazepines

Benzodiazepines were the most common substances involved in the drug deaths in Forth Valley in 2018, which is consistent with patterns from previous years. This section considers the types of benzodiazepines which were involved in these deaths.

Etizolam:

Etizolam was the most commonly found benzodiazepine and was involved in 36 of the drug deaths (or 52%), a marked increase from the previous year. Of these, 17 occurred in Falkirk, 12 in Stirling, and 7 in Clackmannanshire.

Diazepam:

After death, diazepam metabolises into temazepam and oxazepam; therefore, while these can be consumed as individual substances, when any of these three substances is detected in the post-mortem toxicology analysis, it is most likely that the individual only consumed one substance. Any combination of diazepam, oxazepam and/or temazepam were involved in a total of 25 (36%) of the drug deaths. Of these, 18 occurred in Falkirk and 5 occurred in Stirling. However, only two deaths in Clackmannanshire involved diazepam, mirroring the pattern seen in the previous year.

Alprazolam:

Alprazolam was involved in 17 of the drug deaths (or 25%), which marks another large increase from the previous year. Of these, three occurred in Stirling and fourteen occurred in Falkirk. As in 2017, this substance was not found in the deaths occurring in Clackmannanshire.

Phenazepam:

Phenazepam was found in the post-mortem toxicologies of 6 (or 9%) of the drug death victims. Of these, 3 occurred in Clackmannanshire, two in Falkirk and one in Stirling. As in the previous year, this particular benzodiazepine appears to be most prevalent in Clackmannanshire.

Lorazepam:

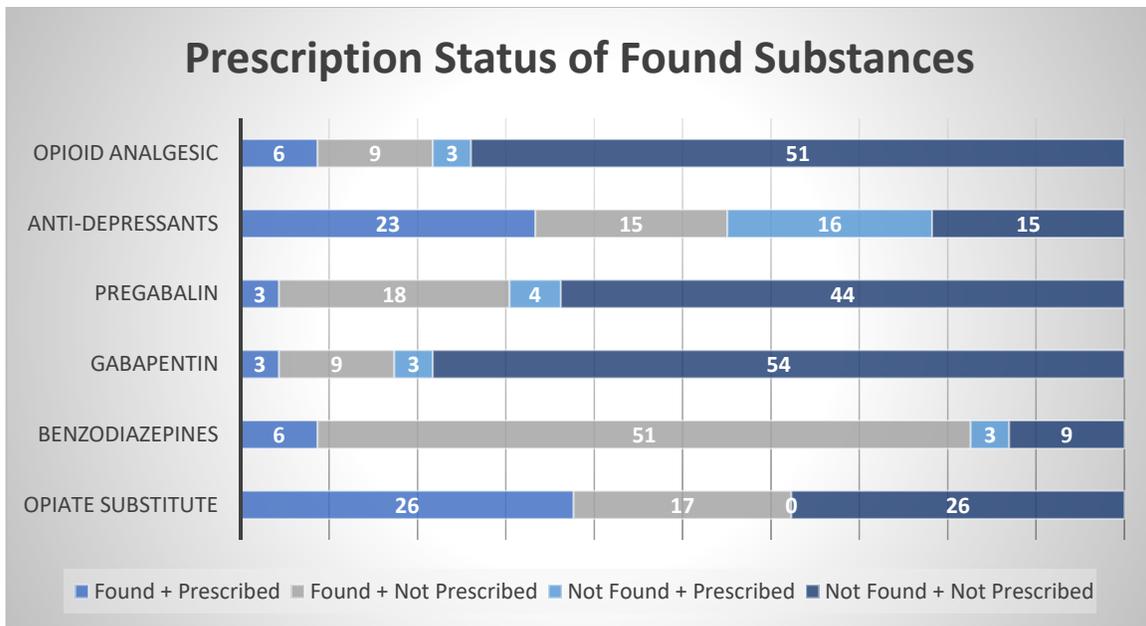
Lorazepam was involved in a total of 4 of the drug deaths (or 6%). Of these, the majority (n = 3) occurred in Falkirk and one death in Stirling, with no death in Clackmannanshire involving Lorazepam.

In order to better compare the prevalence and different distribution of benzodiazepines across Forth Valley, the following table summarises the percentage of deaths in each area that involved each benzodiazepine (note that one death can involve more than a single benzodiazepine):

Benzodiazepine	All Drug Deaths (n=69)	Clack'shire (n=9)	Falkirk (n=44)	Stirling (n=16)
Etizolam	52%	78%	39%	75%
Diazepam	36%	22%	41%	31%
Alprazolam	25%	0%	32%	19%
Phenazepam	9%	33%	5%	6%
Lorazepam	6%	0%	7%	6%

Role of Prescribed Medication

A number of the substances which have been commonly found in the drug deaths of Forth Valley can also be prescribed to individuals. As an indication of potential diversion of prescribed medication, this section considers the presence or absence of prescribed medications in the drug deaths of Forth Valley in 2018. The following graph summarises the prescription status of the substances found:



a) Opioid Substitute

Opioid substitutes were involved in 43 of the drug deaths (62%). These were methadone in 37 cases, buprenorphine in 5 cases and one individual had consumed both buprenorphine and methadone. 26 of the drug death victims (38%) had been prescribed substitute medication. Of these, all had consumed the substance prior to their deaths as evidenced by the toxicology report. The remaining 17 individuals (25% of all drug death victims) are presumed to have sourced the opiate substitute that contributed to their deaths illicitly as it had not been prescribed to them.

b) Benzodiazepines

Benzodiazepines were involved in 57 (or 83%) of the drug deaths. However, only nine individuals (13%) had been prescribed a benzodiazepine, which was almost always diazepam (Clonazepam and Temazepam had been prescribed once each). Of the nine individuals who had been prescribed benzodiazepines, only six had consumed them prior to their deaths. One individual had been prescribed diazepam but had consumed phenazepam prior to their death. The majority of drug death victims (46 individuals or 66% of all drug deaths) had consumed benzodiazepines prior to their deaths which were not prescribed to them and are thus assumed to have sourced these drugs illicitly.

c) Gabapentin

Gabapentin was involved in 12 (17%) of all drug deaths. Conversely, it was only prescribed to 6 individuals (or 9%). Of these, only 3 had taken the medication prior to their deaths, as evidenced by the post-mortem toxicology, meaning that the other three individual who had been prescribed

gabapentin had not taken it. Similarly, half of the individuals who had taken gabapentin prior to their deaths (n =6 or 9% of all drug deaths) had taken gabapentin which was not prescribed to them.

d) Pregabalin

Pregabalin was involved in 21 (or 30%) of the drug deaths in Forth Valley. It had been prescribed to 7 individuals (10%); however, of these only 3 had taken the medication prior to their deaths, meaning that the remaining four individuals who had received prescribed pregabalin had not taken it in accordance with their prescription. Furthermore, 14 individuals who had taken pregabalin prior to their deaths had not been prescribed the medication (20% of all drug deaths).

e) Anti-depressants

Anti-depressant medication was involved in 38 (55%) of the drug deaths and included mirtazapine (n = 23), sertraline (n = 11), amitriptyline (n = 8), fluoxetine (n = 3), venlafaxine (n = 2) and desipramine (n = 1). Nine individuals had consumed more than one anti-depressant prior to their deaths. Anti-depressant medication had been prescribed to 39 individuals (56%). The specific prescribed substances included mirtazapine (n = 26), sertraline (n = 12), amitriptyline (n = 4), fluoxetine (n = 2) and venlafaxine (n = 1). Of the 45 anti-depressants prescribed, only 23 had been taken prior to the death, indicating compliance with prescribing regimens in only about half of the cases.

Eighteen drug death victims had taken anti-depressant medication which was not prescribed to them; in most cases this was mirtazapine (n = 10), but also amitriptyline (n = 4), fluoxetine (n = 2), and sertraline (n = 2). In several cases individuals (n = 8) had taken the anti-depressant medication that was prescribed to them, but had also consumed an additional anti-depressant prior to their death.

It should be noted that seven individuals also appeared to have “swapped” their prescribed anti-depressant for another one (e.g. had been prescribed fluoxetine but were found with amitriptyline in their body at post mortem).

f) Opioid Analgesics

Opioid Analgesics were involved in 15 (22%) of all drug deaths. These included dihydrocodeine (n = 10), tramadol (n = 8) and oxycodone (n = 1); four individuals had consumed both tramadol and dihydrocodeine. Nine individuals (13%) had been prescribed analgesic medication; in seven cases this was dihydrocodeine and two individuals had been prescribed tramadol. Six of these individuals had taken their prescribed opioid analgesic prior to death and three had not. Six drug deaths (9%) involved opioid analgesic medication that had not been prescribed to the individuals.

Drug Deaths which were reported to the NHS Forth Valley Adverse Event Review Group

(contributed by Nick Higgins, Clinical Governance Lead, NHS Forth Valley)

The Adverse Event Review Group (formerly known as the Suicide Review Panel) meets on a weekly basis and considers adverse events reported to the group as to whether further review is required, and the appropriate level of review.

Since 2017, drug related deaths have been reported to this group in addition to the suicides, significant clinical incidents and near misses. The criteria for referral to the group in relation to drug deaths are that the individual was in receipt of treatment from Statutory Mental health services at the time of their death; discharged within the previous 12 months, or referred but yet to be assessed.

All other cases of drug related death are reviewed by the Forth Valley Drug Death and Critical Incident Review Group, as discussed previously in this report.

As with that group, the aim of the Adverse Event Review Group is to establish learning from the review, and make recommendations leading to improvements in patient care and care processes.

Of the 88 cases received by the Adverse Event Review Group in total in 2018, 39 of these involved individuals who died as a result of a drug related death.

- 28 (72%) of these 39 individuals were in receipt of services at the time of their death.

Services Involved in individuals' care at time of death:

• Community Alcohol & Drugs Service (CADS)	-	18
• Addiction Recovery Service	-	8
• GP Prescribing Service	-	1
• Substance Treatment Service	-	1

Of the 11 individuals reported who were not actively being seen by substance misuse services at the time of their deaths:

- 6 were discharged from services within the previous 12 month period.
- 2 were in receipt of care from Adult Mental Health Services.
- 1 was transferred to services out of area following relocation.
- 1 was in custodial care at the time of their death.
- 1 was referred but had yet to be assessed.

Demographic Factors:

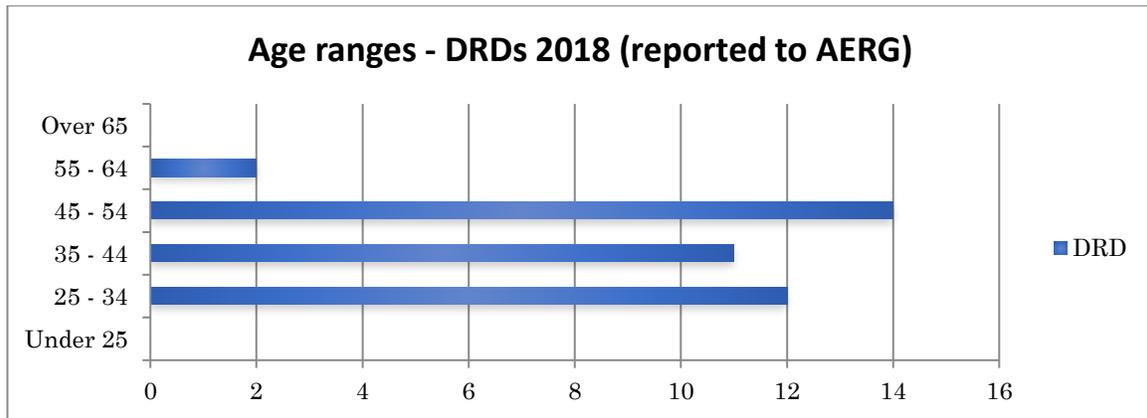
Locality of drug death cases reported to Adverse Event Review Group:

- Falkirk - 20 (51.3%)
- Stirling - 11 (28.2%)
- Clack'shire - 6 (15.4%)
- Out of area - 2 (5.1%)

Gender:

- Male - 29 (74.4%)
- Female - 10 (25.6%)

Age Range:



The average age was 41.9 years, which is slightly higher than the Forth Valley average. There were no drugs deaths of anyone under 25 or over 65 reported to the group.

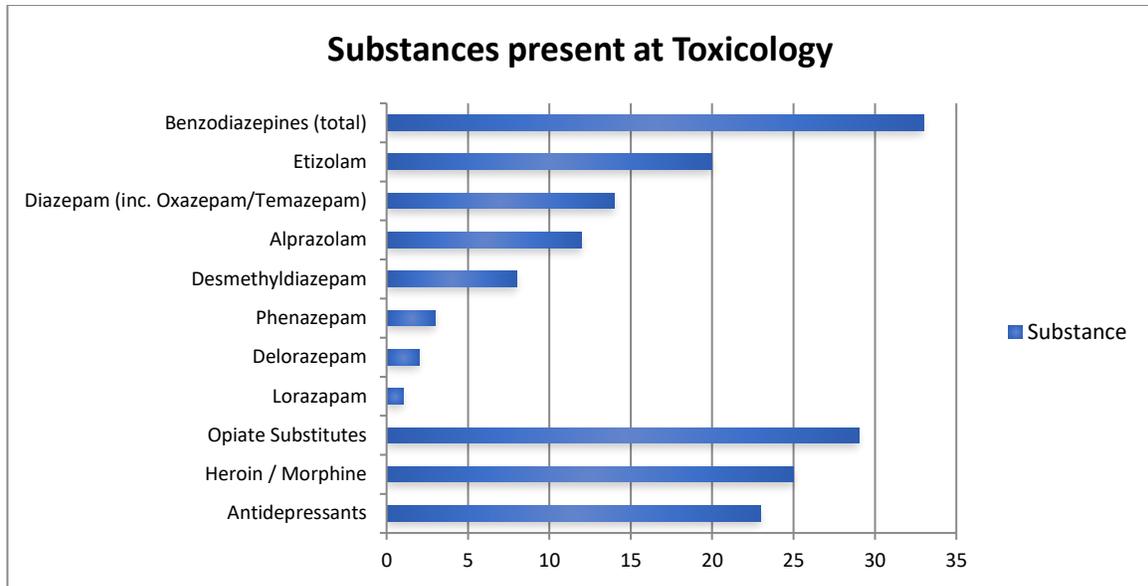
Other Demographic Factors:

The data for individuals whose cases were referred to the Adverse Event Review Group was broadly in line with that of the wider group, i.e.

- 89.7% were unemployed.
- 84.6% were not in a significant relationship.
- 77% were living alone.

Substances Involved in the Drug Death:

Opioid substitutes were found at toxicology in 29 (74.3%) of the drug deaths reported to the Adverse Event Review Group. This is a higher incidence than for the overall Forth Valley drug deaths as noted in the main report, which is partly explained by a greater number, i.e. 24 (61.5%) of this group having been prescribed substitute medication at the time of their deaths. The remaining 5 deaths are also presumed to have sourced the opiate substitute that contributed to their deaths illicitly.



As with the wider group benzodiazepines were the most common substances involved in the drug deaths reported to the Adverse Event Review Group in 2018.

Etizolam:

Etizolam was found in 20 drug deaths (or 51.3%). Of these, 8 occurred in Falkirk, 6 in Stirling, and 5 in Clackmannanshire.

Diazepam:

Any combination of diazepam, Oxazepam and/or Temazepam were involved in a total of 14 (35.9%) of the drug deaths. Of these, 8 occurred in Falkirk and 5 in Stirling. Only two death in Clackmannanshire involved diazepam, in line with the overall report.

Alprazolam:

Alprazolam was present at toxicology in 12 of the drug deaths (or 30.8%) which is a greater incidence than that of the wider group (25%). Of these, 3 occurred in Stirling and 9 in Falkirk. Alprazolam was not found in any of the deaths occurring in Clackmannanshire.

Themes / Issues Identified via Adverse Event Review process:

- Increased number of drug deaths within all parts of the substance misuse services:
 - Need for improved formal support / debrief following events.
 - Opportunity for staff to pause & reflect
 - Need to develop resilience in drug using communities at this time of increased number of DRDs.
- Develop strategies to assist with attendance at reviews / engagement with services:
 - Keyworker to accompany patients to Medical Reviews.
 - Increased utilisation of reminder systems to promote attendance.
 - Withholding of prescriptions.
 - Move towards a script uplift system, in line with other Health Boards in Scotland.
 - Refresh the procedure for Holiday Prescriptions, including increased clarity for the patient of the requirements / criteria.
 - Formalise the process for Complex Care Review.
- Safe prescribing / harm prevention:
 - Consideration to be given to lower dose prescribing of methadone for harm prevention for high risk patients.
 - Increased appointments / support will be required to ensure safety when reducing prescriptions.
- Intimate partner violence / gender-based violence:
 - An increase of reports of this nature was evident in drug deaths reported in 2018:
 - Raise awareness of the process to be followed in reporting concerns of this nature.
 - Ensure the provision of appropriate training to increase confidence in the appropriate care of these individuals, and work towards the development of trauma aware substance misuse services.
 - Acknowledgement that relapse into substance misuse can result in a proposed treatment plan (e.g. Trauma Clinic / Psychology) being redirected back to substance misuse services.
- Need for increased involvement of services at Adverse Event Reviews and implementation of recommendations:
 - GPs, Community Pharmacists, and Criminal Justice Social Work to be encouraged to attend reviews to enable debrief, gather information from different perspectives and encourage ownership of implementing any lessons learnt.
- Communication issues:
 - Information sharing protocol to be amended to ensure that the notification of a drug death is less person dependent than the current protocol.
 - Work towards improving improved information sharing between GPs and the Addiction Recovery Service. Also improved access for services to the patient's Emergency Care Summary (ECS) regarding their current treatment details.

- Further awareness to be given to Community Pharmacies re: process of contacting substance misuse services when individuals have not collected their prescriptions. This should be communicated after 2 days missed (good practice) or 3 days (essential).
- Substance misuse issues within Adult Mental services (inpatient and community settings)
 - the need to up skill general psychiatrists in detection, testing and signposting around substance misuse:
- Drug testing issues:
 - Ensure that the Drug Testing Guideline is reviewed and up to date.
 - Ensure that this Guideline is disseminated to all substance misuse services and that it is adhered to, in terms of frequency of testing.
 - Issues with the test testing itself are being taken forward with the companies involved. Staff require to have trust in the process.
 - Consideration to be given for other groups of staff / individuals out with substance misuse services who may benefit from Naloxone training / supply.
- Learning from what has gone well:
 - Value of collaboration between the Social Inclusion Project and Mental Health / Social Care.
 - Promotion of the Salvation Army Drug & Alcohol worker role.

Group Membership

The following individuals are members of the Forth Valley ADP Drug Death and Critical Incident Review Group:

Denise Allan	(NHS Prisoner Healthcare)
Gillian Baillie-Sharp	(Pharmacist)
Tom Bennett	(FV Recovery Community)
Jennifer Borthwick	(Consultant Psychologist)
Elaine Brown	(C&SADP)
Carol Crawford	(Blood Borne Virus MCN)
Gavin Grant	(DC- Police Scotland)
Michael Grassom	(CJSW Stirling)
Norma Howarth	(Signpost/ARS)
Elaine Lawlor	(FVADP)
Jean Logan	(Lead Pharmacist MH & SM FVNHS)
Ann McArthur	(Health Promotions NHSFV)
Ruth McDonald	(FADP)
Ann McGregor	(Blood Borne Virus MCN)
Dr Claire McIntosh	(Consultant Psychiatrist)
Ann Milne	(CADS)
Paul Mooney	(ASC)
Annemarie Parnell	(CJSW Falkirk)
Neil Reid	(SAS)
Roseann Robertson	(Housing, Stirling)
Scott Robertson	(Police Scotland)
Laura Smith	(Housing Falkirk)
Dr Caroline Steele	(GP)
Ali Walls	(CJSW Falkirk)
Lynn Wardrum	(SFAD)

Action Plan 2019/2020

	Action	Sub Actions	Lead	Timescale	Comments	RAG
1.0: Ensure accurate collection of data regarding drug related deaths in Forth Valley.						
1.1	Participate in Forth Valley DRD Research.	Compile report on 2019 Drug Deaths	Elaine Lawlor Julia Neufeind DRD Group	August 2020	Continuation of local research, NFO Trends, will help identify patterns and trends CHI analysis	
1.2	Include Mental Health Teams and GPs within the ISA for DRD's	Review onward sharing of information with partners	Elaine Lawlor	October 2019	Work underway to review ISA and include new provider (CGL). Discussion to take place regarding process and inclusion of other partners and DRD Group.	
2.0: Develop mechanisms to learn from drug related deaths and implement changes to practice to prevent future drug related deaths. Staying Alive Good Practice Indicator: DRD Monitoring and Learning						
2.5	Review direct NFO referral work with Scottish Ambulance Service and CGL.	<ul style="list-style-type: none"> • Meet with SAS re revised NFO protocol. • Review substances notified by SAS • Benchmark with other areas of Scotland re DRD's 	Elaine Lawlor SAS	June 2019	<ul style="list-style-type: none"> • Reviewed ISA with SAS for sign off Oct 2019 • Meeting with SAS to look at substances reported within their system • Review NFO Process with new provider (CGL) • Membership of National DRD Coordinators Group to aid benchmarking with other areas. 	

	Action	Sub Actions	Lead	Timescale	Comments	RAG
2.11	Review of VPD processes	Review of VPD process in Falkirk.	Ruth McDonald Adult Social Work Falkirk.	November 2019 (Interim Report)	Work underway	
2.12	CPR Training for bystanders at scene of overdose/DRD	Engage with SAS and Forth Valley Recovery Community (FVRC) Prison Healthcare	Tom Bennett Neil Reid Elaine Lawlor Rosemary Duffy	July 2019	ADP has liaised with FVRC /SAS and FV Prisons re capacity building for CPR skills within the community/ Prison.	
2.13	Engage with PF (Procurator Fiscal) to attend Drug Death Strategic Drug Death Strategic Group			November 2019	To be further discussed at the DRD Group	
2.15	Research and review of Non Fatal Overdose's in Falkirk		Ruth McDonald Elaine Lawlor	November 2019	Research underway re NFO's in Falkirk	
3.0: Staying Alive Good Practice Indicator: High Risk Injecting / Wound Care / Bacterial Infections						
4.0: Staying Alive Good Practice Indicator: Prison Through care / Police Custody						
5.0: Staying Alive Good Practice Indicator: Homelessness / Rough Sleeping / Housing						
6.0: Staying Alive Good Practice Indicator: Prescription Drugs and Non-Opiate Illicit Substances						
6.1	Investigate the use of testing for stimulant use in the setting of the FVRH Emergency Department.	Scope out financial implications audit previous year's presentations.	Graham Foster Elaine Lawlor Jennifer Borthwick	March 2020		
6.2	Widen use of drug testing in FVRH Emergency Department and Acute Mental Health	Convene a meeting to scope implications of staff training and finance.	Graham Foster Elaine Lawlor Jennifer Borthwick	March 2020		

	Action	Sub Actions	Lead	Timescale	Comments	RAG
7.0: Staying Alive Good Practice Indicator: Workforce Development						
7.2	Host a GP evening session to look at decreasing gabapentinoid prescribing	Audit effectiveness of new guidelines	Elaine Lawlor Jean Logan Jennifer Borthwick Gillian Baillie-Sharp	December 2019	Identify speakers and a date for a session.	

COMPLETED ACTIONS

1.0: Ensure accurate collection of data regarding drug related deaths in Forth Valley.						
1.1	Participate in Forth Valley DRD Research.	Compile report on 2018 Drug Deaths	Elaine Lawlor Claire McIntosh Julia Neufeind DRD Group	June 2019	Continuation of local research, NFO Trends, will help identify patterns and trends CHI analysis Adverse Events Actions 2018	
1.2	Continue to ensure ISD work completed.	Submit data to ISD.	Elaine Lawlor Claire McIntosh Anita Dufton Heather Jolly	August 2017	Data in the final stages of completeness	
1.3	Consider any identified trends regarding gender in relation to drug related deaths and non-fatal overdoses.		DRD Group	September 2018	Report now complete	
2.0: Develop mechanisms to learn from drug related deaths and implement changes to practice to prevent future drug related deaths. Staying Alive Good Practice Indicator: DRD Monitoring and Learning						
2.1	Embed case management approach for SMS deaths in and out of service. Include prison healthcare deaths	Develop and convene specific bi monthly case review meeting.	Claire McIntosh ADP Support Team	April 2017	Case Management process now embedded	
2.2		Ensure GPs are routinely invited to DRD reviews of appropriate patients.	Chair of Review Group Service Manager	Ongoing	GP's have been invited to where appropriate and where available.	

2.3	Develop Forth Valley Drug Trend Monitoring Group (DTMG).	Update the NHS Forth Valley Public Health and Forth Valley ADP Drug Warning system Process Finalise Substance Misuse Alert Cascade Protocol. Define process within a SOP. Evaluate in partnership with clinical effectiveness	Oliver Harding Carol Crawford Elaine Lawlor Jean Logan		This process has ceased due to capacity issue within Public Health. Risks will be identified and acted upon by the Drug Trend Monitoring Group.	
2.4	Develop Forth Valley Drug Trend Monitoring Group (DTMG).	Agree representation on national group	ADP support	October 2017	Local Forth Valley Group now in place. A Forth Valley Representative will attend the National Group	
2.5	Wide dissemination of DRD Report including to IJB's and Community Justice Partnerships (supported by ORT champion)		ADP support	November 2017		
		Host Forth Valley Drug Related Death Conference	ADP Support Team	November 2017		
2.6	Continue direct NFO referral work with Scottish Ambulance Service and Signpost Recovery.	Review NFO ISP.	Elaine Lawlor	September 2017		
2.7	Continue direct NFO referral work with Scottish Ambulance Service and Signpost Recovery.	Complete NFO research for individuals known to Forth Valley Substance Misuse Services.	Norrie Moane	June 2017	Paper developed and shared with DRD group	

2.8	Embed case management approach for SMS deaths in and out of service. Include prison healthcare deaths	Develop internal SMS guidance for internal review processes for DRD.	Claire McIntosh Service Managers Elaine Lawlor Nick Higgins	March 2018	ADP supported an additional day of admin support for a period of 6 months. NHS has now streamlined the process. ISP in development	
2.9	Participate in Forth Valley DRD Research.	Complete report on 2016 drug related deaths. Consider reasons for the significant increase in drug related deaths in 2016. Target communication and prevention strategies accordingly.	Elaine Lawlor Claire McIntosh Julia Neufeind DRD Group	October 2017	Research commissioned and draft report due mid August.	
2.10		Incorporate the assertive outreach pathway into the work of the Harm Reduction Mobile Unit	Norrie Moane Norma Howarth Elaine Lawlor	October 2018	Action Complete	
2.11	Review the Patient Journey using CHI Post DRD	Caldicott approval re analysis for DRD Report 2017	Elaine Lawlor	September 2018	CG form submitted, researcher appointed. Action Complete.	
2.12	Ensure Alcoholics Anonymous, Narcotics Anonymous have access to those within Forth Valley Prisons	Liaise with FV Prisoner Healthcare Lead to gain a position.	Elaine Lawlor	October 2018	EL to check with Rosemary.	
2.13	Expand information sharing process with SAS to include those who are intoxicated by alcohol and consent to support. Evaluate Impact of ISA with police re alcohol intoxication referral	Develop an Alcohol Card re intoxication. Explore options for referral process with SAS	Elaine Lawlor	July 2019	This is currently an ISA with Police Scotland for vulnerable people who are affected by substance use. This negates the need for this action. Action Complete.	

3.0: Staying Alive Good Practice Indicator: High Risk Injecting / Wound Care / Bacterial Infections						
4.0: Staying Alive Good Practice Indicator: Prison Through care / Police Custody						
4.1	Provide Peer Support in Police Custody (New Forth Valley Custody Hub)	Explore options for referral for those in custody	EL/Police Custody Hub Staff/ Signpost Recovery, Arrest Referral /FVRC/LA housing & landlords	November 2018	Custody Hub Event took place in Forth Valley, action plan completed. Actions Complete.	
5.0: Staying Alive Good Practice Indicator: Homelessness / Rough Sleeping / Housing						
5.1	Extend invitation to Housing colleagues to join DRD Prevention Group.	Identify appropriate reps from Clackmannanshire, Falkirk and Stirling.	ADP Support Team	May 2017	Complete	
5.2	Scope out the prevalence of injecting rates amongst drug users who are homeless	Interrogate Neo Database	Jean Logan Harm Reduction Service		Work is underway FV recovery work.	
5.3		Results of IEP Peer Questionnaire	FVRC/ADP Team	July 2019	Work underway	
5.4	Increase the FV Recovery Community presence within Forth Valley Services.	Gather baseline data	FVRC/FV SMS Services	November 2018	Recovery Support Group in ASC. 2 SMART meetings at Signpost 2 Community Rehab taster sessions in ASC & Signpost and a regular session with HAT Detox Wards FVRH. Ad hoc in general wards. Informal contact with specific clients from all services via SM worker requests.	

6.0: Staying Alive Good Practice Indicator: Prescription Drugs and Non-Opiate Illicit Substances

7.0: Staying Alive Good Practice Indicator: Workforce Development

7.1	<p>Expand marketing of NPS training to the following settings:</p> <ul style="list-style-type: none"> • Student support • A&E • Scottish Ambulance Service • Mental Health – acute and community settings • Homelessness 	<p>Scope out student support in higher education establishments across Forth Valley</p> <p>Send e-learning module to Forth Valley College</p>	ADP Support Team	November 2017	<p>Marketing complete to Ambulance Service, Mental Health setting and Homeless settings. The e-learning module has been circulated to all Forth Valley Partners.</p> <p>E-learning module has been issued to Forth Valley College Student Support.</p>	
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