Scotland Update UK Drug Death Conference Liverpool John Moores University

National Mission & selected highlights on action to reduce drug harms 28 March 2025

Elinor Dickie, Organisational Lead, Preventing Health Harms - Drugs Team



Acknowledgements

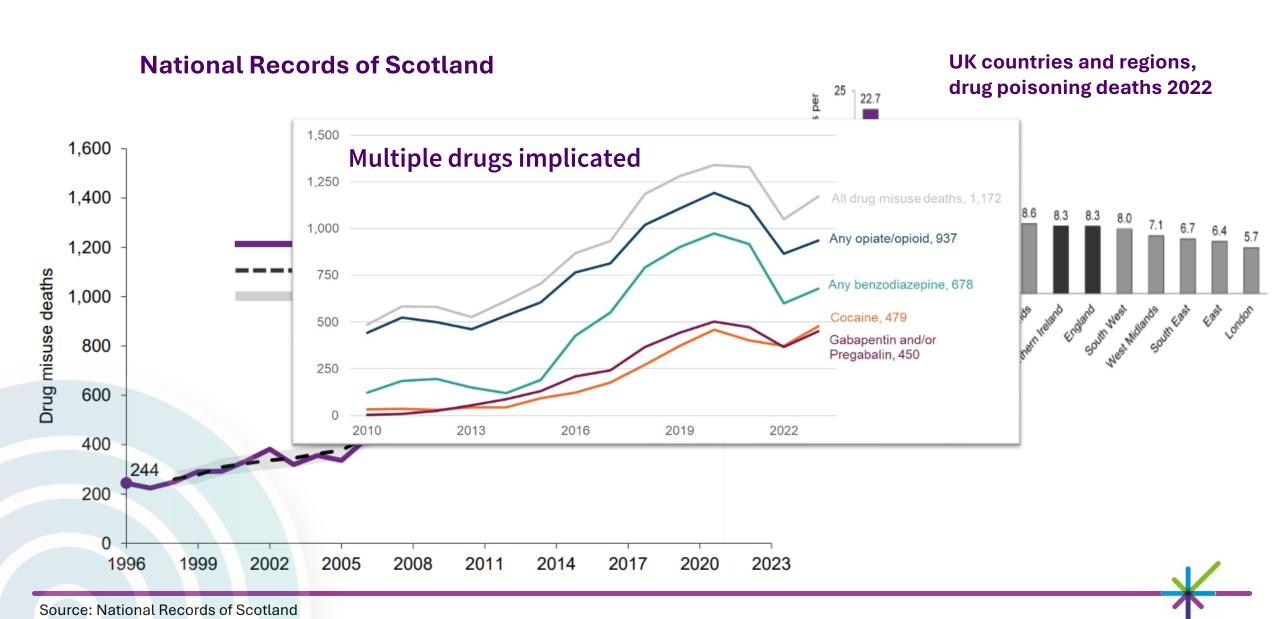
Alcohol & Drug Partnerships, treatment and harm reduction services, peers and recovery networks, SDF, Scottish Government, SFAD, SRC, Police Scotland, Scottish Ambulance Service, National Records Scotland

PHS Colleagues: Drugs Team, MIST, BBV, Evaluation

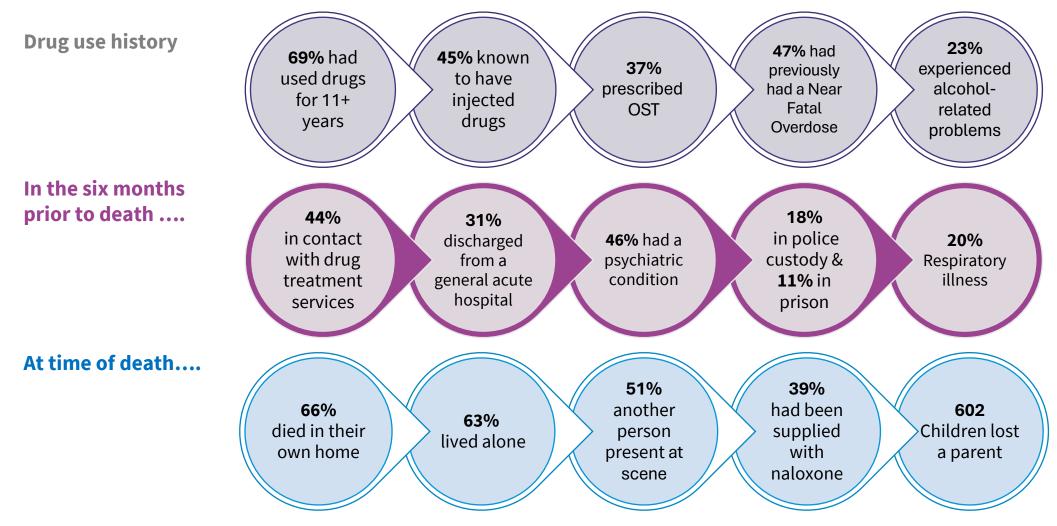


Drug deaths in Scotland – current and emerging trends

Drug-related deaths in Scotland 2023



National Drug-Related Deaths Database: context of deaths in 2020



Based on 1.335 records of deaths in 2020, published October 2024



Scottish Government National Mission: Reducing deaths and improving lives



Cross-Cutting Priorities

Lived Experience at the Heart

Surveillance and Data Informed

Equalities and Human Rights

Resilient and Skilled Workforce

Tackle Stigma

Psychologically Informed



Partnership response – from data to intelligence

Managing uncertainty: Risk assessment

time delay | high certainty

real time | low certainty

Available data:

RADAR Quarterly Reports (next publ 29 Apr)

& dashboard

Deaths [NRS]

Hospitalisations

Naloxone incidents [SAS]
ED attendances
Suspected drug deaths [Police Scotland]

Toxicology (post-mortem, police, prisons, hospitals) [SPA FS/NHS Grampian, SPS/Leverhulme Inst, NHSGGC]

Direct reports: harm in communities, services and homes



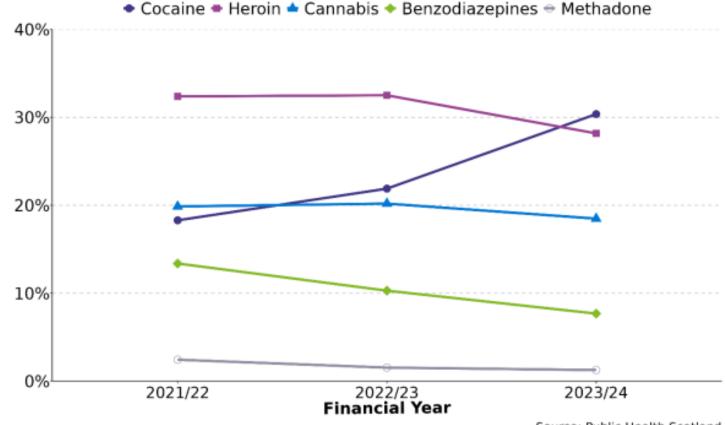
Rapid Action Drug Alerts and Response

Scotland's Drugs Early Warning System

System changes: needs and response

Initial assessment for specialist drug treatment (DAISy)

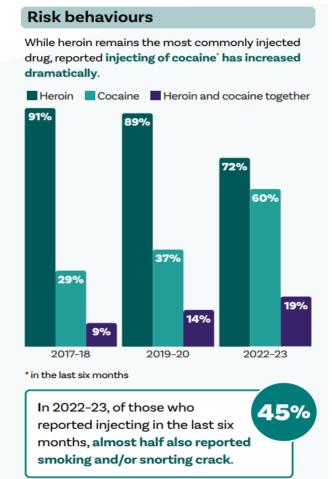
Main drug used among people reporting recent illicit drug use, by financial year (NHS Scotland, 2021/22 to 2023/24)



Source: Public Health Scotland

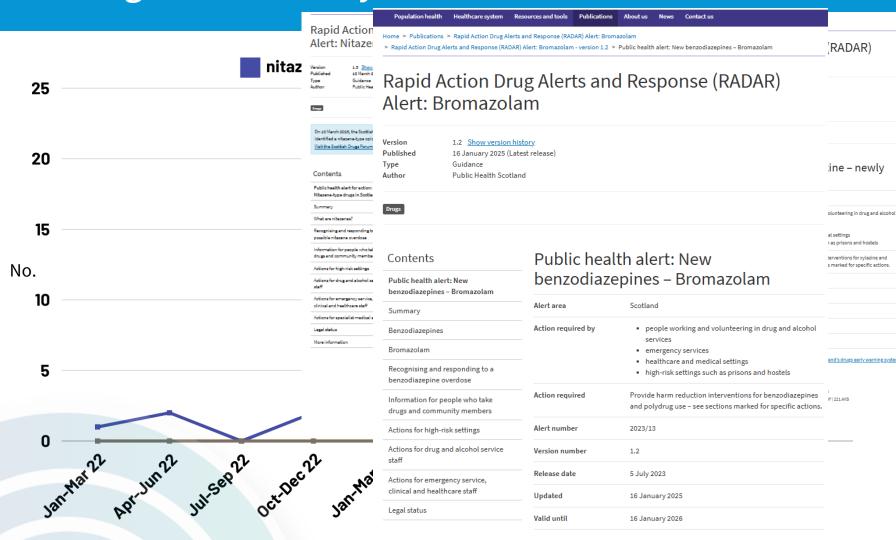
Needle Exchange Surveillance Initiative (NESI)

NESI 2022-23 data highlights changes in risk behaviours, interventions and harms among people who inject drugs in Scotland





Emergence of new synthetics



hanging risks

Detected in a wider range of drugs Wider area

consistent detections

More common and

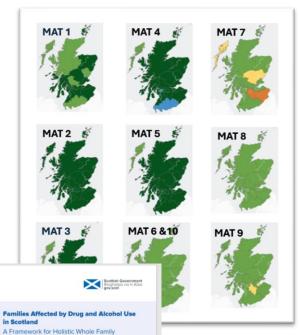
Post-mortem toxicology



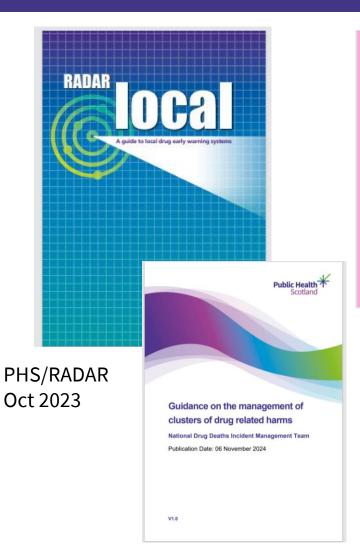
Current response (selected highlights)

Infrastructure support and development – learning and improvement

MAT Standards progress, July 2024



Scottish Government 2021



SCOTTISH DRUGS FORUM

LIVING
EXPERIENCE
DRUG TRENDS

12 groups across Scotland (100+ weekly attendees)

JULY-DEC 2024



SG/National Collaborative December 2024





Research collaborations



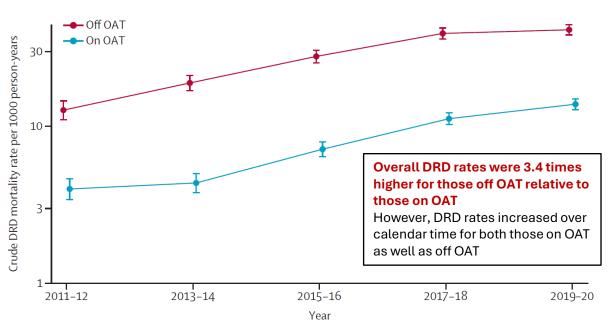


Substance Use and Health Intelligence Linked Dataset

contact: phs.shield@phs.scot

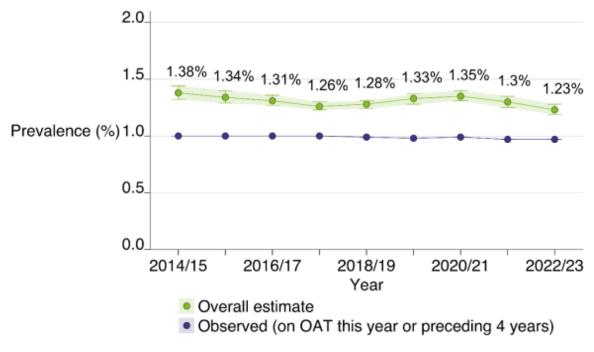
Evaluating the impact of <u>Public Health</u> interventions in reducing harms related to Substance Use in Scotland (EPHeSUS)

Crude drug-related death rates (log scale) among those prescribed OAT in Scotland by OAT status, 2011-2020



McAuley A, et al. Lancet Public Health, June 2023.

Estimated prevalence (%) of opioid dependence among the population aged 15-64 years in Scotland; 2024/15 to 2022/23.



Public Health Scotland 2025.



Emerging impact and ongoing learning

National Mission Evaluation

PHS commissioned by Scottish Government

Positive impact of the National Mission: strengthened treatment systems

Unintended negative consequences: increased pressure on workforce and loss of focus on alcohol

Data developments

Lived Experience Survey

coordinated, robust, longitudinal approach

Stakeholders report important gaps:

- The role of other sectors (housing, employment, education)
- Mental health support.
- Addressing harm from drugs other than opioids
- Getting the basic workforce infrastructure right.
- Prevention.

Residential rehab core minimum dataset

what works for whom



Ongoing challenges & unmet needs

Polysubstance use harms



MAT standards informed response for benzodiazepine harm reduction

Call to action

The unprecedented harm associated with street benzodiazepines in Scotland is a public health emergency that demands a different approach. The false notion that postponing change in prescribing practice is the safest position and the current status quo, is unacceptable. The current rate of high levels of benzodiazepine related harm seen in Scotland qualify in the Orange Guidelines as 'exceptional circumstances'. We all have a responsibility to listen to, assess and understand a person's unique story of benzodiazepine use to identify appropriate treatment and care. Initial conversations should address immediate risk of harm, particularly overdose and death. Conversations should be underpinned by principles of psychological and trauma informed care including safety, empowerment, choice, collaboration and trust, in line with the MAT standards (see summary in Appendix A).

There is no straightforward, one-size-fits-all approach to reduce harm from street benzodiazepines. Existing literature has limited and inchilation the suscent Scattlish content and

national evaluation of current both at an early stage. This gu places the person at the centr approach in line with Realistic specifically respond to rising Ir practice. This work is intender

www.realisticmedicine.sco

This guidance aims to set out key principles which align with the MAT stand designed for all staff supporting those who present with high risks of drug-re

Be prepared to talk about benzodiazepine harm reduction

Empathic listening - seek to understand

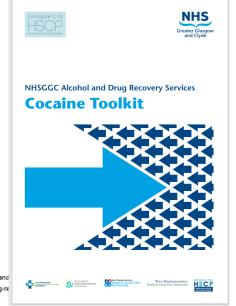
Needs-based assessment

Zone of accepted risk - collaborative risk assessment

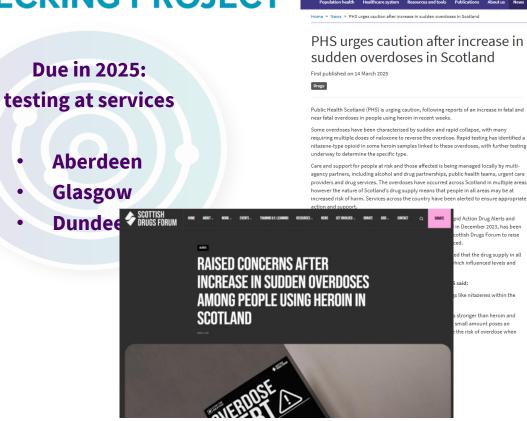
Offer benzodiazepine harm reduction

Shared goals - review progress

In recognition of the levels of harm within this cohort this guidance encourages flexible and individualised higher intensity care; in particular to support staff working in specialist treatment services who are regularly engaging with people using street benzodiazepines as well as opioids. Included is information on immediate changes you can make and action you can take to actively reduce harms by forming therapeutic relationships which consider the prescribing of benzodiazepines and the safe and effective delivery of appropriate psychosocial interventions.



THE SCOTTISH DRUG CHECKING PROJECT



Public Health

Drug market changes

What next? Further focus.

From mitigation to prevention: addressing the determinants of harms



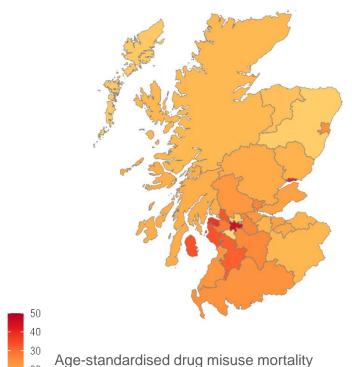
Recommendation 18 100% support

"There needs to be an urgent examination of the issues around poverty.

So that one of the fundamental contributors to drugs harm and death can be addressed.

Because the panel have felt unable to address this issue despite the fact that it has been highlighted as the major contributing factor to drug harms and deaths by all our speakers."

People in our **most deprived areas are 15 times as likely to die** from a drug related death as those in the least deprived areas. (NRS 2024)



rate per 100,000 population. 2019-2023.

Shetland and Orkney not shown.

We need to focus on preventing disadvantage to support hope and recovery in our communities.

Thank you

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