



**Fife Alcohol &
Drug Partnership
Drug-related Deaths 2020**

A note on this report

This report is intended to be used by members of the Fife ADP Executive Committee and it's subgroups to develop policies and strategies to reduce the occurrence of drug-related deaths and near-fatal overdose in Fife.

Furthermore, this report is intended to provide an overview of drug-related deaths within Fife by examining trends and themes which may be used to influence strategic decision making. It does not replace any internal or external reports completed by any national or local partner organisations.

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Executive summary

- In 2020, there were 65 drug-related deaths registered for Fife. This was a decrease of 20% since the previous year when 81 deaths were recorded. This occurred in a year when there was a national increase of 5%.
- Drug-related deaths in Fife have increased by 86% over the last 10 years, a trend also seen nationally.
- Males accounted for 82% (53 deaths) of Fife's drug-related deaths in 2020.
- Female drug deaths dropped by 59% since 2019 (29 deaths) to account for 18% of total drug-related deaths in 2020 (12 deaths).
- Most drug deaths occurred in the 35-44yo age group.
- Average age of death in Fife was 38yo.
- The majority of Fife's drug-related deaths occur in areas of high deprivation.
- Heroin, benzodiazepines and gabapentinoids remain the drugs of highest prevalence in drug-related death toxicologies.
- 97% of deaths had an opioid present in toxicology.
- 78% had a benzodiazepine present in toxicology.
- Less than 5% of deaths had only one substance present in toxicology.
- Average number of substances present in toxicology was 6.
- Fife had a higher percentage of any prescribed/illicit opioid, benzodiazepine, and gabapentinoids present in toxicologies than the national average.
- The presence of cocaine in 2020 toxicologies increased to 29% from 19% in 2019.
- 68% of drug-related deaths were not in treatment at time of death.

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Introduction

In Fife, there were 65 drug-related deaths recorded for the year 2020. This is a decrease of 20% from 2019 when there were 81 deaths recorded. However, there have been significant year-on-year fluctuations which mean that annual numbers are a poor predictor of future trends. Drug-related deaths across Scotland continue to rise, culminating in 1339 deaths in 2020. This is the largest number of deaths ever recorded in Scotland and accounts for a national increase of 5% over the 2019 figures.

Most of Fife ADPs work closely follows the Drug Death Taskforce six emergency themes published in January 2020:

- Targeted distribution of naloxone
- Implement immediate response pathway for non-fatal overdose
- Optimise the use of medication-assisted treatment
- Target the people most at risk
- Optimise Public Health surveillance
- Ensure equivalence of support for people in the criminal justice system

These are the universally recognised milestone indicators for reducing the acceleration rate and the number of drug-related deaths occurring across the country and are linked very closely to the new Medication Assisted Treatment Framework published in June 2021.

The ADP Support Team's approach has been to implement all the evidence-based improvements and guidance and trust that significant stepped improvements will occur. Year 1 (2020) of this approach has proved to be successful with DRDs decreasing by 20%, however it is not possible to distinguish which initiatives or combination has contributed the greatest or the least to this outcome. Early success suggests we are on the right path

and the approach is to continue to follow every element of the evidence base to the fullest including implementation of the new MAT standards.

The full DDTF document outlining the emergency response can be accessed online:

<https://www.gov.scot/publications/drug-deaths-taskforce-emergency-response-january-2020/>

A note on the definition of drug-related death used in this report

This report uses the same definition for drug-related deaths as used by National Records of Scotland. This definition was introduced in 2001 to determine a baseline figure for the UK Drug Strategy. More information on the definition can be found in the appendix and online:

<https://www.nrscotland.gov.uk/files/statistics/drug-related-deaths/20/drug-related-deaths-20-annex-a.pdf>

Drug-related deaths in Fife

There were 65 drug-related deaths in Fife in 2020. This is a reduction of 20% on the previous year.

Whilst it is encouraging that deaths in Fife have reduced, 2020 figures remain similar to 2017-18 levels and are overall 86% higher than 2010.

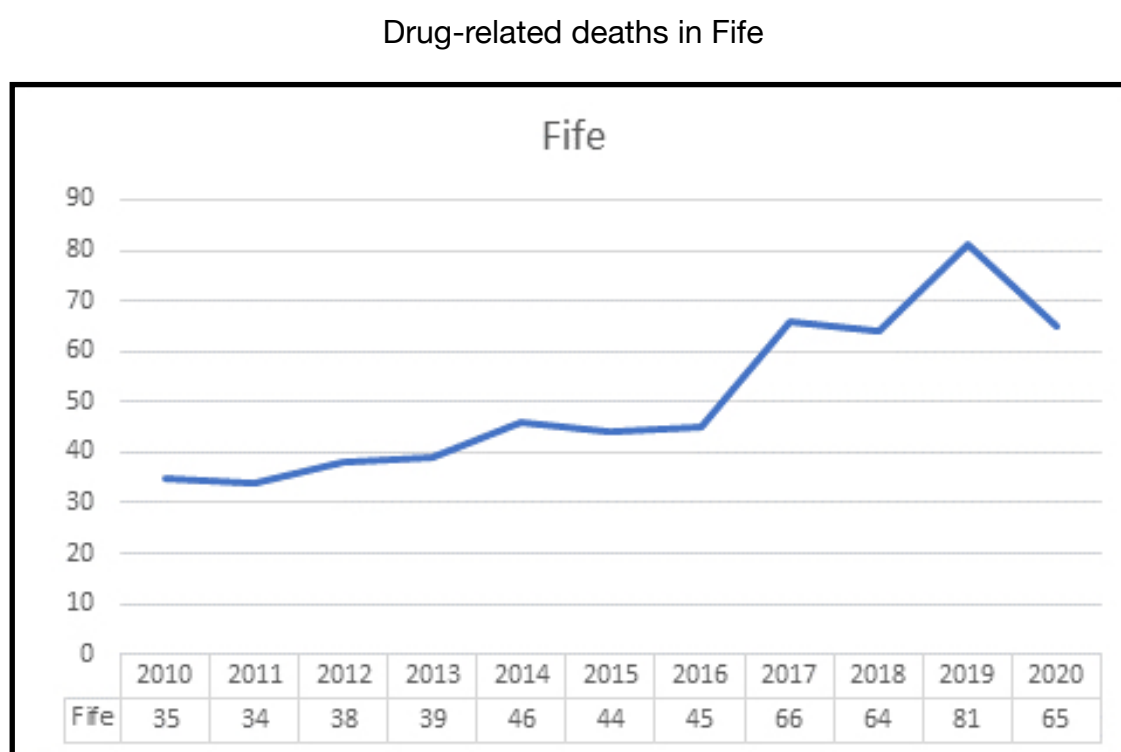


Fig 1.

Caution must be applied in the interpretation of the reduction in drug-deaths in 2020 as the beginning of yearly continued reductions. Particularly, as 3 year rolling averages (*Fig 1a*) show more of a levelling off, especially when compared to the national figures (*Fig 1b*) which maintains an upward trajectory. This is due to an apparent spike of deaths in 2019 which were described in the ADP Drug-related Deaths 2019 report and can be accessed online:

<https://www.fifeadp.org.uk/ data/assets/pdf file/0025/228715/Fife-ADP-Drug-Related-Deaths-Report-2019.pdf>

Drug-related deaths 3 yr rolling average - FIFE

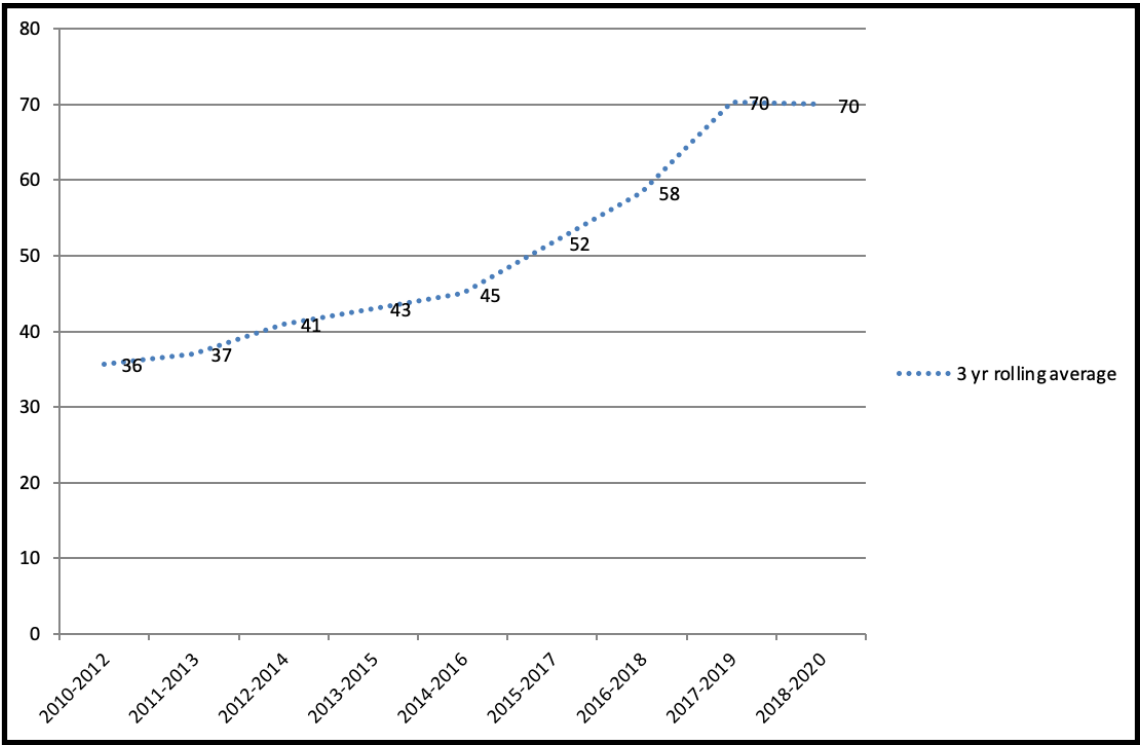


Fig 1a

Drug-related deaths 3 yr rolling average - SCOTLAND

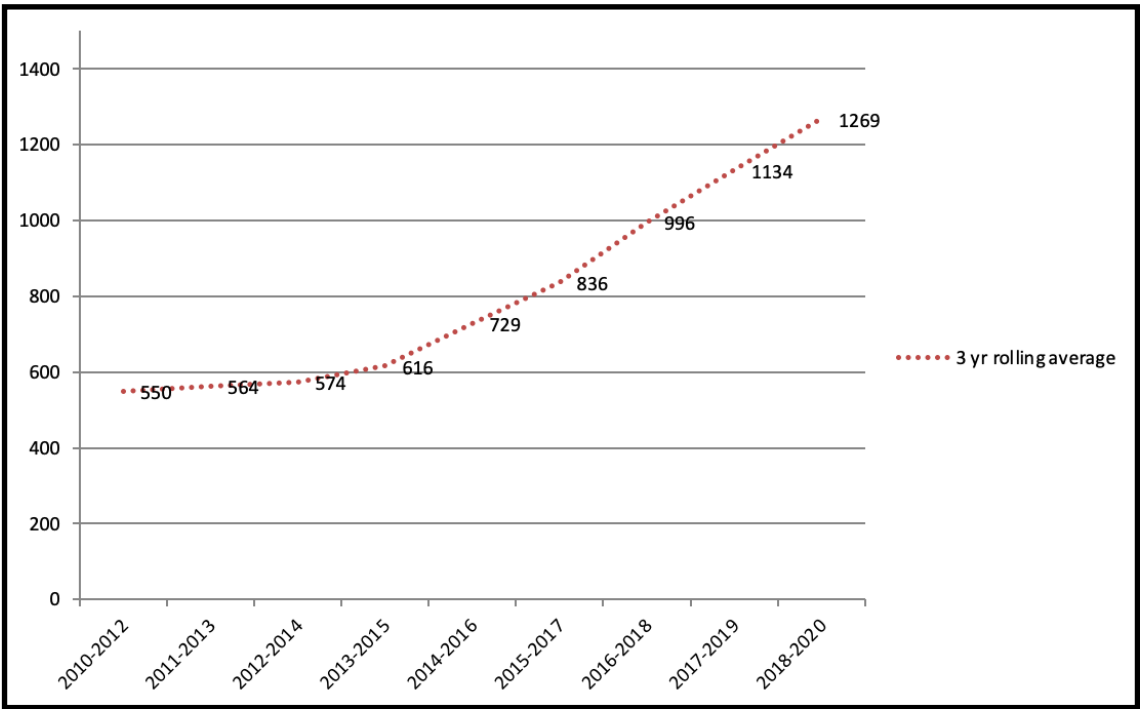


Fig 1b

Drug-related deaths by sex

Drug-related deaths in Fife males have increased by 32% since 2017 over a consistent and gradual rise each year accounting for 82% of all deaths during 2020. Nationally, males accounted for 73% of total drug-related deaths.

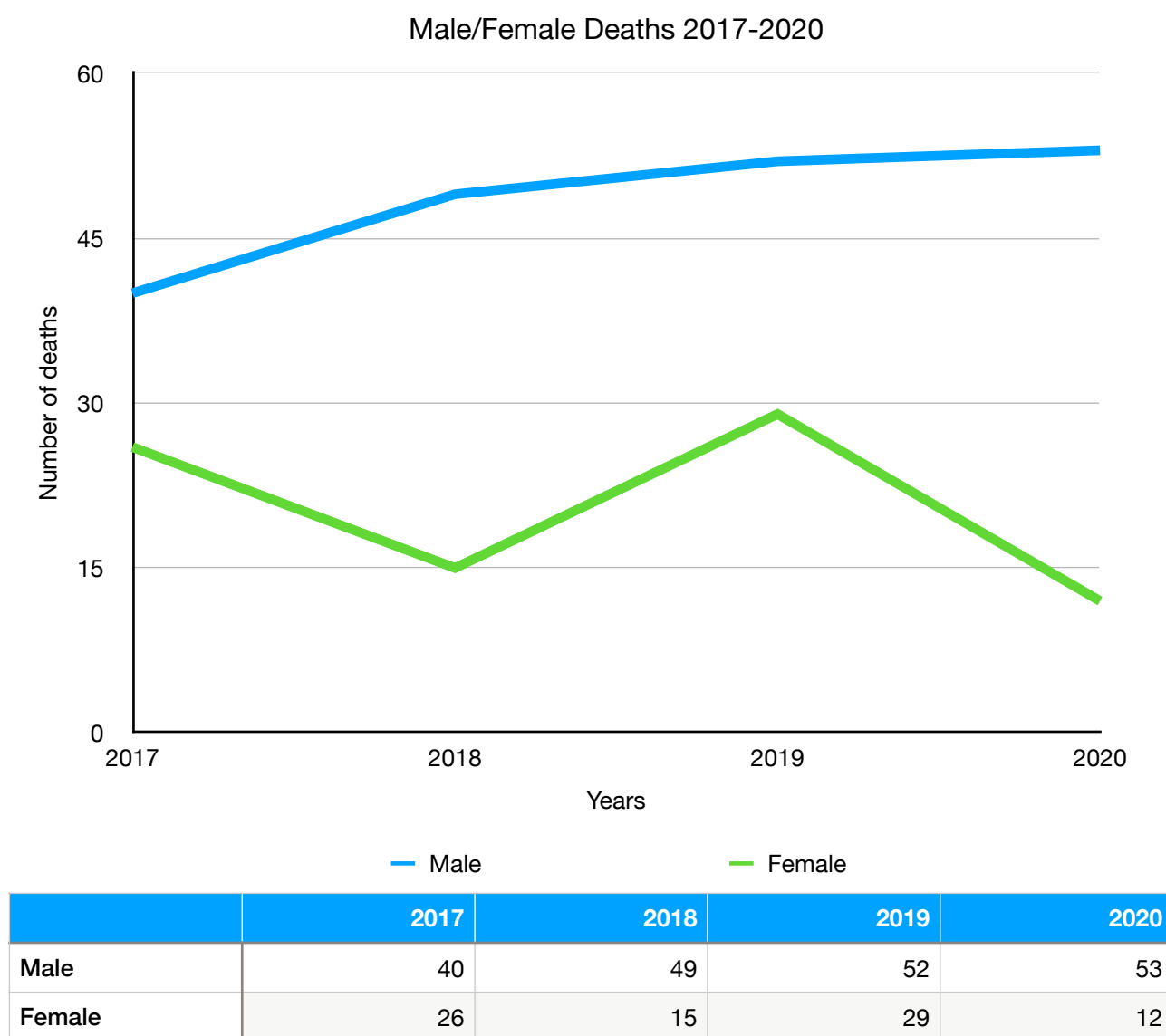


Fig 2

Since 2017, the rate of female deaths rises and falls much more dramatically as can be seen in *Fig 2*. 2020 had the least number of female deaths over

the previous 3 years and following a spike in 2019, female drug deaths fell by 59% in 2020. This is similar to the path illustrated by the graph for 2017 to 2018 also.

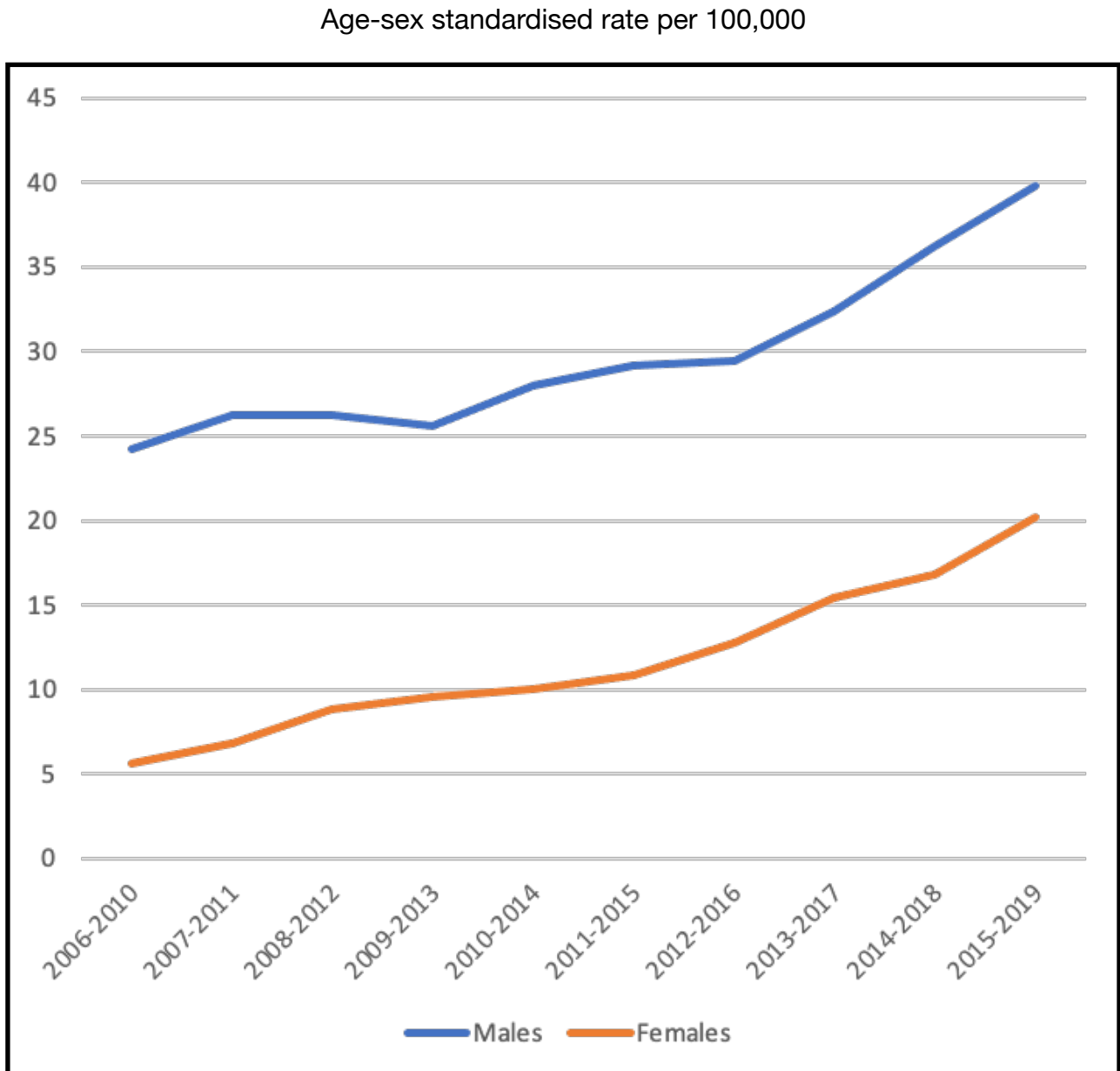


Fig 2a

However, if we consider the age-standardised deaths in Fife since 2006 (Fig 2a), we see a much more useful picture which shows an overall increase in female drug-related deaths which tracks the male deaths. It is important to note that these are 5 year aggregated standardised-rates, which is one of the

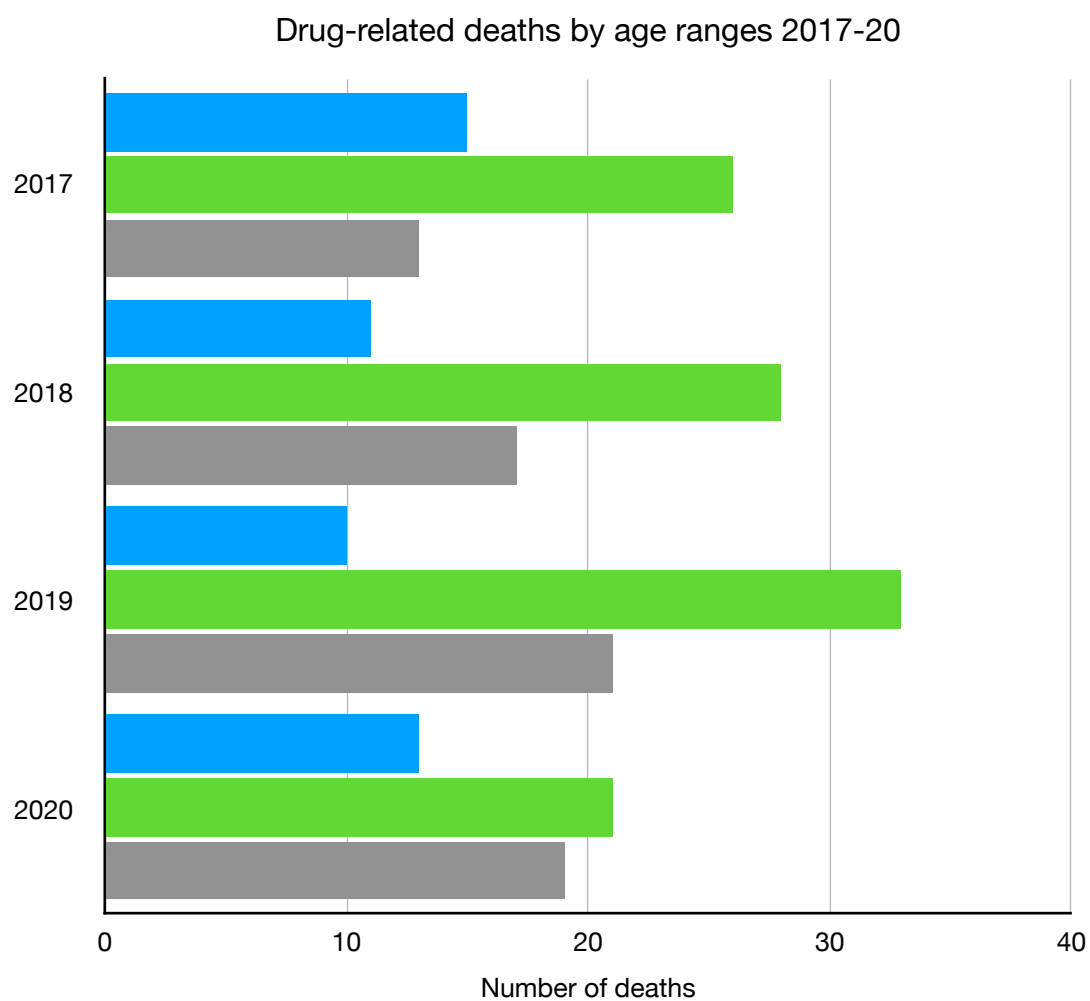
reasons for the smoothing of the graphs. A limitation of this is that relatively rapid increases or decreases will be masked by historic data.

Service-based information suggests that there may be barrier with access and retention in service occurring for women in Fife. In partnership with Fife's Violence Against Women's Group and Scottish Drugs Forum, Fife ADP has commenced some qualitative evaluation of women's lived and living experience to explore the frequency and nature of potential barriers with the aim of improving access and quality of service delivery for women given that their circumstances may be very different to their male counterparts. This evaluation will be independent, seek to speak to women who are not currently in the system or care and use a peer-to-peer approach.

Drug-related deaths by age

The average age of drug-related deaths across Scotland has increased with an average age of 43 in 2020. From the data shown in *Fig 3*, it is evident that since 2017, the most at risk group in Fife is the 35-44 age range followed by the 45-54 age range. It should be noted that in 2020, these two groups are almost identical with 21 and 19 of the total deaths respectively with a slight increase in the 25-34 cohort over the previous year.

This would indicate that Fife's deaths are following a similar trend as those nationally however, the average age of a drug-related death in Fife was 38 in 2020, 5 years younger than the national average. There is also a small increase in the number of deaths amongst the 15-24 age group but it is important to note that no deaths occurred in those under 18 years old.



Age Range	Number of deaths			
	2017	2018	2019	2020
15-24	<5	<5	7	9
25-34	15	11	10	13
35-44	26	28	33	21
45-54	13	17	21	19
55-74	7	<5	10	<5

Fig 3

If we consider how the age range cohorts appear annually as a percentage (*Fig 4*), it is evident that since 2017, the combined 35-54 groups are consistently higher than the other age groupings

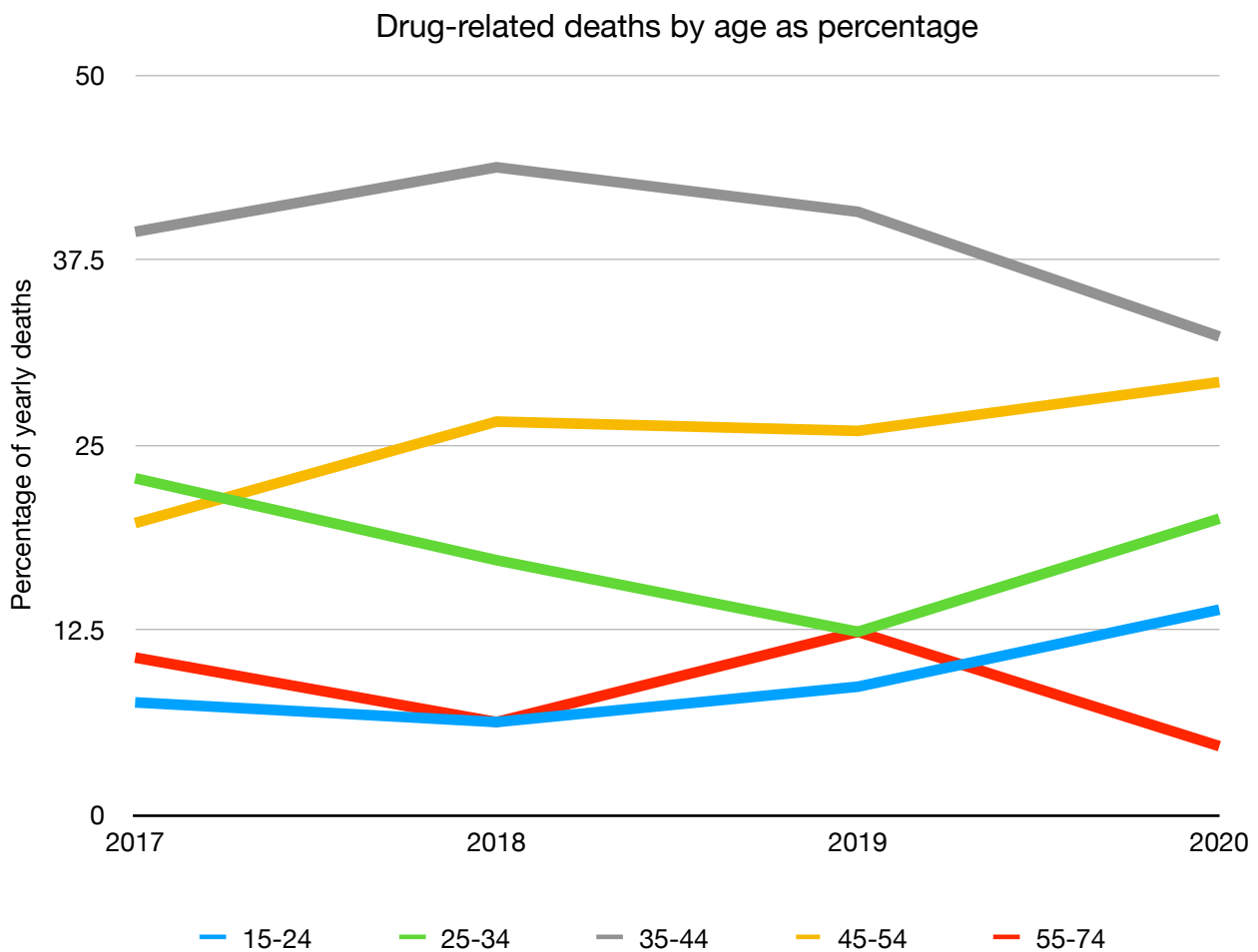


Fig 4

There are a number of theories relating to the increased mortality rate amongst older drug users. Scottish Drugs Forum (SDF), European Monitoring Centre for Drugs and Drug Addiction, and the Scottish and UK Government amongst other organisations have all published online regarding this issue.

Of primary note when considering the rising age of drug mortality is the effect of a combination of age-related illnesses such as heart disease and respiratory problems associated with a person who may find engagement with universal service provision too challenging to gain sustainable benefit in general physical health. This combined with polysubstance use of central nervous system depressants such as opioids, benzodiazepines and alcohol which further impact on a person's ability to breathe and can lead to both

fatal and near-fatal overdoses. It is therefore important to not just offer universal healthcare provision but to adapt and to be flexible to how, where and when that is offered to support this care groups' rights to engage. This should address all health related, psychosocial, holistic and community-based interventions which allow people to access meaningful community engagement and emotional wellbeing and deliver effective partnership work across primary and secondary care services. Treatment, care and support systems across the statutory and third sector need to be cognisant of this care group and consider how to meet their unique needs.

Near-fatal overdoses

It is a known feature that people who go on to have a drug-related death are likely to have experienced at least one previous near-fatal overdose. With this in mind, Fife ADP developed a near-fatal overdose (NFO) response in partnership with Scottish Ambulance Service (SAS) and ADAPT which went live in 2018 and has since engaged with over 460 people providing a range of interventions including treatment assessment, naloxone kits, and testing for blood borne viruses such as Hepatitis C and HIV.

It has been identified that the NFO service could increase its reach if referral points are widened beyond the Scottish Ambulance Service to include other sources such as family, friends, housing, and hostels. Subsequently, planning and implementation work has commenced with the homeless sector and specific hostels throughout Fife. The ADAPT service has been awarded short term funding from the Scottish Government to extend their assertive outreach model to this sector.

In addition, the ADP Support Team has been working in partnership with Phoenix Futures to develop a drop-in service in James Bank Hostel since January 2021 which offers lived experience mentoring and support to

residents as well as strengthening links and educational training opportunities with staff teams.

The assertive outreach model which the NFO team uses has proven to be effective in reaching those who have too many enduring, serious and complex needs to voluntarily engage with the system of care on offer in Fife and this approach, coupled with a locality focus, features in other strands of ADP work to retain people in treatment prior to unplanned discharge and as part of the work in the Methil area of Levenmouth where drug-related deaths are high.

Naloxone

Naloxone is an opioid antagonist, it reverses opioid overdose and can prevent death. Typically, it comes in the form of a secure injectable kit which is intended to be administered intra-muscularly to someone who has overdosed on opioid drugs.

Fife ADP has a three year Naloxone Strategy (2019 – 2022) developed with partners by the Overdose Prevention and Drug Death Monitoring Group. This sets out the approach for Take Home Naloxone coverage in community and prison settings, staff development, training and includes a protected budget to support supply. Separate to this budget the ADP has invested in pharmacy services to deliver harm reduction equipment including injection equipment provision and other equipment through community pharmacies. Pharmacies are embedded in communities and are an easy access point in remote communities, they are open during evenings and weekends and can reach family members.

Naloxone training is available to anyone in Scotland and can be delivered online and face-to-face. Participants can be trained according to their own

need and whether they are intending to train others or use the kit in an emergency overdose situation.

The levels of naloxone training are:

1. **Naloxone awareness.** The participant can use naloxone in an emergency.
2. **Training for trainers:** The participant can train others to use the kit in an emergency.
3. **Master trainer:** The participant can train staff teams or groups of people to training for trainer level.

During the pandemic, the majority of naloxone training for Fife was delivered online by SDF. The main benefit to this was that it provided a route by which the training could continue during lockdown and allowed for a flexibility of delivery.

Post-lockdown, the ADP Support Team intend to move the focus back to face-to-face training whilst maintaining the option for people to access online training if preferred depending on their individual circumstance or need. To this end, The ADP Support Team are working with SDF to train three staff members from across the Fife statutory and third sectors to Master level and develop a Fife-wide training programme which will be available to appropriate staff teams across Fife.

A number of services in Fife across the third sector and Fife HSCP are already equipped to distribute naloxone to people who are likely to witness or be involved in an opioid overdose. Fife ADP support team is responsible for coordinating training of staff and procurement of kits in addition to

working with the Scottish Drug Death Taskforce (DDTF) to find new ways to ensure kits are accessible at times of need.

To further the reach of naloxone, a test of change is being developed alongside the DDTF and the University of Stirling which will be targeted at several areas of highest need across three Local Authorities. Fife ADP Support Team has been involved in the development of this ToC since the beginning and will be included in the implementation. Naloxone kits in the form of nasal sprays (Nyxoid) will be made freely available 24 hours a day in areas of high drug mortality, using an approach similar to public access defibrillator stations. A Nyxoid kit will be kept within an accessible box and any usage will be monitored by a third sector partner organisation. Replenishment of supply will also be undertaken by the same organisation. A bid has been submitted to the Scottish Government for this project.

Generally, the use of nasal naloxone is a recent introduction in Fife and has a number of advantages in some situations, especially when working with family and friends or people who are uncomfortable with the traditional needle and syringe mechanism of standard naloxone kits or when the dispensing situation makes it inappropriate. It is hoped that by introducing this as an alternative delivery system, distribution paths can be widened and more people will feel comfortable to use a kit in an emergency.

During the initial COVID19 lockdown in early 2020, the ability to provide kits to people was severely compromised due to lockdown restrictions on face to face meetings. In light of this, Fife ADP Support Team re-evaluated existing plans to increase naloxone distribution and worked with partners to develop a new approach which took the new restrictions into consideration. In May 2020, NHS Fife Pharmacy, Addiction Services, and third sector worked in partnership to distribute approximately 1550

naloxone kits across Fife to people who were prescribed opioid substitution therapy (OST) such as methadone and buprenorphine. Naloxone kits were given to people alongside their usual prescribed medication at a cost of £34,000. This method of distribution was unique to Fife and may have contributed to the reduction in drug related deaths.

During 2020/21, Fife ADP invested in pharmacy services to increase the number of pharmacies providing harm reduction advice, injecting equipment and naloxone kits in key areas of Fife where injecting drug use, NFO and drug related deaths are highly prevalent. During 2020/21, 5 new pharmacies, adding to 19 existing pharmacies, were identified and agreed to become Injecting Equipment Provision (IEP) sites. This is key to preventing the transmission of blood borne viruses indicated as a factor in the increased risk of drug related death for the care group. In addition, 37 sites are able to supply naloxone to their communities, an increase from 8 pharmacies prior to lockdown. This is the beginning of ensuring a level of coverage in every community across Fife with a focus on family and friends as well as those who may experience an overdose themselves. There are further plans to increase this provision with continued roll out of naloxone, IEP delivery, wound care and Hepatitis C testing, all interventions which protect and lower the risk of harm and overdose.

In 2021, Ethypharm donated 10,000 naloxone kits to the DDTF which are to be distributed to each ADP area quarterly based on estimated need. Fife ADP will be receiving 150 of these kits each quarter to be used for new projects only. Currently, this would include the new Peer Naloxone project in partnership with We Are With You (WAWY) and non-drug treatment services.

At the beginning of the pandemic, the Lord Advocate allowed for the inclusion of agencies who were not primarily concerned with drug treatment

to distribute naloxone to those who may benefit. This enabled the ADP Support Team to extend the offer of naloxone training to non-drug treatment services across Fife. During 2019, there was an increase in female drug deaths so training was arranged for the Fife Council Women's Justice Team and Restoration who have specialised groups and support for women and were involved with NHS Fife Sexual Health Team's smears campaign. These teams are now equipped to distribute naloxone to the people who access their service. It was also noted that people who are released from custody are also at high risk of overdose so training was arranged for the new Custody Suite Navigators Project. Community organisations in the East Neuk were also able to be trained as whilst the number of deaths in that area is relatively low compared to other areas in Fife, they have a marked impact upon the community and the reach of the naloxone programme in these areas had previously been traditionally low. Housing and homeless accommodation provision are also an area of risk so training was also provided to Frontline Fife.

People with lived and living experience (PWLLE) distributing and training others in take-home naloxone is a recent development. There is a partnership between the ADP Support Team, We Are With You (WAWY) and SDF to identify individuals, to provide training and support to volunteers and to distribute kits and training in high risk locality areas in Fife. This is based upon a model developed by SDF in Glasgow and underway in the Borders, also in partnership with WAWY.

Utilising peers in this way has proven to be very effective in Glasgow and it is a feature of the Fife ADP naloxone strategy to introduce this model in Fife. People who have recent lived experience of drug use, as well as those who are currently using drugs, will be trained to distribute naloxone and overdose education overdose to their peers, some of whom services

struggle to reach. People who rarely engage with services can be considered more at risk as opportunities to access naloxone kits may be reduced. Peers often have existing relationships with the target population and can often engage more easily. The project is currently at the recruitment phase and is being monitored by a steering group consisting of SDF's Drug Death Strategy Coordinator, Fife ADP Support Team, and WAWY Service Manager.

Drug-related deaths by location

The majority of Fife's drug related deaths happen in areas of high deprivation. Below is a heat map of drug related deaths for 2020 (*Fig 5*).

Drug-related deaths 2020

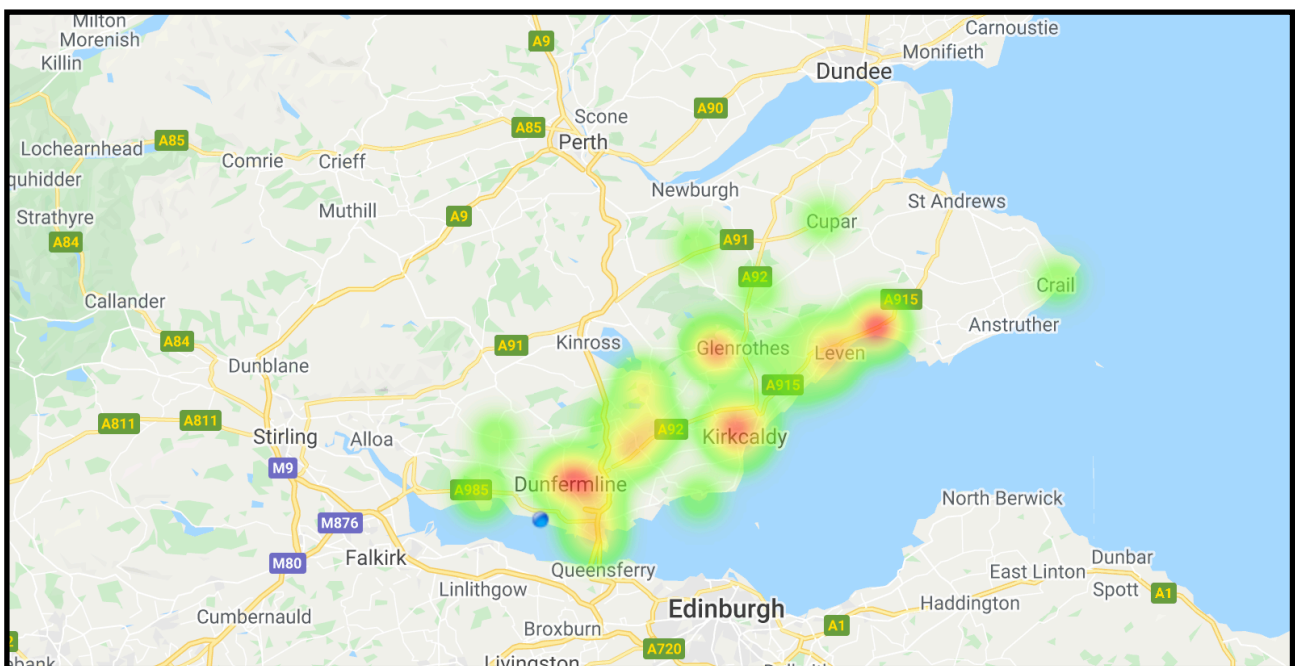


Fig 5

Since 2017, the areas of Fife's highest drug deaths has not changed significantly and this affects not only those who unfortunately die, but families, friends, children, and whole communities. *Fig 6* shows a heat map

Drug-related deaths 2017 - 2020

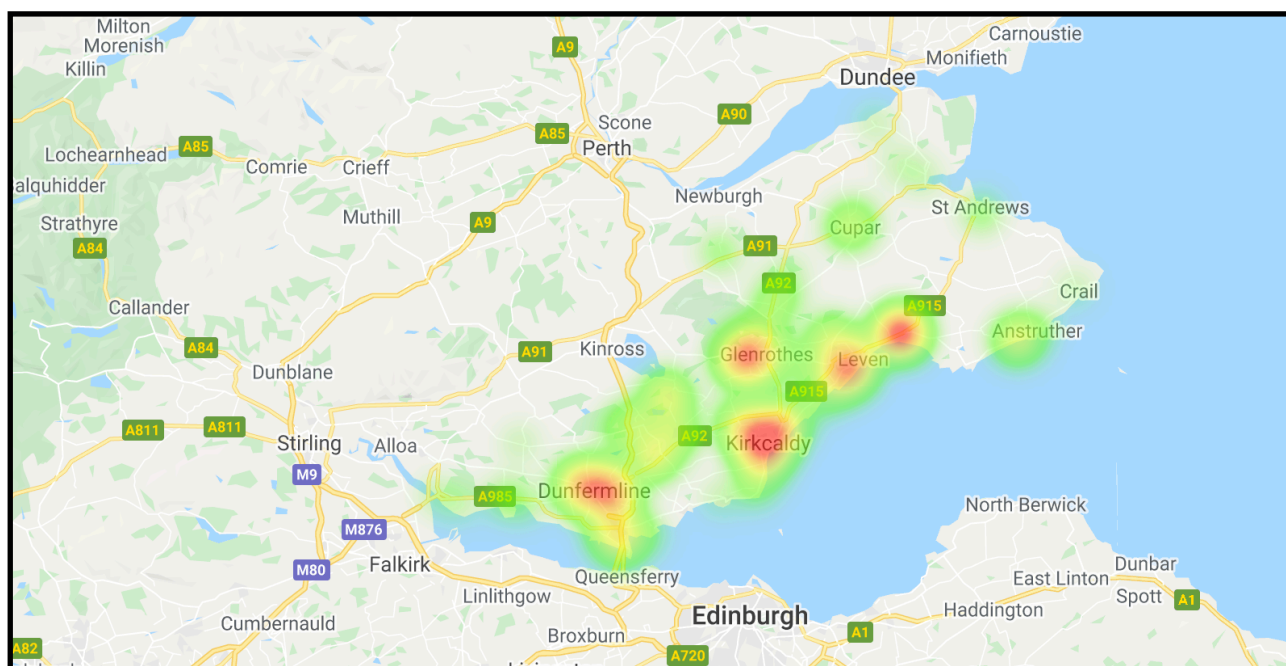


Fig 6

of drug-related deaths in Fife from 2017 to 2020. Note the deaths occur in the same areas year after year.

The Fife ADP Strategy 2020-2023 highlights the need to work with a focussed, locality based approach in order to ensure equity of support for those at risk of drug-related death and harm and afford communities an opportunity to offer their support and embed support/recovery into other initiatives and approaches ongoing in the area. Particularly those that address poverty, service deprivation and poor access to support.

One such example of this is the work currently planned in the Levenmouth area to address the high levels of drug-related deaths which occur there. As a test of change, Fife ADP Support Team has commenced work with the Levenmouth locality. Recent data has shown a high level of drug related deaths in this area compared to other part of Fife and a more intensive bespoke approach might be required. Whilst this work is complex and complicated, as it involves working the community and community based services not familiar with alcohol and drug treatment

care system, it taps in to the assets and the strengths of that community and works towards a more sustainable model due to its participation and co-production approach. As such, the outcomes could ultimately change how our ADP services work in the area, where they are based, the referral pathways and models of care and who are their partners, leading to a more responsive and barrier-less approach to the issue.

The East Neuk area of Fife has also been developed by working with members of the organisation Oor Space. Fife ADP Support Team provided Oor Space advice, encouragement, training and helped them to build relationships with existing ADP services so they could establish themselves as an important asset within their community and work as an access point into treatment for this locality. ADAPT and DAPL are now running clinics in this area connected to Oor Space.

Additionally, the East Neuk First Responder organisation has now been fully trained in the use of naloxone and their members are able to administer the medicine to people they may attend in an emergency call-out situation.

Levenmouth project

The Levenmouth area of Fife, and specifically the Methil, Methilhill, Kirkland areas consistently experience high rates of drug-related death.

Since 2017, deaths in the KY8 postcode area account for between 20% - 27% of annual drug-related deaths in Fife. *Fig 7* shows the total number of individual deaths per year compared to the deaths in KY8.

The majority of the deaths in the KY8 area are clustered around the aforementioned communities. The ADP support team has raised the issue of a

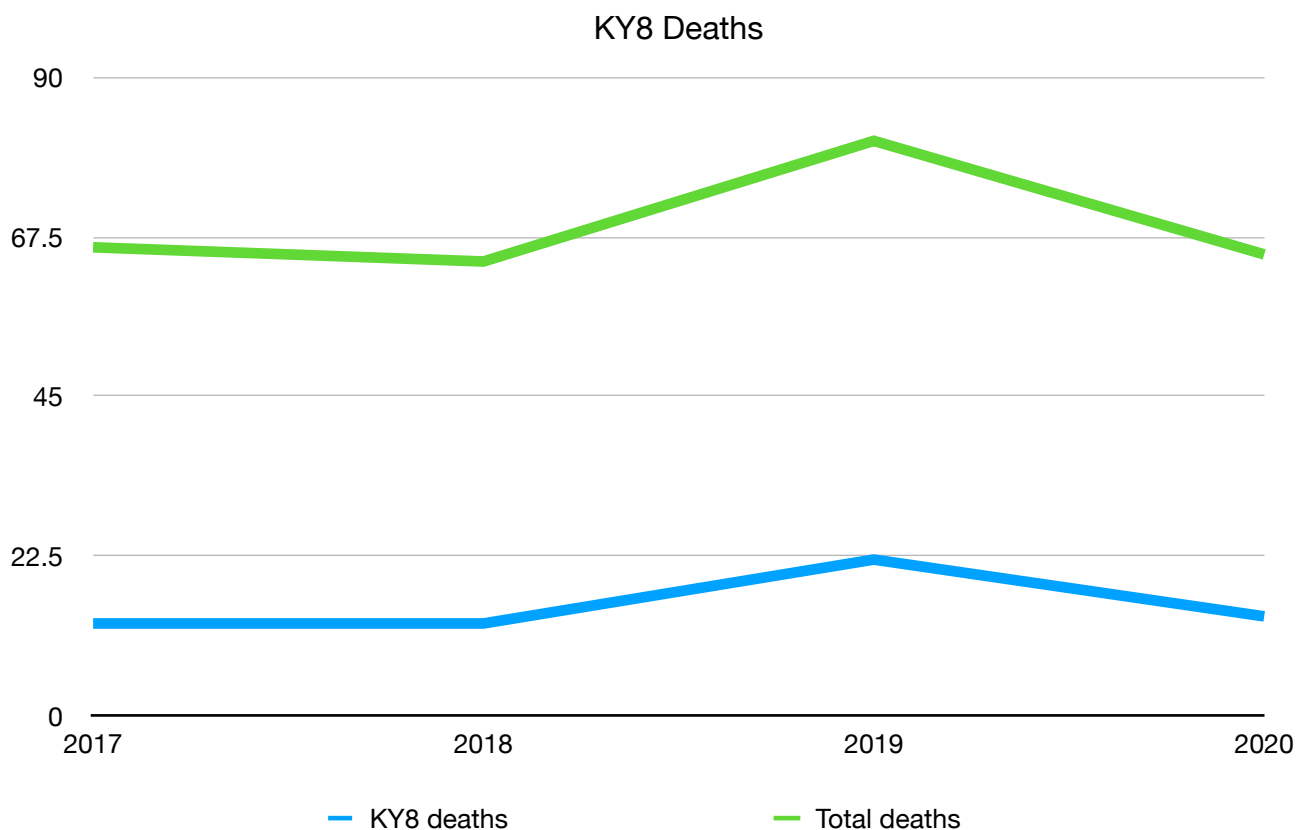


Fig 7

high number of drug-related deaths occurring in the Levenmouth area and is working with the members of the HSCP Locality Board, NHS Fife, local elected members, local GPs, NHS Pharmacy, police, third sector partners, HSCP Community Managers and community based services to develop an action plan for a concentration of support to be delivered in the area. In-depth analysis of these deaths has concluded that there will be a focus on:

- *Increasing the presence of drug services embedded within the community.*
- *Educational opportunities on harm reduction and overdose to individuals, families and friends, and key local professionals.*
- *Highlighting the existence of key local services to the community.*
- *More support for family members.*
- *Wide availability of injectable and nasal naloxone and injecting equipment.*

- *Reduction of stigma associated with problem drug use which prevents users and their family from accessing services and harm reduction messages and equipment.*
- *Faster access to Medication Assisted Treatment (MAT) such as methadone and buprenorphine.*

This list is not exhaustive and the Levenmouth approach is dynamic in nature, responding to the community and its partners which is owned and updated by key stakeholders identified and coordinated by the ADP Support Team. Updates on the progress of work in the Levenmouth locality are reported into the Levenmouth People MDT and Fife ADP by the ADP Support Team who are coordinating the work. A copy of the workplan template is included in the appendices to this report.

In addition, Fife ADP has developed and supported a one stop shop initiative planned with partners WAWY and NHS Fife Addiction Services. This will offer harm reduction support, treatment and psychosocial and recovery support to people in this area. A bid has been submitted to the Scottish Government improvement fund for this project.

Implicated drugs and toxicology

The overwhelming majority of Fife's drug-related deaths involve poly-substance use. In 2020, less than 5% of deaths had just one substance present in their toxicology results and the average number of substances present was 6. Fife also recorded a higher percentage of opioids, benzodiazepines and gabapentinoids in drug-death toxicologies than the national average.

Toxicology reports generally include a reference for the "therapeutic" and "fatal" ranges of a substance, based on existing literature available to the

Key trends in drug types 2017-2020 - FIFE

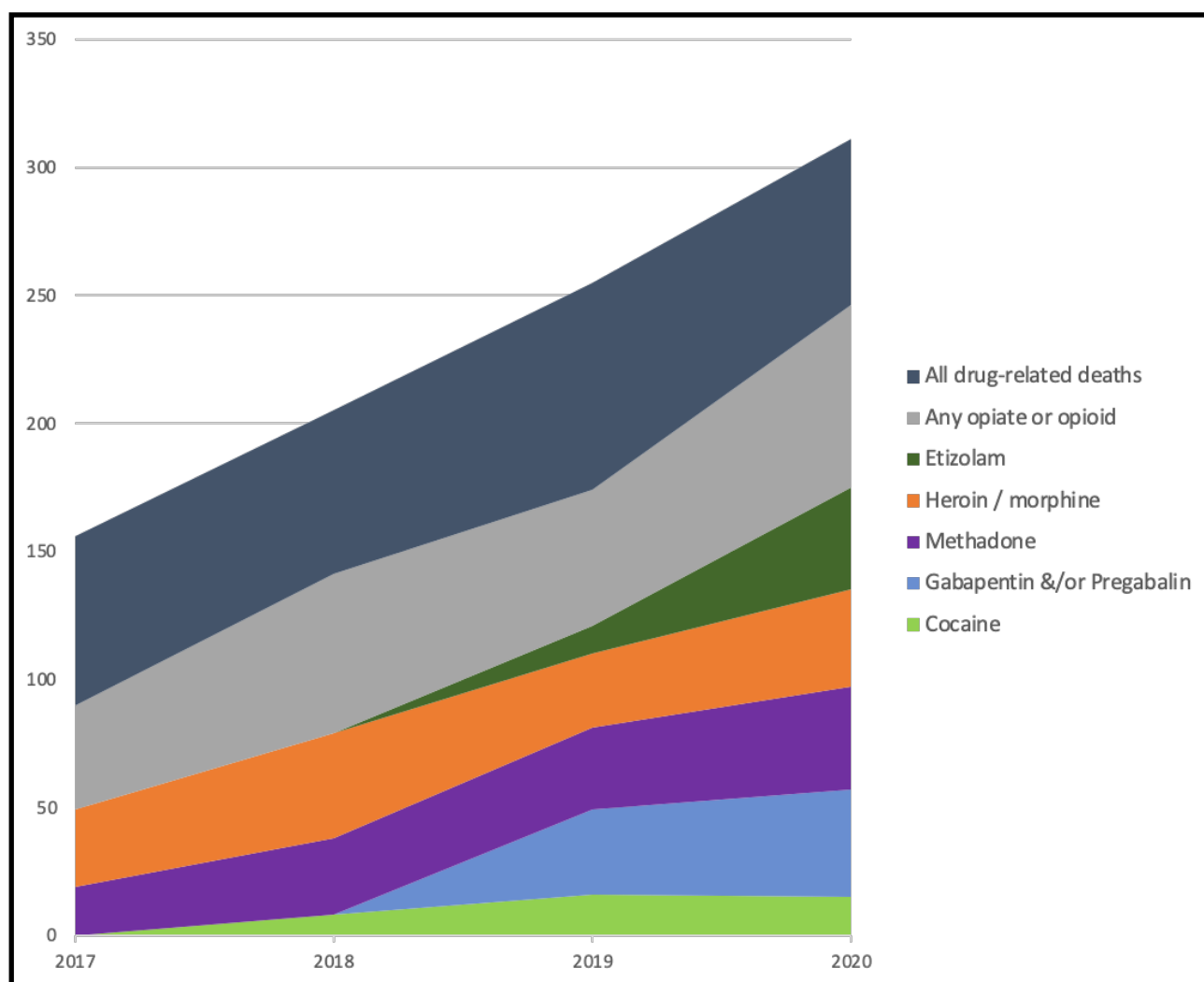


Fig 8

toxicologist. However, these are often based on relatively small sample sizes, and do not consider the possibility of poly-drug use.

An individual's own tolerance to a substance should also be considered when interpreting toxic substance levels as this will vary depending on the history of illicit drug use in any particular individual.

The actual amounts of the drugs observed in drug deaths fatalities in Fife are often lower than the published fatal and even therapeutic ranges of any given drug. This highlights the importance of the cocktail effect, and the above values continue to raise questions about the clinical utility of the designated 'fatal' and 'therapeutic' levels. Furthermore, as the age of

individuals who die of a drugs death is increasing, personal underlying pathology may make the individual more susceptible to death at a lower level of substance exposure.

Trends within drug availability and use largely reflect the national picture and localised evidence of an increase in stimulant use in some areas of Fife, along with availability of non-traditional benzodiazepines can also be seen across Scotland.

Opioids and opiates, benzodiazepines, and gabapentinoids remain the primary drugs of concern in Fife when analysing 2020 drug-related deaths. *Fig 9* illustrates the presence of heroin and methadone in deaths since 2017.

As can be seen, the presence of methadone is increasing and in 2020, increased by 9% since the previous year, however there were no deaths recorded with methadone being the sole substance. The presence of opioids was recorded in 98% of all drug-related deaths in Fife which is 9% higher than the national average.

It is noted that Public Health Scotland are currently engaged in analysis of drug-related deaths across Scotland amongst patients receiving opioid substitution therapy such as methadone to determine if there are significant increases and whether this has associated implications or learning which need to be taken under consideration. Certainly, health boards across Scotland have been provided with additional funding and encouragement to increase the access and prescribing of other treatment in particular Buvidal, slow release buprenorphine.

Opioids/opiates present in Fife drug-related deaths as a percentage

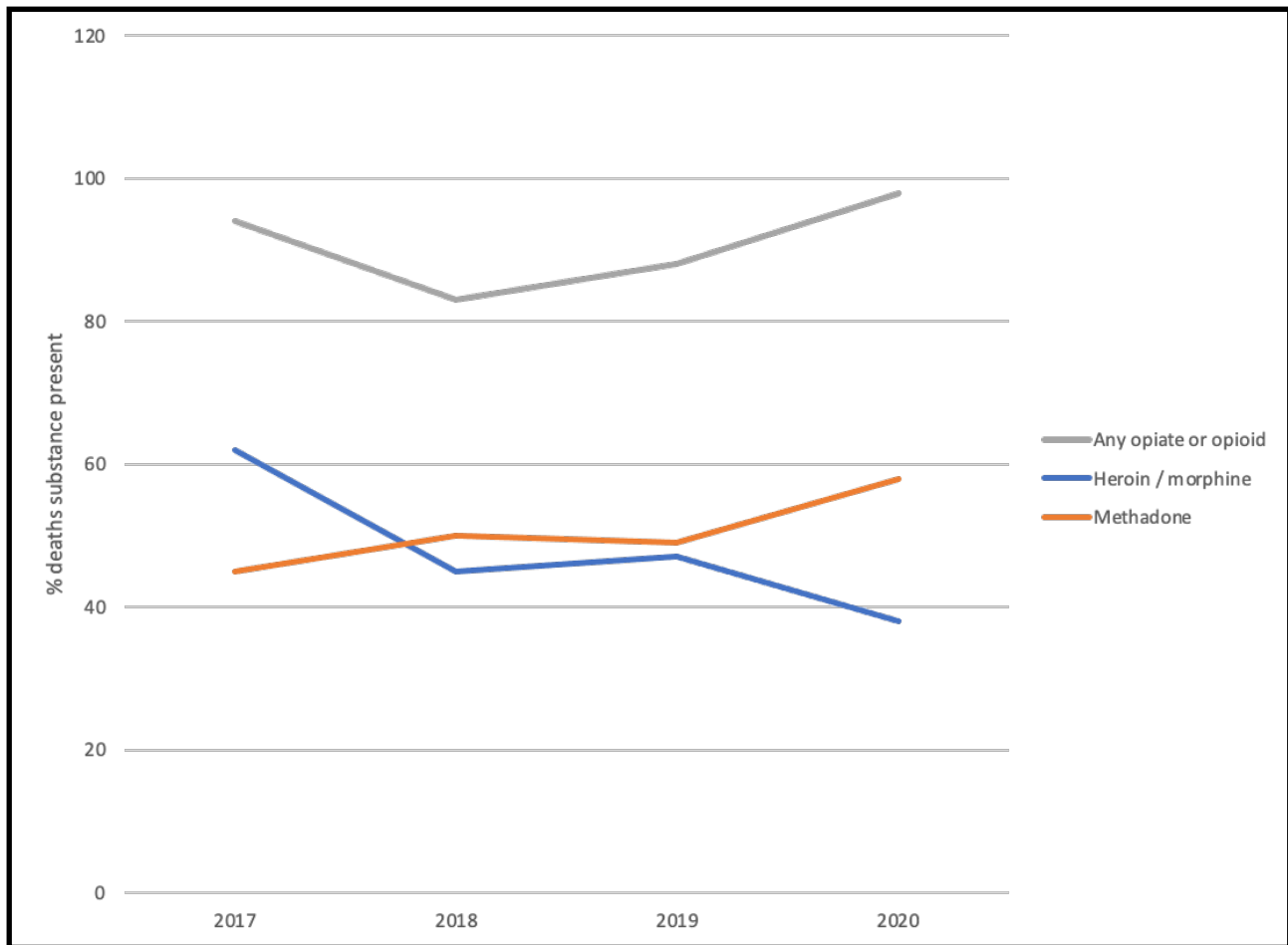


Fig 9

As in previous years, benzodiazepines, including those which can be, and are, prescribed as well as non-traditional types, or “street valium”, are present in a significant number of drug-related death toxicologies.

In 2020, the presence of benzodiazepines in Fife’s drug-related deaths increased by 11% over the previous year to 78% of deaths. This is 5% higher than the national average. 71% of deaths included a non-traditional benzodiazepine such as etizolam or alprazolam. New variants and preparations of this type of street benzodiazepine are being reported regularly with increased potency and unknown quality control. *Fig 10* illustrates the percentage presence of benzodiazepines in Fife toxicologies since 2017.

Benzodiazepines present in Fife drug-related deaths as a percentage

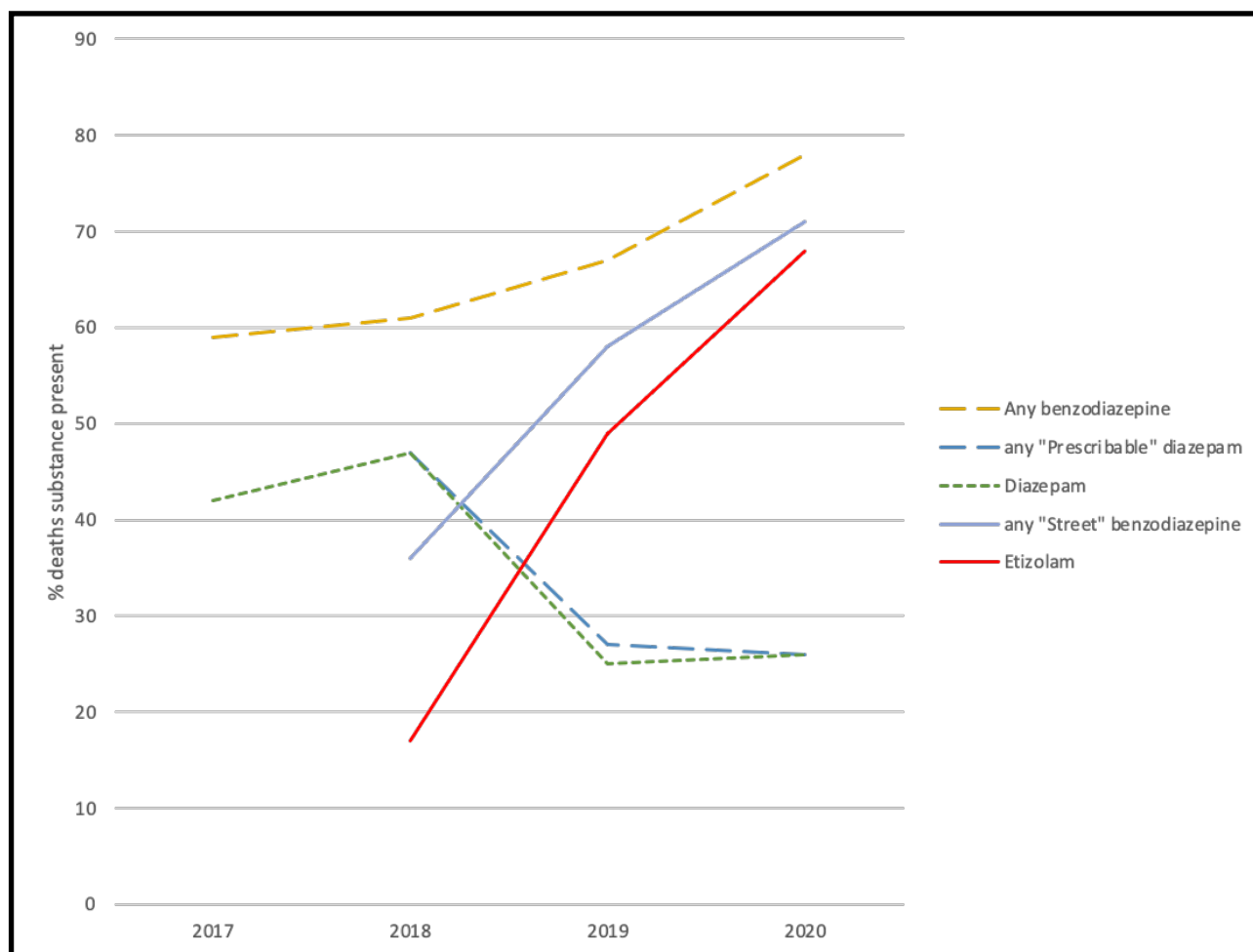


Fig 10

The rapid increase of these non-traditional benzodiazepines appearing in drug-related death toxicologies is of great concern and presents a considerable challenge for the ADP and services given that their effects are unpredictable and they do not respond to opioid overdose reversal drugs such as naloxone. An antagonist for benzodiazepines does exist but is reserved for clinical use and not part of a wide public-facing campaign like naloxone. Fife ADP Overdose Prevention & Drug Death Monitoring Chair has communicated this issue to A&E departments within Fife and a stock of this antagonist is available to clinical staff. The ADP support team is monitoring the situation closely and issuing alerts to all services when new variants become visible.

The increase in the use of non-traditional benzodiazepines coincides with a decrease in traditional or prescribable variants. This may be due to prescribing policies leading to a reduction of available pharmaceuticals both as prescribed medications and diverted, but is difficult to say with any certainty and more research may be required.

The DDTF also recognises the impact the increase of benzodiazepines on drug-related deaths and is currently undertaking work to address this issue including the formation of a specialist team to gather, evaluate and disseminate evidence and best advice and guidance on benzodiazepine prescribing as part of an overall strategy for those in medication assisted treatment. NHS Fife Addiction Services do offer psychosocial and detox support to people using benzodiazepines but more psychology-based support is required for individuals. More information on the DDTF's benzodiazepine work can be accessed here:

<https://drugdeathstaskforce.scot/scotland-s-unique-challenge/tackling-benzodiazepines/>

The presence of stimulant type drugs such as cocaine and crack cocaine is also significant and rising. In 2020, cocaine was identified in 29% of drug-related deaths which is a 10% increase since 2019. The ADP Overdose Prevention & Drug Death Monitoring subgroup became aware of anecdotal reports of increased and localised stimulant use in 2018 and worked with SDF to produce a report examining this issue. This report has now been tabled at the OPDDMG and feedback to the ADP is under consideration. Whilst the use of cocaine has increased, cheaper amphetamine-based alternatives has reduced by 50% since 2019. This may indicate a shift in market forces or demand.

The presence of gabapentinoids such as gabapentin and pregabalin decreased slightly by 3% since 2019 to 49% in 2020 however, this is still

Other drugs present in Fife drug-related deaths as a percentage

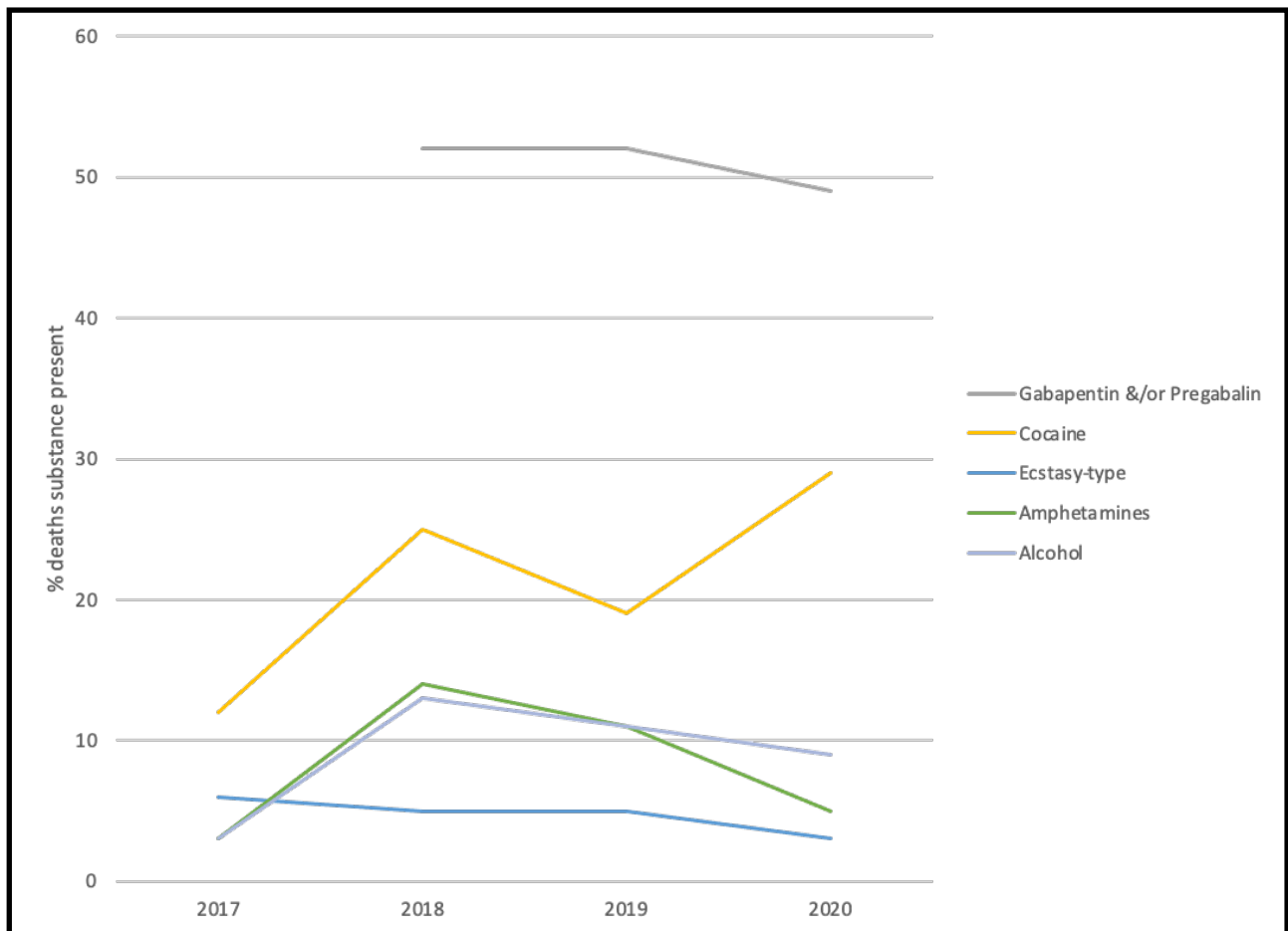


Fig 11

higher than the national average of 37%. Gabapentinoids were not reported on prior to 2018 so no data is available.

Fig 11 shows the percentages for gabapentin, cocaine, ecstasy-type drugs, amphetamines and alcohol since 2017.

Contact with services

Fig 12 & 13 show the number of people who were engaged with or discharged from services at the time of their death. This data is only

Contact with services 2020

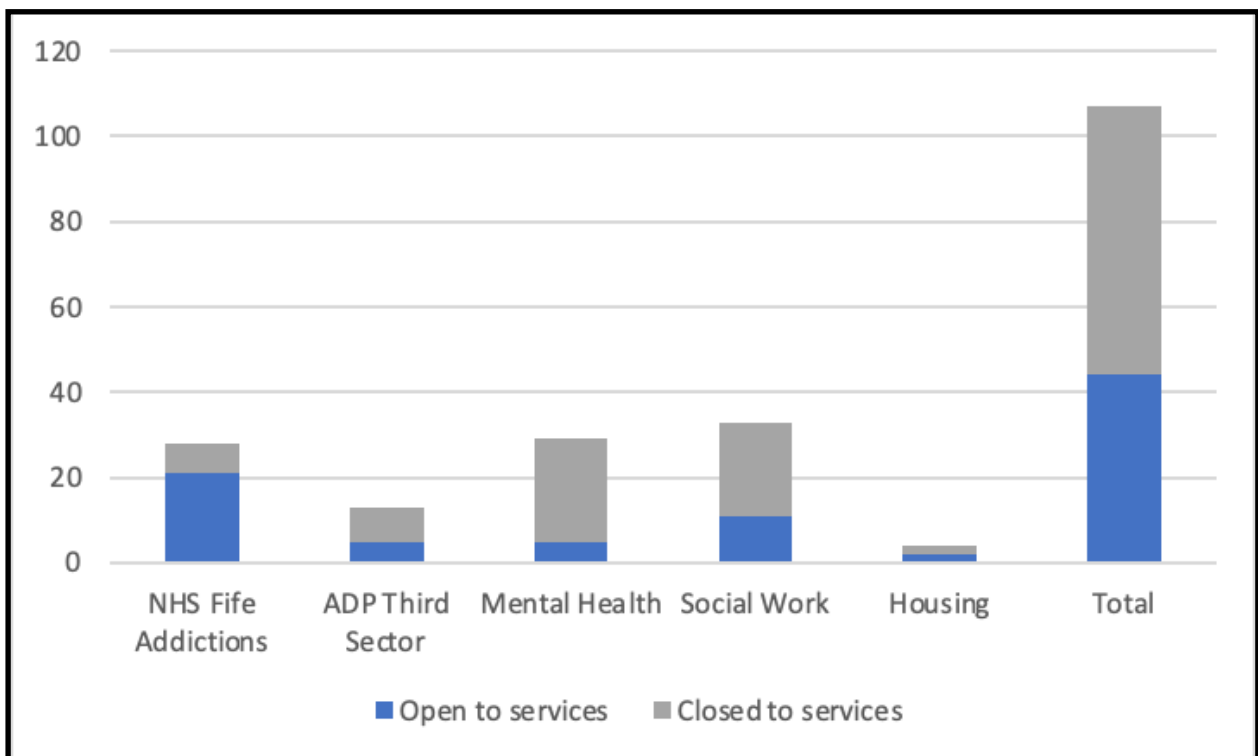


Fig 12

Contact with services 2019

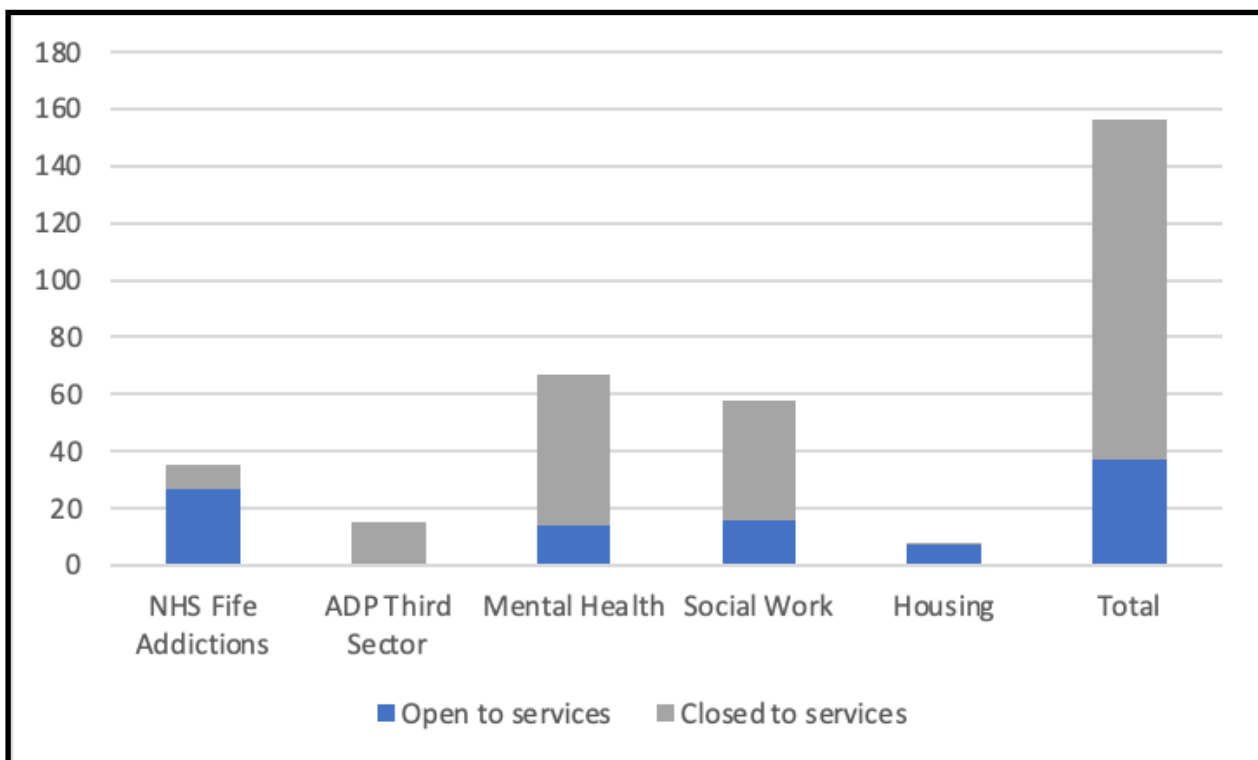


Fig 13

available for 2019 and 2020 and is to be used as a guide only. Information prior to 2019 was only able to specify whether a person was open to a service tier but doesn't specify service type.

For both 2019 and 2020, it is evident that the majority of those who died were not engaged with services at time of death and had been discharged. It is difficult without more detailed examination to draw definitive conclusions from this data and should be treated as anecdotal in its present form.

To further explore the relationships between drug-related deaths and a person's involvement with the Social Work teams, including impact on children, the care system, and the criminal justice system, data from the 65 drug-related deaths which occurred in 2020 was matched against data held in SWIFT, the social work recording system. Particular emphasis was placed on the following criteria:

- Number of adults who had been care experienced.
- Number of adults who had been parents.
- Number of adults who were actively parenting at time of death.
- Number of adults whose children had become looked-after or subject to child protection registration.
- Number of adults who were known to criminal justice services.

Due to the small numbers involved in some of the above criteria, it is difficult to provide a detailed summary here. However, it is legitimate to say that the data in Fife is not currently evidencing a strong link between being looked after and going on to experience a drug-related death.

Furthermore, the examination of available data currently evidences that fewer than 5 of the 27 identified as being a parent were actively parenting at

time of death. Records also indicate that 10 of the 27 individuals recorded as being parents had children who were subsequently care experienced. Given the relatively low numbers of children who were 'looked after' it is likely that these children were looked after by the non-drug using parent or other family members.

The examination of available data currently evidences an extremely high correlation (79%) between the death of an adult due to drug use and involvement in the criminal justice service.

It is worthy of note that 89% of the adults, whose death was reported, were known to the Social Work Service in Fife.

It has been observed by the Fife ADP Multidisciplinary Drug Death Review Group, a multidisciplinary panel whose remit is to analyse recent drug-related deaths, that a loss of contact with one service can lead to a person withdrawing from other support they may be engaged with and becoming more vulnerable to drug-related death. It is well accepted that engaging with treatment services is a protective factor against harms such as drug-related death so it is important to better understand the issues and challenges both services and the people who are using them face in order to more effectively engage people in support.

To better retain people in treatment, Fife ADP Support Team and ADAPT has developed a test of change for a 12-month period aimed at prevention of unplanned discharges within vulnerable groups, by trying to rapidly reengage individuals with NHS Fife Addiction Services and their recovery plan before worsening of their physical and mental health or lapse and relapse occurs. This is recognising that when people are about to leave the system of care in

an unplanned way, the level of support provided needs to increase in frequency and be assertive and outreach in nature.

Optimising Medication Assisted Treatment (MAT) for those most at risk

NHS Fife Addictions Service, with the support and funding from an application to the DDTF fund completed by the ADP Support Team, have developed a test of change pilot for next day prescribing, where it is clinically safe to do so, for every new patient requiring opiate replacement therapy in the Kirkcaldy area. This project is critical to reducing drug-related deaths and worsening of all other harms to the individual, their family and community, given the well-established evidence base for opiate replacement therapy delivered safely and rapidly to people who require and request this intervention. This approach, which is largely aimed at removing barriers to treatment, will reduce attrition rates from referral to treatment start and in the longer term will attract larger numbers of people into the service – the Scottish Government is about to develop an in treatment target of 60% - and the overall system of care. If this test of change service model is successful, a transformational programme of service and system of care redesign will be required to roll this out across all community provision in Fife. The ADP Committee will also need to consider careful investment planning to allow services to manage increased capacity, particularly the NHS Service.

Early outputs indicate 12 people have commenced on OST the next day and although it is difficult to ascertain the personal and strategic outcomes this will generate, the evidence as indicated by the DDTF in the MAT Standards, proves that rapid prescribing preferable same day retains people in services during the initial stages of their engagement. As in very

much the case, engagement in services has become an outcome for those who are the most vulnerable to harm, overdose and drug related death.

Multidisciplinary drug death review group

In November 2020, the ADP support team established in partnership with Fife Public Health, a surveillance subgroup analysing each suspected drug-related death in real time for learning, immediate improvement and highlighting systematic and commissioning gaps to the ADP Committee. However, some of the learning is also applicable to services and systems of care out with the ADP remit. The subgroup meets regularly at six-week intervals and has representation from NHS Addiction Services, Pharmacy Services, A&E, Police Scotland, Third Sector, Adult Support and Protection Committee, Harm Reduction services and Social Work Criminal Justice Teams. Learning is being categorised into key areas to aid understanding of how deaths occur and highlight significant quality improvement developments most of which require systematic shifts in service delivery and workforce development. These findings will be tabled on a quarterly basis at the ADP Committee and are to be shared with relevant partnerships, directorates and other groups for action planning purposes.

Conclusion

Fife had a 20% reduction in drug-related deaths in 2020 at a time when the country saw a 5% increase.

Fife ADP Support Team are working in partnership with bodies such as the Drugs Death Taskforce, SDF and the Scottish Government to develop new and innovative approaches to this problem as well as ensuring established methods such as effective harm reduction messages and naloxone provision are maximised. It is noble but idealistic to hold abstinent

recovery as a goal for all and whilst this should certainly be part of an effective treatment response, harm reduction messages, optimum dose MAT, low-threshold prescribing, and active support to increase the safety of people who continue to use drugs should be implemented.

Connectedness across ADP teams is to be encouraged and successful local initiatives replicated where possible to best effect. National organisations such as the Scottish Ambulance Service, Police Scotland and Public Health Scotland also have critical roles to play and local links to facilitate frictionless partnership working are to be encouraged and developed which should extend to simplified information sharing procedures across sectors where possible.

Fife ADP has already done a huge amount of work to increase partnership working across Fife and this work needs to be nurtured and developed to fully embed the work of the ADP into divisional workplans; drug-related deaths are a global responsibility for all services and not limited to ADP funded services.

In conjunction with a high-quality treatment service, an equally high-quality aftercare provision should be encouraged. People disengage from services for a number of reasons and safety of that individual should be paramount when this takes place and fast routes of re-engagement to services should be standard.

The ADP Support Team will continue to foster new relationships with national and local organisations, and innovative developments such as the ADP Lived Experience Panel, peer naloxone distribution, 24-hour naloxone and injecting equipment provision, digital inclusion, gender specific responses, focussed locality work, rapid access to substitute medication,

and peer advocacy work amongst other work streams to further push the drug-related death response during 2021.

Appendices

1. National Records of Scotland Definition of Drug-related Death

The following is reproduced from the official NRS definition to provide an overview of the definition. The full document detailing the definition used by NRS and consequently this report in full can be accessed online:

<https://www.nrscotland.gov.uk/files//statistics/drug-related-deaths/20/drug-related-deaths-20-annex-a.pdf>

“The ‘baseline’ definition for the UK Drugs Strategy covers the following cause of death categories (the relevant codes from the International Statistical Classification of Diseases and Related Health Problems, Tenth Revision [ICD10], are given in brackets):

a) deaths where the underlying cause of death has been coded to the following sub- categories of ‘mental and behavioural disorders due to psychoactive substance use’:

- (i) opioids (F11);*
- (ii) cannabinoids (F12);*
- (iii) sedatives or hypnotics (F13);*
- (iv) cocaine (F14);*
- (v) other stimulants, including caffeine (F15);*
- (vi) hallucinogens (F16); and*
- (vii) multiple drug use and use of other psychoactive substances (F19).*

b) deaths coded to the following categories and where a drug listed under the Misuse of Drugs Act (1971) was known to be present in the body at the time of death (even if the pathologist did not consider the drug to have had any direct contribution to the death):

- (i) accidental poisoning by and exposure to drugs, medicaments and biological substances (X40 – X44);*
- (ii) intentional self-poisoning by and exposure to drugs, medicaments and biological substances (X60 – X64);*

- (iii) assault by drugs, medicaments and biological substances (X85); and*
- (iv) poisoning by and exposure to drugs, medicaments and biological substances, undetermined intent (Y10 – Y14)."*

2. Overdose Prevention & Drug Death Monitoring Group

The Fife Overdose Prevention & Drug Death Monitoring Group (OPDDMG) is a multiagency strategic group reporting to the Fife Alcohol & Drugs Partnership. It combines the previous Overdose Prevention Group and the separate Drug Death Monitoring Group, and its aim is to make a major contribution to the reduction of drug-related deaths and near-fatal overdoses in Fife. The group will identify, support and develop initiatives that improve the quality of services and reduce the risk of drug-related death and near-fatal overdose in vulnerable people.

This report will be discussed by the OPDDMG to develop recommendations which will be reported to the ADP for consideration.

OPDDMG Mission Statement

The mission statement of the Fife OPDDMG is to facilitate a "Fife wide multi-agency approach to understanding and preventing drug-related deaths."

3. Drug Death Taskforce

In 2019, the Minister for Public Health and Sport, supported by the Cabinet Secretary for Justice established the Drugs Death Taskforce to tackle the rising number of drug deaths in Scotland. From the DDTF website, the primary role of the group is to:

"Co-ordinate and drive action to improve the health outcomes for people who use drugs, reducing the risk of harm and death. The taskforce will specifically:

- *Examine and publish evidence of the triggers of drug deaths and what we have learned in Scotland about how they can be prevented*
- *Collate and publish good practice about what has worked in other parts of the UK and internationally to prevent death and harm arising from drug use*
- *Work with partners to identify, spread and sustain good practice in Scotland*
- *Identify specific barriers in the planning, commissioning and delivery of addiction services in Scotland*
- *Review whether the Misuse of Drugs Act 1971 affects the provision of a strengthened and consistent public health approach to drug use, recognising that this is reserved to the UK Parliament and any changes will require the agreement of the UK Parliament*
- *Identify the extent to which the availability of appropriate programmes and treatment options limit the use of diversion from the criminal justice system or the use of constructive sentencing options within the criminal justice system*
- *Identify the full range of support services which help to reduce harm and identify deficiencies in the delivery framework, availability and provision of such services*
- *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 across all relevant services and in the justice system”*

Fife ADP has been and is actively engaging with the DDTF in all it's work streams to improve the system of care in Fife as well as developing local initiatives based on national evidence to reduce the number of near-fatal overdose situations and drug-related deaths.

More information on the DDTF can be found on the Scottish Government website:

<https://www.gov.scot/groups/drug-deaths-task-force/>

4. Levenmouth plan

Workstream/Theme	High-Level Tasks
Community Engagement - Engage whole community using an asset-based development model to encourage participation and foster an environment of community responsibility	Speak to community leaders, principle services and key stakeholders to contribute and develop response and identify tasks
	Engage with community members to allow more open discussion about the issue whilst reducing stigma
	Encourage community members to identify potential solutions and be involved in the delivery of them
	Raise awareness of the issue and identify any potential contributions/assists from local teams such as Social Work, Housing, Midwifery, Children's Services, Kinship Carers, Community Nursing, Police Scotland, foodbanks, etc.
	Highlight and promote existence of key local ADP services
	Increase presence of appropriate services embedded within the community to enable easier, frictionless access to appropriate services at time of need
	Grow educational opportunities on harm reduction and overdose to family/friends/community-based professionals
	Develop/introduce bespoke family support response
	Place services within buildings frequently used by the community to enable easier access - community centres, pharmacies, GP surgeries
	Develop age appropriate awareness training to be delivered in local schools
	Identify non-traditional entry points to treatment/harm reduction education within community such as local family groups/foodbanks
Harm Reduction & Treatment - People are able to access interventions to reduce harm	Low threshold treatment access and engagement options to be developed
	Faster access to Medication Assisted Treatment (MAT) such as methadone and buprenorphine in line with newly published MAT Standards
	Locally embedded availability of sterile injecting equipment
	Increase availability of nasal as well as injectable naloxone to encourage family and friends uptake
	Near-fatal overdoses to be monitored and offered immediate treatment options such as MAT.
	DBST tests to be offered as standard to address BBV issues
	Develop peer-naloxone model
	Grow educational opportunities on harm reduction and overdose to PWUD
	Liaise with and support local GPs to enable streamlined referral process to ADP services (SCI Gateway), multidisciplinary team working methods including OD awareness and naloxone training/distribution
	Investigate need for, and potentially develop, gender-specific responses
	Develop support for prison-leavers and others (re)entering the area
Tackling Stigma - Enabling and empowering local PWUD and their families and friends to engage with available treatment options	Place services within buildings frequently used by the community to reduce stigma of visiting a drugs service
	Normalise naloxone uptake and encourage conversations about overdose
	Deliver a promotional campaign within the community in partnership with key local services such as pharmacy, community centres, GP surgeries, etc
	Reach those who don't traditionally approach services within the community by offering regular drop-in sessions within existing community buildings
	Utilise the power of lived-experience by seeking support and contribution from the ADP Lived Experience Panel as well as local PWLE
	Develop presence/prominence of recovery work in the area with Fife Recovery Communities

Sub-themes

Family & Friends

Naloxone & IEP

Precriving & Treatment

Education, Engagement & Training

5. Abbreviations used in this report

ADP - Alcohol & Drug Partnership

SDF - Scottish Drugs Forum

CNS - Central Nervous System

NFO - Near-fatal Overdose

SAS - Scottish Ambulance Service

HIV - Human Immunodeficiency Virus

DDTF - Drug Death Taskforce

OST - Opioid Substitute Treatment

NHS - National Health Service

IEP - Injecting Equipment Provision

WAWY - We Are With You

PWLLE - People With Lived & Living Experience

HSCP - Health & Social Care Partnership

GP - General Practitioner

MDT - Multidisciplinary Team

A&E - Accident & Emergency

OPDDMG - Overdose Prevention & Drug Death Monitoring Group

MAT - Medication Assisted Treatment

NRS - National Records of Scotland

Report contact

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