



Integration Joint Board
Clinical and Care Governance Committee

7th February 2019

This Report relates to
Item 5 on the Agenda

Alcohol and Drug Partnership Performance Report

(Paper presented by Jackie Davies and Grahame Clarke)

For Discussion and Noting

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List of Background Papers	None
Appendices	None

SECTION 1: REPORT CONTENT

Title/Subject: ADP Performance Report – December 2018
Meeting: IJB Clinical and Care Governance Committee
Date: 7th February 2019
Submitted By: Grahame Clarke, Alcohol and Drug Partnership Coordinator
Action: For Discussion and Noting

1. Introduction

- 1.1 All Alcohol and Drug Partnership (ADP)s are accountable to their local Integration Joint Board (IJB) and are required to ensure that the Integration Joint Board have oversight of the workstreams and plans being progressed
- 1.2 On 27th September 2018, Dumfries and Galloway IJB requested that quarterly performance reports be provided to the Clinical and Care Governance Committee
- 1.3 The following report shows the performance of a range of areas that are monitored and progressed by Dumfries and Galloway Alcohol and Drug Partnership (ADP).

2. Recommendations

- 2.1 **The Clinical and Care Governance Committee is asked to note:**
 - **The ongoing achievement of the LDP standard for Waiting Times for drug and alcohol recovery services**
 - **The ongoing challenge to meet the LDP standard for Alcohol Brief Interventions (ABI)**
 - **The monitoring of Injecting Equipment Provision, Drug Deaths and Naloxone provision**

3. Background

- 3.1 Dumfries and Galloway Alcohol and Drug Partnership (ADP) are funded by the Scottish Government to deliver alcohol and drug prevention, treatment and recovery initiatives and services across Dumfries and Galloway.
- 3.2 The ADP is a multi-agency partnership responsible for delivering prevention, treatment and recovery strategies in relation to drugs and alcohol. ADP is funded by

the Scottish Government to develop local strategies and work plans based on Ministerial Priorities, local priorities and NHS Local Delivery Plan Standard.

4. Main Body of the Report

4.1 Waiting Times

The LDP Standard for Waiting Times states

“90% of clients will wait no longer than 3 weeks from referral received to appropriate drug or alcohol treatment that supports their recovery”.

The following statutory and Third Sector services contribute to the waiting times standard across Dumfries and Galloway:

- Two Third Sector adult services, namely Addiction and Alcohol & Drugs Support South West Scotland (ADSSWS);
- One under 18s statutory service provided by ISSU18,
- One statutory over 18s service provided by NHS Specialist Drug and Alcohol Service (NHSSDAS)
- HMP Dumfries.

Table 1 below shows the number of completed drug and alcohol waits from April 2017 to December 2018, the total number of clients and the percentage where the wait was less than three weeks. This shows that the 90% standard has been met in each of the last eight quarters.

The percentage meeting the standard fell from 98% in Oct-Dec 2017 to 93% Oct - Dec 2018. This is mainly due to long term sickness and staff vacancies which has resulted in pressures on the NHS Specialist Drug and Alcohol Service. In addition one of the GP practices has stopped providing shared care for drug users, which in turn has resulted in a number of service user transfers back to the service.

The return to work of staff on long term sickness and a successful recruitment process have helped to resolve the staffing issues. Other initiatives to improve waiting times include:

- Developing a pharmacy prescribing model for Opiate Replacement Therapy (ORT) to release some capacity within nursing teams
- Improvement work to address the high rate of non attendance for new assessments.

Table 1 Waiting Time Compliance

	Jan - Mar		Apr - Jun		Jul - Sep		Oct - Dec	
	Clients	% < 3 Weeks	Clients	% < 3 Weeks	Clients	% < 3 Weeks	Clients	% < 3 Weeks
2017	304	97%	379	97%	358	97%	328	98%
2018	287	96%	278	69%	298	96%	306	93%

4.2 Referrals by Service and Gender

Referrals received between Jan 2018 and Dec 2018 (422) were 12% less than the number of referrals received between Jan 2017 and Dec 2017 (478). Table 2 shows the 2018 referrals by gender and service. HMP Dumfries is an all male prison, so will always show 100% male referrals. For the remaining services 71% (n=256) referrals were for male clients. 29% (n=100) referrals were for female clients.

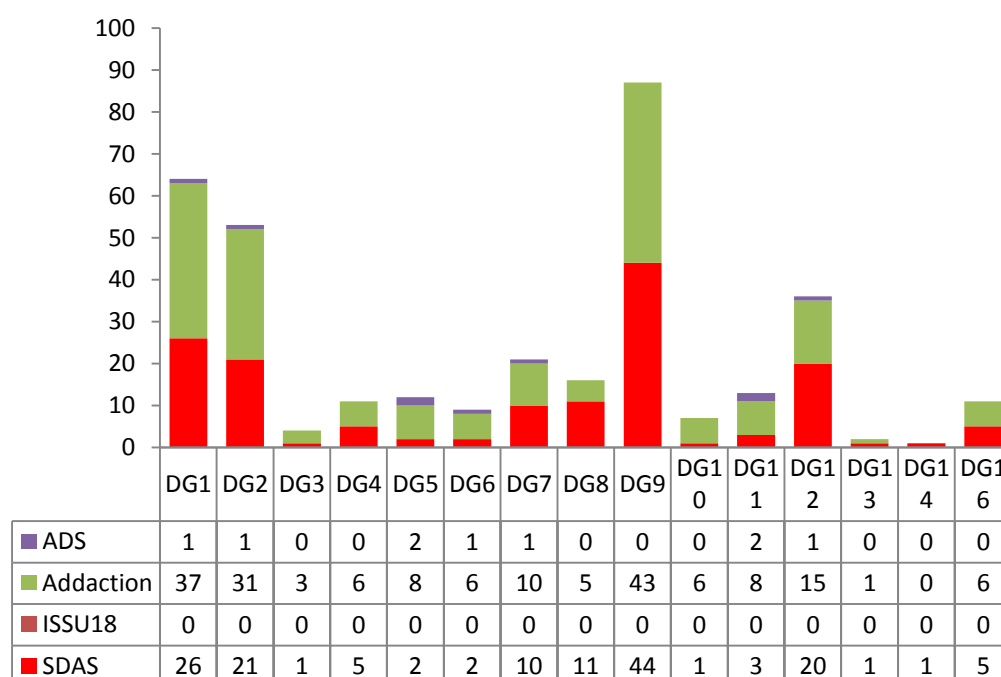
Table 2 Referrals by Gender and Service

	SDAS	ISSU18	Addiction	ADS	HMP Dumfries	Total
Male	110	2	136	8	66	322
Female	46	0	49	5	0	100
Total	156	2	185	13	66	422

4.3 Referrals by Post Code Area

Chart 1 shows the referrals received between by post code area and service. There were a number of referrals, including the two referrals from ISSU18, where the post code of the client has not been collected (n=68). There were also referrals where the postcode collected is out of area (n=7). These referrals have not been included in the graph.

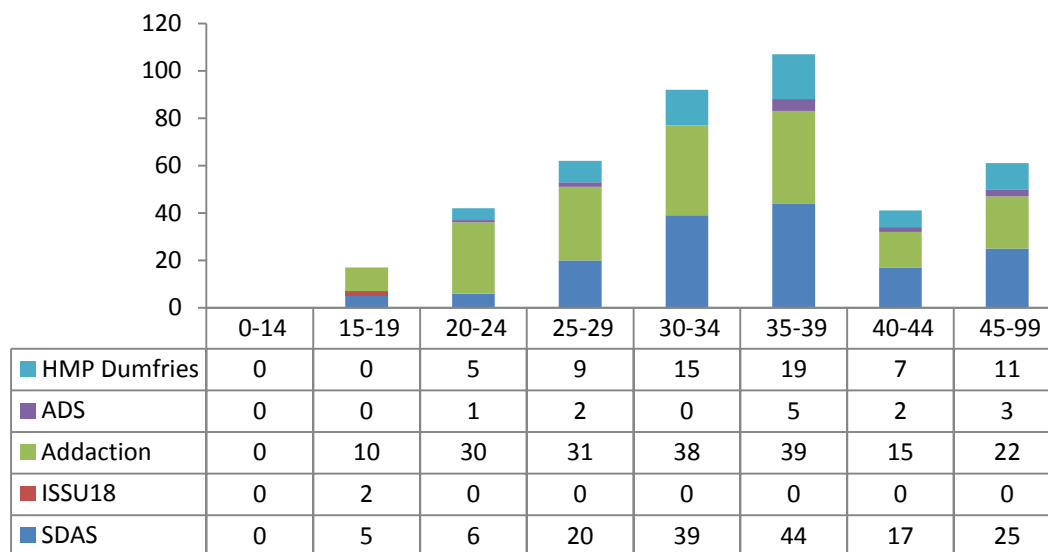
Chart 1 Referrals by Post Code area and Service



4.4 Referrals by Age and Service

Chart 2 shows the referrals received between Jan 2018 and Dec 2018 by age and service. With the exception of ISSU18, this shows that the majority of referrals comes from the 35 – 39 age bracket (n=107). This age group makes up 25.36% of the total number of referrals received.

Chart 2 Referrals by Age and Service



4.5 Alcohol Brief Interventions

The Local Delivery Plan Standard (LDP) for numbers of Alcohol Brief Interventions (ABIs) to be delivered annually is 1,743. It is expected that at least 80% of delivery is undertaken in the primary care settings (primary care, A&E, antenatal).

In the first three quarters of the year to Dec 2018 Dumfries and Galloway achieved 38% of the LDP standard (n=664). Currently, 38% (n=254) of these are from the priority settings and 62% (n=410) are from wider settings.

The two previous years reported 691 ABIs in 2016 – 2017, whilst in 2017 – 2018, there were 1,105 ABIs delivered, an increase of 414 ABIs. Despite this increase in 2017-18 numbers have decreased again during 2018 -19. Furthermore for the third year in a row this target will most likely not be achieved, despite comprehensive effort and time committed to encouraging the priority settings to conduct screenings and Deliver ABIs.

ADP continues to work with services to try and improve the delivery of ABIs and the reporting of the number of screenings and ABIs delivered.

4.6 Injecting Equipment

Dumfries and Galloway Injecting Equipment Provision (IEP) services provide injecting equipment and paraphernalia from 13 sites which include:

- 4 pharmacies and 1 static service provided by Addiction in Wigtownshire
- 2 pharmacies and a mobile outreach provided by the NHSSDAS in the Stewartry
- 2 pharmacies, 1 static service provided by Addiction and a mobile outreach provided by the NHSSDAS in Nithsdale
- 3 pharmacies and a mobile outreach provided by the NHSSDAS in Annandale & Eskdale

Table 3 shows the number of needles issued and the estimated number of needles returned between Jan 2018 and Dec 2018.

Table 3 Injecting Equipment issued and returned

	Jan - Mar 2018	Apr - Jun 2018	Jul - Sept 2018	Oct - Dec 2018
Total Dispersed	54223	58247	53183	45376
Returns Estimate	30213	30104	30297	20133
% Returned	56%	52%	57%	44%

During 2018 the number of needles issued has decreased by almost 9,000, with the return rate decreasing by 11%. The number of needles issued fell from 228180 in 2017 to 211029 in 2018. The numbers of needles returned has also fallen from 126339 in 2017 to 110747 in 2018. The numbers of needles will be continued to be monitored to ensure that those requiring clean injecting equipment are able to do so.

4.7 Drug Deaths

4.7.1 National and local statistics

Drug Deaths in Dumfries and Galloway reached its highest ever at 22 deaths in 2017. This is in line with national statistics which also show both locally and nationally that older drug users (over 35 years) are more likely to die from a drug related death.

Dumfries and Galloway ADP's Drug Deaths group meets about 3 times per year to discuss each individual case to determine whether there are any actions that could be put in place to prevent further deaths.

Deaths range from long term drug users, to individuals not known to services. There have been no obvious patterns or trends except the rise in older drug users.

The contributory factors for drug deaths are normally individuals using a combination of drugs and alcohol. In recent years there has been a rise in Pregabalin and Gabapentin found in toxicology. In recognition of this, Pregabalin and Gabapentin will be reclassified as class C controlled substances in the UK from April 2019.

In 2017, Pregabalin and Gabapentin were found in 9 of the 22 deaths in Dumfries and Galloway

Drug deaths are reported by calendar year. Table 4 below shows the trend in drug deaths in Dumfries and Galloway since 2012

Table 4 Drug deaths 2012 -17

NHS Board area ²	2012	2013	2014	2015	2016	2017	Annual averages	
							2003 to 2007	2013 to 2017
Scotland	581	527	614	706	868	934	377	730
Dumfries & Galloway	6	9	14	11	17	22	8	15

4.7.2 Suspected Drug Deaths 2018

The Drug Deaths group met 4 times during 2018 to discuss each individual case and to determine whether there were any actions that could be put in place to prevent further deaths.

Deaths range from long term drug users, to individuals not known to services. A total of 14 suspected drug related deaths were discussed, with 12 confirmed locally as a drug death and 6 remaining to be discussed. Final official figures for 2018 deaths from the National Records for Scotland (NRS) will be released in August 2019.

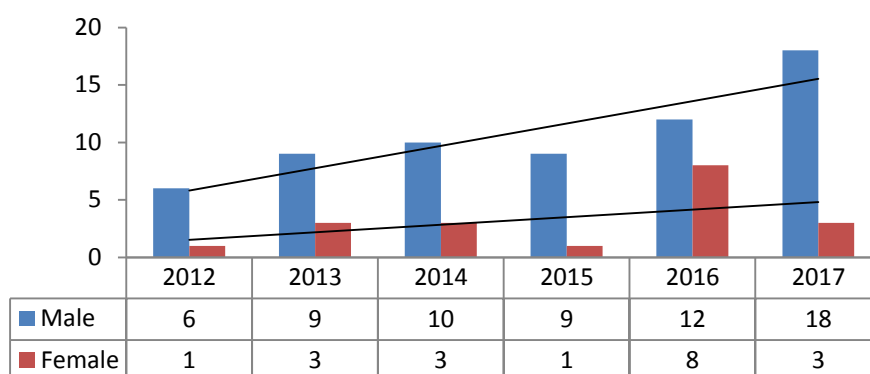
The use of the definition for a drug death by Dumfries and Galloway Drug Death group is slightly different to that of a drug-related death used by NRS for their annual reporting. NRS classify deaths by using ICD 10 classification system, which will include deaths that have not come to the attention of the police e.g. a person may have died in hospital with toxicology results identifying at a later date that it is a drug related death. This slight discrepancy between definitions can result in local figures being slightly different to that of NRS, so clarification is required when reporting local numbers provided by the drug deaths group.

The contributory factors for drug deaths in Dumfries and Galloway are shown as individuals using a combination of drugs and alcohol. In recent years there has been a rise in Pregabalin and Gabapentin found in toxicology across the country. In recognition of this, Pregabalin and Gabapentin will be reclassified as class C controlled substances in the UK from April 2019.

Xanax has begun to appear in toxicology during 2018 and has also been reported in the cause of death for 6 so far. Xanax® is the brand name for the drug alprazolam which is a benzodiazepine and therefore shares similar properties to drugs such as diazepam and temazepam. In the UK alprazolam cannot be prescribed under the NHS. Supplies are therefore only available from private doctors or illicit sources. The drug deaths group will continue to monitor the drugs involved in toxicology reports and highlight nationally as well as to local agencies and GPs.

Chart 3 below shows the numbers of deaths recorded by the drug deaths group from 2012 –2017. This shows a steady rise in the number of drug related deaths. This is also reflected at national level.

Chart 3 Drug deaths in Dumfries and Galloway 2012-17



4.8 Naloxone training and supply

As part of the ADPs prevention initiatives, overdose awareness training and Naloxone provision is available across Dumfries and Galloway to opiate users and their families. Naloxone is an injection which temporarily inhibits the effects of opioids such as heroin and methadone, buying individuals' time to seek emergency help. Naloxone is safe and can only affect anyone who has taken opiates; it does not have any effect if injected into a non opiate user.

Dumfries and Galloway's Naloxone programme has been in existence since 2011 and at the end of Sept 2018, a total of 887 Naloxone kits had been supplied to drug users, their families and carers. The programme also supplies kits to services and service staff who may come into contact with an opiate user.

Dumfries and Galloway's NHS Specialist Drug and Alcohol Service is the main provider of training and supplies of Naloxone, continuously increasing its number of overdose awareness training sessions and Naloxone supplies. Overdose awareness sessions and Naloxone training is also provided by HMP Dumfries and supplies Naloxone kits on liberation to those who have been trained. At 30th Sept 2018, a total of 287 kits had been supplied to prisoners on liberation.

5. Conclusions

- 5.1. Whilst the Waiting Times for services continues to meet the LDP target, ongoing monitoring of services waiting times will be conducted by the Performance Officer to ensure any pressure issues are identified quickly and addressed. The ABI Standard remains a challenge in priority settings, which has been discussed at ADP executive group level to determine a way forward.

The numbers of needles issued and returned will continue to be monitored to ensure there is no issue with accessibility.

Drug Deaths appear to have had a slight decrease in 2018, but final figures will be confirmed by NRS in August 18. The drug death group will continue to highlight actions for services and other stakeholders in order to reduce further deaths.

Naloxone supplies have continued to rise in 2018 and ADP will continue to fund the supplies of Naloxone in the community for those at risk, their families and staff.

SECTION 2: COMPLIANCE WITH GOVERNANCE STANDARDS

6. Resource Implications

6.1. None

7. Impact on Integration Joint Board Outcomes, Priorities and Policy

7.1. The recommendations contained within this report are in line with the existing ADP National Outcomes and Priorities and with identified local priorities. They are also in line with the National Health and Wellbeing Outcomes, specifically outcomes 1, 4, 8 &9

8. Legal & Risk Implications

8.1. The continued difficulty in delivering the required number of ABI, continues to present an ongoing risk, particularly as this will be the third successive year that the target has not been met. It is likely that this will be the subject of further scrutiny by the Scottish Government, hence the need to demonstrate that all possible action is being taken to improve current levels of performance.

9. Consultation

9.1. Not required

10. Equality and Human Rights Impact Assessment

10.1. Not required

11. Glossary

ABI – Alcohol Brief Intervention
ADP - Alcohol and Drug Partnership
DRD – Drug Related Deaths
IEP – Injecting Equipment Provision
IJB – Integration Joint Board
NRS – National Records for Scotland