

Alcohol and Drug Related Deaths Scottish Parliament Members' Debate 20 December 2017

The statistics showing a record number of number of drug and alcohol related deaths recorded in 2016 are distressing, the more so for being in the most part probably preventable. In addition. It is worth noting that the narrow definition of a drug death does not include those people who die from infections related to their substance misuse, including HIV which has recently had an upsurge.

The reasons for increasing numbers of fatal drug overdoses are complex and multi factorial and we must look to both health and social care issues to gain a better understanding of what needs to change in order to reverse these trends.

Key Recommendations

- The refresh of the Road to Recovery strategy must be used to gather evidence of successful initiatives that keep people in treatment. It must share best practice involving both health, social care and local authorities for a holistic approach to recovery. Harm reduction interventions are essential in reducing risk and therefore should be given a higher priority than in the current strategy.
- As the profession most commonly in contact with people prescribed opioid substitution therapies, community pharmacy should be consulted and involved as a key member of the integrated team to maximise patient outcomes.
- Services, such as the Chronic Medication Service in community pharmacy, should be used to monitor and treat long term conditions to enable the physical health needs of people who use drugs and/or alcohol to be integrated into treatment plans.
- Government should take a lead role in influencing key initiatives/services designed to reduce harm. Current priorities include the re-instatement of an Injecting Equipment Provision (IEP) service in Glasgow Central Station and a solution to enable the proposed injecting room for Glasgow city centre to progress.
- The community model for testing and treating blood borne viruses should be expanded.
- A national programme of delivery for alcohol brief interventions by community pharmacy should be considered.

Background

The demographics facing society and the NHS extend also to people who use drugs. The figures show that drug deaths are now more commonly affecting people in an increasingly older age group with 63% of deaths occurring in people classed as “older” drug users of 34 years+ with an increasing number of users in their 50s and 60s.

These people often suffer from multiple long term conditions. They are diagnosed at an earlier age and at more advanced stage than their peers in the general population so their physical health can be poor by comparison. This premature ageing can affect the body’s capacity to metabolise drugs contributing to their susceptibility to fatal overdose. Despite significant

physical and mental health issues this group generally do not engage well with existing services.

The Scottish Drugs Forum (SDF) published a report earlier this year, "[Older People with Drug Problems in Scotland: Addressing the Needs of an Ageing Population](#)", which warned that treatment services are "generally unprepared" to meet this need and that this group often felt 'forgotten about' in treatment.

We recognise that while ORT has an important role to play in retaining people in treatment, it is only one part of a health and social care landscape where other social determinants and inequalities must also be addressed to improve the lives of this group of our population.

What can be done to improve the situation?

It is established that retaining this group in treatment is the most significant protective factor in helping to prevent fatal overdose. This is very much in line with the current "Seek, Keep and Treat" strategy which is commended.

Pharmacists have an increasingly important role to play in addressing the multiple health issues of this emerging large and vulnerable group.

We welcome the pilot Hepatitis C testing and treating service through some community pharmacies, which improves access to this innovative treatment and has decreased the number of "Did Not Attend" missed appointments in hospital. The pilot found patients were almost four times more likely to get tested for Hepatitis C in community pharmacy than in other care settings.

The SDF report indicates that the majority of older drug users are already attending a pharmacy for a range of reasons and that there is scope to help improve their health by identifying needs and working with partners to promote and provide access to the full range of pharmacy services.

A companion report was also published, entitled '[Older People with Drug Problems in Scotland: A Mixed Methods Study Exploring Health and Social Support Needs](#)'. This study showed that 32.5% of the participants used over the counter medicines and that 80.5% were prescribed medication.

The report identified the need to screen for chronic respiratory disease and suggested that this could be carried out in general practice, specialist drug services and community pharmacies through the use of spirometry. Opiates depress respiratory function so any underlying disease could affect a person's ability to recover from an overdose. Many drug misusers are also smokers which further contribute to both respiratory and cardiovascular disease with associated risks.

There are many potential preventative measures, including facilitating pharmaceutical care to optimise medicines use and improve general health. Supporting and encouraging patients to take medication as prescribed, encouraging patient attendance and engagement at appointments, assessing whether medicines are prescribed and reviewed appropriately as per current guidance and communicating this to prescribers may all prove critical in maximising patient health, wellbeing and ultimately longevity.

The National Naloxone Take Home Programme has been innovative in introducing emergency measures to prevent overdose, involving families and carers. As well as a supply programme it provides basic life support and naloxone training and deliverable as a brief

intervention. However implementation of this programme is still variable across health boards.

It is therefore important to have a national approach to service provision, to reduce stigma and to resource evidence based approaches and encourage engagement with this hard to reach group. It is important to provide non-judgemental support, realising that for some people total abstinence might not be possible but with the right support they will stay in treatment, engage with health and social care thus reducing their risk of fatal overdose and sustaining general good health.

The refresh of the Road to Recovery strategy in 2018 is an opportunity to rethink our approach to prevention and treatment, using the resources already available to evaluate service provision and build on existing pilots to improve access in the community. Many pharmacists are now prescribers and can work with community addiction services to provide a holistic approach to care.

We are disappointed that plans for an injecting room in Glasgow city centre have been rejected. This would have provided a safe space for substance users, taking them off city centre streets, increased access to take home naloxone and provided support to engage with health services and encourage retention in treatment.

We are grateful to our members Fiona Raeburn and Carole Hunter for contributing to this briefing with their specialist knowledge of substance misuse.

The majority of Health Board areas in Scotland have a pharmacist(s) who specialises in substance misuse and can be contacted to provide support and information.

Contact:

Susanne Cameron-Nielsen
Head of External Relations
scn@rpharms.com | 0131 524 2006