



Community Planning Aberdeen

Progress Report	Project End Report: 10.8 Reduce the number of drug related deaths occurring within 6 months of liberation from custody from 10 to zero by 2023
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Date of Report	2 nd October 2023
Governance Group	CPA Board – 29 November 2023

Purpose of the Report

This report presents the results of the LOIP Improvement Project Aim 10.8 which sought to reduce the number of drug related deaths occurring within 6 months of custody from 10 to zero by 2023 and seeks approval to close project.

Summary of Key Information

1. BACKGROUND

- 1.1 The Scottish Government have described the current rate of drug related deaths in Scotland as a Public Health Emergency and have established a national Mission to reduce drug harm and mortality. Drug related deaths of Aberdeen residents liberated from prison custody have reduced however improvements have been developed in an ad hoc way and there is no overarching assurance or monitoring of the system. The Average number of people dying within 6 months of prison liberation is 5.75 per year.
- 1.2 Research from 2016 published in "[Staying Alive in Scotland](#)" (SDF 2016) illustrates that recent release from police or prison custody represents an increased risk of overdose and mortality for individuals who use drugs. Staying Alive in Scotland Toolkit (SDF 2019) set out a number of recommendations that local areas should have in place in relation to reducing drug related deaths in the Justice system:
- Throughcare Support: is designed to encourage those serving short term sentences to be supported in, and on, leaving prison. It works with service users to prepare for, and to successfully make, the transition from custody into the community. It works collaboratively with service users' families, colleagues and partners to develop an asset based, individualised plan and officers act as advocates on the service user's behalf while encouraging the person to maintain motivation to change through sustained engagement with key services.
 - Prison throughcare: can support prisoners by carrying out a range of interventions that can reduce the risk of death. These include pre-release education about overdose risks and prevention, continuation and initiation of substitution treatment and improved referral to aftercare and community treatment services. Monitoring of

engagement between prisons and throughcare services should be part of local commissioning agreements.

- Police Custody: a large number of people who experience problems related to drugs will have spent time in custody. This is an opportunity for engagement and a potential area where various interventions and referral pathways could be initiated.

1.3 During the COVID pandemic a number of initiatives had been progressed locally by project 10.1 that were in with the above suggestions and national best practice guidance. These were required to be monitored and improved to ensure an integrated “whole system” safety net to reduce the risk of drug related death for individuals on liberation. It was identified that the ADP/CJP do not have oversight on performance or delivery on activity to reduce drug related death. Local changes were identified areas for improvement in order to overcome some of the areas of challenge currently identified. The change ideas that were taken forward with this project team are documented below.

2. IMPROVEMENT PROJECT AIM

2.1 On 2nd March 2022 the CPA Board approved the [project charter](#) for the initiation of an improvement project which aimed to reduce the number of drug related deaths occurring within 6 months of liberation from custody by 2023.

3. WHAT CHANGES DID WE MAKE?

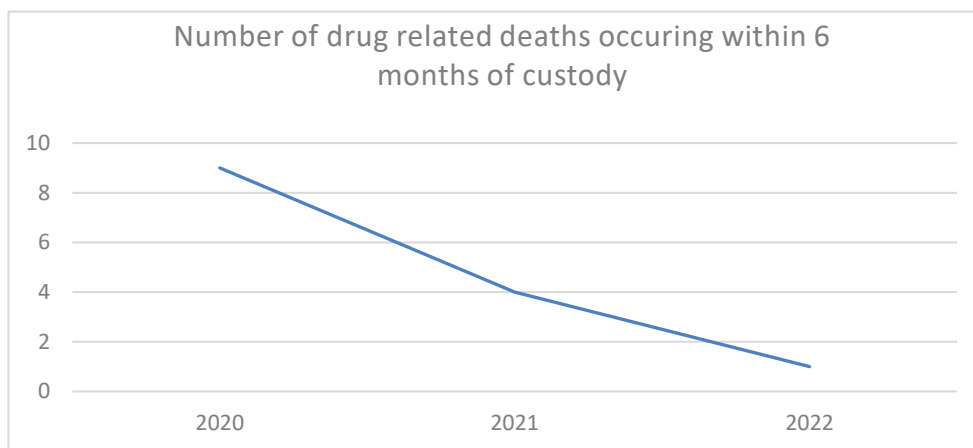
3.1 Several areas for improvement were identified and implemented by the project team. The focus centred on groups at different stages in the Justice System with individuals on remand and appearing from custody, individuals appearing at Aberdeen Sheriff Court from these settings alongside community appearances and individuals on court imposed orders within Justice Social Work setting. Change ideas also centred on training and upskilling of staff within Justice Social Work setting in relation to drug and alcohol related harm. The following change ideas being tested throughout the project:

- a. Staff Development/Awareness of Referral/Treatment Options
Provide training and direction for justice social work staff in relation to Assertive Outreach (AO) increase awareness of and referrals to AO
- b. Naloxone kits being distributed from Justice social work staff to people being released from custody to increase opportunities within Justice Social Work setting for clients to access supplies of naloxone.
- c. Establishing joint processes/pathway between all relevant organisations/agencies to ensure that all the various touchpoints were connected at the point of the person’s release from court and relevant information provided. Processes have been established and testing between:
 - HMP Grampian Pre-disposal team (based at Aberdeen Sheriff Court) and Integrated Drug Service (Timmermarket clinic) for people appearing at court from prison and on Medication Assisted Treatment (MAT)
 - Alcohol and Drugs Action and Justice Social Work in relation to people being liberated from prison/custody and at risk of drug related harm.

- d. Development of a drug/alcohol related harm safety plan for drug related harm was created for Justice Social Work clients. This was to explore risks and harm from substance use with individuals and with the worker completing the safety plan and linking in with other partners to incorporate all the support that is available to the individual.
- e. Introduction of screening for support with drug and alcohol use by Social Work staff within Aberdeen Sheriff Court for everyone that accesses this office This identifies if people are already linked in with support, or require support to access services/community support and for naloxone supplies.
- f. A resource/information booklet has been designed for Justice social work staff to use with people accessing service and seeking support for their substance use. This booklet incorporates online drug and alcohol training through Scottish Drugs Forum and Turas, drug and alcohol information and harm reduction, signposting to services. Social Workers in Training at placement at Justice Social Work will also receive training in this throughout their placement. This is to increase awareness and confidence of the referral/treatment options and ensure these are made where required.

4 HAVE OUR CHANGES RESULTED IN IMPROVEMENT?

4.1 The project has not fully met its aim of zero drug related deaths occurring within 6 months of liberation, however there has been a notable reduction of 89% from 2020 to 2022 in the number of deaths. This is now below the figure given earlier in the report of the average number of people dying of 5.75 per year.



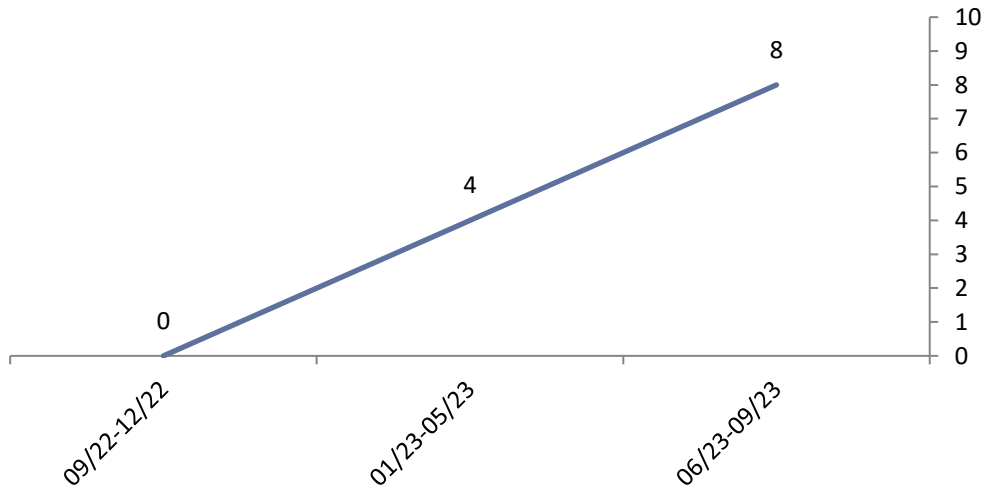
Number of referrals to Drug Related Death Prevention Assertive Outreach Team

4.2 All 9 teams within Justice Social Work have now received training and information for making referrals to Drug Related Death Prevention Assertive Outreach Team. Justice Social Work now directly feed into the Assertive Outreach team with regards to information re those at risk of harm and appearing from custody. This allow individuals to be tracked through the system and action taken sooner if the person is released from custody. Prior to August 22, Justice Social Work were not represented on the Assertive Outreach Team.

4.3 The graph below shows an increase in referrals from Justice Social Work to Assertive Outreach Team regarding those at risk of harm. Between the months of Jan and Sept 23, 12 people have been referred into AO from JSW. Specific data/referrals from

Justice Social Work were not recorded prior to this time. This increase demonstrates an awareness from staff as to the purpose of AO and the benefits of this team to link people at risk of harm back into support/services.

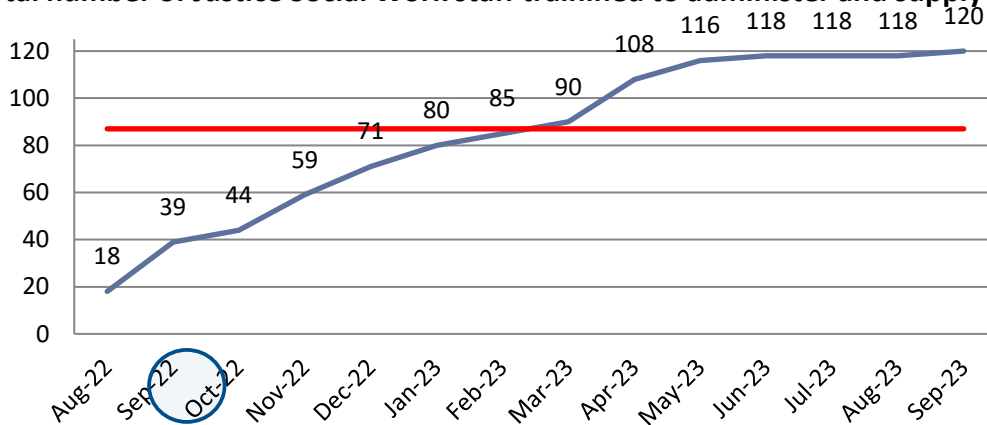
Number of Referrals from Justice Social Work to Assertive



Naloxone Training and Supplies

4.4 All Justice Social Work staff have now received training in naloxone (nyxoid and prenoxad) administration and supply. In house training commenced in Sept 22 and the uptake in training is documented in the graph below. Social Workers in Training also receive this training whilst in placement at Justice Social Work allowing them to administer and distribute kits to individuals within this system.

Total number of Justice Social Work staff trained to administer and supply



4.5 The following charts show the number of naloxone kits that are distributed from Justice Social Work. The settings include Aberdeen Sheriff Court Social Work office, Justice Social Work Office at Spring Garden and the Women’s Connection Centre at Spring Garden. The majority of kits being supplied from Justice Social Work have been distributed from the court social work office, targeting those being released from custody and unplanned liberations from court. As shown the numbers of kits being distributed have declined, however, naloxone kits are readily available from other settings such as HMP Grampian. HMP Grampian have been distributing naloxone kits prior to this project. Up to date figures from Oct 22 to July 23 show that 113 naloxone kits have been collected at point of liberation, which illustrates the effectiveness of this targeted approach to reduce harm. Naloxone kits are also readily available at other touchpoints, such as Alcohol and Drugs Action, pharmacies, Integrated Drug Service.

Therefore a decline in kits being distributed does not necessarily indicate that they are not being offered to individuals. At the present time, Justice Social Work are not recording the number of kits declined, with this being a noted area to improve on collecting data.

Links between HMP Grampian, Integrated Drug Service and Pre-disposal Team at Justice Social Work to identify those on MAT and appearing at court from prison

4.6 Between the months of Feb- Aug 23, there have been 95 individuals that have appeared at court from prison who have been tracked through this new pathway. For 100% of those individuals, the Pre-Disposal Team at Aberdeen Sheriff Court have updated HMP Grampian and Integrated Drug Service on the same day as to the status of the individual, either that they have been liberated or returned to prison. This pathway has provided a vital link for information sharing between partners involved and ensures that partners are updated on the same day as to the location of the individual. From the numbers of individuals that were liberated on the same day from court, 66% of those were supported to contact Integrated Drug Service (IDS), ensuring that they had appointments in place to continue with MAT in the community/could attend IDS on the same day from being liberated. This also ensures that if the person does not appear, quicker action can be taken to trace the individual such as contacting other partners, referral to Assertive Outreach Team. This pathway will continue to provide a vital link for information sharing and we are hopeful that this model will be scaled up to include custody appearances and direct prison liberations.

Links between Alcohol and Drugs Action and Justice Social Work for those appearing from custody and prison releases.

4.7 A process has been established between Alcohol and Drugs Action and Justice Social Work for sharing of information in relation to people being liberated from prison/custody that are open to ADA and currently open to JSW who are risk from drug related harm. This process has now started and there has been a positive response from JSW in being notified that their client is working with ADA at the point of prison/custody release. Between the months of March and Sept 23, out of the individuals identified for this process, 48% of those identified were found to be open to both services. This then allowed for both services to collectively work together to discuss support being offered and in turn identify gaps/barriers to engagement/support for the individuals identified. It is planned that this may be adapted/extended to test an ADA worker being present within the court setting to see if this further increases the number of people linking in directly with drug and alcohol support

Safety plan for drug related harm

4.8 This test of change took place with a small group of clients on Drug Testing and Treatment Orders (DTTO) to explore risks and harm from substance use. The plan incorporated the following areas: patterns and routine of substance use, Medication Assisted Treatment, personal safety, harm reduction messages and naloxone, health and well-being and supportive relationships. It also incorporated a plan of action for workers to take if the person were to disengage with service/support. The plan was completed with 100% of the test group (a total of 13 clients currently on DTTOs). Feedback was sought from Justice social workers, Justice support workers and clients currently on the orders.

4.9 Some of the feedback received from workers are as follows:

- Helps with discussions around drug use/relationships.
- Clear route to go down if someone drops out of contact. The client also knows what we will do and who we will contact.

- Re-assuring for workers that there is a safety net for service users and good for them to know the depth of our concern and empathy.
- Good for clients to have and can choose to share with friends/families' other professionals

4.10 Feedback from clients in safety plan test of change were as follows:

- Harm reduction messages are good reminder
- They think it is useful
- View this as positive
- Engaged well and appreciate that it is for their safety

4.11 Following this test of change it was agreed that the plans would be completed at the assessment stage/start of DTTO and would be reviewed in line with any changes in circumstances and with care plans every 3 months. Going forward it is anticipated that this safety plan will be scaled up to initially include individuals subject to supervised bail, diversion and CPOs.

Screening for drug/alcohol support

4.12 There have been difficulties in collating data for this screening tool and Justice Social Work staff are in discussions as to how best to record this. Discussions have taken place with substance misuse data analyst to see if we can collate data from IDS/IAS but unfortunately the data does not explicitly state if referrals have come from Justice Social Work/Pre-disposal Team staff. Further work is to be undertaken in this area to track referrals.

Drug/alcohol Resource Booklet

4.13 An initial test of change was undertaken with a group of 10 Justice Social Work support staff and some of the following feedback is shown below:

What areas of booklet did you find useful?

- 'Health issues that could occur',
- 'very informative'
- Drugs information- 'all relevant', 'thought this was very useful, need to work on my own confidence in having conversations like this'
- 'Like that recovery workbook is included'
- Substance use awareness sessions- 'I thought the whole section was very helpful and introduced me to resources I didn't know about'.

What areas need changed/would you like to see added?

- 'Maybe a bit more guidance re starting conversations about drug use'.
- 'More info on detoxing and medications.'
- 'timescales for completing on line training'
- 'Add appendix with support leaflets'

4.14 All staff within Justice Social Work are now aware of this resource booklet and it is updated on a monthly basis with up to date information. Social Workers in Training at placement at Justice Social Work will also receive training in this throughout their placement.

4.15 Following this, other areas of training have been identified for Justice Social Work staff and a training proposal has been provided to senior management and senior social workers for further discussion and implementation.

5 HOW HAVE OUR COMMUNITIES/PROTECTED GROUPS PARTICIPATED IN THE PROJECT AND THE IMPACT OF THIS

- 5.1 Throughout some of the change ideas, there has been participation from people accessing Justice Social Work Services. As detailed above, individuals were consulted on the effectiveness of a safety plan and opportunities will continue to be made for groups accessing this service to provide feedback.
- 5.2 A session was also held in the Women's Centre in April 23, primarily for naloxone training. During this session, discussions were held with regards to some of the barriers that women have faced in accessing support for substance use. This was fed back to the Alcohol and Drugs Partnership for further discussion. A further session has been organised for Oct 23 for women to provide feedback and to make suggestions for service improvement and concerns regarding drug/alcohol related harm.
- 5.3 Sessions were organised at the end of 2022 for people undertaking unpaid work similar to the above format, however there was no uptake for this. Further opportunities for individuals within this setting are currently being discussed and will be arranged for the end of this year.

6 HOW WILL WE MONITOR AND SUSTAIN THESE IMPROVEMENTS?

- 6.1 The change ideas tested above have now been adopted as business as usual and will continue to be monitored between partners. Data will continue to be collated by all partners involved in this project and sharing of this data will be paramount to evaluating the success of the change ideas going forward. This will then allow for any change or decline in performance to be identified and then reported back to partners and local Alcohol and Drugs Partnership.
- 6.2 Where data has proved difficult to collate it will continue to be a focal point for discussion within the project team. It is anticipated that once this data is being collated, it will show the effectiveness of this idea on the reduction of drug related harm/death.

7 OPPORTUNITIES FOR SCALE UP AND SPREAD

- 7.1 The project's aim has been focused on the reduction of drug related death for those appearing from custody, however the scope has been further reaching and has focused on addressing drug related harm amongst the a wider group of people affected by these harms. The change ideas will continue to be monitored and as mentioned the improvements will be spread across the different touchpoints with the Justice Social Work setting and wider Justice setting.
- 7.2 The learning and the changes ideas from this project will continue to feed into and form part of the wider scope for reducing drug related harm projects spanning the Alcohol and Drugs Partnership.

Recommendations for Action

It is recommended that the CPA Board:

- i) Agree that testing is concluded and that this Improvement Project is brought to an end on the basis that whilst the aim of zero has not been achieved, there has been a significant reduction in drug related deaths appearing from custody over this period of

- ii) time and that the change ideas identified in this project will continue to be monitored and spread across the different touchpoints within the Justice Setting; and Note that the Community Justice Group and Alcohol and Drugs Partnership were considering further areas of improvement as part of the LOIP refresh.

Opportunities and Risks

Key Opportunities:

- Importance of ensuring all the different touchpoints are linked together to narrow any gaps in provision of support to those at risk of drug related harm
- Involving service users in identifying areas of improvement and providing feedback on implementation of change ideas.
- Importance of non-clinical settings to continue to provide naloxone and this being scaled up to other services

Key Risks

- Collating data at for some of the tests have proved to be difficult, however partners are currently in discussion as to the importance of this and how best to collate this.

Consultation

Alcohol and Drugs Partnership
Community Justice Group
Community Planning Aberdeen Management Group

Background Papers

The following papers were used in the preparation of this report.

[Staying Alive in Scotland](#)" (SDF 2016)
Staying Alive in Scotland Toolkit (SDF 2019)
Charter 10.8

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