

**Subject:** **Preventing Drug Related Deaths: A Framework for Ayrshire and Arran**

**Purpose:** The purpose of this report is to highlight concerns about the number of deaths amongst problem drug users in North Ayrshire in 2016. This paper describes the trend seen and outlines actions taken to address this issue.

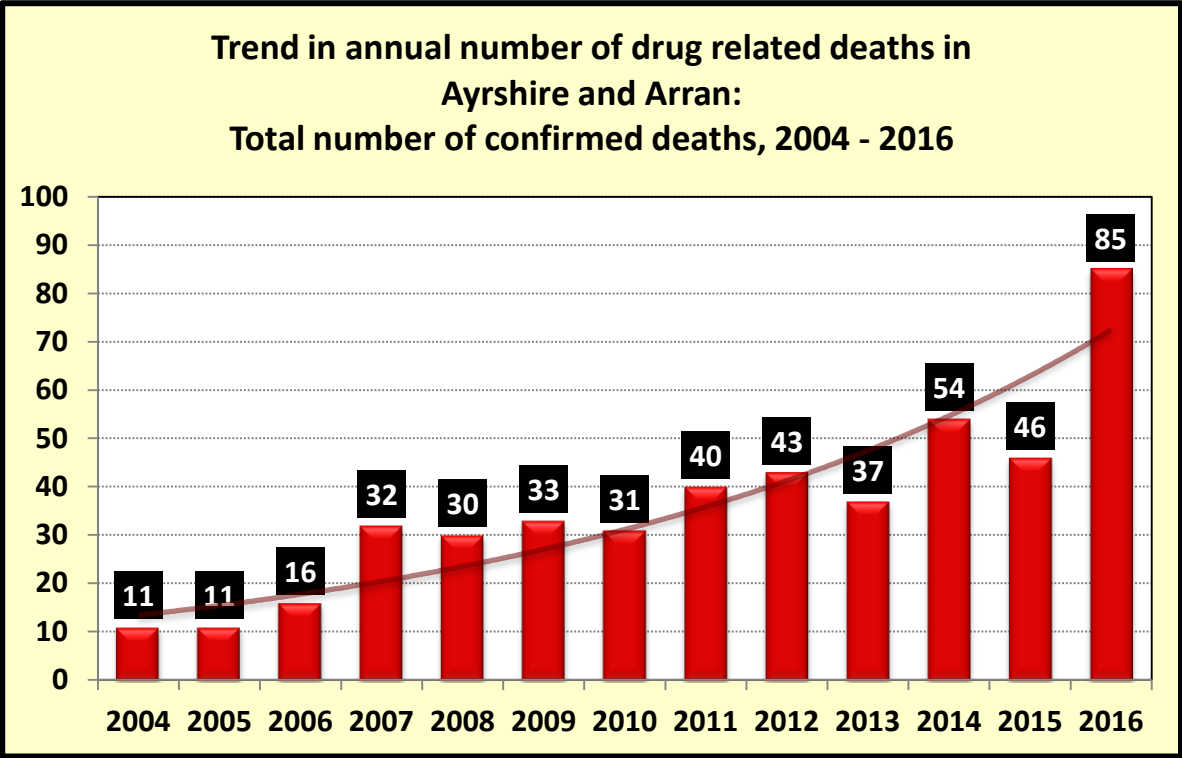
**Recommendation:** It is recommended that the Integration Joint Board:

- notes the increase in drug related deaths across Ayrshire and Arran in 2016 and the underlying reasons contributing to this
- endorses the new Strategic Framework: Preventing Drug Related Deaths, which sets out the overarching response of the three Alcohol and Drug Partnerships in Ayrshire
- receives further annual updates on progress within the action plans from the Alcohol and Drug Partnership given the deteriorating picture locally and
- notes that the Chairs of the Alcohol and Drug Partnerships have agreed the Strategic Framework and is being presented to North, South and East Integration Joint Boards.

## Glossary of Terms

NHS A&A	NHS Ayrshire & Arran
HSCP	Health & Social Care Partnership
DRD	Drug Related Death
ADP	Alcohol and Drug Partnerships
DDRG	Drug Death Review Group
NRS	National Records of Scotland
ACEs	Adverse Childhood Experiences
DDPG	Drug Death Prevention Group

<b>1.</b>	<b>EXECUTIVE SUMMARY</b>
1.1	The purpose of this report is to highlight concerns about the number of deaths amongst problem drug users across Ayrshire and Arran in 2016. Although absolute numbers of deaths are relatively small, the increasing trend in deaths is of great concern. Drug related deaths are often indicative of other factors affecting the most vulnerable in society. Those affected are relatively young adults aged 35-44yrs and early intervention can make a significant difference to survival.

2.	<b>BACKGROUND</b>																												
2.1	<p>In 2016 there were 85 confirmed drug related deaths (DRDs) recorded across Ayrshire and Arran. The final number of deaths was confirmed late in 2017, following confirmatory investigations. A similar increase in the number of deaths was seen across Scotland as a whole, raising significant concerns across agencies nationally and locally. As can be seen from <b>Figure 1</b>, drug deaths have risen systematically from 11 in 2004 to a marked peak of 85 in 2016. The 2016 figures showed a substantial increase from the confirmed total of 46 deaths in 2015. North Ayrshire experienced the highest number of drug related deaths at 35. It is of note that the majority of Intermediate Zone geographies in all three local HSCP areas also experienced increases in drug hospital stays in the three year period 2014/15-16/17. A summary slide showing the patterns of hospital stays in North Ayrshire is included in <b>Appendix 2</b>.</p> <p>Figure 1</p>  <table border="1"> <caption>Trend in annual number of drug related deaths in Ayrshire and Arran: Total number of confirmed deaths, 2004 - 2016</caption> <thead> <tr> <th>Year</th> <th>Number of deaths</th> </tr> </thead> <tbody> <tr><td>2004</td><td>11</td></tr> <tr><td>2005</td><td>11</td></tr> <tr><td>2006</td><td>16</td></tr> <tr><td>2007</td><td>32</td></tr> <tr><td>2008</td><td>30</td></tr> <tr><td>2009</td><td>33</td></tr> <tr><td>2010</td><td>31</td></tr> <tr><td>2011</td><td>40</td></tr> <tr><td>2012</td><td>43</td></tr> <tr><td>2013</td><td>37</td></tr> <tr><td>2014</td><td>54</td></tr> <tr><td>2015</td><td>46</td></tr> <tr><td>2016</td><td>85</td></tr> </tbody> </table> <p>Following the increase in the number of drug related deaths seen in 2016, the Alcohol and Drug Partnerships (ADP's) in Ayrshire jointly hosted a conference in November 2017. This set out to explore what more could be done to strengthen local responses to prevent drug related deaths. The key themes identified during the conference and subsequent discussion between the local Alcohol and Drug Partnerships led to the development of the strategic framework attached in <b>Appendix 1</b>. This strategic framework covers East, North and South Ayrshire and describes the principles the Alcohol and Drug Partnerships will use to work together over the next three years to reduce drug related deaths.</p>	Year	Number of deaths	2004	11	2005	11	2006	16	2007	32	2008	30	2009	33	2010	31	2011	40	2012	43	2013	37	2014	54	2015	46	2016	85
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2.2	<p>The strategic framework, which has been endorsed by each of the ADP's in Ayrshire, is a high-level document which agrees vision and direction for all local partners. Local action plans with agreed metrics will be developed to sit beneath this. The overarching vision set out in the framework document is to protect everyone who is at risk of a drug related death. Partners are agreed that central to this vision is the need to build strong relationships between and with people who are using drugs, their families and the wider community. Everybody matters.</p>																												

2.3	The Scottish Government estimate that approximately 52,000 people in Scotland are problem drug users. Although this is a relatively small number of people, the risks associated with problem drug use are high and mortality is 12 times that of the general population. Since 2012, the number of deaths involving illicit drug use has steadily increased across the UK.
2.4	In Scotland in 2016 there were 867 drug-related deaths based on the definitions used by the National Records of Scotland (NRS). <sup>1</sup> This was the highest number ever recorded in Scotland with an increase of 161 on the total for 2015. The majority of deaths involved one or more opiates or opioids (including heroin/morphine and methadone). These drugs were implicated in, or potentially contributed to, 765 deaths across Scotland (88% of the total).
2.5	It is anticipated that a new national strategy will be published in coming months. The existing national strategy, 'The Road to Recovery' has been in place since 2008. <sup>2</sup>
2.6	Analysis of routinely available data has helped build understanding of the key issues involved in drug related deaths. The Public Health department completed an epidemiological Needs Assessment investigation into Drug and Alcohol Related harms in 2017. In addition, each year all Drug Related Deaths are collated and reviewed by the Ayrshire and Arran Drug Death Review Group.
2.7	Understanding the individual circumstances provides opportunity to learn about possible points of intervention. Almost all of those who died in 2016 were known to be a drug user by either a family member, service provider, police or general practitioner (75 of 85 deaths).
2.8	In Ayrshire and Arran in recent years, most deaths have occurred among men aged 35-44 years of age. Although the age of individuals has risen over time, these are still relatively young people who may have families of their own. In 2016 we know that 42 children were affected by a death and that 25 of these children were aged 16 or under. It is of note that these deaths contribute directly to adverse childhood experiences (ACEs). Breaking the cycle of harm is essential to the wellbeing of both current and future generations.
2.9	Heroin/morphine was the highest substance implicated in the cause of death in 2016, in keeping with the pattern of recent years. Polydrug use was common among those who died, with over half of all cases having more than one substance attributed to the cause of death.
2.10	National literature and investigation from the Ayrshire and Arran Drug Death Review Group show that the age profile of people who experience drug related deaths is increasing across Scotland among both men and women. With age, the risk of death from overdose increases. In addition, people are more likely to be living with long-term conditions and engaged in multiple risk-taking behaviours. Part of the explanation for the increase in drug related deaths in 2016 appears to be because people with problem drug use are getting older and accumulating risk.
2.11	Socio-economic pressures also contribute to problem drug use and drug related deaths. Risk factors include long-term poverty, unemployment and homelessness. More recent changes in welfare provision pose an additional pressure on individuals and communities.

<sup>1</sup> <https://www.nrscotland.gov.uk/files//statistics/drug-related-deaths/drd2016/drug-related-deaths-16-pub.pdf>

<sup>2</sup> <http://www.gov.scot/Resource/Doc/224480/0060586.pdf>

2.12	The purity of heroin may make a moderate contribution to the risk of fatal overdose, it is likely that the availability and price of heroin affects whether or not users take it, how much they take, and how often they take it.
2.13	The process of confirming whether a drug-related death has occurred takes several months and final figures for 2017 are as yet unconfirmed. The provisional figures for 2017 show a slight reduction in the number of deaths compared to 2016. The final total is likely to lie between 70-76. Final statistics will not be available till summer 2018 at the earliest.
2.14	Community Addiction Services are now delivered within East, North and South Health and Social Care Partnership areas. There is also a hospital based facility within Ward 5, Woodland View at Ayrshire Central Hospital and an Ayrshire-wide Prevention and Service Support Team.
2.15	Ward 5 provides a flexible service based on the needs of each individual person. The main treatment is through 1 to 1 support and group work, with each workshop designed to support each person on their road to recovery.
2.16	All these services offer an 'open' referral process e.g. anyone can refer direct to the service including self referrals, referrals on behalf of an individual or referrals from any service. 90% of all individuals referred will commence treatment within 3 weeks of referral and 100% of all individuals referred will commence treatment within 6 weeks of referral.
2.17	The North Ayrshire Alcohol and Drug Partnership recognise the importance of working together with South and East colleagues to address this complex and challenging issue. Using the themes identified in the conference, the ADPs agreed to work together to develop a strategic framework for the whole of Ayrshire and Arran. The ADPs are seeking support from Community Planning Partnerships and Integrated Joint Boards in each area for the approach set out in the framework.
<b>3.</b>	<b>PROPOSALS</b>
3.1	The Integrated Joint Board is asked to endorse the new Strategic Framework: Preventing Drug Related Deaths, which sets out the overarching response of the three Alcohol and Drug Partnerships in Ayrshire ( <b>Appendix 1</b> ).
3.2	The Framework includes a commitment to create local multi-agency prevention groups. These new groups will identify and deliver actions for the priority areas described in the framework. The groups will report to each local ADP, which will monitor progress over the lifetime of the framework.
3.3	The Pan-Ayrshire Drug Death Review Group has been responsible for collating and reporting the circumstances of individual deaths until now. Responsibility for investigating deaths will now move to the local multi-agency prevention groups. The focus of the pan-Ayrshire group will change to that of prevention and the group will develop responses which require a 'once for Ayrshire' solution. This will include agreeing information sharing protocols, public messaging, analysis and oversight of trends and pressures across agencies.
3.4	The North Ayrshire ADP Communities and Prevention Group will coordinate activities identified within the action plan. Updates will be provided on a quarterly basis to the ADP Strategic Management Team. The group will liaise with the pan Ayrshire Adverse Events Review Group to identify ongoing learning and approaches to reduce risk. Links with Adult Support and Protection will be improved to consider

	those near misses and reporting of concerns to address our coordinated responses of support.
3.5	There will be engagement from a diverse range of services to reflect the requirement of a whole population approach in reducing drug related deaths. The North Ayrshire ADP will lead on identified actions with clear accountability routes to the Integration Joint Board and Community Planning Partnership structures.
3.6	The ADP will continue to challenge stigma and perceptions of addiction through engagement and education within a diverse range of settings; whilst offering hope and inspiration to individuals through promoting the value of lived experience and enhancing engagement with marginalised groups, providing alternatives to traditional approaches. Arrangements and pathways will be developed to enhance engagement with individuals at risk. Services will promote and signpost individuals to recovery activities, and opportunities to engage in mainstream community provision.
3.7	<b><u>Anticipated Outcomes</u></b>
	<ul style="list-style-type: none"> <li>• Creation of local drug death prevention group, ensuring local learning and rapid assessment of preventive actions</li> <li>• Creation of local action plan using the Strategic Framework as coordinating link</li> <li>• Strengthen pan-Ayrshire working arrangements with a focus on preventive activities</li> </ul>
3.8	<b><u>Measuring Impact</u></b>
	The national 'Staying Alive in Scotland' will be used as a starting point to measure progress and the local action plan which is developed will agree additional key metrics for North Ayrshire.
4.	<b>IMPLICATIONS</b>

<b>Financial:</b>	No implications as the Strategic Framework sets out a shared commitment to focus on key areas requiring action. There are no resource implications.
<b>Human Resources:</b>	The framework itself will not result in changes to roles and responsibilities. There may be training implications once the action plan is developed (eg. Trauma informed practice).
<b>Legal:</b>	There are no legal issues.
<b>Equality:</b>	The strategic framework sets out the overarching vision of strengthening working to improve access and support for people in the most challenging circumstances. It does not specify actions at this point, any service changes which may develop as a result of the local action plans will be impact assessed.
<b>Children and Young People</b>	The Strategic Framework should have a positive impact on children as it requires local areas to consider their needs.
<b>Environmental &amp; Sustainability:</b>	No sustainability or environmental issues.
<b>Key Priorities:</b>	Will link to the new National Strategy when this is released later in the year.
<b>Risk Implications:</b>	May raise expectations among the population that increased support will become available.
<b>Community Benefits:</b>	Only applies to reports dealing with the outcome of tendering or procurement exercises.

<b>Direction Required to Council, Health Board or Both</b> <i>(where Directions are required please complete Directions Template)</i>	Direction to :-	
	1. No Direction Required	x
	2. North Ayrshire Council	
	3. NHS Ayrshire & Arran	
	4. North Ayrshire Council and NHS Ayrshire & Arran	

<b>5.</b>	<b>CONSULTATION</b>
5.1	<p>North Ayrshire Alcohol and Drug Partnership coordinated consultation through their network.</p> <p>East and South Alcohol and Drug Partnership consulted through their local mechanisms.</p>
<b>6.</b>	<b>CONCLUSION</b>
6.1	There has been a significant increase in drug related deaths across Ayrshire and Arran with particularly high numbers in 2016. The underlying reasons for this are likely to be related to ageing of the problem drug using population combined with socioeconomic pressures and availability of opiates.
6.2	The Integrated Joint Board is asked to endorse the new Strategic Framework; Preventing Drug related Deaths, which sets out the overarching response of the North Ayrshire Alcohol and Drug Partnership. The framework sets out their commitment to create local drug death prevention groups in North, South and East Ayrshire as well as refreshing the coordinating role of the pan-Ayrshire Drug Death Review Group.

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## ***Everybody Matters***

### ***Preventing Drug Related Deaths: A Framework for Ayrshire and Arran 2018-2021***



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## **Introduction**

This strategic framework is a call to action. In 2016 we saw the highest number of drug related deaths recorded across Ayrshire and Arran, following a longer term more gradual upward trend. Sadly, the increase in the number of drug related deaths across Ayrshire and Arran mirrored the picture seen across the rest of Scotland. This has raised widespread concern, among people seeking help, their families, supportive agencies, local communities and specialist services.

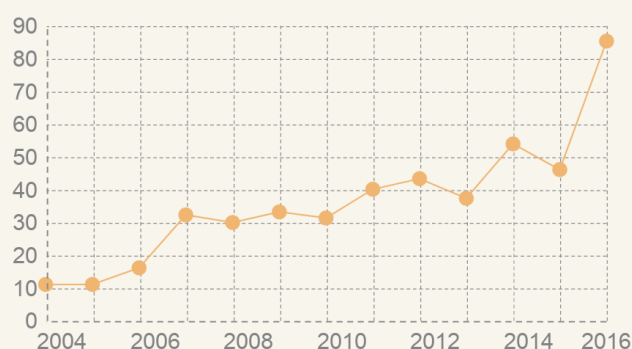
Following the dramatic increase in the number of drug related deaths seen in 2016, a conference was held in Ayrshire and Arran in November 2017. This set out to explore what more could be done to strengthen our local responses. The key themes raised during the conference and subsequent discussion between local Alcohol and Drug Partnerships led to the development of this strategic framework. This strategic framework covers East, North and South Ayrshire and describes the principles the Alcohol and Drug Partnerships will use to work together over the next three years to reduce drug related deaths. Action required to meet the strategic aims in this framework will be developed in East, North and South Ayrshire through local Prevention groups. These groups will report on progress through the Alcohol and Drug Partnerships and the actions will be supported through the pan-Ayrshire Drug Death Prevention group. We also commit to working with the Integrated Joint Boards and Community Planning Partnerships in each area to ensure that the strategic aims within this document are embedded within other local plans.

Our vision is to protect everyone who is at risk of a drug related death. We will do this by building strong relationships between and with people who are using drugs, their families and the wider community. Everybody matters.

## Background

The pattern of drug related deaths over recent years has been carefully monitored both locally and nationally. The patterns seen require careful interpretation as there is significant year to year variability because relatively small numbers of individuals are affected. The trends and recent findings are shown below in summary form.

### The Ayrshire Picture



Drug Related Deaths - Ayrshire 2004-2016

Drug Related Deaths have risen systematically from 11 in 2004 to their highest level - 85 - in 2016.

Source - Local Stats 2016

### Drug Related Hospital stays

Large increases in the rate\* of drug related hospital stays in reporting period 2014/15-2016/17 are displayed in the table below



	3 year rolling average no. of drug related hospital stays		Directly age-sex standardised rate per 100,000 popn	
	2011/12 -2013/14	2014/15 -2016/17	2011/12 -2013/14	2014/15 -2016/17
East Ayrshire	296	312	256.0	277.2
North Ayrshire	303	396	248.9	342.3
South Ayrshire	129	181	134.0	192.2
Ayrshire & Arran	728	889	218.6	276.1
Scotland			134.3	146.9

"Hospital stays" are defined here as general acute inpatient and day case stays with a diagnosis of drug misuse in any diagnostic position

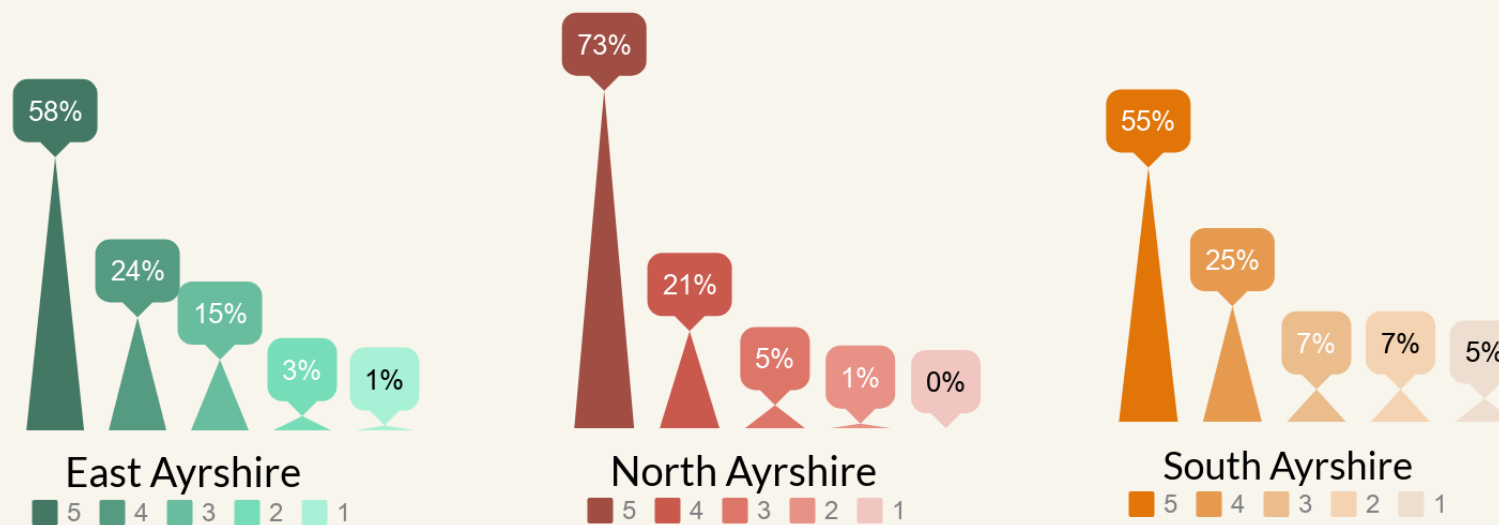
Source - Analysis of local HSCP areas Local Stats 2016 \* Directly age - sex standardised rates per 100,000 popn/ Scotpho Locality Profiles (IZs)

# Drug Related Deaths & Deprivation

The charts below show the percentage of 2016 DRDs in each Ayrshire area by SIMD quintile.

5 represents Quintile 5 - the most deprived fifth of the population.

1 represents Quintile 1 - the least deprived fifth of the population.



**The vast majority of DRDs affect the MOST deprived in Ayrshire**

Source - Local Stats 2016

There is a substantial evidence base about problematic drug use and the actions which can be taken to help reduce drug related deaths and other harms. Scotland's national strategy 'The Road to Recovery' has been in place since 2008 and it recognised key areas for action. The national strategy is expected to be refreshed later in Spring 2018. It is anticipated that this new strategy will build on 'The Road to Recovery' and identify areas where greater efforts are needed to reduce the risks associated with drug related deaths. It will recognise the importance of working collaboratively across housing, employment, mental health services, with those who have lived experience and families. The infographic which follows captures the key points from the 2008 strategy.

## The Scottish Government Strategy to tackle problem drug use



Preventing Drug Use



Reducing supply of illegal drugs

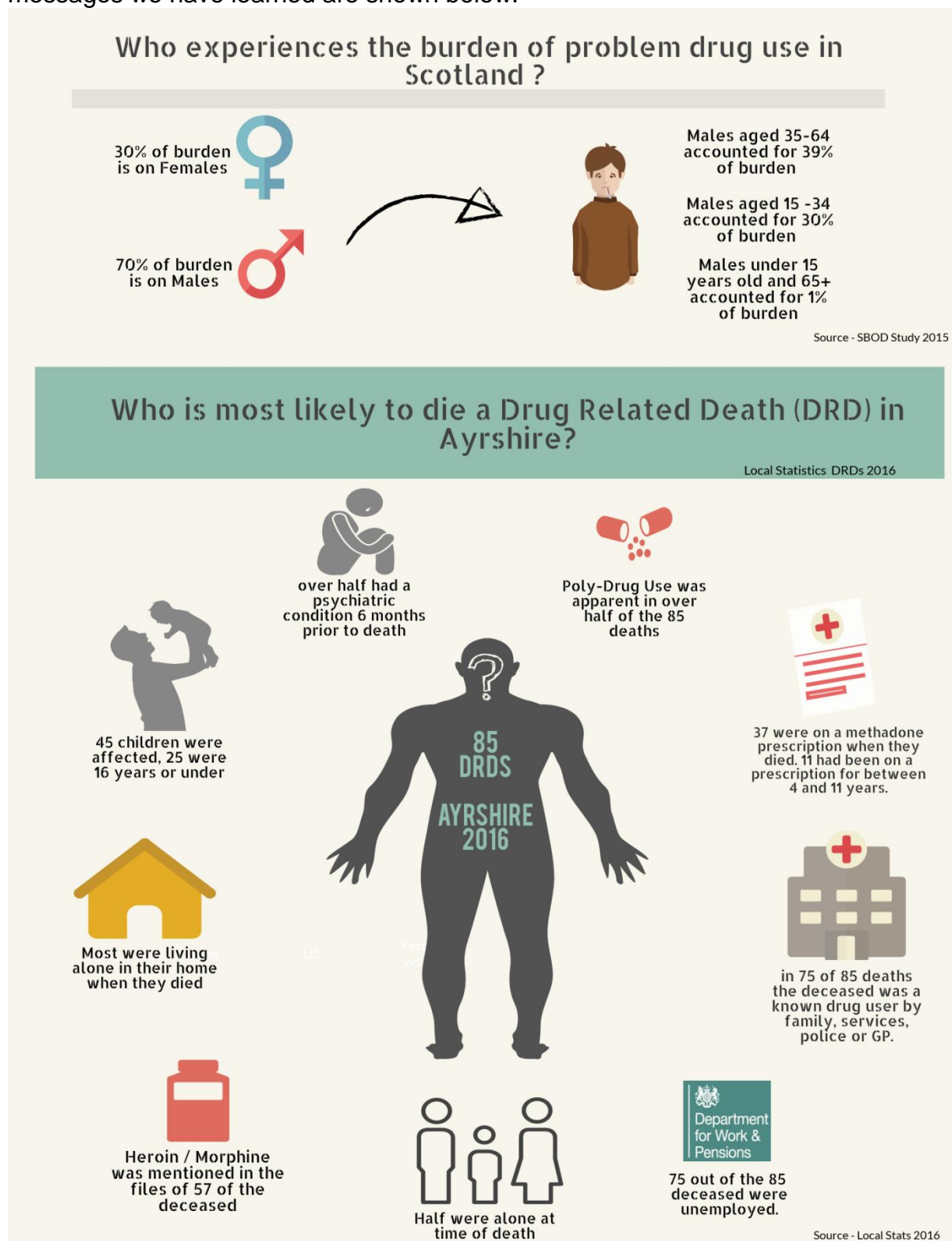


Getting it right for children affected by parental substance misuse



Promoting Recovery

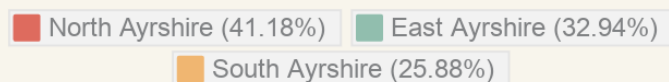
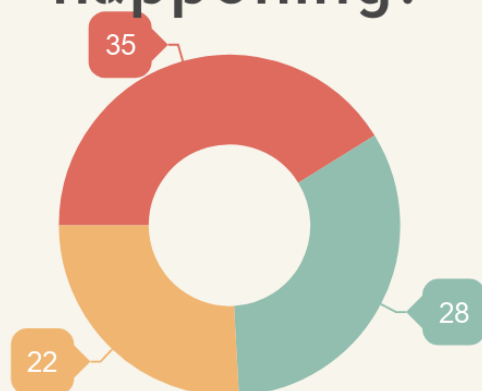
Although only small numbers of people living in Ayrshire and Arran have problematic drug use sadly this carries significant risks of health harms. The circumstances surrounding every death are already carefully scrutinised and collated. The central messages we have learned are shown below.



Across Ayrshire and Arran as a whole, from 2009-2014, 54% of people who died had an underlying medical condition recorded in the six months prior to death. This is broadly similar to the picture seen in Scotland. Deaths among people with

problematic drug use in Ayrshire and Arran are occurring in a slightly older age group than in the past and they commonly have underlying medical problems. The most common age group affected is 35-44yrs of age for both men and women.

## Where are Drug Related Deaths happening?



In 2016, North Ayrshire had the highest number of Drug Related Deaths, South had the lowest and East fell between the two.

## Drug Related Deaths & Gender

Male DRDs have been consistently highest in North Ayrshire and lowest in South over the last decade however East and South have seen the greatest relative increase - rates doubled over the last decade.



The rate of Female DRDs in Ayrshire has risen over the past decade, steady over the most recent time periods



Source - Local Stats 2016



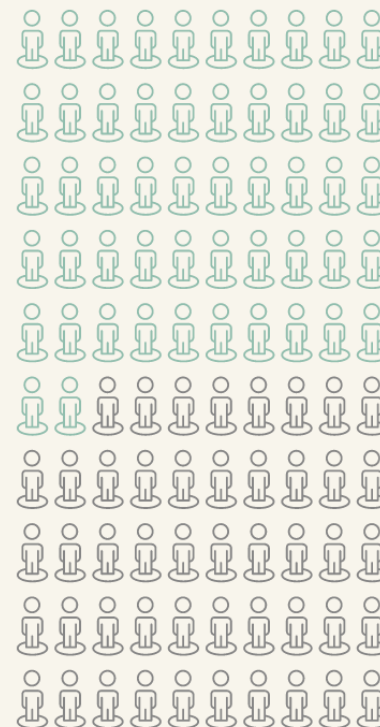
Across Ayrshire and Arran as a whole, from 2009-2014, 52% of people who died had a psychiatric condition recorded in the six months prior to death, with the most commonly recorded being depression and anxiety.

52 per cent

of DRDs had psychiatric conditions recorded in the 6 months prior to death.



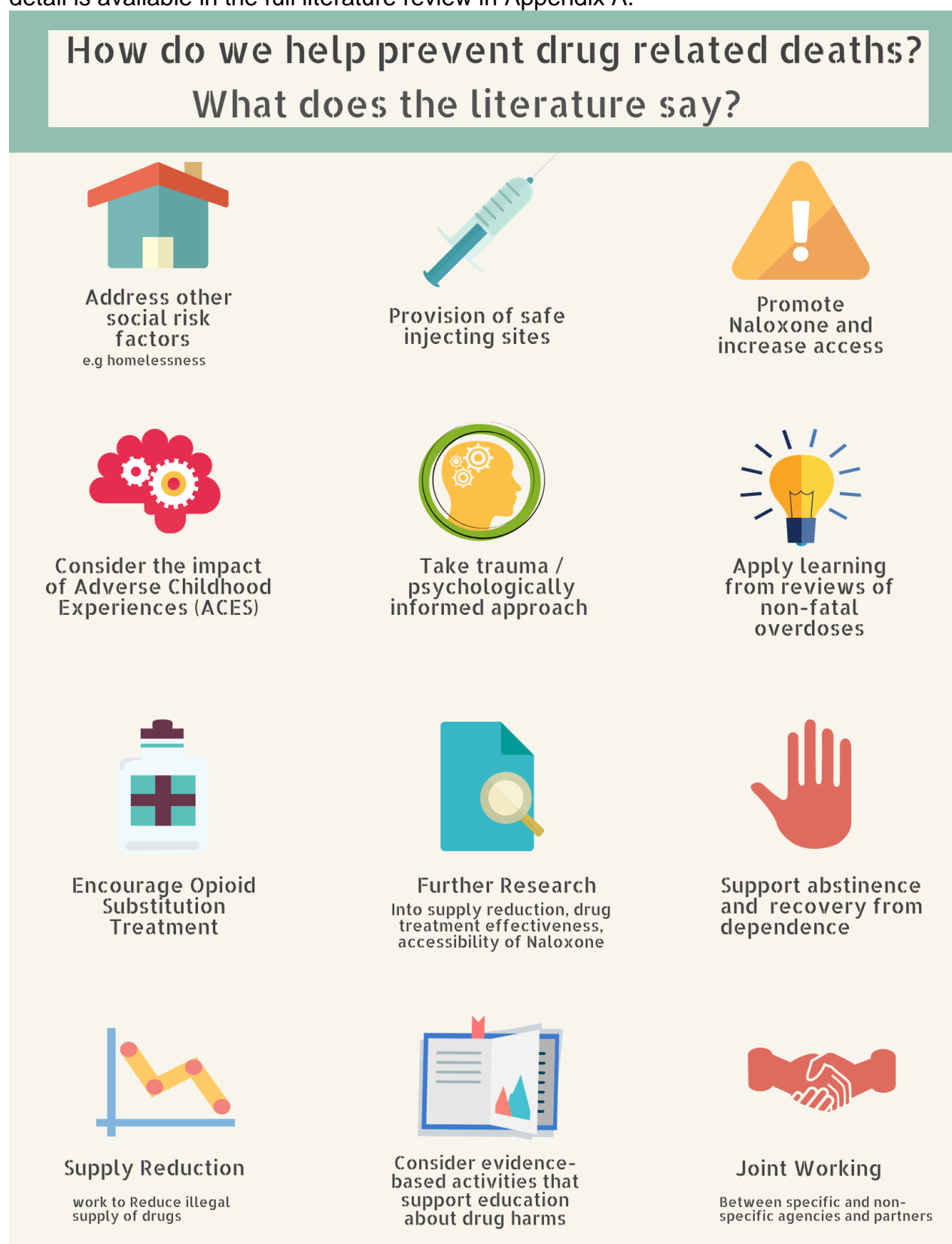
Most Commonly :  
Depression & Anxiety



■ psychiatric condition (52%)  
■ no psychiatric condition (48%)

Source - Local Stats 2016

The central messages from our review of the literature describing the interventions that are likely to prove most effective are captured in the infographic below, further detail is available in the full literature review in Appendix A.



We know that in Ayrshire and Arran there are still a substantial number of people who die who are not in contact with specialist services at the time of their death. This

is slightly higher than the national findings. For Scotland as a whole, 36% of people who died had no contact with specialist services compared to between 39 and 44% for East, North and South Ayrshire.

Our local findings broadly agree with the wider literature. Further detail can be found at Appendix A, at the end of this framework document.

## A Framework for Ayrshire

### Strategic Aims

Through discussion at our joint conference we identified four key areas for action which together will strengthen protection of people at risk of drug related deaths. Running through each of these areas is our overarching vision of developing strong, trusting relationships between people with problematic drug use, their families, the wider community and all statutory services. We recognise the central importance of breaking the cycle of harm from problematic drug use that damages current and future generations. Evidence from the literature describes the importance of ensuring our services are 'trauma-informed', recognising the impact of earlier adverse events on the lives of people with problematic drug use and this theme was also identified during our conference.

#### Caring for people in contact with services

### Caring for people in contact with services



Trauma  
informed  
services



Right  
treatment  
Right time



include families,  
peers and  
communities

Everyone who has problematic drug use should have the same opportunities to access support from specialist services as a matter of fairness. The Quality Principles of care and support<sup>3</sup> set out the approach expected across all services. In addition, each local Prevention group will consider the local actions necessary to meet the priorities listed below.

- People with problematic drug use will access specialist, barrier free support as quickly as possible
- Services should be delivered as locally and flexibly as possible, taking care to use inclusive language especially for people seeking to re-engage with services (who may be described as 'closed' cases).
- Services will prioritise those at greatest risk, making contact with those at highest risk quickly. This approach will be taken whether people have previously been known to services or not
- Services will maximise the strengths and assets of individuals, their families and the wider community to enhance recovery through the use of trauma informed approaches and recovery communities
- Families will be appropriately involved in care and recovery plans
- Communication between different services, those who access services and families will be strengthened using information protocols where appropriate
- We will work to support recovery in the community through meaningful activity
- We will work to reduce stigma and isolation of people in recovery
- People with Lived Experience (peer workers) will have a central role strengthening links between services, communities and people with problematic drug use

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<sup>3</sup>The Quality Principles: Standard Expectations of Care and Support in Drug and Alcohol services <http://www.gov.scot/Publications/2014/08/1726>

## Reaching people not in contact with services



We will maximise the opportunities to link people with problematic drug use to specialist services. Contact with specialist services is known to protect people with problematic drug use from dying. A significant proportion of people who die in Ayrshire and Arran are not in contact with specialist services. The need for strong, trusting relationships between services and people with problematic drug use was highlighted during our conference. These relationships are essential before we can reach everyone with problematic drug use. Local Prevention groups will work to ensure:

- Links will be strengthened between specialist services, wider services and families, so people with problematic drug use are identified and supported to gain rapid access to specialist support
- A range of interventions, including peer support or befriending, will be available. We will reach out to those not yet ready to make changes, testing assertive outreach approaches

- Flexible outreach approaches will be tested to ensure basic needs such as food, housing and non-judgemental support are met. This might include community cafe models and 'Housing First' for those with complex needs who are also at risk of homelessness
- We will develop local awareness among non-specialist services such as housing, fire, DWP and general health services (for example General Practices), exploring the use of routine enquiry
- There will be clear and rapid referral pathways across services for people seeking specialist support. Transitions between services will be strengthened ensuring no gaps in communication
- We will work to reduce stigma across agencies and communities.

### Reducing risk



People who have experienced overdose are at increased risk of a drug related death and this is a key moment when rapid intervention can provide protection. Once again during our conference discussions the central theme of trusting, strong

relationships between people affected by problematic drug use and the services which support them was highlighted. Peers can play a pivotal role. Local prevention groups will work to ensure:

- People who have experienced overdose are identified (by all services) and prioritised for support, engagement and intervention
- There are clear referral pathways to specialist services for people who have overdosed. These will be developed using data from A&E and first responder agencies. Referral pathways from A&E into the concerns hub will be strengthened
- Information sharing protocols between services should be developed using learning from other parts of Scotland as a template. We will analyse the patterns in near-miss overdoses to identify opportunities to intervene
- People who have experienced overdose and their families should be offered training and support in how best to protect themselves using naloxone
- We will work to expand the role of peers to link and work with those at highest risk of drug related death.

#### Working with Families and Communities



Families and communities have an important role to play, and should be part of the local network of strong, trusting relationships wherever possible. Families can provide essential support for individuals with problematic drug use, depending on individual



circumstances. Families and children can feel overwhelmed and are not always aware of the support that is available to them through individual agencies. Our communities can provide a supportive environment but stigma and isolation remain challenges which we will continue to address.

- Families should have the opportunity of inclusion in all aspects of support where agreed with the person receiving treatment
- Links will be strengthened between services and families appropriate to individual circumstances
- Families and children should receive support for their own resilience through education, peer support, awareness of their own health and services that are available
- Bereaved children and families should receive tailored, sensitive support
- Work should continue to tackle stigma and isolation of children and families in the community

# The Ayrshire Strategy

## Caring for people in contact with services



Trauma  
informed  
services



Right  
treatment  
Right time



include families,  
peers and  
communities

## Reaching those not in contact with services



Range of options  
from befriending to  
service involvement



Outreach policy  
for those not yet  
ready to engage  
with services



Consider those at  
risk of  
homelessness

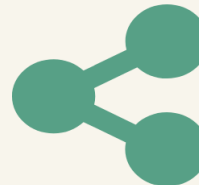
## Reducing Risk



Those who have  
previously  
overdosed and  
may be at higher  
risk of DRD should  
have flexible,  
accessible support



Clear referral  
pathways for  
those who have  
overdosed



Develop and  
implement  
Information  
sharing protocols

## Working with Families



Involvement in recovery



Support resilience and  
care for families



relationships and support

## Next Steps:

We will seek endorsement of this strategic framework from the NHS Board, CPPs and IJBs in each area as quickly as possible. We will task local multi-agency prevention groups to identify actions for the priority areas described in this framework. This will include detailed agreement on future service requirements.

We will monitor the progress of each local prevention group through the area ADP.

The Pan-Ayrshire group will coordinate responses which require a 'once for Ayrshire' approach. This will include agreeing information sharing protocols, public messaging, analysis and oversight of trends and pressures across agencies.

This framework will be revisited by a small working group to ensure key actions from the future national strategy once published & any new recommendations are considered.

## Appendices

Appendix A: Literature review



Appendix B: Emergent themes from conference



## Appendix 2

### Drug related hospital stays – North

