



REPORT TO: MORAY INTEGRATION JOINT BOARD CLINICAL AND CARE GOVERNANCE COMMITTEE ON 30 NOVEMBER 2023

SUBJECT: DRUG RELATED DEATHS IN MORAY

BY: INTERIM INTEGRATED SERVICE MANAGER

1. REASON FOR REPORT

1.1 To update the Committee about drug-related deaths in Moray.

2. RECOMMENDATION

2.1 It is recommended that the Committee consider and note:

- i) the drug related death figures for Moray;**
- ii) the National Records of Scotland Publication into drug-related deaths across Scotland in 2022;**
- iii) ongoing work of the service in relation to the Multi Agency Risk System (MARS) process; and**
- iv) progress on the delivery of the Medication Assisted Treatment (MAT) Standards implemented by the Scottish Government in May 2021.**

3. BACKGROUND

3.1 The National Records of Scotland (NRS) publish, annually, the Drug-related Deaths in Scotland figures. The Statistics of drug-related deaths in 2022 and earlier years, broken down by age, sex, substances implicated in the death, underlying cause of death, and NHS Board and Council areas, are available online: [Drug related deaths decrease | National Records of Scotland \(nrscotland.gov.uk\)](https://www.nrscotland.gov.uk)];

4. KEY MATTERS RELEVANT TO RECOMMENDATION

4.1 NRS confirmed that Moray had 9 confirmed drug related deaths in 2022, reduced from 15 in 2021.

- 4.2 This is in line with the confirmed decrease across Scotland in 2022 compared to 2021.
- 4.3 The MARS meetings continue to take place on a regular basis for people known to be high-risk, currently there are 16 people in the process.
- 4.4 Good progress is continuing towards achieving the MAT standards. The arrival of updated guidance is expected, with regards to standards 1 – 5 and formal guidance for standards 6 – 10. There will be changes to how experiential data is gathered and scored and receipt of updated guidance is awaited in relation to this, expected to be end of October 2023.
- 4.5 Drug Related Death Meetings are chaired and meeting notes held confidentially. The frequency of meetings are demand led, there have been less of these recently as the number of drug related deaths reduce.
- 4.6 Moray Integrated Drug and Alcohol Service follow a review process of all the cases open in service for shared learning and debrief.
- 4.7 Clinical governance will be assured to Moray Health and Social Care Clinical and Care Governance Group by completing and submitting the Quality Assurance Reporting Template on a biannual basis. This includes: reporting of risks; adverse events; learning outcomes from adverse events reviews (drug related deaths); good practice; external reviews of service; people's experience of the service – complaints / care experience.
- 4.8 A local implementation group continues to meet fortnightly to support delivery of MAT standards in Moray. In addition, a working group meets weekly to create and review documentation to support MAT delivery.

5. SUMMARY OF IMPLICATIONS

(a) Corporate Plan and 10 Year Plan (Local Outcomes Improvement Plan (LOIP)) and Moray Integration Joint Board Strategic Plan “Partners in Care 2022 – 2032”
Moray Drug and Alcohol Partnership Delivery Plan 2021 - 2024
(reviewed and revised November 2021)

(b) Policy and Legal
Improved governance – review and reporting of all drug and alcohol related deaths.

Delivery in line with Rights, Respect and Recovery 2018 – Scotland's strategy to improve health by preventing and reducing alcohol and drug use, harm and related deaths and the aim of the National Mission on Drug Deaths Plan 2022-2026 to reduce drug deaths and improve lives.

(c) Financial implications
There are no financial implications. The Adverse Event Review Process and Multi Agency Risk System approach are undertaken by existing staff and multi-agency partners.

(d) Risk Implications and Mitigation
As detailed above at Section 4.

(e) Staffing Implications

Additional staff have already been appointed to support delivery of MAT standards, as well as meet increased demand on services. However, there is a potential for there to be further staffing implications as demand on services increases. For example, as the number of people seeking to access support for their addictions increases the service may need to recruit further staff to meet this demand.

(f) Property

Current accommodation is not fit for purpose, and does not allow service to comply with MAT standards. In addition, colocation with the Justice Service can be seen as a barrier to people accessing treatment. Work is ongoing to secure alternative premises for the service.

(g) Equalities/Socio Economic Impact

None arising directly from this report as there is no change to policy.

(h) Climate Change and Biodiversity Impacts

None arising directly from this report.

(i) Consultations

Public Protection Lead, Moray Alcohol and Drug Partnership Manager, Clinical Team Lead, Moray Integrated Drug and Alcohol Service and Caroline O'Connor, Committee Services Officer, Moray Council. Comments have been incorporated in this report.

6. CONCLUSION

6.1 The approach to reviewing drug and alcohol related deaths and participating in MARS will enable Moray to be better placed to learn from drug related deaths; reduce harm to individuals and manage risks for individuals receiving a service. These approaches should reduce drug related deaths in the future.

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