Hepatitis Scotland/Scottish Drugs Forum response to Health and Sport’s Committee Consultation on preventative spend/agenda.

- Scottish Drugs Forum is a membership based drugs policy and information service and is a national resource of expertise on drug issues.
- Hepatitis Scotland is the national voluntary sector organisation, funded by the Scottish Government and hosted within Scottish Drugs Forum, to help improve responses to viral hepatitis prevention, treatment and support. The Lead Officer is the Co-Chair of the National SHBBV Prevention Group (non-Sexual transmission)

Which areas of preventative spending/the preventative agenda would it be most useful for the Health and Sport Committee to investigate?

The Christie Commission laid out four key principles that are needed to ensure effective and sustainable public services. The preventative agenda directly relates to most of these:

- public services are built around people and communities and their needs,
- work to build up autonomy and resilience,
- work together to achieve outcomes,
- prioritise prevention, reduce inequalities and promoting equality.

**Funding**

Prevention in the substance use field covers a wide range of community, primary and secondary care services. Prevention with regards to substance use may be early years interventions but also enhancing easy access to opioid replacement therapy for those who need it, thereby impacting on a wide range of health, social and criminal justice issues and parents with substance problem and their ability to care for their children.

There is significant concern that a reduction in funding to Alcohol and Drug partnerships (22%), and consequent drug and alcohol funding to NHS boards not being ring fenced, will bring about a reduction in preventative, community focused services and in terms of health and financial outcomes increase inefficiency and inequality. In 2016/17 this shortfall has been largely bridged by underspends being carried forward and through funding from Integrated Joint Boards. For 2017/18 the funding position will be far more challenging.

**Young People**

Adolescent substance use is a major problem in and of itself and because it acts as/is a marker of risk factors for other problem behaviours. Primary prevention of transition into problematic substance use can be through early intervention programmes aimed at the most vulnerable and highest risk or wider educational interventions.

Scotland’s has 61,500 people with a drug problem, the vast majority of these individuals had very challenging upbringings with significant numbers of adverse childhood experiences. The vast majority of next generation of people with a drug problem will come from young people with similar backgrounds. Therefore early intervention with Scotland’s most vulnerable families and young people will save the public purse over the long-term. 30% of all male deaths aged 25-34 are a drug related death.
Blood borne viruses

There is a high likelihood that a lack of preventative spend will also increase the costs of reactive spend e.g. unscheduled care where preliminary data for older drug users suggests hospital admission rates for males 50-59 who have hepatitis C are 100 times higher than the general population.

BBV’s can not only be looked at as a primary infection but as a systemic illness that produces a plethora of secondary complications; cardiovascular, mental health, endocrinal disorders are but a few issues that are causally related to BBV infections. The risk of a reduction in services impacting on the incidence and prevalence of blood borne virus infections, such as HIV, hepatitis C and hepatitis B, and subsequent secondary health and social issues is high.

Early and easy access to drug treatment services is vital to limit the incidence of new infections with hepatitis B and C as well as HIV. This was recognised as a priority in the Scottish Government’s Sexual Health and Blood Borne Virus (SHBBV) Framework 2015- 2020, which states that although progress has been made in reducing new blood borne virus infections, this progress is fragile and needs to be maintained by a continued commitment to prevention, including the harm reduction measures of substitute opiate medication, injecting equipment provision and hepatitis B immunisation.

The threat of an increase in BBV infections is very real. In one large board area a number of factors, including the initial rise in the use of novel psychoactive substances (NPS), have already resulted in a significant increase in new hepatitis C infections, particularly in new injectors, as well as a catastrophic bacterial infections that are linked to the use of NPS and frequency of injecting. Glasgow has an ongoing major outbreak of HIV infection in its drug injecting population since 2015 and the risk of this occurring in other areas is significant. Recent European data has shown that in all recent cases of HIV outbreaks amongst injecting populations in Europe there was a preceding marker of a rise in HCV. The human cost of these infections and the actual cost to the NHS of diagnosis and treatment is very high.

Older Drug Users

Older people with a drug problem in Scotland have high levels of homelessness, widespread experience of overdose and suffer from a range of multi morbidities with depression being extremely prevalent. This is a challenging and very vulnerable group due to their multiple health and social support needs. Early data around hospital admissions for psychosis suggests that older drug users over 50 will need ten times more bed days for males and around 14 times more for females than the overall general population. There are over 30,000 people with a drug problem aged 35 and over and this number is predicted to keep on rising.

Drug Related Deaths

Older people with a drug problem in Scotland are also over-represented in Scotland’s very poor record on drug related deaths. 706 drug-related deaths were registered in Scotland in 2015, 93 (15 per cent) more than in 2014. This was the largest number ever recorded, and 370 (110 per cent) higher than in 2005. We have 61,500 people in Scotland with a drug problem and less than half of the people in this group are in treatment and care services at any point in time. An Australian study recently found that 90% of drug related deaths are potentially preventable but systems and services continue to fail to prevent them. We know that being in effective treatment not only protects people against dying of an overdose but also facilitates other health interventions.
Scotland was the first country in the world to introduce a national naloxone programme, there have been over 30000 kits distributed and it has been reported there have been over 2000 administrations of take-home naloxone to successfully reverse an opioid overdose. European level evidence suggests 1 in 10 kits distributed are used. The ending of funding from Scottish Government in 2016 has meant that some local areas have struggled in the current funding cuts to find monies that would keep naloxone being supplied at the same levels as previous years.

**Mental Health**

Mental health issues are key risk factors in initiation, continuation and mortality related to substance use. Whether due to adverse childhood experiences, familial, social and environmental circumstance, or drug related, mental health care of people affected by substance use on a whole is worryingly patchy or at times inaccessible. Earlier intervention and treatment of mental health issues, while still addressing substance use care needs, is likely to have a strongly positive effect on personal health and social outcomes and consequently reduce health budget spend.

How can health boards and integrative authorities overcome the (financial and political) pressures that lead to reactive spending/ a focus on fulfilling only statutory duties and targets, to initiate and maintain preventative spend?

A number of countries have reduced overdose deaths to very small numbers. In the Netherlands Hep C incidence via IDU in 2014 was zero %. In 2014 Europe counted 88 official drug consumption rooms in eight countries: Denmark, Germany, Greece, Luxembourg, the Netherlands, Norway, Spain and Switzerland. The use of heroin assisted treatment has impacted significantly on a range of morbidities and social issues related to substance use. Scotland’s hepatitis C action plan showed the way forward in prevention with a mixture of ORT and greater access to injecting equipment leading to a significant fall in HCV incidence. All of these outcomes have been supported through providing effective treatment and care services based on a clear evidence-based public health focussed vision of what can be achieved and how. Evidence informed practice must continue to reframe drug-taking as a health problem rather than a character defect and look for our solutions within that frame.

Examples of preventative initiatives could include:

- Community liver disease screening in alcohol, drugs and homelessness services using portable fibroscans. Identifying at risk people of early liver disease will reduce chronic end stage liver disease hospital admissions, liver transplants and early death – reducing the health inequalities that exist for liver disease in Scotland with people from socioeconomic disadvantaged areas.
- Investing in dual diagnosis health professionals, who can work with people who have substance use and mental health needs – supporting the whole person.
- Early intervention programmes exploring models such as the PreVenture model of Kings College, London or developing trauma informed services
- Investing in more Housing First models across Scotland and low cost social housing will address many health needs.
How could spend that is deemed to be preventative be identified and tracked more effectively? What is required in terms of data, evidence and evaluation to test interventions for producing ‘best value for money’?

- Identifying key groups through NHS “safe haven” data capture and assessing spend needs. Initiate evidence informed interventions with some of these groups while retaining a “control group” to assess cost effectiveness.
- SDF work with partners has identified hospital bed stays of older people with a drug problem (age 35 and over). Improved interventions with older people with a drug problem would reduce this number of bed stays. This could be tracked over time to assess impact. Improved interventions with vulnerable families and vulnerable young people would reduce future costs on health and social care costs. Reductions in populations of vulnerable young people and people developing a substance problem could be routinely tracked through a range of indicators such as:
  - Children placed on the at risk register
  - The numbers of looked after and accommodated children
  - New attenders at addiction services

How can the shift of spending from reactive/acute services to primary/preventative services be speeded up and/or incentivised?

We are extremely concerned that cuts to the statutory and third sector substance use services, in the near future would result in a substantial increase in waiting times for people to be able to access treatment which can stabilise their dangerous drug use. We strongly believe that we could be looking at a significant public health problem if these cuts result in reduced access to treatment. The cuts would also impact on testing for BBV and other infections and to engage people in self managing their health, as both of these factors are closely dependent on the stability offered by engagement in treatment.

We would urge that every effort is made to protect care and treatment services for people who have problem substance use as the cost of not doing so will be serious. It will threaten the commitment of the Scottish Government to eliminate Hepatitis C and HIV as public health concerns in Scotland, there will continue to be a significant rise in drug related deaths while also increasing other mortality and morbidity burdens on those affected the most by inequality.

**PLEASE NOTE ALL REFERENCES FOR THE ABOVE EVIDENCE CAN BE SUPPLIED ON REQUEST**