Drug Deaths in Tayside, Scotland

2019 Annual Report

Tayside Drug Death Review Group

Executive Summary

The Tayside Drug Death Review Group is a multi-agency forum which reviews all suspected drug deaths to provide intelligence and strategic guidance to the three Alcohol and Drug Partnerships in Tayside – Angus, Dundee City, and Perth and Kinross.

The Tayside Drug Death Review Group classifies a drug death as a death which has occurred as a result of a non-intentional overdose of illicit, or illicitly obtained, controlled substances. Tayside has continued to see an increasing number of drug deaths in the years 2015 to 2019 with the number of drug deaths in 2019 exceeding previous years.

In 2017 there were 73 drug deaths with 51 having occurred in Dundee City. In 2018 there were a total of 78 drug deaths in Tayside with the greatest number of deaths occurring in Dundee City (n=53). In 2019 the figure for Tayside has increased to 89 drug deaths, with 55 in Dundee City.

The mean age of drug death casualties in 2019 was 40.8 years. 64 deaths were male.

68 drug deaths in 2019 occurred in areas of greatest socioeconomic deprivation (SIMD 1 and 2).

Of the 89 drug death casualties in 2019, 84 were recorded as having experienced at least one adverse event in their lifetime.

68 of the 89 drug death casualties had suffered from a mental health issue at some point in their lives, with 59 individuals known to be suffering from an existing mental health condition at the time of death.

29 of the 89 individuals had been in prison or on remand at least once in adulthood. 15 of these individuals had been in prison in the 12 months before their death.

The average number of substances found in toxicology was 4.5 (range 1 – 10) with Etizolam the most common substance found.

Recommendations in this report build on those detailed in the 2018 Annual Report and concern:

- Substance misuse in the context of people, families and communities affected and the wider socioeconomic determinants of health.
- Broader health needs of individuals affected by problematic drug use and care provision by all services and agencies to support people affected by problematic drug use.
- Harm reduction, including the availability of and accessibility to Naloxone.

Contents

1. Introduction

The rising number of drug deaths both locally and nationally continues to be of significant public health concern. A drug death is a death that has occurred as the result of a non-intentional overdose of illicit (or illicitly obtained controlled) substances and represents a catastrophic early loss of life. They should be preventable and yet the numbers of drug deaths are still increasing, each one a tragedy affecting families, friends and communities.

This report describes the current figures concerning drug deaths in Tayside in 2019. It is designed to complement the reporting of drug-related deaths by National Records of Scotland[1], providing more in-depth consideration of some of the wider socioeconomic factors associated with problematic drug use and risk of subsequent drug death.

The work of the Tayside Drug Death Review Group (TDDRG) provides intelligence and strategic guidance to the three Alcohol and Drug Partnerships (ADPs) in Tayside – Angus, Dundee City and Perth and Kinross.

[1] https://www.nrscotland.gov.uk/statistics-and-data/statistics/statistics-by-theme/vital-events/deaths/drug-related-deaths-in-scotland/2019

2. Overview of the Tayside Drug Death Review Group

2.1 Membership and processes

The Tayside Drug Death Review Group comprises representation from multiple agencies across Tayside including: NHS Tayside (Public Health, Primary Care, Pharmacy, Prisoner & Police Custody Healthcare); Police Scotland; Third Sector organisations; Community Justice; statutory Children & Families Services; the three Tayside Alcohol and Drug Partnerships (ADPs) and the three Health & Social Care Partnerships (HSCP) (Specialist Substance Misuse Services). A full list of membership is given in Appendix 1.

Suspected drug deaths are notified to the Health Intelligence team within NHS Tayside Public Health by Police Scotland. Details are then collected from partner agencies, assimilated and subsequently reviewed by the Tayside Drug Death Review Group to determine if the case should be considered a drug death or not, and to identify any emerging trends and key themes to inform strategic work going forward. Specific areas of feedback in relation to a reviewed case are provided directly by the Tayside Drug Death Review Group to the service involved, where appropriate.

Recommendations identified by the Tayside Drug Death Review Group also inform the work of the Tayside Overdose Prevention Group and action plans developed by each of the ADPs in Tayside.

2.2 Definition of a drug death

The methodology of the drug death review process in Tayside relies on case finding and subsequent data collection being initiated by Police Scotland Sudden Death Reports. Deaths directly resulting from the presumed non-intentional overdose of illicit (or illicitly obtained controlled) substances in Tayside are included and considered. It is acknowledged that there are complex cases where the cause of death cannot be explicitly related either to the consumption of a substance(s) or to other health causes. In such cases, the Tayside Drug Death Review Group considers the individual case, including the results of post-mortem toxicology, and comes to a judgment in relation to the contribution of the substance(s) to the death. Where, on review, toxicological findings indicate the presence of a controlled substance, but this substance may not necessarily have been a crucial factor contributing to the individual's death, this would not be considered a drug death and therefore not be included as a confirmed case for the purposes of the Tayside Drug Death Review Group.

Of note, the use of the definition for a drug death by the Tayside Drug Death Review Group is subtly different to that of a drug-related death used by the National Records of Scotland for their annual report.[2] The National Records of Scotland uses the ICD 10 classification system[3] to identify cases of drug-related death once a death certificate has been issued. However, if a similar system were to be introduced for the Tayside Drug Death Review Group, this would involve a delay prior to starting the initial data collection whilst the post-

[2] National Records of Scotland. *Drug-related deaths in Scotland in 2018*. Accessible at https://www.nrscotland.gov.uk/files//statistics/drug-related-deaths/2018/drug-related-deaths-18-pub.pdf
[3] World Health Organisation's (WHO) International Classification of Diseases, Tenth Revision (ICD-10).

mortem result was awaited. Furthermore, the National Records of Scotland, in their definition, will include deaths that have occurred as a result of intentional self-poisoning where illicit substances are present. In Tayside, these fatalities are considered by the Tayside Multiagency Suicide Prevention Group.

Therefore, by using a slightly different definition to that of the National Records of Scotland the numbers will not be directly comparable across this report to that of the national report. However, by continuing to use the definition for a drug death (as opposed to a drug-related death) we are able to work more reactively to emerging trends (as we are relying on police notifications and not ICD-10 coding). We can also consider deaths that have occurred as the result of a non-intentional drug overdose specifically, and can compare year-on-year trends for the local population using the information gathered on drug deaths in Tayside previously.

3. General Findings

3.1 Incidence of drug deaths

In 2019 there were a total of 89 confirmed drug deaths in Tayside, compared to 78 in 2018, representing an overall relative increase of 14.1% (table 1).

Table 1: Drug Deaths by local authority area of residence

Local Authority area	Number of deaths 2019	Number of deaths 2018	Number of deaths 2017	Number of deaths 2016
Angus	**19**	10	14	10
Dundee City	**55**	53	51	38
Perth and Kinross	**15**	15	8	8
Tayside Total	**89**	**78**	**73**	**56**

Rates of drug deaths in the overall population (table 2) and in people with problematic drug use (table 3) are consistently higher in Dundee City compared to Angus and Perth and Kinross. The number of deaths in Angus has risen sharply in 2019 following a decline seen in 2018. This is also reflected in the number of deaths per 1000 people with problematic drug use (table 3). The number of deaths in Perth and Kinross in 2019 remains static from the previous year but per 1000 population has decreased slightly (table 2).

Table 2: Drug death rate per 1,000 population[4]

Local Authority area	2019	2018	2017	2016
Angus	**0.16**	0.09	0.12	0.09
Dundee City	**0.36**	0.36	0.34	0.26
Perth and Kinross	**0.09**	0.10	0.05	0.05
Tayside Total	**0.21**	**0.19**	**0.18**	**0.13**

Table 3: Drug death rate per 1,000 people with people with problematic drug use[5]

Local Authority area	2019	2018	2017	2016
Angus	**23.7**	12.5	17.5	12.5
Dundee City	**23.9**	23.0	22.1	16.5
Perth and Kinross	**10.0**	10.0	5.3	5.3
Tayside Total	**19.3**	**16.5**	**15.8**	**12.1**

[4] Mid-year population estimate figures, 2019, NRS. Accessible here: https://www.nrscotland.gov.uk/statistics-and-data/statistics/statistics-by-theme/population/population-estimates/mid-year-population-estimates/mid-2019

[5] Prevalence of Problem Drug Use in Scotland, 2015/16 estimates. ISD Scotland. Accessible here: https://www.isdscotland.org/Health-Topics/Drugs-and-Alcohol-Misuse/Publications/2019-03-05/2019-03-05-Drug-Prevalence-2015-16-Report.pdf

3.2 Drug death trends

Nationally, the number of drug-related deaths in Scotland in 2007 was 479. In 2018 the figure had risen 147% to 1,184.[6]

Since 2013, the number of drug deaths in Tayside has been rising at a considerable rate (figure 1).

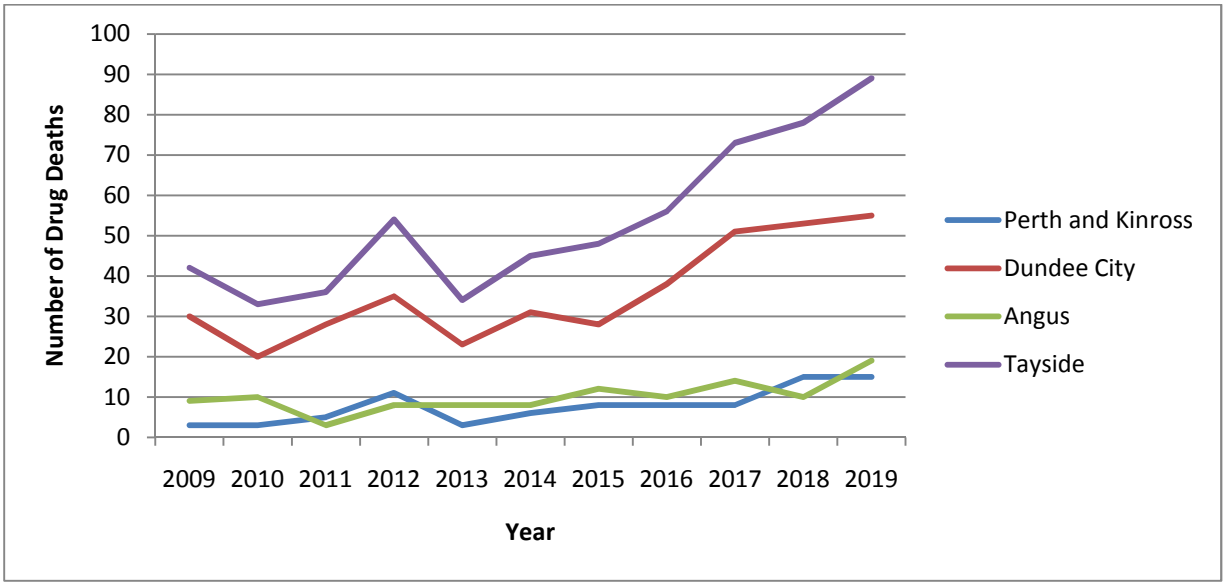


Figure 1: Tayside confirmed drug death numbers by local authority area of residence, 2009-2019

3.3 Demographics

Age

In 2009 the average age of an individual who died from a drug death was 33.6 years. In 2011 this had risen to 36.4 years, and in 2014 to 38.6 years. The average age of a casualty of a drug death in Tayside in 2019 was 40.8 years and continues an overall trend of increasing age (figure 2).

[6] National Records of Scotland. *Drug-related deaths in Scotland in 2018*. Accessible at https://www.nrscotland.gov.uk/files//statistics/drug-related-deaths/2018/drug-related-deaths-18-pub.pdf

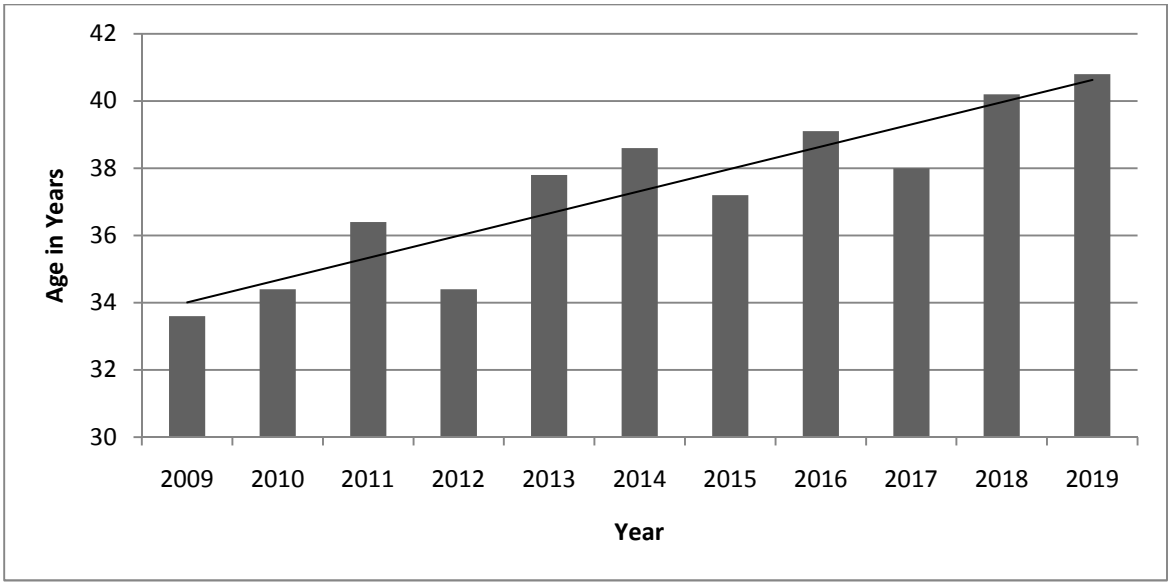


Figure 2: Tayside drug deaths: Mean age at death 2009-2019

Gender

Of the 89 drug deaths, 64 (72%) were male and 25 (28%) were female. The percentage increase in number of drug deaths since 2009-2011 has been greater in females than males (table 4)

Table 4: Tayside drug deaths by gender, 2009-2019

	Annual Average 2009-2011	Number in 2017	Number in 2018	Number in 2019	% increase in 2019 from 2018	% increase in 2019 from 2009-2011 annual average
Male	27	55	58	64	10.3%	137.0%
Female	10	18	20	25	25.0%	150.0%
All persons	**37**	**73**	**78**	**89**	**14.1%**	**140.5%**

Socioeconomic deprivation

There is a clear inequality gradient associated with drug deaths with more than half of drug deaths occurring in areas of greatest socioeconomic deprivation (table 5). This trend can also be seen in the figures for 2017 and 2018 where the highest number of drug deaths occurred in SIMD 1. As is shown in the table below, in 2019 the split across SIMDs 1 and 2 was more even than in previous years.

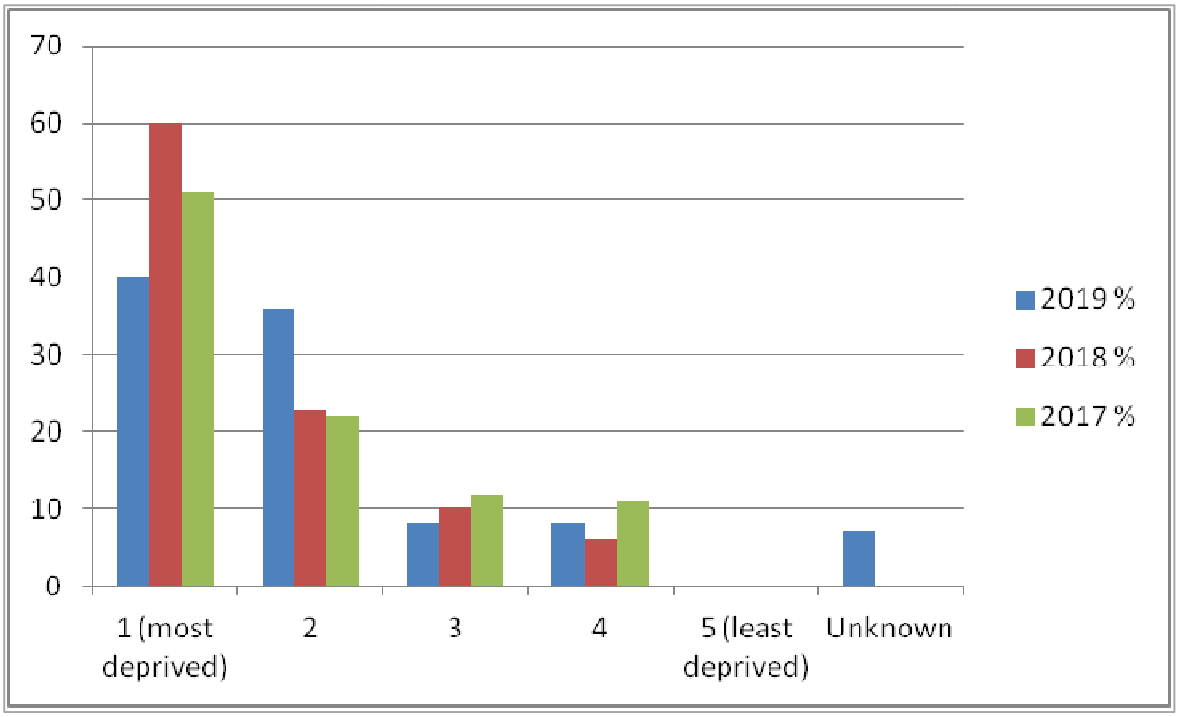


Figure 3: Tayside drug deaths by deprivation using Scottish Index of Multiple Deprivation 2016, Scottish Government

3.4 Location of death

The majority of drug deaths in 2019 occurred in the individual's own home (table 6). Of the 89 individuals who died, 56 (62.9%) died in their own homes while 20 (22.5%) died at an address different to their usual residence. Eight (9.0%) individuals died elsewhere, including outdoors and in hospital.

Table 6: Place of death

Place of death	2019 Number (%)	2018 Number (%)
Own home	56 (62.9)	51 (65.3)
Others' home	20 (22.5)	15 (19.2)
Supported Accommodation	5 (5.6)	6 (7.7)
Other	8 (9.0)	6 (7.7)

3.5 Adverse experiences

Adverse childhood experiences

Evidence shows that adversity suffered in childhood can have a significant impact on future adult health and health harming behaviours[7]. In 2019, 25 individuals reported having experienced at least one adverse childhood event. The most common adverse events experienced by casualties of drug deaths in 2017-19 are indicated in table 7. Given that these figures are contingent on reporting mechanisms - and not all adverse childhood experiences for all casualties of a drug death will be recorded - these figures will inevitably be an underestimation of the true exposure to adverse childhood events experienced by casualties of drug deaths.

Table 7: Adverse childhood experiences (ACEs) by type

Adverse childhood experience	**2019 Number (%)***	**2018 Number (%)**	**2017 Number (%)**
Bereavement	<5 (-)	6 (7.7)	<5 (-)
Parents' separation/divorce	<5 (-)	15 (19.2)	19 (26.0)
Physical abuse	<5 (-)	6 (7.8)	14 (19.2)
Rape/Sexual abuse	6 (6.7)	6 (7.8)	7 (9.6)

Adverse childhood events experienced by those who died in 2019 as a result of a drug death (not listed here due to numbers being less than 5) are serious accident, bullying and witnessing or perpetrating abuse or violence.

[7] Scottish Public Health Network (ScotPHN) 'Polishing the Diamonds'. Addressing Adverse Childhood Experiences in Scotland (Sarah Couper and Phil Mackie), May 2016.

Adverse adulthood experiences

In 2019, 65 individuals reported having experienced at least one adverse experience in adulthood that impacted on their life (table 8). Some individuals experienced multiple adverse events and it is likely that these numbers are an underestimation of the true impact of adverse life events in adulthood for casualties of a drug death.

Table 8: Adverse adulthood experiences by type

Adverse Adulthood Experience	2019 Number (%)	2018 Number (%)	2017 Number (%)
Bereavement	27 (30)	26 (33)	22 (32)
Child/children looked after elsewhere	8 (9)	24 (31)	10 (14)
Breakdown of relationship	8 (9)	15 (19)	8 (11)
Periods of incarceration	29 (32)	36 (78)	37 (51)
Living in supported accommodation/homelessness	9 (10)	12 (15)	19 (26)
Sexual abuse/assault	5 (6)	<5 (-)	7 (10)

3.6 Concurrent mental health conditions

Mental health conditions are common with problem substance use. At the time of their death in 2019, 67 (75.2%) individuals were identified as having been diagnosed with a mental health condition at some point in their lives.

The most common mental health conditions reported in the histories of drug death casualties are listed in table 9. If more than one condition is reported, all are shown in the numbers below. Other conditions that are not listed but were reported (numbers less than 5) are post traumatic stress disorder, bipolar disorder and panic disorder. To note, nomenclature and clinical coding differs between primary care and acute Mental Health services.

Table 9: Mental health conditions by type as diagnosed by GP or Mental Health Services

Condition	2019 Number (%)	2018 Number (%)
Depression	36 (40.4)	30 (38.5)
Anxiety	18 (20.2)	15 (19.2)
Personality disorder	<5	5 (6.4)
Low mood	9 (10.1)	9 (11.5)
Psychosis*	5 (5.6)	5 (6.4)
Schizophrenia	5 (5.6)	5 (6.4)

* Includes documented psychotic episodes, determined to be drug induced and not, and undifferentiated psychosis as may be recorded in a GP record before a more formal diagnosis is made.

3.7 Criminal justice and offending

Approximately one third of all drug death casualties in 2019 had significant criminal histories. Information gathering around criminal justice and offending can be difficult as at times it is reliant on individuals volunteering past arrests or convictions. Analysis of reported past convictions, arrests and incarcerations of available evidence showed that:

- 29 of the 89 individuals (32.5%) had been in prison or on remand at least once in adulthood.
- 15 of these individuals (16.8%) had been in prison in the 12 months before their death.

Reports from services and Criminal Justice show that a high proportion of individuals were imprisoned for reasons directly or indirectly related to their problem substance use. Table 10 shows the time elapsed since their most recent release from prison for the years 2017-2019.

Table 10: Number of drug deaths occurring following prison release

Time since most recent prison	2019	2018	2017
0 - 90 days	8	8	5
4 - 6 months	<5	<5	5
7 - 12 months	<5	<5	<5
More than a year	<5	<5	16
Unknown	9	17	8
Died in Prison	-	<5	<5

3.8 Contact with services

At the time of death, around half (n=44, 49.4%) of those who died from a drug death in 2019 were engaged with Specialist Substance Misuse Services. 12 (13.4%) individuals had been seen by a substance misuse service within 30 days prior to death.

3.9 Impact on children

Losing a parent to a drug death represents a significant adverse life event for a child and places them at increased risk themselves for harm and problem substance use in later life.
In 2018:

- 20 (26%) drug death casualties were known to have children under the age of 16.
- 30 children aged 16 or under lost a parent to a drug death.

In 2019:

- 37 (42%) drug death casualties were known to have children under the age of 16.
- 64 children aged 16 or under lost a parent to a drug death.

3.10 Employment

At the time of their death, fewer than 5 individuals were known to be in regular employment and 83 (93.2%) were known to be unemployed.

4. Substance-specific findings

4.1 Substances found in toxicology

The mean number of substances found in toxicology was 4.4 (range 1-10). The most common substances found on toxicology at post-mortem were Etizolam, Heroin, Methadone, Pregabalin, Cocaine and Diazepam (figure 3, figures shown are the number of deaths where substance was found in toxicology).

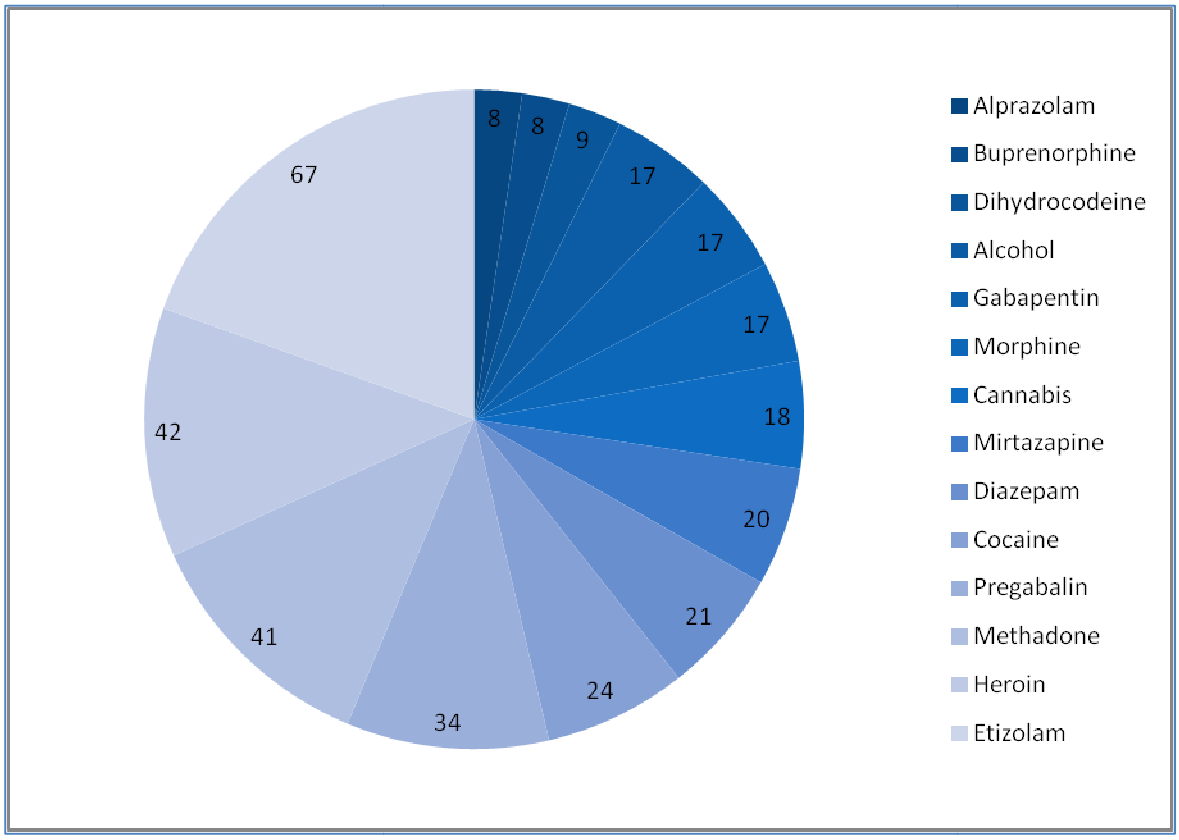


Figure 3: Substances in toxicology

For comparison, in 2017, the three most common substances found in toxicology were morphine (79.5%), the heroin metabolite 6-MAM (60.3%) and codeine (58.9%). Etizolam is now the most common substance found in toxicology (75.3% of all deaths). In 2018 the percentage of deaths where Etizolam was found in toxicology was 62.8%.

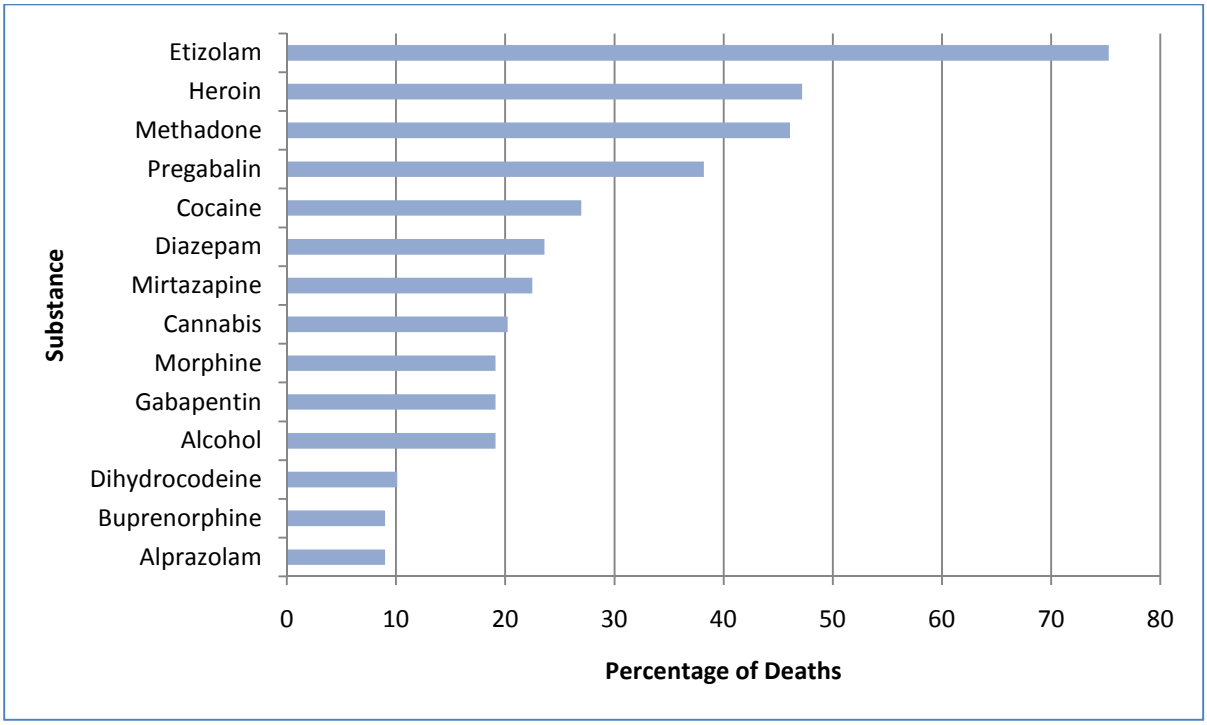


Figure 4: Substances found in toxicology, as percentage of deaths

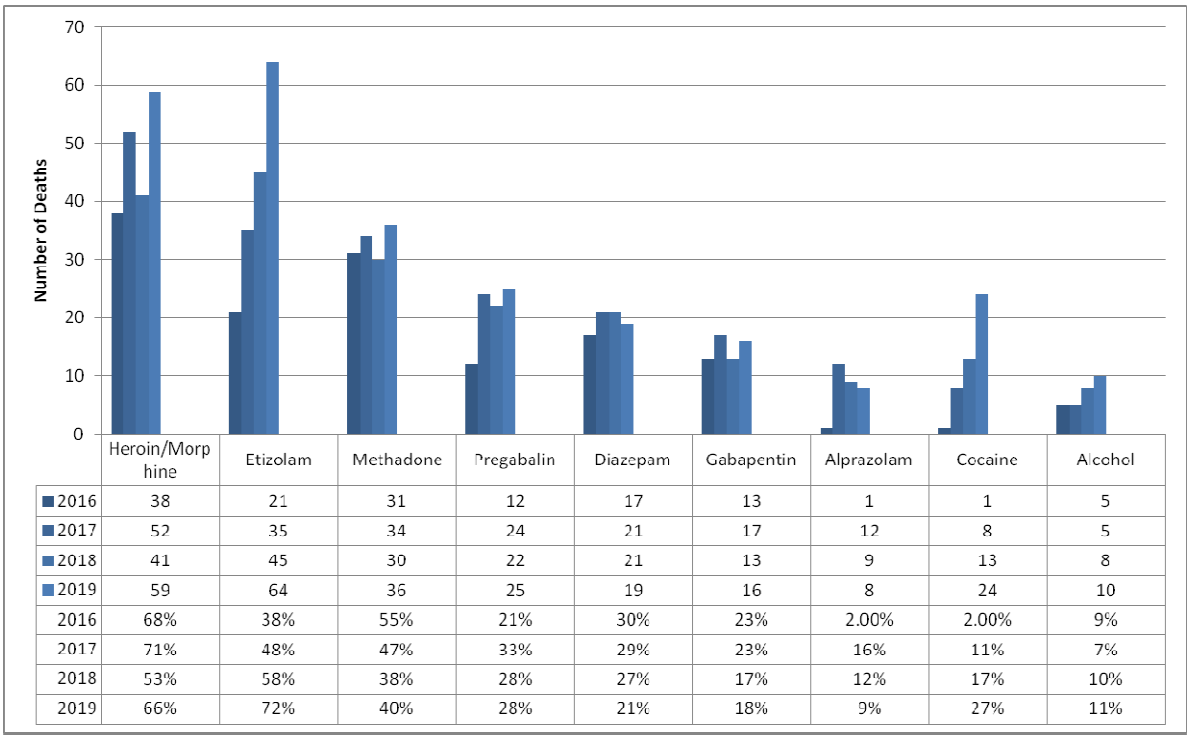
Opioids, Gabapentinoids and Benzodiazepines

In 2019, a combination of an Opioid (Heroin/Methadone) plus a Gabapentinoid (Pregabalin/Gabapentin) plus a Benzodiazepine (typical or atypical) was detected in 23 (25.8%) deaths. In 2018 this combination was found in 39 (49%) deaths and in 2017 in 56.2% of deaths.

In 2019, of the 17 deaths where Gabapentin was found in toxicology, it had not been prescribed to 16 of the casualties. Of the 35 deaths where Pregabalin was found in toxicology, it had not been prescribed to 13 of the casualties. Of the 19 deaths were diazepam was found in toxicology, it had not been prescribed to 17 of the casualties.

4.1 Trends in substances implicated in drug deaths

Following the trend seen in the 2018 annual report, the number of deaths where Etizolam and Cocaine were listed as a cause of death continued to increase significantly in 2019 (figure 5). In 2019, Heroin/Morphine, Methadone, Pregabalin, Gabapentin and Alcohol all saw an increase but any significant trends are difficult to discern, while trends in Diazepam and Alprazolam decreased.



	Heroin/Morphine	Etizolam	Methadone	Pregabalin	Diazepam	Gabapentin	Alprazolam	Cocaine	Alcohol
2016	38	21	31	12	17	13	1	1	5
2017	52	35	34	24	21	17	12	8	5
2018	41	45	30	22	21	13	9	13	8
2019	59	64	36	25	19	16	8	24	10
2016	68%	38%	55%	21%	30%	23%	2.00%	2.00%	9%
2017	71%	48%	47%	33%	29%	23%	16%	11%	7%
2018	53%	58%	38%	28%	27%	17%	12%	17%	10%
2019	66%	72%	40%	28%	21%	18%	9%	27%	11%

Figure 5: Drugs stated in post mortem cause of death by number of drug deaths (in chart) and as a percentage of deaths (in table) 2016-2019. Total number of deaths for the years shown: 56 in 2016, 73 in 2017, 78 in 2018 and 89 in 2019.)[8]

[8] Includes revised figures for the 2018 Drug Death Annual Report.

5. Naloxone and prior non-fatal overdoses

5.1 Naloxone

In 43 drug deaths cases in 2019 it was reported that another person was present at the time of death, either in the same room or in the same location as the deceased. In a further 43 cases it was reported that no one was present at the time of death, and in a further 3 cases this information is not known.

In 6 drug death cases it was reported that Naloxone was administered by either paramedics or a witness. In fewer than five deaths it was reported that Naloxone was either at the scene and known not to have been used, or its use could not be verified.

5.2 Non-fatal overdoses[9]

Of the 89 individuals who died in 2019, 49 were known to have had a prior non-fatal overdose. In 15 individuals this had occurred within 30 days before death.

In total, 29 individuals had experienced non-fatal overdoses in the twelve months prior to death. Of these, 25 had experienced more than one documented non-fatal overdose.

[9] Intoxication due to illicit or illicitly acquired substance that has resulted in emergency medical help being sought.

6. Recommendations

The recommendations that have emerged from the data published in this report and the qualitative reviews of fatalities in 2019 build on the recommendations of the 2018 and 2017 Annual Reports of the TDDRG. The additional 2019 recommendations are highlighted in bold[10]:

GENERAL FINDINGS	
Communities	Continue to foster resilience from substance related harms in communities with high levels of socioeconomic deprivation. Ensure all people closely affected by a drug death are offered the opportunity to engage with and be provided with appropriate psychosocial support. Of particular concern is the impact of a drug death on any children in the family and every effort should be made to support children affected at this time to reduce the trauma incurred and the risk of the inter-generational problematic substance use occurring.
Care provision	Continue to ensure specialist substance misuse services, and those beyond, are resourced and have staff with the relevant competencies to assess patients with problematic drug use holistically and manage complex needs and risks. Continue to support services to work in an integrated structure to assess and manage complex needs and risks. Continue to ensure people with coexisting severe mental health and substance use are provided with appropriate mental health support and not excluded from treatment because of concomitant substance use. Support the wider health and social care workforce to enquire proactively and routinely about people's substance use in a non-judgemental way and know where to direct people for support if required. **Other agencies and services should be alert to increasing assertive outreach when service users are at a critical point due to other life circumstances.**
Prison and police custody	Continue to support prison and police custody services to provide safe patient-centred care for both those already known to Specialist Substance Misuse Services and also individuals identified as being under the influence of substances who wish to take up support.
Continuous improvement	Continue to ensure all services and partner agencies that have had recent contact with an individual who subsequently dies as a result of illicit drug use reflect on care provided (ideally in collaboration with other agencies

[10] Of note, this report presents the evidence and findings of the Tayside Drug Death Review Group in relation to the comprehensive case reviews that are undertaken following every drug death that has occurred in Tayside. However, there will inevitably be areas that are not covered in this report that impact on risk of drug death but that we do not receive information on, for example current affordability of illicit substances, which should be considered as part of wider strategic action to reduce problematic drug use and drug deaths.

	involved) and share learning with the Tayside Drug Death Review Group to enable strategic change and improvements in processes to be advocated for where required.
Innovation and research	Continue to support innovation and research to reduce risk of drug deaths in future, including in relation to substance specific findings below.

SUBSTANCE SPECIFIC FINDINGS	
Identification	**Increase use of oral fluid testing and urine drug screening for surveillance and early trends monitoring.**
Supply	Continue to reduce diversion of GABA agonists* present in drug deaths that are listed in the British National Formulary, in particular pregabalin, gabapentin, diazepam and alprazolam, oxazepam and temazepam. Seek to reduce the availability of cocaine and atypical benzodiazepines.
Management	Ensure there is sufficient staff with relevant competence to prescribe opioid substitution therapy (OST). This will facilitate timely access to and quality of OST provision.
Naloxone	**Improved surveillance and data recording are needed on Naloxone training completed – dates, locations – and Take Home Naloxone (THN) kits being issued to service users, family and their associates.**
Non-fatal overdoses	Continue to ensure that all people in contact with services with substance use related to GABA agonists, opioids and stimulants have an overdose risk assessment and management plan and be offered overdose awareness training and naloxone annually. Continue to progress work around non-fatal overdoses, particularly where a person is not already known to services, and other opportunities for targeted early intervention to reduce risk of future drug deaths. Ensure that the availability of naloxone continues to be widened, with all professionals who work with people with problem drug use supported to be able to carry, administer and issue naloxone, as appropriate, in addition to their carers and significant others.
Awareness raising	Continue to roll out harm reduction messaging to raise awareness of emerging drug death trends.

*GABA agonists are drugs that act on the gamma-aminobutyric acid receptor in the brain and include gabapentinoids and benzodiazepines. ** EMIS is an electronic patient record system. *** Drug and Alcohol Information System

The Tayside DDRG recommends that, in light of the 2019 Annual Report, each ADP updates their drug deaths action plan to incorporate these additional recommendations. The group would further recommend that the ADPs develop clear mechanisms to monitor progress with respect to the local drug deaths action plans.

7. Appendix A – Tayside Drug Death Review Group members 2019

Dr Emma Fletcher, Director of Public Health, NHS Tayside (Chair)

Constable Kim Adams, Prevention Hub, Police Scotland

Constable Elise Wilson, Prevention Hub, Police Scotland

Mr David Barrie, Service Manager, We Are With You, Dundee

Dr Roberto Cotroneo, Consultant Psychiatrist, Integrated Substance Misuse Service

Dr Fiona Cowden, Consultant Psychiatrist, Integrated Substance Misuse Service

Dr Sumaira Randhawa Consultant Psychiatrist, Integrated Substance Misuse Service

Mrs Jillian Galloway, Clinical Services Manager Prisoner Healthcare, OOH and FMS, NHS Tayside

Ms Louise Glover, Assistant Team Leader, Drug and Alcohol Team, Perth & Kinross Council

Ms Sophie Gwyther, Development Officer, Dundee City Council

Mr Alessandro Insalaco, Team Manager (Temporary), Dundee Health & Social Care Partnership

Mr Daniel Kelly, Manager, Hillcrest Futures

Ms Laura Kerr, Senior Planning Officer, Angus Alcohol & Drug Partnership

Ms Karen Melville, Principal Pharmacist, Integrated Substance Misuse Service

Dr Eilidh Moir, Drug Death Analyst, NHS Tayside

Ms Gael Murphy, Senior Charge Nurse/Clinical Improvement, Dundee Substance Misuse Service

Mr Martin Dey, Senior Manager, Criminal Justice Service, Dundee City Council

Mr Muhammad Sadiq, Procurator Fiscal Depute, Crown Office & Procurator Fiscal Service

Mr Graeme Shand, Senior Charge Nurse – Clinical Improvement, Angus Integrated Drug and Alcohol Recovery Service

Dr David Shaw, General Practitioner, Erskine Practice, Dundee

Mr Brian Stephens, Outreach Nurse Specialist in Hepatitis, NHS Tayside

Mrs Melanie Hyatt, Development Officer, Dundee Protecting People Team, Dundee City Council

Mrs Anne Fleming, Clinical Lead, Integrated Substance Misuse Service

Mrs Angela Cunningham, Justice Healthcare Manager, Angus Health & Social Care Partnership

Mrs Dawn Wigley, Senior Nurse, Justice Healthcare, Perth & Kinross Health & Social Care Partnership