CJ/S6/24/16/1
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Criminal Justice; Health, Social Care and Sport; and Social Justice and Social Security Committees
Wednesday, 1 May 2024 (Session 6)

Tackling drug deaths and drug harm

Note from the Clerk

Introduction

1. Members of the Criminal Justice; Health, Social Care and Sport; and Social Justice and Social Security Committees will hold a joint evidence session. Members will hear from two panels of witnesses.

2. The remit of the cross-committee on tackling drug deaths and drug harm is to consider the progress made on the implementation of the recommendations of the Scottish Drug Deaths Taskforce.

3. The Scottish Government's response can be accessed here. Please see **Annex A** for an executive summary and the recommendations from the final report of the Scottish Drug Deaths Taskforce.

4. Members will also consider the Scottish Government's plans for the future, in particular its National Mission to reduce drug related death and harm, and the work of the National Drugs Mission Oversight Group.

5. Members will also hear about the progress being made for the establishment of a safer drug consumption facility (SDCF) pilot in Glasgow. On 24 January 2024, Glasgow City Integration Joint Board considered an Update on the Implementation of a Safer Drug Consumption Facility. The Board considered a paper which outlined governance arrangements and provided updates from a range of workstreams reporting to them. The paper sought the approval to approach the Lord Advocate for the formal Statement of Prosecution Policy, to support full implementation of the SDCF.

6. Members will hear from the following two panels of witnesses:

Panel 1

- **Kirsten Horsburgh**, Chief Executive Officer, Scottish Drugs Forum;
- **Justina Murray**, Chief Executive Officer, Scottish Families Affected by Alcohol and Drugs; and
- **Dr Emma Fletcher**, Director of NHS Tayside Public Health and Chair of Dundee Alcohol and Drug Partnership

Panel 2

- **Christina McKelvie MSP**, Minister for Drugs and Alcohol Policy;
- **Michael Crook**, Head of Harm Reduction Team, Drugs Policy Division
- **Alison Crocket**, Unit Head, Whole Systems Unit, Drugs Policy Division; and
- **Saket Priyadarshi**, Associate Medical Director, Glasgow Alcohol and Drug Recovery Services

7. As part of the evidence session, Members of the three committees may wish to take into account the details of the most recent annual statistics on drugs deaths in Scotland, published in August 2023 by the National Records of Scotland (NRS). The report contains statistics on drug related deaths in 2022.

8. According to the NRS, in 2022 there were 1,051 deaths due to drug misuse in Scotland. This is 279 deaths fewer than in 2021 and the lowest number of drug misuse deaths since 2017.

9. The change between 2021 and 2022 is the largest year on year decrease on record. Despite this recent fall, drug misuse deaths are still much more common than they were in 2000. After adjusting for age, there were 3.7 times as many drug misuse deaths in 2022 as in 2000.

10. In 2022, males were twice as likely to have a drug misuse death as females. Most of the decrease in the past year was in males.

11. People aged 35-54 were most likely to die from drug misuse. It also found that death rates[1] are linked to deprivation. In 2022, people living in the most deprived areas of Scotland were almost 16 times as likely to die from drug misuse than in the least deprived areas.

12. After adjusting for age, Glasgow City and Dundee City had the highest rates of drug misuse deaths, while East Renfrewshire and Aberdeenshire had the lowest.

13. The most common types of drug implicated in drug misuse deaths in 2022 were opiates/opioids which were implicated in 82% of all deaths.

14. The majority (89%) of drug misuse deaths were classified as accidental poisonings, with only 7% classed as intentional self-poisonings.

15. Members may also wish to consider the Suspected drug deaths in Scotland: April to June 2023 statistics. The statistics indicate that: “There were 600 suspected drug deaths during the first six months of 2023. This was 7% (38) higher than during the same period of 2022. After following a downward trend since early 2021, the rolling 12-month total number of suspected drug deaths has increased slightly in recent quarters”.

[1] Age standardised death rates per 100,000 population.

16. The recent release of Police Scotland management information on suspected drug deaths showed there were 1,197 suspected drug deaths between January and December 2023. This was 10% (105) higher than the same period in 2022. Given the nature of Police Scotland's data these are "suspected" deaths and therefore this figure may be subject to change.

Written evidence

17. Some of the witnesses have provided written evidence. Please see **Annex B** for written evidence submitted by Dundee Alcohol and Drug Partnership, Scottish Families Affected by Alcohol and Drugs, and Glasgow Health and Social Care Partnership.

18. It also includes a response from the Cabinet Secretary for Justice and Home Affairs to a letter sent to the Scottish Government, following the cross-committee meeting of 2 November 2023.

Previous consideration by the three committees

19. As part of a joined-up approach to this issue, the Criminal Justice; Health, Social Care and Sport; and Social Justice and Social Security Committees agreed to meet jointly to consider the efforts being made to reduce drug deaths. This approach reflects the need to consider aspects of the criminal justice system, as well as health policies and wider social and economic matters such as poverty, unemployment, unstable housing, and family breakdown.

20. The Committees have met jointly six times previously. On 1 and 2 February, and 24 November 2022, on 22 March, 26 September and 2 November 2023.[2]

Action/Decision

21. Following the evidence session, Members will review the evidence heard and consider what further actions to take.

Clerks to the Committees
April 2024

[2] See https://www.parliament.scot/chamber-and-committees/committees/current-and-previous-committees/session-6-criminal-justice-committee/meetings.

Annexe A: executive summary and recommendations of the final report from the Scottish Drugs Deaths Taskforce

Scotland has the highest drug-death rate in Europe. Chronic and multiple complex disadvantage – poor physical and mental health, unemployment, unstable housing, involvement with the criminal justice system and family breakdown – can predispose people to high-risk drug use.

The Scottish Government has launched a coordinated suite of measures to tackle the drug-deaths crisis in Scotland. As part of this, the Scottish Drug Deaths Taskforce was established in July 2019 to identify measures to improve health by preventing and reducing drug use, harm and related deaths.

Context

Two basic principles underpinned all our work:

1. Drug-related deaths are preventable and we must act now.

2. Scotland and the Scottish Government must focus on what can be done within our powers.

Work is underway to incorporate into Scots Law the right of every person to the highest attainable standard of physical and mental health through the new Human Rights Bill. It is critical that the Bill does not create similar discrimination to the Equality Act 2010 by separating the treatment of drug dependency from that of other health conditions.

Evidence shows that unacceptable and avoidable stigma and discrimination towards drug use are increased by criminalising people. We have heard that the Misuse of Drugs Act 1971 is outdated and needs to be reformed to support harm-reduction measures and the implementation of a public health approach.

Culture

A big cultural shift is required in Scotland to tackle the harms associated with drug use. Three principles for change are central to this cultural shift:

1. this is everyone’s responsibility;

2. broad culture change from stigma, discrimination and punishment towards care, compassion and human rights is needed; and

3. families and people with lived or living experience should be at the heart of the development and delivery of services.

People with lived and living experience must be included in all aspects of the development and implementation of policies and programmes that influence service design. Families need and deserve support in their own right. Every service should

start from the principle of involving family members and supporting them even when they do not have direct involvement in the individual's care and support.

Many people who use drugs face stigma. Ultimately, stigma reinforces trauma and prevents people from disclosing their drug use and seeking support and treatment.

Fear, judgment, punishment and shame must be replaced by compassion, connection and communication.

The development and implementation of a stigma action plan should be prioritised and sustained and consistent actions to challenge stigma should be taken by all services and stakeholders.

Stigma exists within the workforce. Services should be flexible, non-punitive and involve people who use drugs in setting goals and care planning. Action should also be taken to challenge stigma associated with working within the sector.

People with multiple needs do not necessarily fit the care and treatment systems that are in place. All services to which people present should ensure no one is turned away without ensuring that supportive contact is made. Holistic support should not be conditional on receiving treatment for, or being abstinent from, problem drug use.

More co-ordinated, cross-sectoral and holistic approaches are needed across treatment services for substance use, mental and physical health services, and social support services.

Care

Three principles for change must be integral to the care provided for every individual:

1. parity of treatment, respect and regard with any other health condition must be ensured;

2. services must be person-centred, not service-centric; and

3. there needs to be national consistency that takes account of local need.

All services and elements of the care system should consider their accessibility and adaptability to meeting the needs of population groups who may face additional barriers. This includes people from black, Asian and minority ethnic communities, those who identify as LGBTQI+, disabled people, women and young people.

A sustained shift to a preventive approach in drugs policy and interventions is required to tackle structural inequality and poverty as root causes of drug dependency, with clear actions to increase prevention.

People should be supported to make informed decisions about their drug use and be able to access holistic support if their use becomes problematic. A trauma-informed

workforce (across all areas of the public sector) is crucial to ensure those who have experienced trauma are able to access and engage in services.

Tackling the drug death crisis is everybody's business. Workers in services outside the drug sector need to know how to help people who want to change or stop their drug use.

Many interventions have been taken forward in Scotland to help reduce the harm associated with using drugs. Being able to intervene quickly and effectively presents an opportunity to offer a range of options and perhaps eliminate risks of future overdoses.

Currently, many drug services do not operate in evenings or at weekends. We must provide emergency care 24/7 with out-of-hours referral points for people to access if needed.

Supervised drug consumption facilities are used in some countries. The UK Government should consider a legislative framework to support their introduction.

Our aim is for Scotland to have the most extensive naloxone network anywhere in the world. There is a crucial need for national coordination of naloxone delivery. We believe this could best be achieved through the appointment of a National Naloxone Coordinator.

Assertive outreach means that all people at high risk of drug-related harm are proactively identified and offered support. Navigators and peer support workers play a crucial role in this and need further support.

Licensed drug-checking services allow people to anonymously submit samples of psychoactive drugs for testing. Licensed facilities should be available widely across Scotland and be easily accessible at short notice.

Medication-assisted treatment (MAT) is protective against the risk of death. Full implementation of the MAT standards should be completed by May 2024.

Overarching treatment and recovery guidance, with defined and measurable standards, should be developed and implemented. The guidance should cover all types of drugs and the full spectrum of treatment and recovery support.

Residential services are highly intensive interventions. Wherever an individual lives in Scotland, they should be able to access crisis and stabilisation, detoxification and rehabilitation services at the point of need.

Leaving a service can be a time of high risk of overdose or drug-related death.

Aftercare is therefore crucial to ensure that people remain stable in their drug use or recovery. Many residential rehabilitation services have positive links with local recovery communities. Local areas should be supported to ensure that thriving communities of recovery are linked to every drug treatment system.

The justice system should present a meaningful pathway to provide support for people who use drugs. Care between and in justice and community settings should be seamless. National guidelines should be developed to help resolve difficulties arising when implementing referral processes.

Alcohol and drug partnerships (ADPs) should proactively engage with justice services to detail what support is available in their area. They can then provide a gateway for vulnerable individuals who use drugs and have other complex needs.

Being held in police custody is often a crisis point in someone's life. Holistic support should therefore be available for all people who use drugs when entering, being held in and leaving custody. Prison releases on a Friday or the day before a public holiday should be banned to give people a better chance to access support.

The aim should be to ensure that people who use drugs are better supported when they leave prison than when they entered. Appropriate support is needed before and throughout sentences, with reintegration support on release. People on remand should receive the same level of support as those serving a sentence.

People who use drugs should also be provided with naloxone on liberation.

Co-ordination

Two core principles underpin co-ordination:

1. appropriate resource is required to bring about meaningful change, but it must be targeted to where it is most needed; and

2. strong decisive leadership is essential to success.

The drug and alcohol sector should have comprehensive standards and guidance and be inspected against them. The sector should have clearly defined lines of accountability that ensure services are provided to meet the needs of individuals.

Ultimate responsibility for ADPs' responses to drug-related deaths and harms should sit with the chief officer.

A formal review process should be undertaken for every suspected drug-related death. These should start from the principle that every drug-related death is preventable.

Local leadership is vital to tackling drug-related deaths and harms. Local leaders should take a lead in ensuring that lived and living experience is at the heart of developing local services.

Fragmentation across policy areas in the Scottish Government is apparent, with little join-up between work on drugs policy and key policy partners such as mental health, justice, housing, poverty and inequality. Consideration should be given to

establishing a cabinet subcommittee or joint ministerial group to drive change across the Scottish Government. A national outcomes framework would provide much needed accountability and scrutiny of the Scottish Government and local activity.

Surveillance should be central to the National Mission to improve and save lives.

The data gathered should be aligned to the National Mission and should add value, with the objective of effecting change.

A National Co-ordinator for Drug-related Deaths role within Public Health Scotland would improve consistency and data-sharing and coordinate a review of the national drug-related deaths database.

All services should have a monitoring and evaluation plan in place. Services should evolve based on direct experience of delivering the service and embed a cycle of continuous quality improvement.

Digital inclusion should be a key goal when working with people who use drugs. Every person should have access to the necessary technology to enhance their engagement and improve their connectivity to support networks. Data-sharing must cease to be a barrier to the effective delivery of services. Partners must develop detailed information-sharing agreements to support the smooth transition of information around individuals' cases.

Specific pathways for entry, progression and continuous professional development for the workforce in the sector should be in place to support all professionals to provide the highest standard of service and enhance their sense of value. A further rapid evidence review of the workforce should be undertaken to enable the Scottish Government to take immediate action to support recruitment and retention, while recognising that recruiting more staff without steps to improve retention will lead to further problems – the sector already has significant vacancies.

Anyone working with people who use drugs needs a core set of skills and experience. These should be focused on embedding care, compassion and empathy in service delivery. Training and improvement practice should be used to fully embed these competencies into practice.

Formalised pathways must be developed for people with lived and living experience to work in the sector. Appropriate training and development, as well as pay and career progression opportunities, should form part of these pathways.

A comprehensive and consistently reviewed action plan is needed to deliver on this critical investment in the workforce.

If Scotland is to deliver the change we have outlined – the change that is needed – the sector must be appropriately resourced. More importantly, the resource must be targeted where it is needed most and where it will have the greatest impact.

Significant additional funding will be required. The Scottish Government needs to set out a fully funded strategic plan that commits to fully resourcing the demand for services – not a return to the funding of the past, but an ambitious and radical commitment to making people's lives better.

Next steps

The Scottish Government should publish a plan, as soon as possible but at the very latest in the next six months, on how they will implement these recommendations. Change is needed, but it will only be possible when we accept that this is everyone's responsibility. The evidence is clear and the time for talk is over. It is time for swift and decisive action.

Recommendations

1. Lived/living experience

People with lived and living experience must be at the heart of the response to drug-related deaths. All responses to problem substance use must be coproduced or co-developed with them as they are central to the changes outlined. We recognise that the needs and views of those with living experience may be different to the needs and views of those with lived experience and therefore will need tailored approaches to their inclusion. It is critical that those with living experience have the support they need and that barriers to their recovery are removed. The knowledge and skills of those with lived experience should be utilised to their full potential.

2. Families

Families must be involved in the process wherever possible, and steps should be taken to embed family-inclusive practice into all aspects of the sector's work. This means services should start with a presumption of family involvement. Family members must be part of the solution to the drug-deaths crisis. They have been active contributors to the development of the Taskforce recommendations and action points and must continue to be involved in the development of the response to this public health emergency.

It is also critical that families have access to meaningful support that is not dependent on their loved one's treatment.

3. Leadership and accountability

Clear, decisive and accountable leadership is needed to deliver the Taskforce recommendations and ensure that the National Mission is effective in improving and saving lives. While the First Minister and Minister for Drugs Policy are rightly accountable at national level for drug-related deaths and harms, there is a need for clear lines of accountability at local level, with chief officers from the local Chief Officers Group ultimately assuming similar accountability locally. Chief executives of organisations in alcohol and drug partnerships (ADPs) must be responsible for their organisation's engagement and delivery.

4. No wrong door and holistic support

Local and national leadership should ensure that the principle of no wrong door is at the heart of a new whole-systems approach. This means that individuals are never turned away, or passed from service to service, or told that their treatment is conditional on another treatment. It should be the responsibility of services to join up support, not the individual to develop and navigate their own care plan.

5. Early intervention

The Scottish Government should prioritise intervention at an earlier stage, tackling the root causes of drug dependency. Links between work on poverty, structural inequality, education, children and young people and work on drug policy should be clearer.

6. National Specification

The Scottish Government should develop a National Specification outlining the key parts of the treatment and recovery system that should be available in every local area, ensuring it also delivers on the principles of quality, choice, access and parity of treatment with other health conditions.

7. Funding fit for a public health emergency

The Taskforce is clear that while the increase in funding is welcome, it does not go far enough to deliver transformational change. Funding must be increased, targeted to where it is needed most and monitored effectively, and should foster collaboration across Government and local services. Funding should also be committed in a long-term, sustainable manner that is ringfenced to guarantee it is spent where intended. Some services are better funded centrally and delivered either regionally or nationally. As part of the National Specification, the Scottish Government should outline the services it will commission nationally, ensuring that all areas can access the services they need.

8. Standards, guidance and inspection

All services must be appropriately regulated, with standards and guidance developed, and should be subject to regular inspection to ensure safe, effective, accessible and high-quality services. The Scottish Government should work with Healthcare Improvement Scotland to expand the Medication Assisted Treatment (MAT) Standards to encompass all aspects of the National Specification and create overarching treatment and recovery standards.

9. Public health approach in the justice system

As part of the implementation of the Scottish Government's new Justice Vision, the Scottish Government should make key changes to fully integrate a person-centred,

trauma-informed public health approach to drug use in the justice system. Structured pathways for supporting individuals with problem drug use throughout their justice journey should be developed, making full use of critical intervention points and ensuring that people leave the justice system better supported and in better health than when they entered.

10.National stigma action plan

The Scottish Government should develop and rapidly implement a national stigma action plan, co-produced with people with lived, living and family experience and built on the Taskforce's strategy, which sets deliverable actions for addressing stigma.

11.National outcomes framework, strategy and funding plan

The Scottish Government should publish a national outcomes framework and strategy to underpin the National Mission. This should include a funding plan that clearly outlines how the funding links to the national objectives. It should also include the drivers and indicators of the Mission, as well as a detailed monitoring and evaluation plan. This national framework should be used to create local outcomes frameworks and evaluation plans by ADPs and services.

12.Data-sharing

The Scottish Government should ensure that data-sharing is no longer a barrier to the delivery of services. Guidance and/or an open letter should be developed with the Information Commissioner's Office on information-sharing, linking records and ensuring that all partners have standard operating procedures and information-sharing agreements in place.

13.Workforce action plan

The Scottish Government should develop and rapidly implement a workforce action plan for the drug and alcohol sector to ensure the workforce is supported, well-trained and well-resourced.

14.Availability of information

Transparent and accessible information is critical not only for effective delivery and enhancing the experience of people who engage with services, but also for scrutiny and trust. The Scottish Government should work with Public Health Scotland to review the information collected and optimise public health surveillance to further develop the early warning system. It should create a single platform for individuals accessing information on drugs, services and monitoring that should enable local areas to be held to account.

15. Specific populations

ADPs and services must recognise where particular groups (such as women and young people) have specific needs and face additional barriers. They should develop

pathways tailored to these groups to ensure they can access the support they need when they need it.

16.Drug-death review groups

The Scottish Government should produce guidance on the operation of drug death review groups, setting the expectation that these groups review every death to learn lessons and that these are reported directly to the Chief Officers Group along with defined actions.

17.Digital innovation

The Scottish Government and wider local leadership should embrace digital innovation, finding ways to improve how people access health, care and support at the point of need.

18.Joint working

The Scottish Government and ADPs should support the improvement of partnership-working across the sector, including between statutory and third sector services and with recovery communities. The Scottish Government should work to break down silos between directorates, better aligning key priorities.

19.UK drug law

The UK Government should immediately begin the process of reviewing the law to enable a public health approach to drugs to be implemented. The Scottish Government should continue to engage with the UK Government to support these changes. In the interim, the Scottish Government should do everything in its power to implement a public health approach.

20.Taskforce legacy

There must be a clearly defined plan from the Scottish Government, within six months, outlining how it will implement these recommendations and how the legacy work of the Taskforce will be incorporated into the National Mission to ensure nothing is lost.

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Annexe B: correspondence from the Cabinet Secretary for Justice and Home Affairs

5 February 2024

Dear Committee Convenor,

I am writing to you to in response to the letter sent to Ms Whitham on 13th November 2023 and while I am providing temporary cover to her portfolio. Set out below are the responses to the questions you asked.

Safer Drug Consumption Facilities

Recent discussions with Glasgow Health and Social Care Partnership (HSCP) have confirmed that they are continuing to work to a timescale where the service would begin operating in the summer of 2024. At the moment, however, it is difficult to be more precise than this, though assurances have been provided from colleagues in Glasgow HSCP that they will continue to update Government and their Integration Joint Board on progress.

At the moment the work being done is focussed on the key issues, including work on the property, recruitment and training of staff, as well as awaiting the Lord Advocate's formal Statement of Prosecution Policy. This work is progressing and continues to be led by colleagues across a number of areas and is in addition to the other ongoing work around community and stakeholder engagement and evaluation planning.

The service itself will be staffed by a multidisciplinary team including health staff and there will also be other co-located and visiting health services. As well as hosting the safer drug consumption facility (SDCF), the service will also offer service users a range of other health services including:

- Harm reduction advice
- Injecting equipment provision
- Wound management
- Blood borne virus testing and treatment
- Sexual reproductive health
- Drug treatment and support
- Mental health assessment and treatment

The HSCP also hope to have a primary care provision in place as well.

Scottish Government Drug Policy Officials have remained in contact with colleagues from the UK Home Office as we have progressed to the implementation phase with the Glasgow SDCF. UK colleagues have expressed their interest in being kept up to date with details of the evaluation and have been introduced to Dr Emilia Crighton (Director of Public Health, NHS Greater Glasgow and Clyde) who will be leading the work to evaluate the SDCF. Colleagues from the UK government have also been given the opportunity to attend the evaluation advisory group and at present are

considering their involvement. Opportunities to have sight of, and feed into, the independent evaluation have been also been offered.

We are aware of the work being undertaken by the City of Edinburgh to explore safer drug consumption facilities in the city and understand that they plan to publish their findings early this year. Ms Whitham will be able to update committee further on this work in due course.

MAT Standards

With regards the MAT standards, we are committed to these being fully implemented in community and justice settings by April 2025, and for them to be sustainable across all settings by April 2026.

From the latest Benchmarking Report, published in June 2023, it is clear that standards 6-10 require new approaches and are taking time to embed. However, services are working together more closely than before and the MAT Standards Implementation Support Team (MIST) based within Public Health Scotland are assisting areas with how they may achieve this.

For example, the MAT Standard 9 on mental health the criteria, and the published Mental Health Strategy, set clear expectations of the types of care and access to high quality and integrated care those with co-occurring conditions should receive. In relation to Independent Advocacy (MAT 8), communications continue with Public Health Scotland and experts across the field to ensure advocacy and support is in place at local level, and for Primary Care (MAT 7), whilst this can be seen as a challenge, areas are working together exploring different service models, shared care and better joint working.

With regards to the individual case raised at Committee by Sue Webber MSP, Ms Whitham wrote directly to Ms Webber on 30 November 2023 to advise her on the outcome of this case, after Ms Whitham had met with Lead Officers in Edinburgh City and enquired about what had been done in response to the issue.

At that meeting I understand that Ms Whitham was assured by the Chief Officer of Edinburgh City that the issues raised have been addressed with the full team and with the staff member concerned. Whilst Edinburgh officials did not have consent for any details to be shared, the Chief Officer apologised for the way in which Ms Webber’s constituent was spoken to.

National Mission

You had asked for an update on the work of the National Mission Oversight Group (NMOG). With regard to how any gaps are being addressed, actions and advice from each meeting are noted and circulated with the relevant Scottish Government policy teams and NMOG members for consideration. Updates are provided by the relevant policy lead before the next meeting of the NMOG and shared as part of an action and advice summary paper. All minutes for the NMOG meetings can be found here:

https://www.gov.scot/groups/national-drugs-mission-oversight-group/. A list of the meetings to date, and the topics covered, is included at Annex A.

As to whether the group incorporates approaches from other countries into its oversight work, NMOG has three international members. These members have now formed an NMOG International Expert sub-group to feed in to the NMOG on an ad-hoc basis as and when required. To date, that group has met once and, further to this, two members of that sub-group have presented to Drugs Policy Division, NMOG members and wider stakeholders and colleagues on their experiences with fentanyl and synthetic opioids. In addition, many of the other NMOG members bring knowledge and expertise on international approaches through their professional networks.

Law reform

As outlined by Ms Whitham during her recent committee appearance, a debate in the chamber on drug law reform on 18 September 2023 highlighted the limitations of the Misuse of Drugs Act (1971). At that time the Parliament supported an urgent review of the legislation to fully align the law with the public health response outlined in the Scottish Government paper 'A Caring, Compassionate and Human Rights Informed Drug Policy for Scotland'. It also agreed that the Scottish Government should work constructively with the UK Government to either amend the Misuse of Drugs Act (1971) or to devolve the powers to Scotland to draft its own drugs legislation that better reflects international best practice.

Following the publication of the Scottish Government drug law reform paper on 7 July 2023, the Prime Minister quickly dismissed the proposals saying there were no plans to change the tough stance on drugs. Chris Philp MP, Minister of State for Police, Crime and Fire, reiterated that position when he met with Ms Whitham on 30 August 2023.

Ms Whitham has continued to press the UK Government on this issue, including at a Ministerial meeting on drugs in Cardiff on the 16 November 2023. Most recently, in a letter to Mr Philp on 14 December 2023, Ms Whitham set out that Scotland is still keen to pursue a public health approach and would see a place for drug law reform in this.

The stance being taken by the UK Government to ignore the evidence has so far been disappointing. However, we will continue to take every opportunity to point to that evidencebase so that our national mission to reduce deaths and improve lives can be rooted in a human rights informed, public health approach, and not a criminal justice one.

Cross-Government action plan

A Cross-government response to the Drug Deaths Taskforce final report was published on 12 January 2023 (available here - Drug Deaths Taskforce response: cross government approach). This programme of work contains a cross-government

action plan with 89 actions; 45 of which are reported on a quarterly basis and 44 annually.

We are currently in the process of collating quarter 4 activity from across government portfolios which will also update on the annual actions for the first time. This report will be presented to the National Mission Oversight Group on 21 March 2024 and will be shared with Committee by 31 March 2024.

Charter of rights

The forthcoming Human Rights Bill will bring internationally recognised economic, social, cultural and environmental human rights into our law, policy and practice, within the limits of devolution. This will include rights which are very relevant for people affected by substance use. For example, the Bill will incorporate the right to the highest attainable standard of physical and mental health and other rights which are relevant to social determinants of problem substance use such as poverty and inequality.

This means that people will be able to claim and enforce these rights in different ways, including in a Scottish court. It also means organisations that deliver public functions, including drug and alcohol services, will need to adapt to ensure they are meeting their human rights obligations in their service provision.

The purpose of the Charter of Rights is to support people affected by substance use to realise their rights, including those which will be introduced by the Scottish Human Rights Bill. It will also support service providers to understand how to implement the rights of people affected by substance use.

All of this will take place within the wider context of the implementation of the proposed Human Rights Bill, assuming that is passed by Parliament. This new overarching legal framework will strengthen the accountability and implementation of existing processes, such as the implementation of the MAT Standards, and will be accompanied by work to raise awareness and build the capacity of public authorities.

Scottish Fire and Rescue Service

You had also asked about the proposal from the Scottish Fire and Rescue Service (SFRS) around their carriage of naloxone. There is no proposal currently with Scottish Government, however, funding of £89,000 was provided to the SFRS by Scottish Government in February 2022 to allow them to begin work in this area.

Due to ongoing discussions within SFRS, naloxone carriage by firefighters isn’t possible yet, but in the meantime SFRS are progressing work with flexi-duty officers. The SFRS carried out a survey of all flexi-duty officers to establish how many would be willing to receive training in naloxone, carry a kit within their fire service vehicle and administer it if required. The survey also provided information about the geographic spread of those who would be interested. Of the 171 officers who responded to the survey, 158 said they would be willing to do this. The training

course has now been developed and will be delivered to officers in the coming months.

I hope this information has answered your questions and I'm sure Ms Whitam would be more than happy to discuss these areas further during the next cross committee meeting.

Angela Constance
Cabinet Secretary for Justice and Home Affairs

ANNEX A

NATIONAL MISSION OVERSIGHT GROUP MEETINGS AND TOPICS

Meetings and topics discussed to date:

1. Meeting 1 – 30 June 2022
    a. Introduction of NMOG and its purpose

2. Meeting 2 – 22 September 2022
    a. 2021 Drug-related death statistics (published 28 July 2022)
    b. Deep dive – MAT standards 1-5

3. Meeting 3 – 8 December 2022
    a. Taskforce response
    b. Deep dive – Residential rehabilitation

4. Meeting 4 – 23 March 2023
    a. Suspected drug death statistics
    b. Cross-Government action plan

5. Meeting 5 – 22 June 2023
    a. ADP Chairs presentations and analysis

6. Meeting 6 – 21 September 2023
    a. 2022 Drug-related death statistics (published August 2023)
    b. Deep dive – MAT standards 6-10

7. Meeting 7 – 14 December 2023
    a. Deep dive - safer drug consumption facilities

Dundee Alcohol and Drugs Partnership

Drug deaths

Tayside benefits from a long established, comprehensive, multi-agency review process that is applied to all suspected drug deaths identified by Police Scotland. Findings of the most recent report on deaths that occurred in Tayside in 2022 were consistent with the broad high-level trends reported in the National Records of Scotland report. In addition, the Tayside Drug Deaths Review Group (DDRG) annual report[3] provided valuable insights for local areas as well as more detailed analysis that included information on mental and physical health, employment, circumstances of death, recognition of overdose and use of naloxone. The Tayside drug deaths dataset also includes information on adverse experiences in childhood and adulthood and the existence of children who would be impacted by the death.

The report into deaths in 2022 highlighted several key findings:

- There was a further reduction in the number of drug deaths in 2022, following a small reduction between 2020 and 2021, but Scotland still experiences a much higher level of drug deaths than other parts of the UK and drug deaths must still be considered a public health emergency for Tayside.
- The vast majority of people who are affected by drug death experience multiple severe disadvantages and a whole system approach to prevention and responding to increased risk is essential. There is work ongoing to join up learning from suicide and drug death reviews, including through joint reporting to the NHS Tayside Public Health Committee and shared representation on the NHS Tayside Public Protection Operational Group. The Dundee ADP is also part of a wider Protecting People approach that responds to the lived experience of people at risk of harm. However, there is scope to further improve the 'whole system' response and identify the highest priorities for upstream interventions to prevent drug deaths and wider drug harms. The Dundee ADP is maintaining a focus on prevention as a key strategic priority with specific investment to implement the *Planet Youth* approach.
- Gender differences persist in relation to the number and trend in drug deaths, and levels of engagement with services. The Dundee Gendered Services Group is leading more detailed analyses of the experiences of women who die as a result of an unintentional overdose of drugs to inform future work of the ADP.
- The Tayside drug deaths data continue to demonstrate the poor health - both physical and mental - of people who die by unintentional overdose. Both the direct effects of substance use and poor general health are driven by socioeconomic

[3] https://www.nhstayside.scot.nhs.uk/OurServicesA-Z/PublicHealth/PROD_213564/index.htm

inequalities, poor living conditions, smoking and multi-factorial challenges in optimising management of chronic conditions. The ADP is progressing opportunities across primary and community care, secondary care and transition phases to help improve health and wellbeing and reduce risk of overdose.

- Poly-drug use remains a significant risk for drug death, and there is evidence from wider drug surveillance of the continuing significance and variation in benzodiazepine availability, the growing use of stimulants, especially cocaine and crack cocaine, and concurrent use of alcohol. This is in addition to increased risks associated with new and emergent synthetic opioids. However, broadly, the principles of harm reduction remain the same and need to be embedded whole system-wide for greatest benefit.
- Losing a parent to a drug death represents a significant adverse life event for a child and can place them at increased vulnerability themselves for poor wellbeing and risk-taking behaviours. The ADP is committed to a family-centred approach that is specifically alert and responsive to the needs of any children impacted.

The recommendations from the Tayside DDRG Annual Report are incorporated into the Dundee ADP Strategic Framework and Delivery Plan, along with other key local and national recommendations to inform and direct the work of the ADP.

Impact of MAT Standards

MAT standards have made a positive contribution to the care for people seeking support with opioid use, and Dundee ADP is progressing with their implementation in line with other ADPs across Scotland.

However, greater consideration needs to be given to supporting people with wider substance use. Furthermore, the drive to increase buprenorphine provision, specifically injectable Buvidal, has resulted in widespread increased use, but this use has markedly exceeded expected levels and is placing significant financial burdens on local systems. There is a need to examine at national level the real-world outcomes of injectable buprenorphine treatment, identify who has the greatest potential to benefit from this treatment and consider the opportunity cost of making this available as a choice rather than a targeted option.

Tackling stigma

One of the key priorities for the Dundee ADP is to work with local communities and people with lived / living experience to address issues of stigma. To support this priority, for the past two years, the ADP has allocated a budget for each of the eight local community areas in the city to be used for community / grassroot projects. These have included innovative joint community projects focusing on language, harm reduction information, addressing access to services and to support individuals in recovery.

Drug checking pilot projects in Aberdeen, Dundee, and Glasgow

- The drug checking pilot in Dundee will be delivered operationally by Hillcrest Futures. This will embed the drug checking offer within an existing, wider harm reduction service.
- The application process for the Home Office licence has required considerable time investment but has benefitted from the sharing of learning and practice between the pilot sites.
- Hillcrest Futures submitted the application for the Dundee pilot site at the end of March 2024.
- The back-up testing from the National Laboratory will be critical for validation of local results and to gather additional detailed information in relation to substance content which can feed into national drug trend surveillance and the RADAR early warning system.
- The evaluation of the pilot will be critical to local decision making in relation to the future of the service.

Challenges presented by the changing nature of drugs, such as the increased availability and use of synthetic opioids.

In 2023, the NHS Tayside Directorate of Public Health undertook an assessment of the health and recovery support needs of people in Tayside who use benzodiazepines[4]. This showed that approximately one third of people who seek help for their illicit drug use in Tayside cite benzodiazepines as their main drug.

The needs assessment included extensive consultation with people with lived experience, alongside service providers from statutory and third sectors.

Key findings from this needs assessment were:

- The most common motivation for using benzodiazepines was to cope with stressful and chaotic lives; often this was to self-medicate previous traumatic experiences.
- Many described experiencing both physical and psychological dependence. For some, the need to avoid withdrawal symptoms was more influential than their original motivation to use benzodiazepines. Adverse behavioural and cognitive effects were also very common: changes in personality, out-of-character violent acts and memory problems predominated.

[4] https://www.nhstayside.scot.nhs.uk/OurServicesA-Z/PublicHealth/PROD_213564/index.htm

- There was a perception of inaccessibility and a lack of options within statutory services for treating problem benzodiazepine. This was widely perceived as an injustice when compared to the treatment options available for opioids and alcohol. Many viewed advice to self-manage their own detoxification from 'street' benzodiazepines as contradictory, illogical and unrealistic whilst 'living in the madness'.
- The most common expressed needs were:
    - Better choice, more options, and a person-centred approach to their problem benzodiazepines use, to be 'given a chance'.
    - Access to medication assisted treatment (e.g. diazepam) and easier access to psychological interventions.
    - An option for residential rehabilitation, with pre- and post-rehab support.
    - Access to group therapies, including a benzodiazepine-specific recovery support group.
    - Education for all professionals working in drug recovery services on how to support and manage people who wish to reduce or stop using benzodiazepines.

Services in Tayside are working with academic colleagues to undertake further investigation of a multi-component intervention for people seeking support with benzodiazepine use. Key components of the intervention that has been co-produced are: prescribing of diazepam; support to reduce anxiety and pain, and improve sleep; harm reduction resources, lockable boxes, personal safety conversations, as well as a virtual learning environment.[5]

Summary

The Dundee ADP has made considerable progress in tackling drug deaths and drug related harm over the past few years. At the heart of the ADP's approach is a focus on the person impacted, their family and loved ones, using evidence-informed action, and prioritising prevention and early intervention. However, whilst progress has been made, the ADP remains committed to continuing to drive the changes needed to decrease further drug deaths and drug-related harm, and support people and communities across Dundee.

[5] Development of an intervention to manage benzodiazepine dependence and high-risk use in the context of escalating drug related deaths in Scotland: an application of the MRC framework | BMC Health Services Research | Full Text (biomedcentral.com)

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SJSS/S6/24/13/1

Scottish Families Affected by Alcohol and Drugs

Scottish Parliament: Cross-Committee Evidence Session
Tackling Drug Deaths and Drug Harm, 1 May 2024
Written Evidence submitted by:
Justina Murray, CEO
Scottish Families Affected by Alcohol and Drugs

Introduction

Scottish Families Affected by Alcohol and Drugs (Scottish Families) supports anyone affected by someone else's alcohol or drug use. We support family members right across Scotland through our national and local services, reaching families in all 32 local authority areas (urban, rural and island) and from all social groupings. There is no 'type' of family harmed by substance use. We encourage anyone who is concerned about someone else's alcohol or drug use to contact our Helpline 08080 101011, helpline@sfad.org.uk, webchat at www.sfad.org.uk.

As reported in our previous written submission to the Cross-Committee evidence session in March 2023, family members were actively involved in the work of the Drug Deaths Taskforce, via a family representative on the Taskforce and a Family Reference Group hosted by Scottish Families, which included affected family members from across Scotland. The Group published a companion report to the DDTF final report in July 2022, called 'What About Families?!', as shared previously.

Family members have also actively engaged with many of the subsequent policy and practice developments, both at local level through their own Alcohol and Drug Partnerships, and nationally via Scottish Families, Families Campaign for Change, and others. Examples include the MAT Standards, residential rehabilitation developments, and the Scottish Drug Checking Project.

It is welcome that family members have the opportunity to engage and influence, however they are not reporting the change on the ground that we would expect to see at this stage. There continues to be a significant implementation gap between what is written down in terms of policies, strategies and plans, and what is actually being delivered or experienced within communities.

Similarly, over a year has past since our last Cross-Committee evidence session on this issue, and whilst there has been some progress in developing e.g. the Safe Drug Consumption Facility in Glasgow and drug-checking facilities, we would perhaps have expected to see greater movement over this time period. Again these developments are not yet being felt as change on the ground for families and their loved ones.

At times it is hard to understand the level of actual progress versus the level of activity/ 'busyness', with a large volume of reporting which is not always indicating actual outcomes achieved. Some examples (including documents referenced in the invitation to give evidence to this session) include the DDTF response (79 pp plus 45 pp appendix); the MAT Standards Benchmarking Report (192pp), the evaluation of the residential rehabilitation development programme (132pp) and the latest National Drugs Mission Annual Report 2022-23 (56pp).

The point here is that families are still reporting significant service and system failures on a daily basis, alongside routine breaches of their rights (as family members and carers) and the rights of their loved ones. We cannot see significant progress in many issues prioritised by families, including:

- Repeated breaches of individual and family member/ carer rights across health and care services and systems;
- Lack of accountability and redress within statutory services/ the system when things go wrong;
- Exclusion, judgement and lack of respect for family members within treatment and care systems, yet assumptions they will plug the gaps (e.g. when their loved ones are passed from service to service, discharged without support plans etc), or that they will support their loved ones to engage (e.g. drive them to appointments, fund their bus travel etc);
- Rising drug harms and risk profile with little evident response to trends such as rising cocaine deaths, increasing harms for women using drugs, tackling poverty as a key factor in drug harm;
- Ongoing postcode lottery, including lack of access to family support services;
- Precarious nature of third sector services (even though preferred by individuals and families) due to funding levels and timescales, compared to statutory services;
- Continued focus on 'flagship' developments, primarily in cities, which will reach small numbers of people, with no equitable investment in responses in other areas (e.g. North Ayrshire, East Ayrshire, Clackmannanshire and Dumfries and Galloway are all in top 10 areas for drug-related deaths).

Shortly after the last Cross-Committee evidence session in March 2023, families from right across Scotland (from Shetland and the Western Isles to Dumfries and Galloway and the Scottish Borders) came together for a two-day conference in Stirling, being joined by those delivering and influencing treatment, care and support services on the second day. Almost 200 people attended 'Families on the Frontline' (funded by the Scottish Government) focused on connection, learning, rights and self-care, as well as sharing good practice and the evidence base for family support with services.

In workshop sessions on the developing Charter of Rights for People Affected by Substance Use, families identified a huge list of barriers to their rights (and the rights of their loved ones) being recognised and upheld. Although this event was over a year ago, the same issues continue today. They identified:

- Being passed from service to service, lack of communication between services
- No communication, jargon, "*sharing info on behalf of loved one is not entertained*"
- No same day access, lack of cover at high risk times, (e.g. outwith Monday-Friday 9-5, on weekend, public holidays)
- Finding out about services by accident/ "*having to do your own research/advocacy*"
- Access depending on abstinence (e.g. housing), blame and stigma by services (including the focus on positive/negative drug tests as "*a form of shaming*"
- Families being let down by services and "*all the responsibility left with them*", being "*told the problem isn't bad enough – where is early intervention*?"
- Inconsistent services, short-term and inadequate funding, unclear how funds are allocated
- Waiting lists, time constraints
- Rural and island challenges including lack of choice, capacity and quality, policy being focused on the central belt.

- No clear signposting to where to go to for services, "*finding support is difficult, knowing services*", especially if you live in another area than your loved one
- Not enough funding, not enough services or workers, lacking resources
- People who are using substances are getting younger, but services are not there
- Postcode boundaries, postcode lottery
- "*No easy support model for families*", *"No clear library of contacts for support for families and those with addictions"*
- Being told you have to be abstinent to access mental health services
- Rural and island challenges, lack of public transport, location of services, "*how long does it take to visit, how far away are centres, how to get there?*"
- Stigma, "*The 'System' – police, care, health – violence used, pathologizing*", "*Pushed down criminal route as soon as drugs are mentioned"*
- Still judged, still stigma
- Language used – stigmatising, created by media/ media has a role
- Families and loved ones required to repeat their story over and over to different staff/services
- Lack of communication about pathways
- Family not being heard/ acknowledged, families being "*marginalised*"
- Families are often not included and are not seen as part of solution
- Services are clinical and based on their needs rather than users' needs, "*One size does not fit all*"
- When ready for support (e.g. rehab) "*you're not seen as bad enough*"
- Debt/money - paying for rent etc. for loved one – "*what is the right thing to do?"*
- *"Feel have to jump through hoops, have to be worst of worst to get support that is person centred."*
- Hospital wards being too quick to discharge ("*Let's get you out of here*"), lack of community follow-up/delayed follow-up after hospital discharge
- A sense that "*In crisis families are left isolated and responsible for care but not with tools*"
- Services being "*completely disjointed*", and experiencing trauma
- Only one treatment service option "*but not necessarily a quality option*".

Participants were asked which rights are important to them, and what needs to be in place for these rights to be real. Many participants identified rights relating to their loved one, rather than families as such, and identified barriers and challenges in the way to realising their rights. Families do not naturally think about their own rights, and need support, information and confidence to do this.

Rights which are IMPORTANT to families

Right to Health This includes the right to mental and physical health support, and the right for mental health and substance use to be treated at the same time. *"For services to understand what 'the right to health' means"*	**Right to be Seen, Heard and Listened To** This applies no matter the age of your loved one, and at all levels of recovery. *"Don't only listen but hear us also"*	**Right to be treated with Dignity and Respect** This includes the right to be treated as a human being, acceptance, and the right to empathy and understanding. *"See the whole person"*
Right to Family Life This includes the right to whole family support, and the right for families to recover from trauma. *"Family's rights as well as the individual"*	**Right to Participate – as Partners** This includes the right to information, be involved in your loved one's care/treatment plans and options, the right to be acknowledged by services and work as a team, and the right to communicate on behalf of your loved ones. *"Families are demonised for questioning those with ALL the power"*	**Right to Equal and Easy Access to Help and Support** This includes the right to adequate and appropriate treatment and a person-centred, holistic approach, the right to have your needs recognised, the right to detox and appropriate medical help, and the right to genuine choice. *"Availability, accessibility, acceptability"*

What needs to be in place for these rights to be REAL for families

More Family Support This includes more family support, more services engaging with families, services connecting with family support groups, specific agencies for family support, opportunities for family members to talk to people who understand *"Make family support available with 'hubs' like Maggies Centres*	**Rights and Accountability** This includes using the existing Human Rights Act, developing a Charter of Rights, new legislation, and clear, consistent and effective accountability *"Include every family member in this room in the National Collaborative Process"*	**Compassion in Care** This includes breaking the stigma, changing attitudes of staff, reducing stigma and shame, showing empathy, a culture of hope and respect, trauma-informed, support when someone dies. This requires proper training of all service providers, but also realistic caseloads for workers. *"Every person to CARE not just do a job!"*

Joined Up Services – especially Mental Health and Substance Use This includes more GP-based mental health practitioners, a distress response from emergency services, combined drug & alcohol with mental health services, better communication and information sharing between organisations, and no more silo working. *"The current system needs to be completely scrapped and rebuilt from scratch"*	**No Closed Doors** This includes 24-hour services (not Monday to Friday, 9-5), joined up services, support plans involving family and other service providers (regularly reviewed), outreach workers, out of hours provision, crisis services, a clear pathway to services, not being pushed from pillar to post, perseverance by services, knowing what's out there, choices/ range of services, and services fitting around the person and family (not fitting around the service). *"No help for my son. All doors were closed."*	**Respect for Families as Part of the Solution** This includes respect from services for families' knowledge of their loved one, communication between all services and family members, recognition of families as key allies, using their expertise, transparent services, and not using GDPR to create barriers and prevent families' involvement. *"We always have their best interests at heart"*
	Funding a Whole Country Approach This includes Scotland-wide services, funding/ improved investment to ensure services are available everywhere. *"It's a postcode lottery"*	

We are still some way from the Right to health, and the Right to a life free from the harms of alcohol and drugs, being real for families and their loved ones, and we look forward to exploring these issues in more detail at the Cross-Committee Evidence Session on 1 May 2024.

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HSCS/S6/24/14/1
SJSS/S6/24/13/1

SDCF BRIEFING FOR CROSS COMMITTEE ON TACKLING DRUG DEATHS AND DRUG HARMS

From Susanne Millar, Chief Officer, Glasgow HSCP

22nd April 2024

Introduction:

Glasgow City will implement a Safer Drug Consumption Facility (SDCF) at Hunter Street Health and Care Centre in the late summer of 2024. This will be Scotland and the UK's first sanctioned SDCF and plans align fully with the Scottish Government's National Mission vision to reduce deaths and improve lives and the Glasgow ADP's strategic aims to reduce harms and deaths in the city's most vulnerable populations.

The service is a welcomed addition to the city's comprehensive system of care and will create a further connection between the harm reduction, treatment and care and recovery interventions in the city.

Background:

A Safer Drug Consumption Facility (SDCF) is a sanctioned service offering a clean, hygienic environment where people can use illicit drugs – obtained elsewhere, not provided or purchased on site – under clinical supervision. The facilities also link people in to other health and social care services, including drug treatment, blood borne virus and GP services, and housing and benefit advisors. These facilities (also referred to as Safer Injecting Facilities, Drug Consumption Rooms and Overdose Prevention Centres/Sites) have been operating for over 3 decades in some parts of Europe and by 2022 there were over 140 of these in 91 communities in 16 different countries worldwide (briefing-paper-149.pdf (cato.org)).

The European Monitoring Committee for Drugs and Drug Addiction states, *"These facilities primarily aim to reduce the acute risks of disease transmission through unhygienic injecting, prevent drug-related overdose deaths and connect high-risk drug users with addiction treatment and other health and social services. They also seek to contribute to a reduction in drug use in public places and the presence of discarded needles and other related public order problems linked with open drug scenes."* (POD_Drug consumption rooms.pdf)

A SDCF was first proposed in Glasgow in 2016, following publication of a health needs assessment of people who inject drugs in public places (nhsggc_health_needs_drug_injectors_full.pdf). A full business case was presented to the IJB in February 2017(IJB_15_02_2017_ItemNo13_-_SCF_and_HAT.pdf (hscp.scot)), however this could not progress in the absence of support from the Lord Advocate in the form of change to prosecution policy. The Lord Advocate reviewed the proposals in relation to the draft business case, alongside Counsel opinion commissioned by NHSGGC and GCC. In 2018 the Lord Advocate declined to issue a statement of public prosecution and instead noted that any changes to the Misuse of Drugs Act 1971 was reserved by Westminster UK Parliament.

Recent Progress:

Glasgow City HSCP approached the Lord Advocate again in 2022 with a revised proposal, requesting further consideration to a public statement of prosecution policy that would support the

implementation of a Safer Drug Consumption Facility (SDCF) at an established HSCP site in the east of Glasgow city centre. The proposal outlined the delivery of an SDCF alongside a range of specialist harm reduction and treatment and care services, with pathways into longer term recovery support. Operational policies and procedures were provided, along with refreshed Counsel opinion commissioned by GCC and NHSGGC. The Lord Advocate communicated with Glasgow City HSCP on 11th September 2023, confirming that she would be prepared to publish a statement of prosecution policy to the effect that it would not be in the public interest to prosecute users of that facility in terms of section 5(2) of the Misuse of Drugs Act 1971 for simple possession offences committed within the confines of the Safer Drug Consumption Facility. The Lord Advocate makes clear that the position is based on a robust evaluation of the pilot phase of the SDCF, and assurance that engagement will take place with the wider community.

On 27th September 2023, Glasgow city IJB approved progression to implementation of the SDCF in Glasgow (Item No 07 - Implementation of a Safer Drug Consumption Facility.pdf (hscp.scot)). The financial framework agreed with Scottish Government is for the HSCP to fund the building works required and the government to meet running costs for the remainder of this parliament.

An SDCF Implementation Board has been established with oversight on Property, Operational, Workforce, Engagement and Evaluation workstreams and working groups.

Building work has begun on the grounds of Hunter Street Health and Social Care Centre. Service operational procedures and policies were developed in advance of presentation of a new service proposal to the Lord Advocate. The service will operate initially 9am-9pm daily with access to 8 injecting booths. It will be staffed by a multidisciplinary team including nursing, medical, social work, psychology and peer workers. Co-location with drug treatment services, blood borne virus and sexual reproductive health teams and a primary care provision will support the wider health needs of service users. Housing services, including Housing First, welfare support and peer support and recovery in-reach will be key components of the engagement in the post-injection After-Care area of the service. Recruitment for senior SDCF staff is underway with the wider multi-disciplinary team to be recruited in coming months.

A comprehensive engagement strategy was presented to and approved by the Glasgow IJB in November 2023 (Item No 10 - Safer Drug Consumption Facility Engagement Strategy.pdf (hscp.scot)). A Communication and Engagement working group has been established, with membership inclusive of Glasgow City HSCP, Glasgow Alcohol and Drug Partnership, Police Scotland, Scottish Government and Crown Office. The HSCP website now includes dedicated pages for the SDCF (Safer Drug Consumption Facility | Glasgow City Health and Social Care Partnership (hscp.scot)) and a video explaining the proposal from a families', lived/living experience and professional perspectives has been available on the webpage and on YouTube since January 19th 2024 (Safer Drug Consumption Facility (youtube.com))

Officers have been involved in a range of engagement events held for local residents, businesses, landlords and other local stakeholders in the vicinity of the planned facility utilising established structures such as Community Councils, Engagement Forums and Area Partnerships but also offering regular, advertised drop in events in response to community requests. In addition, Glasgow ADP has co-ordinated engagement with range of reference groups including families, people with lived and living experience, women and staff of services supporting people who use drugs, and with other relevant partners including third sector providers.

Planning for the evaluation of the SDCF is well underway and is integral to overall planning for the implementation of the facility. This is reflected in the existence of a dedicated Evaluation Workstream Group, which is chaired by Greater Glasgow and Clyde's Director of Public Health and reports regularly to the SDCF Implementation Board. This structure is coordinating and supporting arrangements for a comprehensive, rigorous and independent evaluation of the SDCF, components of which will include detailed assessments of the impact of the SDCF on health and social care outcomes for service users and upon on local communities (such as discarded injecting equipment and local property prices), exploration of factors that have enabled and hindered the SDCF, and an economic evaluation of the facility. An evaluation team has been established comprising a number of researchers and academic institutions with extensive experience in this domain, and an application has been made by that team to a national research funding body for funding for the evaluation. Subject to the outcome of that application, the evaluation is expected to commence in early 2025.

Conclusions:

Significant milestones have been reached in progress towards Glasgow HSCP and ADP's long-standing aim of implementing a SDCF to complement its system of care for people who inject drugs. The SDCF will hopefully be implemented in late summer 2024.