Tackling drug deaths and problem drug use – written submissions

1. Academics - Edinburgh Napier University, University of Dundee and Glasgow Caledonian University
2. Community Help and Advice Initiative (outreach advice service)
3. Crown Office and Procurator Fiscal Service
4. Dundee City Council
5. East Ayrshire Alcohol and Drugs Partnership
6. East Dunbartonshire Alcohol and Drugs Partnership
7. East Renfrewshire Alcohol and Drugs Partnership
8. Favor UK
9. Glasgow City Alcohol and Drugs Partnership
10. Highlands Alcohol and Drugs Partnership
11. Inverclyde Alcohol and Drugs Partnership
12. Midlothian HSCP
13. NHS Borders
14. NHS Fife HSCP and Alcohol and Drugs Partnership
15. NHS Greater Glasgow and Clyde
16. NHS Tayside
17. NHS Western Isles
18. North Ayrshire Health and Social Care Partnership
19. North Lanarkshire Alcohol and Drugs Partnership
20. Police Scotland
21. Public Health Scotland
22. Rebecca Wood
23. Renfrewshire Alcohol and Drugs Partnership
24. Scottish Association of Social Work
25. Scottish Borders Housing Association
26. Scottish Drugs Death Taskforce
27. Scottish Drugs Forum
28. Scottish Government - Minister for Drugs Policy
29. Simon Community Scotland
30. Stirling University
31. South Lanarkshire Alcohol and Drugs Partnership
32. Turning Point Scotland
33. UK Government - Minister of State for Crime, Policing and Probation
34. We Are With You
35. West Dunbartonshire Alcohol and Drugs Partnership

Feedback to the Scottish Parliament's *Criminal Justice Committee, Health, Social Care and Sport Committee* and the *Social Justice and Social Security Committee* on actions taken to implement *Drug Deaths Taskforce* (DDTF) recommendations.

The following points are our views on a selection of the DDTF recommendations. We have focused on recommendations that are closely related to our research, '[Naloxone in Police Scotland: Pilot evaluation](#)'. We have commented specifically on the following themes that are addressed in the recommendations: naloxone, non-fatal overdose, stigma and law reform.

Naloxone

The DDTF's recommendation that first responders should be naloxone trained, complements the recommendation from our research that police officers should be trained to administer and be equipped with naloxone. We welcome the announcement that all police officers in Scotland will be trained to administer and be equipped with naloxone. Providing police and all first responders with naloxone will facilitate life-saving responses to drug overdoses, most of which involve opiates. We believe this to be part of the solution to reducing drug related deaths in Scotland.

One barrier that emerged from our research was that police officers were concerned about facing investigation and/or prosecution where naloxone was administered in response to an overdose, where the person subsequently died. It is therefore important that the classification of naloxone, and related legislation concerning the administration of naloxone, allows police officers to administer naloxone to people experiencing an overdose without undue fear of investigation/prosecution. Reclassifying naloxone from a 'Prescription Only Medicine' to a 'Pharmacy' or a 'General Sales List' medicine may help to assuage police officers' fears about investigation/prosecution. Additional reassurance could be provided by the Lord Advocate and/or the Crown Office through a statement and/or legislation indicating that police officers would be in no way liable to investigation/prosecution following the administration of naloxone as a first aid intervention.

Non-fatal overdose

The DDTF recommended that: *'Non-fatal overdose pathways are vital to catching the most at-risk people early and providing them with the support needed to avoid a fatal overdose. The Taskforce would recommend that these should be expanded nationally, learning from the tests of change ongoing through the Taskforce.'* This recommendation aligns with our recommendation that:

Follow-up initiatives involving partnerships with relevant agencies should be developed and evaluated. Minimum standards and rigorous processes should be implemented across all Police Scotland divisions.

Police Scotland have developed a range of follow up initiatives including the 'Non-Fatal Overdose Pathway' in Dundee and the 'Positive Outcomes Project' in Glasgow. These projects facilitate follow up with people who have experienced a near fatal overdose through collaboration with specialist third sector agencies. However, non-fatal overdose pathways do not appear to be of consistent quality across Scotland. The roll-out of naloxone across Police Scotland ought to be supported by similar partnership initiatives to ensure that vulnerable drug users receive appropriate follow up support. There should be clear processes and minimum standards for follow-up initiatives across Scotland. Further research and ongoing evaluation is required to assess the effectiveness of follow-up initiatives.

One potential barrier to effective partnership working following an overdose that emerged from our research was poor communication between police services and ambulance services. For non-fatal overdose pathways to be effective, it is essential that all emergency services work together effectively. Further investigation/research is required to assess the nature and extent of barriers to partnership working between emergency service professions and to determine how partnership working could be improved.

Stigma

We support the DDTF's recommendations that address the stigmatisation of drug users. Our research findings indicate that some police officers hold stigmatising views towards people who use drugs. We have recommended that the naloxone training received by police officers includes content to challenge stigmatising views. Police Scotland has confirmed informally that officers will receive tailored stigma training following a year of service. Research exploring the extent of stigma among police officers and evaluation of their stigma training would be valuable to ensure that stigma in Police Scotland is addressed. Addressing stigma in Police Scotland is an essential for ensuring police officers are equipped to effectively engage with and support vulnerable drug users.

Law Reform

We support the DDTF's recommendation for a '*root and branch review of the Misuse of Drugs Act… taking a public health approach, and reforming the law to support harm reduction measures.*' We would argue that the current legal framework discriminates against and stigmatises drug users and, in particular, hinders police officers' ability to engage with and support vulnerable drug users effectively. The legal framework needs to be revised to enable police to take a public health approach to supporting drug users and addressing drug-related harms.

Dr Peter Hillen, Edinburgh Napier University

Elizabeth Speakman, University of Dundee

Professor Nadine Dougall, Edinburgh Napier University

Dr Inga Heyman, Edinburgh Napier University

Dr Jennifer Murray, Edinburgh Napier University

Michelle Jamieson, Edinburgh Napier University

Dr Elizabeth Aston, Edinburgh Napier University

Dr Andrew McAuley, Glasgow Caledonian University

Submission from CHAI

DDTF Recommendations

Funding

The Taskforce clearly outlined in our meeting with the Minister and First Minister that additional funding should be made available for grass roots organisations and community-based projects alongside services to support vulnerable people.

Comment:

Community Help and Advice Initiative (CHAI) has been providing Welfare Rights advice service across the 4 Addiction Recovery Hubs in the SW, SE, NW & NE of Edinburgh and to the Low Threshold Methadone Clinic, Spittal Street Centre, since 2017. The Financial Inclusion Service, as it is known, now has a large client base.

Clients initially referred by NHS Substance Misuse Directorate, Substance Misuse Agencies (CGL and Turningpoint Scotland) have remained as clients, returning for continuing support throughout this 6-year period. At the same time, new clients are referred daily by the aforementioned Hub Services as well as from Crossreach Rankeillor supported accommodation, Circle family support, NHS BBV Team and Milestone House. The client base grows daily with clients in a slow state of recovery continuing to engage with the Hubs.

CHAI receives funding for the FICS project from Edinburgh Integration Joint Board (EIJB) in respect of 2 advisers to cover referrals from all the above. Given the success and necessity of providing Welfare Advice to this client group as indicated by subscription to the service, the funding provided to facilitate staffing is grossly inadequate. Suffice to say that both advisers are working at a maximum capacity from month to month under a level of stress and time pressure that is neither sustainable nor reasonable.

CHAI has requested additional funding to allow the workload to be spread to an additional adviser and release the stress from those presently in post. CHAI has been advised inter alia : the purpose is not innovative enough to qualify for additional funding: appointments should be reduced by approximately 25% to correspond with funding provided.

It is submitted that lack of funding to provide this service is a significant barrier to implementation of DDTF Recommendations.

Gap In Recommendations

Literacy/Learning Difficulties

CHAI also runs an Outreach Project providing Welfare Rights advice to clients in the ‘hard to reach’ at risk group who have drug dependency and struggle to engage with statutory services.

To date we have worked with 84 clients on the Outreach Project and of that group approximately 22% are completely illiterate with approximately 6% within the same group have learning difficulties. Aside from the forgoing, it is estimated that upwards of 30% of this client group is at the very least, functionally illiterate.

There appears to be no recognition within DDTF Recommendations of the particularly vulnerable group who are targeted by the drugs trade, nor any provisions for their protection or support which is additional to those with drug dependence in the mainstream.

The waiting list for referral to Learning Disability Teams for diagnosis is long and the process slow. There is a marked tendency for such individuals, diagnosed during schooling as being of special needs, to become involved in the Criminal Justice system and to serve terms in prison.

Banking

Within the Outreach client group, it is noted that at least 20% of clients did not have access to their own bank account. They were receiving Benefit payments into the accounts of friends/relatives and on 2 notable occasions, into the account of deceased parent and a deceased partner.

Assisting a client to open a bank account is not a difficult task but it takes considerable co-ordination and time to obtain the necessary identification paperwork and to accompany the client to a bank appointment. It is suggested that this is not a task that should be left entirely to the third sector. Solid arrangements are needs, made by the Government with banks to provide an Outreach service by the latter, which is both reliable and easily accessible to this client group.

Letters are enclosed regarding progress of CHAI Outreach Project:

Salvation Army Homeless Hostel, Pleasance, Edinburgh 08/04/22
Salvation Army Wellbeing Centre, Niddry Street Edinburgh 12/04/22

From: Joanna Buick
Sent: 08 April 2022 11:11
To: Joy Blair
Cc: Iain Wilson
Subject: RE: Outreach Advice Project

- We have seen evidence of financial stability in terms of residents who have used the service have been able to maximise their benefits. It clear that residents struggle with the ability to regulate their emotions and struggle with impulsivity due to insecure attachments caused by trauma and as such, they have their safety behaviours which include alcohol use disorder and substance use disorder. We have observed that residents who have used the service have felt listened to, valued, and supported by Joy and her team.

- Tasks that have been undertaken by Joy and her team included supporting completion of joint claims, completing UC50 forms, providing telephone support, clarification to residents over impacts such as sanctions and sicklines, supporting providing bank accounts. Joy has also been keeping staff updated with progress with their clients.

- We have had feedback that it has been so helpful take the pressure off from staff. The work that Joy and her team have undertaken would have taken up hours by the staff team. The knowledge and skills that Joy and her team have used has helped upskill the staff also, by her updates with the staff, the staff have been able to communicate in between her visits and keep the momentum up about tasks that the residents need to do.

- The digital literacy support offered by Joy has also been very helpful. We are aware not only in a post Covid environment, but also due to the times we are living in, there is an emphasis for society to keep up digitally. We are aware that the clients that we work with struggle with this for a variety for reasons and this can have a significant impact on their wellbeing. By Joy and her team supporting clients to move away from online to telephone Universal Credit accounts, it helps a resident take ownership of their account and it is more manageable for them. As a staff team we have observed since Universal credit came into effect, that this cohort do not do well remembering login details which can lead to negative consequences such as sanctions.

- Overall, Joy and her team have provided a well needed service. We at The Pleasance are a great believer in bringing services to people. We don't believe that this cohort are hard to reach, we believe that at times, services can be hard to reach. Joy has been calm, approachable, clear and kind, all of which has been much appreciated by staff and people we support alike.

Hope this is ok and please let me know if you need further information.

Joanna Buick
Manager

The Salvation Army
Edinburgh HSU
1 Pleasance
Edinburgh EH8 9UE

From: Iain Wilson
Sent: 12 April 2022 16:27
To: Joy Blair
Subject: RE: Outreach Advice Project

Joy,

As susan is off, I have spoken to the team, at Niddry Street and gathered a summary of the benefits and effectiveness of the Outreach Advice Service there.

Over the 6 months there are records of formal engagement with 25 separate individuals over 33 appointments.

Those engaged with all are either currently in addiction or on the fringes of it with recent histories of substance use and misuse.
Increased financial inclusion for those involved who have had benefits maximised. This will enable access to some of the basics that are dropped in difficult times, like food, heating and lighting.

There has been increased engagement with other professional and external services as a result of positive engagement with CHAI. This includes health and addiction services. This is amongst a group that are generally thought difficult to engage with.

The time provided has released TSA staff for at least the equivalent time (and probably more due to the effectiveness of the interventions) to support others in relationship-based harm reduction and addiction services engagement.

Hopefully this gives some broad benefits of the Outreach service. Many of the outcomes will be longer term as the individuals concerned learn from positive experiences of support services that will make further engagement easier and more effective.

Thank you for your time and support,

Iain

Iain Wilson
Service Manger
Edinburgh Homelessness Service

Introduction

The Crown Office and Procurator Fiscal Service ("COPFS") are represented on the Drugs Death Taskforce (the "Taskforce"). COPFS officials also contribute to the work of the Taskforce's criminal justice sub-group.

Comments on the Taskforce's recommendations relevant to the work of COPFS are provided under the specific recommendations which are taken from the Taskforce's 19 October 2021 document.

Toxicology

1. Under the heading of Accountability and Governance, the Taskforce made the following recommendation:

"The Taskforce highlighted the challenges faced in relation to delays in toxicology and asked for Government to act now to resolve this. The Taskforce will work closely with Government to develop real time monitoring to enable effective decision making."

2. Significant work has been done by COPFS, as well as toxicologists and pathologists to address the delays in toxicology reports. Since the beginning of 2021, there has been no backlog of toxicology reports.

Diversion from Prosecution

3. The Taskforce recommendation under the heading of Diversion from Prosecution was that:

"The Criminal Justice and the Law Subgroup is working on recommendations around diversion from prosecution and will report by July 2022."

4. Work is ongoing in relation to this recommendation. COPFS are contributing to this work.

5. The numbers of diversions offered for single charge possession of drugs cases (in terms of section 5(2) of the Misuse of Drugs Act 1971) has increased significantly from 57 in 2017-18 to 1,000 in 2020-21.

Naloxone

6. The Taskforce recommendation under the heading of naloxone was that:

"The UK Government should support permanent reclassification of naloxone to make it easier to provide.

In the absence of a full reclassification, the Scottish Government should work closely with the UK Government to ensure that the changes planned reflect the breadth of the existing statement of prosecution policy in Scotland.

In the interim, the Scottish Government should also engage with the Lord Advocate in relation to the extension of the current statement of prosecution policy."

7. In May 2020, due to the disruption caused by the Coronavirus pandemic, the then Lord Advocate published a statement of prosecution policy confirming that it would not be in the public interest to prosecute any individual working for a service who supplied naloxone to another person, for use in an emergency to save a life. A copy of that statement, last updated in June 2020, is attached at **Annex A**.

8. That approach and the statement of prosecution policy were specific and targeted in the context of a public health emergency. Given the relaxation of Coronavirus restrictions, initial engagement has taken place between Scottish Government and COPFS in relation to whether the Lord Advocate's statement of prosecution policy continues to be necessary.

9. The United Kingdom Government recently published a summary of the responses to their consultation on naloxone which notes that:

"Analysis of the responses to this consultation shows there is overwhelming support for allowing more organisations and individuals to supply take-home naloxone.

The Department of Health and Social Care is committed to expanding access to naloxone and we will work with the devolved governments to examine policy options to take this forward over the next few months. We will publish a full government response to this consultation by the end of this year."

Policing

10. Under the heading of Policing the Taskforce recommendation was that:

"The Taskforce would support consideration of the extension of Recorded Police Warnings in relation to drug possession offences to cover all classifications of drugs and concludes that there would be value in work by the Scottish Government, Police Scotland and COPFS to increase understanding of the scheme."

11. The Lord Advocate issues Guidelines to the police in Scotland in relation to the operation of the Recorded Police Warning scheme.

12. On 24 September 2021, the Lord Advocate provided a statement to the Scottish Parliament confirming that, following a review of outcomes in single charge possession only cases in terms of section 5(2) of the Misuse of Drugs Act 1971, the Lord Advocate decided that an extension of the Recorded Police Warning Guidelines, to include possession offences for Class A drugs, was appropriate. Police officers in Scotland may therefore choose to issue a Recorded Police Warning for simple possession offences for all classes of

drugs in appropriate cases. The Recorded Police Warning scheme extends to possession offences only. In particular, the scheme does not extend to drug supply offences.

13. The Lord Advocate's statement to the Scottish Parliament is attached at **Annex B**. It is published on the COPFS public website.

Safer Drug Consumption Facilities

14. The Taskforce recommendation, made on 6 September 2021, under the heading of Safer Drug Consumption Facilities was that:

"The Taskforce supports the introduction of properly resourced safer consumption facilities in Scotland. The Drugs Death Taskforce recommends that the UK Government consider a legislative framework to support their introduction. In the interim, the Scottish Government should explore all options within the existing legal framework to support the delivery of safer consumption facilities."

15. COPFS officials continue to contribute, as appropriate, to work examining how a safer drug consumption facility could operate within the existing legal framework, and on establishing how any such facility would operate and be policed.

Statement of prosecution policy in relation to the supply of naloxone during the COVID-19/ Coronavirus Pandemic

Naloxone is an emergency antidote for overdoses caused by heroin and other opioids such as methadone, morphine and fentanyl.

In 2005 naloxone was added to a list of medicines that anyone can legally administer in an emergency to save a life.

Since 2015 individuals employed or engaged in the provision of commissioned drug treatment services can, as part of their role, supply naloxone to others for use in an emergency to save a life

During the period of disruption caused by COVID- 19/ Coronavirus, the drug treatment services which usually supply naloxone to at-risk individuals and those who come into contact with them, are restricted in their ability to carry out this function. As a result, other services may require to distribute it to others in order that it may be used to save lives.

For the period of disruption caused by COVID-19/ Coronavirus, the Lord Advocate has confirmed that it would not be in the public interest to prosecute any individual working for a service registered with the Scottish Government Population Health Directorate who supplies naloxone to another person for use in an emergency to save a life. Nor will it be in the public interest to prosecute employees of NHS bodies who supply such services with stocks of naloxone. This statement of policy is subject to the condition that appropriate instruction on the use of naloxone and basic life support training will be provided to persons receiving the medication for such use alongside the medication.

Services who wish to distribute naloxone with the benefit of this statement of prosecution policy are required to register with the Scottish Government's Population Health Directorate who will ensure that they are provided with support and training.

This guidance will be regularly reviewed. The Lord Advocate may withdraw it at any time. The Scottish Government's Population Health Directorate will ensure that services are notified when it ceases to apply.

June 2020

The Lord Advocate Dorothy Bain QC made this statement to the Scottish Parliament on Diversion from Prosecution.

On 17 June 2021 the Scottish Parliament passed a motion on tackling drug related deaths. In relation to myself, as the new Lord Advocate, the Scottish Parliament indicated that:

- Firstly, it would support a review of guidance on Recorded Police Warnings and
- Secondly, a statement on the principles and practicalities of diversion would be beneficial.

This is my first opportunity as Lord Advocate to address the Scottish Parliament and I welcome the chance to do so on such a significant and important issue. I recognise the extent of the public health emergency we face in Scotland and the ability of prosecutors to help.

It may be useful at the outset if I set some context.

In Scotland, prosecutors act as the gatekeepers to the criminal justice system and, subject to some limited exceptions, it is the duty of the police to report a case to the prosecutor where they believe there is sufficient evidence that an offence has been committed. It is then for the prosecutor to decide what, if any, prosecutorial action is in the public interest.

One of those limited exceptions to report to the prosecutor is the Recorded Police Warning scheme. The scheme provides officers with a speedy, effective and proportionate means of dealing with low-level offending. Officers may choose to deal with low-level offences by issuing a Recorded Police Warning.

As Lord Advocate, I issue Guidelines to the police in relation to the operation of this scheme including which offences may be considered for a Recorded Police Warning. These Guidelines are set by me, acting independently of any other person. They extend beyond drug possession offences and are therefore properly confidential. However, I can confirm that the Guidelines previously permitted the police to issue Recorded Police Warnings for possession of Class B & Class C drugs.

At the time of the debate, the Guidelines were already under review. The review examined drug possession only case outcomes. I have considered the review and I have decided that an extension of the Recorded Police Warning Guidelines to include possession offences for Class A drugs is appropriate. Police officers may therefore choose to issue a Recorded Police Warning for simple possession offences for all classes of drugs.

In confirming the extension, I wish to make four things clear:

- Firstly, the scheme extends to possession offences only. The scheme does not extend to drug supply offences. Robust prosecutorial action will continue to be taken in relation to the supply of controlled drugs.
- Secondly, Recorded Police Warnings do not represent decriminalisation of an offence. Recorded Police Warnings represent a proportionate criminal justice response to a level of offending and are an enforcement of the law.
- Thirdly, neither offering nor accepting a Recorded Police Warning is mandatory. Police officers retain the ability to report appropriate cases to the Procurator Fiscal. Accused persons retain the right to reject the offer of a warning.
- Finally, neither offering a Recorded Police Warning nor reporting a case to the Procurator Fiscal prevents an officer referring a vulnerable person to support services.

On that final point, prosecutors, working with fellow members of the Drugs Death Taskforce, have played an important role in the development of a pilot scheme to support such referrals. The scheme launched in Inverness at the beginning of July 2021 and is led by Medics Against Violence.

The purpose of the scheme is for individuals to be referred to a mentor to provide support at the first point of contact with police. Such support is available whether or not an individual is subsequently reported for a criminal offence.

Turning to the principles and practicalities of diversion, I am aware that the term diversion is used in many different contexts. I will describe the long-standing Scottish system of diversion from prosecution.

When any case is reported to the Procurator Fiscal and there is sufficient evidence, prosecutors will apply the principles set out in the published

Scottish Prosecution Code. Prosecutors will exercise their professional judgement and identify what, if any, prosecutorial action is in the public interest.

In identifying the appropriate outcome in the public interest, prosecutors take into account a range of factors, including the nature of the offending, the circumstances of the accused and, where relevant, the impact on any victim. The range of options available to prosecutors include formal warnings, financial penalties, diversion and prosecution.

There is simply no one size fits all. Each case will be considered on its own facts and circumstances.

Diversion is an alternative to prosecution. Diversion is a process by which prosecutors are able to refer a case to social work or other identified agency as a means of addressing the underlying causes of offending when this is deemed the most appropriate course of action.

In 2019 the then Lord Advocate reviewed prosecution policy and directed that diversion should be considered for all individuals reported to COPFS where there is an identifiable need which has contributed to the offending which can best be met through a diversion scheme. Prosecutors will consider all the circumstances and determine the appropriate outcome in the public interest.

Where the prosecutor is satisfied that the public interest would be best served by an offer of diversion, they refer the individual to social work or other agreed agency who then assess whether the person is suitable for diversion and report the assessment to the prosecutor.

It may be that a person is assessed as unsuitable for diversion. For example, where they have declined support or they require no intervention. In those cases, prosecutors will then decide what alternative action, if any, is required.

Where a person is assessed as suitable, prosecutors refer the individual for diversion. Any decision to prosecute the person is normally deferred until completion of a diversion program of support. Any diversion program should be tailored to the needs of each individual and provide an

opportunity to meet the underlying causes of their offending and ultimately to prevent reoffending.

At the conclusion of the diversion program, the results are reported to the prosecutor. Where the program has been successfully completed, the prosecutor will routinely decide that no further action is required and that is the end of the matter.

Following the 2019 review of prosecution policy by the then Lord Advocate, the numbers of diversions offered for single charge possession cases has increased significantly from 57 in 2017-18 to 1,000 in 2020-21. The increase in the last year alone represents a doubling of the offers of diversion, despite the challenges posed by the pandemic.

Not every individual, who uses drugs will be suitable for, nor require, diversion.

For some accused persons a warning or fine may be an appropriate, proportionate response. Approximately 2/3rds of people reported to COPFS where the only offence reported is possession of drugs, are dealt with by alternatives to prosecution, with the vast majority of those being offered a financial penalty.

Any alternative to prosecution: warnings, fines or diversion, are offers only. An accused person always has the right to reject such an offer and there will be cases where prosecution is the appropriate response in the public interest.

Where an accused person is subsequently found guilty the courts, in turn, have a range of sentencing disposals appropriate to the individual accused and offence.

The range of options available to police, prosecutors and courts reflects the fact that in Scotland there is no one size fits all response to an individual found in possession of a controlled substance or an individual dependent on drugs.

The most appropriate response -the smartest response - in any drugs case, must be tailored to the facts and circumstances of both the alleged offence

and the offender. Scotland’s police and prosecutors are using the powers available to them to both uphold the law and help tackle the drug death emergency.

Drug Death Task Force Call for Written Evidence: Dundee Response

04.05.2022

- **Targeted distribution of naloxone**
  We support this policy and have progressed very effectively in Dundee. There is now an issue that local areas are expected to fund naloxone from existing resources and this creates a pressure which could mean that, in future we will not be in a position to progress as we like to / or maintain current provision. There is also a need to recognize there is an increase in cases where naloxone has had no effect due to different drugs being used. This needs to be addressed. Tayside Public Health is currently undertaking a benzo needs assessment in the area.
- **Having an immediate-response pathway for non-fatal overdose**
  This is something we have developed on a multi-agency basis very successfully in Dundee (COSLA award) and are now embedding for the long-term. Evidence suggest this approach in Dundee has already saved lives. There is still an issue of what happens to individuals after the quick targeted intervention (assertive outreach) of the NFOD team. Due to their experiences of adversity and trauma some individuals do not wish to continue their engagement / contact with services and there is a need to think what support could be provided. Also, although every effort is being made to provide rapid access to treatment services, occasionally pressures in the system makes this difficult. Pressure on the system is going to increase further with implementation of the national treatment target.
- **Optimizing medication-assisted treatment (MAT)**
  This is a big project, will take a number of years to implement and we fully support it. There is an increase in prescribing of buprenorphine/buvidal, in addition to methadone. Again however, there is a need to acknowledge that increasingly individuals use drugs (cocaine/ benzos) for which there is no MAT and there is a need to also focus on their needs.
- **Targeting people most at risk**
  Through the non-fatal overdose pathway additional support and risk-assessments are in place for those individuals who are poly-drug users, in the 35-55 age category and for those who have been discharged from prison. Gendered approaches are important for targeting those most at risk and the barriers to support they experience. This needs to be part of the NFOD rapid response approach. As well, there is a need for a triage and subsequent holistic support for those with complex need who do not meet the threshold for Adult Support and Protection. This is an aspiration in Dundee which can potentially be addressed through the wellbeing hub and the women's hub currently under development in Dundee. A national mother's recovery unit is opening in Dundee as well, this is positive and is also linking in with the women's hub development and the gendered services project in Dundee and other relevant stakeholders.
- **Optimizing public health surveillance**
  We support this but it requires additional resources to local PH departments rather than nationally. We have a local drug trend monitoring groups that supports quick action and appropriate public health harm reduction messaging. Local agencies should be able to provide local training on local trends as well. Most training based on drug trends is national, which isn't always relevant to all regions. As well, optimizing public health surveillance requires a multi-agency approach beyond the public health systems.
- **Ensuring equivalence of support for people in the criminal justice system:**

This is something that is a priority in Dundee but is perhaps best lead on and delivered by partnerships other than the ADP. This requires a multi-agency approach, in particular Community Justice Partnerships. In Dundee there is currently Arrest Referral for those using substances, support for those in custody and discharge planning (Prison discharge pathway in place). As well, a gendered response to support for women in the criminal justice system is required; especially when research shows a large portion of females in custody have had multiple head injuries (linked to gender based violence) compared to the non-prison population. Head traumas in the non-prison population is usually a singular event; like a car accident. This is significant and needs highlighted at a national level. There is a new female custody unit due to open this year which is positive and is linking in with the work in Dundee around gender services.

Other Strategic Issues

Another key issue is that the focus on the impact of drug use means that locally it is very challenging for us to give the same focus, input and resources to the impact of alcohol use which is associated with widespread harm. Alcohol wait time are increasing and are now longer than drug treatment waiting times.

We would also like to highlight the need to streamline the governance systems associated with the new strategies and funding coming from the government as much as possible. Some national governance and guidance is necessary and helpful but this needs to be proportionate and enabling. There needs to be a focus on additional resources for meaningful support for planning and implementing change at a local level. The new strategies and funding is welcomed but has put a strain on staff resources that support implementation. Additional investment to ADPs should include support to build capacity in the strategic and improvement infrastructure as well as frontline responses.

There is a need for a much more connected approach across government and locally that places ADPs (and local services) as part of a protecting people approach. The systems need to recognise that prevention of drug and alcohol use sits primarily with other planning groups such as those leading trauma and child protection matters, and education. This is essential to see effective responses and real change across generations. Furthermore, the focus on drugs deaths and drug treatment specifically could be further enhanced by a wider focus on the range of needs and vulnerabilities and within that, on recovery and how to support people to a place where they can achieve their personal outcomes/ambitions.

In Dundee we have been working towards a protecting people approach over a number of years supported through our 'Transforming Public Protection' program of work. This approach includes reducing siloed working under CPC, ASP, VAWP, ADP and MAPPA and acknowledging the cross-cutting nature of the harm people experience. It has also included shifting our strategic structures to better support the delivery of services that support people as a whole rather than single issue-based support. This could be better supported and further improved through more joined-up national policy direction. The Scottish Government has had more recent materials focused on recovery, gender etc and this has helped but the policy and funding landscape overall can feel quite disjointed. There is a sense that all drug policy and funding has been directed at ADPs to implement locally rather than government encouraging a broadening of responsibilities across all community planning partners.

There has been a lot of focus on the value of lived experience nationally. This is important but needs the time and resource to make sure it's meaningful. There is a risk that the pressure on services and groups to include lived experience lends itself to tokenism, only a single voice having a say, individuals feeling used or let down, people being retraumatized, and or an environment of 'us and

them' if it is not done in a meaningful and trauma informed way. There needs to be more recognition and valuing of the lived experience in the workforce that already exists, *as well* as those in the public and people who use services.

Workforce wellbeing is important and there is a general sense of burn-out in the workforce that could helpfully be acknowledge within policy directives. Dundee has launched a Trauma program with the ambitions of being a trauma informed city which supports the development of trauma informed organizations and approaches. This includes not only how we work with services users but how we support staff as well. We have also launched a program for professionals with lived experience to support people and help them use their experience to effect change.

There is still a sense of a need to shift focus in performance and evaluation approaches from process to outcome and impact. This is similar challenge across all public protection issues. There is an opportunity for government to take a much more joined up approach to developing better approaches to measuring outcomes for vulnerable people and families that is more focused on supporting staff to capture evidence of impact and outcomes rather than trying to pre-define or standardise these and fit service users into these boxes. This is something we aim to look at locally through our program of Transforming Public Protection as well. A good example of focusing on outcomes is the work around the national equally safe strategy.

If further comment or information regarding the above is required don't hesitate to get in touch.

Kind Regards,

Dundee Protecting People Team

Vered Hopkins

Melanie Hyatt

Angie Ballantyne

Kathryn Sharp

East Ayrshire Alcohol and Drugs Partnership

Introduction

Following the launch or Rights, Respect and Recovery (RRR) in 2018, East Ayrshire ADP welcomed the establishment of the Drugs Death Task Force in 2019 with their 6 key evidence based work streams. We note that since its inception, the DDTF has made over 70 recommendations. Given that many have been completed, or are the responsibility of Scottish Government, the UK Government or specific services (in particular Police Scotland and Prison Services), East Ayrshire ADP's response is founded only on recommendations made in January 2021 since the Taskforce themselves highlights that these 16 recommendations are ways for Government to focus efforts to support more rapid delivery of Taskforce's forward plan.

Whilst for issues of brevity, East Ayrshire ADP has provided comment on many of these 16 recommendations, the ADP notes further the 21 recommendations the Taskforce issued in December 2021 that focus specifically around the needs of women. Given the increasing number and rate of drug related deaths among women, the ADP in East Ayrshire recognises the specific needs of women and children and is already engaging with partners within the Violence Against Women partnership examining opportunities to develop closer working relationships and we fully support the decision of the Health and Social Care partnership to appoint a lead officer for Violence Against Women as well as a lead officer to lead on 'The Promise'

Emergency response
1. Naloxone is a lifesaving drug, which the Taskforce have made significant progress in increasing its distribution through channels where its use can save lives. There is still capacity to increase this further, and this should be developed with urgency.
East Ayrshire ADP has fully embraced this recommendation and with the realisation that drug users are unlikely to be able to administer naloxone to themselves have sought out a range of other opportunities to increase the availability of this lifesaving drug. For example, naloxone is now carried by housing support workers in contact with vulnerable homeless drug users and naloxone is even also available in a local licensed premises. In developing naloxone supply further, East Ayrshire ADP recognises the amendments made by the UK Government to the Human Medicines Regulations 2012 in 2015 and in 2019 that widened the opportunities for supply. The ADP further welcomes guidance from the Lord Advocate during the Covid 19 pandemic that removed the risk of prosecution for any individual working for a service registered with the Scottish Government who supplies naloxone in an emergency, to save a life". East Ayrshire ADP recommends that Scottish Government works with the UK Government in formalising this guidance into law to allow this lifesaving intervention to be legally supplied via, for example, housing services and community justice services. In this effect, we therefore support the Taskforce recommendation that it would be more beneficial for naloxone to be reclassified from a 'Prescription Only Medicine' to a 'Pharmacy' or a 'General Sales List' medicine.

During July 2021 the East Ayrshire ADP ran a comprehensive Naloxone Awareness Campaign throughout the local authority area in tandem with the national campaign. Thd Campaign will run again in similar lines in the future. The ADP worked together with partners from Recovery Network, NHSA&A, EACHa (East Ayrshire Churches Homelessness Action), SFAD (Scottish Families Affected by Drugs) to develop materials to improve the public profile of the availability and use of Naloxone in East Ayrshire.

2. Non-fatal overdose pathways are vital to catching the most at-risk people early and providing them with the support needed to avoid a fatal overdose. We would recommend that these should be expanded nationally, learning from the tests of change ongoing through the Taskforce.

Whilst East Ayrshire has ongoing engagement and work with Scottish Ambulance Service, Emergency medicine departments and Adult concern colleagues, we see no evidence of these pathways being established nationally, nor are we able to access evidence from other tests of change across Scotland to allow best practice to be followed. Notwithstanding the East Ayrshire ADP has invested funding in a NFO Nurse and additional GP locum sessions, enhanced Consultancy availability and community outreach to ensure that anyone who has suffered a NFO in East Ayrshire receives aftercare, support, help and referral to appropriate services ASAP.

3. The Taskforce outlined to the First Minister some of the challenges faced with data sharing which the Government must work urgently to resolve, if this is to progress.

4. Addressing the availability of benzodiazepines should be a key priority of this Government and we would expect them to work with Police Scotland to reduce the availability of these, as well as supporting harm reduction initiatives.

Local senior officers of the Police Scotland Ayrshire Division are members of the ADP and accordingly, the ADP works with police colleagues and the STOP Unit to fully understand and appreciate the impact of street benzos in the vulnerable members of our community. Accordingly, the ADP supports the ongoing work of Police Scotland to target SOCG and local dealers. Moreover, the ADP is committed to investing in harm reduction initiatives in the community through our Grassroots Development Fund which can provide up to £10,000 for 2 years to recovery groups who are working in our local communities.

Reducing Risk

5. More needs to be done to engage with those who do not currently access services. We therefore recommend that a network of people with *living* experience is established in the next 6 months.

East Ayrshire ADP in seeking to address numbers of those who do not engage with services has established at a locality level a network of peers with *lived* experience who are known within their locality to engage those not in touch with services. The ADP recognises the work of the Scottish Drugs Forum (SDF) in establishing a network of *living* experience in Glasgow. As we understand many of this network are comprised of street drug users. Given the stigma that exists surrounding drug use in more rural communities and the lack of street drug users, there would be in our opinion significant challenges inherent in recruiting people with *living* experience. As we further understand, the evidence for networks of people with living experience derives mainly from Canada and Western Europe with these networks operating as lobby groups around issues of rights based access to treatment and drug laws Locally, East Ayrshire ADP as part of its engagement processes seeks to consult with living experience in order to fully inform policy and direction. Furthermore, as our local recovery network includes people with living and lived experience, we are therefore unsure as to the purpose of a separate and apparently distinct living experience network.

6. The implementation of MAT Standards must be scaled up at pace. To enable this we would recommend formal standards and indicators are developed by Health Improvement Scotland by the end of 2021. Scottish Government will have a vital role in supporting this roll out by ensuring that Chief Officers take accountability for delivery of the standards at local level.

MAT Standards 1-5 are being embedded in Ayrshire and to this end there is a high level Pan Ayrshire MAT Standards Group which has been meeting on a fortnightly basis to ensure all milestones are met. The Group also meets with the MIST team and Ayrshire is recognised as a pathfinder for the

implementation of the MAT Standards, To this end the Group has been liaising with the MIST team and funding is in place to recruit staff and training to ensure that the correct level of expertise is in place to meet demand. The RADAR (Rapid Access to Drug and Alcohol Recovery) Service is leading the implementation of MAT Standards in East Ayrshire.
7. Access to treatment at the weekend continues to be a considerable gap in delivering a whole systems model of care. We therefore recommend that Scottish Government pursue increased weekend access to treatment and support.
East Ayrshire ADP is currently working with key delivery partners via MAT standard 1 in developing weekend access. We note however that the standard refers to Practitioners being available in accessible community locations, prison and custody suites for a minimum of five days a week. East Ayrshire ADP recommends that the standard is amended slightly to reflect weekend access.
8. There is a need for a managed clinical care network, as was established in response to the Hepatitis C emergency. This network should include health boards and relevant professional networks.
9. Building a skilled and motivated workforce is essential, but there has been little central investment is professional development. We therefore believe that a workforce review is required. This would enable clear career development pathways to be defined including core skills and competencies.
East Ayrshire ADP notes and welcomes the recently published documentation around workforfe development and hope that this will build upon and learn from the The Drugs and Alcohol National Occupational Standards (DANOS) developed in England and Wales that provided the cornerstone for the UK substance use workforce development strategy which led to significant increases in the number of competent workers, the range of skills they possess and the level of their knowledge and skills

Reducing Vulnerability
10. The Taskforce called for First Minister support for the Stigma Strategy and outlined that the stigma charter (in development) should be adopted by all public bodies and services.
Whilst East Ayrshire ADP notes the national stigma campaign undertaken in late 2021, the significant impact of stigma on recovery requires a more coherent structured and sustained approach at a national level. Whilst welcoming the Stigma Charter for public bodies, East Ayrshire ADP urges Scottish Government to engage with media organisations to reenergise the 2012 publication "Society of Editors, UK Drug Policy Commission. (2012) Dealing with the stigma of drugs: a guide for journalists"
11. The Taskforce clearly outlined in our meeting with the Minister and First Minister that additional funding should be made available for grass roots organisations and community-based projects alongside services to support vulnerable people.
Whilst East Ayrshire ADP welcomed the establishment of funding for grassroots organisations, it proved to be overly cumbersome and bureaucratic for many small local organisations who are delivering community based supports within their local community. By administering this fund nationally many worthwhile local organisations missed out on much needed resources as their proposal was adjudicated based on nationally set criteria with no local engagement. Whilst ADP's have received significant additional resources, the specific limitations placed upon the funding streams has inhibited specific local engagement and support. In East Ayrshire, the ADP has therefore realigned budgets (primarily via its 'core' allocation) to establish a grassroots fund of £120,000 a year (roughly 10% of budget allocation). The ADP therefore suggests and recommends that future funding for grassroots organisations be redirected locally to allow local decision making, accountability, governance and strategic fit.
12. Peer support and advocacy are instrumental in accessing appropriate services, and we would recommend that the Government support the development of a national peer support programme that can be put in place without delay.

The East Ayrshire ADP, Council and IJB have invested in 4 x WTE Peer (CREW) Support Workers who work in Dalmellington, Cumnock and Kilmarnock and surrounding areas. Further investment is being made to enhance this service into the Irvine Valley and the Stewarton areas in the future. Referals to services have increased as the result of the work of the CREW members and this has been noted and appreciated at ADP meetings. The CREW members are also intrinsictly linked to the ongoing work and development of the Recovery Hub in East Ayrshire. Accordingly, the East Ayrshire ADP would be keen to be involved in the development of a national peer support programme as this may help to develop the work of our CREW team.

Accountability and Governance
13. The Taskforce recommended that government extend the renewed leadership and call for action to include local leadership and organisation leads.
14. The Taskforce outlined the challenges faced in relation to delays in toxicology and asked for Government to act now to resolve this. We will work closely with Government to develop real time monitoring to enable effective decision making.
Despite the DDTF recommendation being outlined to the Minister and First Minister in January 2021, East Ayrshire ADP has seen no significant change in toxicology results being made available. East Ayrshire ADP now has many instances of toxicology results outstanding for up to 18 months. Whilst our local drug related death group meets monthly to review the circumstances of every drug related death in order to provide guidance and advice to services and decision makers, the lack of toxicology information often makes this guidance and advice 'best guess' and even on occasion merely speculation
15. Accountability was raised by many Taskforce members, and there was a clear request for Government to hold the leadership of statutory services and local delivery leaders to account. This was highlighted in the Dundee Commission but also has been a recurring theme when communicating with ADPs.
Presently, the East Ayrshire Independent ADP Chair reports to Committee, Chief Officers Group (Public Protection) and the IJB.
16. A costing exercise should be undertaken, reflecting that a push to increase the number of people in services must recognise the increase pressure this will put on these services and the needs that may flow from it. This would enable costing of a long-term sustainable system of care. This includes workforce modelling options.
East Ayrshire ADP notes with concern that potentially up to 50% of problem drug users who could be at risk of a drug related death are not in service and recognises that increasing numbers in service could potentially have a detrimental impact on services ability to provide quality sustainable care. However, the ADP disagrees with the proposal to undertake a costing exercise since this would likely only identify capacity issues within current treatment modalities. The ADP instead would rather that any review undertaken seeks to enhance the value and credibility of local voluntary and community groups and organisations who may be better placed to respond to for example increasing numbers of problem cocaine users and the subsequent rise in cocaine related deaths

Chief Officer
Caroline Sinclair

EAST DUNBARTONSHIRE ALCOHOL AND DRUG PARTNERSHIP

Written Evidence Request on the implementation of the Scottish Drug Deaths Taskforce's recommendations and impact.

In response to Scottish Parliament's:

I. Criminal Justice Committee
II. Health Social Care and Sport Committee
III. Social Justice and Social Security Committee

Dear Committee Members

In response to your request for written evidence on the implementation of the Scottish Drug Deaths Taskforce's recommendations and impact they have had, please see East Dunbartonshire Alcohol and Drug Partnership's evidence below.

1. **What actions have been taken to implement the recommendations for the DDTF, and what are your views on these? How much impact have they had?**

As East Dunbartonshire is a smaller area, and funding is mostly based on the NRAC formula, the funding received from the DDTF for investment was minimal. Any additional investment is very much welcomed but can be somewhat restrictive in smaller areas like ours. Based on the funding provided the following summarises the actions taken in East Dunbartonshire.

<u>Targeted Distribution of Naloxone</u>

In order to increase the reach of Naloxone under the Drug Death Taskforce priorities, East Dunbartonshire ADP and ADRS have developed a postal service to ensure easier and wider access to Naloxone. The postal service is similar to the SFAD service, which is also accessed in East Dunbartonshire to provide as much choice and control for service users, their families and carers.

Naloxone training is available to all statutory services and local recovery services, including housing services, as well as to service users and their families. Additional promotional materials for Naloxone have been sourced from SDF and others developed locally, which are shared within HSCP and wider local recovery services. These resources are also shared with service users in de-stress bags to provide a range of supportive materials and information.

Naloxone is also being developed as a core component of a local WAND initiative and is part of the ADRS review of all ADRS OST patients. WAND was developed in Glasgow City and is an incentivised outreach model to deliver a set of four key harm reduction interventions (wound assessment, assessment of injecting risk, naloxone provision and dry blood spot testing for blood-borne viruses) to those who are hardest to reach.

<u>Implement Immediate Response Pathway for Non-fatal Overdose</u>

All Non-fatal overdoses are reported daily through a GG&C Health Board Report and weekly A&E attendance reports. This information is then recorded on EMIS and the allocated worker

or duty worker will immediate follow up with referral to the recently developed Turning Point Scotland NFOD service as required (this is a service that is shared between East and West Dunbartonshire). A joint plan is then agreed and actioned.

ARDS assertively outreach NFOD through Justice Services (DTTO nurse situated in Justice two days a week) and with local homeless/housing services. ADRS also assertively outreach patients who are not attending appointments, making contact with other known contacts and services where possible to link up our response. A RAG tool is used to identify people most at risk.

Optimise the use of Medication-Assisted Treatment

A significant amount of work has been done to implement the MAT standards, but there is still much to be done to fully implement. The ADP have funded additional medical cover for ADRS to ensure there is medical cover across 5 days. All possible OST referrals are identified by admin and Duty workers follow up immediately, liaising with the medics regarding suitability for same day treatment and optimisation of dose. Medics will optimise dose at every opportunity during review taking account of the person's wishes.

Target the People at Most Risk

Targeting the people most at risk is embedded across all of these priorities. Increasing Naloxone availability and training, the use of a RAG tool to identify those at risk, implementing same day treatment and immediate responses to NFOD. Increasing staffing to include a DTTO nurse shared between justice and ADRS helps to bridge any gaps that were previously there for vulnerable individuals accessing services.

Optimise Public Health Surveillance

The information provided via Public Health Scotland is valuable, however most of the information provided is not at a local level so cannot be utilised in the way local information would be. It is important to see any reductions or increases across Scotland and Health Board areas and some comparisons can be drawn if we have access to local data for the same topics.

Ensure Equivalence of Support for People in the Criminal Justice System

The ADP have funded a senior addiction nurse post that is situated within justice services two days a week and within ADRS three days a week. This post works closely with people known to both ADRS and justice, completing assessments from justice services and developing a locally based DTTO service. ADRS attend the Criminal Justice reintegration group to ensure a coordinated plan is in place for people due for release from prison. This has enabled a joined up response by justice, housing, prisons and ADRS.

2. Are there any significant gaps in the recommendations, and if so how should they be filled?

- There are still some gaps in medical cover for same day treatment as there is currently no holiday cover in place and this would enable is to provide a consistent same day response.
- ADRS need additional staffing to ensure that an immediate response is provided by duty for all possible new OST starts and to support the increase in caseloads.

- ADRS need a long-term plan for NFOD as current service is time limited and investment for the current service came via Scottish Government. To continue the service locally additional investment would be required as noted at the start of this paper East Dunbartonshire is a small area so funding is limited.
- There is a need for more localised data through the Public Health Surveillance work.
- DTTO has only recently come back to East Dunbartonshire so still requires some development.
- Data sharing is also an issue as there is no consistent approach across ADPs, it would be beneficial if there were a standard ISA that covered statutory and third sector as well as Police, Ambulance and the Fire Service.

3. What barriers have there been to the implementation of the recommendations, and how have they been or how could they be overcome?

There have been barriers in recruitment or service development due to the delay in receiving the funding letter. The ADP is unable to agree ongoing investment until we have all the funding streams clarified and the criteria and timescales. An increase to ADRS staffing is a priority, which cannot be agreed until funding for 22/23 and beyond is clear.

As East Dunbartonshire is a small area, we are limited by local service provision and require access to services out with the area, often competing with other ADPs.

4. To what extent do you think there is consistent delivery of services across Scotland, particularly of rehabilitation services and services provided by health boards and alcohol and drug partnerships (ADPs)?

As East Dunbartonshire is a small area, we do not have local services for residential rehabilitation, crisis and stabilisation or multiple and complex needs. This means we spot purchase from other organisations, depending on availability. Crisis and stabilisation is an area of need that has been highlighted across a few ADPs, however the current funding stream for rehabilitation does not support the development of any models out with the current ones in place, only for placements in the current models. The current 'abstinence' based models do not suit all individuals and many of these current models do not provide any gender specific support.

DAVID AITKEN
INTERIM HEAD OF ADULT SERVICES AND ADP CHAIR
EAST DUNBARTONSHIRE HSCP

East Renfrewshire Health and Social Care Partnership
HSCP Headquarters, Eastwood Health & Care Centre, Drumby Crescent, Clarkston, G76 7HN

Our Ref: JM/BM
Email:
Phone:
Date: Friday 13 May 2022

Dear Committee Members

Written Evidence

Provided by **East Renfrewshire Alcohol and Drugs Partnership** to

The review of progress made in implementing the recommendations of the Scottish Drug Deaths Taskforce

by the Scottish Parliament's

(i) Criminal Justice Committee
(ii) Health Social Care and Sport Committee and
(iii) Social Justice and Social Security Committee.

Please find enclosed East Renfrewshire Alcohol and Drugs Partnership's written evidence to the review of the progress made in implementing the recommendations of the Scottish Drug Deaths Taskforce.

1. What actions have been taken to implement the recommendations for the DDTF, and what are your views on these? How much impact have they had?

The Drugs Death Task Force recommendations are comprehensive and wide-ranging and in particular the recommendations around renewed leadership at national and local levels have added significant momentum to the work to prevent drug related deaths and reduce harm.

The DDTF's 'Evidence-Based Strategies for Preventing Drug-Related Deaths in Scotland' have been a focus in East Renfrewshire since May 2020. In January 2021, the launch of the national Drugs Mission, with the associated increased funding for local areas, is enabling ADPs to bolster capacity within services and implement the change that is needed.

Some specific examples of impact of the recommendations in East Renfrewshire include:

- Implementation of the Medication Assisted Treatment Standards is a critical priority for all ADPs and East Renfrewshire services are implementing the necessary changes to deliver on this.

- Additional funding has enabled Turning Point Scotland's near fatal overdose response service to begin operating in East Renfrewshire, bringing specific out-of-hours provision to the local area.
- East Renfrewshire ADP was successful in securing DDTF funding for a peer navigator's test of change which is about to being operating to provide vital outreach and holistic support to people experiencing drug related harm.
- Recent successful funding bid by Turning Point Scotland to deliver the WAND initiative in Greater Glasgow and Clyde, including East Renfrewshire (delivering four key harm reduction interventions on an outreach basis - wound assessment, assessment of injecting risk, naloxone provision and dry blood spot testing for blood-borne viruses).

We are working closely with our existing and newly established lived and living experience networks to identify where services can better meet local needs.

2. Are there any significant gaps in the recommendations, and if so how should they be filled?

The Scottish Government funding for residential rehabilitation is very welcome. However, East Renfrewshire have identified a need for crisis services and stabilisation services, which currently are not available for East Renfrewshire service users. These services have a significant role to play in keeping people safe from harm, particularly individuals who would not be ready for residential rehabilitation. The need for such crisis services has been identified collectively by all the ADPs in the Greater Glasgow and Clyde health board area.

3. What barriers have there been to the implementation of the recommendations, and how have they been or how could they be overcome?

The COVID-19 pandemic has placed significant pressure on local services, to continue to deliver priority services to people at an increased risk, implement significant service improvements such as the MAT Standards, while managing staff shortages due to Covid illness and self-isolation. Services are continuing to move further towards pre-covid levels of service delivery, e.g. re-introducing group based supports.

The Alcohol and Drugs Partnership has continued to meet regularly during the Covid-19 pandemic to provide the essential leadership and focus on drug related deaths and prevention. The necessity to hold meetings online has not been a barrier and indeed has resulted in a high level of partner participation without the need to travel and has proved effective for decision making on investment proposals.

The additional funding has been extremely welcomed and the scale of change required could not be achieved without it. However success further depends on securing the additional workforce required to deliver and difficulties are being experienced in securing suitable candidates (in a range of areas from prescribing to nursing to psychology. The recent Scottish Government workforce review is welcomed and the actions that flow from this to improve workforce supply are vital.

4. To what extent do you think there is consistent delivery of services across GGC and throughout Scotland, particularly of rehabilitation services and services provided by health boards and alcohol and drug partnerships (ADPs)?

East Renfrewshire is one of six HSCPs within the Greater Glasgow and Clyde health board. There are similarities and consistency in elements of service provision where there are

Board-wide Standard Operating Procedures and Prescribing Guidelines. Models of service provision differ in terms of staffing models, service locations, clinic provision and outreach arrangements, based on locality needs and circumstances. Some services cannot be accessed within East Renfrewshire's local boundaries, such as residential rehabilitation facilities and services look to source placements outwith East Renfrewshire.

A Greater Glasgow and Clyde ADP Forum has been established to identify opportunities for collaboration and coordination between ADPs and NHSGGC.

Yours sincerely

Julie Murray
Chair, East Renfrewshire Alcohol and Drug Partnership
Chief Officer, East Renfrewshire Health and Social Care Partnership

Considerations for Scottish Parliament's
Criminal Justice Committee, Health, Social Care and Sport Committee
and the Social Justice and Social Security Committee.

Introduction

FAVOR UK established its Advocacy Casework project in November 2021. The initial aims in setting up the Advocacy project within FAVOR UK is to help those with a history of substance use problems to overcome barriers within the system.

Our aims are structured around advocating for access to residential rehabilitation, working with other professional bodies and agencies to amplify the needs and aspirations of our clients and working to promote the notion that a one size fits all approach to recovery is not appropriate for everyone. Often the starting point is simply assuring that their wishes and expectations are valid and reasonable

In this submission we will outline considerations for the above committees based on our findings within the initial six-month period that we have been operational.

Given the limited space for comment and the number and scale of problems that have still to be addressed, we have commented briefly in each area we feel is relevant, and in no particular order. We are happy to discuss any of these matter in greater detail, should this be required.

Impact of Drug Death Rask Force Recommendations

It would appear from the ongoing figures that the recommendations have not (at least not yet) had an impact in preventing drug deaths as there are still over 100 people dying every month, proportionately 4 times higher than England.

Either the recommendations are having no impact or there are other variables that are undoing any good work. As we believe that many of the recommendations were made to the DDTF by FAVOR UK in 2019, we believe that there are a number of cultural and institutional issues that are yet to be addressed and which have undermined the success of the recommendations themselves.

Targeted Distribution of Naloxone

Naloxone provision appears to have moved from a targeted approach to one that is more scattergun. There is a risk that we become too reliant on this particular approach and begin to use it for problems that it cannot resolve at the expense of resources that could be used elsewhere. Providing naloxone is the addiction fields equivalent to providing a defibrillator in the cardiac field to someone who knows a friend or loved one who might have a heart attack but statistically won't be with them when the heart attack happens or another way of looking at it is giving the person who is having a heart attack their own defib and expecting them to administer it themselves while dying.

Optimising the use of Medication-Assisted Treatment

This is a misnomer in many parts of the country, where the medication is being administered in the absence of any supported treatment. Opiate replacement medication, such a Methadone and Buprenorphine do not rehabilitate people experiencing addiction, they only assist in the physical

drug dependence experienced by those involved. Therefore, they make is easier for individuals to engage in psycho-social interventions. This is not a point of debate; both the manufacturers of Methadone and Buprenorphine and the most recent clinical guidance (see SIGN guidance on Long Acting Buprenorphine) identify that these drugs should not be provided without psycho-social support. Unfortunately, in several parts of the country, clients report that they have received little psycho-social support. There should be little surprise that caseloads are increasing, and more people are dying as we have increasingly provided less and less support for the psychological dimension, the addiction itself. There appears to be increasingly less focus on psychological approaches that have been long-established as amongst the most effective treatments, such as motivational interviewing, the importance of engaging with an individual's motivation speedily, and even the fundamental necessity of establishing therapeutic relationships. We believe this is related to an increasingly medically orientated influence upon statutory "addiction" services at management and operational levels.

Accountability and Governance

Accountability and Governance is a problem. Alcohol and Drugs Recovery Services (ADRS) engage with people when they are at their most vulnerable. However, addiction does not make anyone a vulnerable person; other factors may do this, but addiction does not. We have found that many statutory ADRS services treat people as if they did not possess legal capacity. This is manifested in failures to listen to the wishes of individuals when they are seeking treatment, the imposition of treatments they do not wish, the refusal to comply with individual's wishes to end treatment. It also manifests itself in how people are treated when the communicate with ADRS services. This has manifested itself with decision-making processes that fail to provide written decisions, fail to provide reasons for decisions, fail to respond to written letters or emails, either directly or to representatives of the individual. There is also an apparent trend to introduce complaints procedures as a means of silencing client, or patient, dissent. In the absence of a therapeutic relationship that develops trust, establishes and reviews priorities, and sets goals in a collaborative and respectful nature, services have moved to a position of the service making a decision, with or without the individual's consent, where the unhappy individual has to engage3 almost immediately in the Complaints Procedure in order to seek any review. This approach appears to be completely devoid of any awareness of trauma. We know a large proportion of those seeking support from addiction services have a history of trauma, often from those with power over them or those they sought help. Services are now forcing anyone who disagrees with their policy decisions, either, into silence, or into adopting and adversarial posture towards those from whom they need help. People have told us that this is re-traumatising, or that they simply give up. This is hugely productive.

Crisis and Stabilisation

We have found that the new stabilisation units have been promoted as an alternative to residential rehabilitation. We have clients who have been seeking to come off all medication, after abstinence from illicit substances, and referred to a stabilisation unit instead of their preference of residential rehabilitation. This may be due to uncertainty amongst staff of the differences between these two types of services, or desperation to get their clients to a place of safety, however the client is left in the wrong place, without any of the rehabilitation work that they had been expecting. They are arguably pushed further away from their desired goal, as their medication will have been optimised rather than reduced, and a view that they "have had their turn". There needs to be greater clarity around the differences between Rehabilitation and Stabilisation. Rehabilitation has to, ultimately, be the preferred goal when identified by the client. Even if they need to stay for 6 months or even

longer to include a detox this option should not be discounted with serious consideration that fully involves the individual.

Support for Prisoners and Individuals Released from Custody

We would recommend that the Committee become familiar with the work of SISCO (Sustainable Interventions Supporting Change Outside).

Safer Drug Consumption Facilities

We are unconvinced over whether these plans have been fully thought through from a Scottish context. The majority of the evidence for DCRs comes from large city centre using populations in Europe & we do not congregate like this for our drug use. Most people who die do so in their own homes. We use drugs differently to our European counterparts and there for any DCR should consider the patterns of our use and the difference the established evidence base is built on. DCR in local health centre in areas of high deprivation & high mortality make more sense. It also has to be considered that from a Harm Reduction perspective, there appears to have been little discussion over the potential augmentation of harm that the intervention itself could cause. Instead, there only appears to have been a focus on the number of overdoses that these facilities have been found to have reversed. However, there does not yet appear to have been a serious discussion over whether the existence of such facilities could actually increase the risks of overdose as people interpret the situation as one in which they can safely risk overdosing in the presence of professionals. It is even arguable that, for some, this would be a risk-taking attraction. Much more research is required before this is extended any further.

Removing Stigma

Sadly, it is our experience that the most damaging sources of stigma towards people with drug and alcohol problems is in the places where we might least expect it. These include Accident & Emergency departments, Mental Health Services and even Alcohol and Drug Recovery Services. This may not always manifest itself as malign in nature, but based on attitudes or expectations of “service users” as a group. This is compounded by an Expert-Patient (or Service User) bias. This leads to policy approaches that fail to consider individual circumstances, that ignores individual wishes, and treats individuals as people who need looked after rather than empowered. Alternatively, it leads to service disengagement and risks re-traumatisation of the very causes of that individual’s reliance on substances.

Residential Rehabilitation

One of the most obvious omissions by the DDTF was its failure to prioritise, develop recommendations for, and even appear to be theoretical hostility towards, is residential rehabilitation. Fortunately, the Scottish Government have since acknowledged the evidence that supports this type of service and made its own recommendations for this to be increased. Unfortunately, at local levels, there is still resistance to both the provision or access to this (often on cost-related grounds), and also the providers used. Some local authorities (often rural) will be open-minded about referring to any rehabilitation services, when considering its geography. Edinburgh has a preference to send to its own LEAP service, with a mechanism that can recognise the need for someone to be referred to a service elsewhere, out of the area. In Glasgow, though, there are restrictions on what residential rehabilitation services that they will fund. The position is that they will only refer to one or two provider, in the Glasgow area, that they have a pre-existing contract with. We are sure that the onset of a public health emergency is grounds enough to abandon normal contractual arrangements, and the that the increase in funding and subsequent increase in provision will undo the need for either party to have such preferential contractual arrangements. However,

the impact of this situation is that we have had clients struggling to survive from one day to the next, waiting to progress through a waiting list, while beds lie empty elsewhere. This situation creates the potential for discrimination, as the rehabilitation services covered by Glasgow's contractual arrangements are not suitable to everyone, on health grounds. Therefore, some Glasgow residents are being considered, while the needs of others are being ignored.

Funding

There has been a great deal of funding made available in response to the drug related death crisis. However, we mustn't lose sight of the fact that this is effectively replacing some of the funding that used to be available. We would also argue that while the need for grassroots organisations has been acknowledged, the funding structures made available are creating their own barriers. Grassroots organisations, in the communities and emerging as charities or SCIOs, will be the ones that bring the new ideas that will solve our current problems. We know this because that is where the current services emerged from, before the were mostly taken over by statutory services and lost their adaptability to changing circumstances. However for these new organisations to survive and develop, they need to have greater funding support than is currently available. As much as the funding currently available is welcomed, there is a cap for small organisations of £50,000 per year for 5 years. This is about enough for a manager, one member of staff and a very small office. It is a recipe for burn-out. This cap should be doubled to allow new grassroots organisations to develop a stable platform.

Lived Experience funding

There should be specific, rind-fenced funding for lived experience organisations. This should not be tokenistic, but be based upon a principle of parity with existing services (including NHS services). The US Government have recently acknowledged this approach by ring-fencing 7% of all of its addiction spending to be reserved for lived experience organisations. Scotland should at least match this figure.

Learning from our Past

Not very long-ago Scotland was engaged at the forefront of addiction research and practice, and we have fallen a long way to now have (at least amongst) the worse drug-related death figures in the world. We believe this is intrinsically linked with the dramatic reduction of funding in psycho-social treatments and supports, and the decimation of the voluntary sector's small charity bases within the most deprived of communities. In the 1980's, Scotland faced a similar crisis, with the fear of the spread of HIV. This was the trigger to engage in huge investments, through Urban Aid, to create a new industry of addiction services. These sprung out of communities, by those who were most affected and most dedicated to solving the problems. They were also the people who family members were most affected. We believe, that with the benefit of hindsight, we can now see that there was a lack of appreciation of how much these services did to keep people alive, safe, and connected. These are all the things that we now talk about with the language of recovery. We believe there should be a similar investment, to recreate this voluntary sector, grassroots framework that would also re-energise a completely demoralised workforce.

Whole System Approach

The recommendation of support over weekend is supported, but this must include the psycho-social supports, which are often provided by grassroots and community organisations and charities. This

should be backed up by funding, such as uplifts to existing grant arrangements to reflect the increased demands upon resources. More generally, we need to reverse the imbalance that the voluntary sector and grassroots are the last to be considered, as this often means that they are not considered at all, and the gap in resources continues to widen.

Scottish Parliament Joint Committee Session – May 2022

Scottish Drug Deaths Task Force: Recommendations, Actions and Challenges

Following the email request made on 5th April 2022 on behalf of the Scottish Parliament's Criminal Justice Committee, Health, Social Care and Sport Committee and the Social Justice and Social Security Committee, the following is a response from the Glasgow City Alcohol and Drug Partnership (GCADP).

1. Task Force Emergency Response Strategies and Investment

The Scottish Drug Death Task Force (DDTF) published six evidence-based emergency response strategies in January 2020.

1. Targeted distribution of naloxone
2. Implement immediate response pathway for non-fatal overdose
3. Optimise the use of Medication-Assisted Treatment
4. Target the people most at risk
5. Optimise Public Health Surveillance
6. Ensure equivalence of support for people in the Criminal Justice System

A proposal to deliver on each of these strategies was developed by the Glasgow City ADP and funding was awarded by the Drug Death Task Force in July 2020 for the development of:

- the Crisis Outreach Service
- the Complex Needs Outreach team
- the ADP Intelligence Hub and
- the Prison Healthcare Harm Reduction team

The Crisis Outreach Service delivers 7 days a week, 8am to 8.30pm support to people who are identified as being at high risk of overdose and harm. Staff travel to and stick with the individual until they are engaged with the appropriate community service, supporting them with harm reduction interventions, into medication assisted treatment and into recovery. This is a wraparound service which includes assessment, engagement, support and management of patients, including evaluation of substance use, mental and physical health assessment to identify requirements for treatment and onward referral. Significant further investment has been made by the ADP to allow this team to deliver the model city wide.

The Complex Needs Outreach staff are funded by the DDTF allocation, developed in response to Covid-19 and the changing city centre population that saw an increase in the number of people with significant vulnerabilities, including high risk alcohol and drug use, accommodated in city centre hotels. The Complex Needs Outreach staff visited the hotels throughout lockdown, ensuring that people were offered harm reduction, treatment and care interventions and access to recovery support. This outreach model of delivery has continued post lockdown.

The ADP Intelligence Hub is a partnership project that will provide an evolving analytical framework ensuring the effective utilisation of datasets to populate an interactive Public Health Surveillance Dashboard. The aim of the Hub is to enable a more informed partnership view of the impact of alcohol and drugs in the city at **location (postcode) level** by pulling together and analysing previously unmatched data sets from different organisations including NHS Greater Glasgow & Clyde, Glasgow City Council and Police Scotland.

The Prison Healthcare Harm Reduction Team delivers harm reduction support across the 3 prisons in NHSGGC, including Nyxoid distribution by peer mentors. The team offers one to one sessions and a group work programme. These are delivered by a peer mentor and SPS staff wherever possible.

In October 2021 the Taskforce published a detailed list of all its recommendations to the full range of stakeholders. Progress and activity in Glasgow City against the relevant Taskforce recommendations is detailed in Appendix 1.

2. Opportunities and Challenges

Allocation formula (DRD versus NRAC)

The DDTF financial allocation to ADPs was apportioned on the basis of drug related death prevalence- this was a welcome acknowledgement of the size and extent of the public health crisis of drug related deaths and harms in Glasgow City. Unfortunately, this has not been replicated in any subsequent Scottish Government funding allocations which utilise the NHSScotland Resource Allocation Committee formula (NRAC).

Length of funding

The DDTF funding was only available for 2 years. The limitations of short-term funding have hindered planning, development, recruitment and performance management of all the investments which are medium and long-term interventions to reduce DRD's across the city.

Local knowledge informing funding decisions

The invitation to ADPs to apply to the DDTF was made in June 2020 with a deadline of July 2020. This was in parallel with an application process for test of change funding also open to the 3rd sector. This resulted in 2 separate applications of a very similar nature being submitted for Glasgow City – Glasgow Overdose Response Team provided by Turning Point Scotland and the Crisis Outreach Service, delivered by the Glasgow City HSPC. The DDTF awarded grants for both applications. Good coordination, communications and continuation of existing partnerships allowed us to add value to these investments and ensure no duplication of effort, but there is learning for funding coordination and governance of service provision across the city. The importance of local knowledge and context within national funding panels, the timing of funding decisions and good governance should be acknowledged.

Residential investment limitations

Residential service investment has been a focus of the National Mission. The recent Scottish Government residential rehabilitation publications are very welcome and are

assisting us to improve the process of accessing residential services, developing seamless pathways between services, and increasing bed capacity in our abstinence-based rehabilitation service. We remain concerned that the locally identified and evidenced residential service priorities – namely further investment within crisis and stabilisation services are not prioritised for investment, with a specific SG directive towards abstinence-based investment.

Pilot Overdose Prevention Facility

NHSGGC and Glasgow City remain committed to the introduction and evaluation of a pilot overdose prevention facility (a safer drug consumption facility) in the city centre. This has the potential to minimise the risks of public injecting and help engage people with health and social care needs, including drug treatment and wider care needs. In light of the difficulty in changing existing legislation, Glasgow City HSCP colleagues are working with Government and Police Scotland to develop a proposal that may be possible to deliver within current legal framework.

Heroin Assisted Treatment

The Enhanced Drug Treatment Service is the first service in Scotland to provide Heroin Assisted Treatment (HAT) to people who inject drugs. It is managed by Glasgow HSCP and has been operational since December 2019. The service holds a valid Home Office Controlled Drugs License, and each of the medical prescribers are registered to prescribe diamorphine for treatment of opiate withdrawal, with the Scottish Government. HAT is delivered as part of an “enhanced “package of care with medical, nursing and social care support to a population with severe and multiple disadvantages and complex needs at significant risk of drug related death. This is a crucial but expensive service to deliver, requiring a significant long-term financial commitment.

Glasgow City ADP is committed to delivering the National Mission and grateful for the Scottish Government focus on delivery at pace. We believe the increased investment in improving the quality of services for people who use drugs via the implementation of the MAT Standards, increasing the number of those people to access services and achieving consistency of delivery across Scotland, will have a significant positive impact on the public health crisis of drug related deaths and improve the lives of individuals and families throughout our communities.

Appendix 1

DDTF Recommendation	Glasgow City ADP Progress
1. Accountability & Governance	n/a
2. Assertive Outreach	
2.1 Work needs to be undertaken in identifying those not in treatment, noting the increased harm this population already experience, and the likely disruption to supply of drugs (during the Covid-19 pandemic).	Crisis Outreach Service established- new 7 days a week, ooh service, aligned with MHAUs Band 3 HCSW delivering outreach.
2.2 Outreach support should initiate same day access to Opiate Substitution Therapy (OST) alongside provision of Take Home Naloxone (THN) supply.	Same day prescribing established across community ADRS. THN provided at point of contact, delivered to those most at risk. City Centre Outreach Team established and operational.
2.3 Outreach support should maintain therapeutic support through phone and text, particularly for those receiving OST unsupervised and those in self-isolation. This can be done through the 'NHSNearMe' technology which the majority of GP practices have now installed.	Phones, data packages and devices provided to those most in need to allow maintained contact with services.
2.4 The Taskforce will continue to explore the use of navigators and peer support workers and make a recommendation on the best model for a national navigator service to support individuals to access treatment, including in justice settings. In the interim, the national expansion of the MAV hospital navigator programme should be pursued, taking a particular interest in substance use.	Glasgow City ADP continues to contribute to funding the MAV hospital navigator programme.
2.5 Peer support and advocacy are instrumental in accessing appropriate services, and the Taskforce recommends that the Government support the development of a national peer support programme that can be put in place without delay.	Recovery Community Outreach Posts established in South Glasgow and rolled out across the city.
3. Benzodiazepines	
3.1 Addressing the availability of benzodiazepines should be a key priority of this Government and the Taskforce would expect them to work with Police Scotland to reduce the availability of these, as well as supporting harm reduction initiatives	n/a

3.2 Interim guidance has been produced by the Benzodiazepine Working Group. A series of consensus building events will take place before final guidance is published.	Local benzodiazepine prescribing guidance developed for NHSGGC
3.3 The production of illicit pills, including atypical benzodiazepines, cause significant harm. Progress is required to ensure the regulation of pill presses, including a suitable licensing system to reduce related harm	n/a
4. Covid - 19	
4.1 The Taskforce highlighted the importance of maintaining service-level provision of drug and alcohol services during the COVID-19 outbreak and to plan for additional capacity to these services on the basis of public health surveillance.	GADRS maintained contact with service users throughout covid restrictions, using RAG status to prioritise on the basis of risk
4.2 Provide risk assessment of the most vulnerable to ensure safety and that emerging needs are met at times when individuals need to self-isolate or are at increased risk and subject to shielding guidelines due to underlying health conditions.	GADRS maintained contact with service users throughout covid restrictions, using a Traffic Light System (Red Amber Green) of recording to prioritise on the basis of risk. Risk assessment considered a number of factors including underlying health conditions which impacted on shielding requirements. **Red (Critical Risk) – minimum of weekly contact** **Amber (Moderate Risk) – minimum of fortnightly contact** **Green (Low Risk) – minimum of 4 weekly contact**
4.3 Consider people who use drugs (PWUD) as a priority group. This would ensure they receive COVID19 testing, in particular those who are homeless/in prison/prisoners on release etc	Complex needs team prioritised covid vaccinations for those in homeless accommodation
4.4 Accommodation and prioritisation of rough sleepers to enable safe social distancing measures and self-isolation amongst this population, accompanied by proactive testing for COVID-19 to allow appropriate measures to be put in place and 'cohorting' of accommodation to be considered.	Accommodation for rough sleepers has been prioritised, with new hotels identified within the city to meet demand. The Enhanced Drug Treatment Service has engaged some of the most complex and severely marginalised people who use drugs in the city, all of whom were homeless, often rough sleepers, at the start of treatment. Working with services such as Housing First has resulted in all these service users being accommodated.
4.5 Ensure a range of in-reach services including OST and THN supply in hostels and requisitioned sites, such as hotels.	Complex needs team assertively outreached into city centre hotels allowing access to harm reduction and MAT throughout lockdown.

5. Crisis and Stabilisation	
5.1 The Benzodiazepine working group of the Taskforce recommended that the Scottish Government should urgently consider allocating funding resources for nationally commissioned safety and stabilisation services. This would include: • The development of appropriate pathways to embed a stabilisation service in the current and developing treatment and support landscape • Further feasibility and scoping work to cover any gaps in the existing evidence. • Commitment to the development of the evidence base for safety and stabilisation resource through lessons learned.	Glasgow City HSCP continues to commission the Glasgow Alcohol and Drug Crisis Service and the Stabilisation Service from Turning Point Scotland.
6. Dispensing & Prescribing	
As part of the Taskforce's recommendations on Covid (16 April 2020), the Taskforce highlighted that: o A rights-based approach should be taken, prioritising OST as an essential medicine. o Safe storage boxes should be provided for the storage of medicines and take home doses. o There should be ongoing availability of oral toxicology testing to those considered most at risk (e.g. those with unstable drug use or child protection issues) to enable accurate risk assessment around supervision and dispensing arrangements. o Home delivery outreach networks should be established - using a mixture of redeployed staff from other services, third sector and volunteers. o The use of long acting depot injection should be investigated in OST preparations, given its ability to aid initiatives such as self-isolation/quarantine. o Local formularies should be reviewed as a matter of urgency to ensure they contain the range of licensed, approved OST medicines (methadone, buprenorphine in its various forms,	Level of "take home" is determined by individual risk assessments. All community pharmacies reinforce safe storage messages and information leaflets are available, including translations. Risk assessment includes consideration of family and home circumstances. There is no agreed standard or safe storage box product that can be used for this purpose. Pandemic response included work by ADRS Pharmacy, Community Pharmacy Development (CPDT) and Controlled Drug Governance (CDG) teams to support ADRS, community pharmacies, volunteers and third sector partners in implementing home delivery processes for prescription forms and dispensed medications. Response included engagement of dedicated drivers for ADRS medication and prescription deliveries. Greater Glasgow and Clyde was one of the first health boards to implement a Long Acting Buprenorphine (LAB) , Buvidal prescribing and administration pilot. This has continued and numbers increased. Representatives from ADRS medical and pharmacy staff have contributed to development of LAB national guidelines. GGC local formulary has been amended to include all OST prescribed locally.

including injectable long-acting preparations) so that there is equity of provision and choice for patients and prescribers. o Laboratory facilities e.g. for oral fluid testing and oral toxicology testing needs to be maintained to ensure treatment is optimal. o Preparation of alternative systems of delivery should pharmacy provision be further depleted e.g. central stocks of OST medicines; skeleton staff to provide OST & IEP despite being closed to general public; expansion of outreach networks and delivery vehicles. o Identify pharmacies with high patient numbers receiving OST for site-specific contingency plans to be developed. o Ensure that all health boards include OST dispensing and IEP provision as essential pharmacy services to be maintained as core elements of the emergency response. o Support pharmacies with volunteers to help manage queues.	During the pandemic the ADRS pharmacy team worked closely with ADRS prescribers, Community Pharmacy Development (CPDT), Controlled Drug Governance (CDG) teams and the local Contractors Committee to develop contingency plans for OST provision in the event of potential pharmacy restrictions or closures. This included re-provisioning of the Enhanced Drug Treatment Service (EDTS) dispensary to give access to 7 day OST supervised dispensing. This additional contingency was not required as, despite the challenges, the community pharmacy network coped with the demand for OST dispensing and supervision. The whole case load was reviewed, and risk assessed to reduce supervision to the minimum required to protect patients from extended public contact and to protect the community pharmacy network. Pharmacy numbers are routinely monitored via the NEO system. This allows identification of over or under provision and a quick response to any identified issues. All pharmacies, including those with high volumes developed contingency plans and support provided. 284 of the 291 pharmacies in GGC have a contract to provide a supervised OST service. The definition of "high patient numbers" in GGC is 60+. All pharmacy numbers are routinely monitored and the high volume pharmacies provided with additional support and advice With support from the health board and the contractors committee OST dispensing and supervision along with IEP services were agreed as essential core pharmacy services that were maintained during covid restrictions. ADRS pharmacy team worked with local police to address any potential issues with public order related to queues. Local officers visited identified pharmacies to provide advice and support.

7. **Diversion from Prosecution**	
The Criminal Justice and the Law Subgroup is working on recommendations around diversion from prosecution and will report by July 2022	Glasgow City's Tomorrow's Women service and residential 218 service provides an alternative to custody for women in the justice system impacted by problematic substance and/or alcohol use. The Positive Outcomes Project is a partnership project between GCHSCP and Police Scotland, supporting people who are using drugs harmfully to stabilise their use, improve the quality of their lives lifestyles and reduce levels of persistent crime.
8. **Drug Checking**	
8.1 Drugs checking facilities may have an important role in empowering individuals to make safe choices. They also potentially provide an early warning system. The Taskforce recommend the Scottish Government work with the Home Office to review the current drug licencing regime to ensure that it is open, transparent and accessible, in line with a health based approach. The Scottish Government should support drug testing nationally and work with local services to ensure it is available. 8.2 The Scottish Government should support drug testing nationally and work with local services to ensure it is available.	Working group established for pilot Drug Testing service in Glasgow City. Site has been identified. Awaiting home office license. Ongoing activity of GGC Drugs Trend Monitoring Group collating data and developing existing alert system within GGC. Representation on National Centre for Excellence and National Drug Trend Monitoring Group, RADAR -Working proactively with Police Scotland to produce information sharing protocols -Identification of harm reduction information -Develop new materials harm reduction materials where appropriate
9. **Drug Paraphernalia**	n/a
10. **Drug Testing & Treatment Orders (DTTO's)**	n/a
11. **Equality Act 2010**	n/a
12. **Families**	
12.1 The Taskforce welcomes the engagement with its drug law reform report from family members and feel their contributions reflect strongly the direction and ambition of the Taskforce. The Taskforce will continue to learn from the projects funded and will make further recommendations on options for treatment, support and recovery.	Recovering Families Project roll out across the city Support to Birth Mother's Project in development Commissioned family support service delivered by Families Affected by drug and alcohol use (FASS) Young Persons service being designed in line with Whole Family Approach Framework. ADP Children, Young Person & Families Sub group
13. **Funding**	

The Taskforce clearly outlined in our meeting with the Minister and First Minister that additional funding should be made available for grass roots organisations and community-based projects alongside services to support vulnerable people.	Glasgow City will benefit from several successful applications to the Corra Local improvement Fund and Children and Families fund
14. Information Governance	n/a
15. Law Reform	ADP reps engaged in the Drug Death Task Force subgroup.
16. Lived & Living Experience	
16.2 More needs to be done to engage with those who do not currently access services. The Taskforce therefore recommend that a network of people with living experience is established in the next 6 months	ADP Lived Experience Senior Officer in post Successfully established ADP Lived & Living Experience Reference Group and Women's Lived and Living Experience ADP Reference group Ongoing investment in the City Centre Engagement Group – a forum for PWUD in the city centre to raise and discuss issues of concern to them
17. Medication Assisted Treatment	
17.1 The implementation of MAT Standards must be scaled up at pace. To enable this the Taskforce would recommend formal standards and indicators are developed by Health Improvement Scotland by the end of 2021. Scottish Government will have a vital role in supporting this roll out by ensuring that Chief Officers take accountability for delivery of the standards at local level	MAT standards implementation steering group established. Work has commenced on implementing all MAT standards across the city. Process, numerical and experiential data has been submitted to PHS.
17.2 The Taskforce supports the devolution of licensing for Heroin Assisted Treatment (HAT) premises to allow the single-office co-ordination of premises and prescriber licensing and the Scottish Government should support and promote a national roll out for HAT.	The Enhanced Drug Treatment Service (EDTS) has been operational since Dec 2109 providing prescribed diamorphine under supervised conditions The treatment programme also includes other services, such as addictions counselling and support to resolve issues with housing, benefits, or other health conditions. Evaluation is soon to be published.
18. Naloxone	
18.1 Maximise naloxone distribution through all channels, including on release from prison and through families, with the possibility of using third sector organisations and recovery communities.	• Overdose prevention and naloxone training is available from: ○ GADRS sites ○ 69 Community Pharmacies (34 IEPs). ○ GDCC and Mobile IEP Van ○ Recovery Hubs

	○ Number of outreach services inc., HIV Street Team, Routes Out, Phoenix Pharmacy Team and City Centre Outreach Nurses. ○ Overdose Response Teams – Glasgow Crisis Outreach Service and Glasgow Overdose Response Team. • As part of the IEP WAND campaign people who inject drugs within the city centre are routinely supplied with naloxone in order to meet the requirements of the voucher scheme. Scottish Ambulance Service and SFAD are independently offering naloxone training and provision within the ADP area, however figures are reported in appropriate NHS Board in National Report. Police custody staff regularly issue supplies of naloxone. The Lord Advocate's exemption was used to extend the number and types of service and site who could hold and supply Take Home Naloxone. This included a range of residential services. The DDTF funded additional kits were directed to supply these extra sites. Police Scotland G Division participated as a pilot site for police naloxone carriage pilot.
19. Non-Fatal Overdose	
19.1 Non-fatal overdose pathways are vital to catching the most at-risk people early and providing them with the support needed to avoid a fatal overdose. The Taskforce would recommend that these should be expanded nationally, learning from the tests of change ongoing through the Taskforce.	Crisis Outreach Service operational providing crisis response for service users experiencing distress and an immediate response to NFOD. The majority of referrals come through the SAS. Pathways developed between MHAU, SAS, A&E & community. Service users linked into locality teams for treatment and care and 3rd sector organisations for ongoing support into recovery.
20. Policing	
	Police Scotland are key partners in Glasgow City ADP. Police Scotland representation embed throughout structure. Safer Drug Consumption Facility work progressing with Police Scotland contribution City Centre Action group co-ordinated during COVID with Police Scotland Involvement. The Nyxoid pilot with Police Scotland has been very successful in Glasgow City

21. Prison	
21.1 Provision of naloxone for all prisoners with a history of substance use on liberation, and their families (exploring distribution of intra-nasal naloxone might also be an option) is essential.	Prison based Harm Reduction Team Prison based peer naloxone training Developing Nyxoid pilot in Prison
21.2 The Taskforce recommends that adequate throughcare provision is available to prisoners on liberation including: access to GP (information about the 'Access to Healthcare – GP Registration Cards' for vulnerable people accessing GPs available here - Access to Healthcare) and continuity of OST provision Further work is needed to ensure holistic support is provided for people with multiple complex needs, including exploring the reintroduction of throughcare support officers. The Taskforce asks that options for sustainably funding a reinstated throughcare service are explored.	Supporting Prison Recovery Worker Posts
22. Public Health Surveillance	
22.1 Public Health Surveillance and the need for real-time information and data should be prioritised. This includes information on the impact of COVID-19 on drug related deaths, but also the impact on illicit drug supplies and levels of quality. This will better enable Health Boards, ADPs and service providers to provide a suitable response	The ADP intelligence Hub is in development- a multi-agency data, interactive public health surveillance tool, to allow a more informed partnership view of the impact of alcohol and drugs in the city.
23. Safer drug Consumption Facility	
23.1 The Taskforce supports the introduction of properly resourced safer consumption facilities in Scotland. The Drugs Death Taskforce recommends that the UK Government consider a legislative framework to support their introduction. In the interim, the Scottish Government should explore all options within the existing legal framework to support the delivery of safer consumption facilities.	Glasgow City HSCP continues to consult with the Scottish Government and Police Scotland on the urgent need to develop a SDCF in the city, within the current legal framework, to respond to the continued needs of people who inject drugs in public spaces.
24. Stigma	
24.1 Scotland should have a national and local mission statements on addressing stigmatisation – including self-stigma, stigma by association, structural stigma and public stigma.	The ADP continues to invest in 'Freed up', alcohol and drug free social event across city venues, allowing safe socialising for people in Glasgow, addressing stigma and supporting recovery.

24.2 All responses to problem drug use must be co-developed or co-produced with those who deliver services to people with drug problems and people with lived experience.	Glasgow City HSCP has lived experience reps embedded within contract & commissioning processes
24.3 All services must help reframe the narrative around problem drug use wherever possible. Drug services should celebrate the success of recovery communities and focus on and communicate strong messages about the positive outcomes PWDP can expect when engaging with them.	Recovery Communities being supported to become self sustaining with Charitable status ADP Comms Strategy will promote Recovery Communities and address stigma
24.4 Services must actively promote opportunities for anyone – from the client group, from families and communities and from the workforce – to be able to challenge stigma or stigmatising behaviour, process or environments.	ADP Comms Strategy will promote Recovery Communities and address stigma
25. Whole Systems Approach	
25.1 Access to treatment at the weekend continues to be a considerable gap in delivering a whole systems model of care. The Taskforce therefore recommends that Scottish Government pursue increased weekend access to treatment and support.	Crisis Outreach Service is open 7 days a week until 8.30pm. Recovery Communities offer weekend support Recovery Hubs offer weekend support
26. Women	
The Taskforce published their Women's Report on 1 December 2021 including 26 core recommendations https://bit.ly/3KIYxIE	• ADP Women's Working Group established which will take forward recommendations from DDTF Women's Report. • ADP Women's LLE Reference group established • Support to Birth Mother's Project (Martha's Mammy's) being developed. Input from Women's LLE reference group • 3 women's recovery groups citywide. • Women's ROSC event planned Sept 2022 • Females can request female Care Manger ADRS • 3 female Recovery Community Outreach workers • Specific needs of women being considered within MAT implementation • Parenting Team within ADRS
27. Workforce	
27.3 Building a skilled and motivated workforce is essential, but there has been little central investment in professional development. The	Workforce working group established as part of MAT standards implementation and ongoing GADRS review

Taskforce therefore believe that a workforce review is required. This would enable clear career development pathways to be defined including core skills and competencies.	
Those working with women experiencing substance use either directly or indirectly should be trained in trauma informed care, stigma, women's rights, holistic care, to recognise power imbalance and domestic abuse, barriers to engagement, harm reduction, sexual and reproductive health, blood borne viruses, mental health conditions and neurodiversity. They should know what services and supports are available locally and how to access them.	Glasgow City HSCP training programme for all service staff in trauma informed practice is underway.

Highlands ADP response to the Scottish Parliament's Criminal Justice Committee, Health, Social Care and Sport Committee and the Social Justice and Social Security Committee by 13/05/22

Request: To inform its future work, the Members of the three committees would appreciate your views on the actions that have been taken, or that you have taken, to implement the Drug Death Taskforce's Recommendations

Response:

Accountability and Governance
Action:

- HADP reports on progress on preventing and reducing drug related deaths to the community planning partnership board, public protection chief officers group and NHS board. Local leadership and organisation leads are represented on these bodies.
- Toxicology services are not subject to delay in the HADP area.
- HADP has met with the National Collaborative led by Professor Alan Millar and has received progress updates. The National Collaborative work on human rights based approaches and the proposed charter of rights is welcomed.

Assertive Outreach
Action:

- HADP is piloting a multi-agency Housing First service for people with complex needs at higher risk of drug and alcohol related death where assertive outreach is a key approach. The pilot will be adapted and extended to more remote and rural communities.
- A multi-agency non-fatal overdose immediate response pathway team is currently being established to deliver assertive outreach to people at higher risk of drug related death in the Inverness area. Learning will be adapted for roll out across Highland.
- HADP has made monies available to local services to support digital inclusion for people at higher risk of drug related death.
- Medics Against Violence (MAV) Navigator programme is now established in Inverness.
- Reach Advocacy are facilitating five one day workshops in Highland on a human rights approach to the Medication Assisted Treatment (MAT) Standards. Members of the Highland Lived Experience panel are participating in the accredited Reach Advocacy training. Funded has previously been provided to Advocacy Highland to develop peer advocacy support.
- A peer naloxone project has been developed in partnership with the Scottish Drugs Forum, Salvation Army and Highland Alcohol and Drug Advice and Support Service (HADASS) and NHS Highland, Pharmacy.
- NHS Highland, Drug and Alcohol Recovery Service are working hard to embed the MAT Standards and will be supported by the national MAT Implementation and Support Team (MIST).

Benzodiazepines
Action:

- HADP is supportive of Police Scotland operations to reduce the availability of benzodiazepines including pill presses.
- HADP welcomes publication of the recent evidence review on benzodiazepine use and current trends and will consider how best to act on the key findings.
- Local drug trend bulletins continue to be collated and circulated to inform practice.
- HADP and NHS Highland continue to raise awareness via the HADP Bulletin, social media posts and the Highland Overdose Prevention and Engagement (HOPE) App.

Covid 19
Action:
- Service-level provision of drug and alcohol services during the COVID-19 outbreak were maintained throughout the pandemic.

Crisis and Stabilisation
Action:
- HADP has funded additional places in the local residential rehabilitation facility which includes funding for feasibility work on the repurposing of supported accommodation for safety and stabilisation purposes.

Dispensing and Prescribing
Action:
- HADP has funded training places to increase nurse prescribers across NHS Highland.
- The Drug and Alcohol Recovery Service are working locally and with MIST to implement and embed the MAT Standards.
- OST options are steadily being increased with a growing number of people with problem drug use choosing Buvidal as an option.
- HADP and NHS Highland are exploring options for developing specialist pharmacy support.
- HADASS continue to support local pharmacies and are rolling out the national WAND initiative.

Diversion from Prosecution
Action:
- HADP is funding a Harm Reduction Police Officer post that acts as a bridge into treatment and support services for vulnerable people and those subject to cuckooing.
- Resource has been provided to youth justice services to support diversionary initiatives.

Drug Checking
Action:
- HADP supports the national work on drug checking and has sought to collaborate with partner agencies to explore the possible introduction at festival events.

Drug Treatment and Testing Orders (DTTO's)

Action:

- Funding is also provided to criminal justice services to deliver DTTO2 to younger chaotic people using drugs in contact with the criminal justice service.

Families
Action:

- HADP supports whole family and family inclusive approaches and has provided match funding to Action for Children to secure additional significant resource for a Families First service in Highland.
- Family members are represented on the Highland lived experience panel.
- HADP has funded Scottish Families Affected by Alcohol and Drugs to conduct a consultation with family members to inform policy and practice.

Funding
Action:

- HADP has provided significant resource to Highland Third Sector Interface and other Third Sector partners to develop community based projects to support vulnerable people.

Information Governance
Action:

- The Community planning partnership board and public protection chief officers group are proactive in resolving challenges related to information sharing.

Living and Lived Experience
Action:

- HADP has supported establishment of the Highland Lived Experience Advisory Panel (LEAP) Group and is receiving support from the Scottish Recovery Consortium to strengthen development of the panel.

Medication Assisted Treatment
Action:

- HADP has submitted the process, experiential and numerical data available to MIST as required and is currently awaiting a report on local progress.
- Members of MIST will be allocated to Highland to support application of quality improvement approaches to take forward any recommendations from the report.

Naloxone
Action:

- Naloxone distribution continues to be core practice for the Drug and Alcohol Recovery Service.
- Peer naloxone distribution is being established with Salvation Army being supported by HADASS to distribute supplies.
- SFAD postal naloxone service promoted with uptake increased among Highland families.
- People leaving prison with a history of opiate use receive naloxone in liberation packs.

Non-Fatal Overdose
Action:

- Multi-agency immediate response team being established in order to strengthen the previous alert system administered via the Drug and Alcohol Recovery Service.

Prison
Action:

- All people receive a community integration plan on release from prison.

Public Health Surveillance
Action:

- Robust systems in place locally that includes prompt sharing of drug trend information.

Stigma
Action:

- HADP has developed the People First – Partners Pledge to encourage non-stigmatised language and practices.
- Development and promotion of People First – Language Matters resources.
- Local and social media campaigns include raising awareness of anti-discriminatory attitudes and practices.
- Anti-stigma training session developed and rolled out to relevant partners.

Whole Systems Approach
Action:

- Services have extended hours and provide more flexible access in a range of locations.

Women
Action:

- Ongoing collaboration with the Highland Violence Against Women Partnership.

Workforce
Action:

- HADP supports the findings from recent publications on workforce planning for the drug and alcohol field.
- MIST funding will be utilised to establish career pathways that will assist with recruiting and retaining staff.

Debbie Stewart
HADP Coordinator
12/05/22

Inverclyde
IADP
Alcohol & Drugs Partnership

Written Evidence

Provided by Inverclyde Alcohol and Drug Partnership

Progress Made in Implementing the Recommendations of the Scottish Drug Death Taskforce

To the joint meeting at Scottish Parliament of the:

- **Criminal Justice Committee**
- **Health Social Care and Sport Committee and**
- **Social Justice and Social Security Committee.**

Dear Committee Members,

Thank you for inviting Inverclyde Alcohol and Drug Partnership to provide written evidence to consider the progress made in implementing the recommendations of the Scottish Drug Death Taskforce.

In 2019 and 2020 there were 33 people in Inverclyde who sadly lost their lives to a drugs death. While Inverclyde is one of the smallest Local Authorities, Inverclyde has the third highest death rate in relation to drug related deaths in Scotland at 36.7. This compares to Dundee and Glasgow.

When mapping the locus of drug deaths in Inverclyde, it is significant to note the overlap with our most deprived communities and the long reach of poverty in people's lives and the impact this has in other related public health and inequalities issues including alcohol suspected deaths, mental health and suicides and deaths in homelessness. The findings of the Hard Edges Scotland report (2019) strongly resonates with people's experience in Inverclyde.

Inverclyde ADP appointed an Independent Chair in 2021, who along with other local leaders, has demonstrated strong leadership and an urgency in reducing drug related deaths as a local priority.

This written evidence will outline actions taken and impact before considering gaps and barriers. Finally, it will also consider consistent delivery of services, with a particular focus on residential rehabilitation.

Actions Taken

Below is an outline of actions taken that reflect the DDTF recommendations:

1. With regards to accountability and governance Inverclyde ADP has developed a Drug Related Death Review Group. This is a multi-disciplinary group who reviews every drug related death and provides the necessary information for the NRS Drug Related Death reporting. This group directly reports to the Drug Related Death Monitoring Group. The focus of this group is the actions in the Inverclyde ADP Drug Related Death Prevention Strategy.
2. Inverclyde ADP is also represented on a range of Greater Glasgow & Clyde Health Board meetings.
3. In addition, the Inverclyde ADP Coordinator is a member of several key national groups, taking an active role in driving the agenda at a national as well as local level.
4. Drug Death Taskforce funding has been used in appointing various posts as tests of change. This has included:
   i) To support assertive outreach, in the development of information sharing protocols with key partners including Scottish Ambulance and the Glasgow Overdose Response Team to ensure assertive outreach within 48 hours to anyone who has had a non-fatal overdose. This work is now being continued using MAT funding.
   ii) A Naloxone Link Worker to support Third Sector partners in being registered to administer Naloxone, train Third sector partner staff in administering Naloxone and supply them with Naloxone and develop peer mentors who can provide training on Naloxone. This post is now being continued to a second phase of delivering training and awareness of Naloxone at a community level.
   iii) A Peer Support role has been developed alongside a sessional Peer Support budget. This has created an employment pathway as part of another local development of a Recovery Hub. These roles are now embedded in commissioning for Recovery. The Recovery model also includes a Recovery Coordinator and Early Intervention posts.
5. More recent DDTF funding relates to the development of Early Help in Police Custody, using a model of Peer Navigators.
6. Inverclyde ADP are also working to support those most at risk into treatment and try to keep them established within treatment services with the expansion of the Nurse Liaison service.
7. Buvidal is available along with other treatment options within ADRS and same day prescribing is available if clinically indicated Monday – Friday. The Advanced Nurse Practitioner role is being developed to widen the scope of clinical assessment and appropriate prescribing.
8. Corra Funding is being used to fund a Project Co-ordinator and Band 6 Nurse to develop new pathways into treatment via test of change work in Primary Care.
9. A key priority in Inverclyde's Anti-Poverty Strategy is to use funding to undertake an employability pilot, targeting a cohort of 20-40 year old males who are unemployed with alcohol or drug dependencies. This pilot will initially target Greenock Town Centre followed by a second phase targeting Port

Glasgow. This pilot recognises the challenges to be overcome in relation to reducing poverty and increasing employment opportunities while tackling health inequalities.

10. Inverclyde ADP has approved funding of phase two of a test of change employing a senior pharmacist to undertake reviews of people prescribed high levels of painkiller medication over a pro-longed period of time. This correlates with our findings from drug death reviews and toxicology reports that indicate a number of people being on prescribed painkillers.
11. Following an options appraisal; Inverclyde ADP's preferred option for a local residential rehabilitation model is to replicate the Fife intensive Rehabilitation and Substance Misuse Team (FIRST) in Fife which is cited as a best practice example. Following discussions with Turning Point Scotland, it was agreed that a joint bid be submitted to the Corra Improvement Fund to fund the posts for this model and that Inverclyde ADP would commit match-funding costs towards residential rehabilitation and any necessary detox placements.
12. The Recovery Hub also supports the Lived Experience Network who have actively been involved in all of the local developments. The LEN developed a "Recovery Pathway" and held a local event "Shine a Light on Recovery".
13. Inverclyde ADP recognises the barrier of stigma and developed a strategy and action plan to address this, "Being Accepted". Stigma training has been delivered to a wide range of partners.
13. People from the LEN have shared their stories and participated in a community "Challenging Stigma" event called "Oor Bairns.
14. Inverclyde ADP supported two vigils in Inverclyde as a demonstration of compassion to people in our community who have lost loved ones to an alcohol or drug death.
15. Inverclyde ADP has commissioned Scottish Families Affected by Drugs and Alcohol to provide that essential support to families, both on a one-to-one level but also in a group setting. We have extended funding to employ a Support Assistant in recognition of the need of this support to families. SFAD also provide a postal Naloxone service.

As can be seen, there is a wide range of actions being taken and this is not an exhaustive list. The actions are also multi-layered, targeting individual, families and community levels. We recognise that everyone has a collective role in reducing drug related deaths.

Indications at this point in time are that these range of actions are reducing the number of suspected drug deaths in our community and we wait for confirmation of this in the forthcoming NRS Drug Related Deaths report.

However, feedback from local partners and people with lived experience indicates there is stronger partnership working and a sense of hope with a clear message that people can recover and there is support available. People have commented that they feel a momentum is building in Inverclyde and positive actions are being taken.

One of the largest barriers has been around information governance. The development of the National Care Service may be an opportunity to try and address this.

With regards to delivering a consistent level of services; this is more complex as delivery should reflect local need. For example, Glasgow and Inverclyde has some common needs and delivery of services, but also have some very different needs and delivery options. It is helpful that there are various ADP meetings across GG&C and there is a level of shared resources. The development by the Drugs Policy Division to create ADP Liaison Groups will be an opportunity to share good practice and create an environment of innovation and learning.

Finally, it has been helpful that both the Inverclyde ADP Chair and Coordinator are members of separate national groups driving the residential rehabilitation agenda. Inverclyde ADP has developed close working with our local residential providers and have funded placements. We have also held three local workshops to develop our local residential rehabilitation pathway. There is strong alignment with this pathway and other key workstreams already highlighted.

We would hope that any future development of a national commissioning framework Will complement the opportunities to enhance our pathway in going forward.

Yours Sincerely,

Kenny Leinster
Inverclyde ADP Chair

Drug Deaths Taskforce Recommendations – MLHSCP Response

Accountability and Governance	MLHSCP Actions/Views
The Taskforce recommended that Government extend the renewed leadership and call for action (from the National Mission) to include local leadership and organisation leads.	The MELDAP Strategic Group will continue to provide leadership and oversight of the implementation of the DRDTF recommendations as well as the embedding of MAT Standards 1-5, by April 2022 and full implementation during 2022/23
The Taskforce highlighted concerns regarding accountability and outlined that Government should hold the leadership of statutory services and local delivery leaders to account. This was highlighted in the Dundee Commission but also has been a recurring theme when communicating with ADPs.	Chief Officers for geographic areas and ADP's are accountable for the embedding of MAT Standards and the delivery of other national strategic and ministerial priorities at a local level. Local responses to these priorities are set out in MAT Project Specific Documents [PSD] and local ADP Delivery plans.
Assertive Outreach	MLHSCP Actions/Views
Work needs to be undertaken in identifying those not in treatment, noting the increased harm this population already experience, and the likely disruption to supply of drugs (during the Covid-19 pandemic). 16 April 2020 2 Outreach support should initiate same day access to Opiate Substitution Therapy (OST) alongside provision of Take Home Naloxone (THN) supply	Treatment services in Midlothian contacted patients up by telephone and also used Microsoft teams and "Near Me" for consultations. Third Sector partners contacted clients and were being offered psycho-social support over the phone or video call where appropriate. The new Contact Service was introduced to Midlothian in December 2021 allowing people to access information about treatment 5 days per week, including receiving call back on any left message.
Outreach support should maintain therapeutic support through phone and text, particularly for those receiving OST unsupervised and those in self-isolation. This can be done through the 'NHSNearMe' technology which the majority of GP practices have now installed.	Midlothian SUS have successfully implemented "Low Threshold" clinics to target those "hardly reached" individuals who are at higher risk. Primary Care/Assertive Outreach - Whilst this is less developed in Midlothian [due to funding constraints], MLHSCP/MELDAP will be augmenting this provision using new investment.
The Taskforce recommends that Scottish Government make additional resources available for local organisations to provide service users with the means to maintain communication, e.g. mobile phones with credit/data packages, to ensure users can still receive a consistent level of support.	MELDAP funded a 3rd Sector organisation to co-ordinate this work on behalf of the partnership. Early in the pandemic, the greatest demand appeared to be for data top ups. As lockdowns and government restrictions continued, there was also and increase if supplying of phones and tablets. Access to industry and Children 1st were also able to contribute IT support to people and families who used their service.
Peer support and advocacy are instrumental in accessing appropriate services, and the Taskforce recommends that the Government support the development of a national peer	MELDAP has for many years had a programme of paid Peer Workers. This has provided a unique set of skills and experience into our frontline drugs and alcohol services. We have been able to expand the resource in

support programme that can be put in place without delay	Midlothian and we will be further increasing numbers of Peer Workers working in our localities. In recent years we have also resourced a pilot service of paid Peer Workers situated within our neighbouring Acute Hospital Emergency Department. Midlothian also has two specialist Advocacy services for people effected by their or others use of alcohol and drugs.
Covid 19	MLHSCP Actions/Views
The Taskforce highlighted the importance of maintaining service-level provision of drug and alcohol services during the COVID-19 outbreak and to plan for additional capacity to these services on the basis of public health surveillance.	Midlothian Health and Social Care Partnership and 3rd Sector treatment services confirmed that no redeployment of staff took place over the Covid 19 pandemic period.
Provide risk assessment of the most vulnerable to ensure safety and that emerging needs are met at times when individuals need to self-isolate, or are at increased risk and subject to shielding guidelines due to underlying health conditions.	At the onset and throughout the Covid Pandemic, staff and managers from treatment services continually risk assessed in line with RAG assessments and problem solved to ensure that people had the required contact, treatment and support.
Consider people who use drugs (PWUD) as a priority group. This would ensure they receive COVID-19 testing, in particular those who are homeless/in prison/prisoners on release etc.	NHS/HSCP Services required to ensure access to this type of response
Accommodation and prioritisation of rough sleepers to enable safe social distancing measures and self-isolation amongst this population, accompanied by proactive testing for COVID-19 to allow appropriate measures to be put in place and 'cohorting' of accommodation to be considered.	Housing/Homelessness teams in Midlothian delivered this aspect with the support of treatment and support services funded by MELDAP
Ensure a range of in-reach services including OST and THN supply in hostels and requisitioned sites, such as hotels.	MELDAP and operational services have been involved in support and training to hostel staff in relation to THN/Nyxoid MHSCP also have a wellbeing nurse who links in with those living in hostels
Dispensing and Prescribing	MLHSCP Actions/Views
As part of the Taskforce's recommendations on Covid (16 April 2020), the Taskforce highlighted that: • A rights-based approach should be taken, prioritising OST as an essential medicine. • Safe storage boxes should be provided for the storage of medicines and take home doses. • There should be ongoing availability of oral toxicology testing to those	These aspects are being provided by treatment and support services Midlothian SUS introduced prescribing processes to deliver rapid access to Opiate Substitute Therapy when required. For a number of years, MELDAP has funded safe storage boxes. This is delivered through treatment and support services in Midlothian. These responses were developed and implemented by NHS Lothian, pharmacies,

considered most at risk (e.g.those with unstable drug use or child protection issues) to enable accurate risk assessment around supervision and dispensing arrangements. • Home delivery outreach networks should be established - using a mixture of redeployed staff from other services, third sector and volunteers. • The use of long acting depot injection should be investigated in OST preparations, given its ability to aid initiatives such as self-isolation/quarantine.	treatment services, MELD and both H&SCP are part of their resilience responses. Practice was regularly reviewed and adapted by Service Managers/MELDAP. MELDAP supported services/HSCP, pharmacies with issues arising with delivery. During the pandemic, MELDAP funded a 3rd sector response to augment the home delivery of OST and other resources from both HSCP's. A programme to deliver long acting depot injections has been implemented in both Midlothian.
Medication Assisted Treatment	MLHSCP Actions/Views
The implementation of MAT Standards must be scaled up at pace. To enable this the Taskforce would recommend formal standards and indicators are developed by Health Improvement Scotland by the end of 2021. Scottish Government will have a vital role in supporting this roll out by ensuring that Chief Officers take accountability for delivery of the standards at local level.	Midlothian SUS have successfully implemented a "Low Threshold" clinic to target those "hardly reached" individuals who are at higher risk. Both services have introduced a new prescribing process to deliver rapid access to Opiate Substitute Therapy.
Naloxone	MLHSCP Actions/Views
Maximise naloxone distribution through all channels, including on release from prison and through families, with the possibility of using third sector organisations and recovery communities.	Services offer Take Home Naloxone on an "opt out" rather than "opt in" basis, this maximises the uptake of THN. We have completed second round of THN training for peer supporters/volunteers. THN is distributed through a number of sources, primarily adult services. This would include Number 11, MELD, Harm Reduction Team and through Peer Workers. Services are taking opportunities to further support with additional Naloxone training being provided. MELDAP and operational services have been involved in support and training to hostel staff in relation to THN/Nyxoid Discussions have begun about maximising opportunities for supply THN in community pharmacy settings. In addition initial discussions have begun around ensuring Naloxone training and availability in every pharmacy. MELD/SUS services are taking opportunities to further support with additional Naloxone training being provided where necessary.

	MELDAP has increased levels of expenditure as planned to maximise training and provision of THN Kits
Naloxone is a lifesaving drug, which the Taskforce have made significant progress in increasing its distribution through channels where its use can save lives. There is still capacity to increase this further, and this should be developed with urgency.	In partnership with the Scottish Drugs Forum (SDF) and a local provider, MELDAP have been working to raise the profile and take up of Naloxone within Midlothian including: • Sending out a letter, SDF posters and credit card sized information leaflets to as many community and statutory organisations that we can think of encouraging them to display the posters in prominent places encouraging sign up to training and carrying of Naloxone. Including all GP surgeries and encouraging them to include Naloxone in their annual basic life support training. • Police Scotland have been supplied with the credit card information leaflets and will give them out where necessary. • Contacted all supported accommodation providers to ensure that trained persons and Naloxone are available in all premises. • Contacted all MELDAP funded organisations to include training and provision of Naloxone within their services.
Non-Fatal Overdose	MLHSCP Actions/Views
Non-fatal overdose pathways are vital to catching the most at-risk people early and providing them with the support needed to avoid a fatal overdose. The Taskforce would recommend that these should be expanded nationally, learning from the tests of change ongoing through the Taskforce.	• Xanax Leaflet has been developed • Police Drug Trends Bulletins and warning notices regarding "Street Valium" and other drugs have been forwarded to all services • Publication of "Mandy" [MDMA] Leaflets. • There is rapid access to specialist support which is offered to people who have had a non-fatal overdose. • MELDAP is also instigating an NFO Response group to maximise operational opportunities to engage with the most at risk of NFO/DRD
Prison	MLHSCP Actions/Views
The Taskforce recommends that adequate throughcare provision is available to prisoners on liberation including: access to GP (information about the 'Access to Healthcare – GP Registration Cards' for vulnerable people accessing GPs available here - Access to Healthcare) and continuity of OST provision.	• Change Grow Live (CGL): The Edinburgh and Midlothian Offender Recovery Service (EMORS) has been jointly commissioned between City of Edinburgh Council, Midlothian Council and NHS Lothian. The aims of the integrated service are to break the cycle of drug and alcohol use and offending and support service users in recovery and desistance from crime.

Drug Deaths Taskforce Recommendations – MLHSCP Response

Public Health Surveillance	MLHSCP Actions/Views
Public Health Surveillance and the need for real-time information and data should be prioritised. This includes information on the impact of COVID-19 on drug related deaths, but also the impact on illicit drug supplies and levels of quality. This will better enable Health Boards, ADPs and service providers to provide a suitable response.	The Combined Health Intelligence Node (CHIN) is a Lothian wide resource funded by MELDAP and other ADP/NHSL. It was established at the end of 2018 as a cost effective way to provide shared intelligence for services supporting the key areas of: • Sexual Reproductive Health (SRH) • Blood Borne Viruses (BBV) • Substance Use / Harm Reduction (SU) • Patient experience and Anticipatory Care planning Team (PACT) MELDAP has identified funding to appoint a data analyst. The provision and reporting of a range of measures will increase with the implementation of the MAT standards.
Stigma	MLHSCP Actions/Views
All responses to problem drug use must be co-developed or co-produced with those who deliver services to people with drug problems and people with lived experience.	Peer Workers are an integrated part of our workforce and as such bring valuable lived experience to planning and development of services. As part of our strategic planning processes, we engage with those effected by their or other drug and alcohol use in consultation exercises e.g – Peer led consultations on current Delivery Plan. As part of our developing programme of Quality Improvement, we have introduced reporting on service user/patient/family/carer improvement in the planning and delivery of individual care and the development of service provision.
Whole Systems Approach	MLHSCP Actions/Views
Access to treatment at the weekend continues to be a considerable gap in delivering a whole systems model of care. The Taskforce therefore recommends that Scottish Government pursue increased weekend access to treatment and support.	With New investment from the Scottish Government, Midlothian is committed to piloting an out of hours response to deliver assistance specifically at weekends
Women	MLHSCP Actions/Views
The Taskforce will be making recommendations on specific support for women following the publication of its women's group report prior to the end of 2021	• MELDAP has funded a Women's Peer Support Worker to maximise access to service for women in Midlothian. • Closer links have been developed between treatment/recovery services and SPRING service for women who were previously involved in criminal justice system. • Staff at No11 has successfully introduced a Women's Supper event every Thursday evening in a response to a need to provide a women specific response in the new

	hub service. The response to this serviced has been very encouraging.
Workforce	MLHSCP Actions/Views
A costing exercise should be undertaken, reflecting that a push to increase the number of people in services must recognise the increase pressure this will put on these services and the needs that may flow from it. This would enable costing of a long-term sustainable system of care. This includes workforce modelling options.	As a response to this and other priorities, Scottish Government through the Medication Assisted Treatment Implementation Support Team [MIST], have provided new investment. Along with elements of match funding from MELDAP/HSCP's will ensure the implementation of MAT Standards. However, we are concerned that there will be challenges in recruiting the appropriately trained, qualified and experienced staff to implement this work. All areas of Scotland will be recruiting to similar posts.

NHS Borders Response to SG Integrated Committee re DDTF Recommendations – May 2022

Emergency response

1. Naloxone is a lifesaving drug, which the Taskforce have made significant progress in increasing its distribution through channels where its use can save lives. There is still capacity to increase this further, and this should be developed with urgency.

Response: The DDTF has played a role in promoting the wider provision of take home naloxone and the extension of the Lord Advocate's letter of comfort is welcomed.

We would welcome acknowledgement of the additional costs to Health Boards of the increased distribution particularly given the increased costs of nasal naloxone.

2. Non-fatal overdose pathways are vital to catching the most at-risk people early and providing them with the support needed to avoid a fatal overdose. We would recommend that these should be expanded nationally, learning from the tests of change ongoing through the Taskforce.

Response: The emphasis on emergency response to people who experience a non-fatal overdose has influenced change in the system. Locally our pathway been viewed very positively by staff who feel they are making a difference in real time and also by people who have been contacted following an overdose.

Currently there is no nationally agreed system to support MAT Standard reporting requirements including NFO pathways.

3. The Taskforce outlined to the First Minister some of the challenges faced with data sharing which the Government must work urgently to resolve, if this is to progress.

Response: This is an ongoing source of frustration at a local level. While it has been resolved to some extent within NFO pathway for SAS data there is also work need to agree for sharing info in other areas, e.g. Drug Death Reviews, at a national level to prevent the need for small local teams to replicate this work across each ADP.

4. Addressing the availability of benzodiazepines should be a key priority of this Government and we would expect them to work with Police Scotland to reduce the availability of these, as well as supporting harm reduction initiatives.

Response: The benzodiazepine briefing was helpful in terms of harm reduction initiatives. Evidence to support medical intervention to support benzodiazepine detox is still developing and services are concerned about capacity to clinically support people including access to crisis and stabilisation services.

Reducing Risk

5. More needs to be done to engage with those who do not currently access services. We therefore recommend that a network of people with *living* experience is established in the next 6 months.

Response: Borders ADP fully supports this recommendation and our local Lived Experience Group includes people with living experience. Scottish Drugs Forum has met with our local ADP Support Team and drug services to discuss setting up a weekly Living Experience Group. It is early days, however, it may be difficult to sustain both structures given our low population numbers and we look forward to seeing how this develops.

We would welcome a national approach to reimbursing people who provide their expertise and time to support our systems. We recognise that not all individuals seek reimbursement and that barriers can be put in place e.g. through people's benefit arrangements, disclosure requirements. A national approach would be helpful.

6. The implementation of MAT Standards must be scaled up at pace. To enable this we would recommend formal standards and indicators are developed by Health Improvement Scotland by the end of 2021. Scottish Government will have a vital role in supporting this roll out by ensuring that Chief Officers take accountability for delivery of the standards at local level.

Response: The introduction and monitoring of MAT standards is welcomed to ensure quality and consistency of services for our client group.

Numerical, Process and Experiential indicators have been developed to support the reporting outlined in the standards but there is an ongoing challenge for local areas to provide this information due to data systems not able to provide reports on the information required i.e. DAISy. We welcome the support from the MIST team to support local areas with data collection and note the considerable contribution from local teams to build understanding in the MIST team about what is available.

The pace of this work has put pressure on local ADP Support Teams and clinical teams with no additional capacity in place. As yet we have not received our funding letter to confirm in writing funds available to support MAT implementation in 2022-23.

We would welcome further clarity on indicators for reporting in 2022-23.

7. Access to treatment at the weekend continues to be a considerable gap in delivering a whole systems model of care. We therefore recommend that Scottish Government pursue increased weekend access to treatment and support.

Response: The local geography and service capacity makes it difficult to provide equitable access across 7 days services. Scottish Borders is one of the largest mainland Boards with a small population of around 114,000. Travel from Galashiels in central Borders to Eyemouth in the east of the region will take approximately an hour by car. There is limited public transport outwith major trunk roads and this is reduced in evenings and weekends.

Prevalence of problematic drug use in Borders is lower than the Scottish average and we have an estimated cohort of 510 individuals potentially likely to access services.

We are clear there is a need for existing 7 day services to be equipped to provide appropriate trauma informed responses to our clients (e.g. signposting to MAT, harm reduction interventions).

We would welcome national progress on pathways for people leaving prison on Fridays.

8. There is a need for a managed clinical care network, as was established in response to the Hepatitis C emergency. This network should include health boards and relevant professional networks.

Response: Locally there are meeting structures in place to support care pathways including implementation of MAT standards. We also contribute to national meetings.

Additional further layers of meetings may not be necessary in all areas and can take clinical time from senior staff.

We note the development of the national DRD IMT.

9. Building a skilled and motivated workforce is essential, but there has been little central investment in professional development. We therefore believe that a workforce review is required. This would enable clear career development pathways to be defined including core skills and competencies.

Response: Locally we have received a copy of the recent publications on the workforce review. We note the data collected was for treatment services only and therefore omitted several key parts of our system, in particular, children and families services.

Reducing Vulnerability

10. The Taskforce called for First Minister support for the Stigma Strategy and outlined that the stigma charter (in development) should be adopted by all public bodies and services.

Response: The national stigma campaign in early 2022 was helpful and the images were powerful.

The Stigma Charter has been included on the NHS.inform website and the Strategy is hosted on the DDTF. It would be helpful to have more support to implement and potentially direction to key influencers of their roles in taking this forward.

11. The Taskforce clearly outlined in our meeting with the Minister and First Minister that additional funding should be made available for grass roots organisations and community-based projects alongside services to support vulnerable people. – *no comment.*

12. Peer support and advocacy are instrumental in accessing appropriate services, and we would recommend that the Government support the development of a national peer support programme that can be put in place without delay.

Response: A national approach, including approaches to appropriate grading for roles and payment for people participating would be welcomed.

Accountability and Governance

13. The Taskforce recommended that government extend the renewed leadership and call for action to include local leadership and organisation leads.

Please see 15.

14. The Taskforce outlined the challenges faced in relation to delays in toxicology and asked for Government to act now to resolve this. We will work closely with Government to develop real time monitoring to enable effective decision making.

Response: It is noted that timing of toxicology has improved although still can take several months. We welcome the development of Public Health surveillance systems for drugs and alcohol.

15. Accountability was raised by many Taskforce members, and there was a clear request for Government to hold the leadership of statutory services and local delivery leaders to account. This was highlighted in the Dundee Commission but also has been a recurring theme when communicating with ADPs.

Response: The recommendations outlined above highlight that preventing drug relating deaths is contingent on the wider system (not purely drug services) playing their part and clarity of accountability would be welcomed. For example, the Partnership Delivery Framework[1] (PDF) was published in July 2019 and lists Community Justice Partnership; Children's Partnership and the Integration Authority as key strategic partners.

[1] https://www.gov.scot/publications/partnership-delivery-framework-reduce-use-harm-alcohol-drugs/

In November 2020 COSLA agreed recommendations to support implementation of the PDF, as yet ADPs have not received the supporting materials outlined in the recommendations.

The fast pace of the last two years alongside the ongoing need to respond to the COVID-19 pandemic have placed considerable challenge on all partners in the system, however, it would be useful to have more active feedback from national colleagues where possible. For example ADPs are required to submit annual returns to Scottish Government. As yet we have received no feedback on our return for 2019-20 or 2020-21.

16. A costing exercise should be undertaken, reflecting that a push to increase the number of people in services must recognise the increase pressure this will put on these services and the needs that may flow from it. This would enable costing of a long-term sustainable system of care. This includes workforce modelling options.

Response: We have welcomed additional 5 year funding which has allowed us to recruit additional staff members on permanent contracts. Over several years we have raised concerns with national colleagues that any increase in service provision create pressures on the wider system including the costs of prescribing and supervision costs, for example, while the additional funding for Buvidal is welcomed at a local level our award will fund annual costs for under 50% of people currently receiving Buvidal.

There are additional challenges in accessing suitable, affordable sites for the expanded provision.

Drug Death Task Force Recommendations: - 1st and 2nd February 2022:
Fife HSCP, Fife ADP & NHS Fife response to The Scottish Parliament's Criminal Justice Committee, Health, Social Care and Sport Committee and the Social Justice and Social Security Committee request for views

Introduction

The ADP and its partners have undertaken considerable work on the proven evidence based interventions, as outlined in the Drug Death Task Force's six emergency themes published in January 2020, Preventing drug related deaths in Scotland: emergency response strategies - January 2020 - gov.scot (www.gov.scot) for which the ADP applied and was awarded an additional £146 k over a two year period. These have been fully adopted as the ADP's universally recognised improvement themes for reducing the acceleration rate and the number of DRDs occurring across the country and have been used as milestone indicators as part of our drug related death prevention plan. Most of this work has placed us at an advantage for the implementation of the new Medication Assisted Treatment (MAT) Framework published in June 2021.

Progress in relation to DDTF Recommendations

1) & 2) Optimising Medication Assisted Treatment and Targeting the People Most at Risk

- **Rapid Access -** NHS Addictions Services have developed in partnership with the ADP Support Team a test of change pilot for next day prescribing – where it is clinically safe to do so - for every new patient requiring opiate replacement therapy in the Kirkcaldy area. This project is critical to reducing drug related deaths and other harms to the individual, their family and community, given the well-established evidence base for opiate replacement therapy delivered safely and rapidly to people who require and request this intervention. This approach - which is largely aimed at removing barriers to treatment - will reduce attrition rates from referral to treatment start and in the longer term will attract larger numbers of people into the service and the overall system of care. It has formed the basis of how we will implement MAT Standard 1 over the next two years, whilst also recognising the risks due to a limited funding package being made available from the Scottish Government and Public Health Scotland budget over the next four years. Further detail on MAT Standards progress in Fife is available on request.
- **NHS Services/ADAPT Retention Service -** In July 2021, using Scottish Government emergency funds, ADAPT, the assertive outreach and triage service was commissioned to work closely with Tier 3 provision on a retention service. This was aimed at prevention of unplanned discharges within vulnerable groups, by trying to rapidly reengage individuals with NHS Addiction Services and their recovery plan before further harm occurs. This approach recognised that when people are about to exit the system of care abruptly, the level of support provided needs to increase in frequency and be assertive outreach in nature. During the first five months of the project, the service was able to support 92 people at risk of an unplanned discharge from the treatment service and facilitate their return via direct support, motivational interviewing and advocacy support. This provision is compliant with MAT Standards and has produced effective outcomes for individuals and has been funded for a further two years by the ADP Committee.
- **Specialist Social Work Addiction Team (COMPASS) -** Following on from both a review of the hospital liaison service and identification by Multiagency Drug Death Review Group (MDDRG) for a case management approach to reduce drug related deaths in Fife, a short life working group was formed. The gap was thoroughly analysed and a business case/proposal to meet the needs of an emerging care group produced and approved by the ADP. In essence, there are a small number of very vulnerable service users both currently in the system of care and also outside of it who need longer term, intensive,

frequent case management support to aid their initial engagement and retention with services caused by a range of access barriers and circumstances which are difficult for them to overcome or for current service provision to support. The hospital liaison service currently works with people who only need short term support to access service. The social work proposal aims to meet these needs at the pace and in the order which suits the service user and thus ensures their engagement, reduces risk and supports their recovery needs.

3) Non-Fatal Overdose (NFO) Pathway - Over 2018/19, Fife ADP developed a new service to respond assertively to non-fatal overdoses to reduce the risk of future deaths of this cohort with partners ADAPT, an access service for people with alcohol and drug problems, and the Scottish Ambulance Service. The service has continued and been provided with additional funding due to the early successes of reaching people at risk from continued non-fatal overdose and fatal overdose. To date the service has engaged with 463 people. During the pandemic and lockdown, the service continued to assertively outreach to referrals from the Scottish Ambulance Service. It has been identified that the NFO service could increase its beneficiaries if referral points are widened - beyond the Scottish Ambulance service - to include NFO from other sources such as family/friends/housing/hostels. In March 2022, ADAPT with the support of the ADP were awarded additional funding from CORRA, this will extend the NFO provision throughout Fife.

4) Public Health Surveillance - In November 2020, the ADP support team established a surveillance subgroup in partnership with NHS Fife Public Health, analysing each suspected drug related death in real time for learning, immediate improvement and highlighting systematic and commissioning gaps to the ADP Committee. However, some of the learning is applicable to services and systems of care beyond the ADP, thus influencing whole system change. The subgroup meets regularly at six-week intervals and has representation from NHS Addiction Services, A&E, Police Scotland, third sector, harm reduction services and SW Criminal Justice. Learning is being categorised into key areas to aid understanding of how deaths occur and highlight significant quality improvement developments most of which require systematic shifts in service delivery and workforce development. Learning has included the need to improve access, communication, information sharing and service integration (e.g. with mental health). It also identified adult protection concerns not being identified or cases not meeting the criteria for protection, and a need for a case management approach/lead agency, assertive outreach or additional support during high-risk times. This has led to the development of the Social Work Service and other workstreams have been implemented or are being developed to address these findings.

5) Take Home Naloxone (THN) - During the first lockdown, the ADP support team monitored and identified the impact on restricted face to face service provision to those at risk of overdose and drug related death. The removal of physical appointments prevented almost all services from providing THN kits to the at-risk group, potentially leading to greater level of risk for those affected by drug use. As part of the ADP immediate harm reduction response and to mitigate against the risk of increases in NFOs and DRDs, Pharmacy Services in consultation with Addiction Services acted immediately and supplied 1500 THN kits to each patient receiving OST dispensed with their medication through the 85 pharmacies network.

During 2020/21, the ADP invested an additional £100k in pharmacy services to increase the number of pharmacies providing harm reduction advice, injecting equipment and take-home naloxone in key areas of Fife were injecting drug use is highly. During 2020/21, five new pharmacies – adding to 19 existing pharmacies - were identified and agreed to become Injecting Equipment Provision (IEP) sites a key service to prevent the transmission of blood borne viruses indicated as a factor in the increased risk of drug related death for the care group. In addition, all 24 IEP sites are signed up to the Take Home Naloxone service specification and all hold emergency naloxone. The wound care aspect of the service provision

is in development and will be implemented soon. Further investment to increase roll out of IEP and THN across the pharmacy network has been approved by the ADP

Fife ADP support team have extended THN to non-drug treatment agencies to improve overdose awareness and distribution of naloxone kits across Fife. These now include Frontline Fife, Restoration, East-Neuk First Responders, Oor Space based in Anstruther, SACRO Kirkcaldy Custody Suite Navigator Project and Women's Criminal Justice Service. People with lived and living experience distributing and training others in take home naloxone is a recent development. A partnership between the ADP support team, We are With You (WAWY) and Scottish Drugs Forum (SDF) to identify, recruit and provide training to volunteers with living experience to individuals.

6) Public Health Approach to those affected by Criminal Justice - There are two new services offering support to people involved with the Criminal Justice system – both assertive outreach and holistic in nature - to those arrested and those liberated from prison returning to Fife. Both are high risk groups for experiencing overdose and drug related death and require additionality to ensure engagement and sustainability within the current system of care and universal service provision. In April 2021, the ADP in partnership with the Violence Reduction Unit and SACRO commenced a navigation service at Kirkcaldy custody suite assisting all people who have a social care or health need into longer term support. This has proved to be a successful provision and the ADP Committee has committed funding to provide the service to all custody suites in Fife for a further four years. Phoenix Futures provide a prison in reach service, offering peer mentoring relationships with people liberated from prison and returning to Fife to provide active linkage to housing services, primary care and alcohol and drug treatment services.

7) Other cross cutting work

- **Lived Experience Panel -** Fife ADP has had a lived experience panel since December 2020 and it is a subgroup of the ADP. It is chaired by an SRC staff member (who attends the ADP Committee meetings to represent the views of the panel) and supported by an ADP Policy Officer. The group operates autonomously and develops its own priorities. It has proved invaluable to the ADP, allowing a mutual coproduction relationship to develop with work including the commissioning of an advocacy and family/carer support services and consultation on the reach of COVID vaccinations to the care group.
- **Peer Advocacy Service -** Fife ADP has commissioned for a peer-to-peer advocacy service for service users with multiple and complex needs caused by problems with alcohol and drugs. This service will be provided by an organisation independent from existing alcohol and drug treatment and support services currently commissioned by ADP and will place those with lived and living experience at the heart of delivery.
- **Locality Planning & Community Co-Production – Levenmouth -** The ADP Support Team has raised the issue of a high number of Drug Related Deaths occurring in the Levenmouth area and has worked with the members of the HSCP Locality Board, Councillors, Pharmacy Services, third sector partners, Community Managers and the Foodbank to develop an action plan for the area. Partnership and community-based planning has concluded there needs to be:
    - Increased presence of drug services embedded within the community.
    - Educational opportunities on harm reduction and overdose to individuals, families and friends, and key local professionals.
    - More support for family members.
    - Wide availability of injectable and nasal naloxone and injecting equipment.
    - Reduction of stigma associated with problem drug use which prevents users and their family from accessing services and harm reduction messages and equipment.
    - Faster access to Medication Assisted Treatment (MAT) such as methadone and buprenorphine.

This work is part of the locality-based approach, and a new drop in/access cafe facility is available once a week to engage with people currently not benefitting from the system of care. This will build relationships with the community, provide non-stigmatising direct support and deliver harm reduction advice and support and an access point to treatment.

- **Evaluation of Women's Experience of Alcohol and Drug Services in Fife -** The acceleration rate of women's drug related deaths in Fife from 2018 to 2019 is 93%. Analysis conducted by the ADP Support Team, has concluded that there may be barrier with access and retention in service occurring for women in Fife. In partnership with Fife's Violence Against Women's Group and Scottish Drugs Forum, Fife ADP have conducted some qualitative evaluation with over 50 women in Fife affected by alcohol and drug use. This evaluation will underpin and inform quality improvement approaches and service redesign in coproduction with partners and our Lived Experience Panel.

Gaps and barriers

- **Psychological support** - There is a need to find ways of providing better mental health provision/liaison for high-risk individuals with dual diagnosis in Fife and nationally, a key finding from our Multiagency Drug Death Review Group (MDDRG).
- **Awareness -** Evidence from our MDDRG and from the Lived Experience Panel has highlighted limitations in access to services including awareness of Alcohol and Drug services and what they offer. Developing understanding around this will be important to engage users who are not currently in service.
- **Accessibility** - There is a risk that with limited funds available for implementation for MAT, that provision remains clinic rather than community based, having an impact on access and retention and does not meet aims on being patient centred and patient led.
- **Primary care** – Inconsistent role and involvement of primary care nationally causes complications in the implementation of MAT 7, with some ADP areas able to develop good shared care models and other not. National training, workforce development support and financial offer within a new contractual framework is required for primary care practitioners possibly inclusive of a primary care facilitation/liaison team based locally within the Health and Social Care Partnership similar to the NHS Lothian service. This would remove the disparity in care across the country. This will also contribute to supporting increased capacity for rapid access, patient choice and quality patient centred care.
- **Deprioritisation of MAT 6-10** - At a national level MAT standards 6-10 have been deprioritised in the first two years of the programme and additional funding will not be explicitly available for implementation for these standards in the future. This risks that the workforce development and opportunity to improve the wider system of care will be detrimentally affected and delayed.
- **Limitations in surveillance** - current poor reporting functionality of the DAISY system is limiting our ability to assess our system of care and appropriately benchmark from our previous historical performance and across the ADP network. The system can be interrogated for referrals data and waiting times but we cannot see improvements in personal outcomes at service user level. This issue needs urgent attention and remedial action as there is a high level of local commitment to data input with very little reward.
- **Self Assessment –** Quality of governance, leadership and accountability likely to be varied across the ADP network as reports to Scottish Government are self-assessment based without independent validation/audit. This risks that potential ineffectiveness is not identified and thus not sufficiently addressed.
- **Prevention focus for drugs and alcohol** –We need to make the case nationally and locally for more resources to be invested 'upstream' of the point at which overdoses occur to have a sustainable long-term effect on reducing drug related harm in our communities.

Written Evidence

Provided by **NHS Greater Glasgow and Clyde** to

The review of progress made in implementing the recommendations of the Scottish Drug Deaths Taskforce

Being jointly carried out by the Scottish Parliament's
(i) Criminal Justice Committee
(ii) Health Social Care and Sport Committee and
(iii) Social Justice and Social Security Committee.

Dear Committee Members

Thank you for inviting NHS Greater Glasgow and Clyde to provide written evidence to the review of the progress made in implementing the recommendations of the Scottish Drug Deaths Taskforce. I am pleased to set out NHSGGC's evidence below.

1. What actions have been taken to implement the recommendations for the DDTF, and what are your views on these? How much impact have they had?

The perspective from NHSGGC is that there has been substantial progress toward the implementation of DDTF recommendations both nationally and locally, even though the work of implementing them all is not yet complete. Overall, the recommendations provide a useful mechanism for driving progress as well generating focus on key actions to undertake. The recommendations of the DDTF – including the recommendation for renewed leadership at national and local levels – have enhanced the extent to which drug deaths are seen as a high priority at both of those levels and have added momentum to fulfilling the commitments set out in *Rights, Respect and Recovery*.

Some important examples that we would like to highlight of the progress that has been made towards the implementation of DDTF recommendations and the impact that this has had are as follows:

- Within GGC, manifestations of our commitment to coordinated action include the establishment of a Greater Glasgow and Clyde ADP forum to facilitate joint action and information sharing across our six ADPs, as well as strong delivery of key interventions to tackle to drug-related deaths including those identified by the DDTF in 'Evidence-Based Strategies for Preventing Drug-Related Deaths in Scotland'.

- Targeted distribution of naloxone is well established in GGC, as are services to provide rapid response support to those who have experienced a non-fatal overdose. In Glasgow, a new Crisis Outreach Service has been established with DDTF, National Mission and core ADP funding to provide a multi-disciplinary response to non-fatal overdose and other drug and alcohol related crises, and saw over 800 people in the first year of its operation. Data-sharing arrangements with the Scottish Ambulance Service are having a significant and positive impact on statutory services' ability to respond quickly to non-fatal overdose.

- Implementation of the Medically-Assisted Treatment (MAT) standards is well underway across GGC, and a cross-GGC MAT Standards Implementation Steering Group (which reports to the Board and to the GGC ADP Forum) has been established to oversee this process and to facilitate coherent activity across the six ADPs. Through its Enhanced

Drug Treatment Service (EDTS), a pilot of heroin-assisted treatment is currently in place and undergoing evaluation in Glasgow.

- It is vital that services are able to reach people most at risk and those who are not already engaged with services. A key example of how this is taken forward locally is through the WAND initiative, which provides an incentivised outreach model to deliver a set of four key harm reduction interventions (wound assessment, assessment of injecting risk, naloxone provision and dry blood spot testing for blood-borne viruses) to those who are hardest to reach. This initiative is currently being expanded within GGC.

- NHSGGC and Glasgow City remain committed to the introduction and evaluation of a pilot overdose prevention facility in the city centre, as this has the potential to minimise the risks of public injecting and help engage people with health and social care, including drug treatment and wider care needs. In light of the difficulty in changing existing legislation, Glasgow City HSCP colleagues are working with Government and Police Scotland to develop a proposal that may be feasible within the current legal framework.

- Substantial effort has been made to sustain the provision of drug and alcohol services throughout the COVID-19 pandemic, including through alternative service models such as online consultations, adaptive approaches to IEP provision, mobile outreach, home dry blood spot blood-borne virus testing and prioritisation of in-person consultations for the highest risk patients. Effective measures were also put into place to enable provision of methadone and other key support inputs to people who were isolating as cases or contacts of cases or who were shielding. These were combined with other local authority measures to support the most vulnerable during their isolation.

- Similarly, measures were taken to ensure that people with addictions had optimal and equitable access to COVID-19 testing and other services notably vaccination, including in prisons. Extensive COVID-19 testing has been carried out in local prisons throughout the pandemic, and vaccination coverage amongst people in prison has been similar to or higher than the general population. As of 14 February 2022, the proportion of people who had received a third or booster dose of COVID-19 vaccination in local prisons (HMP Barlinnie, HMP Low Moss and HMP Greenock) ranged between 45% and 59%, compared to 45% of general population matched controls. Targeted vaccination outreach campaigns were also implemented in homeless accommodation centres, with very positive uptake.

- Robust mechanisms are in place and are being further developed in GGC to optimise the public health surveillance of drug-related deaths:

    - NHSGGC is providing technical and management support to the Glasgow city ADP intelligence hub for drugs and alcohol, which has been established with DDTF funding. This supports joint data analysis and information sharing between partner agencies. A priority workstream for the hub has been the development of a dashboard setting out a common dataset of indicators to monitor drug-related deaths and the delivery of key interventions to prevent and respond to them.

    - The Greater Glasgow and Clyde Drug Trend Monitoring Group is a multiagency group comprising both statutory and third sector agencies that has been established to monitor local patterns of drug use, including potentially problematic new drugs and trends. Members are committed to working together to identify and tackle emerging problems and to ensure that accurate and factual information is provided to all interested parties. Levels, reach and means of communication are tailored to the degree of risk identified and are agreed with input and guidance from senior management. Monitoring of trends increases the

potential for better health outcomes, reduction in harm and greater efficiency in delivering services, interventions and training. Going forward, we are keen to link this work with other potential developments such as the Glasgow City ADP intelligence hub, the drug checking pilot and the national RADAR initiative.

- GGC has in place a full-time research associate for drug-related deaths. In addition to maintaining a comprehensive dataset on local drug-related deaths, this individual supports routine surveillance as well as ad hoc analysis when required. An example of the latter has been detailed epidemiological analysis to inform the response to recent clusters of drug-related deaths in GGC, which have been investigated and managed by problem assessment groups (PAGs) established for that purpose.

2. Are there any significant gaps in the recommendations, and if so how should they be filled?

Residential abstinence services have an important role in reducing drug harms, and the Scottish Government residential rehabilitation publications are supporting local ADPs to enhance these services. However, as essential as they are, it is important to continue to balance investment in these services with the need for other evidence-based interventions such as crisis services and stabilisation services. Similarly, it is important that there is flexibility to allow the mix of local services to be tailored to local needs and circumstances, whilst at the same time ensuring coherent direction and consistency between areas.

A number of the DDTF recommendations may now be less relevant, such as those that refer to the early stages of the COVID-19 pandemic. It would be helpful if the recommendations could be reviewed and updated in order to maintain focus on those that remain most current and relevant.

3. What barriers have there been to the implementation of the recommendations, and how have they been or how could they be overcome?

COVID-19

The COVID-19 pandemic has drawn a considerable amount of leadership and delivery capacity away from other areas including drug-related deaths, and to some extent this continues to be the case due to ongoing extreme pressures on NHS acute services.

The adoption of alternative service models during COVID-19 has made it more difficult to reach people who are not already in treatment services, and has led to reduced interaction with those who are. Extensive efforts have been made to overcome this constraint, for example through the maintenance of outreach services throughout the pandemic, prioritising in-person consultations for the most vulnerable patients, and piloting home dry blood spot testing for blood-borne viruses. However these efforts have not been able to fully compensate for the impact of COVID-19, and despite them we have seen significant drop-offs in levels of activity of key services such as injecting equipment provision (IEP) and blood-borne virus testing as a result of COVID-19.

Self-isolation of staff and physical distancing requirements have made it extremely difficult if not impossible to maintain normal levels of in-person service provision, and alternative models of service provision have only partially been able to compensate for that. These constraints are easing as COVID-19 control measures are lifted, but staff shortages and lack of physical space remain important barriers to recovery of services.

Funding arrangements and staff shortages

The additional funding made available by Scottish Government through the DDTF is vital and extremely welcome. However a key limitation of these funding streams is their short-term nature, which constrains their ability to support the planning and implementation of long-term strategic and sustained responses to drug-related deaths and other forms of drug-related harm. Without the certainty of recurrent funding, services are unable to recruit permanently and it is difficult to attract personnel to short-term posts. Even if long-term resources are available, there are often issues with recruitment due to limited availability of suitable candidates, a problem which has been exacerbated by COVID-19.

Direct funding of local initiatives by third sector organisations by government requires careful coordination with local planning processes in order to ensure that initiatives are relevant and appropriate to local needs, and to avoid gaps or duplication. It is also vital that there are clear accountability arrangements in place for such initiatives to ensure that delivery takes place as expected and is of sufficient quality.

4. To what extent do you think there is consistent delivery of services across GGC and throughout Scotland, particularly of rehabilitation services and services provided by health boards and alcohol and drug partnerships (ADPs)?

Across GGC, delivery of services is not uniform but varies in a manner that reflects differences in the burden of DRDs and other local circumstances. Local arrangements are in place to ensure that services that cannot be provided by all ADPs are made available throughout GGC via services hosted within the larger ADPs. A board-wide forum for the six HSCP ADRS services has existed for a number of years, and recently a local ADP Forum has been put into place to support strategic coordination and collaboration between all six ADPs and NHSGGC. The combination of strategic planning at individual ADP level with cross-GGC coordination mechanisms allows an appropriate balance to be achieved between local responsiveness and consistency across all of GGC.

Yours sincerely

Dr Emilia Crighton
Interim Director of Public Health
On behalf of NHS Greater Glasgow and Clyde

Invitation to provide written evidence – Scottish Drug Deaths Taskforce

NHS Tayside

1 Scottish Drugs Deaths Taskforce (DDTF) recommendations

The DDTF recommendations fall under six strategic priorities: addressing stigma; legislative changes; responding to complex needs; Medically Assisted Treatment standards; diversion to treatment; non-fatal overdose (NFOD) pathway/naloxone; with improved Public Health surveillance systems as a cross-cutting priority in addition. The following outlines highlighted progress in Tayside against each of these.

1.1 Addressing stigma

'Language matters'- multi-agency work to tackle substance use related stigma. A formal media launch and language matters campaign is scheduled to begin week commencing 16th May and will run for 6 weeks. Animations and supporting resources have been created and will be widely disseminated and promoted through press releases and social media, in addition to advertising using digital posters and shortened animations displayed on bus stops and other Clear Channel displays across the city.

1.2 Legislative changes

Drug checking – implementation of a drug checking service in Dundee is being progressed as part of the national pilot programme, to reduce risk for people who use substances and increase opportunities to offer harm reduction and wider engagement. Legal constraints make this initiative complex and final recommendations from the DDTF around legislative change that will support recovery will be welcome.

1.3 Responding to complex needs

Mental Health and Substance Use pathfinder/Working Better Together – Work to improve support to people with concurrent substance use and mental health issues is being progressed through the Healthcare Improvement Scotland (HIS) pathfinder project, working alongside the CORRA-funded project, Working Better Together.

Developing actionable intelligence across health and social care –the Tayside Drug Deaths and NFOD review groups evidence the multiple complex needs frequently faced by people using substances. This complexity of need is often not fully visible to agencies working with an individual. The Public Health intelligence team is working with colleagues in Dundee City council Adult Support and Protection, Housing and Criminal Justice teams with the aim of establishing the feasibility of linking relevant data to understand the multiple points of vulnerability for comprehensive action.

1.4 Medically Assisted Treatment standards

Implementation of MAT standards 1-5 and 7 have been of specific focus. The ADPs in Tayside have established working groups for MAT standards 1-5, led by relevant partners including Public Health

and specialist services and progress will be reported nationally in the forthcoming weeks. For MAT standard 7, ADPs are exploring possible models of shared care with primary care.

1.5 Diversion to treatment

Enhanced prison discharge planning - during the earlier stages of the COVID pandemic, local prison services worked with partners to develop an enhanced pathway for people approved for early release who required follow-up by substance use services. Due to the success of this pathway, it is being maintained to ensure continuation of prescribing and engagement into community and recovery services.

1.6 NFOD pathway/naloxone

NFOD pathways - Angus, Dundee City and Perth and Kinross have established local, multi-agency, rapid response, assertive outreach pathways for people who have experienced a near-fatal overdose. The Dundee City NFOD pathway was recently recognised with a national COSLA award.

Naloxone -Tayside has continued to extend its take-home naloxone programme with Police now carrying and using naloxone.

Supporting families and others affected by drug death - the Tayside Drug Deaths and NFOD review groups evidence that many people who themselves experience overdose have also previously been at the scene of overdoses experienced by friends and family, including as children. Police in Tayside identify people who are affected by a drug death and offer support and follow-up with third sector partners including Scottish Families Affected by Drugs and Positive Steps.

University of Dundee psychosocial research into overdose prevention - The report of this research was published in March 2022. Additional resource is being built into the NFOD pathways to lead the implementation of the recommended interventions from this research.

1.7 Surveillance and intelligence

Tayside Drug Trends Monitoring Group - Police Scotland is leading a Tayside-wide, multi-agency group to share intelligence around drug trends, emerging risks and issues. This group will also link with the national RADAR network being developed by Public Health Scotland to enhance national surveillance and early warning systems.

2 Gaps in recommendations

In the Foreword to the MAT standards it is noted that 'by using our collective past experiences …… we can…. not only support people with drug and alcohol issues and their families, but also work with communities to become more open and inclusive to supporting vulnerable people experiencing these issues.' This aspiration, however, does not translate through to all the MAT recommendations, and more focus is needed on how family, community, and the wider system can be engaged to support recovery.

There are particular deficiencies in the mechanisms available to properly meet the needs of people with multiple complex vulnerabilities, spanning poverty, housing, employment insecurity, heating, nutrition and basic healthcare needs, amongst others. Particular barriers are:

- Intelligence recording systems - the lack of IT compatibility between organisations, and slow pace of implementation of up-to-date software systems in the NHS hampers effective intelligence sharing and joint working. An example of this includes the delays and ongoing deficiencies with the implementation of DAISy[1].
- Person centred response-work from HIS around substance use and homelessness, and the experience of drug death reviews in Tayside, demonstrates that people often need basic human needs met before they can engage in treatment and recovery support. For example, insecure housing is a recurring theme and there is opportunity for learning from efforts during the pandemic to bring rough sleepers into accommodation with corresponding benefit on engagement with services and harm reduction.

Full implementation of MAT standards, and the requirement placed by the Minister for Drugs Policy for a 9% increase in delivery of substance use treatment, needs to be supported by a national workforce strategy for substance use services. Work recently published by the Scottish Government[2] confirms the need to consider staff wellbeing and retention, career progression, and the impacts of stigma on workforce. Wider workforce training is also key, and should extend to primary care, secondary care, dental health care, nursing etc to ensure that immediate harm reduction interventions and diversion to appropriate specialist support, where indicated, is embedded into all care pathways, wherever people touch services. A workforce strategy needs to address how substance use is better incorporated into undergraduate and postgraduate training across a range of professions.

We recognise that prior NFOD is a risk for subsequent death from overdose, and that focussing on those who experience NFOD as a basis for identifying people at high risk of drug related harm (MAT standard 3) is a realistic starting point. There are, however, many other aspects of drug-related harm, and many other indicators of high risk that this approach will miss. Therefore there is a need for considerably more work to be done on this standard. Impact of drug use on families and children, and breaking inter-generational cycles of harm, and identifying those with experience of the care system should be considered within this. The relative lack of evidence to inform this standard demonstrates the need for increased investment in research in risk and protective factors for substance use harms.

MAT standards 7 and 9 offer an opportunity to recognise the need for a holistic approach to the health and wellbeing of people who use substances, but they do not adequately address the physical health needs of this group. It is imperative that people who use substances are supported

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[1] national database developed to collect drug and alcohol referral, waiting times and outcome information from staff delivering specialist drug and alcohol interventions.

[2] https://www.gov.scot/publications/scotlands-alcohol-drugs-workforce-compendium-mixed-methods-research/pages/2/

to access timely healthcare for their needs, optimally manage long-term conditions and engage with preventative healthcare (such as vaccinations and routine screening). Poor physical health increases the risk of premature morbidity and mortality from underlying conditions, as well as risk of overdose death.

It is important that the impacts of the pandemic on more vulnerable groups is investigated and understood to inform future planning. There should be a systematic approach to collecting and learning from changes in practice and service developments initiated in response to the pandemic. There is also a need to understand the direct and indirect harms of the pandemic including impacts on drug deaths amongst people who use substances, harms associated with reduced access to injecting equipment and other harm reduction measures, and impacts on people and families affected by substance use of the reduced access to direct support. Sexual and reproductive health services were significantly impacted by the pandemic and need to be supported to recover rapidly to respond especially to the needs of vulnerable women.

National and local evidence demonstrates that there is an increasing need to look beyond opioid use in the response to drug harms. Benzodiazepines, cocaine and gabapentinoids are increasingly contributing to drug deaths and overdose but there is very little emphasis on these substances, in particular, in terms of policy or financial support to develop effective responses.

3 Barriers

3.1 **Multiple initiatives** - Whilst the attention, and additional resources, being committed to substance use are positive in many ways, the multiplicity of reports, recommendations, standards and reporting requirements place significant demands on organisations endeavouring to recover and respond to increased needs as we emerge from the peak of the COVID-19 pandemic.

3.2 **Funding** - The complexity of new funding streams, and ear-marking for particular types of service and response, limit flexibility to respond to local needs. There is a need for people across Scotland to be able to expect equality of access and choice of services and support, but this needs to be carefully balanced with enabling locally-led improvement. The focus of new funding on responses to drug use risks leaving gaps in responses to alcohol. Demand on alcohol services has grown during the pandemic, and concurrent use of drugs and alcohol increases risk of overdose and death. Concurrent use of cocaine and alcohol also has specific risks which should be recognised in policy and financial allocations.

Audit Scotland has reported that funding to ADPs reduced over several years, but 'by April 2021 it returned to around the level it was six years ago in cash terms, but with no real terms increase in funding'.[3] Further funding has since been committed. Substance use, alongside mental health, are the biggest drivers of early loss of life and long term morbidity, affecting people living in greatest

[3] https://www.audit-scotland.gov.uk/publications/drug-and-alcohol-services-in-scotland

deprivation. There is a need for more open debate at a societal level about where resources should be allocated to gain the most improvement in wellbeing for individuals and indeed communities.

3.3 **Governance and accountability** - The Audit Scotland report published in March 2022 identified issues of accountability and governance as barriers to delivery of joined up, whole system approaches, especially in areas of prevention:

> 'There was a lack of accountability and of clarity of roles and influence across the ADP, integration joint board (IJB) and CPP. Services were outdated, fragmented and unable to effectively share information.'[3]

Partnerships need to have robust means of influencing and exerting leverage if they are to deliver the integrated, whole system approaches required to properly support people with multiple complex needs, and develop upstream prevention interventions.

4 Summary

The DDTF recommendations are driving forward change both in Tayside and across Scotland. Whilst the pandemic has presented challenges, there is also considerable opportunity to learn from the innovation and flexibility in our response to COVID to further strengthen our whole systems of care for people who are most vulnerable, particularly with problem substance use. Improving the support and care provided to people with problem substance use was one of Tayside's key public health priorities as the pandemic commenced, continued to be so over the course of the past two years and remains at the forefront of our collective action as we continue to transition out of the pandemic, work to mitigate the indirect harms arising and promote improved health and wellbeing for all.

NHS Eileanan Siar Western Isles

To inform its future work, the Members of the three committees would appreciate your views on the actions that have been taken, or that you have taken, to implement the Taskforce's recommendations and the impact they have had.
Members are also interested in your views on where there are gaps in what has been recommended and how these gaps should be filled; whether there have been any barriers to implementation and how these have been, or could be, overcome; whether there is consistent delivery of services throughout Scotland, in particular rehabilitation services and the services provided by health boards and alcohol and drug partnerships (ADPs).

emergency response,
• Maximising capacity and capability of emergency services, families and friends and agencies to deal with a potentially fatal overdose by being properly equipped and trained.

Locally there has been programme of naloxone training and a significant increase in the availability and distribution of naloxone. This has been supported by the introduction of the national postal scheme offered through Scottish families Affected by Alcohol and Drugs. The postal scheme can be a useful additional choice to those in more remote and rural locations.

In the Outer Hebrides we have implemented the shared data arrangements with the Scottish Ambulance Service which provides valuable information on risk patterns. To support and develop this work we have developed an Early Identification Pathway involving the Integrated Mental Health Team, A&E and the Ambulance Service. In the Outer Hebrides we have a low referral rate for people who are Opiate Dependant. However; we have seen an increase in people presenting to A& E and accessing Ambulance service through chaotic binge use of substances, including stimulants/poly drug use. This presents an increased risk of drug related harm, either by overdose or the adverse effects of drug taking/alcohol, with the commensurate risks of increased criminality or poor mental health. We are offering a wraparound support service, harm reduction and signposting, in a timely manner (within 72 hrs of referral) to anyone who has presented, experiencing substance related issues to A & E or from contact with the Ambulance service. We also use an early intervention model of "planting the seed" and providing harm reduction advice, targeted also to the younger age groups, at an earlier stage. We want to ensure we have seamless pathways of care so that local services meet the needs of those most at risk of harm through early identification , focusing on early intervention rather than waiting for people to become physically dependant on substances prior to referrals being made for treatment/support.

reducing risk,
• Maximising the support, access, and range of practical and appropriate choices of pathways for anyone with high risk drug use.

The outer Hebrides ADP has been coordinating and implementing the MAT standards. The standards can be difficult to implement in full in more remote and rural locations, especially island communities. As examples, The availability of specialist staff with support from

mental health services and the third sector ensure that there is a 5 day specialist service with on call CPN services at weekends under one management structure. However, we cannot guarantee same day prescribing due to geographical constraints in rural communities, including Uists and Barra. Full patient assessments are required, with access to GP/ WIH medical history & prescribing information before introduction of medication via the Substance Misuse Services which makes the 24 hour target aspirational rather than practical within our resources. We have made good progress in introducing Opiate Substitute Prescribing Policies and Procedures with support of community pharmacy. However, there remain challenges to areas where GP Practices are the only prescribing route.

Location of drop in clinic(s) is challenging within small communities particularly when combined with the ongoing stigma surrounding drug use. A drop-in clinic at a specific base is not appropriate management of substance misuse CPN time, or a current need.

The range of specialist provision such as Psychological therapy or Clinical Psychiatric Addictions Supervision can be difficult to provide at a local level. Regional or national solutions are more likely to be achievable. Recruitment and retention more generally of specialist provision is challenging.

Residential Rehabilitation.
We have recognised the need to increase opportunities for residential rehabilitation with the current lengthy waiting lists that exist across rehabilitation services in Scotland. Some of the evidence around community rehabilitation and health economics analysis of placements may indicate that the balance of resources may be better spent in community services that have longer-term rehabilitation goals. We have therefore opted for a balanced approach. In an island context local knowledge of geography and the appropriateness of available rehab services is invaluable when deciding where to place an individual for both a successful placement and longer-term recovery as well as enabling access to the extended family. Specialist rehabilitation is a significant challenge for remote Island care systems and in terms of the best use of resources and developing and sustaining the necessary expertise to achieve good outcomes is beyond the capability and capacity of our system. The work around criteria for assessment/guidelines and pathways is necessary and welcome in order to avoid potential inequalities in access. It appears that there is a gap in evidence around client selection. It would be useful to have criteria for rehabilitation to establish the right people i.e. those with more chaotic and risky drug behaviours, and whether it will increase successful outcomes.

reducing vulnerability,
• Addressing issues that can pre-dispose the vulnerable to move into higher risk use of drugs through relevant key agencies and reducing the associated impact on wider communities.

It is good that the focus is moving towards community justice and public health approaches, encouraging people to seek treatment and to divert people to sources of help and education to avoid them getting a criminal record. This approach is going to need additional resources to ensure success. Tests of change for Police Scotland to have a route way to fast track

people for sources of assistance and some form of involvement to encourage continued participation with recovery services for some and attendance at educational sessions. We would wish to learn from the ongoing tests of change to support people in the criminal justice system by easy access to assistance, and also on release from prison to have the process streamlined for ongoing help. The peer navigator scheme could be rolled out.

The key is partners working together to help address barriers. Some people have complex lives and addictions is a further complication, we need to have a route pathway in place to have clear sources of assistance which can be fast-tracked. Signposting to recovery services by Police Scotland will get addiction support fast-tracked but we also need to get the wrap around support with the same priority eg. Mental health referrals - people can wait a long time on waiting lists, the signposting to recovery services will only work if the complex barriers are also addressed. This is why our partners need to be engaged to prioritise resources and help address barriers by joint up partnership working. The Outer Hebrides ADP is awaiting the results of the Test of Change projects associated with the Multiple Complex Needs (MCN) sub-group to address the needs of those with multiple complex needs (such as problem substance use, homelessness and mental health problems) and who are in that most at risk population.

Some of the challenges lie outwith drug misuse services. There is a wider societal role in addressing inequalities in health and economic opportunities which will limit the ambitions of the drugs taskforce.

The financial packages associated with the taskforce priorities were helpful in this regard, however coordination and awareness of the community allocated funds would have been stronger if ADP had been more fully involved. Nationally, the funding did not necessarily follow the identified areas with the greatest needs or deaths and that is a question of judgement.

Areas like the Outer Hebrides, which have drug patterns that are different from the central belt and urban areas have had a greater focus on prevention. The current accountability through local Alcohol and Drug partnerships can allow greater impact through the benefits of local decision making, mutual accountability and strong relationships amongst services/organisations. This is particularly important with respect to remote and rural partnerships. Increase in the provision of lower tier services and community recovery (this will require extensive funding) will allow those with alcohol and drug problems to have increased access, prevent escalation and to have the choice and be placed in appropriate levels of services.

Scottish Parliament's Criminal Justice Committee, Health, Social Care and Sport Committee and the Social Justice and Social Security Committee

North Ayrshire Feedback – May 2022

Specific feedback received by North Ayrshire Services

- NADARS – North Ayrshire Drug and Alcohol Recovery Services
- Public Health
- Justice Services

The North Ayrshire Health and Social Care Partnership (HSCP) welcome the opportunity to provide written evidence in relation to 'the actions that have been taken, or that you have taken, to implement the Taskforce's recommendations and the impact they have had'.

Reflecting on all the new developments in relation to the prevention of Drug Related Deaths (DRD), the HSCP support the work of the Taskforce, the prevention initiatives identified, the renewed focus the Scottish Government has placed on DRD prevention and the increase in funding especially in relation to the delivery of new Medication Assisted Treatment (MAT) standards.

Whilst supportive of these initiatives, the HSCP also wish to reinforce the necessity of continuing to have a focus on Alcohol Related Death prevention and also interventions to prevent other drug related harms in respect of cocaine and benzodiazepines and other substances. All this requires to be supported within a wider Public Health approach. The HSCP also wish to emphasise the importance of early intervention, prevention, education and recovery focussed activities which could be viewed as being given less focus on recently compared to previous national strategies and communication.

1. **View on the actions that have been taken, or that you have taken, to implement the Taskforce's recommendations and the impact they have had.**

NADARS

North Ayrshire are fully engaged with The MIST approach and welcome the consistency and detailed targeted approach to tackling drug related deaths in Scotland.

Public Health

Each drug death is an individual and although patterns do emerge, a one size fits all solution is not available. We therefore welcome the widespread nature of the response to include different potential solutions to this problem.

We support the implementation of MAT standards, and greater availability of residential rehab, peer support, new pathways for released prisoners and other initiatives.

Justice Services

The Task Force recommendations are welcomed in order to provide consistency in service provision across Scotland. The main focus of resources at present is in achieving Standard 1 in providing speedy access to MAT, but the other 9 Standards should be treated with equal importance, many requiring an attitudinal shift within current MAT services rather than requiring additional funding resources.

a) **MAT Standards**

MAT Standard 1 – the introduction of same day/next day prescribing pilot in the 3 Towns area has been particularly beneficial for Justice Services given the previous waiting time from referral to prescribing MAT of 4-6 weeks inevitably incurred further offending behaviour during that period. Expansion to all localities will be welcomed by partner services seeking to support individuals with drug dependency issues.

MAT Standard 5 - Justice Services staff welcome a commitment from NADARS to eliminate unplanned discharges, given working on offending-focussed work with individuals is undermined when MAT is withdrawn or reduced due to non-attendance, particularly where no prior discussion has taken place with Justice Case Managers. A greater emphasis on collaborative working and all possible steps taken to prevent any alteration to MAT will help reduce re-offending.

MAT Standard 8 – an Advocacy Worker has been recruited as part of the CHAP service from additional Scottish Government funding and will be a great asset for individuals in recovery.

b) **Naloxone distribution -** Justice Services staff have received Naloxone training so that both Nyxoid and Prenoxad kits are available in office bases and carried by staff individually. Some staff have also completed the Naloxone Training For Trainers course, which allows them to train and distribute kits to other staff and individuals involved with Justice Services.

c) **CORRA Funding** - For the first time statutory organisations are able to apply for additional resources to support recovery. Justice Services in North Ayrshire applied for, and were successful in, securing funding for 2 Recovery Development Workers for up to 5 years, which will improve the range of interventions and support available to individuals serving community sentences at risk of drug related death, particularly those on Drug Treatment & Testing Orders with long term chaotic lifestyles.

d) **More Focus on Release from Custody** – The Task Force has highlighted again the need for continuity of care between custody and community, and NADARS processes are in place for those released on MAT and are working well. Additionally,

there has also been more focus on preventing release on Fridays and Bank Holidays to ensure access to immediate support on release.

e) **Expansion of Staff Roles with Lived Experience** – more posts have been created in North Ayrshire for those with lived experience of recovery via ADP funding, NADARS posts and CORRA funding in Justice Services.

2. **View of where there are gaps in what has been recommended and how these gaps should be filled;**

NADARS
The current model of reporting and evidence gathering against the standards, has allowed North Ayrshire to have a detailed look at benchmarking ourselves and identifying where the gaps are and how best to take these forward. This process is being supported by the MIST Team which we find supportive and helpful in terms of our own improvement plans.

It is our view that North Ayrshire would benefit from MIST focussed support for Justice Service pathways, similar to the approach taken by the MAT standards with community services.

Public Health
Many drug users are subjected to severe trauma and may experience abuse, violence, injury etc. We support increased focus on trauma recovery and prevention which may prevent crises which can lead to overdoses.

We support for a holistic approach to health and wellbeing covering everything from mental and emotional health, to employability and housing.

Justice Services

a) **MAT Standards –**
Standard 1 – same day/next day assessment and prescribing needs to be available in all localities of North Ayrshire, but immediate response should also apply for any other relevant support i.e. alcohol detox, alcohol support, family support, etc.

Standard 2 – Structured titration should be part of the initial assessment so that the optimal dose is achieved within 2 – 3 weeks of onset of treatment to reduce the risk of continued polydrug use (e,g, methadone and Heroin) and ongoing offending behaviour.

Standard 5 – there needs to be a commitment and proactive promotion of no unplanned discharges from MAT services and/or that medication should not be reduced or withdrawn for non-attendance, given this increases the risk of reoffending. The Standards place individual choice as key to the level of intervention and highlight the impact of underlying trauma, mental health issues and chaotic lifestyles

contributing to inconsistency in engagement and should be supported rather than punished (as referred to in Standard 10), which some individuals perceive to be the case.

Standard 7 – Collaboration with Primary Care. There are advantages to a centralised prescribing service, but it limits both individual choice and maintains the stigma of MAT being different from other forms of medical treatments. There is a need therefore for the HSCP to have a role in promoting a collaboration with GP practices to increase MAT prescribing, particularly where the individual might choose low intensity intervention from MAT services and/or is stable on an optimal dose.

Standard 9 - Mental Health Assessment/Interventions – Given the number of NADARS staff qualified as Community Psychiatric Nurses, there is scope for a consistent mental health assessment as part of MAT assessment and then to provide support to address any ongoing mental health issues as a key recovery intervention.
More joint working is required between CMHT and NADARS to establish a mental health diagnosis and/or provide recommendations for appropriate medical treatment to redress the need to self-medicate with illicit substances to combat symptoms of anxiety/depression.

Standard 10 – Trauma Informed Care. Trauma informed training at a 'skills-based' level rather than awareness level, should be mandatory for all staff in MAT services.

b) Draft Guidance on Benzodiazepine Treatment – There is a significant gap in MAT where only the opiate aspect of an individual's dependency is supported by treatment when there is a huge risk with continued illicit Benzodiazepine use, perpetuating continued contact with illicit suppliers; continued illicit substance use; continued offending behaviour - both acquisitive crime and offending while intoxicated; and ultimately contributing to the majority of drug related deaths. Achieving stability is much harder when dependency and associated withdrawal symptoms of Benzodiazepines often prevent full engagement with offence-focussed work and other interventions provided.

3. **View on whether there have been any barriers to implementation and how these have been, or could be, overcome;**

NADARS
We would welcome the MIST support to allow us to strengthen links and pathways with Justice Services to ensure that MAT is available in all priority areas.

Public Health
The link between sex-workers and drugs is well established. We support and encourage engagement with sexual health services and third sector partners.

Justice Services

A main barrier to fuller engagement is the present appointment-based service rather than a more flexible 'drop-in' or duty approach where either existing service users or new referrals can be supported at their immediate point of need. The time saved from failures to attend appointments made in the future could be spent on immediate staff availability to address a need, even if it was a different worker on occasion.

There is also 'structure stigma' in some MAT processes which may be preventing more individuals coming forward for treatment. No other long term medical intervention, e.g. diabetes, high blood pressure, etc is withdrawn or reduced for disengagement, but based on medical need, so the same principles should apply to individuals on MAT as a medical intervention. Drug screening is viewed by individuals as punitive and preventing them accessing optimal doses of medication, and therefore must have a detrimental impact on forming positive relationships with staff, when greater engagement of more vulnerable chaotic individuals will potentially reduce drug related deaths.

4. **View on whether there is consistent delivery of services throughout Scotland, in particular rehabilitation services and the services provided by health boards and alcohol and drug partnerships (ADPs).**

NADARS
We recognise the work that the MIST Team are undertaking will support the consistency of service delivery across Scotland.

We welcome input from the MIST Team to develop pathways to private residential rehab, in line with the consistent approach taken in other relevant areas. It would be beneficial to look and consider national procurement for private residential rehabilitation.

Public Health
We support the focus of the NFO pathways, which can lead to important learning and understanding which can feed back to more targeted action.

Justice Services

Residential Rehabilitation – Additional ring-fenced funding for ADPs will now allow residents the choice to access longer term residential rehabilitation services not previously available to them, currently residential provision is in the form of locally delivered 3 – 4 week programme. Long term rehabilitation was only accessible within a Justice setting, either directly from custody via the Scottish Prison Service pathway or referral for men only to the 6 - 8 week Turnaround Residential programme.

There is consistency across Scotland in the promotion of services employing staff with lived experience, which is bringing an additional dimension to recovery support,

however there is inconsistency in terms of access to rehabilitation services, access to GP prescribing MAT, and access to immediate support following referral.

The additional funding for residential rehabilitation will now allow North Ayrshire residents the choice to access longer term residential rehabilitation services, however the level of funding will still only allow a small number of individuals to participate each year.

There is inconsistency across Scotland in prescribing services where some areas are predominantly GP based with support provided by local recovery services and some areas are centralised services with prescribing by psychiatrists and support provided by NHS Addiction Services staff and 3rd sector organisations. There are pros and cons to both approaches but ideally both should be available in all areas and an individual's choice regarding which is accessed.

5. Additional Comments

Public Health
We support better data linkage around deaths, especially sharing data around non-fatal overdoses which can lead to potentially lifesaving interventions.

We support investigation into the role of prescribed opiate is needed to ensure best prescribing practice is followed.

North Lanarkshire ADP

Consultation

To inform its future work, the Members of the three committees would appreciate your views on the actions that have been taken, or that you have taken, to implement the Taskforce's recommendations and the impact they have had.

Members are also interested in your views on where there are gaps in what has been recommended and how these gaps should be filled; whether there have been any barriers to implementation and how these have been, or could be, overcome; whether there is consistent delivery of services throughout Scotland, in particular rehabilitation services and the services provided by health boards and alcohol and drug partnerships (ADPs).

Written evidence in Word format, no more than four pages, **by 12 noon on Friday, 13 May**. It should be emailed to: HSCS.committee@Parliament.Scot

Background - https://drugdeathstaskforce.scot/

The £9 million allocated in 2020/21 was divided into three funds of which, £3 million for Scotland's Alcohol and Drug Partnerships to be used in the following recommendation areas:

1. Targeted distribution of naloxone;
2. Having an immediate-response pathway for non-fatal overdose;
3. Optimising medication-assisted treatment (MAT);
4. Targeting people most at risk;
5. Optimising public health surveillance; and
6. Ensuring equivalence of support for people in the criminal justice system

North Lanarkshire received £188,383 (over 2 years) for areas 1,2 and 6.

Improve supply of naloxone – 1
Develop non-fatal overdose pathway – 2

1. Develop a Near Fatal Overdose Pathway – Lanarkshire Overdose Response Team (LORT)

Test of Change aim	1. Launch the response in the Lanarkshire area. 2. Establish referral pathways and build new relationships with partner agencies to allow for partnership working.
Progress made	Response successfully launched and a raft of referral pathways established while building strong relationships with local service providers

Having an immediate-response pathway for non-fatal overdose; North Lanarkshire – in operation since October 2021 being delivered unit September 2022. This initiative was directly funded by the DTTF via Turning point Scotland and SAMH who are delivering this service in North and South. The aim is to connect people who are

identified following a Near Fatal Overdose to existing services. Individuals may already be engaged in treatment or recently left services or had not contact with services at all.

NLADP has supported steps to establish an appropriate referral pathway through connections built via ADP sub-groups and service delivery forum. A pathway has now been established with over 100 people engaged following a Near Fatal Overdose (NFO) via Police/Scottish Ambulance Service, ART, voluntary services and acute. Strong links exist between LORT, ART and Harm Reduction teams. Regular attendance at team meetings, with ongoing updates, offers opportunities to strengthen the work to increase referral and out of hours' support.

The Lanarkshire Overdose Response Team (LORT) are well connected to a range of services and support individuals to engage with services for the first time or to re-engage with support having left service for a range of reasons. An ongoing LORT steering group meets regularly to review and monitor progress and to explore further engagement and learning opportunities. Learning from the work of the team is shared at the Drugs Death Prevention Group.

There have been significant challenges establishing information sharing protocols between statutory and voluntary sector partners that have still to be resolved which limits the ability for automatic referrals or follow up activity beyond the LORT team. Information sharing/governance continues to be a significant barrier for keeping people engaged beyond initial interventions. Statutory services currently register when they have obtained explicit verbal consent and this is clearly documented in case notes.

Key Learning to date

- Data collected to date show males make up almost 4 times as many referrals (at almost 80% of the total number) as females which is slightly higher than the national average for drug related deaths by gender.
- The highest number of referrals were received for people within the 35-44-year-old group, followed closely by individuals in the 25-34-year-old group. The 35-44 group having the highest number of referrals is what we would broadly expect to see, as this is in line with the age group experiencing the highest number of drug related deaths (NRS Scotland).
- Over 60% of the referrals we received in this reporting period were for individuals living in their own tenancies
- LORT feedback has highlighted relatively low referral numbers from addiction services, this may be due to the brief intervention nature of the service. The current benefit from LORT is being able to response and offer some support out of statutory services operating hours.
- Plans are in place to support a dedicated post within NHLS Harm reduction team to support efforts to embed the learning from this work, strengthen the overdose pathways and resolve some of the barriers that exists with information sharing protocols.

Targeted distribution of naloxone; North Lanarkshire

The primary routes for Naloxone distribution in North Lanarkshire is via the Harm Reduction Team (number of kits to be confirmed) Addiction Recovery Team (no to be confirmed) and the North Lanarkshire Recovery Community (71 kits in 2021). NLADP continues to promote the national 'click and deliver' service hosted by Scottish Families affected by Alcohol and Drugs as a way for people to access and replenish Naloxone stock. The majority of people who die of a drug-related death have experienced several near-fatal overdoses and it is estimated that for every fatal overdose there are 20-25 near-fatal overdoses[1].

Proposals to widen Naloxone via Community Pharmacy - Naloxone implementation plan. The key commitments outlined in the DTTF bid for each ADP area with 3620 kits to be made available in total over the course of the 2 year funded initiative.

Community Pharmacy staff to be trained to use naloxone in the event of an emergency overdose situation and to dispense Naloxone to other community members (including families) to widen community availability of Naloxone and increase responses an in emergency situation. Total 1810 kits per ADP area totalling 3620 kits in total being made available.

Key Learning

Significant challenges developed in delivering the initiative via Community Pharmacy colleagues due to lack of consensus on the detail in finalising plans to distribute Naloxone via IEP sites. This approach was initially deemed most appropriate for those coming into contact with pharmacy where there was limited or no other engagement with health and care services but deemed not viable based on contractor negotiations.

Following 6 months of discussion, no agreement could be reached between the ADP, Community Pharmacy links and local contractors in North Lanarkshire. The original 3 phased approach was reduced back to single phased approach for pharmacy colleagues to stock Naloxone for use in an emergency only. Costs based on training release, kit supply and administration to monitor data equating to 55% of the total budget allocated before a kit could be issued.

This was not considered the most appropriate or cost effective approach by NLADP partners and stakeholders when many other services were willing to undertake the training for free and carry Naloxone including Scottish Ambulance Service, Police Scotland and fire and safety Scotland.

With ongoing pressures and demands on Community Pharmacy, an alternative approach is now being considered to increase training capacity and supply, including the intra-nasal spray (Nyxoid) option via harm reduction services, expanding the

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[1]Darke S, Mattick RP, Degenhardt L, The ratio of non-fatal to fatal heroin overdose. Addiction. 2003; 98: 1169-1171

number of naloxone peers within the recovery community and widening access across community-based staff.

A preferred way forward would be for discussions to take place nationally for Naloxone to be stocked more widely and made available via all pharmacies involved with OST/IEP. In addition, staff should be available at all OST/IEP active pharmacies, trained and able to administer Naloxone in the event of an emergency overdose situation.

Police Scotland Submission (Update)
Tackling Drug Deaths and Problem Drug Use
12th May 2022

Purpose

The purpose of this briefing paper is to provide an update to the previously supplied response, dated 20 January 2022 relating to the Drug Death Task Force Recommendations. For ease of reading and reference then these updates have been provided in blue.

Recommendations (Previous Submission & Update):

Assertive Outreach

"Work needs to be undertaken in identifying those not in treatment, noting the increased harm this population already experience, and the likely disruption to supply of drugs (during the Covid-19 pandemic)".

Since April 2019, the number of individuals recorded as accepting arrest referrals, which are for people within police custody, is 2287. The total number of people recorded on the Interim Vulnerable Person's Database (iVPD) with a Drug Consumption Marker from 2018 to 2021 inclusive are 39,822. These reports are forwarded to partner agencies for further action/support.

A disparity of services, third sector or statutory support across Scotland for people with complex needs, sees some areas unable to provide direct support or an appropriate referral, as their needs do not meet a specific criteria set.

To enhance partnership working and promote support services available to drug users and their families, a support services directory has been created during April 2022 on the Partnerships, Prevention and Community Wellbeing page of the Police Scotland Intranet. This will be for the use by all officers and will allow them to signpost persons, often during their most vulnerable time, to an appropriate local support service by accessing the details from their mobile device. This approach will provide an earlier form of intervention, with the aim of diverting people into recovery and treatment, prior to them reaching crisis point. This directory is not specifically for substance issues and has been widened to cover other areas of need such as mental health, bereavement and finance.

"Outreach support should initiate same day access to Opiate Substitution Therapy (OST) alongside provision of Take Home Naloxone (THN) supply".

Since 2015 anyone working in commissioned drug treament services are authorised to provide Take Home Naloxone (THN) kits to members of the public. The aim is to increase the number of kits in general circulation and provide easier access to members of the public requiring to provide initial medical treatment to persons suspected of having suffered an opiate/opioid overdose.

In 2021 Police Scotland worked in partnership with the charity Scottish Families Affected by Alcohol and Drugs (SFAAD) and created and distributed 110,000 Naloxone Awareness Cards. These are being provided by police officers to persons who have suffered non-fatal overdoses, their family or friends, or anyone else likely to come into contact with a person likely to suffer an overdose.

The distribution of these awareness cards is already raising public awareness on how to obtain a potentially lifesaving piece of emergency treatment, with feedback showing people have sourced THN as a result. This will enhance public perception and highlight Police Scotland's commitment to adopting a public health approach to ensure the safety and wellbeing of people in Scotland.

Further contact has been made with Scottish Families Affected by Alcohol and Drugs with regards to Police Scotland supplying additional Naloxone Awareness cards, this follows on from positive feedback with Local Policing Divisions and SFAAD noting an increase on kits being provided to members of the public.

"The Taskforce will continue to explore the use of navigators and peer support workers and make a recommendation on the best model for a national navigator service to support individuals to access treatment, including in justice settings. In the interim, the national expansion of the MAV hospital navigator programme should be pursued, taking a particular interest in substance use".

Police Scotland is committed to working alongside partners through the Criminal Justice and the Law Sub Group of the Drugs Death Task Force, to explore opportunities to reduce harm within the existing legislative framework and is piloting a referral service for vulnerable people who use drugs. This service, which commenced on 5th July 2021, will run in parallel with the established Criminal Justice process and will allow officers to refer relevant individuals into support services from the initial point of contact (as opposed to being considered by Procurator Fiscal or Court at a later stage in the process). The project is initially being trialled in the Inverness area with discussions underway to expand the service into Dundee and South Lanarkshire.

This service will introduce persons acting as 'pathfinders' to provide guidance, advice and support for persons referred, directing them to appropriate relevant support agencies. This is not an alternative to justice, but will run in parallel and allow COPFS to make more informed decisions regarding cases, by taking into account the success or not of engagement with treatment services. Initial issues regarding an appropriate referral system and subsequent sharing of information have been resolved, highlighting the benefit of introducing the project as a pilot in the first instance and allowing such matters to be resolved prior to wider roll out.

An interim report was supplied by the Pathfinders project to Police Scotland during February 2022 which drew from information asked by the first contact reporting system in place. This highlighted that to date 60 people had been referred to the service with 58 engaging. Further to this, an additional report was supplied by the Pathfinders project to the CORRA Foundation, this being aligned with the CORRA evaluation framework. Further analysis on the ongoing work with service users was also supplied, this has enabled the pathfinder's project to address specific questions that CORRA had posed in relation to their ongoing evaluation. Discussions within the Criminal Justice and the Law Sub Group have touched upon the possible expansion of the Pathfinders project to other areas in Scotland during 2022. Initial barriers such as data sharing

have now been fully resolved and a referral pathway established between police and the pathfinders. This will allow replication for future areas and highlights the benefits of running a pilot programme.

Benzodiazepines

Addressing the availability of benzodiazepines should be a key priority of this Government and the Taskforce would expect them to work with Police Scotland to reduce the availability of these, as well as supporting harm reduction initiatives.

The threat and issues surrounded benzodiazepines was identified in 2013/2014, but was not progressed due to many challenges within the criminal justice system in respect of presumptive testing. (see Op Borzoi update for interim measures).

Benzodiazepine issues were presented by SCD in 2016 (2017) as NPS (New Psychoactive Substances) to the UK Advisory Council for the Misuse of Drugs (ACMD). The Benzodiazepine profile produced in 2016 highlighted the extent of threat and risk across our communities. At that time benzodiazepines featured in 75% of all Drug Related Deaths (DRD) and in 34% of Drug Driving cases.

Police Scotland provided a comprehensive presentation based on a benzodiazepine problem profile produced in 2016, convincing the Council to make recommendations to the UK Government, bringing 15 benzodiazepines, one of which was Etizolam, under the control of the Misuse of Drugs Act 1971 (MDA), giving police greater powers, providing greater penalties for those criminally involved.

Awareness was raised across European policing through presentations delivered by Police Scotland in Poland, Warsaw - 2015, Netherlands, Hague - 2015/2016/2017, Portugal, Lisbon – 2016 and Germany, Wiesbaden - 2016. During this period, Scotland led for the UK on strategic European law enforcement actions and significant funds were secured for this and bespoke training courses secured for Drugs Expert Witnesses.

Operation Borzoi 2015/2016/2017 was introduced to establish the true extent of benzodiazepines in circulation across Scottish communities (Police Service of Scotland (PSoS) SPA Forensic Services).

Operation BORZOI was initially commissioned in 2015 in order to establish the true extent of benzodiazepines in circulation throughout Scottish communities. On a weekly basis, a panel of SPA Forensic and Statement of Opinion Unit specialists convened and visually examined a sample of benzodiazepine tablets, which were submitted on a national basis to the Forensic Science laboratory. Op BORZOI at that time operated by securing a collective agreement (based on visual examination of the tablets only) regarding what cases would be submitted for further examination.

Following a change to legislation incorporating common benzodiazepines now being controlled under the Misuse of Drugs Act 1971, Operation BORZOI continues in an informative/intelligence collection capacity.

Operation Erso is the overarching National focus to enhance the understanding and reduce the harm from drugs supply in Scotland, particularly the illicit manufacture, supply and misuse of benzodiazepines.

Phase 1 focuses on the harm caused to our communities from the illicit manufacture and supply of benzodiazepines, in particular Etizolam and a direct correlation with drug related deaths in Scotland. Phase 2 focusses on the harm caused by opioids which are present in over 60% of all drug related deaths.

Operation Erso comprises of five chapters of activity with associated prevention work. Police Scotland Drug Harm Threat Assessment focusses on five key chapters from a prevention and harm perspective, namely:

- Prevalence of Drug Types
- Partner Contributions
- Intelligence & Criminal Investigation Focus
- Conviction and Reconviction rates
- Correlation with Social Deprivation

The PSoS Drug Harm Tactical Taskforce (DHTTF) capture and evaluate the circumstances of DRD's nationally. This assists in the early identification of trends and patterns, including clusters of deaths, enabling appropriate interaction relative to the five chapters above.

During 2021, 24 industrial sized pill press machines were recovered from OCG's in Scotland.

The production of illicit pills, including atypical benzodiazepines, cause significant harm. Progress is required to ensure the regulation of pill presses, including a suitable licensing system to reduce related harm.

Through close partnership working with American law enforcement in respect of pill press machines, significant offences were identified leading to enforcement action. Work continues in an effort to encourage tighter regulation relative to the supply of pill press machinery, which remains unregulated in the UK, providing a loophole for sale/supply in the criminal market as is currently seen through Operation Australis.

Agreement has been reached between two Scottish Universities to allow Police Scotland to provide them with previously seized drugs, which are not part of a live case for analysis. The project which is for intelligence purposes only, allow a quick time turn-around in drug analysis, providing a current update on drug types, strengths and trends which impact Scotland's people and Communities. The updated intelligence picture will provide greater focus on relevant substance harm prevention and enforcement activity. The information will be shared with partners to provide them direction in their own substance harm prevention activities. The drugs conveyed are identified by Police Scotland's STOP Units during their general monitoring of seizures and drug related incidents with an analysis reports being provided by the University. The first drug samples were delivered for analysis to Robert Gordon University during April 2022 with the project now formally up and running.

Dispensing and Prescribing

As part of the Taskforce's recommendations on Covid (16 April 2020), the Taskforce highlighted that a rights-based approach should be taken, prioritising Opiate Substitution Therapy (OST) as an essential medicine.

As a result of the COVID-19 pandemic, some NHS Boards changed Opioid Substitution Therapy (OST) provision arrangements in the summer of 2020, to ensure compliance with lockdown/social distancing requirements. A risk assessment was carried out for each person before changes were made to their prescribing arrangements, with the main changes being prescribing for longer intervals to provide reduced frequency of dispensing (e.g. weekly pick up) and the reduction in supervised consumption within pharmacies.

In response to this, Police Scotland completed analysis to compare the circumstances of suspected drug related deaths in April, May and June 2020, with the same period in 2019, to establish if there had been an increase in methadone prevalence at the scene of death. This was a manual process with the findings supplied to Public Health Scotland (PHS) for their further analysis and understanding, when adding the public health context.

The PHS findings provided that there was an increase in methadone prevalence at the scene of DRDs during the initial COVID-19 lockdown period. However, this data was collected on the basis of circumstantial information (i.e. presence of methadone bottles and whether the name of the deceased was printed on the label of a methadone bottle). Confirmation of the data was required by way of exploration of Health prescribing information systems and final toxicology screening. It was further found that the increased provision of methadone with regards to DRD's could not be determined as a causal factor, as OST provision represents only one element of a wider package of care and support available to individuals who are involved in habitual poly drug use.

In an attempt to reduce the number of opiate related overdoses, including those associated with methadone, Police Scotland worked in partnership with the charity SFAAD and created and distributed 110,000 Naloxone Awareness Cards. These were provided by police officers to persons who have suffered non-fatal overdoses, their family or friends, or anyone else likely to come into contact with a drug user.

Diversion from Prosecution

The Criminal Justice and the Law Subgroup is working on recommendations around diversion from prosecution and will report between July 2022 and December 2022.

Police Scotland is committed to working alongside partners through the Criminal Justice and the Law sub group of the Drugs Death Task Force to explore opportunities to reduce harm within the existing legislative framework and is piloting a referral service for vulnerable people who use drugs. This service, which commenced on 5th July 2021, will run in parallel with the established Criminal Justice process and will allow officers to refer relevant individuals into support services from the initial point of contact (as opposed to being considered by Procurator Fiscal or Court at a later stage in the process). The project is initially being trialled in the Inverness area, with discussions underway to expand the service into Dundee and South Lanarkshire.

This service will introduce persons acting as 'pathfinders' to provide guidance, advice and support for persons referred, directing them to appropriate relevant support agencies. This is not an alternative to justice, but will run in parallel and allow COPFS to make more informed decisions regarding cases, by taking into account the success or not of engagement with treatment services. Initial issues regarding an appropriate referral system and subsequent sharing of information have been resolved, highlighting the benefit of introducing the project as a pilot in the first instance and allowing such matters to be resolved prior to wider roll out.

An interim report was supplied by the Pathfinders project to Police Scotland during February 2022 which drew from information asked by the first contact reporting system in place. This highlighted that to date 60 people had been referred to the service with 58 engaging. Further to this, an additional report was supplied by the Pathfinders project to the CORRA Foundation, this being aligned with the CORRA evaluation framework. Further analysis on the ongoing work with service users was also supplied, this has enabled the pathfinder's project to address specific questions that CORRA had posed in relation to their ongoing evaluation. Discussions within the Criminal Justice and the Law Sub Group have touched upon the possible expansion of the Pathfinders project to other areas in Scotland during 2022. Initial barriers such as data sharing have now been fully resolved and a referral pathway established between police and the pathfinders. This will allow replication for future areas and highlights the benefits of running a pilot programme.

Drug Checking

Drugs checking facilities may have an important role in empowering individuals to make safe choices. They also potentially provide an early warning system. The Taskforce recommend the Scottish Government work with the Home Office to review the current drug licencing regime to ensure that it is open, transparent and accessible, in line with a health based approach.
The Scottish Government should support drug testing nationally and work with local services to ensure it is available.

At present there are no drug checking facilities operating within Scotland. However there is a research and knowledge exchange project underway in Aberdeen, Glasgow and Dundee. The project was funded by Corra in 2020 and is for 2 years research work to advise key partners and Alcohol and Drug Partnerships (ADPs) on how they may consider the design, planning and implementation of drug checking services, according to evidence and user needs.

Police Scotland is committed to working with partners to reduce drug related deaths, mitigate the associated risks of substance use and provide a public health approach, to ensure appropriate professional support at the earliest opportunity to those most requiring it.

Given that addiction often fuels offending, any reduction in people's dependencies can have significant benefits in breaking the cycle of offending, which law enforcement on its own cannot achieve. Embracing a public health approach allows us to work towards the vision and is within the approach of the Scottish Government's strategy of 'Rights, Respect and Recovery'.

Police Scotland will work with key partners to create policy and guidance for the policing approach to any drug checking facility established in Scotland, in line with our code of ethics, human rights and adopting a health led approach to policing.

Equality Act 2010

A transparent review is needed of the exemption set out in S3.1 of the Equality Act 2010, (Disability) Regulations 2010 to explore the impact of this exemption and whether it best serves people suffering from addiction, what the implications of removing it and making addiction a protected characteristic would be.

Police Scotland works continuously to ensure that our Code of Ethics and values are understood by all officers and staff and enshrined in every decision we make as individuals and as a service.

In line with the recently launched Scottish Government campaign to tackle the stigma faced by persons with substance and alcohol issues, an internal briefing has been published to remind all officers and staff that people struggling with an alcohol or drug problem should have access to the same support and treatment as those with any other health condition. This should be without fear of judgment or criticism. It reminds everyone that respect is a key feature of policing and our actions, both internally and externally, should have respect at their foundation and we should show respect for all people, either individually or collectively, and their individual needs.

Officers and staff are reminded that this approach should be supported and reflected in the language they use when speaking about, or to, any person or group who uses drugs or alcohol and any inappropriate language or comment should be challenged.

Work continues between the Substance Harm Prevention Team, National Substance organisations and the Scottish Police College with a view to enhancing current Probationer training on substance use and the barriers to support and treatment caused by associated stigma.

Inputs will be delivered in partnership with the Scottish Drugs Forum, the Scottish Recovery Consortium, Scottish Families Affected by Drugs and the Crown Office and Procurator Fiscal Service.

After further discussion with COPFS and relevant partners the delivery of this work will be to raise officer awareness on: Public Health approach to justice; the benefits of prevention and early intervention; addressing stigma and the impact of drug related deaths and relevant support services available. All content delivered will align with the current Annual Police Plan, Police Scotland Drug Strategy and the Scottish Government's Rights, Respect and Recovery: Alcohol and Drug Treatment Strategy.

A focus for delivery will be to address and tackle the stigma of substance use whilst educating officers on the benefits of early intervention and the criminal justice mechanisms available in support of a person who has addiction issues.

Families

The Taskforce welcomes the engagement with its drug law reform report from family members and feel their contributions reflect strongly the direction and ambition of the Taskforce. The Taskforce will continue to learn from the projects funded and will make further recommendations on options for treatment, support and recovery.

Police Scotland's Substance Harm Prevention Team works in partnership with Scottish Families Affected by Alcohol and Drugs (SFAAD) to produce a bereavement booklet to be issued to anyone who has lost a loved one as a result of a suspected Drug Related Death.

The booklet provides a helpline contact, and information and guidance around Police and Crown Office and Procurator Fiscal Service (COPFS) investigations and procedures, from time of death through to the release of toxicology results and the ultimate conclusion of investigations. Divisional Drug Death coordinators have responsibility for delivering these booklets to next of kin or other family members.

The new process began on 28th April 2022. The Booklet is now accompanied by a letter from Police Scotland outlining the organisations condolences and the purpose of the booklet. This booklet and letter aims to provide people with as much support and information as possible during a time of need. It explains the process that takes place after a sudden or unexplained death especially where there is a possibility of drug involvement, this is from both from the perspective of Police and COPFS.

Importantly the booklet also offers signposting to appropriate local support services in order to provide assistance to the next of kin or any other person affected by the death.

The Drugs Death Task Force provided funding for two officers to form the Police Scotland Naloxone Co-ordination Unit within the national Substance Harm Prevention Team. These officers have developed the proposals, guidance and training packages for the Naloxone Test of Change. They delivered training to over 800 officers and continue to engage with partners including the independent evaluation team who have provided an interim summary report, which speaks positively on the Test of Change period. The full report is to be provided by 31st January and will be presented to the Senior Leadership Board for consideration of a national roll out in February 2022.

Lived and Living Experience

More needs to be done to engage with those who do not currently access services. The Taskforce therefore recommend that a network of people with living experience is established in the next 6 months.

Police Scotland works in partnership with the Scottish Recovery Consortium (SRC) who have been involved in, and consulted throughout, the Naloxone Test of Change project. They have sought the views of those with lived experience on the barriers faced by substance users, that can prevent engagement with support and treatment services. This is being supplemented by the creation of a bespoke training package in collaboration with SRC and the Scottish Police College, for delivery to all probationary officers and following evaluation, potentially rolled out nationally.

After further discussion with COPFS and relevant partners the delivery of this work will be to raise officer awareness on: Public Health approach to justice; the benefits of prevention and early intervention; addressing stigma and the impact of drug related

deaths and relevant support services available. All content delivered will align with the current Annual Police Plan, Police Scotland Drug Strategy and the Scottish Government's Rights, Respect and Recovery: Alcohol and Drug Treatment Strategy.

A focus for delivery will be to address and tackle the stigma of substance use whilst educating officers on the benefits of early intervention and the criminal justice mechanisms available in support of a person who has addiction issues.

To further raise officer awareness on the barrier of stigma, the Substance Harm Prevention team have recently published an internal article reminding all officers and staff of our health lead approach and that people struggling with an alcohol or drug problem should have access to the same support and treatment as those with any other health condition.

Medication Assisted Treatment

The implementation of MAT Standards must be scaled up at pace. To enable this the Taskforce would recommend formal standards and indicators are developed by Health Improvement Scotland by the end of 2021. Scottish Government will have a vital role in supporting this roll out by ensuring that Chief Officers take accountability for delivery of the standards at local level.

Criminal Justice Services Division (CJSD) Healthcare and Interventions Team are working closely with the Police Care Network to explore how MAT standards can be made available to those prisoners who are at risk within police custody centres in Scotland. A Senior Nurse has been seconded to the Police Care Network as the National MAT standards Co-ordinator and is working closely with both CJSD Healthcare and Interventions and the Drug Deaths Taskforce at this time.

Naloxone

Maximise naloxone distribution through all channels, including on release from prison and through families, with the possibility of using third sector organisations and recovery communities.

In an attempt to reduce the number of opiate related overdoses, including those associated with methadone, as already mentioned, Police Scotland worked in partnership with the charity SFAAD and created and distributed 110,000 Naloxone Awareness Cards. These were provided by police officers to persons who have suffered non-fatal overdoses, their family or friends, or anyone else likely to come into contact with a drug user.

Since the introduction of the Test of Change, officers in each of the test bed areas have had positive engagement with members of the public and local businesses regarding the use of Naloxone.

This has resulted in a number of subsequent requests by people and businesses, who may come into contact with a person likely to suffer an overdose, to the Scottish Drug Forum (SDF) requesting to be trained in the use of, and to be supplied with, Naloxone.

In 2011 the Scottish Government launched a Take Home Naloxone (THN) programme. To date around 90, 000 kits have been issued. Reports suggest it is used by the public around 1000 times per year. SDF coordinate all persons referred across the 14 Health Boards to receive the appropriate training and be issued with Naloxone. The Naloxone Test of Change has raised officer's awareness and knowledge on the subject, better preparing them for incidents they attend where Naloxone is used by a member of the public.

Request that all 'first responders' to drug overdoses (emergency services) are naloxone trained.

The Naloxone Test of Change period concluded on 1st November 2021. The final figures are: 808 officers have been trained and 656 (81%) have volunteered to carry Naloxone and take part in the pilot. There were 51 administrations during the Test of Change period, with a further five reported since, bringing the total number of administrations to 56.

Naloxone has been administered in a variety of situations and locations, including custody suites. There has been no issues raised by either police officers administering, persons receiving or persons witnessing the administration of Naloxone. Public and partners' responses to police officers carrying Naloxone has been positive.

The evaluation team have now closed their final survey and are working towards producing their final report for submission by 31st January 2022, for presentation to the Senior Leadership Board in February.

The Test of Change appears to have been well received by members of the public and the charity SFAAD have provided the Substance Harm Prevention team with a number of testimonies from the public in support of police officers carrying Naloxone and how the Test of Change has raised their awareness on its effects, accessibility and availability.

The test of change period from May to October 2021 concluded with over 800 officers trained in the carriage and use of Naloxone. Formal approval was given for a national roll out in February and a 4-stage delivery plan agreed following publication of the independent evaluation. This will see the procurement, training and delivery of Naloxone to all operational officers up to and including the rank of inspector by September 2022. The Scottish Government will fund the National Roll out of Naloxone. To date 68 persons experiencing a drug related overdose have been administered Naloxone with all regaining consciousness. These persons then received either further first aid treatment from attending Scottish Ambulance Service paramedics or left the scene by their own volition.
The proposed training plan includes:

- Probationer Officers will receive training during the initial SPC course following conclusion of the national roll out
- All officers will complete an online training package developed by the Scottish Drugs Forum.
- Divisional Champions will be identified with a minimum rank Inspector who will undertake a 3 hour face to face training session supported by the Scottish Drugs Forum.

- Further to this there will be a Naloxone refresher segment included within OST annual training.

Non-Fatal Overdose

Non-fatal overdose pathways are vital to catching the most at-risk people early and providing them with the support needed to avoid a fatal overdose. The Taskforce would recommend that these should be expanded nationally, learning from the tests of change ongoing through the Taskforce.

In 2019, Dundee Drugs Commission identified the absence of a holistic response to drug addiction. At that time, individuals who experienced non-fatal overdoses (NFODs) in Dundee were formally discussed once per week by a multi-agency Early Screening Group. Follow up often involved extended delays and individuals could be difficult to contact or did not fit the criteria for Adult Protection Services. It is known that people are more likely to suffer a fatal overdose if they have experienced a previous non-fatal overdose, therefore a Short Life Working Group (SLWG) was established which carried out holistic reviews of 8 people who had experienced a NFOD and found that there was no consistent process for follow up, including the transfer of information from one service to another. The findings of the SLWG informed the decision to establish a multi-agency Non-Fatal Overdose Group in Dundee, which would deliver a rapid response, multi-agency approach to decision making around people identified as in crisis, through daily review and assertive outreach. There followed a 6 week test of change, the group continued and formal evaluation of the process was published in August 2020.

The Non-Fatal Overdose Group meets each weekday morning and following initial triage, a holistic assessment of the risk is conducted, building resilience into the support and services provided, whilst ensuring that additional contributing factors to their state of crisis are identified and mitigated. Ongoing engagement is then monitored and assertive outreach continued, where necessary.

Policing

Practical policing decisions, such as physical patrols can influence people's perceptions and decisions about drug use and service engagement. Therefore the possibility of tolerance zones should be explored where police agree not to make active patrols or use stop-and-frisk powers in the vicinity of certain services.

The need for a tolerance zone must be carefully balanced with the need for operational independence for police officers to respond to both concerns from members of the public and to any potential criminal offence they witness. Care must also be taken to ensure that police can continue to target dealers who may exploit any tolerance zone, thereby placing people at increased risk. Normal patrols must be allowed to occur, however an individual's attendance at certain services or facilities need not be viewed as grounds for a search, as they may be attending for support etc. and therefore any search would need to be intelligence-led and legislatively based.

The locating of certain services/facilities or zones needs to be in consultation with the local community, who rightly would expect the same level of service from policing as any other community in Scotland. Location must also take into account demand in that

area, to ensure people who need the service do not need to travel a distance and run the risk of transport poverty becoming a barrier to accessing services.

The Taskforce would support consideration of the extension of Recorded Police Warnings in relation to drug possession offences to cover all classifications of drugs and concludes that there would be value in work by the Scottish Government, Police Scotland and COPFS to increase understanding of the scheme.

Following discussions between Police Scotland and the Crown Office and Procurator Fiscal Service an amendment to the existing Recorded Police Warning (RPW) guidelines was agreed. These amendments are specific to contraventions of Section 5 (2) of the Misuse of Drugs Act 1971. Previous guidelines stated RPWs could only be issued for possession of Class B and C controlled drugs, very low level, Cannabis and Cannabis Resin only. The guidelines have now been extended to include all drugs, including Class A, for possession charges where the circumstances are clearly indicative of personal use and there are no other vulnerabilities identified. The aim of the amendment is to provide early intervention, allowing those entering the criminal justice system to receive the relevant support at the earliest opportunity. This update took effect from 23rd August 2021 and there have been no concerns raised or issues identified.

Safer Drug Consumption Facilities

The Taskforce supports the introduction of properly resourced safer consumption facilities in Scotland. The Drugs Death Taskforce recommends that the UK Government consider a legislative framework to support their introduction. In the interim, the Scottish Government should explore all options within the existing legal framework to support the delivery of safer consumption facilities.
The Scottish Government should also take steps to increase public understanding of such facilities.

Police Scotland is committed to working with partners to reduce drug related deaths, mitigate the associated risks of substance use and provide a public health approach to ensure appropriate professional support at the earliest opportunity to those most requiring it.

Recent discussions with the Crown Office and Procurator Fiscal Service have indicated that there is the belief that a legal framework may exist to allow those who would operate a Safe Drugs Consumption Facility to do so within current legislative provisions.

Whilst this may provide a basis on which to operate a facility, it would not address the potential criminality of those with addiction issues attending to use them, whilst in possession of illegal drugs. The possession of controlled drugs remains prohibited under the Misuse of Drugs Act 1971 and the UK Government have indicated that they are unlikely to amend it.

Police Scotland have formed a short life working group to develop guidance and policy that would support the establishment of any approved premises and provide an appropriate level of police response to their management and any associated complaints or incidents raised regarding the use, operation and management of such facility.

A draft Policy & Guidance document has been produced by Partnerships, Prevention and Community Wellbeing Divisions Substance Harm Prevention Department which outlines the suggested Policing approach to any SDCF in Scotland. This has been developed with other statutory partners and stakeholders and awaits force approval.

Stigma

Scotland should have a national and local mission statements on addressing stigmatisation – including self, stigma, stigma by association, structural stigma and public stigma.
All responses to problem drug use must be co-developed or co-produced with those who deliver services to people with drug problems and people with lived experience.
All responses to problem drug use must pay specific attention to clients and groups who are most likely to experience stigmatisation
All services must help reframe the narrative around problem drug use wherever possible.
Drug services should celebrate the success of recovery communities and focus on and communicate strong messages about the positive outcomes PWDP can expect when engaging with them
Services must actively promote opportunities for anyone – from the client group, from families and communities and from the workforce – to be able to challenge stigma or stigmatising behaviour, process or environments.

In line with the recently launched Scottish Government campaign to tackle the stigma faced by persons with substance and alcohol issues, we have reminded all officers and staff that people struggling with an alcohol or drug problem should have access to the same support and treatment as those with any other health condition. This should be without fear of judgment or criticism. It reminds everyone that respect is a key feature of policing and our actions, both internally and externally, should have respect at their foundation and we should show respect for all people, either individually or collectively, and their individual needs.

Officers and staff are reminded that this should be supported and reflected in the language they use when speaking about, or to, any person or group who uses drugs or alcohol and any inappropriate language or comment should be challenged.

As already stated, work continues between the Substance Harm Prevention Team, National Substance organisations and the Scottish Police College with a view to enhancing current Probationer training on substance use and the barriers to support and treatment caused by associated stigma.

Summary

Police Scotland already works hard to fulfil its duty to ensure the safety and wellbeing of all our communities and adopt a public health, whole systems approach. This means working alongside multiple external partners to address longstanding issues and improve the life chances of individuals we interact with frequently.

Our focus on drug and alcohol harm is on identifying primary prevention and intervention opportunities, and working with partners to reduce the harm caused to individuals and communities.

Our Drug Strategy provides strategic oversight, governance and policy direction in relation to Police Scotland's prevention, intelligence and enforcement activities relative to drug and substance misuse across the country. They recognise people with drug and alcohol issues often have multiple complex needs that span a range of health and social care issues.

Police Scotland will continue to work with the Drug Death Taskforce and currently have a number of work streams and projects both in the planning and operational stages, to meet the recommendations as outlined above.

Public Health Scotland

Public Health Scotland response to the Scottish Parliament's Criminal Justice Committee, Health, Social Care and Sport Committee and the Social Justice and Social Security Committee's call for Evidence and consideration on progress made in implementing the recommendations of the Scottish Drug Deaths Taskforce.

Public Health Scotland (PHS) welcomes the opportunity to comment on progress made in implementing the recommendations of the Scottish Drug Death Taskforce. The misuse of drugs is a significant issue in Scotland, as referenced in Prevalence of Problem Drug Use in Scotland an estimated number of individuals with problem drug use in Scotland is 57,300 – almost 1 in 60 of our population aged between 15 and 64. The loss of life to drug-related deaths amongst those ages 35-55 is now a substantial contributor to the worsening life expectancy trends in Scotland. It is both the number of people dying and the age in which they die, prematurely and avoidably, which is contributing to stalling life expectancy in Scotland.

Prevention is at the forefront of our three-year Strategic Plan to protect and improve the health and wellbeing of people in Scotland. Scottish communities with high levels of economic and social disadvantage have higher rates of drug-related harms than the national estimate and higher rates of drug-related deaths – 18 times higher than the least deprived quintile, referenced in National Records of Scotland Drug-related deaths in Scotland Report 2020. Individuals with problematic drug use face barriers in accessing support, and compounding this, the communities where many people who use substances, and their families, live are amongst the most under-served and under-invested in Scotland. These communities with problematic drug use are often amongst the most marginalised in society and face barriers in accessing support at multiple levels for things such as mental health support. Both individuals and communities affected by problematic drug use are disadvantaged by the stigma that surrounds drugs and drug use.

It is important to recognise that if we want to prevent drug harm for the current population and future generations, we need to support individuals to realise their rights – their human right to access healthcare, education, and a family life. In doing so we would be supporting individuals and communities to build resilience and directly address some of the root causes that propagate this crisis. Drug-related harms, and problematic drug use more generally are commonly a sign of wider levels of inequality. Improving the wider determinants of health for example housing and employment as well as tackling poverty, is essential in order to prevent the cycle of drug related harms.

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Our position is that the only way to sustain improved outcomes for people affected by problematic drug use in Scotland is to ensure an evidence-informed approach and target the root causes of harms.

PHS would welcome further opportunities to discuss these and the contributions of PHS Scottish Government colleagues.

Public Health Scotland, May 2022

Appendix 1: Actions taken to implement the Taskforce's recommendations and gaps in the recommendations for further action.

Take home naloxone – relating to recommendation 1

Given Public Health Scotland's commitment to Scotland's National Naloxone Programme we understand and support the urgent need for an increased distribution of Naloxone. Since Autumn 2021, we have published Take Home Naloxone monitoring information[1], presenting key data on kits from local community outlets, prisons, community prescriptions and kits issues by Scottish Ambulance Service. This allows local areas to be identifiable as possible high-risk. With an adaptation made to the interactive dashboard we can also identify and take into account wider impacts, describing new initiatives for example, widening supply to non-drug treatment services during COVID-19.

A short life working group is in development to modernise the 11-year-old Naloxone database to support the programme development and improvement. The groups' objective is to identify the priorities for development and how these will be achieved. As there will be costed an improvement plan will be submitted to the Scottish Government. The group will involve all stakeholders and ensure outputs conform to stakeholder needs.

Non-fatal overdose pathways - relating to recommendations 2 & 3

PHS provide direct support to the Medication Assisted Treatment (MAT) Programme Team and the Medication Assisted Treatment Implementation Support Team (MIST). We agree agrees with non-fatal overdose pathways being central to medication assisted treatment (MAT) standards and assertive outreach and anticipatory care (standard 3). Working with MIST in local areas to develop and implement response services we have found there are considerable variations in the nature of the intervention.

Over the next 6 months MIST will focus its work on supporting these local areas in taking a quality improvement approach to meet the needs to the people at the highest risk, together with further developing a broader understanding of risk beyond near fatal overdose. Detailed information regarding this will be available in the MAT benchmarking report published July 2022.

PHS recommends a proposal for the measurement of MAT Standard 3 via national data system to include work with the Scottish Ambulance Service (SAS) and learn from their funded project. MAT 3 is about ensuring those at the highest risk have access to treatment so by combining data we will be able to evaluate overdose interventions. There will also be opportunity to collaborate on data linkage to identify outcomes among those referred to treatment services following emergency interventions.

[1] National Naloxone programme Scotland - Quarterly monitoring bulletin July to September (Q2) 2021 to 2022 - National naloxone programme Scotland - Quarterly monitoring bulletin - Publications - Public Health Scotland

The National IMT on drug deaths (NDDMT) chaired by the Director of Clinical and Protecting Health in PHS is focusing on developing shared understanding or risk and build on local working to extend the understanding of risk beyond near fatal overdose – as mentioned above.

The MIST team has recruited a data protection legal specialist whose role will be to support local areas establish effective, timely and safe information sharing pathways.

Data information sharing – relating to recommendations 4 and 10.

PHS has been working with Police Scotland to inform the policing strategy in relation to target enforcement toward the substance causing the greatest harm in communities i.e. benzodiazepine harms. Work is ongoing to map that out.

In January 2022 a roundtable of experts met in partnership with the Scottish Government to consolidate action and identify how to strengthen implementation of interim guidance on harm-reduction as part of the MAT programme developments. Interim Guidance on key principles for psychological and prescribing care was published on the Drug Death Taskforce website in August 2021: MAT Standards Informed Response for Benzodiazepine Harm Reduction.

To support information sharing PHS is advising National Records Scotland (NRS) on new street benzodiazepine drugs to identify in their national statistics on drug related deaths and the PHS Drug team is publishing information on benzodiazepine prevalence from mortality toxicology data in order to help identify new street benzodiazepine threats.

An information sharing agreement has been made between PHS and the Crown Office, whereby we can present up to date toxicology trends and patterns. This information is also fed into the early warning system – Rapid Action Drug Alert and Response (RADAR).

PHS would recommend the MAT programme embeds learning on preventing benzodiazepine related harm (workforce development, needs of specific subpopulations, role of third sector, research, and evidence). To do so, the following would be implemented.

- Local operational and senior national sponsorship to be identified (a safety net) for prescribing, psychology, 3rd sector support and training.
- Prescribing within current BNF and licensing parameters to be progressed in line with experience from existing practices and case studies
- developments to be inclusive of involvement in services of people with lived and living experience of harmful benzo use
- coordination ongoing with Scottish Government safer prescribing 'Z drugs' work

Medication Assisted Treatment - relating to recommendation 6

Public Health Scotland Medication Assisted Treatment Implementation Support Team (MIST) are leading the implementation of the Medication Assisted Treatment (MAT)

standards in Scotland. Healthcare Improvement Scotland, whilst still involved have a refocused role on the development of learning networks to support the dissemination of innovative practice that meets the MAT standards. Detailed information on progress towards the MAT standards will be available in the MIST benchmarking report to be published in July 2022

This is a large five-year work programme involving multiple partners and national organisations – the work focuses on quality improvement, strengthening reporting and systems-based development and collaboration.

Rebecca Wood: written statement to the Scottish Parliament's Criminal Justice Committee, Health, Social Care and Sport Committee and the Social Justice and Social Security Committee.

To inform its future work, the Members of the three committees would appreciate your views on the actions that have been taken, or that you have taken, to implement the Taskforce's recommendations and the impact they have had.

As a member of the DDTF who works in the field and as someone in recovery from addiction I have been very involved in the creation of workstreams, and actions carried out by the Taskforce. Most of this work is around the creation and implementation of the Medication Assisted Treatment (MAT) standards: standards of care for anyone receiving treatment for addiction within our health services, criminal justice settings or the community. This work (though ongoing) is having a huge impact on how addiction services change the way they work with people. There are two things that I feel make this work innovative and unique to Scotland. 1. Employing a multi-disciplinary implementation team that utilises lived experience cascading down from government level to local areas. 2. A system change that puts a Rights Based Approach at the heart of what is being achieved. This quality improvement program is already encouraging areas to see addiction as a health issue and ensures communication from areas on what changes are being made with support from the implementation team led by Duncan McCormick. We are raising expectations, developing models of best practice and involving lived experience to advise and inform.

I have been involved in various other workstreams.

- A trauma informed approach. This looks at how the workforce can be educated on utilising such an approach and how this can be adopted into all elements of service provision, for example, how a building is laid out.
- Education program for schools. This innovative and progressive work channel looks at the needs of children from nursery age right up until leaving school. I have offered my story to help give children identification and hope. The program is a collaboration between Police Scotland, Education and the I Am Me charity.
- Stigma Charter and National Campaign. I have been involved in the creation of a stigma charter for the DDTF and contributed to the national campaign.
- Naloxone distribution. As Team Leader for North Lanarkshire Recovery Community, I was responsible for building a team to distribute Naloxone under the waiver provided during lock down. This allowed us to engage with those at risk, family members and members of the public. An additional advantage to this project was the close working relationship built with other addictions services (statutory and non-statutory), the NHS Harm Reduction Team, first responders and NFO Response Team. Being utilised as an assets and experts in the field community members were able to reach the local population in a way that others find more difficult.
- Safer Drug Consumption Facility. I am part of this working group, still in its infancy.

Members are also interested in your views on where there are gaps in what has been recommended and how these gaps should be filled; whether there have been any barriers to implementation and how these have been, or could be, overcome; whether there is consistent delivery of services throughout Scotland, in particular rehabilitation services and the services provided by health boards and alcohol and drug partnerships (ADPs).

- Work of the MAT MIST (MAT Implementation Support Team) offers a good model of best practice for the roll out of policies and system change.
- Residential rehabilitation services are required to be responsive and available when required. This is still not the case and families/individuals are having to pay thousands of pounds as public funding is not available. Those who cannot afford to pay are relying on rehabs that utilise the housing benefit system. These facilities are often under funded and not used by ADPs.
- Recovery Communities should be properly funded through ADP commissions for staff whilst allowing for autonomy. Recovery communities provide a unique opportunity for rehabilitation. They can be the glue between addiction and other services. They provide real solutions to the chaotic and damaging lifestyles of those at risk of death.
- LEROs should be informed and consulted with at every level of service design.

Written Evidence Provided by Renfrewshire ADP (13th May 2022)

The review of progress made in implementing the recommendations of the Scottish Drug Deaths Taskforce.

Being jointly carried out by the Scottish Parliament's

i. Criminal Justice Committee
ii. Health and Social Care and Sport Committee and
iii. Social Justice and Social Security Committee

Dear Committee Members

Thank you for inviting Renfrewshire ADP to provide written evidence to the review of the progress made in implementing the recommendations of the Scottish Drug Death Taskforce (DDTF). Please find the evidence detailed below:-

1. **What actions have been taken to implement the recommendations for the DDTF, and what are your views on these. How much impact have they had?**

There has been significant progress in implementing these recommendations within Renfrewshire. The recommendations have provided partners with a useful framework to ensure we are developing and implementing key actions to enable us to continue to achieve positive outcomes. The recommendations have also ensured that drug deaths continue to remain a priority across the ADP.

Key actions currently underway within Renfrewshire:-

Targeted Distribution of Naloxone

- Renfrewshire ADP have recently implemented a local multi-agency Naloxone Delivery Group which aims to drive forward work regarding targeted distribution of Naloxone. The group has created a work plan focussing on reducing barriers, improving education on overdose and naloxone, and expanding supply networks across Renfrewshire. As part of this work, we will soon launch a Renfrewshire Naloxone training calendar, aimed at health and social care workers, and other key stakeholders. We are also launching a webpage within the HSCP website which details information about naloxone and local information including how and where individuals can get a supply.

- Work continues in ensuring that Alcohol and Drug Recovery Service (ADRS) staff are well trained and confident in the supply of Naloxone. This includes

Recovery workers and Navigators from CIRCLE, the peer-led recovery hub service. Additional Naloxone training has been provided, and regular communications have taken place with staff regarding the recording of Naloxone, along with tools to assist delivery (e.g. training checklist, brief intervention tip sheet). Staff were also part of an awareness raising campaign – Naloxone November - to encourage uptake of Naloxone to those at risk. The campaign included recipients receiving comfort packages alongside kits and pop-up awareness raising sites within the local community.

- In reducing barriers, ADRS has also worked to move away from Naloxone prescriptions, ensuring the availability of a physical stock of Naloxone is available within clinical spaces and GP shared care premises.
- Some ADRS staff have now completed the Naloxone Master Trainer course delivered by the Scottish Drugs Forum, which allows for the provision of timely training to new members of staff across the partnership in Naloxone supply.
- Adult Mental Health Services have agreed to Naloxone Supply training for staff, which will enable individuals accessing clinics, and inpatient discharges to readily receive a supply. The coordination of this is underway.
- The Glasgow and Clyde Overdose Response Team (GORT) launched September 2021 in Renfrewshire. They supply naloxone to those who have recently experienced a non-fatal overdose, and those high risk along with family members. They also provide a drop-in service within supported accommodation premises regularly.
- Naloxone training and supply is provided by HMP Low Moss to those at risk on release.
- A mobile harm reduction unit will soon be launched in Renfrewshire targeting those most at risk. This will include the provision of Naloxone.

Implement Immediate Response Pathway for Non-fatal Overdose

At present, there is not an Immediate Response Pathway for Non-fatal Overdose (NFO) in place. However, there are multiple services working to reduce the risks to those experiencing NFOs.

- An Addiction Liaison Service is in place at the Royal Alexandra Hospital which includes support to those who are admitted to hospital following an NFO. Work is taking place to improve the referrals of NFOs to the Addiction Liaison Service.
- The Greater Glasgow & Clyde Overdose Response Team provide outreach support to those who suffer, or are at high risk of NFO. They operate an open referral process, and seek to see individuals within 48 hours.
- Data is provided by the Scottish Ambulance Service to ADRS on any recent NFOs they have attended within Renfrewshire. Individuals are contacted and

offered support by ADRS. Work is underway to consider the assertive outreach process for individuals not currently open to ADRS.

- NFOs will be included for discussion at the Renfrewshire Daily Tasking meetings in the coming months, allowing for multi-agency support to those with complex needs when required.
- As we work to enhance our drug-related death review process, discussions and action will also take place regarding the review and learning from NFOs.

Optimise the Use of Medication Assisted Treatment

The implementation of the Medication Assisted Treatment (MAT) Standards is well underway within Renfrewshire. We are currently making progress towards offering same day OST in the Alcohol Drug Recovery Service (ADRS). Access is via an open referral system including self, professional and third sector. A draft Standing Operating Procedure (SOP) is in place for starting MAT same day during contingency restrictions and beyond. Learning indicates that implementation of MAT Standard 1 will require an assertive outreach approach, with the capacity to bring people into service immediately, triage and assess quickly. This will assist us to introduce an electronic recording system for community pharmacies which includes monthly recording and monitoring of available OST supervision spaces across the area as is currently operational in other parts of GG&C. Same day prescribing also requires access to same day dispensing and this system will allow Renfrewshire ADRS to identify and address any gaps in provision.

A successful funding application has also been made to MIST recently which will create a multi-disciplinary MAT Response Team that will ensure rapid, responsive support with no barriers access to treatment consistently across the area. The planned MAT Response Team will have the skills, knowledge and capacity to offer harm reduction interventions, MAT and psychosocial supports to current and new service users.

Target the People at Most Risk

Targeting people most at risk is threaded across all the MAT standards. The distribution of Naloxone continues to be a priority as detailed previously. All staff within the Alcohol and Drug Recovery Service use the RAG tool to identify those most at risk.

Analysis of the drug deaths in 2020 showed that over 60% of individuals were not in contact with treatment and care services at the time of their death. In response to this a Harm Reduction Mobile Unit has been established and will also be available out of hours. This will provide crucial healthcare and harm reduction services such as injecting equipment to reduce the incidence of blood-borne viruses (BBV) as well as BBV testing in the community. Additionally, the unit will distribute Naloxone and engage with individuals that would not typically access support and care services into treatment. The mobile unit will assertively outreach areas in Renfrewshire to increase engagement with difficult to reach communities.

The establishment of an Overdose Response Team, developed by our third sector partners, Turning Point Scotland. This test of change for one year will provide a rapid response to near-fatal overdoses by providing a short, focused period of support to each person and assertively engage them with mainstream alcohol and drug services.

Information Sharing – Daily Tasking model within Renfrewshire allows effective information sharing between key stakeholders allowing a rapid response to near fatal overdoses.

Data shows that a significant number of drug deaths are individuals not in treatment at the time of their death. To increase the reach of our treatment services we will continue to work with key partners in non-drug/alcohol services in Renfrewshire to ensure staff are equipped to identify if a person is using drugs and refer them to ADRS. In support, ADRS will urgently provide training for those services and staff.

Optimise Public Health Surveillance

The availability of information is vital in ensuring that services can evidence the impact of treatment and care services. Renfrewshire ADP has access to Public Health Scotland Information Systems which provides useful high level information. However, there does remain a gap in terms of accessing local surveillance data which has resulted in a successful funding application being made to MIST to recruit a dedicated Information Analyst.

Ensure Equivalence of Support for People in the Criminal Justice System

A Drug Treatment and Testing Order Service is fully operational within Renfrewshire. A successful funding application was made to Corra which has enhanced the pathways between criminal justice services and drug and alcohol services.

2. Are there any significant gaps in recommendations, and if so, how should they be filled?

- Additional funding has been provided to enhance the number of placements for abstinence based residential rehabilitation services, however, there remains a gap in relation to accessing crisis and stabilisation provision.
- Workforce development – we recommend a mandatory standard qualification, required to be completed by all workers within alcohol and drug services – this should be led by the Scottish Government. There should also be a clear route for standard career progression - professionalise addiction services.
- Although additional funding is welcomed, the short term nature poses significant challenges particularly in relation to the recruitment and retention of staff. The temporary nature of funding also limits our ability to plan in the longer term preventing us from providing a sustained response.

- NEO is beneficial - a similar system in place for electronic prescriptions would be also be helpful, easing the workload of staff. This would enable ADRS staff to concentrate on being psycho-social practitioners, and away from being "prescription generators"
- There should be standard training for advocacy services in alcohol, drugs and addictions, as well as MAT standards.
- There is a significant gap in relation to safety and stabilisation services in Renfrewshire. Also, available funding is currently tied to abstinence-based residential rehabilitation provision only.
- Clarity around the outcome of Heroin Assisted Treatment pilot and timeframe of roll out from implementation locally would be useful. How will this be funded?
- Whole systems approach – should incorporate evenings as well as weekends.
- Family support - families are often unpaid carers and any funding directed to services for us to support families better would be welcomed.
- Women – more guidance to implement changes is required - a standard approach and consistent provision of service across all ADPs.
- The Public Health Surveillance System should be reviewed to ensure the availability of local date/information.
- Information sharing between public and third sector remains a barrier – the development of a National Directive relating to the development of an Information Sharing Agreement covering all relevant partners would enhance our response, particularly in relation to non-fatal overdoses.

3. What barriers have there been to the implementation of the recommendations and how have they been or how could they be overcome?

- Provision of services - person centred, flexible opening hours. Should include evenings and weekends and environment should be trauma informed.
- Not all service users have appropriate equipment to support Near-Me roll out – digital poverty.
- Digital capabilities of services should be expanded and modernised in real time. Services should increase their online presence to increase accessibility e.g. booking appointments, access to information about available services such as IEP provision.
- There should be equitable access to nationally commissioned organisations and clear visibility about what is available.

- Are nationally commissioned organisations a core member of all ADPs? i.e. not just ‘larger’ ADPs.
- Home office license for storage of Buvidal – not all buildings are suitable. The Scottish Government needs to assist with this barrier.
- Funding streams – financial support is welcome, but non-recurring monies cause issues in terms of recruiting and maintaining appropriate staff.
- Integrated services need integrated systems to ensure appropriate data sharing, including up to date technology. Digital infrastructure needs to support the reliance on technology.
- Support around MAT standards has not been consistent. There needs to be an assurance that the information and data collection is appropriate, proportionate, and meaningful.
- A consistence approach to MAT standards across ADPs to ensure there is no detriment to service users regardless of their postcode.
- Confirmation around Lord Advocate guidelines regarding naloxone supply by non-drug treatment services – is this likely to become permanent, or revert back?
- Additional funding is welcomed, however, the length of the funding allocation causes significant challenges i.e. recruitment and retaining of staff and long term strategic planning.
- A consistency of approach in relation to the allocation of MAT funding and identified gaps for services would have been beneficial.

4. To what extent do you think there is consistent delivery of services across GGC and throughout Scotland, particularly of rehabilitation services and services provided by Health Boards and Alcohol and Drug Partnerships (ADPs)?

- There is a commitment from ADPs to work collaboratively to ensure a consistent approach e.g. GGC ADP Forum has been set up.
- HSCP’s financial processes vary which can impact on ability to utilise resources effectively.
- ADP chairs independent or not, should be required to agree membership to a national ADP forum – not an opt in or out, but a Scottish Government directive.
- Residential rehabilitation – there should be equitable access to provision locally and nationally (sometimes people need to be out with their area).
- There should be a recognition that crisis and stabilisation services are required as well as abstinence-based - financial investment is required. There

needs to be local arrangements in place to ensure that services that cannot be provided are made available throughout GGC via services hosted within larger ADPs.

Yours sincerely

Christine Laverty
Chief Officer, Renfrewshire Health and Social Care Partnership &
Chair, Renfrewshire Alcohol and Drug Partnership

Progress made to implement the recommendations of the Scottish Drug Deaths Taskforce: Consultation Response

Introduction

The Scottish Association of Social Work (SASW) is part of the British Association of Social Workers, the largest professional body for social workers in the UK. BASW UK has 21,000 members employed in frontline, management, academic and research positions in all care settings. There are over 10,000 registered social workers in Scotland around 1,500 of whom are SASW members. This comprises staff working in local government and the independent sector, across health and social care, education, children and families, justice services, as well as a growing number of independent practitioners.

SASW's key aims are:

• Improved professional support, recognition, and rights at work for social workers,
• Better social work for the benefit of people who need our services, and
• A fairer society

SASW welcomes the opportunity to respond to this consultation on the effectiveness of the Scottish Drug Deaths Taskforce's recommendations. The response to this consultation was guided by our members, many of whom will have direct experience of Scotland's drug deaths crisis through their work with adults and children who use social work services. Social workers support people who use drugs, their families, and communities across Scotland. They write background reports for the Courts and deliver community-based sentences for people convicted of drug offences. They work to protect children affected by parental substance use and people affected by domestic abuse including where drug use is a factor. It is therefore important that the views of social workers are heard in this consultation process.

We note that the committee is interested in hearing views on the impact of the recommendations, progress made in the action areas, whether there are gaps and barriers to implementing the recommendations and if there is a consistent delivery of services throughout Scotland. We have therefore provided feedback on each of those areas.

Overall Impact

Members generally agreed that there has been little noticeable impact, particularly at local frontline level, of the taskforce's recommendations on preventing drug deaths and tackling problem drug use at this stage. Scotland still has one of the highest rates of drug deaths in Europe and the scale of the problem remains considerable. One member commented that they were unaware of the taskforce's work to date.

Poverty is still one of the leading contributing factors for substance use and so a wider focus on tackling poverty and inequality is essential. The impact of poverty, food insecurity, fuel poverty and digital exclusion on Scotland's families and communities is devastating and increases the risk of pushing individuals toward drug use. Harmful drug use is also most damaging to communities already struggling with disadvantage, poverty and marginalisation.

In our manifesto for social work, SASW put forward two proposals for the Scottish Government to consider to tackle poverty:

- Commit to the policy of a Citizens Basic Income or other means of effective and dignified financial support from the state.
- Talk to people with lived experience of poverty and involve them in policy development to better understand the hardships they face so you can deliver more effective solutions at both national and local level.

Problematic drug use arises from social circumstances. It has a complex relationship with mental ill-health and can only be supported properly when social supports and medical treatment services respond to individual needs and capacity through a holistic and intersectional approach. SASW supports the notion of a "public health" model of radical reform around our drugs laws, justice system and health and social care but stresses the risks of viewing drug use as a "health" rather than a social issue.

Our current legal and justice systems penalise and stigmatise for life. These must change but so must our language about the supposed "choices" made by people with harmful drug use and our unreasonable expectations of many who cannot commit to abstinence. No one has ever been punished out of addiction. Harm reduction is a road that would lead to fewer deaths and a reduced need for emergency and chronic health treatment and resource should be re-directed towards this.

Members also highlighted that more focus is needed on recovery and prevention through increasing employment opportunities. This is an avenue which can help reduce the likelihood of poverty.

Action Areas

Of the current action areas identified by the taskforce for improvements, members only noted positive impacts in the targeting of distribution of naloxone, providing immediate response pathways for non-fatal overdoses, dispensing and prescribing

and support for prisoners and individuals released from custody. However, others mentioned there had been no impact in these areas. Most hadn't seen any impact in improving workforce capacity, weekend access to treatment and support, safer drug consumption facilities and engaging those who do not currently access services.

Gaps and Barriers

Members didn't identify any gaps in the taskforce's recommendations. Instead, it was noted that there needs to be a bigger commitment by leaders to facilitate and drive change and this lack of urgency was described as a barrier. This suggests that, while the strategy seems robust in theory, the delivery of the recommendations and how they are achieved in practice is the real and much bigger challenge.

Our members expressed concern about how well the recommendations of the taskforce are being communicated. One member said that, despite working in mental health, they had only been made aware of the recommendations through this consultation. Given that drug misuse can affect anyone the taskforce's work should be reaching into all social work specialisms. The lack of awareness around the work of the taskforce and the recommendations meant that identifying specific gaps or barriers was challenging for some members. This suggests that more needs to be done to increase public awareness of the taskforce and its recommendations.

Issues around under-staffing and staff being demoralised and overwhelmed was also seen as a challenge to effective implementation. Inconsistent application of trauma informed practice and a lack of psychiatric presence, flexibility in service delivery and of an assertive outreach were also identified as barriers by one member.

Delivery of Services

All members said that there has been no consistent delivery of services throughout Scotland. However, it was not expected that services should be delivered in exactly the same way without reference to local diversity and needs. Variances in population, geography and concentration of poverty and drug use were all seen as reasons why it would be difficult to apply a rigid framework of consistent delivery of services. One member based in a rural area highlighted that too much centralisation has resulted in insufficient resources and a lack of third sector provision in rural parts of Scotland.

Conclusion

Overall, amongst SASW members report that the taskforce's recommendations are having a limited impact in tackling Scotland's drug deaths crisis so far. The scale of the problem remains high and radical action will be required to improve the situation nationwide. This includes going beyond the taskforce's recommendations by considering how we tackle wider societal inequalities and applying a public health approach to how we address problem drug use. Whilst the taskforce's

recommendations are seen as steps in the right direction, they must form part of a much bigger whole systems, social model approach to tackling Scotland's problems with drug use.

13 May 2022
Submission from: Scottish Borders Housing Association (SBHA)

Please see our views on the actions that have been taken, or that we have taken, to implement the Taskforce's recommendations and the impact they have had. I write on behalf of Scottish Borders Housing Association (SBHA). As a secondary partner in relation to tackling drug use, there are a number of recommendations that we have not made comment on, having not had any direct experience of, on influence on these matters.

As a Registered Social Landlord, we are partners in providing support to drug users, with our main focus being to provide low-level housing support to help tenants to sustain their tenancies and enjoy their home in a healthy and resilient community. Where we have vulnerable tenants with complex needs, we would refer to statutory and voluntary partners for specialist support. We also investigate concerns and complaints about antisocial behaviour from neighbours, which is sometimes relevant to this client group, and we therefore work in partnership with Police Scotland, Scottish Borders Council and specialist partners to tackle this issue.

Assertive Outreach

Following a pilot project in Hawick, SBHA introduced a Wellbeing Framework in January 2022 to risk assess vulnerable new tenants prior to tenancy sign-up. This includes identification of any addiction and mental health issues and whether there is support in place. We still see people requiring support and will continue to signpost to partners for specialist support.

In terms of providing service users with the means to maintain communication, SBHA provided around 200 digital devices to our tenants during lockdown and we offer NearMe as a means to hold face-to-face contact with vulnerable tenants and tenants in rural areas. We note that there are ongoing cost implications to using technology and this will be a significant affordability issue for many tenants as the cost of living crisis deepens.

SBHA agrees that Peer Support and Advocacy are instrumental services and we will continue to work with local and regional partners to seek guidance and make referrals where appropriate, including signposting to any peer navigator network that may be established in the Scottish Borders.

Covid 19

SBHA's experience was that it was difficult to maintain pre-pandemic levels of contact with service users during the various lockdown levels and our customer satisfaction surveys showed increasing concerns about drug use during the pandemic. This increased concern was also reflected in the number of complaints relating to drugs use that were made to our Antisocial Behaviour Team.

We made welfare calls to all our 5,600 tenants during the pandemic, and worked with local and regional resilience groups to ensure that vulnerable tenants were

supported and not socially isolated. This included a triage system to ensure that all vulnerable groups could be supported or signposted for specialist support, and we worked with Scottish Borders Council to ensure that both temporary and permanent housing was prioritised to homeless households and people requiring emergency accommodation.

Diversion from Prosecution

SBHA supports a pathway that ensures tenancy sustainability through an effective multi-agency approach. We welcome this work and would be keen to consider its implementation, with partners, in a rural environment.

Drug Checking

The RADAR programme led by Public Health Scotland has supported SBHA with workshops and is currently considering the benefits of early warning surveillance and how this can be supported in the Scottish Borders. The sharing of information between agencies and acting on this information is a potential barrier that needs to be addressed.

Families and Funding

SBHA will continue to work with the Borders ADP and partners to acknowledge current strategy on Rights, Respect and Recovery, and will continue to engage with grass roots organisations and community-based projects to support vulnerable people.

Lived and Living Experience and Medication Assisted Treatment

SBHA will continue to work with the Borders ADP and partners to identify a network of people with lived and living experience in the Borders and consider the implementation of national MAT Standards locally.

Non-Fatal Overdose and Prison

SBHA will work with ADP partners to ensure there is an effective NFO Pathway in the Scottish Borders and we will continue to work with partners to support tenants both entering and leaving prison.

Whole Systems Approach and Women

SBHA will continue to make referrals for specialist support and confirms the need for weekend access to treatment, as well as for support being available on a 24-hour basis. We will consider the Women’s Action Plan, with our partners in the ADP, due in Summer 2022.

Workforce

As a Registered Social Landlord whose primary focus is to support all our tenants to sustain and enjoy their tenancies, we will continue to work with ADP partners to

improve services for this particularly vulnerable client group. We have identified two team members as Alcohol and Drug 'Champions' who provide general advice and signposting to colleagues, along with access to specialist training sessions and a referral pathway to addiction support services in the Scottish Borders, including residential rehabilitation. As noted above, in terms of resources, we will continue to improve information sharing protocols to ensure that appropriate feedback is provided as required.

Thanks, Henry

Henry Coyle
Director of Customer Services

SCOTTISH DRUG DEATHS TASKFORCE

Justice Committee Convenor
Via email to Clerk

3 May 2022

Dear Convenor

Thank you for your letter of 22 March 2022, on behalf of the Criminal Justice, Health, Social Care and Sport, and the Social Justice and Social Security Committees.

At the evidence session on 2 February, I highlighted that I had requested information about the implementation of Scottish Drug Deaths Taskforce's recommendations from Scottish Government. I note that the evidence provided to the committee by Scottish Government included some information on implementation of the recommendations, however, there is still more information that it would be helpful to have, specifically in relation to the impact these recommendations have had. Further information is also required about when recommendations that have not yet been implemented will be taken forward.

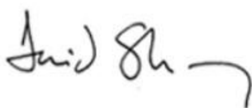
While I will continue to work with government to ensure we have a full picture of implementation and impact for inclusion in the Taskforce's final report, I would suggest that the Committee also seeks this information from Scottish Government directly.

As you outlined the Taskforce is due to finish this summer and we are working to publish our final conclusions in July. We will be publishing a final report, including our final recommendations, and the evidence that these are based on. I can confirm that these reports will provide an assessment of our work to date and its impact. We will also include details of who should implement the final recommendations and give an indication of timescales. Our final report and associated evidence will be shared publicly and I will ensure that the relevant committee convenors receive a copy.

The oversight and scrutiny of our recommendations would, I believe, rightly be the responsibility of parliament and its committees and I would be open to engaging with the relevant committees on this after we have published our final report.

I hope the above information is helpful.

Yours sincerely



David Strang
Chair of the Drug Deaths Taskforce

Scottish Drugs Forum

Accountability and Governance

The Taskforce recommended that Government extend the renewed leadership and call for action (from the National Mission) to include local leadership and organisation leads. (12 January 2021)
The Taskforce highlighted the challenges faced in relation to delays in toxicology and asked for Government to act now to resolve this. The Taskforce will work closely with Government to develop real time monitoring to enable effective decision making. (12 January 2021)
The Taskforce highlighted concerns regarding accountability and outlined that Government should hold the leadership of statutory services and local delivery leaders to account. This was highlighted in the Dundee Commission but also has been a recurring theme when communicating with ADPs. (12 January 2021)

SDF Commentary

Accountability remains one of the key issues within the service system. At local level, ADPs do not have the mechanisms or resources to hold partner organisations who deliver services accountable. While they commission voluntary sector services, through statutory partners, NHS and local authority services are not accountable to ADPs. For ADPs to be effective strategic bodies at a local level they need to have control over all appropriate budgets. Having Service Level Agreements with NHS Addiction services is not sufficient for effective accountability. This fragmented accountability also means in many areas there is poor integration of health and social care addiction services

In terms of national structures are concerned accountability is not clear. Even where there is some infrastructure this is underdeveloped. For example. ADPs submit annual returns to Scottish Government yet some complain that they receive no or delayed feedback.

The most extreme delays in toxicology have been largely eliminated but there remains dissatisfaction about the length of time toxicology can take and a lack of shared understanding of what timescales should be expected, are inevitable as part of the necessary process and why delays occur. Delays continue to impact on monitoring and activity to establish trends and wider intelligence which may help prevent deaths. Of course, it also most immediately and most painfully impacts on families.

Assertive Outreach

Work needs to be undertaken in identifying those not in treatment, noting the increased harm this population already experience, and the likely disruption to supply of drugs *(during the Covid-19 pandemic).* (16 April 2020)
Outreach support should initiate same day access to Opiate Substitution Therapy (OST) alongside provision of Take Home Naloxone (THN) supply. (16 April 2020)

Outreach support should maintain therapeutic support through phone and text, particularly for those receiving OST unsupervised and those in self-isolation. This can be done through the 'NHSNearMe' technology which the majority of GP practices have now installed. (16 April 2020)
The Taskforce recommends that Scottish Government make additional resources available for local organisations to provide service users with the means to maintain communication, e.g. mobile phones with credit/data packages, to ensure users can still receive a consistent level of support. (28 July 2020)
Peer support and advocacy are instrumental in accessing appropriate services, and the Taskforce recommends that the Government support the development of a national peer support programme that can be put in place without delay. (12 January 2021)
The Taskforce will continue to explore the use of navigators and peer support workers and make a recommendation on the best model for a national navigator service to support individuals to access treatment, including in justice settings. In the interim, the national expansion of the MAV hospital navigator programme should be pursued, taking a particular interest in substance use. (6 September 2021)

SDF Commentary
SDF is fully supportive of the development of assertive outreach.

It is worth noting that making treatment services more accessible and acceptable to people who may benefit from treatment and ensuring that people do not drop out and are not pushed out by services, reduces the need for assertive outreach and so these measures should all be developed simultaneously. It is vital that outreach provision is linked directly to addiction services so that people get a service the same day, including Medication Assisted Treatment.

Benzodiazepines
Addressing the availability of benzodiazepines should be a key priority of this Government and the Taskforce would expect them to work with Police Scotland to reduce the availability of these, as well as supporting harm reduction initiatives (12 January 2021)
Interim guidance has been produced by the Benzodiazepine Working Group. A series of consensus building events will take place before final guidance is published. (August 2021)
The production of illicit pills, including atypical benzodiazepines, cause significant harm. Progress is required to ensure the regulation of pill presses, including a suitable licensing system to reduce related harm. (6 September 2021)

SDF Commentary
There are huge challenges around reducing availability of 'street benzodiazepines'.
Increasing prescription of benzodiazepines, by reversing the decision to reduce prescribing which is a significant cause of the issue we now face would be part of the solution. This requires leadership and direction to prescribers.

Crisis and Stabilisation
The Benzodiazepine working group of the Taskforce recommended that the Scottish Government should urgently consider allocating funding resources for nationally commissioned safety and stabilisation services.
This would include:
o The development of appropriate pathways to embed a stabilisation service in the current and developing treatment and support landscape
o Further feasibility and scoping work to cover any gaps in the existing evidence.
O Commitment to the development of the evidence base for safety and stabilisation resource through lessons learned. (15 September 2021)

SDF Commentary
There is inadequate provision of residential stabilisation services. This is a clear and crucial gap in services in Scotland and is particularly an issue limiting our ability to in address problem benzodiazepine use and reduce drug related deaths.

Draft Benzodiazepine Guidelines have been produced but have not yet been finalised. Prescribing guidelines are crucial and this work remains incomplete and lacks urgency and leadership

Clinical support for benzodiazepine detox is not clearly defined. Crisis and stabilisation services are underdeveloped or unavailable. There is a need for residential services that provide stabilisation.

Dispensing and Prescribing
As part of the Taskforce's recommendations on Covid (16 April 2020), the Taskforce highlighted that:
o A rights-based approach should be taken, prioritising OST as an essential medicine.
o Safe storage boxes should be provided for the storage of medicines and take home doses.
o There should be ongoing availability of oral toxicology testing to those considered most at risk (e.g. those with unstable drug use or child protection issues) to enable accurate risk assessment around supervision and dispensing arrangements.

o Home delivery outreach networks should be established - using a mixture of redeployed staff from other services, third sector and volunteers.
o The use of long acting depot injection should be investigated in OST preparations, given its ability to aid initiatives such as self-isolation/quarantine.
o Local formularies should be reviewed as a matter of urgency to ensure they contain the range of licensed, approved OST medicines (methadone, buprenorphine in its various forms, including injectable long-acting preparations) so that there is equity of provision and choice for patients and prescribers.
o Laboratory facilities e.g. for oral fluid testing and oral toxicology testing needs to be maintained to ensure treatment is optimal.
o Preparation of alternative systems of delivery should pharmacy provision be further depleted e.g. central stocks of OST medicines; skeleton staff to provide OST & IEP despite being closed to general public; expansion of outreach networks and delivery vehicles. (16 April 2020)
o Identify pharmacies with high patient numbers receiving OST for site-specific contingency plans to be developed.
o Ensure that all health boards include OST dispensing and IEP provision as essential pharmacy services to be maintained as core elements of the emergency response.
o Support pharmacies with volunteers to help manage queues (16 April 2020)
The Taskforce supports prescribers' call for a review of the regulations on dispensing and prescription forms to take account of clinical and technological advances since implementation in 2001. (6 September 2021)
The Taskforce recommended that the UK Government extends the temporary Covid-19 measures put in place to support the resilience of medicine supplies and treatment continuity, allowing Scottish Ministers to implement an immediate response to local emergencies within the existing legal framework. (6 September 2021)

SDF Commentary
There was some innovative practice in local areas during lockdown which offered a more person-centred and appropriate, accessible and acceptable service to people than they had previously received. Sadly, this does not seem to have been consolidated as restrictions were lifted but there has, rather, been a drift back to unnecessarily rigid and narrow regimes that offer a less person-centred approach that previously existed. It is important to note that the these more flexible approaches attracted people into treatment who had not engaged and that they more closely comply with the letter and spirit of the MAT Standards.

Drug Checking
Drugs checking facilities may have an important role in empowering individuals to make safe choices. They also potentially provide an early warning system. The Taskforce recommend the Scottish Government work with the Home Office to review the current drug licencing regime to ensure that it is open, transparent and accessible, in line with a health based approach. (6 September 2021)
The Scottish Government should support drug testing nationally and work with local services to ensure it is available.

SDF Commentary
There have been pilots in England and there is now a permanent service established (opened May 2022) in Bristol

Progress on this in Scotland lags behind and this is disappointing

Drug Testing and Treatment Orders (DTTOs)
Scottish Government should review DTTOs to assess how they have been used, their outcomes and whether they are the most effective mechanism to support an individual's recovery and reduce recidivism rates. (6 September 2021)
Scottish Government should also work with the Judicial Institute to improve understanding of how to best support an individual's recovery journey. (6 September 2021)

SDF Commentary

DTTOs have, in SDF's view, been effective in responding to 'high terrif offenders' with long term drug problems. However a review of the quality and consistency of this provision would be welcome along ensuring all appropriate pathways are place for non-custodial disposals.

Equality Act 2010

A transparent review is needed of the exemption set out in S3.1 of the Equality Act (2010) (disability) Regulations 2010 to explore the impact of this exemption and whether it best serves people suffering from addiction what the implications of removing it and making addiction a protected characteristic would be (6 September 2021)

SDF Commentary
SDF have also made representation in this regard the need for people with drug problems to be included within the Equalities Act

Funding
The Taskforce clearly outlined in our meeting with the Minister and First Minister that additional funding should be made available for grass roots organisations and community-based projects alongside services to support vulnerable people. (12 January 2021)
SDF Commentary

SDF are supporting such grassroots initiatives alongside other organisations. SDF is funded to support organisation to build capacity and prepare applications to the Local Fund administered by the Corra Foundation

Information Governance

The Taskforce outlined to the First Minister some of the challenges faced with data sharing which the Government must work urgently to resolve, if lifesaving interventions are to progress. (12 January 2021)

SDF Commentary

Scottish Drugs Forum would support this recommendation. It is worth noting however that statutory sector bodies have, in the past, found the development of similar processes painfully slow and resource intensive. There is little insight as to why this is but it may be a cultural rather than a skills- or resource-based issue.

There is some encouraging progress with Scottish Ambulance Service around information sharing on non-fatal overdoses. However, issues remain in parallel work in Police Scotland where sharing information on vulnerable people to create pathways for support provision are facing significant obstacles.

National drug death reviews that monitored trends in the circumstances of overdose deaths could inform the work of local teams bringing expert insight and avoiding duplication of work at local level

Law Reform

A root and branch review of the Misuse of Drugs Act is needed, taking a public health approach, and reforming the law to support harm reduction measures. (6 September 2021)

If the UK Government are not willing to reform the Misuse of Drugs Act, it should commit to exploring all available options openly with the Scottish Government to enable Scotland to take a public health approach. (6 September 2021)

Meanwhile the Scottish Government should do more to maximise flexibility under the current legislation. (6 September 2021)
Further consultation should be undertaken in the second phase of the drug law reform engagement exploring:

- The public's perceptions of drug policy and opinions on what our guiding principles should be when developing policy and legislation.
- People's thoughts on relaxing the laws around drug possession offences, such as decriminalisation or legalisation and regulation.
- Gauging public support for the harm reduction measures currently restricted by the Misuse of Drugs Act or related regulations.
- User engagement to understand how the law impacts people's willingness to access services. (6 September 2021)

SDF Commentary

SDF have long advocated for the extension of 'recorded warnings' for all substances and this has now been introduced. SDF would like to see this developed further with clarity regarding amounts that people can possess and taking the discretionary element away from the Police.

Lived and Living Experience
Extend inclusion criteria for Scottish Government national helpline (0800 111 4000) for vulnerable people to include PWUD. (16 April 2020)
More needs to be done to engage with those who do not currently access services. The Taskforce therefore recommend that a network of people with *living* experience is established in the next 6 months (12 January 2021)
SDF Commentary

Giving the most marginalised a voice is crucial to developing more targeted approaches towards the most vulnerable. Specifically it is crucial that people who currently use or could use services are involved as they offer an insight unavailable elsewhere including from people with past experience of problem drug use or use of services.

Scottish Drug Forum has been funded to support this work. There are specific challenges with engaging with the most marginalised populations who continue to use drugs. In Scotland this will be an iterative process as we start from a low base. Most other Europe countries have active drug users groups.

In the early stages of this work, local engagement has been patchy and there has been some local reluctance or resistance to hearing these voices. Reasons for this are a reluctance to hear negative comment or a misplaced belief that contact with local recovery communities and listening to people who have previous experience of problem substance use and services is not only more comfortable and easier but sufficient. There is also a perception that given resources available, ADPs can choose either to listen to living experience or to listen to people in recovery communities. This is a dangerous misperception that impacts on quality of service design, delivery and evaluation

SDF seeks a national approach to compensating people with living experience who provide expert insight. This is an area with some complexity and some individuals may not want or be able to accept payment but discussion and leadership is required.

Medication Assisted Treatment

The implementation of MAT Standards must be scaled up at pace. To enable this the Taskforce would recommend formal standards and indicators are developed by Health Improvement Scotland by the end of 2021. Scottish Government will have a vital role in supporting this roll out by ensuring that Chief Officers take accountability for delivery of the standards at local level. (12 January 2021)

The Taskforce supports the devolution of licensing for Heroin Assisted Treatment (HAT) premises to allow the single-office co-ordination of premises and prescriber licensing and the Scottish Government should support and promote a national roll out for HAT. (6 September 2021)

SDF Commentary

SDF are fully supportive of full implementation of the MAT Standards.

Monitoring how effectively they are being implemented will be crucial in ensuring full national delivery and address the 'postcode lottery' criticism that has persisted previously. It is crucial that this monitoring has some distance and independence from the organisations tasked with delivery of MAT. It seems obvious that some form of inspection is required as occurs in prison settings. Yet what is planned is a form of self-reporting on progress. This is highly likely to be inadequate to drive the prompt delivery of the required change.

Even this self-reporting is proving a challenge for local ADPs as their systems cannot provide reports on the information required. This activity has added to the workload of ADP and MAT service staff and there may be a capacity issue in the longer term

Naloxone

Maximise naloxone distribution through all channels, including on release from prison and through families, with the possibility of using third sector organisations and recovery communities. (16 April 2020)

Make allowance for other relevant organisations to hold/distribute naloxone during this pandemic, even if only for a specific timescale. (16 April 2020)

Request that all 'first responders' to drug overdoses (emergency services) are naloxone trained. (16 April 2020)

Naloxone is a lifesaving drug, which the Taskforce have made significant progress in increasing its distribution through channels where its use can save lives. There is still capacity to increase this further, and this should be developed with urgency. (12 January 2021)

The UK Government should support permanent reclassification of naloxone to make it easier to provide supply. (6 September 2021)

In the absence of a full reclassification, the Scottish Government should work closely with the UK Government to ensure that the changes planned reflect the breadth of the existing statement of prosecution policy in Scotland. (6 September 2021)

In the interim, the Scottish Government should also engage with the Lord Advocate in relation to the extension of the current statement of prosecution policy. (6 September 2021)

The Taskforce, at a minimum, recommends a replication of the Lord Advocate's statement of prosecution policy. However, the Taskforce believes that it would be even more beneficial for naloxone to be reclassified from a 'Prescription Only Medicine' to a 'Pharmacy' or a 'General Sales List' medicine. (28 September 2021)

SDF Commentary

The DDTF has played a role in promoting the wider provision of take home naloxone. This has complemented innovative work in local areas and nationally by SDF, the police, ambulance and fire services.

On the ground, the extension of naloxone provision made possible by The Lord Advocate's letter of comfort is welcomed. Real change has been affected through provision via Police, Ambulance and Fire services and through the substantial expansion of peer supply networks

SDF would welcome acknowledgement of the additional costs to Health Boards of the increased distribution particularly given the increased costs of nasal naloxone.

It should also be noted that recently published statistics show a large increase in supply at the beginning of lockdown when services have prioritised naloxone supply as they had the perception that people were at increased risk. It should be moted that people using street opiates are always at risk and this level of urgency should always pertain.

Non-Fatal Overdose

Non-fatal overdose pathways are vital to catching the most at-risk people early and providing them with the support needed to avoid a fatal overdose. The Taskforce would recommend that these should be expanded nationally, learning from the tests of change ongoing through the Taskforce. (12 January 2021)

SDF Commentary

The focus on emergency response to people who experience a near-fatal overdose (NFO) has resulted in improvement in systems in some local areas.

However, currently there is no nationally agreed system to support NFO pathways These should be rolled out across Scotland. It is vital that they link to the MAT Standards so that people who are contacted are offered, among other supports, same day prescribing.

There is an information sharing protocol in place whereby Scottish Ambulance Service which means detail of all NFOs can be sents to all areas across Scotland ; however, crucially, not all areas have capacity or system in place to the follow-up people who have experienced an NFO to offer this group of people who are at an elevated risk of fatal overdose, the support which may protect them

A change to the status of naloxone which would mean that it was no longer a prescription only medicine would significantly ease processes including supply but also procurement by non-NHS bodies like Police Scotland. Scottish Drugs Forum would be supportive of this change

Policing
Practical policing decisions, such as physical patrols can influence people's perceptions and decisions about drug use and service engagement. Therefore the possibility of tolerance zones should be explored where police agree not to make active patrols or use stop-and-frisk powers in the vicinity of certain services (6 September 2021)
The Taskforce would support consideration of the extension of Recorded Police Warnings in relation to drug possession offences to cover all classifications of drugs and concludes that there would be value in work by the Scottish Government, Police Scotland and COPFS to increase understanding of the scheme. (6 September 2021)

SDF Commentary
The mention here of tolerance zones is misleading and unhelpful. There is no need for the establishment of 'tolerance zones'. What is required is a shared understanding of the public health issue and priority of the provision of drug consumption rooms and then a shared understanding that policing practice locally can promote the public health aims of DCR provision while also, vitally, ensuring the safety and security of people using the service and all other local stakeholders. Such thinking supports the provision of injecting equipment in Scotland and has done so for decades.

Whole Systems Approach
Access to treatment at the weekend continues to be a considerable gap in delivering a whole systems model of care. The Taskforce therefore recommends that Scottish Government pursue increased weekend access to treatment and support. (12 January 2021)
SDF Commentary

SDF has long advocated for more innovative service delivery. In this context, the issue is with out of hours service provision more broadly than simple weekends. It is fair to say that such provision is largely non-existent and should be a priority area for which their should be local plans and national leadership and networking that supports delivery

Cutting the demand for out of hours services provision is part of the solution and SDF would progress in ensuring there are no longer prison liberations on a Friday – or even after Wednesday

Workforce

To ensure workforce capacity for injecting equipment provision (IEP), opioid substitution therapy (OST) and take-home naloxone (THN) delivery and ensure non-fatal overdose follow-up pathways are maintained. These services add value to necessary COVID-19 response measures as well as mitigate unintended consequences, and so prevent additional burden on the NHS. (16 April 2020)

A costing exercise should be undertaken, reflecting that a push to increase the number of people in services must recognise the increase pressure this will put on these services and the needs that may flow from it. This would enable costing of a long-term sustainable system of care. This includes workforce modelling options. (12 January 2021)

Building a skilled and motivated workforce is essential, but there has been little central investment is professional development. The Taskforce therefore believe that a workforce review is required. This would enable clear career development pathways to be defined including core skills and competencies. (12 January 2021)
There is a need for a managed clinical care network, as was established in response to the Hepatitis C emergency. This network should include health boards and relevant professional networks (12 January 2021)

SDF Commentary

A workforce development strategy is required. This would include - recruitment, retention, specific training within different professional courses (nursing, medicine, pharmacy, social work, social care, housing etc and ongoing workplace training linked to quality improvement)

A shared approach to appropriate grading and payment should be developed.

We need a national programme for people with lived experience working in the field. It is generally recognised that people with lived experience can bring a unique and useful insight, perspective and resource to services. We need a national pathway that consolidates this with a professional understanding of service delivery and the skills required to effectively and efficiently deliver in the sector.

We need to develop a common understanding of the role and approach to PVG checks for people with lived experiences that recognises the nature of recovery and the causes of problem substance use and associated issues.

There is a need for a national drug related death group that comprises professionals and other stakeholders. This would have a monitoring and advisory function and would link to local drug-related death groups.

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Audrey Nicoll MSP
Convener, Criminal Justice Committee

12 May 2022

Dear Ms Nicoll,

Thank you for your letter dated 22 March 2022, and for the opportunity to attend the joint meeting on the 2 February 2022. The points raised and discussions had during the meeting were of great interest and I hope I was able to provide additional information regarding our National Mission to save and improve lives affected by problem drug use.

With regards to the additional information you have requested, I would first like to make clear the distinction between the Drug Deaths Taskforce and the work of the Scottish Government. The Taskforce is an independent body which was established to identify and advise on an evidence-based strategy, and its component parts, that can successfully tackle Scotland's unique challenge around drug-related deaths. Its membership comprises people with a broad range of expertise and experience, including members from areas such as public health, social services, criminal justice, our emergency services, while also including those with lived experience. As you highlight, the work of the Taskforce is due to conclude in the summer and I look forward to the publication of their final report and sight of their final recommendations.

In tandem with the work of the Taskforce, and following the announcement of the National Mission to reduce deaths and harms associate with problem substance use, the Scottish Government focus has been on the delivery of that mission. Over the last year this has entailed setting out the platforms for change required to make a tangible difference to people's lives, such as the development of our medication-assisted treatment (MAT) standards, while also concentrating on those areas where we are seeking to make significant changes, such as increasing the number of residential rehabilitation placements available. The Scottish Government have been clear that residential rehabilitation should be part of the full range of drug prevention and treatment services available to people in all local authority areas.

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Furthermore, we have announced the launch of a National Collaborative which aims to apply a human rights based approach to the National Mission in order to empower people affected by problem substance use to have their voices - and, critically their rights - acted upon in policy and practice.

The National Collaborative will link its work with the forthcoming Human Rights Bill which will bring into Scots law the internationally recognised human right to health and other rights which address the social determinants of problem substance use. The Collaborative's work will set out how these rights can be effectively implemented so as to improve the lives of people affected by problem substance use. People affected by problem substance use need to be meaningfully involved and have the right to participate in shaping the design and delivery of services. The National Collaborative will seek to inform ongoing efforts at a local level to establish Lived and Living Experience Panels and networks to feed into each Alcohol and Drug Partnership.

The National Mission was also underpinned by additional funding - £255 million, with £5 million for the end of 2020 and £250 million over the lifetime of this Parliament, and there has been significant work done in the last year to set up a range of funds which large, but also crucially small 3rd sector, organisations can bid into in order to access funding to support front-line services.

The second year of the National Mission, now underway, will focus on delivery on the ground – where it matters the most – as evidenced by the implementation of our MAT standards which is now underway throughout the country. I welcome both the support and scrutiny of Parliament, and its Committees, as we build on these foundations, and move to scale up, push on and drive change and improvement through the second year of the National Mission and beyond. Public Health Scotland published their interim report on the number of statutory funded residential rehabilitation placements in Scotland. The report showed that a total of 326 residential rehabilitation placements in Scotland have been approved by ADPs between April and December 2021. I look forward to the publication of the figures for the whole of 2021/22 and the challenge to ADPs to increase these figures even more for 2022/23.

On your question about the arrangements put in place to track and monitor ongoing work arising from the Taskforce's recommendations, I can confirm that we are committed to monitoring and evaluating all of the work across the National Mission, and that will include the forthcoming recommendations from the Drugs Deaths Taskforce. We recognise that delivering high quality and effective services requires robust and timely data and this work is underpinned by an investment of £1.17 million in three projects which will support public health surveillance around drug use. We are now gathering and publishing more data than ever before. Following the completion of the work of the Drug Deaths Taskforce in the summer, and the publication of their final report, we will provide additional information in due course as to how this monitoring information will be provided to parliamentary committees and the wider public.

Over the last 2 years the Taskforce have funded over 30 innovative projects, 10 research projects and over 85 interventions through ADP direct funding. Some projects funded by the Taskforce were always due to finish after the Taskforce's conclusion whilst others have experienced delays, due to factors such as recruitment issues and the COVID-19 pandemic. These projects will continue to be managed by the Corra Foundation and the learning from them fed directly into the Scottish Government's National Mission.

Reports from projects funded by the Taskforce's research fund will be shared online and their findings and recommendations will be included in the Taskforce's final reports. The organisation Figure 8 have also been commissioned to undertake a thematic analysis of projects funded through the Taskforce's Innovation and Development Fund and interim findings from this will be provided to the Taskforce for inclusion in their final report. Any further reports will be provided directly to Government as part of the ongoing evaluation of the National Mission.

It is also my understanding that following the publication of the final report and recommendations from the Taskforce, that the Taskforce will then publish a suite of evidence papers upon which these recommendations are based. Both the report and the evidence papers will be publically available and we will ensure that Parliament and related Committees are informed of these publications and provided access.

We are extremely grateful for the work the Taskforce have done and for the time being they remain an active group, continuing to drive forward our understanding of the challenges we face and the evidence based solutions available to us.

In your letter you also asked for information on the work that ADPs are doing and the impact that this is having. While much of the data from the projects undertaken by ADPs is not directly provided to Scottish Government (rather the analysis and evaluation is carried out by the Integration Authorities who have responsibility for the planning and delivery of adult treatment services) I can provide more information about some of the different areas of work being delivered by ADPs and details on their effectiveness. In addition, ADPs report annually on their progress during the financial year against the delivery of the National Mission, the *Improve Lives, Rights, Respect and Recovery* strategy, and the Alcohol Framework 2018. The purpose of these reports is to improve our understanding and to share models of good practice.

One area where ADPs have focussed has been around the response to drug-related deaths and they were provided with £3 million in 2020/2021 and 2021/2022 to address gaps in delivering the six evidence-based strategies to help reduce drug-related deaths as identified by the Drug Deaths Taskforce. A full list of the projects funded by the ADPs can be found on the Taskforce website (https://drugdeathstaskforce.scot/about-the-taskforce/funding-and-key-projects/).

ADPs are also crucial in our desire to fully embed and implement our medication assisted treatment (MAT) standards. To support this progress across Scotland we are providing multi-year funding to Health and Social Care Partnerships (HSCPs) specifically for the standards and have set up a MAT support team, based within Public Health Scotland, to lead this work. Local progress from each HSCP area is currently being evaluated and a report will be published in June, to coincide with the planned update to Parliament, which will be a collation of process, data and lived experience evaluation. This will then be followed in short order during the summer with a report providing more granular detail of work undertaken in each area. From this point, and over the life of the National Mission, work will continue on the standards to make sure they are not only embedded, but are also improving and are sustainable.

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In July 2019 we published a partnership delivery framework which was approved by COSLA leaders and Scottish Ministers and which set out the partnership arrangements needed to reduce the use of, and harm from, alcohol and drugs and to ensure that all bodies involved are clear about the accountability arrangements and their responsibilities when working together in the identification, pursuit and achievement of agreed, shared outcomes. To better implement that Partnership Delivery Framework, COSLA and the Scottish Government have recently agreed on eight recommendations for local partnerships between health boards, local authorities, police and voluntary agencies working to reduce the use of and harms from alcohol and drugs. These recommendations are designed to increase the pace of delivery of the national mission and Rights, Respect and Recovery and ensure that there is a whole system response to the challenge.

ADPs are also working closely with Scottish Government officials around the development of their pathways into residential rehabilitation. ADPs had a deadline of summer 2022 for all areas to have a published pathway and officials will continue to support ADPs in their work to develop these.

Finally, and in a change to previous years, drug and alcohol treatment waiting times are now being measured against the Drug/Alcohol Waiting Times LDP Standard, and the new Drug Treatment Target (measuring numbers in receipt of Opiate Substitute Therapy) are now reported to Health Board Chief Executives through NPPOG Health Board performance review. Overall performance is now managed through an escalation process which directly involves IA Chief Officers and Health Board Chief Execs as required.

I hope that this response provides more information on the points raised in your letter. I look forward to continuing to work with the joint committees in our National Mission to save and improve lives effected by problematic drug use.

Yours sincerely,

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Reducing Drug Deaths in Scotland and Tackling Problem Drug Use

Simon Community Scotland is Scotland's largest provider of homelessness services in Scotland. We operate across the central belt - in Glasgow, Edinburgh, Perth, North Lanarkshire and Dunbartonshire. We provide a range of services including 24/7 supported accommodation services, street outreach, multidisciplinary hubs in both Edinburgh and Glasgow, Housing First and visiting housing support services. Simon Community Scotland's aims and mission is to tackle the causes and consequences of homelessness and provide tailored support for people through a trauma informed and psychologically aware model of care. We recognise that the key drivers around homelessness are often poverty, adverse childhood experiences, trauma and loss. We aim to meet people where they are with compassion, understanding and kindness.

In response to this consultation Simon Community Scotland have met a number of the Drug Death Taskforce recommendations as well as having taken our own action to reduce drug related harm and drug related deaths for the people we support. Organisationally we have invested in resources to embed and develop our harm reduction response across the organisation, which aligns with our ambitions around becoming a trauma skilled and psychologically aware organisation. Within Simon Community Scotland, around 80% of the people we support struggle with problem substance use and are at high risk of drug related harm and death. In our view, homelessness organisations play a key role in reducing drug related deaths and harms in Scotland. Often our staff have relationships with people who are experiencing homelessness, whether on the street, in residential services or in our Hubs that are built over a number of years and the trust that is built can support people to access other parts of the system, including health. We know that therapeutic relationships are key to any successful intervention but we also know that people who are often at the highest risk of drug related deaths and harms struggle to form relationships due to previous negative experiences, trauma and stigma. Our staff often and can act as a relational bridge into other parts of the system. The following evidence highlights the work we have undertaken to reduce drug related deaths and harms across the organisation as well as where we see some of the gaps that exist and our recommendations on how these might be addressed.

Drug Death Taskforce Recommendations

Naloxone

In the last 12 months, our staff have administered Naloxone over 150 times. All of our staff are Naloxone trained and we have also been working with SDF and local Naloxone leads to provide T4T training and supply framework training to allow our staff to supply Naloxone as well as administer in an emergency. Through our Access Hub, we have

supplied 429 Naloxone kits to people experiencing homelessness. We have also introduced Naloxone Safety Plans for those living in our residential services. These have been developed in partnership with people who use our services who have reported that having Naloxone used on them can be a very difficult experience. Naloxone Safety Plans have been developed to ensure people's views are placed at the centre of their care if and when we might need to administer Naloxone in an emergency. A copy of these plans have been attached to this evidence document.

MAT Standards

We have provided MAT Standards Awareness Sessions to our staff teams and the people we support to raise awareness of these standards within our workforce and for people accessing services. We have been utilising the MAT Standards guidance to support staff to advocate for people and support them to write a report ahead of their care reviews to allow them to set their own agenda. These reports have been written alongside the person and provided an opportunity for them to exercise their rights and document what they hope to achieve from their care reviews in light of the implementation of the MAT Standards. These reports have been sent to the professionals responsible for their care, with the person included in the email correspondence.

Stigma

Organisationally, we provide training for all of our staff teams around the use of language and the impact of stigma on people who use substances and who are experiencing homelessness. We promote person first language and ensure that what we are developing and putting into practice from a harm reduction perspective is led by the people who use and access Simon Community Services. Through our project 'A Digital Approach to Harm Reduction' we have developed a harm reduction app, called By My Side, co-designed and co-developed by women who use our services. Within this app we have purposely used positive imagery when talking about alcohol and other drugs, mental health and sexual health. We have ensured that the material used in this app is reflective of women's experiences of using substances in Scotland today and aims to act as a one stop shop for harm reduction information, advice and support.

Lived and Living Experience

We have just been funded to deliver a new project in Glasgow City Centre - 'We See You' which aims to provide psychosocial support, group work and low threshold volunteering and employment opportunities for people who are still using drugs in Glasgow City Centre. This project will form the basis of a community of people who will support the development and design of the service.

We have established a women's group on a Friday afternoon in our Access Hub in Glasgow which is offering a space for women to come together and talk about harm reduction, mental health, relationships and access to services. This group is open to any woman and is focused on providing support, advice and connection for women who may otherwise be excluded from spaces and places.

Women

Simon Community Scotland has 6 women's only services across Scotland. We were part of the Drug Death Taskforce's Working Group and directly fed into the recommendations presented to the Taskforce. We continue to take forward the recommendations of this report through a variety of different means.

We are currently delivering our 'A Digital Approach to Harm Reduction' which supports women who are using substances and experiencing homelessness to be connected through a digital device and unlimited data and also co-produce and co-design harm reduction resources which are relevant to them. Through initial harm reduction conversation cafes we were running in our women's services it became evident that women who were at a high risk of drug related harm and death, had limited access to reliable, evidence based harm reduction information. Through developing this project it has become clear there is an international gap for this type of material. Simon Community Scotland, through our 'A Digital Approach to Harm Reduction' is working alongside women and our international partners, Women's Harm Reduction International Network, to create a range of resources to fill this gap. Using a co-production and co-design model, where we are paying women for their time, expertise and contribution we are putting lived and living experience at the centre of this process and supporting women who use drugs to be heard and seen.

From September 2020, we have been providing IEP in all of our women's residential services in Glasgow. This was initially a response due to COVID-19 but due to the uptake of this service within the services we have adopted this practice as part of our service provision. From September 2021 - February 2022 we have provided 357 one hit kits to women living in our services.

We are running a range of workshops and training sessions within our services for both women and staff and working alongside partners, such as Waverly Care, to provide inreach support for women who might otherwise struggle to engage with health services.

Workforce

Simon Community Scotland have invested in a harm reduction resource to drive forward our ambition to further build and embed harm reduction into our policies and practices. All of our staff undertake a week's induction training which includes 'An Introduction to Harm Reduction' which outlines what our harm reduction approach is and why it is important to us in the context of escalating drug related deaths and harms. All of our staff are expected to complete the SDF e-learning modules as well as the Exchange Supplies Level 1 and Level 2 Needle and Syringe Programme as part of their 6 month induction into the organisation.

We have also established a Harm Reduction Champions Network which includes practitioners across the organisation that are committed and passionate about harm

reduction to drive forward change and innovation, as well as allow us to be responsive to local needs.

Safer Drug Consumption

As an organisation we have shifted our policy to a high tolerant, harm reduction model. This model has been used in the UK for in excess of 20 years and has been endorsed and promoted by several organisations nationally including Homelessnesslink, Shelter and Cymforth Cymru. Through adopting a high tolerant, harm reduction model we have seen drug related deaths in our residential services drastically reduce. In 2020, we sadly lost 11 people to drug related deaths and in 2021, we lost 1 person. Working within these policies and procedures we are able to

- facilitate access to housing and retain people in housing while
- fully assessing and acknowledging their substance-related needs and
- managing risky behaviour such as injecting, overdose risk and intoxication while
- remaining within the limitations of the Misuse of Drugs Act and associated legislation.

This “high tolerance” approach recognizes and accepts that possession and use of Controlled Drugs are inherent aspects of working with people with problem drug and/or alcohol use. However, where use takes place it may still end up taking place without staff knowledge or input increasing the risk that health needs go unmet.

By adapting our current model we feel we are in a better place to provide a higher degree of safety by offering better opportunities for hygiene during the injecting process, faster intervention in overdose situations and ensuring that all equipment being used is sterile, further reducing the transmission of BBVs.

Recommendations and conclusion

Simon Community Scotland are committed to embedding harm reduction across our organisation and in addressing drug related harm and deaths for people experiencing homelessness. We welcome the recommendations from the Taskforce to support this National Mission. We would want to see greater emphasis placed on the role that homelessness services can and do have in reducing harm for this population. Some recommendations and gaps -

- Greater joined up working with Primary Care and cross sector training to support the implementation of the MAT Standards and Benzodiazapine Internum Guidance.
- Advocacy services and standardised reports expected from all services working and supporting people who use substances, with the person being held at the centre and included in these decisions.

- Opportunities for people who are still using substances (living experience) to access meaningful opportunities and employment.
- Greater access to harm reduction services - including safe consumption services, drug checking services (street benzodiazapine)
- Consideration to be given at commissioners level to a range of homelessness services offering high tolerant services for people who are using substances.

more information on Simon Community Scotland can be found at www.simonscotland.org or by contacting hello@simonscotland.org.

DDTF Recommendations and (South Lanarkshire ADP) response

Introduction

In December 2020, the Taskforce published a high-level Forward Plan which set out its aims as well
as the approaches and methods, it intended to take. 74 recommendations were made by the DDTF
It also included a 2020-2022 timeline across three focus areas that the evidence highlights where lives can be saved in the short, medium and longer term:

There were a total of 74 recommendations were made by the DDTF that focused largely on the following areas:

 Emergency Response focuses on preventing an overdose event becoming a fatal overdose;
 Reducing Risk focuses on preventing the risk of an overdose;
 Reducing Vulnerability changing the landscape for those affected by drug use.

The 6 evidence based Recommendations
In 2020 the DDTF set out 6 evidence based strategies for preventing drug related deaths for which ADPs are required to deliver on. These are namely:

1. Targeted Distribution of Naloxone,
2. Implement Immediate Response Pathway for Near-fatal Overdose;
3. Optimise the use of Medication Assisted Treatment(MAT);
4. Target the People Most at Risk;
5. Optimise Public Health Surveillance and
6. Ensure Equivalence of Support for People in the Criminal Justice System

From a South Lanarkshire perspective, there are wider recommendations that we have worked collectively towards with HSCP as well as progressing the 6 evidence based recommendations through commissioning of services based on identified need working with our local communities.

Furthermore the DDTF priorities are in line with SLADP commitment to reducing the harms caused by alcohol and substance use adopting a whole population approach whilst recognising the value and creating opportunities for those with LLE.

One of the wider based recommendations is one of accountability and governance
In relation to accountability and governance, the Taskforce also highlighted the challenges fa regarding delays in toxicology and asked for Government to act now to resolve this.
One of the challenges and perhaps gaps within South Lanarkshire is the leadership and accountability to oversee the Governments progress of this work. This cannot be led by an ADP in isolation.

The Pan Lanarkshire Drug Death prevention group (DDPG)has 10 work streams, one of

which is a drug death review group and we have a specific drug death information officer who is aware of the delays in toxicology and works with ADP Partners, local Superintendent from Police Scotland to mirror actions at a national level and to receive intelligence that Police Scotland may be able to provide in relation to real time monitoring.

Challenges: The need for an established and recognised information sharing Protocol to be developed as well as consistency in identified partners within ADP such as PS so that momen not lost.
In the last 4 years, for example, SL ADP has had 4 changes of Chair for its local DDPG.

The 6 evidence based strategic approaches and recommendations that the national task force advised emphasis and focus to be on are:

1. **Targeted distribution of Naloxone**
   Targeted distribution of Naloxone has been threaded throughout services SLADP commission or those we work in partnership with. In reference to recently commissioned services focussing on adult/young people and whole family approach there is a requirement that they will become holders and distributors of naloxone thus maximising population reach. All staff have to be trained and complete the training for trainers training. My Support Day/The Beacons are currently holders/distributors of naloxone and have provided a number of training days to the South Lanarkshire community. My Support Day also run Thursday night drop in provision and training where community members can drop in and be trained in Naloxone delivery and leave with a supply of Naloxone.

   In relation to DDTF priority 1 - monies were awarded to South Lanarkshire to fund community pharmacies to be trained to provide overdose awareness and naloxone administration training to the group accessing them for services (either IEP or OST). This was proposed to be taken forward with a Pan Lanarkshire approach. Further priority 1 monies were secured for the employment of 1 peer support worker to work closely with the Harm Reduction Team and will be responsible for targeted distribution of naloxone by supporting peer education work and also identifying peer volunteers to allow naloxone to be distributed to those most vulnerable and at risk. Lanarkshire Harm reduction team are also providing naloxone and naloxone training to local organisation within South Lanarkshire.

   CHALLENGES:
   ADP/Specialist Substance Pharmacist and CPS providers were unable to come to an agreement on the financial asks in relation to CPS staff training costs and recording costs. The original costs were not reflective of CPS ask. This has been raised with respective HSCP/Scottish Government groups; highlighting the challenges mentioned above as well as the continued gap in provision and distribution of Naloxone from pharmacy providers at a local level.
   The recruitment of the peer support worker proved to be difficult through HRT (NHS LANARKSHIRE). A decision was made by ADP and HRT to award the monies to Turning Point Scotland to recruit a peer worker. To date, this has proven successful. Again the issue of recruiting peer support workers within statutory organisations has been raised with SG /MIST Team and other relevant teams.

2. **Implement immediate response pathways near fatal overdose(NFO)**
   SLADP and partners have continued to work in response to NFO. As part of Continuum of Recovery Near Fatal Overdose(CoRNFO) there is a full time Band 6 addiction nurse working alongside a peer support worker to target the most at risk and look at a continuum of care both pre and post residential rehabilitation stay ensuring whole support needs are being addressed as well and maintaining positive links with wider recovery initiatives.
   The Crisis response outreach team were established in 2021, however, funding ceased in 2022. The learning from the Crisis response outreach team has helped to inform the requirements of the newly commissioned TPS, Reachout, adult service.

   Through an agreed protocol initiated in late September 2021, the Scottish Ambulance Service (SAS) provide NHS Lanarkshire with a daily report, inclusive of all reports of potential near-fatal overdose, which have occurred over the last 7 days. This is to ensure all patients with NFOD are referred as quickly as possible (and any risk of a failed data load or report run will be mitigated through seven days of data being included). The SAS provide written information to the person who has experienced a non-fatal overdose where they are advised that relevant incident information will be shared with NHS Lanarkshire. The service allocated the responsibility of the receipt and to apply the actions of this information is Lanarkshire Harm Reduction Team (HRT), who operate on a pan Lanarkshire basis.

   Lanarkshire Outreach Response Team (LORT), a joint Turning Point Scotland (TPS) and Simon Community service, have received funding for a test of change (TOC) by the Scottish Drug Death Taskforce, with some match funding from SL ADP providing a peer naloxone worker. This service follows up people identified as having had a recent non-fatal overdose and attempts to engage them in short term supportive activity, harm reduction and onward referral to appropriate service. Referrals are received through a number of paths, including hospital based addiction liaison, supported accommodation, locality treatment teams and others.

   CHALLENGES:
   Similar to the previous Naloxone peer support worker there has been lengthy delays in recruitment of a peer with LLE from a NHS perspective.
   Also the short term funding of the Crisis Response Outreach Team proved problematic, however, SLADP were fortunate enough to be in the position whereby the evidence and approach taken by CROT could be absorbed (although not fully) by the new adult service.
   LORT has not received long term funding from SG. Managing the financial sustainment of the delivery of the service (if appropriate) will return to a local level. There has been little communication from SG as to the continued implementation and sustainability.

3. **Optimise use of MAT**
   A Buvidal steering group has been established and gathering momentum in achieving the aim to have Buvidal available as a treatment option. SLADP have

worked in collaboration with CAReS/CPS to produce a leaflet that explains Buvidal to service users which is ready to be distributed when the Buvidal licence is granted.

Heroin Assisted Treatment also has an established steering group; progress has remained slow for many reasons, lack of accountability from wider partners remains an issue.
Optimising use of MAT has proven considerably challenging in some areas especially relation to the implementation of MAT standards.

SLADP continues to work closely with the MIST team to gather all required information however the implementation of MAT standards does not solely rest within ADP's .

Challenges:
The financial implications of being able to meet the MAT standards have been felt throughout all of Scotlands health boards /HSCP and ADP's. Funding for 22/23 has not yet been confirmed. This makes planning and responses difficult.
A lack of understanding of wider partners and their role in implementing the MAT standards continuous to impact progress.
Staffing issues continue to have a detrimental impact on MAT provision with a shortage of prescribers.

4. **Targeting the people most at risk**

In response SLADP are working in partnership with CAReS to move forward with implementing a TOC around MCN. Whilst monies had been secured from DDTF there was a rethink of the staffing structure and an additional amount of monies were required. An agreement has been reached in terms of the funding deficit and the recruitment process within CAReS has commenced. SLADP are confident that the commissioned services are able to respond to thoise most at risk in addition to the CAReS work.

Challenges:
Funding and recruitment remain a challenge.

5. **Optimise PH surveillance**

SLADP is working alongside PH Scotland in relation to surveillance to ensure that the collection, analysis and interpretation of outcome specific data is used in the planning, implementation and evaluation of public health practice. We will ensure that collectively we develop key indicators to evidence this. As a result, SLADP have a Public Health consultant chairing the Alcohol Related Harms group. This has been established as a Pan Lanarkshire group to allow for the gathering of PH data that covers both North and South Lanarkshire. Recent working groups within MIST have also identified the need for PH surveillance to be more involved in the gathering of MAT standard implementation surveillance.

Challenges:

PH not working closely enough with the other systems and limited work with analysts from ADP. Moving forward there is so there is a real opportunity here to maximise the evidence base.

6. **Ensure Equivalence of Support for People in the Criminal Justice System-**
   In Response to DDTF awarded monies in partnership with SL Justice Services there has been 2 peer support workers employed to work with those diverted from prosecution who have been impacted by their substance use. Preliminary findings indicate that peer input has many benefits of which will be reflected in SLADP newly commissioned justice service.
   The service will focus on three areas, namely: arrest referral, diversion from prosecution and bail supervision. It will focus on delivering clear opportunities for individuals to access support services that mitigate the risks associated with being involved in the justice system placing a strong emphasis on trauma informed practice, and will work in an integrated fashion so as to deliver positive outcomes for those people who are vulnerable and at risk of being criminalised.

   CHALLENGES:
   Challenges have been few as the collaborative approach to the work has been positive.

Recommendations 1& 4 Assertive outreach (additional information)

SL ADP have recently commissioned two new services, an adult and young people's assertive outreach service. The assertive outreach approach is in response to recommendations from a National and local level. Most importantly the need for assertive outreach was highlighted throughout focus groups with lived/living(LLE)experience members

The adult assertive outreach service (Reachout) is delivered by Turning Point Scotland. The young people assertive outreach service (The GIVIT) is delivered by Regen-fx. Both services target Individuals who do not engage at any level; Individuals who sporadically engage therefore proving difficult to achieve desired outcomes, and Individuals who partially engage where the focus is purely on medical treatment. This work will provide support to "hard to reach" individuals whose needs are not being met through current service provision. This is to ensure a whole population approach is taken to ensuring those most at risk have access to the right support at the right time.

Outreach support should initiate same day access to Opiate Substitution Therapy (OST) alongside provision of Take Home Naloxone (THN) supply.

The recently commissioned Reachout and The GIVIT services have not yet initiated same day access to OST but have plans to discuss and arrange this with CAReS and agree the pathway to sign post an individual to treatment services for this.

Challenges

CAReS understand the complementary nature of this work to the degree that is required and supports with wider statutory treatment service input to develop pathway development for same day access to OST.

Understanding access to health services for substance use and mental health for people released from prison

About us

Dr Catriona Connell and Professor Kate Hunt (both University of Stirling) will lead this project with collaborators with personal experience of imprisonment and collaborators with interdisciplinary expertise from University of Strathclyde, University of Glasgow and Edinburgh Napier University. Our project is funded by the Chief Scientist Office, Scotland.

Study aims

High numbers of people released from prison lose their lives prematurely to substance use and suicide. To optimise access to appropriate support for mental health and substance use following imprisonment, it is essential to understand levels and pattens of service use in this population.

We aim to

1) quantify disparities in service use for mental health and substance use among people released from prison in Scotland compared to the general population, and identify sub-groups where disparities are greatest
2) qualitatively explore these patterns

Study design

We will analyse patterns and levels of service access by linking administrative data from the Scottish Prison Service and national health databases. We will use a national cohort of people released from prison and a sample from the general population matched on age, sex and postcode. This allows us to see differences based on different characteristics and location.

To understand the reasons behind the patterns observed we will conduct a series of focus groups with people with experience of imprisonment, or working with justice-involved people in the community in either practice or policy.

Results

Final results are anticipated in May 2024. We will host a stakeholder workshop at the end of the project, involving those with experience of imprisonment or caring about someone who has been in prison, practitioners, and policymakers. This will focus on discussing the implications and next stage of the research. We will also produce a briefing paper to summarise and contextualise the results.

Implications

Our results will inform optimisation of existing care pathways and potentially underpin design of novel policy and practice interventions that maximise access to appropriate support for mental health and substance use needs following imprisonment. Ultimately, better access to the right support post-release has potential to reduce drug related deaths and suicides, and the impact that this has on peoples' lives.

TURNING POINT SCOTLAND
BECAUSE PEOPLE MATTER

DDTF Recommendations: Implementation and Impact

Turning Point Scotland works with adults who are experiencing a range of support needs in relation to problematic drug and/or alcohol use, involvement in the criminal justice system, homelessness and mental ill-health. We work from the belief that people matter, that they are the experts on their support needs and that it is for us to work creatively with them and with partners to ensure that those needs are met.

We welcome the opportunity to share our perspective on how the recommendations of the Drug Death Task Force are being implemented, and on the impact they are having.

1. Non-Fatal Overdose Pathways

TPS has led on the development of the Overdose Response Team Test of Change project, initially in Glasgow City, expanding across the Greater Glasgow & Clyde health board area and into Lanarkshire. We will shortly be publishing the interim evaluation of the project, and will share this with the Committees to inform their consideration.

From our perspective, information sharing between agencies was one of the most significant barriers that we had to work around, which we managed with limited success. Our aim is for the Overdose Response Team to speak to a person as soon as possible after surviving a near fatal overdose, ideally within 24-48 hours, when we know that people are at high risk of a further and possibly fatal overdose, and when they may be more open to engaging with support. Every part of the public service system that engages with a person – paramedics, police, hospital staff – have an opportunity to connect people to support that can help to reduce that risk.

Although the legislation around data protection allows the sharing of information without explicit consent when there is an imminent risk to life, which evidence tells us is the case here, this does not often happen. Barriers to information and data sharing need to be explored and understood as we look to improve coordinated and person centred responses.

2. Naloxone

The DDTF recommended that we maximise the distribution of Naloxone
TPS are supporting the DDTF recommendation that we increase access to Naloxone through the following measures.

- Our Alcohol and Other Drugs Development Officer has undergone the training through SDF to become a Master Naloxone Trainer, possibly the only one in the third sector, allowing us to train frontline workers to train people we support and their families and friends in how to administer naloxone

- Naloxone training is mandatory for all TPS staff in our alcohol and other drug, homelessness and justice services, and it is encouraged for staff across and at all levels of the organisation, including our Executive Team and Board of Trustees
- All outreach workers in our alcohol and other drug, homelessness and justice services carry Naloxone, each service base in these sectors holds an emergency supply, with the option for any office across the organisation to do the same. We train and equip the people we support in these three sectors and are building peer naloxone supply and support models

Through these actions we have contributed to game changing numbers of people carrying and able to administer naloxone, challenging the stigma around who might need to use it and showing that this is a first aid intervention that could be used by any one of us to help save a life.

3. Drug Law Reform

The inadequacy of our current legal framework to support the shifts in policy, practice and culture that we're working towards is clear. The consultation undertaken by the DDTF on the question of drug law reform gave evidence to what is already well understood; our legislation is outdated, ineffective and detrimental to the aims of the task force, the Scottish Government and the drug treatment and recovery community in Scotland.

We welcomed the Scottish Government's initial response to this report, that included a commitment to "…*explore every legal avenue in an attempt to establish medically supervised safe consumption facilities*"[1]. Also from the Lord Advocate, who showed willingness to consider the legal status of a Safer Consumption Facility. We now feel disappointed that, eight months on from the publication of this report, we are not closer to any change on the ground for the people who could benefit from this service.

We acknowledge the complexities of this issue, with the legislation reserved to Westminster and the UK Government remaining opposed to legal reform, as well as the lengthy process involved in any consideration of legal change. We would however hope for some commitment to specific action, a road map that sets out the steps that will be taken to drive this issue forward. Change will not happen on its own; we need leadership.

4. Stabilisation

The Minister has stated her commitment to the development of stabilisation services, and we see these interventions as integral to other commitments around residential rehabilitation services; while there is demand for residential places, many people will fail to meet the entry requirements without support to stabilise their drug use.

Again, we are concerned by the lack of action in taking this commitment to taking this forward. We are looking for some reassurance, from the Scottish Government, that the need for these services has been

[1] https://www.gov.scot/publications/fairer-greener-scotland-programme-government-2021-22/ - Pg. 29

understood, that their importance and their connection to other development work has been acknowledged, and that action has been or will be taken to drive this work forwards. If any of this has happened, then it has not been well communicated.

TPS has a strong record of work in crisis and stabilisation as part of a wider recovery pathway. We remain available to share our experience and support the development of a national approach to this much needed intervention.

5. Multiple and Complex Needs

Just as complex and multi-faceted is the issue of improving services for people experiencing multiple and enduring support needs. This was identified as a priority by the DDTF, but we are not aware of any specific recommendations, nor areas of focus.

We are looking for greater integration and strategic thinking, particularly between alcohol and other drug, homelessness, justice and mental health services. This needs to happen at the policy level, to ensure that our objectives are aligned, that those who need to be included are included, and that strategies are set to ensure that work across the system is coordinated.

We have welcomed work around the new homelessness prevention duty, which positions responsibility for preventing homelessness as not sitting not only with local authority housing departments but across the public service system. Drug deaths cannot be prevented by drug services alone; we need to talk more about the contribution that can be made by other parts of the public service system. We need to coordinate those contributions to maximise their impact, and we need the policy and strategic structures to drive and facilitate this.

We are also looking for greater integration at a practical, service delivery level. We are delivering an Early Help in Custody Team in Inverclyde, funded by the DDTF as a two-year Test of Change project, to connect with people being held in police custody. The service provides short, focused interventions and signposting to mainstream services through a wide network of partner agencies within local communities. The service links closely to existing pathways and aims to build new ones. The team provides a variety of support, including brief alcohol intervention, paths to recovery, harm reduction advice, naloxone provision and training and non-fatal overdose response.

One route to tackling this issue and creating the kind of structures we are looking for is the development of the National Care Service. We are concerned that a lack of communication around how the Feeley recommendations are being taken forward through this development may be holding us back; without a better understanding of what will and won't be included in National Care Service and how this developing structure is likely to interact with the alcohol and other drug, mental health, homelessness and justice systems, it is hard to identify the next steps.

We would encourage the Committees to consider the ways in which these two areas overlap and to explore the extent to which multiple and complex needs are being included in National Care Service planning.

By way of a conclusion, there are three themes that overarch all issues that we've raised.

Firstly, the importance of tackling stigma around people who use drugs underpins all recommendations made by the task force. We have contributed to this work by developing and promoting a language document across our organisation that challenges terminology rooted in prejudice and misunderstanding, and encourages more person centred, respectful language. We are pushing against narrow views of who can be at risk of a drug related death and who could be in a position to help, by expanding our harm reduction work beyond alcohol and other drug services to include naloxone training and provision at all levels of the organisation. We are equipping and supporting people to themselves push back and challenge stigma that they face. Our Citizenship approach, embedded across our services, builds people's connection to the 5 R's of rights, responsibilities, roles, resources, and relationships that underpin our sense of belonging and feeling a part of our community. Further, we work to create service models and structures that build on and value people's strengths and experiences, such as TPS Connects and Aberdeenshire Peer Support Service.

We must challenge ourselves to understand people's experience from their perspective, in all the diversity that can encompass, and to consider our role recognising the ways in which we contribute to stigmatising language, practice and structures. We need to ensure that we do what we can to build something better.

Secondly is the question of what's next? The Task Force – and through them the Scottish Government and Scottish tax-payers – have invested in projects to test ideas. Those ideas have now been tested, their impact has now been evaluated, now we are looking to the Scottish Government to see what will be done with this evidence. What difference will see as a result of these Tests of Change? How will this new evidence move us forward?

Our fear is that this evidence and the learning and expertise developed by the people involved, will be lost in the gap between national commitments and local delivery. We want to bypass the familiar debate around responsibility for delivery and insufficient funding; we need leadership from our government in reshaping the use of existing resources to reflect the evidence created by these Tests of Change.

Our final point relates to the pace of change. It is taking too long to see the real, on the ground change that is necessary to fix the system and to save lives. This is a national responsibility, a national emergency – and the numbers of lives lost each year is a national shame. We need more urgent action.

For further information or if you have any questions, please contact:

Faye Keogh, Policy & Development Officer

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12 May 2022

Dear Audrey,

CRIMINAL JUSTICE COMMITTEE

Thank you for your letter dated 22 March regarding licensing for drug checking facilities and Isotonitazene. I apologise for the delay in response.

I was pleased to be able to join you for the evidence session of the combined Scottish Parliamentary committees in February to talk through particular issues related to drug misuse and hope that it was helpful in your evidence gathering.

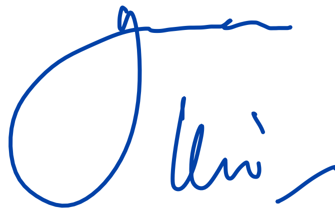
You are right in that all licence requests are considered on a case-by-case basis, and we cannot pre-empt the outcome of an application. The licensing system is fair and transparent with no exclusions on who can apply, but of course licences will only be issued for activities which are consistent with legislation and government policy and to applicants who can demonstrate that they, and the premises they intend to operate, are fit and proper to hold one. Licences are site and company specific, but they can cover multiple schedules and activities (e.g. possess, supply), so long as the company can justify the need for them. A licence is not ordinarily required for every drug substance as they are issued according to schedule and activity. The official guidance, including an overview of the application process and information on the safeguards, is available at: https://www.gov.uk/government/collections/drugs-licensing#domestic-licensing. We understand that several organisations may be interested in making applications for drug testing services in Scotland, linked to the work of the Scottish Drug Deaths Taskforce and Scottish Government. Home Office officials have had some initial conversations with Scottish Government counterparts to help provide insights into the kinds of safeguards which might help to inform the approach taken to any proposals. We hope this has been of assistance, but of course the applications themselves will be considered case by case as and when they are submitted. Home Office officials will continue to work closely with Scottish officials on this and other related topics.

Isotonitazene is a dangerous substance and the Home Secretary and I are keen to act quickly to ensure no further lives are lost. Isotonitazene is currently covered by the Psychoactive Substances Act 2016 which means that while the supply of this substance is unlawful, possession is not. The Home Office is clear that a more robust consideration is needed in relation to Isotonitazene and that is why the Home Secretary commissioned the Advisory Council on the Misuse of Drugs (ACMD) in January for advice on the appropriate classification and scheduling of Isotonitazene under the Misuse of Drugs Act 1971 and the associated regulations, and we are awaiting the ACMD's response.

After the National Crime Agency identified 46 overdoses and 16 deaths linked to Isotonitazene in early 2021, Public Health England issued a National Patient Safety Alert in August 2021 that the overdoses may have been caused by heroin mixed with Isotonitazene.

Police across the UK treat its enforcement like other dangerous drugs. However, we do recognise that as well as tackling incidents locally, there is also a need to deal with the threat at a national level. This is why, in 2021, the National Crime Agency (NCA) Drugs Threat Team set up a National Critical Incident plan. This aims to mitigate the threat of national incidents caused by dangerous drugs such as Isotonitazene. The plans bring teams together from National Police Chiefs Council (NPCC), Office for Health Improvement and Disparities (OHID, part of the Department for Health and Social Care in England) and other strategic partners. In the case of a national incident concerning Scotland or Ireland, Police Scotland and PSNI would also be part of the response.

I hope this has helped in answering your questions.



Rt Hon Kit Malthouse MP

we are
withyou

Written evidence from We Are With You on the progress of the Scottish Drug Deaths Taskforce – May 2022

We Are With You is a charity that offers free, confidential support and treatment to people in England and Scotland who have issues with drugs, alcohol or mental health. We provide people with support in a way that's right for them, either in person in their local service, community or online.

We Are With You has been working in Scotland since 2004. We are the largest charity provider of drug and alcohol services in Scotland and deliver harm reduction, assertive outreach, recovery, mutual aid, and pre and post rehab services. In addition, we also deliver KnowTheScore, Drinkline, a webchat service and a new Never Use Alone service.

Summary

In Scotland, less than 40% of people who require it are connected to any form of treatment (compared with 60% in England and Wales, itself too low). There is a critical need to increase the number of people with drug problems in treatment, to improve access to treatment, and to improve treatment quality. As such, we welcomed the development of the Drug Death Taskforce and will continue to support their recommendations and implement them where possible across our services.

Since its inception, the taskforce has had significant successes, including the development of the Medication Assisted Treatment standards, improving naloxone distribution and access, and moving forward the discussion around drug law reform and safer consumption rooms. However, there remains a gap between policy, research and implementation. Although the recommendations made by the taskforce address a range of complex areas, the implementation of some of its recommendations has stalled or taken too long. The scale of the crisis in Scotland means that actions recommended by the taskforce need to be implemented quickly.

The work of the taskforce has also often focused on research, perhaps to the detriment of focusing on more immediate actions that could improve front-line service delivery. Many of their recommendations made by the taskforce have also required Government and other statutory bodies to take on implementation, which has not always happened.

Areas of positive impact

There are several areas where recommendations made by the taskforce have been comprehensively and effectively implemented. The rapid expansion of naloxone distribution and access through emergency services, peers and families is one of the most important successes of the taskforce. The recommendations on naloxone have been well implemented, improving access, and increasing the availability of nasal naloxone. These measures will have a significant impact in reducing mortality related to opiate overdoses.

The rapid development and roll out of pathway services for non-fatal overdose has also been a success, and as recommended by the taskforce, Alcohol and Drugs Partnerships have appropriately funded these pathways. The taskforce has had success around improving peer support and advocacy, and their recommendations on increasing support to local organisations has been important and well received.

The recommendations made by the taskforce during the covid-19 pandemic were also well received and those that were implemented did have a significant impact. A key success was the accommodation and prioritisation of rough sleepers to enable safe social distancing measures and self-isolation, accompanied by proactive covid testing. In-reach services, such as OST and take-home naloxone supply in hostels and requisitioned sites, such as hotels, were in place in cities however this did not happen to the same extent in rural settings. Furthermore, though the taskforce recommended drug and alcohol services stay open during the pandemic, some statutory services did close while others severely restricted their capacity.

The recommendations made by the taskforce around legislative and policy reform have also been well received and implemented. The recommendations around diversion and prosecution have been rolled out and are working well, but need to be extended. A review of the Equality Act is welcome and is underway, and the National Collaborative is moving forward with the Human Rights Act in Scotland, including looking at the rights of people who use drugs and alcohol. Conversations around safer consumption rooms have also moved forward and the Government is supportive of piloting this intervention which is a positive development. Moving to a more whole systems approach has also advanced, with many service providers now adopting this approach.

Lastly, the call for additional funding to be made available for grassroots organisations and community-based projects alongside services to support vulnerable people has happened and has had an impact at a local level. Public Health Surveillance and the need for real-time information and data has also been prioritised, and is happening.

Areas of mixed impact

There are other recommendations made by the taskforce where the implementation and impact have been mixed. Though the MAT standards have been a significant development, despite being introduced in 2020, implementation has been both slow and sporadic. Though the failure to scale up at pace isn't necessarily the fault of the taskforce, it is not clear whether the taskforce has the capacity to effectively challenge their slow implementation.

On dispensing and prescribing, the taskforce did make strong recommendations however the implementation has been patchy. While a rights-based approach is being taken in prioritising OST as an essential medicine, the provision of safe storage boxes has been sporadic. Toxicology testing did not happen (due to lab congestion with covid testing), while home delivery happened in pockets, it was dependent on third sector and volunteer organisations to deliver. Long acting depot injections have been happening in places but not in all areas, and it hasn't been easy for Alcohol and Drug Partnerships to access the funding available for its roll out. The recommendation around local formularies has also been welcome but the quality of provision is often a postcode lottery. The use of laboratories struggled due to covid, however health boards did include OST dispensing and IEP provision as essential pharmacy services to be maintained as core elements of the emergency response.

On assertive outreach, the taskforce did make the correct recommendations, but again lacked the necessary powers of implementation. The recommendations around drug checking and to allow for the legal provision of a wider range of drug paraphernalia through harm reduction and treatment service were also welcome but they haven't been introduced and there has been no new guidance from the Government.

Lastly, on workforce related issues, though there has been significant new investment, services are still under considerable capacity pressure, with investment predominantly going to new developments, rather than being concentrated in boosting capacity in the existing workforce.

Areas of little impact

There are several areas where the taskforce has made little progress and impact. Despite the taskforce making recommendations around improving accountability and governance, there are pockets of good leadership, but it is not universal.

On the recommendations around addressing the harm caused by benzodiazepines, though we agree with the recommendations, they could have gone further to include more harm reduction focused initiatives. Furthermore, though the benzodiazepine working group of the taskforce recommended the Government urgently consider allocating funding resources for nationally commissioned safety and stabilisation services, there has not been evidence of progress made on this.

The user engagement recommendations made by the taskforce have also been undermined by them not being given voting rights, and at times it appears that this engagement has been tokenistic. The recommendation to develop a network of people with living experience is taking place through SRC and now also the new National Collaborative, however it is too early in its development to assess its impact of the latter.

Lastly, the recommendations around prison have seen some mixed results. Though Buvidal is much more accessible in prisons than it used to be, GP registration cards, and Friday releases haven't happened.

West Dunbartonshire COUNCIL

NHS Greater Glasgow and Clyde

West Dunbartonshire
Health & Social Care Partnership

Written Evidence
Provided by West Dunbartonshire ADP to

The review of progress made in implementing the recommendations of the Scottish Drug Deaths Taskforce.

Being jointly carried out by the Scottish Parliament's
(i) Criminal Justice Committee
(ii) Health Social Care and Sports Committee and
(iii) Social Justice and Social Security Committee

9th May 2022

Dear Committee Members,

Thank you for inviting West Dunbartonshire to provide written evidence to your review of the progress made in implementing the recommendations of the Scottish Drug Deaths Taskforce.

In response to the recommendations we have highlighted below the key aspects of our progress;

1. What actions have been taken to implement the recommendations for the DDTF, and what are your views on these? How much impact have they had?"

We have implemented a non-fatal overdose service seven days a week offering out of hours support with the third sector provider Turning Point Scotland. Naloxone is routinely offered and continues to be embedded in practice.
Substantial progress has been made in reaching people who are currently not in services locally. This is being addressed through the provision of our mobile harm reduction treatment unit, as well as key intervention such as injection provision, BBV testing, take home Naloxone, wound assessment and treatment and reproductive and sexual health counselling and advice.

We have made positive progress in the early implementation of MAT (Medically Assisted treatment). West Dunbartonshire have been selected by Public Health Scotland as a test of change area. A same day prescribing pilot has commenced and will run for a period of nine months. This will be evaluated and reviewed with an overall aim to roll it out through the whole HSCP area.

With regards to the Whole Family Approach, West Dunbartonshire will be appointing a dedicated Family Support Worker whose role will be to work directly with the families in our communities. These families will have experience or be living with, problematic substance misuse. We have also focussed additional resources in the recruitment of a Young Persons Worker.

Recommendation 8, ensuring that all people have access to advocacy, West Dunbartonshire is an early adopter of this standard as work has already taken place to embed the human rights based approach across the whole HSCP and its partners. We worked in partnership with Reach Advocacy to deliver a whole system approach and have committed to two full time Advocacy workers dedicated to Addictions services.

2. Are there any significant gaps in the recommendations, and if so how should they be filled?

The Scottish Government investment opening up residential rehabilitation possibilities has been a positive move and we have used the funding to provide beds for our patients in West Dunbartonshire. However due to the ring fenced funding we are limited in our ability to access alternative rehabilitation options based on the assessment of need. There are many service users who do not wish or meet the need/criteria for residential rehab but a more suitable alternative is crisis and stabilisation treatment. This does not sit within the rehabilitation funding.

As indicted on the letter to the ministers on the 28th February 2021 the data sharing arrangements with the Scottish Ambulance service has had a significant and positive impact on statutory services ability to respond quickly to near fatal overdose. This could be more effective if the information could be shared directly with third sector partners and any input from the Scottish Government would be invaluable.

3. What barriers have there been to the implementation of the recommendations, and how have they been or how can they be overcome?

As noted by wider GG&C the Covid-19 pandemic has had significant impact our ability to embed the DDTF recommendations fully. Our workforce recruitment remains an ongoing challenge however extensive efforts are being made to overcome this.

Furthermore additional funding provided by the Scottish Government is extremely welcome however a key challenge for the ADP is around the timescale of the funding. This limits the ability to implement a treatment system that is more sustainable. In the letter to Ms Constance on 28th February 2021the challenges of delivering MAT Standard 7 was highlighted and this continues to be an ongoing challenge locally in West Dunbartonshire.

4. To what extend do you think there is consistent delivery of services across GGC and throughout Scotland, particularly of rehabilitation services and services provided by health boards and alcohol and drug partnerships (ADP)?

There is strong commitment across GG&C to ensure an open dialogue and consistency of approach however local need will always be considered a priority and may have variations across the board wide area based on local needs assessments.

Yours sincerely

Sylvia Chatfield
West Dunbartonshire ADP Chair