

## DRUG DEATHS TASKFORCE: MINUTE OF INTERIM MEETING 5

Wednesday 13 May 2020,  
Virtual via Zoom  
10:00 – 12:15

### Taskforce Members:

Prof. Catriona Matheson (Chair)	University of Stirling
Neil Richardson (Vice Chair)	Turning Point Scotland
Dr Ahmed Khan	Royal College of Psychiatrists
Allan Houston	Lived/Living Experience Representative
Anthony McGeehan	Crown Office and Procurator Fiscal Service
Cameron Stewart	
Carole Hunter	Royal Pharmaceutical Society in Scotland
Colin Hutcheon	Families Lived Experience Representative
CS David Duncan	Police Scotland
David Williams	Glasgow City Health and Social Care Partnership
Fiona Doig	Borders ADP and Health Improvement
Gary Rutherford	Scottish Ambulance Service
Karyn McCluskey	Community Justice Scotland
Nicola Dickie	Convention of Scottish Local Authorities
	Scottish Courts and Tribunal Services
Phil Mackie	Scottish Public Health Network
Rebecca Wood	Lived/Living Experience Representative
Richard Watson	Recovery Community Lived Experience Representative
Dr Robert Peat	Dundee Drugs Commission
Dr Tessa Parkes	Drugs Research Network Scotland
Carey Lunan	Royal College General Practitioners in Scotland

### Attendees:

Joe FitzPatrick MSP	Minister for Public Health, Sport and Wellbeing
Anniek Sluiman Dr	Scottish Government: Analytical Services
Chris Wallace	Wallace Transform
Jardine Simpson	Scottish Recovery Consortium
Julie da Costa	Scottish Government: Drug Death and Harm Prevention
Justina Murray	Scottish Families Affected by Alcohol and Drugs
Kirsten Horsburgh	Scottish Drugs Forum
Liz Sadler	Scottish Government: DD Health Improvement Division
Lauren Ross	Scottish Government: Drug Death and Harm Prevention
Mark Lawson	Scottish Government: Drug Death and Harm Prevention
Michael Crook	Scottish Government: Drug Death and Harm Prevention
Morris Fraser	Scottish Government: Head of Alcohol, Tobacco and Drugs
Nick Smith	Scottish Government: Alcohol and Drug National Support Team

### Apologies:

Duncan McCormick	Public Health Medicine
Iona Colvin	Chief Social Work Adviser
Lesley McDowall	Scottish Prison Service

**Pre-meeting** – presentation from Phil Mackie on Public Health Surveillance

**Introduction**

1. The Chair welcomed members to the interim fifth meeting of the Taskforce. Taskforce members should use the update forms to keep in touch, in particular including any update on COVID-19 specific involvement(s). The sub-group update forms will also continue to be used and questions will be taken during the Sub-group Update section of DDTF meetings.
2. Minutes of the previous meeting (8 April) have been approved and were published on the Scottish Government, Drug Deaths Taskforce page (4 May).
3. Michael read out the actions from the last meeting and highlighted on-going and to be actioned.
4. In discussion, the following points were made:
  - Register of Interest to be completed by the Taskforce members as soon as possible;
  - Taskforce update templates to include how 'people first language' is being used in organisations;
  - Actions completed;- Letter from the Minister, CMO and Catriona to Health Boards around prioritising alcohol and drug services; Letter from Minister, CPO and Catriona to Directors of Pharmacy, Community Pharmacy Scotland (CPS) on prioritisation of OST delivery and IEP provision;
  - Recommendations sent to the Minister have been updated and will be discussed.

**Update from Scottish Ambulance Service**

5. Gary updated on the Naloxone Pilot. Started 7 February 2020 at Springburn Ambulance Station, Glasgow. Paramedics training took place. 10 take-home kits issued. Due to absence of trained paramedics during trial period, untrained paramedics covering shifts could not supply naloxone.
6. Despite the small number supplied in the pilot, the average administration is 25 to 26 per month at Springburn. Keen to widen the trial by training all staff and taking pilots to Edinburgh, Borders and Dundee.
7. Data sharing agreement with Glasgow and Clyde on naloxone administration and accidental overdose. A standard form of sharing data set to be brought back to the TF when COVID constraints relax.
8. In discussion, the following points were made:
  - Catriona asked for agreement of the DDTF on supporting a further extension of the pilot in suggested areas. This was agreed by all. It was also agreed that there is funding available to support expansion.
  - Anecdotal information from out of hours IEP service in Greater Glasgow and Clyde indicates an increased demand and use of naloxone.

**Taskforce Funds**

9. Three funds - i) Emergency Response Fund; ii) Taskforce Innovation Fund; iii) Taskforce Research Fund.

10. Nick updated on the Emergency Response Fund. CORRA have suggested an extended timeframe which, due to their current work around COVID-19, is not acceptable for our purposes. Instead Catriona proposed that monies be allocated to ADP's based on proposals they present which focus on the priorities set out for them previously, but also containing details of costs and measure of success. Allocation letters will go out to ADPs next week which will include details on how to apply. TF members will review the proposals.
11. The TF Innovation Fund will also have a standard template form which will be completed by Sub-Group Chairs.
12. Richard requested a note that the Lived Experience Representatives be involved in the process. Catriona agreed this must be the case.

### COVID-19

13. **Update on recommendations** – Secretariat presented the recommendations in an Excel spreadsheet which are colour coded; green (actioned), orange (working on) and red (no action). Only one red outstanding. Catriona thanked the SG team for progressing these and noted she and Neil would continue to liaise with the SG team on progress.

**Further developments** – These will be monitored behind scenes by the Secretariat.

14. Carole will forward an update to the TF on the challenges the pharmacies are facing and their responses to the emergency.
15. Colin reported on SFAD Helpline activities. Huge increase in calls covering the following:-
  - individuals concerned about their own alcohol/ drug use who cannot access their normal services. This is predominantly because the Helpline is a free call number and many individuals do not have finances to cover charged phone numbers or have difficulty in getting through because of incorrect advertised numbers;
  - calls regarding pharmacy queues and stigma including reports of violence and verbal abuse towards people waiting for ORT and families collecting prescriptions;
  - concern expressed around domestic violence and social distancing not being adhered to by some PWUD;
  - prescription issues where individuals are either unable to pick up or get new prescriptions;
  - lack of childcare causing mental health issues for adults and incidences of relapse;
  - Withdrawal and looking for urgent support and problems obtaining substances from normal sources.
16. In discussion, the following points were made:
  - a. Karen mentioned that prisoners contacts after release are noted as mostly chargeable phone numbers which makes contacting services very challenging.
  - b. Carole gave a brief summary of issues facing pharmacies. She noted that pharmacy queues are not going to reduce and they are under significant pressure. Initial overwhelming pressures but are now under

better control. Pharmacies now have screens and staff have their own PPE. Reduced working hours to allow for deep cleaning on a daily basis. There are reports of pharmacy administration of naloxone and reports of increasing levels of intoxication. Security concerns with increased levels of take home prescriptions and individuals are being coerced to divert or to sell on. These are experiences across the country.

- c. Allan noted that there are risks with the take home methadone and pharmacies are reverting to supervised but this can be difficult if not expected and a dose has been taken quite recently prior to attending pharmacy.
- d. Carol advised that where prescriptions are noted as supervised, supervision is not a legal requirement. It would be down to how this is communicated to individuals and services.
- e. Richard suggested increasing outreach including prescription delivery (covered in previous guidance).

**Action** – The request for more free phone numbers to be considered for support, recovery and help centres, or the possibility for a central number for after- hours access will be added to the list of recommendations.

**Action** - Colin agreed to arrange for the full Helpline Report to be shared with TF members.

**Action** – Catriona and Carole to use Community Pharmacy Scotland to get messages to individual pharmacy contractors e.g. re supervision.

#### 17. Update from Police Scotland

- Fines for street gatherings during COVID around drugs and alcohol - David Duncan advised that enforcement is a last resort and that a '4 E' fine system is being used; engage, explain, encourage and then enforce.
- Guidance around vulnerability at pharmacies and drug users - Independent Advisory Group will work with Police Scotland and will make suggestions on how to use legislation and demographics around vulnerability for any change of direction. Any anecdotal evidence reference from Tessa or others will be considered;
- Substance Harm Prevention Team and COVID-19 response are monitoring drug related deaths and whether it is COVID-19 or increased prescription overdose or illicit supply trends;
- Public Health Scotland have established links with NHS response to COVID.
- There is no significant increase in the number of deaths since lockdown but numbers cannot be correctly identified because there may be other underlying health concerns;
- Police Scotland produced a COVID specific drugs bulletin to establish national reporting with SDF, SRC and SFAD to assess changes to drug profile. This will be used to record changes to the drug scene;
- Public Health Scotland data sharing with Phil and the format has been agreed with caveat on reliability of data once toxicology reports are received. Public access will be limited. This will be shared inter-agency;

- Engagement has been ongoing with national support services and it is acknowledged at this time that they will have limited/restricted capacity. Through SFAD (Scottish Families Affected by Alcohol and Drugs), Police Scotland are being provided with a national services directory, which has been shared with all local divisions and custody to update them on suitable support options which are available in their area, through this period of reduced drug support availability/capacity.
- Received the Scottish Government distribution of naloxone and all staff are made aware of this via memorandum;
- Naloxone Pilot proposals for Test of Change and how it will fit in local areas. Progress is slow due to COVID.

**Action** - Allan suggested that a record of all non-fatal overdoses be recorded.

### **Stigma Strategy**

18. **Feedback on document** – SDF, SRC and SFAD have developed the stigma document together. The draft was shared with a request that DDTF members highlight any gaps or inconsistencies and provide case studies if possible. Suggestions were also requested for a title for the document.

19. In discussion, the following points were made:

- a. Fiona requested that at the end of the document the plan to work from wider services addressing stigma in the non-alcohol and drug services be mentioned earlier in the document. She will annotate this in the document;
- b. Carole noted 3 points a) the inclusion of a separate section on media reporting; b) expand on costs and savings; c) should it also include something on the stigmatisation of staff that work in the services and by association. Catriona suggested that the experience she relayed about a family be shared anonymously as a case study.
- c. Richard highlighted that the new wave of students starting in the services be targeted more. Current policy and practice against stigma be considered as these may actually be creating stigma?
- d. Colin queried who should deliver the final document? Will the organisations involved in developing the document also be involved in the delivery. Catriona confirmed that they will be and an implementation document will see that families be involved.
- e. Chris (Wallace) proposed that work on a short pragmatic plan about communications around this start as soon as possible.
- f. Catriona suggested the communications work with Chris be done in parallel with the refinement of the stigma document.
- g. Robert reinforced the importance of the document and reminded that the values kindness, compassion and hope be included in the recommendations. What is the expectations of each service and what can they do to address discrimination and stigma?

### **Communications Strategy**

20. Chris shared a refresh on the presentation previously offered.

- How does the TF project its purpose and how does it engage with stakeholders?

- The crowded narrative landscape analogy used on what is the story. Presently a narrative overdose. TF to shoot down the 'weeds', encourage the 'seeds' to 'germination';
- Narrative needs to be authentic and true. This is a group of complimentary talents;
- Chris displayed a range of potential vision and mission statements, which will be circulated, with TF members asked to provide comments on these and will be circulated and TF members;
- Comments and views will be consolidated into new, revised and streamlined drafts. Catriona advised that we go forward being proactive and not reactive.

21. In discussion, the following points were made:

- a. Phil referred back to the stigma document to ensure communication and language be considered when finalising the document;

**Action** – Chris will circulate the Vision and Mission statements for comment.

### **Families Reference Group**

1. **Update** – A document has been circulated on a Test of Change.
2. Colin noted that it was planned to include the Families Reference group in this TF meeting but circumstances have curtailed this. He updated the group on the work of the group
  - Test of Change proposal thanks to Justina to help produce this.
  - Test of Change is going to be developed as a virtual national service to reach a wider geography within the funding available Potentially at least 25 families a year will be involved in this pilot.
  - Challenges being faced by families during lockdown: volatile home environment, substance use coming into the home where activities would normally be outside the family environment. Family relationships under stress and significant breakdown of family units;
  - Social distancing not being adhered to by those using alcohol/ drugs;
  - Community based statutory treatment services and mental health services are often unavailable including home visits;
  - SFAD received £30k in emergency COVID-19 funding for families, e.g. to purchase digital equipment to assist with contact and food packs and online activities being made available;
  - COVID-19 has also brought new opportunities where SFAD are going to launch a new Click and Delivery naloxone service in partnership with SDF and will available from the end of the week (15 May);  
<https://www.sfad.org.uk/support-services/take-home-naloxone>
  - Increased distribution of naloxone now possible.

**Action** – The TF offered a unanimous 'thumbs up' to go ahead and move the test of change forward and will come under the Number 2 TF funding proposal and fall within MCN group.

**In Discussion:** The change to naloxone via a Statement of Prosecution Policy was noted. Catriona asked Anthony McGeehan to pass on thanks to the Lord Advocate for supporting this development that allows wider and easier naloxone distribution during COVID phase. This is being opened up to other channels and non-drug services. More training will be given and Scottish Government will keep a register of all organisations.

**Action** – Secretariat will maintain the register of distribution of naloxone.

### **Sub-Group Updates**

1. Updates from the groups were circulated and only questions taken during the meeting.
2. Elinor is currently updating the MAT standards following consultation and Phil confirmed this.

### **Any Other Business and Date of Next Meeting**

3. Richard questioned whether TF work was being prioritised sufficiently by members to meet urgency.
4. Catriona reminded Richard of work being done behind the scenes e.g. on COVID recommendations and within the sub-groups.
5. Neil noted that the out of hours for non-fatal overdose test of change is ready to go but current circumstances have put this on hold. Renewal work ongoing and suggested that SG make sure that the TF is being kept appraised.
6. Phil advised that rapid innovations taking place because of COVID be captured and to be taken forward after COVID for rapid progress.
7. After hours services should be available or a central Freephone phone number.
8. Carole highlighted that prescriptions for methadone or buprenorphine patients do not have advice on the prescription to call the NHS24. NHS24 will not respond to calls from such individuals. They are excluded to this service and an out of hours contact needs to be made available to them.
9. Date of the next meeting is 18 June and dates for the rest of the year be decided on.
10. Catriona asked that the TF members to confirm that they are happy for a screenshot of the meeting be taken and to be shared on social media. This was agreed by the members.

**Action** – SG secretariat to keep the TF appraised of any on-going work.

Scottish Government  
Drug Deaths and Harm Prevention  
May 2020