

## DRUG DEATHS TASKFORCE: MINUTE OF MEETING 6

Wednesday 18 June 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	Scottish Courts and Tribunal Services
Carole Hunter	Royal Pharmaceutical Society in Scotland
Colin Hutcheon	Families Lived Experience Representative
ACC Gary Ritchie	Police Scotland
David Williams	Glasgow City Health and Social Care Partnership
Fiona Doig	Borders ADP and Health Improvement
Gary Rutherford	Scottish Ambulance Service
Lesley McDowall	Scottish Prison Service
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

### 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
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
Simon Ashpool	On behalf of Karen McCluskey
Rowan Anderson	CORRA Representative

### Apologies:

Duncan McCormick	Public Health Medicine
Iona Colvin	Chief Social Work Adviser
Carey Lunan	Royal College General Practitioners in Scotland

Susanne Millar  
Karyn McCluskey  
Nicola Dickie

Liz Sadler  
Beverley Francis

Glasgow City Health and Social Care Partnership  
Community Justice Scotland  
Convention of Scottish Local Authorities  
Scottish Courts and Tribunal Services  
Scottish Government: DD Health Improvement Division  
Scottish Government – Criminal Justice and the Law

### **Introduction**

1. The Chair welcomed members to the sixth meeting of the Taskforce and Rowan Anderson who was observing from CORRA and who would be managing one of the DDTF funds on behalf of the taskforce. Elinor Dickie was deputising in place of Duncan who is still unwell. There will be an addition to the Agenda regarding funding.
2. Minutes of the previous meeting (13 May) have been approved and were published on the Scottish Government, Drug Deaths Taskforce page (5 June).
3. Actions still to be followed up with are the Freephone numbers (noted below). Catriona/Carole reported they need to follow up on proposed discussions with Community Pharmacy Scotland. The recording of all non-fatal overdoses to be covered by Phil in his update.

**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.

### **Covid-19 – SG Progress**

4. Michael fed back on the recommendations. They are colour coded. Green – completed; yellow – good progress, and red - still to be actioned (one). The yellow action is to be addressed by the TF team to check where the work sits and priorities. The red is on testing and possible specific pilot on vulnerable groups around alcohol and drug problems and to work with trusted services.
5. In discussion, the following points were made:
  - Colin commented that ADP and Health Boards (green), that there is a continuing concern with communication especially with individuals not being able to get information, including those that have not been in contact with services;
  - Fiona highlighted that Buvidal prescriptions will continue for released prisoners.
  - Catriona advised that individual health boards have to have this on their formulary. Prison release supply needs to be followed up with to ensure there is a pathway to access a prescription/administration on release.
  - Lesley advised that Greater Glasgow and Tayside are not participating (5 prisons) in the use of Buvidal while prisoners are in custody. Tayside discussing introducing it.
  - Carole advised that the Greater Glasgow and Clyde chose not to participate, not because of the lack of community prescribing but because of the concerns of the ongoing costs.

**Action** – Michael requested Colin to forward on any specific details of areas where there are issues or concerns so that these can be followed up.

## Updates

6. MCN Group - Robert advised that work of the group is specifically focussed on the proposed Tests of Change (ToC) which have been worked up. Again a big thanks to Tessa and Josh for all the hard work in putting this all together.
  - There are now 9 ToC proposals with a 10<sup>th</sup> being worked on to address physical health needs for individuals with drug related problems.
  - Key task now to review how some or all ToC are put in place across the country. Some already being undertaken, but the approach as a whole system will support people with drug problems and drug related deaths.
  - Need to consider where there are gaps and how to fill them and to provide evidence to help other areas.
  - There was discussion of funding and the importance of evaluation.
  - Question is how the group is supported to go ahead to do this?
  - Thanks to Richard who has liaised with the Lived Experience group to gain feedback on the ToC. The group highlighted they welcome ToC but concerns whether there is a clear message about leadership and accountability and additional resource availability. Is there effective partnership support to deliver on this?
  
7. In discussion, the following points were made:
  - a. The Minister wanted to thank the MCN group who have taken time to come to this stage and commend all the work that has been done.
  - b. Elinor, the programme manager for the MAT standards and surveillance group, noted their group has a ToC with similarities and suggested that Elinor and colleagues join the MCN meeting next week to avoid duplication of efforts but also to ensure learning can be shared between the groups.
  - c. Beverley advised that the work of the Criminal Justice and the Law Task Group has restarted. They had worked on a ToC which is well developed and also suggested a joint proposition with the MCN group around supporting people away from police and into health care.
  - d. It was agreed that there was a need to be conscious that some geographical areas are not overwhelmed with possible ToC.
  - e. Tessa highlighted that the MCN ToC had been developed taking other groups into account. There are some overlap, gaps and links. For example the proposal around peer navigators does cross over with the CJL but arrived at that proposal from a different approach. Tessa agreed to act as the link between these groups.
  - f. Richard noted the key points taken from the LE group:- i) Advocacy is key to helping with the accountability and rights for the whole system approach; ii) Navigators essential and more investment in them to do more work. iii) A robust community recovery system and to see recovery as a destination. The Chair agreed but also reminded the group that this is a Drug Death Task Force and needs to remain focused on that.
  - g. Timing of the TF links with current SG strategies. COSLA are taking a more leading role and HSP's might lead in this regarding governance.

**Action** – Catriona suggested that the accountability, issues and processes be prepared for and discussed at the next meeting as an agenda item.

8. Update on Toxicology and Backlog - Anthony advised that as a result of Covid, Glasgow University closed which has severely affected the work to address the backlog. By way of a further update he was able to add:
  - The University has now been re-opened but with limited service.
  - The improvement plan to address the backlog was also affected by Covid. The engagement of external toxicology were also impacted.
  - COPFS will meet with National Records of Scotland next week to discuss the effect of Covid and Glasgow's projections and the impact on their publication.
  - Catriona stated the inevitable delay in the publication of figures for 2019 will be scrutinised and criticism will have to be approached openly and honestly.
  
9. PHSS group - Presented extracts from a management meeting. Drugs team and Public Health Scotland work reporting on Covid-19.
  - This material is used to help local areas through ADP's and resilience services to help them to move swifter.
  - Phil presented data as management information. This material is confidential and data is only permitted with the expressed prior written permission of PHS and was shared with the group for reference only. The meeting unanimously agreed to keep the confidentiality.
  - Developments are with prescribing data on methadone and buprenorphine. Critical care data with SAD, ED and suspected drug deaths with PS.
  - Need to understand the limitation in sharing data and to confirm with PS where it will be shared and at what level.
  
10. In discussion, the following points were made:
  - a. Allan asked if the data was based on new-referrals or if it also covers people returning.
  - b. Phil advised that he will have to check on this.
  - c. Gary Ritchie advised that PS have been sharing data with PHS. DRD were slightly higher prior to lockdown, but this needs to be explored.
  - d. There does not appear to be any geographical variation. A threshold mechanism is to be developed.
  - e. Catriona noted that the TF needs to have access to the data with the caveat of confidentiality standing.
  - f. Carole noted that the national picture hides local data. There are local differences that need to be teased out. Regarding naloxone, assume that the figures do not include prescriptions as there is a time lag in providing this information.
  - g. Further discussions on ADP level data to be taken off table.
  
11. **Scottish Ambulance Service** – Gary Rutherford updated on the THN pilot SAS had been operating and on work being done to scale this up to provide a national approach.
  - SAS would need to recruit for specific roles;

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- They would need to integrate with IJBs and local drug support services for data sharing with SAS.
  - A proposal has been drafted and will be shared with SG colleagues once approved;
12. Becky noted a concern from the LE group that the psychosocial components of work had dropped off the agenda from the sub-groups;
- Catriona noted the MAT standards that were circulated clearly list psychosocial care. She gave her assurance that this is key to MAT standards and MCN needs and that it remained a priority.
13. Communication Strategy – Chris Wallace updated on the vision mission feedback.
- Clear concern from the feedback is that the TF must be seen to be putting evidence into action with urgency;
  - The website will reflect this and hopefully will deliver this and be up and running by the end of July;
  - Chris will set up drop-in sessions to discuss the progress of the work;
  - Members to revise biography details and video ideas and connect with social media;
  - Neil stated that he hoped that this is going to give the TF a fresh start and to have another opportunity for engagement;
  - Colin wanted to clarify that, despite some concerns about the associated video, he welcomed the stigma strategy which reflected the experience and aspirations of families;
  - Catriona advised that the stigma document will go on the website, endorsed by the Minister and discussions on implementation will now take place.
14. Catriona shared slides based on the past year of the TF, evidence into action. Three phases:
- One: Evidence Review and Immediate Response (interim report in preparation. Two – Action and monitoring and Three – review and consolidation;
  - 270 responses received from the emergency response and identified gaps in evidence. Out of this came addressing stigma, maximising naloxone distribution, equity of access to treatment, holistic treatment, drug checking and criminal justice alternatives.
  - Mapping exercise with ADP's and to repeat in 12 months.
  - Research fund has 21 applications under review and panel sits 30 June. Innovation fund to test new models and Corra will support this;
  - Moving into phase two will be to implement actions from working groups and partners, monitoring ongoing projects from the research fund and any supported ToC, evaluation and metrics for the TF and accountability.
15. MAT group - Elinor updated on the paper.
- A slight delay because of Covid;
  - Tracey Clusker has been able to follow up with the ToC and support;

- SDF engagement event was cancelled where the MAT standard were to be brought to public domain;
- Positive engagement with Health Care Improvement Scotland and how to sustain the standards;
- Highlighted psycho/social is essential as it is the core part of delivery of treatment;
- Proposed a session on psycho/social and will bring this back to the TF.

### **Discussion and Overview**

16. Neil reflected on the past year, highlighting that there is an urgency of need. Need to be honest and to be action focussed and if that's not possible, then how do we improve?

17. In discussion, the following points were made:

- a. There needs to be a shared view by the TF. As we reflect on the year, does each member understand their role and what their experience and input can bring towards positive change in a shorter timeframe?
- b. The success with the 6 strategies may have re-energised people by the Covid experience and has given us the need for pace. The initial resistance from agencies prior to Covid was evident but the changes that have been made because of Covid has resulted in positives coming out of it. The TF should be thinking about the 6 things that services should be doing right now. Ride the crest of the wave and might get responses now.
- c. A member has been asked to produce a quality improvement survey of what the organisation is doing during Covid and what ideas were set in place, why and what was working. What were the predictions for engagement. Addiction services in the area also did this and noted what immediate responses were put in place and how they are working and what can be done to help. Would this be of value to ask other ADPs areas and can this be taken national and to collated this information and to use it to move forward?
- d. There are major pieces of work taking place around social renewal and economic renewal. The post-reality for Scotland and the question is, 'how are we integrating with those bits of work and what contribution will the TF have to make change?' Comms work is essential and the members need to be honest. He suggested another session to discuss renewal and reforming work and who is doing this.

**Action** - Secretariat to consider how such an exercise might run but also how it could tie in with work being done internally around the lessons learned from Covid.

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

1. No other business has been requested.
2. Date of the next meeting is 29 July 2020.

### **Post Meeting on CORRA Funding – Michal and Rowan from Corra.**

- 3 documents have been circulated which relate to the funds that Corra will be managing and will be assessing bids that come from the TF and sub-

groups. There is a proposal document and a flow chart is included which sets out how it will work;

- The proposals will need to come through sub-groups with support from the sub-group leads. The steering group will meet and discuss and the proposals will go to Corra. A panel will review them.
- Those proposals that have already been developed are to be taken to Corra.
- Funding will open on Monday 23 June 2020 and the 1<sup>st</sup> round of applications will be requested by 3 July and then the 1<sup>st</sup> panel meeting will take place at the end of July.
- This is going to be a rolling grant programme. Sub-group leads are to update Secretariat. Secretariat can keep Corra informed of the number of proposals so that another panel can be developed for the next round.
- After discussion today links between the sub-groups highlights the need for further discussions with the steering group. Check that there is no duplication and to avoid certain geographical areas being overwhelmed. They need to be spread evenly around the country.

In discussion, the following points were made:

- a. Fiona queried how a bid will come to the table?
- b. Catriona suggested that there needs to be discussions around this as there also needs to be priority.
- c. Robert confirmed that this will be discussed at the next meeting.
- d. Catriona noted that there has to be value for money as well. Need to be careful how things get rolled out. Members from the TF will be asked to volunteer to work and help with Corra and to have input to the wider panel.

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