

## DRUG DEATHS TASKFORCE: MINUTE OF MEETING 7

Wednesday 29 July 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
Elinor Dickie	NHS Health Scotland
Fiona Doig	Borders ADP and Health Improvement
ACC Gary Ritchie	Police Scotland
Jason Wallace	SDF - Lived Experience Representative
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
Susanne Millar	Glasgow City Health and Social Care Partnership
Dr Tessa Parkes	Drugs Research Network Scotland

### Attendees:

Joe FitzPatrick MSP	Minister for Public Health, Sport and Wellbeing
Aidan Reid	Royal College of Psychiatrists
Bill FitzPatrick	Community Justice Scotland
Chris Wallace	Wallace Transform
CSU David Duncan	Police Scotland
Jardine Simpson	Scottish Recovery Consortium
Julie da Costa	Scottish Government: Drug Death and Harm Prevention
Karen MacNee	Scottish Government: DD Health Improvement Division
Kirsten Horsburgh	Scottish Drugs Forum
Lauren Ross	Scottish Government: Drug Death and Harm Prevention
Liz Sadler	Scottish Government: Interim Director of Population Health
Maggie Page	Scottish Government: Principle Research Officer
Mark Lawson	Scottish Government: Drug Death and Harm Prevention
Michael Crook	Scottish Government: Drug Death and Harm Prevention

### Apologies:

Angie Wood	Interim Chief Officer
Carey Lunan	Royal College General Practitioners in Scotland
David Williams	Glasgow City Health and Social Care Partnership
Duncan McCormick	Public Health Medicine
Iona Colvin	Chief Social Work Adviser

Karyn McCluskey  
Lesley McDowall  
Nicola Dickie

Community Justice Scotland  
Scottish Prison Service  
Convention of Scottish Local Authorities  
Scottish Courts and Tribunal Services

### **Introduction**

1. The Chair welcomed members to the seventh meeting of the Taskforce. Welcomed Jason Wallace (lived experienced) from Scottish Drug Forum and Karen MacNee, the Scottish Government Interim Deputy Director Health Improvement division and Bill FitzPatrick standing in for Karen McCluskey.
2. Minutes of the previous meeting (18 June) have been approved and were published on the Scottish Government, Drug Deaths Taskforce page (20 July).
3. No Actions from the minutes to be followed up with.

### **Covid-19 – SG Progress**

4. Covid response stories and work happening, to be collated and shared so that these can be put on the new DDTF Website blog and for formal capture.
5. Michael followed up on the Response:
  - Continue to work with the SG Covid Testing team and their area of focus and accessibility around testing those using drugs and this is part of a wider focus on those who are marginalised, vulnerable and homeless.
  - Working to put together a business case working on key concerns and barriers to put measures in place. Moving toward asymptomatic testing.
  - Testing in residential rehabs.
6. Liz updated that NHS Tayside is the first region in the world to eliminate Hep C. The key part is to work with individuals using drugs. She is keen to link in this work with the TF around HIV and Hep C. This could be built into outreach areas and ToC from MCN group as blood borne viruses are part of the wrap around care being considered.
7. Ahmed noted that dry blood spot testing has been put on hold but harm reduction services are gradually opening up. It's a good example of engaging people not in treatment. Castlecraig Residential Rehab have been testing and isolating people prior to admission, and testing and isolating on admission.
8. Robert commended the work in Tayside to eradicate Hepatitis C and hoped that the same effort could now be made to work collectively in the context of supporting the work of the Dundee Drugs Commission and successfully reducing the number of drug related deaths.
9. Phil noted that this is where services are working with similar clients groups. This offers the opportunity to link these services.
10. Regarding the Test and Protect process, must ensure that all work feeds into the very large national and local infrastructure around Test and Protect work that is going on. Good strides are being made. The guidance is there but it is subject to interpretation for the settings and the people that work with PWUS.

Phil will be meeting with the Public Health leads in Scotland and will discuss how to produce appropriate advice based on the guidance.

11. Catriona asked for feedback to the TF.
12. Elinor confirmed that Duncan has approached the Blood Borne Virus Prevention Leads Network on the standard around harm reduction provision around the MAT standards.
13. Jason suggested moving away from the current assertive outreach approach but to have lived experience members working in the programs who view each individual as the whole person, covering addiction, blood borne virus etc.

**Action** – Catriona suggests that the comment from Jason be taken as an action to consider evidence on the most effective outreach model. Action to be taken forward by MAT sub-group.

### **Drug Death Statistics**

14. Maggie Page and Phil Mackie presented on DRD stats. This was used as provisional information which was not for further circulation.

### **DDTF Progress and Communication**

#### Accountability

- a. Jason advised that an engagement group was set up in Glasgow City Centre in 2018. One area addressed were those individuals most at risk to engage in a safe environment. This provided real-time data on what is happening on the streets now. This is reasonably easy to set up and comparatively cheap to run but because this was not funded, staff had to volunteer their time. At present this centre is not evaluated as there are no resources to this.
- b. Carole confirmed that there was a small amount of funding and this is now on the ADP agenda programme. The engagement centre gave a unique view of real-time information which offered possible data for IEP provision, drug consumption rooms and the heroin programme. There is a report that can be shared.

**Action:** Carole to share report with secretariat

- c. Becky has concerns that whilst these centres are very necessary and needed, they are not necessarily having an impact on DRD. Covid-19 has shown us that despite having rapid access to treatment prescriptions and increased naloxone, deaths are still increasing.
- d. Bill suggested making a short piece of work of what was happening in the first part of 2020. Did the intentions and the strategy rolled out by the agencies and the TF, actually have the desired effect? What was happening then which was not happening during lockdown?
- e. Neil noted with reference to the Glasgow experience, this was in-line with the ToC to be approved by the TF. The delays around the funding process is frustrating and asked if there could be an Action with SG colleagues and the TF to see if there is a way to expedite some of these procedures with urgency. (application now under review)

- f. Richard commented what affects individuals is the lack of trust that services will be there to support them.
- g. Fiona asked that her note about colleagues in Police Scotland and SAS regarding sharing info on non-fatal overdose with drug services would be welcome across Scotland.
- h. Catriona asked for some input from Fiona, Susanne and Angie Wood (when she joins the TF) to have some discussions around taking on recommendations and how to speed up processes. To liaise with the SG and to engage with their networks.
- i. Robert noted that the MCN group had agreed that there should be a meeting with ADPs however he now suggested that the Secretariat consider a general meeting to update ADPs on developments such as the website and the funding streams. Thereby the MCN Group and the other groups could all contribute. Thereafter specific support could be provided by the MCN group on any Test of Change applications.
- j. Elinor confirmed that the MAT team are meeting with ADP to explore ToC around the standards and their strategic planning expectations.

**Action** – Catriona suggest that a consultation event webinar be set up in the next couple of weeks and to invite ADP's and others working in these areas to discuss the different trends and to find ways to communicate quickly. To share ideas and good practice and the nature of the drugs being used.

**Action** – Catriona asked if Bill's suggestion could be taken up by Secretariat and SG analytics team to explore possible associations.

**Action** – Follow up with Scottish Ambulance Service regarding the sharing of non-fatal overdose information. Make sure that there are overdose review groups and that they are meeting regularly.

### **Website**

- a. The website is about to go live and will be a means by which to communicate. Have information about funds and work that is ongoing and key mile stones. The Vision and Mission must be shared going forward. Catriona thanked Chris for all the hard work in putting this together.
- b. Chris confirmed that the website goes live on Monday 31 July 2020. SG will be putting out a release about the TF Annual Report and the first release of research funding together with the launch of the website. There is structure noting the sub-groups, the reference groups, the strategies and the approach to stigma. Videos to be launched are with the Minister, general introduction of the TF and what it does, the approach to stigma and targeted distribution of naloxone. The TF will have its own YouTube channel and these videos will be available. Miles stones and progress must be updated for stakeholders and to remain transparent.

### **DDTF Research Fund**

- 15. Catriona confirmed that decisions have been made and that there is some underspend and there are some ideas on how to use the underspend.

16. Maggie confirmed that 10 projects will be funded through the research fund and the total is just under £800,000 with an underspend of around £200k. The paper presented to the TF identifies a number of key knowledge gaps. The summary table in the paper shows proposals of how to divide the underspend. One being on 'Understanding the role of Recovery Communities in reducing Drug Related Deaths, another is on Good Samaritan Drug Overdose Legislation. New drug trends, particularly the use of street-benzos, were also discussed and work suggested around this. There is also a suggestion of work on the Covid legacy not just on those that take drugs but the changes that have been made as a result of the lockdown and measures taken. If anyone from the TF would like to be involved they should contact Maggie.

17. In discussion, the following points were made:

- a. Carole has concerns around the Good Samaritan proposal and there needs to be clarity around immunity from prosecution for those at the scene of an overdose. The wording could put people off administering naloxone.
- b. Jason would be interested to be involved in the research for the recovery community project given his role with peer researchers at SDF.
- c. Colin was hoping to see a research on the impact on families and will follow this up with Maggie. No application was made but could be considered.
- d. Becky wanted to clarify the research on recovery communities should look at the recovery communities that have made an impact on DRD. To have an action research approach and to capture this data.

**Action** – The wording and implications of the Good Samaritan proposal needs to be discussed further with the CJL sub group.

**Action** - Maggie to consider the suggestions made for the underspend.

### **Specific Updates**

21. Michael updated on the other DDTF funds:

ADP fund (£3million) - ADP's were asked to submit a proposal outlining how they will deliver on the 6 evidence based strategies identified by the DDTF. Applications from all ADP's have been received on a range of different projects. £2.4 million has been allocated. The remaining money will be allocated to ADP's once further information around their proposals has been received.

Innovation and National Projects Development Fund (INPDF) – this fund is being managed on behalf of the DDTF by the Corra Foundation. The first round of applications has been considered and a panel made up of DDTF members met on 23 July to assess the first 2 applications. Decisions have not been communicated on these as yet. He thanked all those who participated and noted that the next round of this fund would close on 4 August. Catriona also clarified that the INPDF will continue beyond the initial 3 months.

22. One of the actions from the last meeting is taking into account COVID-19 and potential consideration of enhanced risk assessment because of the aerosol nature of the nasal naloxone. Elements under discussion include: training sessions for nasal naloxone; identification of potential test bed areas; legal considerations; if a pilot scheme were to go ahead a clear policy with supporting procedures and evaluation will be set in place.
23. SAS are keen to extend their naloxone pilot and discussions are underway with SG on funding.

Date of the next meeting is 2 September 2020.

Scottish Government  
Drug Deaths and Harm Prevention  
July 2020