

**DRUG DEATHS TASKFORCE: MINUTE OF MEETING 2**

Tuesday 29<sup>th</sup> October 2019,  
 Stirling Highland Hotel,  
 Spittal Street, Stirling,  
 FK8 1DU,  
 11:00-15:00

<p><b>Taskforce Members:</b>                  Professor Catriona Matheson (Chair)                  Neil Richardson (Vice Chair)                  Catherine Calderwood                  Iona Colvin                  Fiona Doig                  Paul Gowan                  Allan Houston                  Colin Hutcheon                  Ahmed Khan                  Jean B. Logan                  Phil Mackie                  Duncan McCormick                  Anthony McGeehan                  Karyn McCluskey                  Susanne Millar                  Dr Tessa Parkes                  Dr Robert Peat                  ACC Gary Ritchie                  Hannah Snow                  Cameron Stewart                  Richard Watson                  John Wood                  Rebecca Wood</p>	<p>University of Stirling                  Turning Point Scotland                  Chief Medical Officer for Scotland                  Chief Social Work Adviser                  Borders ADP and Health Improvement                  Scottish Ambulance Service                  Lived/Living Experience Representative                  Families Lived Experience Representative                  Royal College of Psychiatrists                  Royal Pharmaceutical Society of Great Britain (Scotland)                  Scottish Public Health Network                  Public Health Medicine                  Crown Office and Procurator Fiscal Service                  Community Justice Scotland                  Glasgow City Health and Social Care Partnership                  Drugs Research Network Scotland                  Dundee Drugs Commission                  Police Scotland                  Lived/Living Experience Representative                  Scottish Courts and Tribunal Services                  Lived/Living Experience Representative                  Convention of Scottish Local Authorities                  Lived/Living Experience Representative</p>
<p><b>Attendees:</b>                  Michael Crook                  Phil Eaglesham                  Julie Da Costa                  Elinor Dickie                  William Doyle                  Chief Superintendent David Duncan                  Joe FitzPatrick MSP                  Beverley Francis                  Suzie Gallagher                  Kirsten Horsburgh                  Mark Lawson                  Millie Lewis                  Maggie Page                  Liz Sadler                  Nick Smith                  Jardine Simpson</p>	<p>Scottish Government: Drug Death and Harm Prevention                  Health Scotland                  Scottish Government: Drug Death and Harm Prevention                  Health Scotland                  Scottish Government: Drug Law and Health Harm                  Police Scotland                  Minister for Public Health, Sport and Wellbeing                  Scottish Government: Drug Law and Health Harm                  Scottish Families Affected by Drugs and Alcohol                  Scottish Drug Forum                  Scottish Government: Drug Death and Harm Prevention                  Scottish Government: Drug Law and Health Harm                  Scottish Government: Analytical Services                  Scottish Government: DD Health Improvement Division                  Scottish Government: Alcohol and Drug National Support                  Scottish Recovery Consortium</p>

<b>Apologies:</b> Adam Coldwells Carey Lunan Lesley McDowall	Aberdeenshire's Health and Social Care Partnership Royal College General Practitioners in Scotland Scottish Prison Service
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### Introduction

1. The chair, Catriona Matheson welcomed members to the second meeting of the taskforce. She stressed the role of the taskforce to generate their own evidence as there is a lack of new and ground-breaking evidence in the field.
2. The minutes from the last meeting of the taskforce were accepted by Duncan McCormack, Michael Crook read out the actions from the last meeting and updated the group on the progress of each one.
3. In discussion the following points were made:
  - a. The Scottish Ambulance service strongly support the provision of naloxone as the service received 40,000 calls per year for people who had overdoses and have a wealth of data to share with the group;
  - b. In relation to the Police Federation, Police Scotland updated the group that the Police Federation is not in support of naloxone as they do not believe there is an evidence based supporting the police carrying naloxone. West Midlands police are trialling carrying naloxone but there are yet to be clear results produce from this pilot;
  - c. With reference to the taskforce's commitment to use 'People-First' language, it was discussed that the Borders ADP had shared the online guidance with colleagues and it was positively received.

**Action** – Phil Mackie will produce an evidence paper for the next meeting of the taskforce on Naloxone and where its use by police officers could be beneficial. SAS will provide data on number of calls they attend in which Police are present when the ambulance arrives.

**Action** – Taskforce members to report on what progress has been made in their individual organisations to tackle stigma and use 'People First' language, including the challenges to the uptake.

### Drug Related Deaths- Immediate responses

4. Neil Richardson provided an outline of the background paper on immediate responses to drug related deaths. Over 275 responses had been received to the question '*What one thing would you recommend that we could do now to stem the rise in Drug Related Deaths we are experiencing in Scotland?*'. More responses have since been received and will be added to that paper which will act as a dynamic reference tool for the group.
5. Neil introduced a 90 second video, produced by Turning Point Scotland, which highlighted the importance of stability for those at the greatest risk, as highlighted by the Housing First response, but also the need to build relationships and address people at time of crisis.

6. The taskforce were divided into groups and were given 3 key discussion questions regarding what instant responses the taskforce can take to drug related deaths which were: '*What can we do as a meaningful response to the feedback to put something on the ground in 4-6 weeks?*'; '*What potential barriers would exist?*'; '*What can we do to overcome them?*'.
7. Group 1, led by Suzanne Miller (Glasgow City Health and Social Care Partnership), fed back suggestions including: peer-supply of naloxone in winter night shelters; take-home naloxone from prisons and accident and emergency; and data-sharing from Scottish Ambulance service regarding non-fatal overdoses.
8. Group 2, led by Catherine Calderwood (Chief Medical Officer), addressed the need to map the available services for each Integration Authority, what services are available to prisoners post-release and the need to provide holistic services.
9. Group 3, led by Richard Watson (Recovery Community Lived Experience Representative), made a number of recommendations including: reinstating through-care for prisoners; asset mapping; possibility of 24/7 service using recovery community volunteers; a review of benzodiazepine prescribing; and street naloxone dispensers.
10. In discussion, the following points were made:
  - a. It was suggested that in addition to peer to peer naloxone distribution, that flu vaccinations could also be provided to drug users in treatment services and night shelters;
  - b. The use of Night Shelters to provide support workers and naloxone was discussed. The Homelessness and Rough Sleeping Action Group collected data on Night Shelters which could be used to help deliver this proposal;
  - c. The role of prisons in providing treatment services was discussed. Concerns were raised that large, and ageing, prison populations posed a challenge to treatment. Through-care was halted due to the large volume of prisoners.

**Action** - David Williams and Suzanne Millar to make contact with those responsible for the running of Night Shelters in the major cities and discuss the proposal of peer to peer naloxone administration and support workers in these shelters.

**Action** – Secretariat to work with Scottish Ambulance Service around pilot of THN distribution in non-fatal overdose.

**Action** – Scottish Ambulance Service to investigate the ability to share data with partners following attendance at non-fatal overdose to allow follow up with anyone who has received treatment.

**Action** – Secretariat to follow up with Scottish Government colleagues regarding SPS and treatment and recovery services within prisons, and on release.

**Action** – Secretariat to investigate possibility of national awareness campaign around naloxone.

**Action** – Secretariat to lead on collecting benchmark data from ADPs on a small number of topics (access to naloxone, access to MAT, retention in treatment, intervention following NFO, support to family members following overdose).

### **Lunch**

11. During lunch, Kirsten Horsburgh provided training to taskforce members on the administration of naloxone and provided kits to as many as possible.

### **Sub Group Updates**

12. Before the updates, Professor Matheson introduced Elinor Dickie and Phil Eaglesham (Health Scotland) who provided background to the taskforce about the community engagement programme involving Forth Valley Recovery Community which members were encouraged to take part in at the close of the meeting.

13. Duncan McCormick fed back to the taskforce on the progress of the sub-group examining OST Pathways and spoke to a paper he had produced (attached at Annex A). The group noted that OST should be referred to as Medicated Assisted Therapy hereafter. A series of short, medium and long term objectives were outlined in order to define a national strategy of MAT which balanced risks and had recommendations of good practice. There was some discussion around the possibility of introducing same-day prescribing and what the barriers to this might be. Similarly no punitive discharges was considered an immediate action.

14. Phil Mackie, reported on the progress of the public health surveillance sub-group. The group has 3 high-level objectives to be completed by 2022: understand the public health surveillance system; understand how we can make short-term use of the available data; create an infrastructure which would allow the best interpretation of public health data.

15. Neil Richardson and Beverley Francis reported on the progress on the drugs and the law sub-group. The membership for the group was confirmed and the groups initial approach was outlined as examining what can be done within the existing law to improve people's access into health and social care services from the criminal justice system. The Scottish Government leading improvement team will support the task group with its work.

16. Tessa Parkes fed back on the multiple complex needs sub-group, who's initial discussions had focused on accountability as it was noted that many of the systems need to engage people in services are in place, but guidelines are not being followed. The task group also stressed the importance of increasing the visibility of lived and living experience in all stages of the decision-making process.

17. Colin Hutcheon (Families lived experience representative) fed back the points raised at the families with lived experience reference group. Members represented families from across Scotland and a series of suggestions were made for immediate actions which could be taken by the taskforce. Suggestions included

ending the 'postcode lottery' of treatment services, removing punitive discharging and including a presumption of familial involvement.

18. In discussion, the following points were made:

- a. In relation to the public health surveillance sub-group, it was suggested that Health Scotland's new public health body would be a useful connection;
- b. In relation to the multiple complex needs sub-group, times of transition were identified as times of increased need, in which anticipatory care was necessary. Scottish Ambulance Service and Accident and Emergency colleagues are aware of people who are high risk;
- c. It was discussed that punitive discharging has been halted in some localities but this is not true of all treatment facilities. It was identified that there is a need to develop a framework to ensure that this practice is stopped;
- d. The taskforce reference groups were discussed. Consultation with these groups by all members, notably the lived experience reference group, was encouraged in order to test proposed responses.

**Action** – Drugs and the law sub-group to prepare a detailed progress paper for the next meeting.

**Action** - The chair and the secretariat to further scope the work of the multiple complex needs sub-group and provide guidance on what short term actions they should aim to achieve.

**Action** - Iona Colvin to join the multiple complex needs sub-group.

**Action** – The taskforce will thank those who gave a contribution to the paper outlining instant responses to drug related deaths.

**Action** – The secretariat agreed to share the paper produced by the families lived experience reference group, and the testimony of one of the members, with the group.

**Action** – Members of the taskforce agreed to meet with the families with lived experience reference group.

### **Additional Updates**

19. Dr Tessa Parkes (Drugs Research Network Scotland) provided an update to the taskforce regarding drug testing in Scotland. She reported the project is still in its scoping stage and Dundee is being considered as a possible testing site.

20. Dr Robert Peat (Dundee Drug Commission) outlined the work and findings of the Dundee Drugs Commission in relation to the 4 key themes of the report: Leadership and Governance; Drug Deaths; Treatment and Support; Mental Health.

21. Due to time constraints, the chair, Professor Catriona Matheson, did not update the group on tele-healthcare.

22. In discussion the following points were made:

- a. Taskforce members agreed to support Tessa Parkes drug testing pilot project but agreed not to include it in the work of the taskforce;

- b. In relation to Dr Robert Peat's update, the lack of accountability of key leaders in treatment services, ADPs and the NHS was discussed. The Dundee Drug Commission has a series of national considerations which the taskforce was encouraged to review;
- c. The regulation of pill presses was discussed in relation to the rise of street benzodiazepine. The Scottish Government is seeking legal advice on the legislation required to regulate pill presses.

**Action** - Taskforce to look at national recommendations from Dundee Drug Commission report, particularly around unplanned discharge and integration of substance use and mental health services.

**Action** - The Secretariat agreed to circulate an update on the position of the University of Glasgow's toxicology service.

### **Date of Next Meeting**

23. A programme of dates for the next taskforce meeting was presented to the group. The next meeting will take place on the 15<sup>th</sup> January 2020 in Dundee. The subsequent two meetings will take place on the 19<sup>th</sup> March 2020 and 18<sup>th</sup> June 2020.

24. The chair, Professor Catriona Matheson, invited members of the taskforce to write a blog of the meeting which will be posted on the Drug Deaths Taskforce website.

25. In discussion the following point was made:

- a. The group discussed the resources available to the Scottish Government Secretariat and questioned if there was enough support in place to aid the taskforce. The possibility of a lived experience post in the Scottish Government was discussed.

**Action-** The Scottish Government agreed to review the functionality of the blog page to see if could include voting buttons.

Scottish Government  
Drug Deaths and Harm Prevention  
October 2019

**PROGRESS REPORT 29 October 2019**  
**Medication Assisted Treatment & Psychological and Social Support**

The Medication Assisted Treatment and Psychological and Social Support Group (hereafter referred to as the MAT Group) met for the first time on 9 October 2019.

**1. For the purpose of this group the following will apply:**

- The term Medication Assisted Treatment (MAT) will be used to refer to the use of medication, such as opioids, together with psychological and social support in the treatment of substance use disorders.
- The purpose of Medication Assisted Treatment is to reduce harm, prevent death and support recovery among people experiencing problematic drug use.

**2. Purpose**

To define a national standard of care for the delivery of medication assisted treatment (MAT) and enable partners across Scotland to achieve it.

**3. What the group will deliver**

- 1) A set of national minimum and optimal standards for MAT.
- 2) A description of models of care that can deliver these, based on practical experience in Scotland and mapped to the evidence base.
- 3) An agreed governance framework for the delivery of MAT with reduced barriers, in partnership with the Chief Medical, Nursing and Pharmaceutical officers, Scotland.
- 4) An established and programme managed continuous quality improvement approach that is nationally resourced and can support teams to make the system changes necessary to meet standards.
- 5) An established and resourced way to monitor and evaluate provision of MAT.
- 6) An established and resourced network for sharing and supporting good practice.

The group will endeavor to have the above in place within 1 year.

**4. How will the group achieve this**

Four subgroups of the MAT group have been established

- 1) No barrier access to MAT. Dave Liddell Scottish Drugs Forum.
- 2) Psychological and social support. Simon Rayner, Aberdeen Alcohol and Drug Partnership
- 3) Monitoring and evaluation. Dr Saket Priyadarshi, NHS Greater Glasgow and Clyde
- 4) Workforce development. Dr Ahmed Khan, NHS Lanarkshire

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Short term work (3months): Subgroups will draft the standards and the Task Force conveys them to responsible agencies (Integration Joint Boards, Health and Social Care Partnerships, Alcohol and Drug Partnerships). The MAT group follows up with site visits to discuss plans/standards/challenges, identify local good practice which could be shared with partners, and ask about how people think we could go about implementation and what support would be useful. Ways to monitor and evaluation the standards will be drafted, taking cognisance of other work going on in this area, and an assessment of current provision of MAT will be conducted

Medium term (6 months): Combine the standards and indicators from the four subgroups with evidence based models and guidance for achieving them. Conduct more formal consultation on these and approaches to implementation via workshops and road shows.

Longer Term (up to 1 year): Agree standards, governance framework and establish the quality improvement and project management approach to implementation.

- From the outset, there will be extensive engagement with partners across Scotland. This will take the form of site visits, workshops and a digital platform that includes the Task Force blog, documents dissemination and perhaps a discussion/voting forum.
- Implementing agencies will be encouraged to move towards the anticipated standards of MAT in advance of these being finalised and formally adopted nationally. This will involve identifying and highlighting sites where good practice is already being developed, such as the no barrier access project in Midlothian, providing a forum for sharing of lessons and support for standardised approaches to implementation and evaluation.
- Members accepting responsibility for specific work streams will be expected to deliver work on the timescale agreed with the MAT Subgroup, and the MAT group will ensure that appropriate resources and support are available for work streams to be delivered.

Dr. Duncan F. McCormick