

**DRUG DEATHS TASKFORCE: MINUTE OF MEETING 3**

Wednesday 15<sup>th</sup> January 2020,  
 The Cairn Centre,  
 2 Rattray Street, Dundee  
 DD1 1NA  
 10:30-15:30

<p><b>Taskforce Members:</b>                  Prof. Catriona Matheson (Chair)                  Neil Richardson (Vice Chair)                  Dr Catherine Calderwood                  Iona Colvin                  Fiona Doig                  Dr Ahmed Khan                  Jean B. Logan                  Phil Mackie                  Dr Duncan McCormick                  Karyn McCluskey                  Anthony McGeehan                  Susanne Millar                  Dr Tessa Parkes                  Dr Robert Peat                  Allan Houston                  Cameron Stewart                  Richard Watson                  Rebecca Wood</p>	<p>University of Stirling                  Turning Point Scotland                  Chief Medical Officer for Scotland                  Chief Social Work Adviser                  Borders ADP and Health Improvement                  Royal College of Psychiatrists                  Royal Pharmaceutical Society of Great Britain (Scotland)                  Scottish Public Health Network                  Public Health Medicine                  Community Justice Scotland                  Crown Office and Procurator Fiscal Service                  Glasgow City Health and Social Care Partnership                  Drugs Research Network Scotland                  Dundee Drugs Commission                  Lived/Living Experience Representative                  Scottish Courts and Tribunal Services                  Recovery Community Lived Experience Representative                  Lived/Living Experience Representative</p>
<p><b>Attendees:</b>                  Caroline Butler                  Michael Crook                  Julie da Costa                  Frank Dixon                  William Doyle                  CS David Duncan                  Andy Parker                  Joe FitzPatrick MSP                  Orlando Heijmer-Mason                  Kirsten Horsburgh                  Millie Lewis                  Suzi Mair                  PI Claire Miller                  Justina Murray                  Maggie Page                  Liz Sadler                  Jardine Simpson                  Nick Smith</p>	<p>Families Lived Experience Representative                  Scottish Government: Drug Death and Harm Prevention                  Scottish Government: Drug Death and Harm Prevention                  National Records Scotland                  Scottish Government: Drug Law and Health Harm                  Police Scotland                  Scottish Ambulance Service                  Minister for Public Health, Sport and Wellbeing                  Scottish Government: Health and Justice Collaboration                  Scottish Drugs Forum                  Scottish Government: Drug Law and Health Harm                  Scottish Government: Communications Division: News                  Police Scotland                  Scottish Families Affected by Drugs and Alcohol                  Scottish Government: Analytical Services                  Scottish Government: DD Health Improvement Division                  Scottish Recovery Consortium                  Scottish Government: Alcohol and Drug National Support Team</p>

<b>Apologies:</b> Adam Coldwells Beverley Francis Paul Gowan Hannah Snow Carey Lunan ACC Gary Ritchie Cameron Stewart David Williams Colin Hutcheon Lesley McDowall John Wood	Aberdeenshire's Health and Social Care Partnership Scottish Government: Drug Law and Health Harm Scottish Ambulance Service Lived/Living Experience Representative Royal College General Practitioners in Scotland Police Scotland Scottish Courts and Tribunal Services Glasgow City Health and Social Care Partnership Families Lived Experience Representative Scottish Prison Service Convention of Scottish Local Authorities
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### Introduction

1. The Chair welcomed members to the third meeting of the Taskforce, noting the importance of Dundee for the work of the group.
2. The minutes from the last meeting were accepted and Michael 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. With reference to the Taskforce's commitment to use 'People First' language, it was reinforced that members should implement this in their organisations;
  - b. In relation to the update on the position of the University of Glasgow's toxicology service, the Crown Office and Procurator Fiscal Service reported on the delay in reporting. COPFS have allocated £300,000 to assist in clearing the backlog and to allow for increased staffing and external resources to help minimise delays. There is not yet a timeline for the improvement plan but the need to address the backlog as soon as possible was reinforced;
  - c. Glasgow City Health and Social Care Partnership reported an additional bid by the Glasgow City Alcohol and Drug Partnership to provide the University of Glasgow with specialist equipment to help minimise the delay to toxicology reporting;
  - d. In relation to the Taskforce's blog page, it was noted that the secretariat should notify the author if a comment is received on their post to allow for a timely response.

**Action** – Further to the request that Taskforce members implement 'People First' language in their organisations, Fiona had agreed to speak with anyone who was looking for advice about how to go about this.

**Action** – The 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

**Action** - Scottish Government secretariat to notify blog authors on any comments they receive on their posts.

### **Round Table Updates**

4. David Duncan provided the Taskforce with an update on new approaches Police Scotland are taking to drugs, including the implementation of a new 'Drugs Strategy'. The Police Scotland Short Life Working Group on naloxone has provided a paper, setting out a proposed pilot in the West of Scotland for officers to carry naloxone, to the Chief Constable, however there remain concerns within Police Scotland about all officers carrying naloxone. A decision will be made at the Leadership Board at the end of the month (January).
5. Tessa provided an update on the current thinking and actions regarding a proposal for a nationally supported, city-based, drug checking project in Dundee. She noted that the work on this scheme is ongoing and the next stage will be to devise, and cost, a model which local partners are supportive of. Tessa mentioned a paper which she has developed and which can be shared amongst the group for more information. David Duncan agreed to feedback to Gary Ritchie on this work and agreed the need for Police Scotland to work with Tessa as this develops. It was also agreed that Anthony will meet with Tessa to consider how the Crown can be involved in this work from an early stage.
6. Andy Parker (on behalf of Paul Gowan), provided an update on the development of an ambulance naloxone pilot in a paramedic response unit team in Springburn. The Scottish Ambulance Service are in the process of procuring naloxone and completing paramedic training with Scottish Drugs Forum.
7. Michael fed back to the Taskforce on the progress of plans for a drugs summit in Glasgow in March. The Home Office have been invited to engage and the summit will showcase innovative responses to drugs deaths from across the UK.
8. Catriona, and Neil fed back to the Taskforce a proposal to develop an out-of-hours service to provide wrap-around service at the point of crisis. The Taskforce supported the proposals but acknowledged that further refinement was necessary. This will take place out with the main meetings and a smaller group can examine the revised proposal.
9. In discussion, the following points were made:
  - a. In relation to the proposal for an out-of-hours service, there was a need to ensure individuals are re-integrated into the health and social care system as well as gaining out-of-hours support;
  - b. Out-of-hours proposals need to be linked to assertive outreach and extend beyond the 4 cities.

**Action** – Secretariat to circulate Tessa's paper on scoping a drug checking project.

**Action** – David Duncan to discuss drug checking work with Gary Ritchie

**Action** – Tessa to meet with Police Scotland, COPFS and Anthony to discuss Crown involvement in drug checking work.

**Action** – Neil will work with the Frontline Workers group to update the proposal and bring it back to a sub-group of the Taskforce for final signoff.

### **Dundee Drugs Commission – Recommendations and Implementation**

10. Robert introduced Andrew Fraser and Andy Perkins who presented on '*How the Taskforce could assist in implementing the recommendations of the Dundee Drugs Commission*'. The presentation included a number of national considerations developed by the commission for the Taskforce to review.
11. Simon Little (Independent Chair, Dundee Alcohol and Drug Partnership) presented on the changes the ADP has made in response to the commission's recommendations. This included the work done to agree an action plan and also develop a test of change around non-fatal overdose's taking a multi-agency approach.
12. Dianne McCullough (Chief Social Work Officer, Dundee City Integration Joint Board) presented on ongoing work around same-day prescribing. She noted the importance of the role of General Practitioners in addiction support and proactive engagement with primary care.
13. David Barrie (Addaction) presented on the developments in multi-agency locality working in Dundee, in particular the implementation of a hub model in areas of most need.
14. Karen Melville provided an update to the group on a multi-agency public health modelling test of change in operation in Dundee to address non-fatal overdoses (NFOs) and provide support to those individuals. She flagged how previously it could take up to 8 weeks for information to make its way to those services who could act on it. There is now a daily phone call, involving members of key agencies, to provide rapid assertive outreach responses to non-fatal overdose victims, they have set a standard of 72 hours for this group to meet and for contact to be made with the individual. In the first 6 weeks they received details of 92 NFOs.
15. Dr Emma Fletcher (Chair, Tayside Drugs Deaths Review Group) presented on the need to make strategic changes and identify emerging trends to tackle rising drug related deaths.
16. In discussion, the following points were raised:
  - a. The Crown Office and Procurator Fiscal Service provided an update to the Commission and Partnership members on the delays in the University of Glasgow's toxicology reporting;
  - b. The possibility of work surrounding anticipatory care and non-fatal overdose responses working in collaboration;

- c. The children and families work stream of the Dundee Alcohol and Drug Partnership;
- d. The links between mental health and substance use. The integration of services was identified as an area for improvement, in particular the integration of health and social work.

### **Sub Group Updates**

17. Neil Richardson fed back to the Taskforce on the progress of the criminal justice and the law sub group. The group has produced a process map of the pathway of a 5(2) possession case and identified two tests of change which will be developed further. The groups remit has expanded to include through care and work on this area is ongoing.
18. Duncan reported on the progress of the medicated assisted treatment group (MAT). The group has produced service standards for MAT which focuses on same day treatment and sustainable case-load management. These standards are currently being discussed with clinicians and nurses as part of a consultation exercise being led by Tracey Clusker and Joe Tay, so far they have visited 7 areas with more forthcoming.
19. Phil updated the Taskforce on the progress of the public health surveillance sub group (PHS). The group has immediate objectives to scope what a public health network would look like, taking on learning from Dundee, and long term goals on how to resource a surveillance system.
20. Robert fed back to the Taskforce on the progress of the multiple complex needs sub group. The group's initial work stream is examining what recommendations have been made for people with multiple complex needs and if they are being implemented by services.
21. In discussion, the following points were made:
  - a. In relation to Neil Richardson's update, there was a discussion surrounding connections with the work stream on through care and the ongoing work of the Health and Social Care in Prisons Programme;
  - b. The necessity of a workforce sub group was discussed in relation to Duncan's update. It was noted that responsibility for this issue should not fall to one of the sub groups, but should be dealt with independently by the Taskforce. Catriona suggested that workforce development is beyond the remit of the Taskforce and made a recommendation to Scottish Government that a workforce review was required.
  - c. The need for achievable measures was discussed in relation to the update of the MAT sub group. The current measure were seen as misleading and there is a need to consider wider use of electronic reporting systems.

**Action** – Taskforce members to send feedback on MAT standards to Scottish government secretariat.

**Action** – The Taskforce will formally ask the Scottish Government to undertake a workforce review of drug and alcohol services.

### **Taskforce Admin**

22. Catriona presented an evidence-based strategic document to the Taskforce which outlines the 6 key strategies which are central responses to the drug deaths crisis. The document will be used to focus the group on the aim of reducing drug-related deaths and outlines what strategies the Taskforce expects integration authorities and ADPs to consider implementing.
23. Catriona outlined the financial planning for the Taskforce. It is expected that sub groups, and outside parties will have proposals for funding. Criteria for funding is in development and will be shared with members for agreement.
24. Finally, Catriona noted the need for pro-active communications planning for the Taskforce. There should be a platform to share the good work that has been going on as part of the Taskforce.
25. In discussion, the following points were made:
  - a. In relation to the strategic document, the integration authorities and ADPs can be acting now in local areas to implement the recommended strategies.

**Action** – Scottish Government secretariat to circulate draft criteria for funding.

### **Drug Deaths Statistics**

26. Catriona introduced Frank Dixon (National Records Scotland) and Maggie Page to present on the annual National Records of Scotland statistics of drug-related deaths. The presentation focused on how the statistics are produced and how delays to toxicology reporting impacts NRS's ability to publish these statistics on time.
27. In discussion, the following points were made:
  - a. The robustness of the data in relation to improved case ascertainment. It was determined that the increase in figures is so great that it cannot result from improvements in the way doctors state the cause of death.
  - b. The support which the Taskforce could provide to National Records of Scotland. It was noted that the Taskforce should be open and recognise the reality of the figures.

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

28. The Chair concluded the meeting and confirmed the date for the next meeting is 19<sup>th</sup> March 2020 in Kilmarnock.

Scottish Government  
Drug Deaths and Harm Prevention  
January 2020