

Recommendations made to First Minister and Minister for Drug Policy

20 January, 2021

The Taskforce welcomed the First Minister and New Minister for Drugs to its meeting on 12th January and shared open and productive conversations about the potential to scale up projects, accelerate programmes, and fast-track learnings into practice in a shared goal of maximising the positive impact of Taskforce work in reducing deaths.

The Taskforce is committed to continue working constructively with government to address drug related deaths. We outlined to the First Minister the need for a renewed call for action spearheaded by her and the new Minister, and both were supportive of the need for a renewed leadership focus.

More specifically, the following were discussed as ways for government to focus efforts to support more rapid delivery of Taskforce's forward plan:

Emergency response

1. Naloxone is a lifesaving drug, which the Taskforce have made significant progress in increasing its distribution through channels where its use can save lives. There is still capacity to increase this further, and this should be developed with urgency.
2. Non-fatal overdose pathways are vital to catching the most at-risk people early and providing them with the support needed to avoid a fatal overdose. We would recommend that these should be expanded nationally, learning from the tests of change ongoing through the Taskforce.
3. The Taskforce outlined to the First Minister some of the challenges faced with data sharing which the Government must work urgently to resolve, if this is to progress.
4. Addressing the availability of benzodiazepines should be a key priority of this Government and we would expect them to work with Police Scotland to reduce the availability of these, as well as supporting harm reduction initiatives.

Reducing Risk

5. More needs to be done to engage with those who do not currently access services. We therefore recommend that a network of people with *living* experience is established in the next 6 months.
6. The implementation of MAT Standards must be scaled up at pace. To enable this we would recommend formal standards and indicators are developed by Health Improvement Scotland by the end of 2021. Scottish Government will have a vital role in supporting this roll out by ensuring that Chief Officers take accountability for delivery of the standards at local level.
7. Access to treatment at the weekend continues to be a considerable gap in delivering a whole systems model of care. We therefore recommend that Scottish Government pursue increased weekend access to treatment and support.
8. There is a need for a managed clinical care network, as was established in response to the Hepatitis C emergency. This network should include health boards and relevant professional networks.

9. Building a skilled and motivated workforce is essential, but there has been little central investment in professional development. We therefore believe that a workforce review is required. This would enable clear career development pathways to be defined including core skills and competencies.

Reducing Vulnerability

10. The Taskforce called for First Minister support for the Stigma Strategy and outlined that the stigma charter (in development) should be adopted by all public bodies and services.
11. The Taskforce clearly outlined in our meeting with the Minister and First Minister that additional funding should be made available for grass roots organisations and community-based projects alongside services to support vulnerable people.
12. Peer support and advocacy are instrumental in accessing appropriate services, and we would recommend that the Government support the development of a national peer support programme that can be put in place without delay.

Accountability and Governance

13. The Taskforce recommended that government extend the renewed leadership and call for action to include local leadership and organisation leads.
14. The Taskforce outlined the challenges faced in relation to delays in toxicology and asked for Government to act now to resolve this. We will work closely with Government to develop real time monitoring to enable effective decision making.
15. Accountability was raised by many Taskforce members, and there was a clear request for Government to hold the leadership of statutory services and local delivery leaders to account. This was highlighted in the Dundee Commission but also has been a recurring theme when communicating with ADPs.
16. A costing exercise should be undertaken, reflecting that a push to increase the number of people in services must recognise the increase pressure this will put on these services and the needs that may flow from it. This would enable costing of a long-term sustainable system of care. This includes workforce modelling options.