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Chief Executives of Health Boards
Chief Officers of Health and Social Care
Partnerships
Alcohol and Drug Partnership Co-ordinators

16 April 2020

Dear Colleagues

CONTINUATION OF DRUG AND ALCOHOL SERVICES

I am writing to seek assurance that you are, and will be, maintaining service-level provision for drug and alcohol services as part of your on-going commitment to tackling drug and alcohol related harm. We welcome the fact that COVID-19 Mobilisation Plans from several HSCPs already include some detail on drug and alcohol services. However, we require you to ensure that these services are being continued across the country. The CMO has been clear that drug and alcohol services are essential services, not elective services, and has therefore recommended that pre-COVID-19 service levels be maintained for this at-risk group.

We recognise that local services are under intense pressure and that you are having to make difficult decisions as we mobilise support to tackle the pandemic and that the shape of the services you provide is likely to change to take account of social distancing measures. However, you need to continue to provide drug and alcohol services as fully as possible.

I am working with the Drug Death Taskforce on a number of recommendations it has made to reduce risks associated with the pandemic. The Taskforce has identified and discussed some worrying feedback from services and communities which suggests that service-level provision is being scaled back in some areas. We have had reports that some ADP co-ordinators have been moved to other planning roles. We know of some services closing their doors to new clients and of staff being moved to other areas of work such as mental health. I have also been approached directly by a number of organisations and by clinical leads from Health Boards expressing their concerns about the risks which contingency measures could be having on the wellbeing and lives of some people who rely on drug and alcohol services.

In light of these reports, we wanted to make clear that it is important to maintain service-level provision and to plan for adding capacity to these services in anticipation of growing need – not least to minimise the number of hospital admissions. This is particularly important during this time when we are seeing demand increasing from those being released from prison –

over 100 people most weeks. Many of these people will require access to services quickly which will bring on-going additional pressures onto services.

My Officials are in regular contact with ADPs about business continuity for these vital services. This has highlighted some excellent examples of innovative work going on across the country - including work to provide accommodation for people who are homeless, many of whom also use drugs and alcohol.

However, we need to maintain the day-to-day drug and alcohol services as well. At the very least we would expect that drug and alcohol service staff are not redeployed to other work and that where people are unwell or self-isolating that their posts are, wherever possible, backfilled for the duration of the absence. There may also be opportunities to deploy people with appropriate skills coming back into the workforce to this work, which we would encourage you to explore. We would also encourage you to work closely with colleagues in the third sector who are skilled in supporting this particular group.

The Taskforce has suggested that services should refer to key guidance to be able to maintain service-level provision. A list of relevant guidance is attached to this letter.

In summary, the CMO and I would welcome your assurance that you are, and will be, maintaining service-level provision for drug and alcohol services during the Covid 19 outbreak and that you have flexibility built into plans which would allow these services additional capacity on the basis of any growing need.



Joe FitzPatrick MSP
Minister for Public Health, Sport and Wellbeing



Dr Gregor Smith
Interim Chief Medical Officer

CONTINUATION OF DRUG AND ALCOHOL SERVICES CURRENT GUIDANCE AND INFORMATION

SDF's Guidance to support local areas and services in their contingency planning for COVID-19 in relation to people who use drugs - shared with all Alcohol and Drug Partnerships and all drug services in Scotland.

<http://www.sdf.org.uk/covid-19-guidance/>

The Drug Deaths Taskforce statement supporting the SDF guidance and flagging up the risk of overdose for patients on opiate replacement treatment.

<https://www.gov.scot/publications/opiate-replacement-therapy-covid-19-and-risk-of-drug-related-deaths-march-2020/>

The Drug Deaths Taskforce 30 March update statement on its short-to-medium term focus to mitigate any potential rise in risk of Drug Related Deaths as an indirect result of COVID-19

<https://www.gov.scot/publications/drug-deaths-task-force-status-update-30-march-2020/>

SDF's leaflet for people using drugs - <http://www.sdf.org.uk/covid-19-information-flyer-for-people-who-inject-drugs/>

SHAAP Alcohol contingency planning guidance

<file:///C:/Users/U442618/AppData/Local/Microsoft/Windows/INetCache/IE/6TBE0M7M/COVID%20Final%2026%203%2020.pdf>

HPS guidance on non-healthcare settings (including homelessness) – it includes alcohol and drugs

https://hpspubsrepo.blob.core.windows.net/hps-website/nss/2973/documents/1_covid-19-guidance-for-non-healthcare-settings.pdf

HPS guidance on community and residential settings – including prisons and care homes (most rehabs are residential care homes by registration)

https://hpspubsrepo.blob.core.windows.net/hps-website/nss/2980/documents/1_covid-19-guidance-for-social-or-community-care-and-residential-settings.pdf

Guidance on how to find and register with a community GP practice on release from Prison is provided on the NHS inform website: [NHS Inform](#)