

## DRUG DEATHS TASKFORCE: MINUTE OF MEETING 8

Wednesday 2 September 2020,  
Virtual via Zoom  
10:00 – 12:15

### Taskforce Members:

Catriona Matheson (Chair)	University of Stirling
Neil Richardson (Vice Chair)	Turning Point Scotland
Ahmed Khan	Royal College of Psychiatrists
Allan Houston	Lived/Living Experience Representative
Angie Wood	Interim Chief Officer, Aberdeenshire
Cameron Stewart	Scottish Courts and Tribunal Services
Carole Hunter	Royal Pharmaceutical Society in Scotland
Colin Hutcheon	Families Lived Experience Representative
David Williams	Glasgow City Health and Social Care Partnership
Duncan McCormick	Consultant in Public Health Medicine, NHS Lothian
Elinor Dickie	NHS Health Scotland
Fiona Doig	Borders ADP and Health Improvement
Gary Ritchie	Police Scotland
Iona Colvin	Chief Social Work Adviser
Jason Wallace	SDF - Lived Experience Representative
Phil Mackie	Scottish Public Health Network
Rebecca Wood	Lived/Living Experience Representative
Robert Peat	Dundee Drugs Commission
Simon Ashpool <i>obo</i> Karyn McCluskey	Community Justice Scotland
Tessa Parkes	Drugs Research Network Scotland

### Attendees:

Joe FitzPatrick MSP	Minister for Public Health, Sport and Wellbeing
Anniek Sluiman	Scottish Government: Research Officer
Beverley Francis	Scottish Government: Drug Law and Health Harms
Chris Wallace	Wallace Transform
Gary Rutherford	Scottish Ambulance Service
Henry Acres	Scottish Government: Drug Death and Harm Prevention
Jardine Simpson	Scottish Recovery Consortium
Jenny Hamilton	The Crown Office And Procurator Fiscal Service Crown Office
Julie da Costa	Scottish Government: Drug Death and Harm Prevention
Justina Murray	Scottish Families Affected by Alcohol and Drugs
Kirsten Horsburgh	Scottish Drugs Forum
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
Morris Fraser	Scottish Government: Head of Substance Misuse Unit
Nick Smith	Scottish Government: Alcohol and Drugs National Support

**Apologies:**

Anthony McGeehan	Crown Office and Procurator Fiscal Service
Carey Lunan	Royal College General Practitioners in Scotland
Lesley McDowall	Scottish Prison Service
Nicola Dickie	Convention of Scottish Local Authorities
Richard Watson	Recovery Community Lived Experience Representative
Susanne Millar	Glasgow City Health and Social Care Partnership

**Introduction**

1. The Chair welcomed members to the eighth meeting of the Taskforce, specifically Angie Wood and Jason Wallace who were attending their first meeting.
2. Minutes of the previous meeting (29 July) have been approved and will be published on the Scottish Government and the Drug Deaths Taskforce websites.
3. Actions from the minutes to be followed up :
  - Effective outreach models to be considered by the MAT sub-group.
  - Evaluation report from Glasgow City Centre to be shared by Carole.
  - Consultation event webinar with ADP's. Michael to action.
  - Scottish Ambulance Service and the sharing of non-fatal overdose information - progress has slowed down during Covid-19. A draft national informal agreement will be presented at the next DDTF meeting. Gary agreed that he was happy to pick up with local areas. Phil agreed to share PHS guidance.
  - Good Samaritan proposal still to be considered by the CJL sub-group to be funded by the underspend.

**Accountability Discussion**

4. Learnings from Dundee (Robert Peat). ADP's work effectively if the right people are included such that they can make decisions to act. It is important that membership needs to be inclusive of lived and living experience and families. Population Health assessments must be kept up to date. There must also be clarity of reporting of outcomes and how they are delivering any strategic work and plan for action. It is also important that ADP's be supported by the wider community partnerships and chief officers of the voluntary organisations and statutory sector. Elected members can also support ADP's and shared governance committee. ADP's should have an independent chair.
5. (Fiona Doig) There is also recognition at local level that drug deaths are a priority. Change has happened but the capacity within support teams will also need be built up into the wider systems. The way recommendations from the DDTF or its sub-groups are communicated is key, likewise how ongoing work is presented back needs considered. As a network Borders ADP is supported by the National Team and often ADP's are mostly linked with neighbouring ADP's.
6. (Angie Wood) From the Chief Officer perspective conversations around accountability and partnership working are necessary to ensure that the desire for accountability does not get in the way of the important and complex partnership's needed to develop. How ADP's fit in with the new Health and Social Care partnerships and IJB's needs considered.

7. In discussion, the following points were made:
  - a) First item to consider is that the DDTF Chair make contact with the Chair of the Review of Adult Health and Social Care. The Minister's input will be valuable. Not all Health and Social Care Partnerships have Children and Families and Justice services included.
  - b) Community Pharmacy delivers across Scotland a significant amount of harm reduction activities. There are no formal links to ADP's and this has a direct impact on DRD. Each Health Board will have someone who has responsibility for the community pharmacy contracts with the Health Board. There needs to be some way to link in especially around dispensing and pharmaceutical care issues.
  - c) Suggestion that ADP chair should be independent and if SG can support this in the way of a letter setting out what is expected of ADP's and IJB's. ADP's have a broad area to respond to and this will be a challenge. In the ADP 3 year plans there are different lists to respond to. Maybe a combination of priorities be put together so that most important ones do not get missed. An immediate focus on MAT and ensuring individuals have access and a choice and the support to stay on that treatment. This was not in the Programme for Government.
  - d) Regarding the focus of the priorities for ADP's, this should be relative to the local population. Strengthen accountability to the local population and to local structures.
  - e) Regulation on the quality of the services delivered on accountability needs to be equal. Registered services will be inspected but those not registered are not subject to regulation.
  - f) There is the opportunity now for the TF to make recommendations on the blockages and barriers caused by complexity in the system. A consensus recommendation on streamlining and removing 'red tape' should be developed for SG and local areas.
  - g) [The DDTF was set up as an advisory committee to coordinate and drive action to reduce drug related deaths. Accountability for delivery is important, but it not be the role of the DDTF to decide how and who should be accountable!]

### **Stigma Strategy: Role of the Taskforce**

8. Stigma document has now been published and can be found on the DDTF website.
9. A paper had been provided which set out the suggestion of a pledge and/or charter. The implementation of a Charter will be with SG. Those who sign up to the Charter may receive some form of recognition to confirm their participation and commitment.
10. It was suggested that a draft charter be drawn up, including general suggestions at national level but which would also be sensitive and adaptable at a local level.
11. In discussion, the following points were made:
  - a) The media is a part of this. Negative publicity cannot be changed. A cultural change needs to happen.

- b) The media is the main issue but do we have any authority over the sensationalism they wish to portray? We (DDTF) could ask news editors to sign up. Appealing to Union of Journalists too would be good allies.
- c) Stigma video was launched on the DDTF website to mark Overdose Awareness Day (31 August).
- d) It is important that those with lived and living experience be advocating for themselves eg as happens in Canada. A drug user union could advise on what language is acceptable.
- e) A Charter is designed to be practical and not like a strategy. Anyone providing service or support including family unions can sign up to the Charter to raise awareness to stigma and to be changing behaviour. The Charter can hold service providers accountable. Bad practice can be called out. There is an action plan and the TF has played a vital role in strengthening the action plan as part of RRR.
- f) A Charter should be a basis for a coordinated campaign through all structural/systematic channels- nationally and locally -same messages-]
- g) Any Media requests made to members be directed to the website for guidance on non-stigmatising representation.

**Action:** Members to share any examples of Charters and any suggestions of organisations to be included in the drafting of the document.

**Action:** Secretariat to work on a paper to share with the DDTF reference groups for comment. To be revisited at next DDTF meeting.

### **Evidence Papers**

12. Three evidence papers were shared in advance:-

- I. Benzodiazepines – about the challenge of the street benzo’s and how to manage it. Research done through Drug Research Network and evidence has been gathered from clinicians and prescribers to get their view around safe supply and interviews with people who have used street benzo’s. As a follow up from the last meeting a webinar to be set up with SDF as a consultation element to the wider network of stakeholders.
- II. Learning from British Columbia – this is evidence from another part of the world where a public health emergency declared. 3 to 4 years taken before a significant drop in DRD.
- III. Raise awareness that there is work going on with Public Health Scotland and the analyst team. Involves linking data on drug deaths with other Health and Social information to understand the population better.

13. In discussion, the following point was made:

- a) Under the Equality Act 2010, addiction is not seen as a disability and thus not included as protected characteristic, as it impedes a person’s day to day functions.

### **Rights, Respect and Recovery – links to DDTF Work**

14. Nick Smith presented on delivering RRR and the role of the TF within this work.

15. Main points covered were:

- a) There are 4 main chapters in RRR plus an alcohol framework.
- b) The SG work has mapped out along with the work of the TF. Areas highlighted are:- Stigma Strategy, MAT Standards, naloxone supply working with SAS and Police Scotland, MCN Test of Change work, Public Health Surveillance of drug harms, research and innovation funds, diversion from justice tests of change work and work to support drug law reform.
- c) Enabling the delivery of RRR:- Action Plan (to be updated to include Covid and the work of the TF); Monitoring and Evaluation of RRR (MERRR); Partnership Delivery Framework and ADP annual reporting and engagement.
- d) Ministerial oversight of RRR outlined by task groups and work streams and DDTF subgroups and work streams all involving stakeholders.
- e) Suggested next steps
  - i) refresh the action plan including what the TF has committed to deliver;
  - ii) develop and set out the Ministerial oversight arrangements on the SG and DDTF websites;
  - iii) Give consideration to strengthening Ministerial accountability through a number of measures including establishing an Implementation Group to oversee delivery.

**Action** – Secretariat to have the presentation in some form put on the TF website.

#### **Any Other Business**

- f) For information, Phil Eaglesham and Elinor Dickie prior to Covid were supporting community engagement work. This work is to be re-established.
- g) For information, work with the DRNS a digital health group (telehealth) looking at using apps and monitors for response to non-fatal overdose and DRD. Started as research but Digital Health are now involved and is gathering momentum with apps e.g. naloxone responder, room monitors to set off alarms for rapid response. The TF to be included in a formal capacity.
- h) Media on the launch of the mobile safe injecting facility, (mobile drug consumption van).

**Action:** An official statement to be compiled SG from DDTF to respond to requests on the mobile injecting facility.

Date of the next meeting is 7 October 2020.

Scottish Government  
Drug Deaths and Harm Prevention  
September 2020