

## **DRUG DEATHS TASKFORCE - TERMS OF REFERENCE**

### **Purpose**

1. Scotland continues to face significant challenges relating to the use of illicit drugs including rising numbers of drugs deaths. Tackling this issue, including reducing the number of deaths is an important public health priority. The Scottish Government's policy is set out in the national strategy "Rights, Respect, and Recovery". It sets out a clear public health approach including a number of measures designed to reduce harm, and death.
2. The Drug Deaths Taskforce has been established by the Minister for Public Health and Sport, supported by the Cabinet Secretary for Justice to support the delivery of the strategy. The Taskforce has the central aim of identifying measures to improve health by preventing and reducing drug use, harm and related deaths.
3. The Taskforce will examine the key drivers of drug deaths, and advise on further changes in practice, or in the law that could help to save lives and reduce harm. Its ambition is to work as an action and outcomes focussed group to achieve this goal, consistent with the national strategy "Rights, Respect, Recovery".
4. This requires all members and their organisations to commit to providing high-level strategic leadership, focussing on what members can do individually, in collaboration and collectively to reduce harm and death.

### **Remit**

5. The primary role of the Taskforce is to co-ordinate and drive action to improve the health outcomes for people who use drugs, reducing the risk of harm and death.
6. Part of the actions taken by the Taskforce to achieve this will be to monitor, support and facilitate the delivery of the commitments set out in "Rights, Respect and Recovery" published in November 2018. The most relevant commitments as stated are:
  - A Human Rights-based, person centred response to individuals and families experiencing drug related harm, ensuring a focus on those most at risk.
  - Ensuring that actions to reduce drug use and harm are tackling health inequalities.
  - A focus on taking an improved public health approach in justice settings – reducing use and harm, and diverting vulnerable people out of the justice system where appropriate.
7. The Taskforce will specifically:
  - Examine and publish evidence of the triggers of drug deaths and what we have learned in Scotland about how they can be prevented.

- Collate and publish good practice about what has worked in other parts of the UK and internationally to prevent death and harm arising from drug use.
- Work with partners to identify, spread and sustain good practice in Scotland.
- Identify specific barriers in the planning, commissioning and delivery of addiction services in Scotland. Such barriers might include stigma, inequitable access, poor retention practice, and lack of consistency in how patients are treated.
- Review whether the Misuse of Drugs Act 1971 affects the provision of a strengthened and consistent public health approach to drug use, recognising that this is reserved to the UK Parliament and any changes will require the agreement of the UK Parliament. The review will consider whether the 1971 Act has an impact on proposals to provide public health harm reduction services or on the availability of diversion from arrest or court.
- Identify the extent to which the availability of appropriate programmes and treatment options limit the use of diversion from the criminal justice system or the use of constructive sentencing options within the criminal justice system.
- identify the full range of support services which help to reduce harm and identify deficiencies in the delivery framework, availability and provision of such services.
- Make recommendations for changes in current health and social care practice and on how a public health approach to drugs might be more fully realised across all relevant services and in the justice system. This should include a clear timetable for changes in the short, medium and long term.

8. The Taskforce will have a focus on quality improvement, and the 8 point plan for treatment and recovery, within the context of increased investment, and the encouragement of innovation and new and ambitious approaches, supported by the national development fund.

9. The Taskforce will consider the experience of people who use drugs and their interaction with all stages of the health and justice system.

10. In all the work of the Taskforce, including the approach to engaging with people with lived and living experience and their representatives, inclusivity and diversity should be considered. This should include taking into account geographic accessibility.

## **Membership and Responsibilities**

11. Membership of the Taskforce will be at the invitation of the Scottish Government.

- Members will demonstrate commitment to make a positive, practical, meaningful and lasting contribution to the work of the Taskforce whilst working with members to drive action to facilitate an effective and appropriate response to drug use which takes full account of the need to reduce harm.

- Members will recognise the current reserved nature of the Misuse of Drugs Act 1971, the operational independence of the Police Service of Scotland, the Lord Advocate's independent responsibility for the investigation and prosecution of crime and the investigation of deaths in Scotland and the independence of the judiciary, particularly in relation to sentencing decisions.
- Members will communicate with and provide feedback from their organisations and ensure regular communication with the Taskforce and other relevant stakeholders.
- Members are expected to attend or dial-in to meetings. However, the substitution of a deputy is acceptable on the understanding that the deputy will provide a report on the meeting to the substantive member and the group they represent. Members submitting apologies for meetings, and who are unable to send a deputy, should notify the secretariat in advance. All members will make a full declaration of interests. If a member is uncertain as to whether or not an interest should be declared, they should seek guidance from the chair.

### **Leadership and Links with Other Relevant Activity**

12. Meetings will be conducted by the Chair.

13. To ensure that the work of the Taskforce is informed and effective at making links to other relevant areas of activity, the Secretariat will ensure appropriate communication and co-ordination with the wide range of other organisations, activities and Programme for Government commitments relevant to improving the experiences of people who use drugs and are at risk of harm and death.

14. The Secretariat and relevant members will ensure regular updates on the work of the Taskforce are provided to the collaborative Health and Justice Board.

### **Frequency of meetings**

15. It is proposed that the Taskforce will meet quarterly throughout the remainder of 2019 with the frequency of meetings revisited after the first year. The Taskforce will be operational for the remainder of the current Parliament, to May 2021. It is expected that the Taskforce will report to Ministers and make recommendations for short, medium and long term actions.

### **Secretariat**

16. Secretariat support for the group will be provided by the Scottish Government Population Health Directorate. It is anticipated that the Taskforce will be able to draw on the wider expertise across the Scottish Government, as well as amongst external organisations.

17 The Secretariat will work with the Scottish Recovery Consortium, Scottish Families Affected by Drugs and Alcohol, and the Scottish Drugs Forum to put in place arrangements to ensure that people with lived and living experience of drugs use and their families are able to engage meaningfully in the work of the Taskforce.