

DRUG DEATHS TASKFORCE: MINUTES OF MEETING 1

Tuesday 17th September 2019,
Quaker Meeting House,
7 Victoria Terrace,
Edinburgh,
EH1 2JL
11:00-15:00

<p>Taskforce members: Professor Catriona Matheson (Chair) Neil Richardson (Vice Chair) Adam Coldwells Fiona Doig Colin Hutcheon Ahmed Khan Jean B. Logan Phil Mackie Duncan McCormick Karyn McCluskey Lesley McDowall Anthony McGeehan Susanne Millar Dr Tessa Parkes Dr Robert Peat ACC Gary Ritchie Cameron Stewart Richard Watson David Williams John Wood Rebecca Wood</p> <p>Attendees: Lee Barnsdale Michael Crook Willie Cowan Chief Superintendent David Duncan Joe FitzPatrick MSP Beverley Francis Kirsten Horsburgh Dr Carole Hunter Mark Lawson Millie Lewis Kier Liddle Suzi Mair Justina Murray Jennie O'Reilly</p>	<p>University of Stirling Turning Point Scotland Aberdeenshire's Health and Social Care Partnership Borders ADP and Health Improvement Families Lived Experience Representative Royal College of Psychiatrists Royal Pharmaceutical Society of Great Britain (Scotland) Scottish Public Health Network Public Health Medicine Community Justice Scotland Scottish Prison Service Crown Office and Procurator Fiscal Service Glasgow City Health and Social Care Partnership Drugs Research Network Scotland Dundee Drugs Commission Police Scotland Scottish Courts and Tribunal Services Recovery Community Lived Experience Representative Glasgow City Health and Social Care Partnership Convention of Scottish Local Authorities Lived/Living Experience Representative</p> <p>NHS National Services Scotland Scottish Government: Drug Death and Harm Prevention Scottish Government: DD Criminal Justice Police Scotland Minister for Public Health, Sport and Wellbeing Scottish Government: Drug Law and Health Harm Scottish Drugs Forum NHS Greater Glasgow and Clyde Scottish Government: Drug Death and Harm Prevention Scottish Government: Drug Law and Health Harm Scottish Government: Drug Death and Harm Prevention Scottish Government: Communications Division: News Scottish Families Affected by Drugs and Alcohol Scottish Government: Drug Death and Harm Prevention</p>
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Liz Sadler Jardine Simpson Nick Smith Apologies: Catherine Calderwood Iona Colvin Allan Houston Carey Lunan Hannah Snow	Scottish Government: DD Health Improvement Division Scottish Recovery Consortium Scottish Government: Alcohol and Drug National Support Team Chief Medical Officer for Scotland Chief Social Work Adviser Lived/Living Experience Representative Royal College of General Practitioners in Scotland Lived/Living Experience Representative
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Minister's Introduction

1. Mr Fitzpatrick welcomed members to the taskforce and urged an evidence-based approach to the work of the group. Mr FitzPatrick said that the work of taskforce was fully supported by the Cabinet Secretary for Justice and Lord Advocate.
2. The addition of three further individuals with lived experience to the taskforce was welcomed by Mr FitzPatrick. The importance of listening to lived experience, acknowledging their experience of services, pathways and processes and how this might help avoid unintended consequences, while aiding service design, was also addressed by the minister.

Introductions

3. The chair, Professor Catriona Matheson, welcomed members to the group and suggested that through the work of this group a real difference could be made across systems. Professor Matheson outlined a 3-point approach for the taskforce which was: evidence-based; followed a public health approach; and had a 'can-do' focus. She also stressed that the taskforce would have a high level of lived experience engagement.
4. Following wider introductions and opening discussions it was agreed that the taskforce would host meetings around the country and involve individuals from the wider community in future discussions.

Action – Secretariat to ensure that future meetings take place at a range of locations, and will actively seek opportunities for wider engagement.

10 Minute Presentations

5. Lee Barnsdale and Lesley Graham from ISD Scotland gave a presentation on 'Drug Deaths and Data Collection', highlighting the information flows required to provide accurate data on drug related deaths.
6. Nick Smith (Scottish Government Alcohol and Drug National Support Team) presented on the Scottish Government's Strategy 'Rights respect and recovery' which outlined the commitments from the strategy, how the Taskforce could support its delivery, and noting the government's public health approach to treatment and justice.

7. Kirsten Horsburgh (Scottish Drugs Forum) presented on 'Take Home Naloxone in Scotland' in relation to the provision and supply on both injectable and intranasal naloxone. The presentation included a number of recommendations such as expanding peer supply networks and increasing the availability of naloxone to paramedics, Police and third sector services.
8. Dr Carole Hunter (NHS Greater Glasgow and Clyde) presented on 'Drug Misuse and Dependence – UK Guidelines on Clinical Management 2017' in which she outlined the updates to clinical guidelines, describing the best practice for Opioid Substitution Therapy (OST) and local guidelines for drug treatment facilities to reduce risk.
9. Finally, Duncan McCormick presented on 'Public Health Approaches' in which he stressed the need for early intervention and coordination of short, medium and long-term approaches to tackling problem drug use.
10. In discussion, the following points were made:
 - a. With reference to Lee Barnsdale's presentation, there was discussion of the position on the University of Glasgow's toxicology service. The University has decided to halt its toxicology service to COPFS following the conclusion of its contract in January 2020 but will retain its pathology service. COPFS is engaged in positive discussions with the university and an alternative provider to ensure a smooth transition of services and prevent delays in confirming drug-related deaths;
 - b. The provision and supply of nasal naloxone was discussed in reference to Kirsten Horsburgh's presentation. SPS have started a drugs and alcohol steering group and the supply of naloxone is part of that group's work. It aims to expand the numbers of staff members trained and able to administer naloxone and to improve the take home programme for prisoners on release;
 - c. The supply of take home naloxone following non-fatal overdoses, from accident and emergency, was discussed. Included in this discussion was the provision of naloxone by paramedics, Police and third sector services;
 - d. In reference to Kirsten Horsburgh's presentation, it was discussed that Police Scotland has a naloxone working group. The Police Federation is resistant to officers being treated as first responders in the case of overdoses. The Police also voiced concerns about the evidence base for police carrying naloxone;
 - e. Structured follow ups to naloxone administration were discussed, specifically in relation to pathways for ongoing care and access to recovery.

Action – Adam Coldwells agreed to take naloxone provision recommendations to the Health and Justice Collaborative Board.

Action – The secretariat agreed to make contact with Scottish Ambulance Service regarding training on naloxone administering and paramedics carrying naloxone.

Action – Gary Ritchie agreed to report back to the Taskforce on the Police Federation’s resistance to officers carrying naloxone and on the possibility of naloxone training becoming mandatory for new recruits.

Action – the Secretariat would pursue a meeting between the Minister for Public Health and the Cabinet Secretary for Justice to discuss the options around police carriage of naloxone.

Action – the secretariat would seek further advice around the legal position on non-drug treatment facilities providing take-home naloxone and on the definition of drug treatment facilities in order to increase the possibility of more services providing Naloxone.

Video “The Voices of Living Experience”

11. Professor Matheson introduced a video, produced in collaboration with the Scottish Drug Forum and Turning Point Scotland, in which two individuals with living experience of drug use shared their experiences of service use to highlight the reality of the issue under discussion. The identity of those featured within the video remained confidential and these videos were not for further dissemination.

Discussion- Key Questions

12. Professor Matheson introduced a discussion of five key task areas which had been supplied to members of the taskforce in advance of the meeting, based on existing evidence. These were:

- Delivery of OST
- Person-centred/complex needs
- Public health surveillance
- Access into health and social care from justice
- Changing existing law

13. The subject matter and wording of each question was analysed. Members of the taskforce were asked by Professor Matheson to volunteer to form sub-groups which would each focus on one of those topics.

14. In discussion, the following points were made:

- a. It was felt that there should be a more explicit framing around recovery, lived experience and families affected by drugs rather than the implicitly suggested in the topic headings;
- b. Accountability of services was highlighted as a key concern for those with lived experience;
- c. It was felt that the terms of reference of the taskforce needed to be refined in terms of the wider context of the Scottish Government’s strategy ‘Rights, Respect, Recovery’;
- d. There was a discussion regarding person centred care and that the complexity of the service environment needs to be addressed;
- e. The importance of recovery cafes and the recovery networks in providing a support system to those with drug dependencies was discussed;
- f. The central importance of addressing stigma around problem substance misuse was raised and it was suggested that this will need to be

addressed at organisation, service and community level. It was suggested that recovery was central to achieving this;

- g. The Taskforce spent time discussing the legal topics. They were summarised as, firstly, to understand the current system, “what is in our gift”, and secondly, to review what form drug policy would ideally take. It was understood that a focus should be given to reviewing diversions at particular points in the legal system;
- h. The importance of looking at, and understanding, current legal disposals and discretionary diversions available to policing services was highlighted;
- i. There was a consensus among taskforce members that there was a need to increase awareness of the current available services and in doing so, aid staff at these facilities tackle the stigma in the system.

Action – Each sub-group to identify a lead for that group who will be responsible for reporting back to the Taskforce at future meetings.

Action – Each sub-group to try and meet ahead of the next taskforce meeting and to set out how they will take forward their particular piece of work.

Action – Each sub-group should determine how recovery, lived experience and families affected by drugs could be more explicitly included into the framing of each topic.

Action – Each sub-groups to consider short, medium and long-term achievable outcomes before the next meeting of the taskforce.

Action – Fiona Doig and Nick Smith to approach Alcohol and Drug Partnerships to provide nominations for representatives to be involved at sub-group level

Action – Secretariat to identify resource to take forward review of research regarding the efficiency of recovery café models.

Actions From Meeting

15. There was a discussion regarding the need for those on the taskforce, and in front-line services, to commit to a de-stigmatising message and an institutionalised re-adjustment in their attitude to drug users.

Action - The taskforce committed to using ‘People-First’ language, as outlined in the Dundee Drugs Commission (2019), and encouraging those in their respective organisations to do the same.

Action - Professor Matheson to commission Scottish Drugs Forum, Scottish Recovery Consortium and Scottish Families Affected by Alcohol and Drugs to work together to produce a strategy to reduce stigma regarding drug use and treatment.

Any Other Business and Date of Next Meeting

16. Professor Matheson concluded the meeting and instructed the Scottish Government support team to aid in creating the relevant sub-groups.

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17. The date for the next meeting is still in discussion but it will be at the end of October 2019.

Scottish Government
Drug Deaths and Harm Prevention
September 2019