

## **Minutes of the Cross Party Group on Alcohol and Drug Misuse Annual General Meeting held on 13<sup>th</sup> August 2014, at the Scottish Parliament.**

Chair: Meeting chaired by Kezia Dugdale MSP

### Present:

J Chick SFAD  
S Clements SFAD  
D Collie Grampian Family Support Group  
L Collie Grampian Family Support Group  
A Craig Forth Valley DTTO  
V Craik CREW  
E Crawshaw CREW  
E Dickie NHS Health  
Kezia Dugdale MSP  
C Duncan SFAD  
W Easton 3RT  
John Finnie MSP  
S Hepburn Dumfries and Galloway ADP  
R Hunter Circle  
S Jardine Dumfries and Galloway ADP  
S Linn 3RT  
K MacLeod SDF  
J McManus NHS GG&C  
J McSorley Glasgow Council on Alcohol  
P Milligan 3RT  
C Pennington 3RT  
Anne McTaggart MSP  
S Murray CMH Nurse, Edinburgh  
S Murray Alcohol Focus Scotland  
M Simpson Strategic Planning NHS Lothian  
I Sloan Fife ADP  
A Smith SDF  
R Stevenson NHS GG&C  
J Stuart Inspiral  
K Sutherland Martindale Pharma  
Diane Thomson Alcohol Focus Scotland  
Paul Watson FIRST

### **1. Welcome and apologies**

Kezia Dugdale and John Finnie, co-conveners of the CPG welcomed everyone to the meeting. Apologies received from Willie Rennie, MSP.

### **2. Annual General Meeting**

**Approval of annual return** – Kezia explained that the annual return has been completed, which is a summary of the meetings which have taken place this year and following approval, will be submitted

within the 30 day time limit, following the AGM. A copy of this will be distributed electronically, before submission to the Standards Committee Clerks.

**Election of office bearers** - Kezia explained that both she and John are happy to continue in the role of co-conveners, often alternating the chairing of meetings. Kezia Dugdale and John Finnie were re-elected as co-conveners of the group. SDF and AFS will continue as secretariat.

### **3. New Psychoactive Substances**

Three speakers:

#### ***Katy Macleod, Scottish Drugs Forum***

Katy provided an overview of the way that NPS can be accessed - online and on the high street and, most commonly through peer networks. Accessibility of NPS through shops is convenient but online offers next day delivery. Affordability of NPS online is resulting in some people becoming 'dealers' as they are able to buy substantial amounts at a discount and then sell on. The anonymity of online shopping is very attractive to some people as the risk of getting caught is reduced.

The displacement of the market and concern around focusing on high street shops when so many 'sales' are taking place online.

Her own intelligence gathering at festivals highlighted usage of NPS (5%) was lower than alcohol (77%) and Ecstasy MDMA (37%).

Dangers that particular groups exposed to e.g. clients who are already injecting and men who have sex with men.

Lack of knowledge around generally on using NPS as people don't necessarily appreciate the strength of the products or sometimes have no idea what they are taking (sometimes packaged under a different name or deliberately mislabelled).

This lack of knowledge can lead to 'double dropping' when people think a tablet is having no effect they take another, when they just haven't allowed enough time. The combination of mixing with other drugs and alcohol is also of real concern. This lack of understanding also contributes to knowing when to seek help and call for an ambulance etc.

Basic work needed with users and others on recognition of overdose in stimulants and appropriate response.

Significant issues are posed by NPS and responses need to be practicable and multi-agency approaches.

Enforcement, prevention and education (of users) , treatment and treatment pathways and multiagency work with other sectors incl, e.g. sexual health services.

#### ***Jo McManus, Greater Glasgow and Clyde Health Board***

Jo is the chair of the Drug Trend Monitoring Group. Jo outlined a particular response when faced with 10 ecstasy drug deaths during a 3 month period in Glasgow last year. Jo spoke of the difficulties

they are faced with when it is unclear what drugs have been taken and what they actually contain. She spoke of the frustrations all partners had when they have no centralised way of knowing or monitoring this. They did get a breakthrough in the ecstasy deaths when they were able to pinpoint one particular tablet 'Green Rolex' and she talked through the steps that they took with a music festival looming.

Jo talked about the way that this was a major step in taking a harm reduction measure, to actually hand out leaflets at the festival and have announcements made, they believe helped to contribute to zero deaths at the event.

Jo spoke about the way there needs to be different inputs for different groups of people – needs to be very targeted and specific. Jo highlighted the difficulties when there is an accumulation of drugs and alcohol this makes it extremely difficult to issue warnings about a particular drug, when you might inadvertently steer people towards the problematic one.

Jo feels that although they have something in place at the moment, it is not quite formal enough and she put forward an action plan:

Action plan – Research / Communications / Data collection and analysis / treatment pathways / early warning system / workforce development

### ***Richard Stevenson, Greater Glasgow and Clyde Health Board***

Richard is a consultant at Glasgow Royal Infirmary and regularly deals with patients presenting with various multiple and sometimes extremely complicated medical problems/symptoms. He spoke about patients presenting either directly, due to symptoms as a consequence of taking NPS or indirectly e.g. a male coming in for HIV post-exposure prophylaxis.

Richard spoke of the real danger and difficulties they face as a result of not being able to screen e.g. one particular case resulted in a toxic reaction between general anaesthetic and the NPS taken. This includes the extreme levels of agitation that some patients present with and the 'battle' that might commence trying to get a patient stabilised. Richard is very worried about the strength of these synthetic products and the medical problems that await some people as a result of consuming NPS.

There is no official toxicology data, but Richard and his team now have a chart in place for staff to follow should a patient present after consuming NPS. Richard talked through the physiological changes which take place in the body and how they have developed a simple protocol for saving lives by being able to treat stimulant poisoning. Richard also believes that there will be an "explosion" of mental illness as a result of these strong, toxic, synthetic drugs which are potent to the receptors in the brain.

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Kezia thanked all the speakers for their excellent presentations and opened up the meeting for questions and discussion.

The discussion focused around various issues:

Shops and online selling - the way postal workers/couriers are innocently delivering drugs and the way local shops are selling from “under the counter” or repackaged. It was suggested that businesses should be offered an incentive to not stock NPS e.g. reduction in rates. trading standards be more active. Education for vendors was also suggested.

Trading standards should become more pro-active with tobacco shops, tattoo parlours etc., but noted that online trade is far higher and wouldn't be captured in this. As goods are not sold for human consumption it makes it difficult to be tackled from a Trading Standards perspective.

Recording of data / fatalities and set up for GPs also. Suggested that Public Health could take the lead on this – a hub with networks. Public Health Wales was highlighted as having a good website for sending samples - wedinos.

It was noted that there already exists a Working Group within the Scottish Parliament to consider NPS. There is also to be a meeting for ADPs with the Government on 26<sup>th</sup> August.

There is a need for local infrastructure and management support to ease monitoring, analysis and communication of information on NPS. There is also a need for these local groups to be supported and co-ordinated nationally

On-site testing or a project similar to WEDINOS would have a role in a co-ordinated effective response.

#### **4. Future topics for discussion**

Suggestions made were:

Christine Duncan from SFAAD suggested the role of families in recovery and the need to support families; - also suggestion of joint CPG on families of imprisoned.

The role of naloxone;

The role of service users in the delivery of recovery.

#### **5. AOCB**

**?Progress on COSLA meeting**

#### **6. Future meetings**

**Tuesday 19<sup>th</sup> November 2014 at 5.30pm**

**Tuesday 18<sup>th</sup> March 2015 at 5.30pm**