CROSS-PARTY GROUP ANNUAL RETURN 2020

NAME OF CROSS-PARTY GROUP
Cross-Party Group on Drug and Alcohol Misuse
DATE GROUP ESTABLISHED (the date of establishment is the date in this parliamentary session that the Group held its initial meeting, where the office bearers were elected and not the date that the Group was accorded recognition. All Groups should hold their AGMs on, or before, the anniversary of this date.)
26th October 2016
DATE OF MOST RECENT AGM
14th December 2020
DATE OF PRECEDING AGM [this date is required to aid clerks in verifying that the most recent AGM has taken place within 12 months of the previous AGM]
3rd December 2019
DATE ANNUAL RETURN SUBMITTED
12 January 2021

GROUP MEETINGS AND ACTIVITIES

Please provide details of each meeting of the Group including the date of the meeting, a brief description of the main subjects discussed and the MSP and non-MSP attendance figures.

Details of any other activities, such as visits undertaken by the Group or papers/report published by the Group should also be provided.

AGM 3rd December 2019

4 MSPs present 20 others

Election of Officer Bearers

Three MSPs were elected as co-convenors of the group:
Monica Lennon, MSP
John Finnie, MSP
Emma Harper, MSP

The following were elected as deputy convenors:
Miles Briggs MSP, Conservative and Unionist Party

Stuart McMillan MSP, SNP

Tom Arthur MSP, SNP

Work plan for 2020

It was acknowledged that pressure of other work meant that the group was not as active as it could have been.

It was agreed that we should try and meet on 4 occasions and the group should engage more proactively on the issues.

The group highlighted a number of areas that it would like to engage in a dialogue on:

Drug Deaths Task Force
Scottish Affairs Select Committee
Dundee Drug Commission
Toxicology issues regarding drug related deaths

The following were identified as potential areas of interest:

- Wider health issues of drugs users including COPD
- Drug Law Reform
- Funding issues – particularly regarding allocated funds not reaching the frontline
- Prescribing choice including buvidal and injectables
- Increase in young people dying over an overdose – focus on vulnerable young people
- Drug checking

5th February 2020

4 MSPs present and 25 others

Speakers were:

- Catriona Matheson, Chair Drug Deaths Task Force
- Robert Peat, Chair Dundee Drug Commission
- Pat Tyrie, Member Dundee Drug Commission

Catriona Matheson described the work of the Drug Death Task Force

An independent group which aimed to:

examine the key drivers of drug deaths,
advise on further changes in practice and/or
changes in the law that could help to save lives and reduce harm.
action and outcomes focussed group –testing new approaches based on evidence

Working within the framework of the national strategy “Rights, Respect, Recovery”
Make recommendations to government.

The evidence, crucially, comes from three equally important perspectives:

1. High-quality, scientific research and data
2. The professional opinions and experiences of clinical, public health and other practitioners
3. The preferences, priorities and values of the people who are most at risk and their families

Responses will be shaped by these perspectives.

Key priorities are:

1 – Targeted distribution of naloxone
2 – Immediate response pathway for non-fatal overdose
3 – Medication-Assisted Treatment
4 – Targeting the people most at risk
5 – Public Health Surveillance
6 – Equity of Support for People in the Criminal Justice System

Robert Peat described the recommendations of the Drug Death Task Force:

Recommendation 1: The Dundee Partnership must do all that is necessary to achieve the required standard of leadership – the test of which will be that agreed changes are owned and supported by the statutory and third sectors, recovery communities, service users and families.

Recommendation 2: Challenge and eliminate stigma towards people who experience problems with drugs, and their families, across Dundee to ensure that everyone is treated in a professional and respectful manner.

Recommendation 3: Language matters. People who experience problems with drugs, and their friends and families, are part of our communities – let’s make them feel like that.

Recommendation 4: Level the ‘playing field’ to ensure that all partners, statutory and third sector are held equally accountable. This is necessary to enhance patient safety and quality of provision. The balance between current centralised statutory and other provision needs to be changed.

Recommendation 5: Meaningful involvement of people who experience problems with drugs, their families and advocates.

Recommendation 6: Learning from the things that have gone wrong – attention to continuous improvement to benefit others who are vulnerable.

Recommendation 7: Choice is important and having the choice of accessing a full menu of services (including community and/or a residential setting) to support recovery should be available to people in Dundee.

Recommendation 8: The provision of services currently offered by ISMS should be delivered through the development of a new 'whole system' model of care. This should be structured via a joint and equal partnership with both primary care and the third sector, with the key purpose of utilising the unique strengths of all partners.

Recommendation 9: Reframe all substance use services to prioritise access, retention, quality of care and the safety of those using services, in line with the evidence base including, but not limited to: improved retention through having an unambiguous 'no unplanned discharges' policy; optimised OST; psychological treatments; assertive outreach; and broad integrated care.

Recommendation 10: Involvement of primary care and shared care models.

Recommendation 11: Review and refresh the community pharmacy model for OST engaging all stakeholders to develop an integrated and holistic approach to the care and treatment of people who use substances. Look to establish a new Community Pharmacy model with additional support.

Recommendation 12: Commission a comprehensive independent Health Needs Assessment for people who experience problems with drugs.

Recommendation 13: Full integration of substance use and mental health services and support. This is recommended UK and international best practice – and it needs to happen in Dundee. Trauma, violence, neglect and social inequalities lie at the root of both mental health problems and substance use problems and most people with substance use problems also have mental health problems.

Pat Tyrie described her experience as a parent in Dundee

Pat stressed how desperate the need for urgent change is in the provision of medical services and other support and interventions for people with drug and alcohol issues.

Do public servants have any real sense of or awareness of the daily horrors for people living with substance uses? Pat then described several instances of this including her child living in a tent near my home taking heroin daily, an overdose situation in my home, her child's despair and suicide attempts, the breakup of his relationship and losing his partner and children and now I am caring for another of his children.

Families are ravaged by drug deaths and continued usage – it is not all about the deaths – people are living in misery daily.

Pat described how watched my child grow and develop with the potential to lead a useful and happy life – turned into a living nightmare for him and his family for over 20 years.

Currently in Dundee people are accessing treatment within a few days – a first for Dundee – can't over-stress the significance of how important this is. Previously

people have waited for weeks. A concern would be does the service capacity match the number of clients to maintain this level of access. There is a sense that the scale of the drug problem outweighs the available capacity – a charity worker accompanying a client to Wallacetown HC saw 15 people waiting to be seen in a 3 hour clinic (i.e. 12 mins per person). The devil is in the detail – the surface may look ok but there is a need to ensure that changes are robust. How will the service changes and improvements be audited?

A stable prescription and start of treatment is the safest place for an people with a drug problem to be followed by wraparound care. A structured package of support is necessary including mental health and counselling to deal with the initial trauma that has caused the addiction.

Leadership was cited as one of the main elements for improvement in the Dundee Drug Commission report – what changes have taken place? The focus on this seems lost.
Scotland has the highest drug deaths in the Europe and yet we are reasonably affluent in world terms – we have good infrastructures – we can build a V & A –it should be possible to get this right.

Families need to see accountability – it is time to stop talking and start acting. The coronovirus has been deemed a worldwide medical emergency and yet we continue to lose hundreds of lives annually in Scotland with no obvious medical emergency being declared! It is a matter of urgency that the health issues caused by substance use are dealt with.

Meeting of November 27th 2020.

3 MSPs in attendance and 30 participants

Dr David McCartney, Clinical Lead LEAP, NHS Lothian and chair of the Scotti Residential Rehabilitation working group.

A Working Group has been set up to look into specific issues with regard to resident rehabilitation. A report has been handed over to the Minister for Public Health and it hoped that it will be published soon. The working group has looked at a range issues regarding residential rehabilitation including access, outcomes, funding etc
Evidence

Critics of residential rehabilitation often say that there is no evidence that it works – t there is evidence but not enough. We do have a bit of evidence from Scotland example there was a study from LEAP which followed people up a year after they h left the service. A review of the international evidence was also published last ye Another criticism is that it is too expensive but there is some evidence that long-ter savings make up for the initial cost.

Access to residential represent about 5% of all treatment episodes. Scotland rate access is significantly lower than the European average.

The working group looked in detail at programmes in Scotland survey the programmes and getting 15 responses. This survey looked at a range of issu including duration, staffing, costs, attrition rates and discharge numbers. The worki group then filled in the gaps through annual reports of ADPs.

The following were the broad conclusion

- Access is not equitable
- Referral pathways are varied and not straight forward
- Referral to rehab not uniform and some criteria gave us cause for concern
- Sources of funding – complicated to navigate
- Third of people self-fund
- Costs are variable
- Every service we asked had waiting times – suggesting the demand is higher th provision
- Completion rates in residential rehab are really high
- All services address the needs of families
- After care is consisted
- All use outcomes but variety of tools used

The work has also identified potential research topics including:

- Value for money
- Access for vulnerable group
- What part of residential rehab can impact on drug and alcohol related deaths

David Brockett, Head of House – Scottish Residential Service, Phoenix Future

David highlighted that access to Residential treatment should be open to everyo who needs it as part of a wide range of treatment options. Access should be inform by clinical need.

Phoenix Futures deliver modern rehabs based on:

- Best Practice
- Sound evidence base
- Clinical Guidelines - Orange book
- 50+years of history

Peers as Role Models

- A Structured Day
- Stages of the Programme and Phases of Treatment
- Work as Therapy
- Group Interventions (e.g. behavioural, relapse prevention, gender)
- Awareness & Emotional Growth training
- Planned Duration of Treatment
- Continuation of Recovery after Programme Completion- Aftercare

This year's impacts:

- Measures in place to ensure we are Covid Safe- Open throughout 2020
- 72% Completions and a further 17% with a positive move on to Commur Services
- Successful transitions to our Recovery Housing Service have been maintain

longer support increased outcomes
- More admissions are presenting with complex needs around physical & men health
- Measures to support safe admissions / protect others
- Changed / Improved the way we connect with families
- Increased Community Engagement
- Sustainability – Food Growing,
- Increased Creative Interventions… music, creative writing, drama and perso seminars delivered by residents

Tracey Clusker, MAT Standards Clinical Lead and former head of Midlothi Substance Misuse Service

Speaking as a community psychiatric nurse over the last 15 years across Scotla and recently in Midlothian

Described experience in West Lothian some years ago where access to Resident rehab was very limited however people with positive experience of resident rehabilitation could have a wider impact on the community.

Current practice in Midlothian was then described:

- At assessment – information given re access to Rehabilitation - helps decisi making re dose, future goals, family involvement – case study
- Seamless pathways – Social work team – no barrier access
- Use of peer support – making recovery visible at every step
- Identification of those most at risk of harm – case study
- Ongoing engagement with community services
- Care planning reviews – housing support
- Creating opportunities – staying connected
- Follow up psychological support/practical support
- Aftercare
- What happens when someone has a lapse – naloxone provision – rapid acce to support

Questions and comments from attendees:

Audit Scotland highlight the need for standards for treatment in 2009 – progress h been too slow.

Focus on advocacy is limited and this needs to be beefed up. It was acknowledg that advocacy was very important and limited at present.

How do we assess people as 'ready for residential rehab' – process appears ve onerous. LEAP used residential rehabilitation tool for the first two years but evaluato told LEAP to stop using this as it bore no relation to who did well and those w didn't. LEAP have seen people with everything going for who did poorly and peop who have not got any recovery capital having done brilliantly.

Lack of research why? Potentially its because of lack of interest. It's also challengi because of the range of components in the residential rehabilitation programmes a identifying which aspects of the programme has made the difference.

MSP MEMBERS OF THE GROUP Please provide names and party designation of all MSP members of the Group.
John Finnie MSP, Green Party Monica Lennon MSP, Labour Party Emma Harper, SNP Miles Briggs MSP, Conservative and Unionist Party Stuart McMillan MSP, SNP Tom Arthur MSP, SNP Michelle Ballantyne MSP, Conservative and Unionist Party

NON-MSP MEMBERS OF THE GROUP For organisational members please provide only the name of the organisation, it is not necessary to provide the name(s) of individuals who may represent the organisation at meetings of the Group.	
Individuals	Rowan Anderson Biba Brand Alistair Brown Sian Fiddimore Laura Hoskins Dr David Johnson Cath Logan Liam Mehigan Arun Menon Stephanie Morrison Dr Eunice Reed Cameron Scally Tracey Stewart Michael Trail

Organisations	Scottish Drugs Forum Alcohol Focus Scotland Big Lottery Fund Circle Community Justice Scotland Community Pharmacy Scotland CREW East Lothian Substance Misuse Service Glasgow Council on Alcohol Howard League MRC/CSO Social & Public Health Sciences Unit. Uni of Glasgow NHS Borders NHS Fife Addiction Services NHS GGC NHS Health Scotland NHS Lothian NHS Tayside NSPCC Police Scotland Rise Recovery Cafe Robert Gordon University Royal Pharmaceutical Society Salvation Army Scotch Whisky Association Scottish Independent Advocacy Alliance Scottish Parliament Scottish Recovery Consortium Scottish Youth Parliament Scottish Families Affected by Alcohol & Drugs Stirling ADP Signpost Recovery Stirling University The Royal College of Physicians & Surgeons of Glasgow Turning Point Scotland University of the West of Scotland West Lothian Drug & Alcohol Service

GROUP OFFICE BEARERS

Please provide names for all office bearers. The minimum requirement is that two of the office bearers are MSPs and one of these is Convener – beyond this it is a matter for the Group to decide upon the office bearers it wishes to have. It is permissible to have more than one individual elected to each office, for example, co- conveners or multiple deputy conveners.

Convener	John Finnie MSP – co-Convener Monica Lennon MSP – co-Convener Emma Harper MSP – co-convener
Deputy Convener	Miles Briggs MSP, Conservative and Unionist Party Stuart McMillan MSP, SNP Tom Arthur MSP, SNP
Secretary	Secretariat: Scottish Drugs Forum
Treasurer	

FINANCIAL BENEFITS OR OTHER BENEFITS RECEIVED BY THE GROUP

Please provide details of any financial or material benefit(s) received from a single source in a calendar year which has a value, either singly or cumulatively, of more than £500. This includes donations, gifts, hospitality or visits and material assistance such as secretariat support.

Details of material support should include the name of the individual providing support, the value of this support over the year, an estimate of the time spent providing this support and the name of the organisation that this individual is employed by / affiliated to in providing this support.

Groups should provide details of the date on which the benefit was received, the value of the benefit and a brief description of the benefit.

If the Group is not disclosing any financial information please tick the box to confirm that the Group has considered the support received, but concluded it totalled under the threshold for disclosure (£500). √

SUBSCRIPTION CHARGED BY THE GROUP Please provide details of the amount charged and the purpose for which the subscription is intended to be used.	
n/a	
CONVENER CONTACT DETAILS	
Name	John Finnie MSP –co-Convener Monica Lennon MSP – co-Convener Emma Harper MSP – co-convener
Parliamentary address	The Scottish Parliament Edinburgh EH99 1SP
Telephone number	0131 348 6484