

## **Minutes of the Drug and Alcohol Cross Party Group meeting held on 5<sup>th</sup> February 2020 at the Scottish Parliament**

### **Attendance**

4 MSPs present and 25 others

Speakers were:

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

Monica Lennon welcomed people to the meeting and introduced the speakers.

**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 Tyrrie** 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 coronavirus 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.

### **Future meetings**

A list of future topics had already been agreed at the Annual meeting. Further meetings to be arranged shortly.