

Scottish Parliament's Cross Party Group on Drugs and Alcohol

Minutes

Held on 27th November 2020 by zoom

1 Present

MSPs Monica Lennon, co-convener in the chair, John Finnie co-convener and Emma Harper

Dr David McCartney	David Brockett	Tracey Clusker
Dave Liddell	Mariebeth Kilbride	Jason Wallace
Gary Meek	Michael Trail	Cath Logan
Tracey McFall	Rowan Anderson	Amanda Burns
Kira Weir	Mark McCann	Faye Keogh
Amanda Rae	Liam Mehigan	Simon Jones
Dr David Johnson	Chris Graham	Justina Murray
Lyndsey Wilson-Hague	Jardine Simpson	Daryl McLeister
Arun Menon	Delphine Easson	Stephen Wishart
Thomas O'Neill	Barry Sheridan	Owen Fielding
April Adam	Annie Brown	Donnie McGilveray
Amanda Ashford-James	John Muirhead	Dean Matheson
Michael Sweeney AWTP	Patrick Smith AWTP	Dougie McBean

2 Introductions

Last meeting was held in February this year meetings were then curtailed due to COVID but now back on track with three virtual meetings planned.

14th December meeting will be the AGM and a discussion re the impact of COVID

12th February meeting will focus on the new Medication Assisted Treatment Standards developed by the Drug Death Task Force. There is a consultation being undertaken at the moment on these focusing on how to implement them.

3 Today's session

The focus of this meeting was on the role of residential rehabilitation for people with substance problems.

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

A Working Group has been set up to look into specific issues with regard to residential rehabilitation. A report has been handed over to the Minister for Public Health and it is

hoped that it will be published soon. The working group has looked at a range of issues regarding residential rehabilitation including access, outcomes, funding etc
Evidence

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

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

The working group looked in detail at programmes in Scotland survey the 18 programmes and getting 15 responses. This survey looked at a range of issues including duration, staffing, costs, attrition rates and discharge numbers. The working 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 than 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 Futures.

David highlighted that access to Residential treatment should be open to everyone who needs it as part of a wide range of treatment options. Access should be informed 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 Community Services
- Successful transitions to our Recovery Housing Service have been maintained longer support increased outcomes
- More admissions are presenting with complex needs around physical & mental 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 personal seminars delivered by residents

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

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

Described experience in West Lothian some years ago where access to Residential rehab was very limited however people with positive experience of residential 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 decision 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 access to support

Questions and comments from attendees:

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

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

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

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

3 Future meetings

14th December – Annual General Meeting and discussion on impact of COVID 19
Confirmed speakers Dr John Budd, NHS Lothian, John Campbell and Dr Trina Ritchie, NHS Greater Glasgow and Clyde and Emma Hamilton Scottish Drugs Forum.

People have already signed up for this meeting and an agenda and the minute of this meeting will be sent out shortly.

February 12th, 2021 – Medication Assisted Treatment Standards, speakers to be confirmed.