SCOTTISH DRUG DEATHS TASKFORCE

Scottish Drug Deaths Taskforce: One Year Report

This report details the work and achievements of the Drug Deaths Taskforce following its establishment in July 2019.

INTRODUCTION

It is a year since the Ministerial Drug Deaths Taskforce was formed. The reason for the Taskforce was clear, the shocking escalation in the rise of drug related deaths over the last five years required urgent attention. The pain of loss being suffered by families and within communities was, and is, palpable. Urgent and sustained action was required to prevent this unnecessary loss.

The Taskforce approach has been one of evidence into action. Year one was our Evidence Review and Immediate Response Phase. We initiated an immediate response consultation to capture the views of the wider community. There was areas where the evidence was already known and clear. From this we developed our six evidence based strategies that was shared with local areas to provide a framework for their local response. For example the distribution of naloxone, the need for rapid access to good quality treatment and the importance of rapid out-reach to people who experience a non-fatal overdose.

There are gaps in evidence that we seek to fill through a research fund and new approaches to address the multiple and complex needs of some people, that we feel are part of the unique Scottish context. This is being addressed through an innovation fund. Year Two of the Taskforce will be the Action and Review Phase when work implemented in phase one will progress with ongoing monitoring and evaluation.

When corona virus arrived and the resulting lockdown arrangements were being put in place it was clear the work of the Taskforce had to adjust to prevent harm and further risk to the very people we were trying to help. Many of our members were pulled into corona virus emergency management. Despite this we were able to continue to meet virtually and make recommendations to minimise harm. Corona virus helped some aspects of our work such as increasing access to naloxone. It also helped development of a public health surveillance system so that we can monitor overdose and drug related deaths to rapidly detect the impact of changes to treatment delivery during this time.

We really regret that the engagement component of our work was scaled back due to Covid restrictions. We had planned a meeting in Ayrshire in March as well as a conversation café event in June in Lanarkshire. However we are now reigniting this work to continue to build participation and access wider lived and living experience, albeit in a slightly different format. The importance of working in partnership with communities across the country is key to being able to drive down drug deaths and prevent further pain for families and friends of those who suffer an unnecessary death.

Professor Catriona Matheson
Chair, Drug Deaths Taskforce

Joe FitzPatrick
Minister for Public Health, Sport and Wellbeing

DRUG DEATHS TASKFORCE – INTERIM REPORT

Background

The Drug Deaths Taskforce (DDTF) was set up in June 2019 in acknowledgment of the rising number of drug related deaths (DRDs) in Scotland. In July 2019, National Records Scotland published their annual DRD statistics which showed that Scotland had recorded 1,187 drug related deaths in 2018, 253 (27%) more than in 2017 and the highest number ever recorded.

Chaired by Professor Catriona Matheson, with Neil Richardson OBE as Vice Chair, the DDTF is made up of individuals each of whom were specifically asked to be on the group either in a personal capacity or on behalf of the organisations they represent (a full membership list of the DDTF is available at Annex A). This membership was also selected for their ability to oversee any change in their respective organisations which may be required to improve this situation.

An overview of the DDTF can be found here - https://drugdeathstaskforce.scot/about-the-taskforce/. This summarises what the group were asked specifically to do. However, the Minister for Public Health, Sport and Wellbeing had been clear in his letter of invitation to members that the purpose of the group was to examine how changes could be made in practice and in law to reduce the level of harm and death being experienced by people who use drugs, to tackle the rising number of drug deaths in Scotland.

Meetings

The DDTF has now met 7 times since its first meeting in September 2019. A list of meetings (dates and locations) is included at Annex B for information while copies of all minutes can be found on the DDTF website (*https://drugdeathstaskforce.scot*).

In addition, the sub-groups of the DDTF have also been meeting on a regular basis since their formation at that initial September meeting. Details of the membership of each group can be found in Annex A, while a list of their meeting dates is included in Annex B for information.

At the first meeting of the DDTF in September 2019 a number of presentations were made setting out the scale of the problem and detailing some of the current strategies and approaches being used to address drug deaths. In addition sub-groups of the DDTF were established to specifically focus on specific topics and to take forward work in those areas.

These sub-groups are: Public Health Surveillance (to advise on how an effective public health surveillance system can be established to support whole system, public health action to prevent and address harms from drug use); Medication Assisted Treatment (MAT), to define national standards for the consistent delivery of 'no barrier,' rapid access to treatment (MAT Standards) in Scotland[1]; Multiple Complex Needs (to explore the wider complex needs of people most at risk of drug related

[1] The term Medication Assisted Treatment (MAT) was adopted by the sub-group in place of the commonly used Opioid Substitute Therapy as it was agreed by the group that the focus of the group should be on medication a*ssisted* treatment which refers to the use of medication, such as opioids, together with psychological and social support in the treatment of substance use disorders.

death and make recommendations on how services and systems should be improved to address these needs); and Criminal Justice and the Law (to improve and accelerate access into health and social care services from the criminal justice system within the existing law).

The importance of addressing stigma was also considered and the development of a drug checking pilot endorsed. Recommendations for change in a number of areas were made at that first meeting and these were followed by a consultation exercise, prior to the second meeting, to identify possible options to deliver an immediate response on drug related deaths.

This consultation work, and a review of existing evidence, led to 6 areas being identified for immediate prioritisation. These are:

1. Targeted distribution of naloxone
2. Implement immediate response pathway for non-fatal overdose
3. Optimise the use of Medication-Assisted Treatment
4. Target the people most at risk
5. Optimise Public Health Surveillance
6. Ensure equivalence of support for people in the Criminal Justice System

The third meeting of the taskforce took place in Dundee where it heard from members of the Dundee Drugs Commission (DDC), alongside representatives from local drug and alcohol treatment providers, Dundee ADP, Dundee Council and others, on the changes that had been implemented there as a result of the recommendations from the DDC. In addition, colleagues from NRS presented at that meeting on how the annual statistics are produced and how the current delays to toxicology reporting impacts on their ability to publish these statistics on time.

Further meetings of the taskforce were initially interrupted by the outbreak of the COVID-19 pandemic, particularly as numerous taskforce members found themselves having to dedicate more time to their main jobs as the country reacted to a separate public health emergency. However, keen that the momentum that had been built up by the DDTF didn't disappear, the Chair decided that shorter and more focussed DDTF meetings should still take place. This led to 4 meetings taking place between April and end July.

The initial focus of these meetings was around the immediate response to the pandemic and the effect this had had on people who use drugs.

Further meetings kept that same focus on the impact of the pandemic and what could be done in response, with regards DRDs. Following the allocation of funding from the Scottish Government to the DDTF to support local and national projects to reduce DRDs, there was discussion at these meetings about the processes through which this money would be distributed. More information about the funds which the DDTF oversees can be found on page 20.

Achievements

While the majority of the work of the DDTF is being taken forward by its sub-groups, the DDTF as a whole has implemented a number of changes in the times since its formation, along with providing direction and guidance to Health Boards, Alcohol and

Drug Partnerships and drug and alcohol treatment services. Some of the achievements from this early stage of the DDTF include:

Winter shelters and naloxone – Following the second meeting of the DDTF (November 2019), the group recommended that making additional naloxone provision available to those individuals accessing homelessness services throughout the country, particularly in the winter months, could have a significant impact on reducing harms at this time. Subsequently the Minister for Public Health wrote to all NHS Board Naloxone Leads asking them to make contact with those organisations running homelessness services in each area to ensure that all accommodation and support services likely to come into contact with people at risk of opioid overdose had naloxone on site, and staff and volunteers who were trained to respond and administer it if required. In addition, he asked that they take active steps to have staff (or peers, if using the peer supply scheme) in attendance at those services who would be able to make supplies available for individuals to take away if needed.

Preventing drug related deaths in Scotland: emergency response strategies – In January 2020 the DDTF published a document setting out six key evidence-based strategies for preventing drug related deaths highlighting that these strategies should form the basis of national and local responses as quickly as possible.
This paper was sent to all Alcohol and Drug Partnerships (ADPs) along with a request for them to provide benchmark information on what work was currently being undertaken in relation to each of these. This has also helped to inform the allocation of additional funding being made available to ADPs (more information is available on this on page 20).

Scottish Ambulance Service (SAS) and naloxone – After discussion at the second meeting of the DDTF about the role that SAS could take in working to reduce DRDs, the DDTF agreed to directly fund a 3 month trial with SAS which would enable paramedics in Glasgow (the pilot site) to give patients who have had a non-fatal overdose a naloxone kit to take away, along with training provided on how to use it. This pilot has now completed and SAS colleagues are working to roll this initiative out nationally.

Police and naloxone – Having Police Scotland representation on the DDTF has been hugely beneficial, not least in making progress around police carriage of naloxone, a topic which has been discussed for a number of years with little progress. Following on-going disquiet from the Scottish Police Federation (SPF) on this subject (the DDTF wrote to the SPF responding on some points of opposition raised by them in a statement), agreement has now been reached with Police Scotland around the development of proposals for a pilot which would allow officers to carry naloxone. This is a significant step forward and one which could potentially lead to Scotland being a leader in the UK in terms of their police involvement.

Stigma strategy – The importance and value in tackling the prevailing stigma around people who use drugs was identified and discussed by the DDTF at their very first meeting. This led to the DDTF requesting colleagues from Scottish Recovery Consortium, Scottish Drugs Forum and Scottish Families Affected by Alcohol and Drugs to produce a strategy to reduce the stigma associated with drug use and accessing drug treatment services. This has now been completed (and has been published on the DDTF website, available here –

https://drugdeathstaskforce.scot/about-the-taskforce/tackling-stigma/) with agreement from the Scottish Government to implement the recommendations.

Other work which has been agreed but which is still being progressed includes: supporting a proposal for a pilot of 'assertive outreach' in Glasgow which will target the most vulnerable people, providing out of hours care for those who have been difficult to get into support services which could save lives; and a project to work with family members who are concerned that a loved one is at risk of a drug related death. Support for the development of a proposal for a drug checking service in Scotland has also been confirmed and will progress as soon as Covid-19 allows.

COVID-19

The arrival of the COVID-19 pandemic added a new and unknown variable to the problem of addressing rising DRDs in Scotland. Despite not being able to meet in the early stages of the pandemic, the DDTF very quickly published a statement highlighting those areas which they would prioritise to mitigate any potential rise in DRDs as an indirect result of Covid19 (these were: naloxone availability and provision; the need for stability around the provision of MAT; and the need for ongoing public health surveillance to provide good quality information).

When the DDTF did meet virtually it produced a list of recommendations for the Scottish Government to implement which would mitigate the harms from COVID-19-related service disruption and decline. Details of these recommendations can be found here (https://drugdeathstaskforce.scot/news-information/publications/examples-of-innovation/covid-19-pandemic-the-edinburgh-response-by-homelessness-drug-alcohol-services/).

These recommendations were largely delivered and were particularly appreciated by the sector, not least the top recommendation for the Minister for Public Health, along with the Chief Medical officer, to write out to Chief Executives of Health Boards and the Chief Officers of Health and Social Care Partnerships to ensure that they maintained service-level provision for drug and alcohol services.

This was also followed by a letter from the Minister for Public Health, the Chief Pharmaceutical Officer and the Chair of the DDTF to the Directors of Pharmacy and Community Pharmacy Scotland regarding the continued delivery of opioid substitute therapy during the pandemic.

The need for further information about the impact of the pandemic on those with problem substance use also led to additional work being undertaken by the Public Health Surveillance sub-group as they sought to create a specific, short-term monitoring and surveillance approach to understanding the impact of COVID-19 on drug services, looking specifically at: drug deaths; service activity; and naloxone availability.

Due to the disruption caused by the COVID-19 pandemic, drug treatment services who are lawfully permitted to distribute naloxone were restricted in their ability to do so. Following discussion at DDTF meetings, and an approach from Scottish Government officials, the Lord Advocate authorised the publication of a statement of prosecution policy which makes clear that for the period of disruption caused by COVID-19, it will not be in the public interest to prosecute individuals working for

non-drug treatment services registered with the Scottish Government, who distribute naloxone for use in an emergency to save a life. This is contingent on sufficient training on the use of naloxone and basic first aid information being provided alongside the medication.

While the statement does make clear that this policy is only in place for the for the period of disruption caused by the pandemic, it has allowed for a range of new organisations to be able to distribute take home naloxone ("THN") in a variety of ways (for example allowing hostels and homeless shelters to supply THN kits on to others for their possible future use, or through the use of an online 'click and deliver' system) during the course of the pandemic.

Scottish Government officials are working closely with Public Health Scotland colleagues to monitor the effect of this change on the numbers of THN kits in the community to gather evidence in relation to the success of this scheme. In addition, conversations are ongoing with UK Government colleagues about a potential change in the law at a UK level to make supply by non-drug treatment services legal.

DRUG DEATH TASKFORCE SUB-GROUP – INTERIM REPORTS

Public Health Surveillance

Purpose

The World Health Organisation describes public health surveillance as:

"The continuous, systematic collection, analysis and interpretation of health-related data needed for the planning, implementation, and evaluation of public health practice. Such surveillance can:

- *serve as an early warning system for impending public health emergencies;*
- *document the impact of an intervention, or track progress towards specified goals; and*
- *monitor and clarify the epidemiology of health problems, to allow priorities to be set and to inform public health policy and strategies"* [2]

Put simply, public health surveillance is the way in which we create intelligence which informs essential public health action to address a public health concern.

The DDTF's sub-group on public health surveillance was given the remit to set out a clear statement of what is needed for a Public Health Surveillance System (PHSS) in Scotland. This will include how it can be established and how it will function to support whole system, public health action to prevent and address harms from drug use. In creating the PHSS, the sub-group will:

- review what is already in place that can be used to underpin the PHSS;
- what else will be needed to create a national PHSS; and
- advise on the necessary steps and infrastructure to make it happen in an efficient and sustainable way.

Activities in Year One

The work of the sub-group during the first year of the task force can be separated into work undertaken prior to the national COVID-19 pandemic response was initiated and that which has occurred as a part of the COVID-19 response.

Pre-COVID-19, the sub-group had:

- developed the formal Terms of Reference for the sub-group and agreed these with the Task Force;
- established a set of short and medium term deliverables for the work of sub-group; and
- secured the necessary resources for the work to be undertaken in collaboration with existing public health teams and drug services teams across Scotland. This has included the creation of a new functional team within Public Health Scotland, which came into existence in April 2020.

As the year progressed, the sub-group has progressed work against its Phase 1 deliverables. These focused on:

[2] WHO, Public Health Surveillance (see: https://www.who.int/topics/public_health_surveillance/en/, last accessed 17/03/2020)

1. mapping of those stakeholders who see themselves as part of the whole system in relation preventing and address drug related harms;
2. understanding those existing activities that should feed into work developing the PHSS on a national and local basis; and
3. advising on what is possible now, within confines of the (then) currently available data to provide better intelligence on drug related harms.

Linking to the early participation work detailed below the sub-group has also started to explore how best it can ensure that the voice of those with lived experience are captured in its work.

With the establishment of the national COVID-19 pandemic response, the sub-group has reoriented its work.

Firstly, it has accelerated its work on deliverable 3 to create a specific, short-term monitoring and surveillance approach to understanding the impact of COVID-19 on drug services. This has emphasized: drug deaths; service activity; and naloxone availability. This has been linked to UK-wide COVID-19 monitoring. This data is now available as management data at national level and is shared on a limited basis to those involved with local service planning. Work is currently underway to use Scottish Ambulance Service and critical care data on non-fatal overdoses as a means of understanding impact. How this data can be more publically available is also being explored.

Secondly, the sub-group has been working with Scottish Government and Alcohol and Drug Partnership colleagues to develop a way in which it can use work on deliverable 1 that seeks to establish stakeholder expectations for work around surveillance in a way that helps to provide surveillance data for local COVID-19 responses. Despite the restrictions created by the pandemic there remains a commitment to widen participation and input from experts by experience to support the development process. Through the participation work to date, community members have expressed a keen interest to both challenge and help articulate the data and system needs.

Priorities going forward (next 3,6,12 months)

As the pandemic response develops, and Scotland moves through the phases of the route map out of lockdown, the sub-group will seek to progress the medium and longer term deliverables agreed with the Taskforce. It is acknowledged that will have to be progressed alongside the wider programme of system and service remobilization.

At this stage, and assuming that we are able to we anticipate that our priorities will be to for the next:

- Three months:
  - establishing the more detailed understanding of the aims and aspirations for the PHSS across the whole system; and
  - creating a statement of best practice for the public health surveillance of substance misuse from the UK and internationally.

- Six months:

- building on the experiences from surveillance during the pandemic, creating the initial scope and function statement for a preliminary PHSS based on existing resources, current data collection, and information flows; and
- setting out a plan for how that can be implemented in a sustainable manner.

- Twelve months:
  - set out the detailed scope and function statement for the full PHSS, identifying necessary development in human and capital resources, future data collection and information flows, and procedures for analytical approaches, reporting, and dissemination;
  - develop the implementation plan for how the preliminary PHSS can be enhanced to create the full PHSS; and
  - make recommendations regarding any necessary changes in agency guidance or statutory regulation to sustain the operation of the PHSS.

Multiple and Complex Needs

Purpose

The purpose of the multiple and complex needs group is to explore the wider complex needs of people most at risk of drug related death and make recommendations on how services and systems should be improved to address these needs.

This work includes examining existing evidence and research in this area, reviewing the current policy landscape and examining the implementation of existing policy recommendations and commitments, identifying knowledge gaps and areas requiring further research or action and making recommendations to the full Taskforce.

The work of the group will inform and complement the work of the Scottish Government in the development of the Inclusive Scotland Fund which is intended to address multiple and complex needs at the structural and service delivery level. The multiple and complex needs group has focused its work to complement the work of the Criminal Justice and Health sub-group and the Medication Assisted Treatment sub-group.

Activities in Year One

The group has taken a person-centred approach to this inquiry and has focused on the provision and accessibility of services for people with multiple and complex needs who are at risk of drug related death. Multiple and complex needs by their very nature cover a wide range of services and policy areas and whilst the group is taking a whole systems approach to its work, the following areas have been identified to be of specific importance: Drug treatment services and assertive outreach; primary healthcare; mental health services; housing and homelessness services; services for women; advocacy; welfare, and employability services.
We are also aware of the links with issues pertaining to criminal justice.
There is also an essential need to highlight the key role of family members and the essential support available from Recovery Communities.

Actions from the group will work on the basis of maximising informed choice where people are able to access a range of care options and are empowered to make informed choices that meet their needs at any given time. Innovations and actions the group makes and takes will build on the principle of ‘no wrong door’. The group will ensure that the voice of lived and living experience is incorporated into its work.

The group’s focus has been to request a rapid review of evidence regarding drug related deaths among individuals with multiple and complex needs.
The following questions were addressed in carrying out the synthesis of relevant documents:

- What are the multiple and complex needs of people who use drugs in Scotland and how do they increase the risk of harms and specifically drug related death?
- What barriers do people who use drugs with multiple and complex needs face in accessing health care?
- Which models of support / interventions are most appropriate for supporting improvements in health, wellbeing and social functioning for this group?

- What changes in policy and practice can reduce drug related harms, including risk of death for individuals with multiple and complex needs?
- What specific interventions reduce overdose risk for people with multiple and complex needs and what recommendations support improvements in health, wellbeing and social functioning?
- What are the gaps in knowledge and in research?

This synthesis has been undertaken by the Drugs Research Network Scotland at the University of Stirling and we are grateful to Josh Dumbrell and Tessa Parkes for progressing this work. Over 50 documents were able to be included in the synthesis. The synthesis has enabled a number of tests of change proposals to be prepared. These tests of change are best viewed as a 'suite' of measures that a local area might choose to develop depending on local needs and current provision and gaps in services. They ideally function as part of a whole systems approach via a network of interconnected offerings supported by proactive collaborative working and clear pathways of care embedded into their respective designs.

These tests of change proposed are:

- A one stop shop.
- Peer navigators, general.
- Peer navigators, criminal justice.
- A drug liaison service.
- Distress brief interventions.
- Peer engagement and advocacy training programme.
- Integrated mental health and substance use services.
- Welfare advocacy.
- A 24-hour crisis support service/ centre.
- Intermediate Care Centre linking physical health care between hospital and the community.

Priorities going forward
It is the intention of the group to now engage with local partnerships, representative bodies and other interested bodies to encourage take up of funding to implement the tests of change. The group is aware that some areas are currently delivering these types of service however it is apparent that there are many gaps in service provision. Many areas require to develop a whole system approach to more effectively support people with multiple and complex needs and help reduce the incidence of drug related deaths.

The arrangements for applying for funding and the development of evaluation arrangements will be concluded over the final three months of the Taskforce's first year of work. Thereafter and to the end of 2020 the Multiple and Complex Needs Group will support Partnerships and other interested bodies to implement the tests of change.

An essential element of success will be effective leadership from Partnerships and also effective accountability arrangements.

Medication Assisted Treatment

Purpose

To define national standards for the consistent delivery of 'no barrier' medication assisted treatment (MAT) in Scotland, and to help partners achieve it through a quality improvement approach.

The term Medication Assisted Treatment (MAT) has been used to refer to the use of medication, such as opioids, together with psychological and social support in the treatment of problematic drug use. The purpose of MAT is to reduce harm, prevent death and support recovery.

With a rights-based approach the Standards will deliver equitable, person-centered therapeutic treatment and care across Scotland.

The initial steps for the group were as follows:

1. Define evidence-informed standards of care
2. Develop evidence and practice based guidance to support implementation
3. Establish measure of success
4. Support locally-led quality improvement approaches to implement the standards

Activities in year one

The first meetings of this sub-group focussed on the creation of work streams to progress particular aspects of MAT (no barrier opioid agonist treatment, psychosocial support and workforce development) but also discussed what these standards should be and how they would be consulted upon in local areas. The need for additional clinical expertise to be brought onto the group to provide dedicated quality improvement support was also agreed.

The standards were developed by a small expert group, with representatives from: NHS Lothian; NHS Health Scotland; Scottish Drugs Forum; NHS Greater Glasgow & Clyde; Forth Valley Recovery Community; and NHS Tayside. These draft standards are:

1. People have the option to start MAT from the same day of presentation.
2. People are supported to make an informed choice on what medication to use for MAT and the most appropriate therapeutic dose.
3. People (in or out of drug treatment) at high risk of drug-related harm are identified, prioritised, contacted and offered support to commence or continue MAT or other treatment.
4. People can access evidence-based harm reduction at the point of MAT delivery.
5. People receive support to remain in treatment for as long as needed.
6. The system that provides MAT is psychologically-informed and underpinned by Core Behavioural and CBT Skills for Relapse Prevention and Recovery.
7. People have the option of MAT shared with Primary Care.
8. People have access to advocacy and support for housing, welfare and income needs from presentation to services.
9. People with a dual diagnosis can receive mental health care at the point of MAT delivery.
10. People receive trauma informed care.

Engagement is ongoing with a range of partners for support and leadership across the Standards (including Lead Psychologists in Addiction Services Scotland, BBV Prevention Leads, Scottish Families Affected by Alcohol and Drugs, Scottish Recovery Consortium and the Prison Healthcare Network).

Strategic visits and possible tests-of-change have also been identified for this sub-group. This development work to support the implementation of the Standards is ongoing.

The group has taken a person centred approach in all the work it has produced so far.

Impact of COVID19 (March to May 2020)
Throughout COVID-19 the Subgroup has encountered many challenges and have had to adapt the way of normal working:

- staff absences due to sickness, and clinical support capacity reduced
- Support & learning: key informants meeting established by SDF with a network of individuals well placed to give update on local service provision during the pandemic. Reported service responses mapped against the MAT Standards.
- Opportunity: Plan to follow up with areas to offer support from Operational Team including evidencing innovation, documenting operating procedures and governance arrangement across NHS Boards, share learning and where possible standardise approaches to meet MAT Standards.

Priorities going forward
The Subgroup has a plan of priorities going forward in stages:

June 2020 to September 2020:
The Subgroup are developing alternative virtual plans for engagement and consultation, to include ScotPHN Drugs Special Interest Group, Alcohol and Drug Partnerships, Lived experience representatives and networks and Royal colleges. The implementation of tests of change and ongoing quality improvement support, focused on standards 1-5. Partnership development for support and implementation (standards 6-10) is also a priority going forward, along with collating existing practices against the standards.

September 2020 to March 2021:
A literature review and stocktake of learning from implementation and engagement to date is a priority for the medium-term. Ongoing engagement and consultation, with a focus on the experience of those in treatment and the workforce, is also a priority. Rolling out learning will be ongoing. Planning for long-term inspection and oversight to sustain practice changes will be developed in partnership with Healthcare Improvement Scotland and aligned to the Rights, Respect and Recovery QA Framework development.

Criminal Justice and the Law

Purpose

The Scottish Government alcohol and drug strategy, '*Rights, Respect and Recovery*' brought a sharper focus on requirements of the justice system to punish illegality and efforts to reduce harms caused by problematic drug use. In that strategy there is an overarching outcome that vulnerable people are diverted from the justice system wherever possible and those within justice settings are fully supported.

The Criminal Justice and the Law Task Group has been asked to help make progress in two key areas to help support this outcome:

(1) The Scottish Government will work with key partners to ensure that people who come into contact with justice agencies are provided with the right support from appropriate services. A public health approach means focusing our community justice response on improving health and wellbeing, reducing inequalities and reducing crime. This means that, where appropriate, we must focus on diverting vulnerable people away from the justice system and into treatment and support.

(2) The Scottish Government will set up a group to advise Health Ministers on the contribution and limitations of the Misuse of Drugs Act (1971) in support of health outcomes in Scotland. Recognising that there are limitations in relation to public health outcomes associated with the Misuse of Drugs Act, there is a need to examine the links between the law, and the prevention and treatment of drug harm.

The sub-group agreed to focus initially on two of the questions allocated by the Drug Deaths Task Force. These questions are:

(1) How do we improve and accelerate access into health and social care services from the criminal justice system within the existing law;

(2) How could changing the existing law improve this access in the event that the Scottish Parliament has the powers to do so?

Details on membership are included in Annex A but it was drawn up with a focus on the first question in mind, leaving the matter of the second question for a later piece of work in order to preserve the independence of the Lord Advocate and Police Scotland.

The Task Group's membership has been augmented by those with lived experience, and also by SACRO, Glasgow Addictions service, and Scottish Government mental health and community justice colleagues. Our work to date has been supported by the Leading Improvement Team, and analysts from Scottish Government. We have met in a range of venues hosted by members of the group in most cases.

Activities in Year One

The Criminal Justice and the Law task group has had four meetings (5 November 2019, 16 December 2019, 14 January 2020 and 7 July). Another meeting was scheduled for 17 March 2020, however, this meeting was postponed due to Covid-19. In its first two meetings the group developed a process map that represented our understanding of the criminal justice journey for someone found by the Police in

possession of suspected diamorphine or benzodiazepine, to a verdict of guilty or not guilty in court proceedings. This approach was taken for simplicity but we recognise that people who use drugs can enter into the criminal justice system for a range of potential offences, and that often the offence does not relate to the Misuse of Drugs Act 1971. We also recognise that the people we are most concerned about are the most vulnerable habitual drug users who often have complex needs.

From this process mapping, it became clear that building a shared understanding of the current system had been helpful in building relationships and understanding, perhaps challenging, pre conceptions of the processes and behaviours adopted by partners. At a more practical level, a few potential areas for tests of change emerged, two of which we were due to begin piloting prior to the suspension of the group. These tests of change are set out briefly below, although a single model that would allow for both of these tests to be combined is also being considered by the group:

Parallel system of diversion
The task group has developed an initial proposal to create a system of diversion running in parallel to the criminal justice pathway, information from which would be included in the Standard Prosecution Report to the prosecutor and could be supplied to the court.

When the police encounter someone with illicit substances, they send the substance for testing and await the results, then a period of time elapses before an arrest is made or not. The change idea is that the police will actively divert people found in possession of Class A and C drugs into a process of assessment and treatment. It is also thought that if people can get help earlier, then the quality of the antecedent police report to the Procurator Fiscal will be better in respect of what people have engaged in, and therefore there could potentially be a higher likelihood of a case having a more health orientated outcome. We would track this by examining the prosecutorial decision made for those referred.

Peer Navigator Model
The group proposed to test a peer navigator model which would be introduced at the start of the criminal justice journey and would support those with a dependency on controlled substances and at risk through the process.

Individuals would be given peer-delivered support, building sustained and trusting relationships with individual navigators who help facilitate engagement with services and support in navigating the criminal justice pathways from contact with the police, through potential time in custody and beyond. We see this as likely to be delivered in partnership with the police and other agencies. Again, outcomes would be tracked and an assessment made of its wider applicability.

Priorities Going Forward
The Group reconvened in June 2020 to consider how it might restart its work following a necessary pause due to the Corona pandemic and taking into account

the learning across justice and health of our Covid response. This might include exploiting the more strongly embedded collaboration that has evolved, strengthened data sharing and more person centred approaches. The Group will be sensitive to the changes in the delivery landscape that will have emerged in this response, including the shift away from face to face services, and the extent to which that might be present for some time.

In reconvening, we also wish to re- engage with the lived experience voice that has not, for practical reasons, been able to be as active as hoped. We are working with the national commissioned organisations to think afresh of how the lived and living experience voice can be best engaged. We would like to test our assertions about the criminal justice pathway with those voices, as well as our ideas for tests of change.

Our intention was to invite local areas in regional workshops to work with the group to test these ideas with the potential resources available for the work of the Drug Death Taskforce, and be supported using improvement methodology to measure the impact of changes. We will be immediately reconsidering this approach in the light of restrictions on face to face meetings, and how we might still be able to make progress.

The Group has already identified some further propositions for testing which can be further developed in its further phases and we expect those propositions to continue to evolve. In the longer term, we would expect the work to reach conclusions on the capacity of the current system to deliver health related outcome and the limitations on this presented by the law, and other barriers. This, then will recast the work of the group, and the membership to address the matter of the second question in respect of the opportunities presented by further devolution in this area.

Other areas of interest
There were a number of additional areas on which our thinking is less developed, and where there is a concern that there is duplication with existing work. These areas are:

(1) Prisoner throughcare, on which we received a presentation from relevant colleagues, is an area we understand there is significant activity. This is in relation to both throughcare and prisoner healthcare. The group would like to reflect on what they have heard and will mature its thinking with a view to agreeing how it might add value. This reflection might now include how throughcare and prisoner healthcare in general may be modified following the Covid-19 pandemic.

(2) The group were aware of the impact of the navigator model in accident and emergency departments, and their impact in supporting people to access services and begin a journey of change. We considered looking to establish if a specific substance service resource using this model could be helpful, but the existing navigator model in hospital is considered sufficient at present, and a new service would interfere with the natural development of the navigator programme which has successfully been developed beyond the hospital setting.

PARTICIPATION AND A RIGHTS APPROACH TO STRENGTHENING THE DRUG DEATHS TASKFORCE

"There is a need to recognise that the skills of individual's are more important than their history (of drug taking)."
(Source - Stirling DDTF Meeting 29-10-19)

Substance use issues are associated with experiences of homelessness, poor mental health, poverty and involvement in justice services, highlighted by the findings of Hard Edges Scotland[3]. This report focused on the intersectional nature of multiple disadvantage, often including a history of domestic abuse and other interpersonal violence.

The use of lived experience of substance use has been a consideration in the DDTF as part of a rights informed approach. This has occurred through taskforce membership, observer and sub-group liaison and through facilitated conversations at meetings with wider community members. These were facilitated by NHS Health Scotland (now Public Health Scotland), involving local and national leads in recovery, family support and policy leads to attempt to capture wider insights.

The participative process offered was intended to work with community members towards enhanced accountability and opportunities for shared decision-making. It was led in a human rights informed way and the material generated strongly fits with the WHO endorsed 'AAAQ' framework[4] that services are *acceptable, accessible, available and of good quality.* This model strongly fits with community expectations.

"Human-Rights-Based-Approach for person-centred, purposeful support from clinician and all other services as (being)

- *enabled to ask questions and inform decisions about own care (e.g. choice and control in treatment options, prescription and when to come off it)*
- *essential to positive relationships*
- *needed to support transitions – the importance of good quality housing as place of safety for vulnerable individuals as an example."*

(Source: Ayr Pre-DDTF Session 5-3-20)

A fuller report on the material and recommendations gathered to date in the conversations with wider community members will be shared in due course but in summary, these are structured around three main improvement themes;

1. IMPROVEMENT IN SERVICE DESIGN to increase the speed of local access and intervention and to deliver this in a more compassionate, person centred and rights-based way by**:**

- Widening coverage of take home naloxone to both family and professional carriers
- Improving service response in a 'no wrong door' policy in all public services
- Improving the accuracy, timeliness and reliability of data and surveillance of drug deaths

[3] https://lankellychase.org.uk/resources/publications/hard-edges-scotland/
[4] https://www.who.int/gender-equity-rights/knowledge/aaaq-infographic/en/

- Using community expertise in training to recruit more peers and to tap into the wider voluntary sector

2. COMMUNITY PARTICIPATION IN PREVENTING DEATHS to deliver more credible education and strengthen accurate prevention messages within communities and better use of statutory and voluntary services by:
   - Increasing the community ground level response from the bottom up
   - Increasing participation in service design and delivery as this empowers and reframes judgements
   - Releasing capacity in publicly owned space for activities which create community capital
   - Building effective trauma informed responses with the standards, safeguards and accountability needed.

3. ADDRESSING THE DETERMINANTS OF DRUG DEATHS such as poverty, violence and welfare reform which are seen as missed opportunities to educate and intervene by:
   - A rights based response to drug deaths to build more accountable, collective action
   - Collaborative leadership and community activism to reduce stigma and oppression
   - Influencing legislation to prevent drug deaths, harms and consequences and build active citizenship.

Continued development of broader participation and lived experience to inform the task force has been interrupted by the impact of Covid19. In the crisis response, digital exclusion has also become a threat to access and engagement in many public services. There has been an apparent reduction in active participation in this and a range of other policy areas, resulting in lost ground.

Now that pandemic restrictions are lifting and the focus is on system recovery, the DDTF can regain this through:

- An increase in online participation via accessible platforms for updates, webinars and events.
- Widening the participation voices through a more integrated model of working and
- Greater participation in creating the ‘new normal’ not the re-establishment of services which have been proven to be inaccessible or unacceptable to community members.

“We need to push for things differently – how you look at the problem affects how you respond. Can’t keep doing same and expect a different result.”
(Source: Dundee DDTF Mtg 15-1-20)

DRUG DEATHS TASKFORCE – FUNDING ALLOCATION

Following the creation of the DDTF, the First Minister announced in her 2019 Programme for Government that there would be additional funding made available to the group to "support innovative projects, test new approaches and drive forward specific work to improve the quality of services"[5]. This commitment meant that the DDTF had £9 million to invest in 2020/21 and £5 million in 2021/22.

Following discussions between the Chair and Vice Chair of the Taskforce, Scottish Government officials and the Strategic Group of the DDTF, it was decided that the £9 million allocated in 2020/21 would be split as follows (more information on each is below):

- £3 million would be allocated to Scotland's Alcohol and Drug Partnerships;
- £5 million would be allocated to the DDTF and its sub-groups for an Innovation and National Developments funding programme; and
- £1 million would be allocated to a specific research programme.

Alcohol and Drug Partnership (ADP) Funding
Scotland's ADPs receive funding through the NHS from the Scottish Government each year. In addition to this year's allocation, ADPs were made aware of additional money which would be made available to them (distributed between ADPs based on levels of drug prevalence) on submission of a proposal setting out how they would use this money to specifically address gaps in delivering the six evidence-based strategies set out by the DDTF.

Bids for this additional money were to be submitted by 26 June, all 30 ADPs responded with applications spread across all 6 priorities. These bids were initially assessed by Scottish Government officials in the Alcohol, Tobacco and Drugs team before further assessment by a panel of DDTF members. These panel meetings took place in w/c 13 July.

As of 31 July, £2.4 million of this fund had been allocated. Additional discussions were in place with a few ADPs who had submitted applications which, on review, it was decided required some additional information. Details of what has been funded through this allocation will be available on the DDTF website in due course.

Innovation and National Developments Funding Programme
This fund is open only to applications which have been sponsored or supported by members of the DDTF and its sub-groups and which would allow for testing of innovative or immediate national responses to reduce drug related deaths.

Any application had to relate to work under the topics the DDTF sub-groups are divided into:

- Medication Assisted Treatment
- Public Health Surveillance
- Criminal Justice and the Law

[5] Protecting Scotland's Future – The Government's Programme for Scotland 2019-20 - https://www.gov.scot/publications/protecting-scotlands-future-governments-programme-scotland-2019-20/

- Multiple Complex Needs

All applications also had to be based on the principles of the Scottish Government alcohol and drug strategy 'Rights, Respect and Recovery', and clearly demonstrate inclusion of co-production and consultation with people who have used services or have relevant lived experience.

This fund is being administered on behalf of the DDTF by the Corra Foundation who are working with the Scottish Government Secretariat team to deliver it. Corra produced an application form for this fund, along with guidance notes, and made this available to those who had a proposal supported by one of the sub-groups.

This is a rolling grant programme, with a closing date each month and a one-month turn-around time for assessments. The first bid for funds closed on 3 July and an assessment panel met to discuss those bids received on 23 July. Details of the successful bids from this round can be found here (https://drugdeathstaskforce.scot/about-the-taskforce/funding/funded-research/ *)*

The next round of this fund will close on 3 August with applications considered by a panel on 27 August. A further round will follow with applications required by 3 September. Full details of these rounds, and those projects supported, will be published on the DDTF website.

DDTF Research Programme

Scottish Government analysts led on a research call seeking research proposals to contribute to the evidence base on interventions to reduce drug-related deaths and overdose, the experience of people who are most at risk and the services which support them.

This call was issued in April 2020 with applications requested by 8 June. An assessment panel then met to go through the received bids and decide on successful applicants. The assessment panel met on 30 June and successful applicants were informed shortly after.

Details of those research programmes which have been funded through this allocation can be found here https://drugdeathstaskforce.scot/news/drug-deaths-taskforce-announces-successful-research-fund-bids/.

MOVING FORWARD INTO YEAR TWO

We are now in the action phase of the Taskforce with funding allocated and our workstreams well underway. It will take time to assess and review the impact of this work but we will be monitoring impact on an ongoing basis.

Each project has its own built in evaluation but in addition we will be monitoring:

- Non-fatal overdose via ambulance and emergency departments;
- Naloxone distribution including reach into at risk populations in each health board area;
- Availability of and uptake of non-fatal overdose care pathways;
- Uptake of the MAT standards and associated measures such as % of at risk population in treatment, range of treatment option available, availability of same day prescribing and psychosocial support;
- Ongoing surveillance of DRD and the nature and type of drugs involved.

In addition we will undertake a further engagement exercise to ask stakeholders and affected communities what they would consider to be positive outcomes. This will be built into our review and evaluation.

We are currently considering accountability for implementation of our recommendations across workstreams. The taskforce itself cannot deliver the change required and local and national leadership is essential.

Finally, addressing drug related deaths in Scotland needs to be multi-faceted as the combination of circumstances that it has to deal with in order to succeed. There is no quick fix and reversing these entrenched trends will take time. We can only do this successfully by working in partnership.

ANNEX A

DRUG DEATHS TASKFORCE AND SUB-GROUP MEMBERSHIP

DDTF Members List
Catriona Matheson – Chair
Neil Richardson – Vice Chair
Adam Coldwells (left May 2020)
Ahmed Khan
Allan Houston
Angie Wood (joined June 2020)
Anthony McGeehan
Cameron Stewart
Carey Lunan
Carole Hunter (joined April 2020)
Colin Hutcheon
David Williams
Duncan McCormick
Fiona Doig
Gary Ritchie ACC
Hannah Snow (left January 2020)
Iona Colvin
Jason Wallace (joined July 2020)
Jean Logan (left April 2020)
Karyn McCluskey
Lesley McDowall
Michael Crook (Secretariat)
Nicola Dickie (joined February 2020)
Phil Mackie
John Wood (left February 2020)
Rebecca Wood
Richard Watson
Robert Peat
Susanne Millar
Tessa Parkes

Sub-Groups

Criminal Justice and the Law
Neil Richardson (Chair)
Alexis Stevenson
Anthony McGeehan
Beverley Francis (Secretariat)
Cameron Stewart
Claire Miller PI
David Doris
David Duncan CSU
David Toner
Denise Stampfer
Ella Eddington
Gary Ritchie ACC
Hannah Taylor (Secretariat)

Helen Forde
Jennifer Hamilton
Karyn McCluskey
Kaye Forsyth
Lea Mann
Lesley McDowall
Saket Priyadarishi
Sharon Stirrat
William Doyle (Secretariat)

Medically Assisted Treatment
Duncan McCormick (Chair)
Ahmed Khan
Allan Houston
Alison Munro
Carole Hunter
Cathie Holleran
Dave Liddle
Elinor Dickie
Jean Logan (left April 2020)
Joe Schofield
Karen McLeod
Lorna Douglas
Rebecca Wood
Saket Priyadarishi
Simon Rayner
Tracey Clusker

Public Health Surveillance
Phil Mackie (Chair)
Alexis Stevenson
Allan Blood
Claire Miller PI
Gary Ritchie ACC
Gary Rutherford
Lee Barnsdale
Mark Lawson (Secretariat)
Ryan Hughes
Tara Shivaji

Multiple and Complex Needs
Robert Peat (Chair)
Anniek Sluiman
Caroline Butler
Colin Hutcheon
Fiona Doig
Iona Colvin
Jardine Simpson
John Budd
Josh Dumbrell (left sub-group June 2020)
Julie da Costa (Secretariat)

Laura McCarron
Lauren Ross (Secretariat)
Linda Bendle
Maggie Page
Nicola Dickie
Richard Watson
Susanne Millar
Tessa Parkes (left sub-group June 2020)
Emily Tweed (left March 2020)

Participation Facilitators and Local Leads
Elinor Dickie (Public Health Scotland)
Phil Eaglesham (Public Health Scotland)
Penny Mortimer (Dundee Volunteer and Voluntary Action)
Robin Falconer (Dundee City Council)
Tom Bennett (Forth Valley Recovery Community)
Derek Watt (Scottish Recovery Consortium)
David McLeod & Faye Murfet (South Ayrshire ADP)
Rosemary Whyte (North Ayrshire ADP)
Liam Wells (East Ayrshire ADP)
Carolanne McLennan (Recovery Coordinator, KSRHT)
Simon Pringle & Fraser Hoggan (Alcohol and Drugs Action Aberdeen)
Jason Wallace (Glasgow City Centre Users Group)
Gillian Ferguson (Glasgow Engagement Group)
Austin Smith (DSF)

Along with advice from DDTF members/observers – Becky Wood, Justina Murray, Jardine Simpson and Kirsten Horsburgh.

Observers
Jardine Simpson
Justina Murray
Kirsten Horsburgh

ANNEX B

DATES AND LOCATIONS OF DDTF AND SUB-GROUP MEETINGS AND VISITS

DDTF and Subgroup Meetings to date & upcoming:

NAME OF MEETING/GROUP	DATE OF MEETING	Location
Drug Death Taskforce Meeting	17th September 2019	Quaker meeting house, Edinburgh
Drug Death Taskforce Meeting	29th October 2019	Stirling Highland House, Stirling
Drug Death Taskforce Meeting	15th January 2020	Cairn Centre, Dundee
Drug Death Taskforce Meeting	8th April 2020	Virtual meeting via Zoom
Drug Death Taskforce Meeting	13th May 2020	Virtual meeting via Zoom
Drug Death Taskforce Meeting	18th June 2020	Virtual meeting via Zoom
Drug Death Taskforce Meeting	24th July 2020	Virtual meeting via Zoom
Drug Death Taskforce Meeting	*2nd September 2020*	*Virtual meeting via Zoom*
Drug Death Taskforce Meeting	*7th October 2020*	*Virtual meeting via Zoom*
Sub Group : Medically Assisted Treatment	18th March 2020	Virtual meeting via Zoom

Sub Group : Medically Assisted Treatment	23rd April 2020	Virtual meeting via Zoom
Sub Group : Medically Assisted Treatment	24th June 2020	Virtual meeting via Zoom
Sub Group : Criminal Justice and the Law	5th November 2019	Scottish Youth Centre, Glasgow
Sub Group : Criminal Justice and the Law	10th December 2019	Scottish Prison Service College, Falkirk
Sub Group : Criminal Justice and the Law	14th January 2020	New Register House Dome Seminar Facility, Edinburgh
Sub Group : Criminal Justice and the Law	7th July 2020	Virtual meeting via Zoom
Sub Group : Multiple Complex Needs	23rd October 2019	Teleconference
Sub Group: Multiple Complex Needs	19th November 2019	Teleconference
Sub Group: Multiple Complex Needs	10th December 2019	Teleconference
Sub Group: Multiple Complex Needs	15th January 2020	Cairn Centre, Dundee
Sub Group: Multiple Complex Needs	5th February 2020	St Andrews House, Edinburgh
Sub Group: Multiple Complex Needs	16th March 2020	Teleconference
Sub Group: Multiple Complex Needs	23rd April 2020	Virtual meeting via Zoom

Sub Group: Multiple Complex Needs	18th May 2020	Virtual meeting via Zoom
Sub Group: Multiple Complex Needs	11th June 2020	Virtual meeting via Zoom
Sub Group: Multiple Complex Needs	2nd July 2020	Virtual meeting via Zoom
Sub Group: Multiple Complex Needs	27th July 2020	Virtual meeting via Zoom
Sub Group: Multiple Complex Needs	24th August 2020	Virtual meeting via Zoom
Sub Group: Multiple Complex Needs	14th September 2020	Virtual meeting via Zoom
Sub Group: Multiple Complex Needs	15th October 2020	Virtual meeting via Zoom
Sub Group: Multiple Complex Needs	12th November 2020	Virtual meeting via Zoom
Sub Group: Multiple Complex Needs	4th December 2020	Virtual meeting via Zoom
Sub Group: Public Health Surveillance	25th September	Teleconference
Sub Group: Public Health Surveillance	21st January 2020	Teleconference
Sub Group: Public Health Surveillance	20th February 2020	Teleconference
Sub Group: Public Health Surveillance	25th March 2020	Teleconference

Visits

The Criminal Justice and the Law sub-group has undertaken a programme of visits to provide members with the opportunity to examine first-hand evidence. Visits were organised to:

- Durham Constabulary's diversion scheme Checkpoint
- Glasgow's Drug Court
- Thames Valley Police Drugs Diversion Pilot Scheme.

A visit had also been scheduled to HMP Perth however this had been due to occur on 26 March 2020 and was cancelled following the introduction of lockdown. This may be rescheduled, or we may look into alternative opportunities for similar learning