

Naloxone Reporting Short Life Working Group

Final Report

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Introduction

This short report from Public Health Scotland (PHS) describes the purpose, process and meetings of the Naloxone Reporting Short Life Working Group (SLWG).

This report also describes the recommendations of the SLWG and outlines the next stage in this change process, where organisations will review these findings and respond to them.

The key sections of this report are as follows:

- **Purpose and Membership**
- **Meetings**
- **Recommendations**
- **Conclusion (Fiona Raeburn & Jason Wallace: Co-Chairs)**
- **Next Steps**

As acronyms are used throughout this report for organisation names, a **Glossary** is included.

Purpose and Membership

Background

Over the past ten years, the number of Drug-Related Deaths (DRDs) in Scotland has increased sharply, reaching an all-time high of 1,339 in 2020. These tragic events have highlighted the importance of preventative interventions such as take-home naloxone (THN) supply. However, the growth of Scotland's National Naloxone Programme (NNP) in response to the drug death crisis and innovations in delivery, including those introduced in response to the COVID-19 pandemic, mean that it is increasingly difficult to address questions raised about naloxone provision using the information available on the basis of the current data collection model.

Following recommendations from two independent expert forums and the successful outcomes of local take-home naloxone pilots in Scotland, the Scottish Government supported the rollout of the NNP in Scotland from November 2010. Between 2010 and 2016, Scottish Government funding was made available to support the delivery of the programme by Alcohol and Drug Partnerships and NHS Boards.

During its first five years, the NNP was overseen by the National Naloxone Advisory Group (NNAG), a multi-disciplinary group including stakeholders from Scottish Government, NHS Boards, Scottish Prison Service, Information Services Division (ISD) of NHS National Services Scotland (now part of Public Health Scotland), voluntary sector organisations and academia. This was responsible for establishing the data collection, performance measurement, reporting mechanisms and distribution targets for NHS Boards and prisons.

Oversight of the NNP passed to the Partnership for Action on Drugs in Scotland (PADS) Harms Group from March 2016 to March 2019. Since the PADS Harms group was disbanded, the NNP has operated without formal oversight.

As a response to the rising number of drug deaths, the Scottish Government established the Scottish Drug Deaths Taskforce (SDDT) in July 2019. Since its introduction in 2019, the SDDT has consistently supported the use of naloxone,

encouraging joint working between stakeholders and fostering innovation in this area. SDDT-related developments include national roll-out of a naloxone supply pilot by Scottish Ambulance Service and naloxone carriage pilots by Police Scotland and Scottish Fire & Rescue Service, and greater involvement from peer supply networks. The SDDTs final report '**Changing Lives**' includes a range of recommendations in relation to naloxone. Actions 43-57 include recommendations to ensure adequate supply and expand the scope of the programme to establish consistent routes of supply through hospitals and GP practices, to change/clarify the legal status of naloxone, to appoint a National Naloxone Coordinator and for PHS to review the monitoring and evaluation of naloxone.

The COVID-19 pandemic also led to further innovation, with the Lord Advocate granting powers for non-drug treatment services to supply naloxone (these remain in place awaiting the outcome of a UK Government consultation). In response, NHS Boards increased the number of kits supplied. During this period, postal distribution was also introduced as a means of supplying naloxone.

The Advisory Council on the Misuse of Drugs (ACMD) **report on UK naloxone implementation** (2022), made a series of recommendations to optimise the use of naloxone to reduce drug-related harms. These included improving the quality of information on THN supply, establishing peer supply networks, ensuring THN supply via community pharmacy and prison, promoting carriage among police officers and supply/training by all emergency care providers.

The naloxone dataset was designed to collect data on numbers of supplies made by community outlets and prisons. The growth of the NNP means that is not well suited to obtaining reliable data from interactions occurring via more recently introduced supply routes. The fit between the national naloxone dataset and neo360 (a data collection system used in harm reduction service and pharmacies, which includes a module to record naloxone supply) needs to be addressed. The focus on numbers of kits supplied makes it challenging to address questions about the numbers of people carrying naloxone, the number of naloxone administrations, the numbers of lives saved etc. Further, the performance indicators devised at the start of the NNP to focus on people with a higher risk of fatal opioid overdose do not adequately demonstrate the broader impact of the programme and should be reviewed.

Purpose

A core group consisting of PHS and SG members was formed and independent representatives appointed as Chairs. The core group considered the purpose and membership and articulated these in the format of a Terms of Reference (ToR) for the SLWG. This was shared with members for comment prior to the first meeting. The ToR was accepted in full at meeting 1 and a final copy distributed to SLWG members.

As stated in the ToR, the purpose of the SLWG was as follows:

...to examine Scotland's naloxone data collection and reporting in the wider context of drug harm prevention and to make recommendations on how these could be modified to ensure their continued sustainability and fitness for purpose.

This includes:

- a. Context: Describing the background and current context of the National Naloxone Programme. Consideration of current gaps and potential future developments. Mechanisms for strategic oversight of the programme. What should the future THN programme and associated governance look like, and why?*
- b. Content: What is included in the naloxone data collection and associated performance indicators? How does this compare to the current context of naloxone provision and future aspirations for the programme? How should we monitor THN provision and use in the future?*
- c. Processes: Map out the processes by which naloxone data (including personal data) are recorded, collated and reported by PHS. What are the strengths and weaknesses of the current data collection and how could it be improved?*
- d. Outputs: Review PHS's naloxone-related outputs and their fit with stakeholder needs. Identify current and future target audience,*

timeliness, type of reports, dissemination, areas of overlap with other outputs and potential improvements. What does effective and impactful reporting look like and how do we get there?

Through this process the SLWG are asked to identify:

- a. Priorities – What are the most important elements of naloxone reports for users of these statistics? Are these priorities currently being met?*
- b. Improvements – If these priorities are not being met, how can we improve data collection/reporting to meet the needs of users?*

Membership

PHS and SG decided that the SLWG should have an independent Chair and include senior leadership from the lived experience community. On this basis, Fiona Raeburn, Specialist Pharmacist in Substance Use at NHS Grampian, and Jason Wallace, Living Experience Engagement Senior Officer from Scottish Drugs Forum, agreed to act as Co-Chairs.

In order to ensure that all relevant user and stakeholder groups were involved in the SLWG, requests for participation were made via various forums including the Scottish Naloxone Network (ScoNN) group of NHS Board naloxone supply leads. Other invitations were made directly to individuals known to be key contacts (for example, Alcohol and Drug Partnership co-ordinators, naloxone leads from emergency services, prisons and voluntary organisations) or those who were using naloxone data for research.

Participants who were unable to attend individual meetings were encouraged to identify a deputy to attend in their place. A small number of participants left the SLWG due to a change in role. In each case, their place on the SLWG was taken by a colleague. In order to ensure that the SLWG took note of all relevant knowledge, a small number of participants were added to the SLWG membership after meetings had commenced.

Following each meeting, SLWG members were provided with a report summarising proceedings. These reports were discussed at the following meeting and in the event of comments and clarification being requested, reports were amended and re-circulated.

Members of the SLWG are shown in [Appendix A](#).

Meetings

Meeting 1: Background and Context of the National Naloxone Programme

SLWG Meeting 1 took place on Friday 23 September 2022. This meeting was used to agree the scope of the group, set the scene for future meetings by addressing the background and current context of the National Naloxone Programme (NNP).

The following items were included on the agenda for SLWG meeting 1:

- Discussion of the SLWG Terms of Reference and meeting schedule.
- Presentation of history of the NNP by Lee Barnsdale, Public Health Scotland.
- Presentation on the effectiveness of take-home naloxone (THN) by Professor Andrew McAuley, Glasgow Caledonian University.
- Facilitated discussions on the strengths and limitations of the NNP.
- Presentation on strategic recommendations for future development of the NNP by Dr Tara Shivaji, Public Health Scotland.
- Facilitated discussions on current policy gaps and recommendations for future development.

The main conclusions of Meeting 1 were:

- The focus of current PHS naloxone reporting is on monitoring numbers of THN supplies. Currently, the national naloxone dataset contains limited dataⁱ on:
 - the numbers of people trained to administer naloxone (data record the number of naloxone kits supplied, rather than individuals trained). Some people may accept training in overdose awareness but not take a naloxone kit, and some services may hold a set number of supplies rather than provided each trained staff member with a supply;
 - the numbers of people who carry naloxone on their person; and,
 - the administration of naloxone (limited data on re-supply due to use on self/other are captured in the national naloxone dataset).
- While it was felt that information on other aspects of the NNP would be valuable, participants also recognised that the scope of data collection needed to be manageable.
- The group felt it was important to develop an understanding of the NNP's impact on health outcomes.
- There was support for the Scottish Drug Death Taskforce's (SDDT) recommendation of a National Naloxone Co-ordinator role or national oversight group. It was felt that this role would be important in establishing strategic priorities, developing the workforce to supply naloxone and promoting awareness of the NNP.
- There was support for the SDDT's recommendation to increase hospital THN supply but recognition of the problems implementing this change in acute

ⁱ The Needle Exchange Surveillance Initiative (NESI) records data on THN carriage and experience of THN administration among people who use drugs.

settings (for instance, regional variations in substance use liaison team availability to supply THN and limitations of relying on these teams).

- There was support for the Advisory Council on Misuse of Drugs' recommendation for THN supply by NHS custody teams operating from police custody suites.

Meeting 2: Naloxone Data Collection & Supply

SLWG Meeting 2 took place on Thursday 27 October 2022 and focused on processes for collecting and supplying data on naloxone.

The following items were included on the agenda for SLWG meeting 2:

- Presentation on current naloxone datasets and their strengths and limitations by Lee Barnsdale, Public Health Scotland.
- Facilitated discussions on the strengths and limitations of the current naloxone collection process.
- Presentations on national naloxone dataset quality and completeness issues from PHS and NHS Board perspectives by Lindsey Jackson and Janet Fleming (Public Health Scotland) and, Mariebeth Kilbride (Scottish Drugs Forum).
- Presentations on the recording of data using the neo360 system and the legal issues associated with THN supply by and Fiona Raeburn (NHS Grampian).
- Facilitated discussions on data supply issues.

The main conclusions of Meeting 2 were:

- Reporting needs to be responsive to national and local needs. A lot of information is gathered and reported on, but without strategic leadership for the National Naloxone Programme, the purpose of reporting can be unclear.
- The national naloxone dataset is supply focused and works generally well, but there are some areas where the guidance could be clearer and where the data collection could be more streamlined.
- A revised national core dataset should be agreed. In order to protect staff time, the dataset should be limited in scope and efficient to collect. It should be flexible enough to accommodate local differences in data collection methods and be manageable/appropriate for peer and other non-clinical programmes.

- Once this SLWG concludes and data collection requirements have been agreed, PHS and SG should engage with potential IT suppliers to discuss how best those needs can be met.

- In relation to capturing new types of data:
 - Information on the number of people trained was felt to be important, but it was acknowledged it could be difficult to capture reliable and consistent data.

 - Existing datasets could capture data on GP and hospital supply. However, the main challenges associated with these setting would be process and demand-related barriers to expanding THN supply. Addressing these issues would require strategic leadership.

 - In relation to first responders, it was felt more important to know about the administration of naloxone when on duty than the numbers of individuals who were trained.

 - THN administration was recognised as an important gap in the national naloxone dataset, with limited data only available if usage of a previous kit is recorded as a reason for re-supply of THN. THN administration data are recorded by NESI and by some NHS Boards (for example, NHS Grampian). It was felt that new techniques of data gathering (paper slip or QR code) may be worth exploring. Participants suggested a THN administration data collection pilot could be the focus of a test of change.

Meeting 3: Naloxone Outputs and Performance Indicators

SLWG Meeting 3 took place on Thursday 19 January 2023 and focused on PHS's statistical outputs on naloxone and the indicators they contain which describe the performance of the National Naloxone Programme (NNP).

The following items were included on the agenda for SLWG meeting 3:

- Presentation on naloxone reporting and impact by Dr Gordon Hunt, Public Health Scotland.
- Facilitated discussions on the use of naloxone reporting and potential areas for improvement.
- Presentation on naloxone performance indicators by Lee Barnsdale and Mike Smith, Public Health Scotland.
- Facilitated discussions on potential changes to performance monitoring.

The main conclusions of Meeting 3 (and the accompanying audit) were:

- There was a discussion about the PHS statistical outputs, performance indicators and their audience. It was recognised that these are used extensively by local stakeholders, but some areas have a need for additional data (for example, NHS Grampian collects information locally on THN administrations). This led to further discussion regarding the feasibility of having a consistent national dataset which met those needs.
- It was felt that the annual **Official Statistics report** was beneficial but that the frequency could be reduced to biennial. The group felt that including more graphics could make the report more accessible and user friendly.
- Local stakeholders felt that the **quarterly monitoring bulletins** realised some important benefits. The statistics and reach figures were highlighted as areas that are used to develop local naloxone delivery plans. It was felt that presentation of these statistics via an interactive dashboard would deliver further benefits.

- There was a discussion around the types of service which supply naloxone and the differences ways they make supplies (for example, community pharmacies can supply naloxone using local guidance (without a prescription) or by dispensing prescriptions prescribed by GPs or drug treatment services. It was agreed that there was a good opportunity to look at the categorisation of services under which supplies are reported to ensure consistency and clarity.
- There was agreement that overall, the performance indicators presented in the PHS reports were useful and remain valuable, but there was a lack of consensus on the continued value of the current prison performance indicator. There was clear support for including GP and hospital performance indicators, as these were felt to be future strategic priorities for the programme.
- The potential for data linkage was examined, with participants discussing issues associated with consent for data collection and information governance. Potential benefits of data linkage to improve the quality of existing performance indicators and facilitate the development of new indicators or academic research were discussed.

Meeting 4: NDRDD Reporting & SLWG Recommendations

SLWG Meeting 4 took place on Thursday 2 March 2023 and focused on agreeing the recommendations from the SLWG.

The following items were included on the agenda for SLWG meeting 4:

- Review of scope of SLWG meetings in relation to Terms of Reference.
- Presentation on using naloxone data for strategic decision making by Dr Tara Shivaji, Public Health Scotland.
- Presentation on SLWG recommendations compiled during previous meetings by Lee Barnsdale, Public Health Scotland.
- Facilitated discussions on SLWG recommendations.

The main conclusions of Meeting 4 were:

- The group indicated that the SLWG objectives set out in the Terms of Reference had been met. No gaps in coverage requiring further focus were identified by participants.
- Following discussions in Meeting 1, the group highlighted other groups who should have access to, or be able to supply, naloxone:
 - Participants felt that staff working in prisons and pharmacies should uniformly have access to naloxone for use in emergency situations.
 - The group reflected that their recommendations should include an expression of continued support for current supply routes in high priority settings (i.e. upon liberation from prison).
- Naloxone remains a Prescription Only Medication, for which it is necessary to record patient details. Services supplying naloxone without doing so operate in a legal 'grey area', under a temporary exemption from prosecution issued by the Lord Advocate. NHS Boards have identified different ways to promote naloxone supply in spite of these constraints and uncertainties. A permanent

lawful solution is required in order to provide clarification for services supplying naloxone in Scotland. Although outwith the remit of this group to progress, the group felt it important to highlight their support on this matter.

- Following discussions in Meeting 2, the group highlighted some further areas where data collection guidance needed to be improved:
 - Consideration should be given to including a variable in PHS's national naloxone dataset which allows the collection of data on secondary distribution. This may help to illustrate an unmet training need and understand the extent of this practice.
 - Further consideration of and guidance on the recording of peer supplies via neo360 and the national naloxone dataset should be provided in order to promote consistency between NHS Boards.
 - The group clarified its support for data linkage using information from PHS's national naloxone dataset. It was felt that this will be beneficial in order to demonstrate the impact of the National Naloxone Programme.

- Following discussions in Meeting 3:
 - Participants discussed the prison performance indicator and, recognising that its inclusion within PHS's **Official Statistics report** had fulfilled its purpose in relation to demonstrating impact among high-risk groups, recommended that it should, in future, only be reported within PHS's **National Drug Related Death Database publication**.
 - Participants supported the continued development and publication of a hospital performance indicator, reflecting that this is a national priority. Participants expressed support for refining the indicator to examine naloxone supply and mortality following drug-related hospital stays.
 - There was no clear consensus in relation to potential indicators on emergency responder carriage or naloxone training.

- Participants recognised that there is currently a gap in information regarding the use of naloxone by staff working with those at risk of opioid overdose. In social care services, these data may be reported to the Care Inspectorate and it would be useful to obtain them in order to inform service worker training.

Recommendations

Recommendation 1: Modernising naloxone data collection

The national naloxone dataset has provided reliable and consistent data, demonstrating increases in naloxone supply and reach over time. It has also proven to be flexible and has been successfully adapted to record naloxone supply in a range of settings. However, SLWG participants felt that it needed to be modernised, some aspects of guidance needed clarification and that data demonstrating the administration and impact of naloxone should be recorded.

The SLWG made the following recommendations:

- Modernise the process of data submission via the implementation of a secure data collection solution and/or closer collaboration with neo360 (PHS/SG/ScoNN)
- Identify and implement solutions to facilitate the collection and reporting of data on the administration/use of naloxone in Scotland, by members of the public, emergency and service workers (PHS/SG/ScoNN)
- Clarify data collection guidance in respect of recipient groups, reasons for resupply, and peer supply (PHS/ScoNN)
- Evaluate options for the collection and reporting of information on secondary distribution of naloxone kits (PHS/ScoNN)
- Explore the feasibility of linking naloxone supply data to other routinely collected health datasets as part of the **Scottish Public Health Drug Linkage Programme** and establish the appropriate information governance framework to facilitate this change (PHS)

Recommendation 2: Demonstrating the impact of naloxone

The clinical impact of naloxone in terms of preventing opioid overdose deaths is widely understood. However, in the context of sustained high numbers of opioid-related deaths, the impact of Scotland's National Naloxone Programme (NNP) has not been fully demonstrated and recognised so requires further exploration.

The SLWG supported the following actions to improve understanding of the impact of the NNP.

- Conduct/commission research into the number of lives saved by Scotland's NNP (PHS/SG)
- Commission an evaluation of the NNP, to improve understanding of its value as part of Scotland's response to increasing drug-related deaths (SG)
- Remove the existing naloxone prison performance indicator from PHS's **Official Statistics report** and refine/report it within PHS's **National Drug-Related Death Database publication**. Evaluate data linkage options for demonstrating the impact of take-home naloxone supply from prisons (PHS)
- Refine the existing naloxone hospital performance indicator in PHS's **Official Statistics report** to provide a clearer focus on outcomes following drug-related hospital stays, both in terms of naloxone provision and mortality (PHS)

Recommendation 3: Improving PHS's naloxone statistics

Members of the SLWG recognised the value and usefulness of PHS's **Official Statistics** on naloxone provision. However, it was acknowledged that some changes were required in order for them to be produced efficiently, remain fit for purpose and to optimise engagement among a wide range of potential statistics users.

Participants in the SLWG supported the following actions to enhance PHS's naloxone statistics:

- Continue to publish **quarterly naloxone monitoring bulletins**, making further use of visualisations/interactive dashboards where appropriate (PHS)
- Change the frequency of **Official Statistics** on naloxone from annual to biennial (PHS)
- Incorporate Alcohol and Drug Partnership breakdowns into **Official Statistics** (PHS)
- Further enhance the use of visualisations in naloxone reporting (PHS)
- Include Police Scotland and Scottish Fire & Rescue Service emergency naloxone administration data in **RADAR** reporting (PHS/PS/SFRS)
- Ongoing review and improvement of local and national naloxone reporting via continued engagement between PHS and NHS Boards (PHS/ScoNN)
- Publish information on naloxone supply and carriage among people in specialist drug treatment using data collected via the **Drug and Alcohol Information System (DAISy)** (PHS)
- Identify and implement solutions to facilitate the collection and reporting of data on the administration/use of naloxone in Scotland, by members of the public, emergency and service workers (PHS/SG/ScoNN)

Leadership & Strategy

The scope of the SLWG did not include the definition of new strategic priorities for naloxone distribution or the development of governance mechanisms to oversee delivery. However, it was noted that national strategic leadership was important in addressing obstacles in naloxone provision and driving forward improvement, and that national oversight has been lacking in recent years.

Considering recent initiatives and recommendations made by other organisations such as the **Scottish Drug Deaths Taskforce** and **Advisory Council on the Misuse of Drugs** (and the responses by the **Scottish** and **UK** Governments, respectively) the SLWG expressed support for the following actions:

- Establish a National Naloxone Co-ordinator role to work with Scottish Government to define and deliver national strategic priorities in partnership with local leaders (SG).
- As a priority, establish consistent routes of naloxone supply from general practice, hospitals and police custody suites (SG/NHS Boards/PS).
- Formalise the provision which enables non-drug treatment services to supply naloxone (UK Gov/SG/COPFS).
- Continue the work with UK Government which, following recent 4 Nations naloxone consultation, aims to review medicines legislation to consider feasibility to reclassify the current Prescription Only Medicine status of naloxone (UK Gov/SG).
- Building on the Scottish Government's recent commitments in these areas:
 - Embed naloxone training and supply from community pharmacies in Scotland's Core Pharmacy Services (SG/NHS Boards).
 - Expand and encourage voluntary overdose awareness and naloxone training across the Scottish prison estate (SG/SPS).

- Continue naloxone supply in high priority settings, namely via drug treatment services and on release from prison custody (SG/NHS Boards).

Conclusion

The Chairs extend their sincere thanks to all members of the SLWG in supporting review of the Scottish naloxone dataset. Their participation and passion demonstrated a collective desire to further develop the THN intervention and highlighted the value of data in helping to achieve this.

The breadth of experience and knowledge of the varied membership enabled robust scrutiny of existing, and solid consideration of future, data and process requirements. At times discussion touched upon areas of development, gaps and challenges which fell outwith the scope of the SLWG. The group chose to reference some of these in the report in order to demonstrate their support, reflecting the strength of feeling which emerged. There was particular support for the re-instatement of a national co-ordinating role when discussing the detrimental impact its absence has had on the continued delivery and development of this intervention.

Our ultimate goal as Chairs is to ensure a continued, co-ordinated focus on overdose awareness and naloxone as one of the key interventions which prevents people losing their lives to a drug related death, a loss which continues to affect communities across Scotland.

Fiona Raeburn and Jason Wallace (Co-Chairs)

Next Steps

In summer 2023, SLWG members were invited to review these recommendations and respond to them. Comments were subsequently addressed, and where appropriate, reflected in the final recommendations.

Following publication, these recommendations will be reviewed by the Minister for Drug and Alcohol Policy on behalf of the Scottish Government. It is anticipated that an official response from the Scottish Government will be published in response to these recommendations.

The implementation of some of the recommendations described in this report will require further discussion between the responsible stakeholders. It is anticipated that PHS and SG will play a lead role in supporting these discussions and co-ordinating the delivery of relevant activities.

In line with best practice under the UK Statistics Authority **Code of Practice for Statistics**, proposed changes to the content of Official Statistics publications will be subject to public consultation.

Glossary

COPFS: Crown Office and Procurator Fiscal Service

DRD: Drug-Related Death

GCU: Glasgow Caledonian University

ISD Scotland: Information Services Division Scotland

NESI: Needle Exchange Surveillance Initiative

PHS: Public Health Scotland

PS: Police Scotland

ScoNN: Scottish Naloxone Network

SDF: Scottish Drugs Forum

SDDT: Scottish Drug Deaths Taskforce

SFAD: Scottish Families Affected by Alcohol and Drugs

SFRS: Scottish Fire & Rescue Service

SG: Scottish Government

SLWG: Short Life Working Group

THN: Take-Home Naloxone

Appendix A

SLWG Members

Forename	Surname	Role	Organisation
Alex	Adam	Specialist Pharmacist in Substance Use Management	NHS Ayrshire & Arran
Lee	Barnsdale	Programme Portfolio Manager (Drugs)	Public Health Scotland
Joshua	Bird	Statistician	Scottish Government
Paul	Blackwood	Group Commander	Scottish Fire & Rescue Service
Lenka	Blazejova	Principal Information Analyst	Public Health Scotland
Elizabeth	Butters	ADP Coordinator	Fife Alcohol and Drug Partnership
Tom	Byrne	National Prisons Pharmacy Adviser	Healthcare Improvement Scotland
Emma	Christie	Health Policy Manager (Substance use and recovery)	Scottish Prison Service
Vicki	Craik	Public Health Intelligence Advisor	Public Health Scotland
Michael	Crooke	Drug Policy Team Leader	Scottish Government
Femke	De Wit	Senior Information Analyst	Public Health Scotland
Christopher	Devlin	Sergeant	Police Scotland
Janet	Fleming	Data Management Officer	Public Health Scotland
Suzanne	Gallagher	Helpline Development Officer	Scottish Families Affected by Alcohol & Drugs
Gordon	Hunt	Principal Information Analyst	Public Health Scotland
Lindsay	Jackson	Data Management Officer	Public Health Scotland
Marta	Kanafa	Senior Policy Officer	Scottish Government
Stephen	Kerr	NHS Recovery Project Manager	Glasgow City Council

Forename	Surname	Role	Organisation
Mariebeth	Kilbride	Senior Officer Drug Death Prevention	Scottish Drugs Forum
Con	Lafferty	Senior BBV Prevention Worker	NHS Lothian
Amanda	Laird	Advanced Pharmacist	NHS Greater Glasgow & Clyde
Donna	Mackay	Inspector, Substance Harm Prevention	Police Scotland
Andrew	McAuley	Consultant Scientist/Professor in Public Health	Public Health Scotland/Glasgow Caledonian University
Abby	McQueen	Analyst	Scottish Ambulance Service
Angela	Prentice	Information Manager	Public Health Scotland
Fiona	Raeburn	Specialist Pharmacist in Substance Use	NHS Grampian
Gary	Rutherford	Patient Safety Manager	Scottish Ambulance Service
Tara	Shivaji	Head of Drugs Team	Public Health Scotland
Mathew	Smith	Researcher	Glasgow Caledonian University
Mike	Smith	Information Analyst	Public Health Scotland
Anton	Stephenson	Chief Inspector	Police Scotland
Jason	Wallace	Lived Experience Engagement Senior Officer	Scottish Drugs Forum