

Criminal Justice, Health, Social Care and Sport, and Social Justice and Social Security Committees

Wednesday, 2 February 2022

Reducing drug deaths in Scotland and tackling problem drug use

Note by the clerk

Introduction

1. Members of the Criminal Justice, Health, Social Care and Sport, and Social Justice and Social Security committees will hold an evidence session to consider the progress made on the implementation of the recommendations of the Scottish Drug Deaths Taskforce.
2. The Members will hear from Angela Constance MSP, Minister for Drugs Policy, Pat McAuley, Head of the Drug Deaths Unit, Drug Policy Division, and Henry Acres, Team Leader, Drug Deaths Taskforce Support Team, Scottish Government.

Written evidence

3. Key organisations were asked to provide written evidence on the progress they have made on the implementation of the Taskforce's recommendations and for a view on what else should be done.
4. Written submissions were received from the following:
 - UK Government
 - Scottish Government
 - Scottish Drug Deaths Taskforce
 - Police Scotland
 - Healthcare Improvement Scotland
 - Community Pharmacy Scotland
 - Crown Office and Procurator Fiscal Service

Clerks to the Committees
27 January 2022

Scottish Drug Deaths Taskforce recommendations

I am grateful to the Scottish Drug Deaths Taskforce for their ongoing work, and the recommendations of the report of September 2021. The UK Government continues to make good progress in its work to tackle the misuse of drugs and the harms that result and we are keen to continue to work with all nations across the UK on this issue.

On 6 December 2021 this Government published a wide-reaching Drug Strategy, From Harm to Hope, a 10-year plan to cut crime and save lives by reducing the supply and demand for drugs and delivering a high-quality treatment and recovery system. While not a strategy for the whole of the UK, this HMG Drug Strategy is aligned to the reserved policy responsibilities of its six main contributing departments. The Scottish Government along with the Welsh Government and Northern Ireland Executive have set out their own strategies to tackle the harms from drug use in areas where responsibility is devolved. This Strategy does not take away from those efforts of devolved administrations. The Strategy includes some policies on cross-border issues, and highlights the activity of the National Crime Agency and Border Force which have a UK-wide reach.

I have welcomed the opportunity to discuss these matters directly with my counterpart in the Scottish Government, as well as in Wales and Northern Ireland, in recent UK Drugs Ministerial discussions. Combating illicit drug use and harm is a priority for the whole of the UK and we are committed to working together with the devolved administrations to confront this issue.

The Rt Hon Kit Malthouse MP Minister of State for Crime and Policing and Probation

The Scottish Drug Deaths Taskforce was established by the Scottish Government and has reported its findings to them. In doing so it has made some recommendations which relate to reserved matters or on issues in which the UK Government has an interest. The Taskforce did not explicitly set out which recommendations were directed at the UK Government in the main, however below are the recommendations and our responses on those where we take a view:

Recommendation 4

The production of illicit pills, including atypical benzodiazepines, cause significant harm. Progress is required to ensure the regulation of pill presses, including a suitable licensing system to reduce related harm.

The issue of the threat of pill presses and their use by organised criminality to produce illicit drugs has been discussed by relevant partners for some time. The Home Office commissioned the National Crime Agency to review this issue and they produced an assessment which was shared with each of the Home Nations as well as the findings presented at the UK Drugs Ministerial in Belfast in October 2021. Work is currently underway to consider the findings.

Recommendation 13

The Taskforce supports the introduction of properly resourced safer consumption facilities in Scotland. The Drugs Death Taskforce recommends that the UK Government consider a legislative framework to support their introduction. In the interim, the Scottish Government should explore all options within the existing legal framework to support.

We have no plans to introduce drug consumption rooms (DCRs) in the UK. Drug consumption rooms are currently not legal and a range of crimes would be committed in the course of running such a facility, by both service users and staff. There are also significant concerns, for example, about criminal and civil liabilities as well as the extent to which they may appear to condone drug use and the illicit supply of drugs. The legal framework around drug misuse is the responsibility of the UK Government. Combating illicit drug use and harm is a priority for the whole of the UK and we are committed to working together with the devolved administrations to confront this issue.

Recommendation 16

Licensing of drug checking facilities should be reviewed to ensure that the licensing of drug checking services is open, transparent and accessible, and in line with a health-based approach.

We do not propose to review the drug licensing regime and so we are unable to accept this recommendation. The current regime is already able to receive applications for a range of legitimate purposes and we are in discussion with the Scottish Government to assist them in understanding the requirements of our licensing regime in advance of any applications they, or their delivery partners, may make in relation to drug checking services.

Recommendation 18

The UK Government should amend the Misuse of Drugs Act 1971 or Misuse of Drugs Regulations 2000 to allow for the legal provision of a wider range of drug

paraphernalia through harm reduction and treatment services, to enable safer drug consumption.

We await any detail or evidence which the Taskforce or the Scottish Government wish to provide as to the need for legislative change to allow wider access to drug paraphernalia. We continue to support a range of evidence-based approaches to reduce the health-related harms of drug misuse, such as maintaining the availability of needle and syringe programmes to prevent blood borne infections. We do not currently propose any changes to the MDA.

Recommendation 20

The UK Government should support permanent reclassification of naloxone to make it easier to provide supply.

The Department of Health and Social Care (DHSC), the Department of Health in Northern Ireland (NI DoH), the Scottish Government, and the Welsh Government recently consulted on proposals to expand the list of services and individuals that can supply naloxone without a prescription or other written instruction. The proposals seek to allow naloxone to be more easily distributed to at-risk people who use drugs. The responses are currently being analysed, options are being appraised and a government response will be published shortly.

Recommendation 25

The Taskforce recommended that the UK Government extends the temporary Covid-19 measures put in place to support the resilience of medicine supplies and treatment continuity, allowing Scottish Ministers to implement an immediate response to local emergencies within the existing legal framework.

The UK Government passed legislation to maintain the supply of controlled drugs during a pandemic. Under specific and limited circumstances, the following measures may be enacted – supply of schedule 2, 3 and 4 (part 1) controlled drugs under the Misuse of Drugs Regulations 2001 without a prescription; supply of controlled drugs under a serious shortage protocol; and alteration of the frequency of instalments on instalment prescriptions without the immediate need for a new prescription from a prescriber. The new powers have not been used to date but remain available should any home nation need to implement it in an emergency situation. As this is a reserved matter, activation of these powers can only be made by the Secretary of State for Health.

There is no change in practice until the flexibilities introduced by the legislation are activated by an announcement from the Department of Health and Social Care. Operational guidance should be published and professionals notified in each home nation if the new measures are switched on. The announcement relating to the supply of controlled drugs in these circumstances will include the area (or nation) to which the arrangements will apply, the circumstances involved and the period during which the arrangements may be provided.

The Misuse of Drugs Act 1971 is reserved to the UK government and applies to England, Scotland, Wales and Northern Ireland. These Regulations extend to England, Scotland and Wales and have been agreed with Scottish and Welsh Ministers. Under the legislation any measure which is brought into effect in Scotland or Wales will be done by the Secretary of State in consultation with the relevant minister in Scotland and/or Wales.

Recommendations 27 & 28

A root and branch review of the Misuse of Drugs Act is needed, taking a public health approach, and reforming the law to support harm reduction measures.

and

If the UK Government are not willing to reform the Misuse of Drugs Act, it should commit to exploring all available options openly with the Scottish Government to enable Scotland to take a public health approach.

We do not accept this recommendation. As we have previously made clear publicly we do not currently propose any review of the Misuse of Drugs Act 1971 (1971 Act). The UK Government already takes a balanced approach with healthcare and treatment being an essential part of our Strategy alongside law enforcement. The role of law enforcement includes reducing harm and helping to engage offenders with treatment and support services – it is important not to characterise the role of policing as solely one of punishment. This can be seen in the recent Drug Strategy, From Harm to Hope. Scotland already has certain powers at its disposal, has its own strategy and its own approach under the current devolution settlement which ensures key responsibilities are already in the hands of the Scottish Government.

There are other recommendations from the taskforce which may have been directed at the Scottish Government, however it may be useful for UK Government to comment on several of these;

Addressing the availability of benzodiazepines should be a key priority of this Government and the Taskforce would expect them to work with Police Scotland to reduce the availability of these, as well as supporting harm reduction initiatives 12 January 2021

On 18 August 2021, a change to the Misuse of Drugs Act 1971 to control three novel benzodiazepines (flualprazolam, flunitrazolam and norfludiazepam) as Class C drugs came into force. In addition, these drugs were placed under schedule 1 to the Misuse of Drugs Regulations 2001 which means they can only be accessed with a Home Office licence. The Home Office continues to monitor trends in illicit drugs, including with overseas partners and the United Nations Commission on Narcotic Drugs, and wherever necessary will introduce controls over new 'designer' drugs to address the threat from organised criminals to our citizens.

The Taskforce highlighted the importance of maintaining service-level provision of drug and alcohol services during the COVID-19 outbreak and to plan for additional capacity to these services on the basis of public health surveillance.

The UK Government passed legislation to support continued delivery of drug treatment services in a pandemic by enabling greater flexibility to frontline healthcare services. Details are provided in response to recommendation 25. Sharing of approaches to delivering drug treatment services was also discussed at recent UK Drugs Ministerial meetings

For Joint Committee Session on 2nd February 2022

Written submission from Angela Constance MSP, Minister for Drugs Policy

In January 2021 the First Minister announced the National Mission to reduce drug related deaths and harms. Since becoming the Minister for Drugs Policy, I have led that mission, working with stakeholders and expert groups, including the Drug Deaths Taskforce.

I have been asked to provide evidence about the progress on Taskforce recommendations to date and I am pleased to be able to do so. It is important to see those recommendations in the context of the wider National Mission and work being undertaken by others, including the Residential Rehabilitation Development Working Group and the Implementation Group, and across government.

National Mission

The National Mission recognises that we need real change to save and improve lives. This encompasses ensuring that there is fast and appropriate access to treatment, increased access to residential rehabilitation, improved support after a non-fatal overdose, recognising the crucial role of front line staff who are often working in the third sector, and a joined up approach to policy making. The voice and experience of those with lived and living experience and of families are central to this mission.

The National Mission recognises that tackling our drug deaths crisis cannot be done in isolation. It needs an all of Scotland, cross-Government approach that involves working with colleagues and partners in education, justice and health and seeks to tackle poverty.

Additional funding of £250 million underpins the National Mission - £50 million per year over the term of this Parliament. This includes dedicated funding for grassroots organisations, families and residential rehabilitation, providing direct support where it is needed.

Medication Assisted Treatment (MAT) Standards

A core component of the National Mission is the implementation of MAT Standards, a recommendation of the Taskforce. I have announced funding of £40 million to implement the MAT standards which ensure that everyone has the right to access the treatment that is right for them.

Taskforce Recommendations

The Taskforce advises Government on the evidence based interventions that will make a difference to our approach to this public health emergency. The Taskforce has facilitated significant activity in its first two and a half years, establishing a range of projects to test innovative approaches, research projects to fill gaps in the current evidence and direct funding to ADPs to deliver against their evidence based strategies. There is little doubt that where these projects have operated they have

had an impact for people in the local area, the priority now is to harvest that learning and push forwards expanding and rolling out initiatives that make the biggest difference to people's lives.

I am committed to following the evidence, and as such I have taken on board all of the Taskforce's recommendations to date, implementing them at pace. The best example of this is the MAT standards which now form a cornerstone of our National Mission. The Scottish Government will continue to monitor our implementation to ensure that the considerable resources that have been committed by this Government are focused where they will best improve and save lives.

An update on actions taken by the Scottish Government are summarised in **Annex A**. It should be noted that not all of the recommendations sit with the Scottish Government for implementation.

As we move into the second year of our National Mission, it is vital that we accelerate our existing work, and our focus on delivery and implementation. Committee members will be aware that, in line with this, I have asked the Taskforce to bring forward its final recommendations to July 2022.

Next Steps

I attended the Drug Death Taskforce meeting on 19 January 2022, the first to be chaired by David Strang CBE, to discuss this work with its members in more detail. The Taskforce will continue to drive forward our understanding of the challenges we face and the evidence based solutions available to us. I am extremely grateful for the work they have done and continue to do.

The second year of the National Mission will focus on delivery on the ground – where it matters the most. I will continue to work closely with the Taskforce to implement their recommendations and I look forward to receiving their final recommendations in the coming months.

ANNEX A – Updates on Drug Death Taskforce Recommendations

Accountability and Governance	Date of Recommendation	Progress
<p>The Taskforce recommended that Government extend the renewed leadership and call for action (from the National Mission) to include local leadership and organisation leads.</p>	<p>12 January 2021</p>	<p>The National Mission outlines the responsibility for all partners to do more to tackle drug related harms and deaths in Scotland. In May 2021 the Minister for Drugs Policy convened an Implementation Group to drive delivery of the National Mission. Membership includes other Scottish Ministers, third sector leaders, local IJB and ADP representatives and people with lived and living experience of drug use. Scottish Government continues to work with local leadership and key stakeholders to ensure that they are focused on improving and saving lives, and the Minister meets regularly with local leaders to further this goal.</p>
<p>The Taskforce highlighted the challenges faced in relation to delays in toxicology and asked for Government to act now to resolve this.</p>	<p>12 January 2021</p>	<p>Scottish Government now Chairs a regular meeting between NRS and COPFS to ensure that regular updates are provided on situation relating to toxicology (and pathology) reporting to ensure that any potential delays are flagged well in advance and mitigation can be introduced if necessary.</p>

<p>The Taskforce will work closely with Government to develop real time monitoring to enable effective decision making.</p>		<p>Public Health Scotland lead the development of the public health surveillance system for drug harms. The following sets of real time data provided:</p> <ul style="list-style-type: none"> • Monthly COVID 19 Surveillance report • Some data is now available on the COVID wider impacts dashboard. <p>Scottish Government introduced a quarterly suspected drug death report in September 2021. This report draws on Police Scotland data and provides the public with far more rapid data for the first time on suspected drug deaths.</p> <p>Public Health Scotland's representative on the Taskforce provides an update at the start of each Taskforce meeting with time to discuss any emerging issues.</p> <p>As part of the National Mission, the Scottish Government committed to improve data and surveillance. Part of this has included quarterly publication of suspected Drug Related Deaths from Police Scotland.</p>
<p>The Taskforce highlighted concerns regarding accountability and outlined that Government should hold the leadership of statutory services and local delivery leaders to account. This was highlighted in the Dundee</p>	<p>12 January 2021</p>	<p>Scottish Government and COSLA have agreed a set of recommendations to improve local governance. These cover improvements to local accountability</p>

<p>Commission but also has been a recurring theme when communicating with ADPs.</p>		<p>arrangements as well as joint strategic planning. A working group has been established chaired by Christine McLafferty, IA Chief Officer for East Renfrewshire, which will support implementation across Scotland.</p>
<p>Assertive Outreach</p>	<p>Date of Recommendation</p>	<p>Progress</p>
<p>Work needs to be undertaken in identifying those not in treatment, noting the increased harm this population already experience, and the likely disruption to supply of drugs <i>(during the Covid-19 pandemic)</i>.</p>	<p>16 April 2020</p>	<p>This was completed during the pandemic to ensure services operated with as little disruption as possible. A treatment target is an ongoing objective of national mission.</p> <p>In December 2021 the Minister announced funding to support a new drug prevalence estimate. This will give us an essential understanding of the size and shape of Scotland’s drug problem.</p> <p>In addition we are working closely with PHS to develop a robust baseline estimate of numbers in treatment to inform the development of a target.</p>
<p>Outreach support should initiate same day access to Opiate Substitution Therapy (OST) alongside provision of Take Home Naloxone (THN) supply.</p>	<p>16 April 2020</p>	<p>During the pandemic the Taskforce and Government worked with services to expand naloxone supply and to implement same day access to MAT.</p>

		This work is continuing under MAT standards and naloxone work streams.
Outreach support should maintain therapeutic support through phone and text, particularly for those receiving OST unsupervised and those in self-isolation. This can be done through the 'NHSNearMe' technology which the majority of GP practices have now installed.	16 April 2020	Complete. Arrangements are in place for continuity of treatment for people who need to self-isolate.
The Taskforce recommends that Scottish Government make additional resources available for local organisations to provide service users with the means to maintain communication, e.g. mobile phones with credit/data packages, to ensure users can still receive a consistent level of support.	28 July 2020	<p>The Scottish Government, Taskforce and other key partners announced a £2.75 million investment in support to tackle digital exclusion and support people to access treatment and support, called Digital Lifelines. As many services have adapted in response to Covid-19, many opportunities for improving inclusion have been realised. This investment capitalises on these opportunities by providing digital support to an inherently hard to reach population.</p> <p>A first round of early adopters have been supported through this project and the second round will soon be opening.</p>
Peer support and advocacy are instrumental in accessing appropriate services, and the Taskforce recommends that the Government support the development of a national peer support programme that can be put in place without delay.	12 January 2021	Ongoing – a number of Taskforce funded projects are underway on peer support and advocacy. The Taskforce will make further recommendations by July 2022.

		<p>When the full evidence is available from the Taskforce this will be incorporated into Scottish Government work on lived and living experience.</p> <p>The National Collaborative is being set up to understand the impact of trauma and to bring together and support the voices of people with lived and living experience, and their families, ensuring that they are at the very heart of the national mission by developing a rights-based approach.</p>
<p>The Taskforce will continue to explore the use of navigators and peer support workers and make a recommendation on the best model for a national navigator service to support individuals to access treatment, including in justice settings. In the interim, the national expansion of the MAV hospital navigator programme should be pursued, taking a particular interest in substance use.</p>	<p>6 September 2021</p>	<ul style="list-style-type: none"> • The Scottish Government is aware that the Drug Deaths Taskforce supports a pilot peer to peer supply programme in prisons to enable trained peer mentors to supply naloxone to, and train their peers, ahead of liberation that is known to be a period of increased vulnerability to an overdose, due to lack of drug tolerance. It also funds a number of other pathways with ADPs which support individuals at key intervention points in the criminal justice system, such as on their release from prison, alongside diversions or in police custody suites. <p>Additional related projects include:</p>

		<ul style="list-style-type: none">• The Drug Deaths Taskforce have funded Medics Against Violence for a police referral pilot: Pathfinder that offers support for people who use drugs at the first point of contact with the police, facilitating entry to wider services and the help they need through a peer navigator model. The first pilot in Inverness is underway and evaluation findings will be used to roll out to other pilot areas in Scotland.• MAV schools programme uses NHS front line clinicians in schools across Scotland to talk to young people about the consequences of violence, including alcohol and drugs from a health perspective and about how to stay safe.• The Scottish Violence Reduction Unit You Decide programme supports vulnerable people within the community caught up in a violent lifestyle, people dealing with addiction, social isolation or someone looking to access training and employment to help them turn their lives around.• The Scottish Violence Reduction Unit are piloting a Police Custody Suite navigator approach at Kirkcaldy in
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		partnership with SACRO and Police Scotland.
Benzodiazepines	Date of Recommendation	Progress
Addressing the availability of benzodiazepines should be a key priority of this Government and the Taskforce would expect them to work with Police Scotland to reduce the availability of these, as well as supporting harm reduction initiatives	12 January 2021	This has been taken forward through the following two recommendations.
Interim guidance has been produced by the Benzodiazepine Working Group. A series of consensus building events will take place before final guidance is published.	August 2021	The Quality Prescribing Guides for benzodiazepines and antidepressants are at an advanced stage and there is a final meeting of the working group in late January to agree dissemination. It should be noted that production of this guidance forms part of our series of quality prescribing guides and is not tied directly to the work of the Drugs Deaths taskforce. One of the drivers is the Scottish Government's Short Life Working Group on Prescription Medicine Dependence and Withdrawal (established as a result of a Parliamentary Petition) so there is a strong focus on dependence from prescription usage.

		<p>The Interim Guidance considers both the pharmacological and psychological management of benzodiazepine dependency in the context of those who are also opiate dependent that is consistent across Scotland. This is a challenging area given the lack of clinical evidence but clear evidence of harm. With this in mind the Scottish Government will publish an evidence summary by March 2022 and the MAT Standards MIST team will run an expert group in late January 2022 to consider how to develop an agreed position in light of the Taskforce Interim Guidance and the Scottish Government's short-life working group recommendations.</p>
<p>The production of illicit pills, including atypical benzodiazepines, cause significant harm. Progress is required to ensure the regulation of pill presses, including a suitable licensing system to reduce related harm.</p>	<p>6 September 2021</p>	<p>The UK Government is looking at this issue and considering bringing pill press regulation under a wider offence around use of equipment for criminal means. This is being investigated by the National Crime Agency and we expect an update early in 2022.</p> <p>A number of pill presses have been recovered and seized by Police Scotland in recent times as evidence in drugs manufacturing and supply cases as being</p>

		<p>used by Serious organised crime groups to produce large quantities of illicit drugs.</p> <p>Scottish Government and Scottish Ministers continue to work with counterparts in the UK Government on this matter and will provide further updates when available.</p>
Covid 19	Date of Recommendation	Progress
The Taskforce highlighted the importance of maintaining service-level provision of drug and alcohol services during the COVID-19 outbreak and to plan for additional capacity to these services on the basis of public health surveillance.	16 April 2020	Complete
Provide risk assessment of the most vulnerable to ensure safety and that emerging needs are met at times when individuals need to self-isolate, or are at increased risk and subject to shielding guidelines due to underlying health conditions.	16 April 2020	Complete. Areas have risk assessment in place.
Consider people who use drugs (PWUD) as a priority group. This would ensure they receive COVID-19 testing, in particular those who are homeless/in prison/prisoners on release etc.	16 April 2020	Guidance has been issued to Health Boards to support the vaccination of people who experience alcohol and drug problems. Health Boards receive monthly data on vaccinations of people who are in receipt of OST from Public Health Scotland.
Accommodation and prioritisation of rough sleepers to enable safe social distancing measures and self-isolation amongst this population, accompanied by proactive testing for COVID-19 to allow appropriate	16 April 2020	Complete

measures to be put in place and ‘cohorting’ of accommodation to be considered.		
Ensure a range of in-reach services including OST and THN supply in hostels and requisitioned sites, such as hotels.	16 April 2020	Complete
Crisis and Stabilisation	Date of Recommendation	Progress
<p>The Benzodiazepine working group of the Taskforce recommended that the Scottish Government should urgently consider allocating funding resources for nationally commissioned safety and stabilisation services.</p> <p>This would include:</p> <ul style="list-style-type: none"> ○ The development of appropriate pathways to embed a stabilisation service in the current and developing treatment and support landscape ○ Further feasibility and scoping work to cover any gaps in the existing evidence. ○ Commitment to the development of the evidence base for safety and stabilisation resource through lessons learned. 	15 th September 2021	<p>The Scottish Government, and Minister for Drugs Policy is committed to addressing the gap in stabilisation services. Work on this is ongoing regarding feasibility and scoping.</p> <p>We are in the process of commissioning Scotland Excel to conduct analysis to examine the potential demand and the wider interest in service across Scotland for a national procurement approach to commissioning complex and specialised addictions services (residential rehab, detox, stabilisation).</p>
Dispensing and Prescribing	Date of Recommendation	Progress

<p>As part of the Taskforce's recommendations on Covid (16 April 2020), the Taskforce highlighted that:</p> <ul style="list-style-type: none"> • A rights-based approach should be taken, prioritising OST as an essential medicine. • Safe storage boxes should be provided for the storage of medicines and take home doses. • There should be ongoing availability of oral toxicology testing to those considered most at risk (e.g. those with unstable drug use or child protection issues) to enable accurate risk assessment around supervision and dispensing arrangements. • Home delivery outreach networks should be established - using a mixture of redeployed staff from other services, third sector and volunteers. • The use of long acting depot injection should be investigated in OST preparations, given its ability to aid initiatives such as self-isolation/quarantine. • Local formularies should be reviewed as a matter of urgency to ensure they contain the range of licensed, approved OST medicines (methadone, buprenorphine in its various forms, including injectable long-acting preparations) so that there is equity of provision and choice for patients and prescribers. • Laboratory facilities e.g. for oral fluid testing and oral toxicology testing needs to be maintained to ensure treatment is optimal. 	<p>16th April 2020</p>	<p>In recognition of the rights-based approach in the national mission, the Government believes there is a right to choice in OST.</p> <p>This is demonstrated in the Government's support for MAT Standard 2 – on choice of treatment.</p> <p>In 2021/22 an additional £4 million has been allocated to Health Boards across Scotland specifically to help them with a roll-out of Long-acting Buprenorphine (LaB) in prisons and the community.</p> <p>This one-year funding stream will help local services meet MAT Standard 2 – which requires them to have LaB on formularies and available as an OST prescription option for anyone for whom this is regarded as appropriate.</p> <p>The Government is also working with pharmacy groups to examine opportunities for pharmacies and other services to be able to dispense alternative OSTs such as LaB, with a view to making these more accessible and more widely available.</p>
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<ul style="list-style-type: none"> • Preparation of alternative systems of delivery should pharmacy provision be further depleted e.g. central stocks of OST medicines; skeleton staff to provide OST & IEP despite being closed to general public; expansion of outreach networks and delivery vehicles. • Identify pharmacies with high patient numbers receiving OST for site-specific contingency plans to be developed. • Ensure that all health boards include OST dispensing and IEP provision as essential pharmacy services to be maintained as core elements of the emergency response. • Support pharmacies with volunteers to help manage queues. 		
<p>The Taskforce supports prescribers' call for a review of the regulations on dispensing and prescription forms to take account of clinical and technological advances since implementation in 2001.</p>	<p>6 September 2021</p>	<p>The Scottish Government recognises that the Royal Pharmaceutical Society has called for this proposed review and supports their expert views and has issued a letter in December 2021 to UK Ministers to restate the importance of a response to these proposals.</p>
<p>The Taskforce recommended that the UK Government extends the temporary Covid-19 measures put in place to support the resilience of medicine supplies and treatment continuity, allowing Scottish Ministers to</p>	<p>6 September 2021</p>	<p>Scottish Government supports the views of the expert medical professionals who assessed this proposal and has issued a letter in December 2021 to UK Ministers to</p>

<p>implement an immediate response to local emergencies within the existing legal framework.</p>		<p>restate the importance of a response to these proposals.</p> <p>Scottish Government continues to work to facilitate a public health approach including engaging with the UK Government to support harm reductions measures and pushing for devolution or a change of powers to allow that.</p>
<p>Diversion from Prosecution</p>	<p>Date of Recommendation</p>	<p>Progress</p>
<p>The Criminal Justice and the Law Subgroup is working on recommendations around diversion from prosecution and will report between July 2022.</p>	<p>Will report between July 2022.</p>	<p>The Scottish Government is aware that the Drug Deaths Taskforce are exploring further alternatives to divert people from the justice system, including wider work on navigators, departure lounges and police referral.</p> <p>The Scottish Government will consider what is required to support evidence based recommendations from the Taskforce once these have been received.</p>
<p>Drug Checking</p>	<p>Date of Recommendation</p>	<p>Progress</p>

<p>Drugs checking facilities may have an important role in empowering individuals to make safe choices. They also potentially provide an early warning system. The Taskforce recommend the Scottish Government work with the Home Office to review the current drug licencing regime to ensure that it is open, transparent and accessible, in line with a health based approach.</p>	<p>6 September 2021</p>	<p>Scottish Government is working with project leads to navigate drug licensing and providing feedback to the UK Government on challenges/effectiveness.</p> <p>Taskforce funded project is ongoing and further recommendations may be made in due course.</p> <p>Applications for licenses for these facilities are expected to be sent to the UK Government Licensing team early in 2022.</p>
<p>The Scottish Government should support drug testing nationally and work with local services to ensure it is available.</p>	<p>6 September 2021</p>	<p>Scottish Government is committed to drug testing being available across Scotland, subject to Home Office Licensing. This is evident through support of Taskforce pilot project. Once pilot evidence available and further recommendations are received, expansions will be considered as appropriate.</p>
<p>Drug Paraphernalia</p>	<p>Date of Recommendation</p>	<p>Progress</p>
<p>The UK Government should amend the Misuse of Drugs Act 1971 or Misuse of Drugs Regulations 2000 to allow for the legal provision of a wider range of drug paraphernalia through harm reduction and treatment services, to enable safer drug consumption.</p>	<p>6 September 2021</p>	<p>The Taskforce wrote to the UK Government on 17 September and the Scottish Government also wrote to the UK Government on 17 December on this matter. At the time of writing we are awaiting a response from UK Government.</p>

In the interim, the Scottish Government should explore all options to support this provision.	6 September 2021	Scottish Government are developing an action plan following the Taskforce's Drug Law Reform report. This recommendation will be responded to and taken forward as part of that action plan which we are aiming to publish in Spring 2022.
Drug Testing and Treatment Orders (DTTOs)	Date of Recommendation	Progress
Scottish Government should review DTTOs to assess how they have been used, their outcomes and whether they are the most effective mechanism to support an individual's recovery and reduce recidivism rates.	6 September 2021	As part of the Programme for Government, action is being taken to support a substantial expansion of community justice services supporting diversion from prosecution, alternatives to remand, and community sentencing, which evidence shows is more effective at reducing reoffending. A new National Community Justice Strategy is being developed for publication in Spring which will be informed by any relevant recommendations.
Scottish Government should also work with the Judicial Institute to improve understanding of how to best support an individual's recovery journey.	6 September 2021	Scottish Government to explore the possibility of the Taskforce funded Reach Advocacy working with the Judicial Institute. And will respond on this in due course as part of DLR action plan.

Equality Act 2010	Date of Recommendation	Progress
<p>A transparent review is needed of the exemption set out in S3.1 of the Equality Act 2010, (Disability) Regulations 2010 to explore the impact of this exemption and whether it best serves people suffering from addiction, what the implications of removing it and making addiction a protected characteristic would be.</p>	<p>6 September 2021</p>	<p>The Taskforce wrote to the UK Government on 17 September and the Scottish Government also wrote to the UK Government on 17 December on this matter. At the time of writing we are awaiting a response from UK Government.</p>
Families	Date of Recommendation	Progress
<p>The Taskforce welcomes the engagement with its drug law reform report from family members and feel their contributions reflect strongly the direction and ambition of the Taskforce. The Taskforce will continue to learn from the projects funded and will make further recommendations on options for treatment, support and recovery.</p>	<p>6 September 2021</p>	<p>The Scottish Government are taking forward ways to engage further with, and support, family members.</p> <p>REACH Advocacy are working with the Drug Deaths Taskforce on a project to identify target areas to scale up the implementation of Medication Assisted Treatment standards and provide training and workforce development in order to influence a systems and cultural change. The project will use a co-production approach. An opportunity to expand this project is being explored.</p> <p>A Multi-agency working group are developing a framework: Improving Holistic</p>

		<p>Family Support: Towards a Whole Family Approach and Family Inclusive Practice For Families Affected by Drug and Alcohol Use.</p> <p>£3.5 million per annum has been allocated from 2021/22 to ADPs to support implementation of this framework.</p> <p>The Scottish Government launched a national campaign to tackle stigma highlighting the damage caused by the stigma of problem drug and alcohol use in December 2021</p> <p>National campaign to tackle stigma will be evaluated and developed to roll out year on year.</p> <p>Scottish Government has committed to supporting uptake of the stigma charter developed by the Taskforce. Plans underway on how to do this ranging from allocating small grants funding to developing training materials and a toolkit.</p> <p>Scottish Government published a Framework to support the Development of Holistic Family Support on 8 December 2021. Plans are currently being development for national implementation in</p>
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		line with the MAT Standards and broader approaches to whole family support.
Funding	Date of Recommendation	Progress
The Taskforce clearly outlined in our meeting with the Minister and First Minister that additional funding should be made available for grass roots organisations and community-based projects alongside services to support vulnerable people.	12 January 2021	The Scottish Government has put in place the Local Support Fund (£5 million) to continue the Grassroots Fund on a longer term basis. This is to provide access to funding for a wide range of communities and grassroots organisations which support the aims of the national mission.
Information Governance	Date of Recommendation	Progress
The Taskforce outlined to the First Minister some of the challenges faced with data sharing which the Government must work urgently to resolve, if lifesaving interventions are to progress.	12 January 2021	This is an ongoing challenge for partners across the National Mission. The Scottish Government is clear that there is no legal basis for information governance disrupting lifesaving activity. Officials are working with partners to improve the access to data and establish data sharing agreements.
Law Reform	Date of Recommendation	Progress

<p>A root and branch review of the Misuse of Drugs Act is needed, taking a public health approach, and reforming the law to support harm reduction measures.</p>	<p>6 September 2021</p>	<p>The Taskforce wrote to the UK Government on 17 September and the Scottish Government also wrote to the UK Government on 17 December on this matter. At the time of writing we are awaiting a response from UK Government.</p>
<p>If the UK Government are not willing to reform the Misuse of Drugs Act, it should commit to exploring all available options openly with the Scottish Government to enable Scotland to take a public health approach.</p>	<p>6 September 2021</p>	<p>The Taskforce wrote to the UK Government on 17 September and the Scottish Government also wrote to the UK Government on 17 December on this matter. At the time of writing we are awaiting a response from UK Government.</p>
<p>Meanwhile the Scottish Government should do more to maximise flexibility under the current legislation.</p>	<p>6 September 2021</p>	<p>The Scottish Government will work to find solutions to the legal barriers and also focus on what can be done now within the current law to reduce harm and stop people dying through, for example, the work under the National Mission.</p> <p>Government have an open mind in relation to proposals for other legislative change and will consider the draft provisions of the Right to Addiction Recovery (Scotland) Bill as proposed by the Conservatives once there are draft provisions and an analysis of the consultation responses.</p> <p>The Scottish Government is establishing a National Collaborative on lived and living experience to ensure the voices of people</p>

		<p>are used to inform all policies and services and to ensure the rights of those who have been impacted by drugs are fully recognised. The Collaborative is being launched in January 2022. The Collaborative will help Ministers and local services deliver the rights-based approach on which the national mission on drugs is based.</p> <p>The Collaborative will also ensure the rights of those with lived experience are considered as part of the overall Human Rights Framework which will be introduced to Scots law through a Human Rights Bill shortly.</p>
<p>Further consultation should be undertaken in the second phase of the drug law reform engagement exploring:</p> <ul style="list-style-type: none"> • The public’s perceptions of drug policy and opinions on what our guiding principles should be when developing policy and legislation. • People’s thoughts on relaxing the laws around drug possession offences, such as decriminalisation or legalisation and regulation • Gauging public support for the harm reduction measures currently restricted by the Misuse of Drugs Act or related regulations. • User engagement to understand how the law impacts people’s willingness to access service. 	<p>6 September 2021</p>	<p>Scottish Government will explore further drug policy opinions by utilising a wider consultation process to help ensure that long-lasting and successful transformational change is rooted in consensus.</p> <p>The Drug Law Reform report by the Taskforce will inform and develop Phase Two engagement and further recommendations.</p> <p>Scottish Government will explore support for harm reduction measures by utilising a wider consultation process to help ensure that</p>

		<p>long-lasting and successful transformational change is rooted in consensus.</p> <p>The National Collaborative will help to engage with the voices of lived and living experience to gather their views as to how the law impacts their willingness to access services.</p>
Lived and Living Experience	Date of Recommendation	Progress
Extend inclusion criteria for Scottish Government national helpline (0800 111 4000) for vulnerable people to include PWUD.	16 April 2020	Complete.
More needs to be done to engage with those who do not currently access services. The Taskforce therefore recommend that a network of people with <i>living</i> experience is established in the next 6 months	12 January 2021	<p>The voice of lived and living experience is at the heart of what we do.</p> <p>The Scottish Government is investing £1 million to provide avenues for hearing the voice of those with lived and living experience. Half of this funding is being used to bolster forums and panels already in place and to ensure they are in place in all local areas. The other half of this funding will be used by the National Collaborative on lived and living experience which is being established in early 2022.</p>

		The National Collaborative will develop and seek to embed a rights-based approach and focus on involving the needs and rights of those with lived and living experience of addiction in the design and delivery of treatment and recovery services.
Medication Assisted Treatment	Date of Recommendation	Progress
The implementation of MAT Standards must be scaled up at pace. To enable this the Taskforce would recommend formal standards and indicators are developed by Health Improvement Scotland by the end of 2021. Scottish Government will have a vital role in supporting this roll out by ensuring that Chief Officers take accountability for delivery of the standards at local level.	12 January 2021	<p>The Scottish Government engaged with HIS in early 2021 to discuss formal standards and indicators.</p> <p>The MAT standards are a cornerstone of the National Mission. They were published in May 2021, and include essential criteria for each standard. The MAT Implementation Support Team (MIST) based within Public Health Scotland has been set up to provide direct support for local teams to embed the standards. Scottish Government continues to work closely with HIS on the implementation of the standards.</p> <p>The Minister for Drugs Policy updated Parliament on the progress of the MAT Standards on 14 December 2021.</p>

		<p>Embedding the standards across Scotland by April 2022 is a key priority to give people access, choice and support through drugs services. The MAT standards set out what people should expect and can demand of services.</p> <p>The Government has committed £40 million to implement MAT standards which ensure that everyone has the right to access the treatment that is right for them.</p> <p>Work will continue past April 2022 with a view to sustainability and improvement of the standards and MIST will work with the MAT Mainstreaming Team within PHS on this.</p>
<p>The Taskforce supports the devolution of licensing for Heroin Assisted Treatment (HAT) premises to allow the single-office co-ordination of premises and prescriber licensing and the Scottish Government should support and promote a national roll out for HAT.</p>	<p>6 September 2021</p>	<p>Scottish Government will continue the work to identify areas in Scotland that could benefit from heroin assisted treatment facilities.</p> <p>Scottish Government will work with third sector organisations, Health Boards and ADPs to progress plans for these facilities across Scotland once the areas have been identified.</p>

		The learning from the Glasgow facility will support other areas through the evaluation that will be published in due course.
Naloxone	Date of Recommendation	Progress
Maximise naloxone distribution through all channels, including on release from prison and through families, with the possibility of using third sector organisations and recovery communities.	16 April 2020	<p>This has been made possible through the Lord Advocate's the Lord Advocate's statement of prosecution policy.</p> <p>Scottish Government supported the "Stop the Deaths" campaign with SDF – providing information about the signs of an opioid overdose and enabling members of the public to access Take Home Naloxone, including through SFAD's Click and Deliver service.</p>
Make allowance for other relevant organisations to hold/distribute naloxone during this pandemic, even if only for a specific timescale.	16 April 2020	<p>This has been made possible through the Lord Advocate's the Lord Advocate's statement of prosecution policy. The Scottish Government supports the calls of the Taskforce to ensure that naloxone remains available through a wide range of relevant organisations and has supported the Taskforce to increase distribution.</p>
Request that all 'first responders' to drug overdoses (emergency services) are naloxone trained.	16 April 2020	The Scottish Government supported the Taskforce's goal to develop the most expansive naloxone network in the world,

		<p>with this in mind they have supported naloxone distribution to the Police, Scottish Ambulance Service (SAS) and frontline services, as well as supporting family and peer to peer distribution.</p> <p>The Scottish Government is committed to expanding these if evidence supports such an expansion, and to learning lessons from these tests of change.</p> <p>Additional work is also underway with the Scottish Fire and Rescue Service around a pilot for naloxone training and carriage. An announcement is expected in late January/early February 2022.</p>
<p>Naloxone is a lifesaving drug, which the Taskforce have made significant progress in increasing its distribution through channels where its use can save lives. There is still capacity to increase this further, and this should be developed with urgency.</p>	<p>12 January 2021</p>	<p>At the beginning of 2021 the Taskforce secured a deal with Ethypharm for 10,000 free naloxone kits, distributing these to areas with the lowest reach of naloxone. All of these kits have been distributed and information is being collated on the success of these additional kits in health boards across Scotland.</p> <p>£509,209 worth of funding was given to the Scottish Drugs Forum (SDF) as part of the Taskforce's Innovation and Development Fund for their Peer to Peer Naloxone project, which focuses on developing and</p>

		<p>supporting peer to peer naloxone supply by people who have experience of drug use. This project has been a huge success and SDF have seen a rapid increase in supply demand of naloxone kits. The Scottish Government also liaised with SDF when creating the Naloxone campaign.</p> <p>The Scottish Government is committed to supporting this and to ensuring that all those who could benefit, can access naloxone.</p>
<p>The UK Government should support permanent reclassification of naloxone to make it easier to provide supply.</p> <p>The Taskforce, at a minimum, recommends a replication of the Lord Advocate’s statement of prosecution policy. However, the Taskforce believes that it would be even more beneficial for naloxone to be reclassified from a ‘Prescription Only Medicine’ to a ‘Pharmacy’ or a ‘General Sales List’ medicine</p>	<p>6 September 2021</p> <p>28 September 2021</p>	<p>In 2021 there was a four nations consultation on access to naloxone. The results of this are yet to be announced but the Scottish Government is committed to expanding access to naloxone.</p>
<p>In the absence of a full reclassification, the Scottish Government should work closely with the UK Government to ensure that the changes planned reflect the breadth of the existing statement of prosecution policy in Scotland.</p>	<p>6 September 2021</p>	<p>In 2021 there was a four nations consultation on access to naloxone. The results of this are yet to be announced but the Scottish Government is committed to expanding access to naloxone.</p>

<p>In the interim, the Scottish Government should also engage with the Lord Advocate in relation to the extension of the current statement of prosecution policy.</p>	<p>6 September 2021</p>	<p>Scottish Government are in active communication with the COPFS about the Statement of Prosecution on naloxone and it remains our position that the evidence supports this it until such time as the UKG makes the reclassification of naloxone permanent.</p> <p>Scottish Government will respond further on this in due course as part of DLR action plan.</p>
<p>Non-Fatal Overdose</p>	<p>Date of Recommendation</p>	<p>Progress</p>
<p>Non-fatal overdose pathways are vital to catching the most at-risk people early and providing them with the support needed to avoid a fatal overdose. The Taskforce would recommend that these should be expanded nationally, learning from the tests of change ongoing through the Taskforce.</p>	<p>12 January 2021</p>	<p>The Scottish government is working with local areas to ensure that there is an effective NFO pathway in each ADP.</p> <p>The Taskforce provided £3 million in 2020-21 and again in 2021-22 to ADPs for projects that related to their six evidence based strategies; Naloxone, Non-Fatal Overdose Pathways, MAT Standards, Multiple and Complex Needs, Public Health Surveillance and the Justice System.</p>

		<p>£3 million was allocated to ADPs to be used to establish and improve NFO pathways in the year 2021-22.</p> <p>Taskforce funded tests of change are ongoing and further recommendations will be made by July 2022.</p>
Policing	Date of Recommendation	Progress
<p>Practical policing decisions, such as physical patrols can influence people's perceptions and decisions about drug use and service engagement. Therefore the possibility of tolerance zones should be explored where police agree not to make active patrols or use stop-and-frisk powers in the vicinity of certain services.</p>	6 September 2021	<p>Scottish Government will work with relevant departments in Police Scotland and partners to explore this possibility</p> <p>Scottish Government will respond further on this in due course as part of DLR action plan due in Spring 2022.</p>
<p>The Taskforce would support consideration of the extension of Recorded Police Warnings in relation to drug possession offences to cover all classifications of drugs and concludes that there would be value in work by the Scottish Government, Police Scotland and COPFS to increase understanding of the scheme.</p>	6 September 2021	<p>The Lord Advocate has confirmed that police officers may choose to issue a recorded police warning for simple possession offences for all classes of drugs.</p> <p>The Lord Advocate made clear what the details of these scheme were in the Scottish Parliament in a statement on 22 September 2021.</p>

		Scottish Government will work with partners to increase understanding further where necessary.
Prison	Date of Recommendation	Progress
Provision of naloxone for all prisoners with a history of substance use on liberation, and their families (exploring distribution of intra-nasal naloxone might also be an option) is essential.	16 April 2020	<p>The Scottish Drug Forum (SDF) Naloxone peer educator initiative supports the development of local networks of peer volunteers to widen the reach of Take-Home Naloxone Overdose Intervention training. The addition of prison-based peer networks brought a new dimension to the peer programme and widened access to naloxone for people often at higher risk of overdose on release.</p> <p>The Scottish Government will look closely at evidence of this to see how to expand the programme and any lessons that need to be learned.</p>
The Taskforce recommends that adequate throughcare provision is available to prisoners on liberation including: access to GP (information about the 'Access to Healthcare – GP Registration Cards' for vulnerable people accessing GPs available here - Access to Healthcare) and continuity of OST provision	16 April 2020	<p>The Scottish Government is committed to effective throughcare provision and work on this is ongoing.</p> <p>The Scottish Government has been funding the delivery of third-sector led voluntary throughcare services on a national basis</p>

<p>Further work is needed to ensure holistic support is provided for people with multiple complex needs, including exploring the reintroduction of throughcare support officers. The Taskforce asks that options for sustainably funding a reinstated throughcare service are explored.</p>	<p>6 September 2021</p>	<p>since 2013, which was allocated £3.7m in grant funding in 2021-22.</p> <p>In addition, any prison leaver can request voluntary throughcare assistance from their local authority for up to 12 months after their release. (The nature of support available may vary across different local authority areas. These services are funded through the annual budget allocation from SG to local authorities to support the delivery of community justice activity).</p> <p>The Scottish Government continues to pursue legislative opportunities to progress changes to allow GP practices to accept applications from prisoners ahead of liberation, with full registration to follow once the prisoner is released.</p>
<p>Scottish Government should work with the Scottish Prison Service to end Friday liberations from custody, implementing a blanket policy of no liberations on a Friday or in advance of a public holiday. It should also explore ways to support individuals released directly from custody.</p>	<p>6 September 2021</p>	<p>There is already a prisoner flexible release policy, which enables a prisoner to be released up to two days early if this will provide a demonstrable benefit to their reintegration and access to services. The power is applied on a case-by-case basis, when applications are submitted to SPS by external organisations who intend to support an individual. Work is ongoing to encourage more applications to this</p>

		<p>process – where it will provide better outcomes for the prisoner involved.</p> <p>Scottish Government is currently conducting a Consultation on bail and release processes which includes a specific request for comments on: “Altering current flexible release arrangements so that release no longer happens on a Friday or in advance of a public holiday in order that people leaving prison can access support at the point of release.</p> <p>The results of the consultation will inform future policy, and (depending on the outcome of the consultation) may be incorporated in an upcoming Bill on bail and release processes, which is scheduled for introduction later this year.</p>
<p>Further exploration of alternatives to remand and imprisonment should be considered, including bail supervision and residential rehabilitation.</p>	<p>6 September 2021</p>	<p>Scottish Government have committed additional investment to incentivise bail supervision across Scotland. There is a commitment to continue this additional funding in 2022/23 towards supporting bail supervision is available in all parts of Scotland by the end of the year.</p>

		<p>Scottish Government will publish revised national bail supervision guidance to help develop practice further.</p> <p>Scottish Government are working with partners to develop recommendations on future developments, including consideration of rehabilitative focused models, and will provide further updates when available.</p> <p>Scottish Government will respond further updates on this in due course as part of DLR action plan</p>
Public Health Surveillance	Date of Recommendation	Progress
<p>Public Health Surveillance and the need for real-time information and data should be prioritised. This includes information on the impact of COVID-19 on drug related deaths, but also the impact on illicit drug supplies and levels of quality. This will better enable Health Boards, ADPs and service providers to provide a suitable response.</p>	<p>16 April 2020</p>	<p>Public Health Scotland lead the development of the public health surveillance system for drug harms.</p> <p>Real time data provided:</p> <ul style="list-style-type: none"> • Monthly COVID 19 Surveillance report • Some data is now available on the COVID wider impacts dashboard.

		<p>SG introduced a quarterly suspected drug death report in September 2021. This report draws on Police Scotland data and provides the public with far more rapid data for the first time.</p> <p>Public Health Scotland also publish regular (quarterly) monitoring bulletin's to present information on the number of take-home naloxone kits issued. Figures are presented separately for kits issued from community outlets, kits issued in prisons at the point of prisoner release, kits dispensed via community prescription, and kits issued by Scottish Ambulance Service.</p>
Safer Drug Consumption Facilities	Date of Recommendation	Progress
<p>The Taskforce supports the introduction of properly resourced safer consumption facilities in Scotland. The Drugs Death Taskforce recommends that the UK Government consider a legislative framework to support their introduction. In the interim, the Scottish Government should explore all options within the existing legal framework to support the delivery of safer consumption facilities.</p>	6 September 2021	<p>Work is continuing on a proposal for an SDCF in Glasgow, operating within the existing legal framework. An update statement was provided by Ms Constance on 13 January.</p>

The Scottish Government should also take steps to increase public understanding of such facilities.	6 September 2021	Scottish Government published an information/evidence paper on SDCFs in October 2021. This is available on the SG website.
Stigma	Date of Recommendation	Progress
Scotland should have a national and local mission statements on addressing stigmatisation – including self stigma, stigma by association, structural stigma and public stigma.	30 July 2020	In December 2021, the Scottish Government launched a national campaign to tackle stigma associated with substance use. The key message of the campaign is that drug and alcohol problems are a health condition and those struggling with it should receive help and support, not judgment.
All responses to problem drug use must be co-developed or co-produced with those who deliver services to people with drug problems and people with lived experience.	30 July 2020	The National Collaborative will have a membership including those with Lived and Living Experience and Families to co-develop/co-produce responses. Those with Lived and Living experience are at the heart of everything we do. Every Nationally Commissioned Organisation funded by the Scottish Government has LLE representation.
All responses to problem drug use must pay specific attention to clients and groups who are most likely to experience stigmatisation.	30 July 2020	The National Collaborative will reflect this in its responses to problem drug use to ensure inclusivity.

<p>All services must help reframe the narrative around problem drug use wherever possible. Drug services should celebrate the success of recovery communities and focus on and communicate strong messages about the positive outcomes PWDP can expect when engaging with them.</p>	<p>30 July 2020</p>	<p>Materials from the national stigma campaign have been shared and made available to all services to use in their settings to promote the message of the campaign – for people to receive help and support, not judgement.</p> <p>Good Practice Guidance on Pathways into, through and from Residential Rehab emphasised the importance of aftercare and proactive links with mutual aid groups and recovery communities.</p>
<p>Services must actively promote opportunities for anyone – from the client group, from families and communities and from the workforce – to be able to challenge stigma or stigmatising behaviour, process or environments.</p>	<p>30 July 2020</p>	<p>The national stigma campaign encourages people to challenge stigmatising behaviour and attitudes. It includes suggested alternative language to use to avoid use of negative labels, as well as explaining the consequences of stigma</p>
<p>Recommendations for journalists and editors:</p> <ul style="list-style-type: none"> • Use positive imagery. • Adopt People first language. • Use your article as an opportunity to educate. • Always include support service information. • Learn about lived experience and the impact of stigma. 	<p>30 July 2020</p>	<p>The Scottish Government supports the Taskforce’s recommendations for journalists and editors, and has used these principles in development of the national stigma campaign. As part of the campaign, articles and case studies have been developed for editorial and radio that also follow these principles.</p>
<p>The Taskforce called for First Minister support for the Stigma Strategy and outlined that the stigma charter should be adopted by all public bodies and services.</p>	<p>12 January 2021</p>	<p>The Taskforce stigma charter has been promoted as part of the national stigma campaign, with public bodies, organisations</p>

		and community groups encouraged to develop and adopt a stigma charter.
The Taskforce recommends the Scottish Government works with justice partners to support the adoption of the Stigma Strategy, trauma informed and family inclusive practice and the adoption of distress based interventions.	6 September 2021	The DLR Action plan will include key initiatives for vulnerable people at all stages of the criminal justice system. The adoption of these strategies will be promoted to all our justice partners to help support people who use drugs and their families.
Whole Systems Approach	Date of Recommendation	Progress
Access to treatment at the weekend continues to be a considerable gap in delivering a whole systems model of care. The Taskforce therefore recommends that Scottish Government pursue increased weekend access to treatment and support.	12 January 2021	<p>The Scottish Government supports the need for weekend access to treatment and support as well as for support being available on a 24 hour basis. The Government is encouraging those who design services locally to address this. Evidence suggests there is a demand for 24 hour and weekend access to support. Public Health Scotland is overseeing further development of the MAT Standards for future years and this is one issue which is likely to be included in future MAT Standards, if there is sufficient support.</p> <p>The following already open at weekends:</p> <ul style="list-style-type: none"> • National helplines • Recovery community projects

		<ul style="list-style-type: none"> Residential services
Women	Date of Recommendation	Progress
The Taskforce published their Women's Report on 1 December 2021 including 26 core recommendations .	1 December 2021	Scottish Government is currently in the process of forming a Women's Action Plan following the publication of the Taskforce Women's Report. The Scottish Government will respond on this in due course as part of the Women's Action Plan, due in Summer 2022.
Workforce	Date of Recommendation	Progress
To ensure workforce capacity for injecting equipment provision (IEP), opioid substitution therapy (OST) and take-home naloxone (THN) delivery and ensure non-fatal overdose follow-up pathways are maintained. These services add value to necessary COVID-19 response measures as well as mitigate unintended consequences, and so prevent additional burden on the NHS.	16 April 2020	Scottish Government supports this recommendation. Scottish Government will work with local services to support increasing their workforce.
A costing exercise should be undertaken, reflecting that a push to increase the number of people in services must recognise the increase pressure this will put on these services and the needs that may flow from it. This would	12 January 2021	Scottish Government supports this recommendation and will support local services with scaling up

<p>enable costing of a long-term sustainable system of care. This includes workforce modelling options.</p>		<p>Scottish Government analysts are undertaking a programme of work to better understand the drug and alcohol workforce which will provide estimates on staff numbers and patient caseloads, and pressure points within the system. This work will help inform costing and funding decisions going forward.</p>
<p>Building a skilled and motivated workforce is essential, but there has been little central investment in professional development. The Taskforce therefore believe that a workforce review is required. This would enable clear career development pathways to be defined including core skills and competencies.</p>	<p>12 January 2021</p>	<p>Scottish Government supports this recommendation. It is the responsibility of relevant employers such as Royal Colleges, ADPs and the 3rd Sector to ensure that their workforce is skilled, motivated, and that career pathways are clear and defined. Scottish Government will support relevant employers to ensure that this is achieved. Scottish Government, as part of its Workforce review, will be considering a marketing campaign in spring 2022 to highlight career pathways and make these more attractive.</p>
<p>There is a need for a managed clinical care network, as was established in response to the Hepatitis C emergency. This network should include health boards and relevant professional networks</p>	<p>12 January 2021</p>	<p>Scottish Government recognises the important role the managed clinical care network played in responding to the Hepatitis C emergency. As we implement the MAT standards our priority is supporting local services. We are therefore working with Health Improvement Scotland to put in</p>

		place a learning system and network. We are also working closely with Public Health Scotland and Directors of Public Health to mainstream best practice and support implementation.
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For Joint Committee Session – Drug Deaths Taskforce Recommendations session on 2nd February 2022

Written submission from the Scottish Drug Deaths Taskforce

1. INTRODUCTION

The Drug Deaths Taskforce welcomes the opportunity to provide evidence to the Criminal Justice, Health, Social Care and Sport and Social Justice and Social Security Committees on its recommendations to date.

The Taskforce was set up in June 2019, in acknowledgment of the rising number of drug-related deaths in Scotland, to identify and advise on an evidence-based strategy and its component parts, that can successfully tackle Scotland's unique challenge: [Taskforce Mission and Terms of Reference | Drug Deaths Taskforce](#).

In December 2021, the Minister for Drugs Policy wrote to Taskforce members requesting that it makes its final recommendations by July 2022, as part of a wider acceleration and focus on delivery and implementation. Following the resignation of Catriona Matheson and Neil Richardson, David Strang and Fiona McQueen were appointed as Chair and Vice Chair.

2. BACKGROUND

The Taskforce is made up of individuals selected for their expertise either in a personal capacity, including people with lived experience and family representation, or on behalf of the organisations they represent: [Our Members | Drug Deaths Taskforce](#). The Taskforce have now met a total of 19 times since September 2019 and minutes of these meetings are available at the following link: [Meeting Minutes | Drug Deaths Taskforce](#).

The Taskforce recognises that the nature of the drug crisis and the challenges we face mean it is not possible to wait for evidence to emerge in a completed, collated form. It has therefore sought to save lives as well as gather evidence via the following:

- *Immediate Response*: Supporting projects which have potential to save lives as well as inform future strategy to reduce drug related deaths;
- *Evidence in Action*: Rapid implementation of learning across all relevant agencies whenever these are identified as capable of immediate impact.

The Taskforce has made recommendations at various points since its formation, as evidence has become available or when there has been a need for immediate action (e.g. the Covid-19 pandemic).

3. ROLE OF THE DRUG DEATHS TASKFORCE

The role of the Taskforce has changed and developed since its inception. It was initially established for the life of the last Parliament. It was continued into this parliamentary session and moved into a second phase in June 2021, with a focus on making rapid, evidence based recommendations.

It is not the role of the Taskforce to implement these recommendations: that is the role of Government (both Scottish and UK) and other partners, including service

providers and statutory partners. The focus of the Taskforce is recommending what the evidence says is effective. Recommendations therefore focus on what interventions will make a difference and how these interventions might be implemented most effectively across the country.

4. DRUG DEATHS TASKFORCE RECOMMENDATIONS

The Taskforce's recommendations to date are available in Annex A (Page 8).

It may be helpful to clarify that this list does not indicate any hierarchy of priority nor does it provide background information, much of which will depend on the context of when and how the recommendations were made.

The Taskforce makes recommendations through a range of mechanisms. Some of those made to date have been formed through discussions at meetings, based on the experience and expertise of members. Others have been the result of a significant piece of work and have been shared through more formal methods such as the publication of a report or letters to relevant UK or Scottish Government Ministers.

Some of the recommendations made to date can be implemented quickly and were made in response to a rapidly developing situation, For example, in April 2020 the Taskforce made a suite of recommendations relating to the Covid-19 pandemic and associated restrictions to assist in efforts to support people with problematic substance use, which helped to shape the Scottish Government's approach at this challenging time. Others were made with the expectation that Government and/or services would need some time to consider the recommendation in more detail and make practical arrangements to adapt service delivery or develop sustainable funding streams before implementation could take place. The Taskforce is apolitical and, as has already been stated, recommendations are based on the available evidence. However, it is clear that some recommendations, like those outlined in our drug law reform report, will require political will to implement, for example through committing the necessary funding or changes to reserved drug legislation.

The Taskforce was established to provide evidence based advice and we remain in open dialogue with the sector and Scottish Government in the development of our recommendations. This approach has ensured that to date we have not had any recommendations rejected. The evidence will continue to change and evolve, with new evidence emerging all the time, therefore our recommendations may need to be revisited or further refined over time.

The recommendations by and of themselves are only one part of the picture – it is the impact of their implementation on those whose lives we are working to save, and improve, that really matters. The impact of increasing access to naloxone, for example, can be demonstrated through the number of uses. The pilot on the Police carriage of Naloxone has seen over 800 officers trained and 53 life-saving uses; the GORT non-fatal overdose pathway has supported 733 individuals in Glasgow City; and, the MAT standards have already started to give people choice in their treatment, as well as same day access to said treatment. The Taskforce will continue

to reflect on not only the implementation of its recommendations, but the impact implementation has when making its final recommendations.

Below are some of the core areas of Taskforce work where recommendations have been made. While it is for government and services to implement the recommendations, some short updates are provided.

4.1 MAT Standards

Medication-Assisted Treatment (MAT) is used to refer to the use of medication, such as opioids, together with any psychological and social support, in the treatment and care of individuals who experience problems with their drug use. A set of MAT standards were developed by a subgroup of the Taskforce, chaired by Dr Duncan McCormick, and are informed by the evidence that engagement with treatment is a protective factor against drug-related harms, including death, for people who use opioids.

These standards will ensure people have access to treatment at the point of need, which is trauma informed, person centred and incorporates wrap around care to support their housing, welfare and mental health needs.

The implementation of MAT standards is being taken forward by the Scottish Government and forms a core part of the National Mission. The Minister for Drugs Policy has committed to implementation of these standards by April 2022. The Taskforce welcomes this commitment and associated funding, but recognises that funding needs to be supported by increased capacity in the workforce, as well as committing to their ongoing development.

4.2 Naloxone

One of the Taskforce's early priorities was expanding the provision of naloxone to ensure that anyone who may witness an overdose has access to this life-saving drug. Our goal is to develop the most expansive naloxone network in the world.

The Taskforce has recommended that all 'first responders' to drug overdoses are naloxone trained. With this in mind the Taskforce has supported naloxone distribution to the Police, Scottish Ambulance Service (SAS) and frontline services, as well as supporting family and peer to peer distribution.

The progress and engagement in this work from services and the Scottish Government has been very positive. The Taskforce is currently considering all of the evidence relating to naloxone distribution and will make further recommendations about implementation and national roll out of tests of change in due course.

This work has only been possible due to the Lord Advocate's statement of prosecution policy. The Taskforce has continued to campaign for these changes to be made permanent, supporting the reclassification of naloxone in the recent four nations consultation. The results of this consultation have yet to be released, and while the scope of the consultation's considerations did not go not far enough, the Taskforce welcomes references to upcoming changes in the UK Drug Strategy and will continue to engage to ensure that any changes enable the scale of distribution needed.

4.3 Drug Law Reform

There was a commitment in [2019-20 Programme for Government](#) to consult on drug law reform alongside another commitment in Scotland's [2018 alcohol and drug strategy](#) to set up a group to advise on the contribution and limitations of the Misuse of Drugs Act (1971) in support of health outcomes in Scotland.

At the beginning of 2021, the Taskforce progressed the first phase of this work by engaging with over 100 stakeholders who work in the intersection between health and justice. The aim was to improve our understanding of what barriers to implementing health based approaches to tackling drug deaths are being experienced under current reserved legislation. The [drug law reform report](#), including thirty proposals for the UK and Scottish Government and partners was published on 6 September 2021. These proposals range from what can be done in the shorter term and what require wholesale changes, including a root and branch review of the reserved Misuse of Drugs Act 1971, to support a public health approach. The range of specific legislative changes that were highlighted to enable further harm reduction activity included the introduction of safer drug consumption facilities, the reclassification of naloxone and enabling the provision of drug paraphernalia through services to enable safer drug consumption.

The report also recognised that a cultural change is required in Scotland. We currently have a large prison population that will have a detrimental impact on outcomes for those affected by drug use in the justice system. We also know that much of the problematic drug use in Scotland is hidden and there continues to be unacceptable and avoidable stigma and discrimination. This is not helped by criminalising people with multiple complex needs who experience serious disadvantage and need our help.

On 17 September 2021 letters were written to both the [UK](#) and [Scottish Ministers](#) outlining the relevant proposals in the drug law reform report and asked for a response to these. At the date of writing a response has been received from the Scottish Government, committing to developing an action plan on the recommendations, but a response has not been received from the UK Government, despite a further letter to the Home Office from the Minister for Drugs Policy.

4.4 Criminal Justice

The high prevalence of problem drug use amongst those in contact with the criminal justice system provides an opportunity to detect, intervene or signpost those at known risk into treatment and support.

The Taskforce made three visits to experience first-hand how operational practice could be improved or altered to support better health outcomes and [summarised this evidence](#). This led to a successful funding bid for a police arrest referral pathway through Medics Against Violence, who already support the hospital-based violence intervention, [Navigator](#). The [Pathfinder](#) test of change currently underway in Inverness aims to support people to access services at the point of first contact with the police, through the support of a peer-navigator. People with lived experience are a key part of the team and can inform decision making in the individual's case by highlighting identifiable needs and providing information on their interaction with services. This helps to break the link between substance use and offending by

proactively engaging with those whose offending is linked to drug use. The evidence and learning from this project, that began in July 2021, is being used to roll the service out to other pilot areas in Scotland.

The Taskforce supports a pilot peer to peer supply programme in prisons to enable trained peer mentors to supply naloxone to, and train their peers, ahead of liberation that is known to be a period of increased vulnerability to an overdose, due to lack of drug tolerance. It also funds a number of other pathways with ADPs which support individuals at key intervention points in the criminal justice system, such as on their release from prison, alongside diversions or in police custody suites. Further details can be found on the funded projects page on the website: [Taskforce work and projects | Drug Deaths Taskforce](#).

4.5 Benzodiazepines

According to data from the National Records of Scotland, street benzodiazepines (or benzos) were implicated in 66% of all drug related deaths in 2020. The Taskforce formed a Benzodiazepines Working Group to tackle the rising crisis surrounding the use of benzodiazepines. The group developed Interim Guidance around both the pharmacological and psychological management of benzodiazepine dependency, in the context of those who are also opiate dependent, that is consistent across Scotland. This is a challenging area given the lack of clinical evidence, but clear evidence of harm. With this in mind the Scottish Government will now run a consensus building roundtable, followed by a consensus conference to finalise the guidance.

The Taskforce has also recommended that progress is required to ensure the regulation of pill presses, used to produce illicit pills such as atypical benzodiazepines, including a suitable licensing system to reduce related harm.

4.6 Non-fatal overdose pathways

The evidence is clear that fatal overdoses are often preceded by non-fatal ones. Therefore the Taskforce has supported a number of tests of change focussing on non-fatal overdose pathways to ensure that anyone who suffers a non-fatal overdose is properly supported to access treatment and prevent further overdoses.

The Taskforce has funded a range of projects exploring non-fatal overdoses pathways. The Glasgow Overdose Response Team (GORT) is a test of change which offers a rapid response to non-fatal overdoses - providing a short, focused period of support to each person. GORT assertively connects individuals with mainstream alcohol and other drug service. It has been expanded to cover the remaining areas in the Greater Glasgow and Clyde Health Board area and all of Lanarkshire. The Taskforce has also funded a test of change provided by Scottish Recovery Consortium which provides wraparound support following a non-fatal overdose, including residential rehabilitation. This approach supports people into an immediate response pathway for non-fatal overdose which combines the community based response with a residential rehabilitation service. There also a wide range of projects being funded across Scotland through ADPs to develop effective non-fatal overdose responses.

The Taskforce has recommended that pathways should be expanded nationally, learning from these ongoing funded tests of change. The Taskforce is continuing to assess this learning and will make more specific recommendations in the coming months.

4.7 Stabilisation Services

The Benzodiazepine Working Group identified a gap in provision of services to stabilise a person's chaotic drug use, in particular for benzodiazepine use. They recommended that a place of immediate safety is needed for some individuals giving access to appropriate treatment.

While this recommendation has come from work on benzodiazepines, given the known harms of poly substance use in Scotland, the Taskforce believes that stabilisation services should be available to all individuals rather than be specific to benzodiazepine use.

It has been recommended to Government that appropriate pathways are developed urgently to embed a stabilisation service in the developing treatment landscape. The Taskforce welcomes the commitment from the Minister for Drugs Policy at the most recent debate on implementing stabilisation services

4.8 Women

In December 2020, the publication of the 2019 Drug Related Death (DRD) statistics highlighted that although drug related deaths were predominantly male (69% in 2019); DRDs have grown at a faster rate among females. Following this, the Taskforce established a working group to revisit recommendations from specific research published in 2018, recognising that there had been a lack of progress in implementing its recommendations; the working group was convened to consider how the recommendations could be operationalised.

The Taskforce published this [group's report](#) on 1 December 2021. The report highlighted several areas where further work is needed to support women who use drugs, including recommendations in four key areas: developing services, collaboration, information services and workforce training.

The [recommendations within this report](#) are relevant to a wide range of services and government policy areas. The report has been shared with the Scottish Government who are now considering how best to take forward the recommendations within it. When considering and implementing the recommendations of the working group, the Taskforce believes that local need and what is already available in terms of local service provision must be taken into account. Furthermore, as was made clear in the Taskforce's covering note to the report, this work cannot be undertaken in isolation but must be coordinated with other work streams, including the implementation of Medication Assisted Treatment (MAT) Standards.

4.9 Stigma

The Taskforce recognises that tackling stigma could make a significant contribution to reducing drug-related deaths in Scotland and published a [strategy paper](#) to address the stigmatisation of people and communities affected by drug use. The evidence demonstrates that many who could benefit from treatment can be

discouraged from doing so by language, attitudes and behaviours that appear judgmental, even if these are displayed unwittingly. Stigma can also negatively impact the morale of those providing support services, and friends and families of those at risk can often feel the effects of stigma by association, at a time when they too deserve support.

The Scottish Government are taking forward the recommendations of the Taskforce Stigma Strategy. It formed the basis of a [marketing campaign](#) that was launched last December to help tackle stigma and was developed with the input of people with lived and living experience and their family members. Television, newspaper adverts and posters on billboards emphasise that a drug or alcohol problem is a health condition and judging individuals affected can have a devastating effect on their ability to seek and access help and support. A webpage on NHS Inform also supports the campaign with further information on how the public can help tackle the problem. We believe that this work will start national conversations on how we can all play a part in supporting people with substance use problems.

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Accountability and Governance	Date Recommendation made
The Taskforce recommended that Government extend the renewed leadership and call for action (from the National Mission) to include local leadership and organisation leads.	12 January 2021
The Taskforce highlighted the challenges faced in relation to delays in toxicology and asked for Government to act now to resolve this. The Taskforce will work closely with Government to develop real time monitoring to enable effective decision making.	12 January 2021
The Taskforce highlighted concerns regarding accountability and outlined that Government should hold the leadership of statutory services and local delivery leaders to account. This was highlighted in the Dundee Commission but also has been a recurring theme when communicating with ADPs.	12 January 2021
Assertive Outreach	Date Recommendation made
Work needs to be undertaken in identifying those not in treatment, noting the increased harm this population already experience, and the likely disruption to supply of drugs (<i>during the Covid-19 pandemic</i>).	16 April 2020
Outreach support should initiate same day access to Opiate Substitution Therapy (OST) alongside provision of Take Home Naloxone (THN) supply.	16 April 2020

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Outreach support should maintain therapeutic support through phone and text, particularly for those receiving OST unsupervised and those in self-isolation. This can be done through the 'NHSNearMe' technology which the majority of GP practices have now installed.	16 April 2020
The Taskforce recommends that Scottish Government make additional resources available for local organisations to provide service users with the means to maintain communication, e.g. mobile phones with credit/data packages, to ensure users can still receive a consistent level of support.	28 July 2020
Peer support and advocacy are instrumental in accessing appropriate services, and the Taskforce recommends that the Government support the development of a national peer support programme that can be put in place without delay.	12 January 2021
The Taskforce will continue to explore the use of navigators and peer support workers and make a recommendation on the best model for a national navigator service to support individuals to access treatment, including in justice settings. In the interim, the national expansion of the MAV hospital navigator programme should be pursued, taking a particular interest in substance use.	6 September 2021
Benzodiazepines	Date Recommendation made
Addressing the availability of benzodiazepines should be a key priority of this Government and the Taskforce would expect them to work with Police Scotland to reduce the availability of these, as well as supporting harm reduction initiatives	12 January 2021
Interim guidance has been produced by the Benzodiazepine Working Group. A series of consensus building events will take place before final guidance is published.	August 2021

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<p>The production of illicit pills, including atypical benzodiazepines, cause significant harm. Progress is required to ensure the regulation of pill presses, including a suitable licensing system to reduce related harm.</p>	<p>6 September 2021</p>
<p>Covid 19</p>	<p>Date Recommendation made</p>
<p>The Taskforce highlighted the importance of maintaining service-level provision of drug and alcohol services during the COVID-19 outbreak and to plan for additional capacity to these services on the basis of public health surveillance.</p>	<p>16 April 2020</p>
<p>Provide risk assessment of the most vulnerable to ensure safety and that emerging needs are met at times when individuals need to self-isolate, or are at increased risk and subject to shielding guidelines due to underlying health conditions.</p>	<p>16 April 2020</p>
<p>Consider people who use drugs (PWUD) as a priority group. This would ensure they receive COVID-19 testing, in particular those who are homeless/in prison/prisoners on release etc.</p>	<p>16 April 2020</p>
<p>Accommodation and prioritisation of rough sleepers to enable safe social distancing measures and self-isolation amongst this population, accompanied by proactive testing for COVID-19 to allow appropriate measures to be put in place and 'cohorting' of accommodation to be considered.</p>	<p>16 April 2020</p>
<p>Ensure a range of in-reach services including OST and THN supply in hostels and requisitioned sites, such as hotels.</p>	<p>16 April 2020</p>

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Crisis and Stabilisation	Date Recommendation made
<p>The Benzodiazepine working group of the Taskforce recommended that the Scottish Government should urgently consider allocating funding resources for nationally commissioned safety and stabilisation services.</p> <p>This would include:</p> <ul style="list-style-type: none"> ○ The development of appropriate pathways to embed a stabilisation service in the current and developing treatment and support landscape ○ Further feasibility and scoping work to cover any gaps in the existing evidence. ○ Commitment to the development of the evidence base for safety and stabilisation resource through lessons learned. 	15 th September 2021
Dispensing and Prescribing	Date Recommendation made
<p>As part of the Taskforce’s recommendations on Covid (16 April 2020), the Taskforce highlighted that:</p> <ul style="list-style-type: none"> • A rights-based approach should be taken, prioritising OST as an essential medicine. • Safe storage boxes should be provided for the storage of medicines and take home doses. • There should be ongoing availability of oral toxicology testing to those considered most at risk (e.g. those with unstable drug use or child protection issues) to enable accurate risk assessment around supervision and dispensing arrangements. 	16 th April 2020

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<ul style="list-style-type: none"> • Home delivery outreach networks should be established - using a mixture of redeployed staff from other services, third sector and volunteers. • The use of long acting depot injection should be investigated in OST preparations, given its ability to aid initiatives such as self-isolation/quarantine. • Local formularies should be reviewed as a matter of urgency to ensure they contain the range of licensed, approved OST medicines (methadone, buprenorphine in its various forms, including injectable long-acting preparations) so that there is equity of provision and choice for patients and prescribers. • Laboratory facilities e.g. for oral fluid testing and oral toxicology testing needs to be maintained to ensure treatment is optimal. • Preparation of alternative systems of delivery should pharmacy provision be further depleted e.g. central stocks of OST medicines; skeleton staff to provide OST & IEP despite being closed to general public; expansion of outreach networks and delivery vehicles. • Identify pharmacies with high patient numbers receiving OST for site-specific contingency plans to be developed. • Ensure that all health boards include OST dispensing and IEP provision as essential pharmacy services to be maintained as core elements of the emergency response. • Support pharmacies with volunteers to help manage queues. 	
<p>The Taskforce supports prescribers' call for a review of the regulations on dispensing and prescription forms to take account of clinical and technological advances since implementation in 2001.</p>	<p>6 September 2021</p>
<p>The Taskforce recommended that the UK Government extends the temporary Covid-19 measures put in place to support the resilience of medicine supplies and treatment continuity, allowing Scottish Ministers to implement an immediate response to local emergencies within the existing legal framework.</p>	<p>6 September 2021</p>

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Diversion from Prosecution	Date Recommendation made
The Criminal Justice and the Law Subgroup is working on recommendations around diversion from prosecution and will report by July 2022.	Will report by July 2022
Drug Checking	Date Recommendation made
Drugs checking facilities may have an important role in empowering individuals to make safe choices. They also potentially provide an early warning system. The Taskforce recommend the Scottish Government work with the Home Office to review the current drug licencing regime to ensure that it is open, transparent and accessible, in line with a health based approach.	6 September 2021
The Scottish Government should support drug testing nationally and work with local services to ensure it is available.	6 September 2021
Drug Paraphernalia	Date Recommendation made
The UK Government should amend the Misuse of Drugs Act 1971 or Misuse of Drugs Regulations 2000 to allow for the legal provision of a wider range of drug paraphernalia through harm reduction and treatment services, to enable safer drug consumption.	6 September 2021

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In the interim, the Scottish Government should explore all options to support this provision.	6 September 2021
Drug Testing and Treatment Orders (DTTOs)	Date Recommendation made
Scottish Government should review DTTOs to assess how they have been used, their outcomes and whether they are the most effective mechanism to support an individual's recovery and reduce recidivism rates.	6 September 2021
Scottish Government should also work with the Judicial Institute to improve understanding of how to best support an individual's recovery journey.	6 September 2021
Equality Act 2010	Date Recommendation made
A transparent review is needed of the exemption set out in S3.1 of the Equality Act 2010, (Disability) Regulations 2010 to explore the impact of this exemption and whether it best serves people suffering from addiction, what the implications of removing it and making addiction a protected characteristic would be.	6 September 2021
Families	Date Recommendation made

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<p>The Taskforce welcomes the engagement with its drug law reform report from family members and feel their contributions reflect strongly the direction and ambition of the Taskforce. The Taskforce will continue to learn from the projects funded and will make further recommendations on options for treatment, support and recovery.</p>	<p>6 September 2021</p>
<p>Funding</p>	<p>Date Recommendation made</p>
<p>The Taskforce clearly outlined in our meeting with the Minister and First Minister that additional funding should be made available for grass roots organisations and community-based projects alongside services to support vulnerable people.</p>	<p>12 January 2021</p>
<p>Information Governance</p>	<p>Date Recommendation made</p>
<p>The Taskforce outlined to the First Minister some of the challenges faced with data sharing which the Government must work urgently to resolve, if lifesaving interventions are to progress.</p>	<p>12 January 2021</p>
<p>Law Reform</p>	<p>Date Recommendation made</p>
<p>A root and branch review of the Misuse of Drugs Act is needed, taking a public health approach, and reforming the law to support harm reduction measures.</p>	<p>6 September 2021</p>

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<p>If the UK Government are not willing to reform the Misuse of Drugs Act, it should commit to exploring all available options openly with the Scottish Government to enable Scotland to take a public health approach.</p>	<p>6 September 2021</p>
<p>Meanwhile the Scottish Government should do more to maximise flexibility under the current legislation.</p>	<p>6 September 2021</p>
<p>Further consultation should be undertaken in the second phase of the drug law reform engagement exploring:</p> <ul style="list-style-type: none"> • The public’s perceptions of drug policy and opinions on what our guiding principles should be when developing policy and legislation. • People’s thoughts on relaxing the laws around drug possession offences, such as decriminalisation or legalisation and regulation • Gauging public support for the harm reduction measures currently restricted by the Misuse of Drugs Act or related regulations. • User engagement to understand how the law impacts people’s willingness to access service. 	<p>6 September 2021</p>
<p>Lived and Living Experience</p>	<p>Date Recommendation made</p>
<p>Extend inclusion criteria for Scottish Government national helpline (0800 111 4000) for vulnerable people to include PWUD.</p>	<p>16 April 2020</p>
<p>More needs to be done to engage with those who do not currently access services. The Taskforce therefore recommend that a network of people with <i>living</i> experience is established in the next 6 months</p>	<p>12 January 2021</p>

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Medication Assisted Treatment	Date Recommendation made
The implementation of MAT Standards must be scaled up at pace. To enable this the Taskforce would recommend formal standards and indicators are developed by Health Improvement Scotland by the end of 2021. Scottish Government will have a vital role in supporting this roll out by ensuring that Chief Officers take accountability for delivery of the standards at local level.	12 January 2021
The Taskforce supports the devolution of licensing for Heroin Assisted Treatment (HAT) premises to allow the single-office co-ordination of premises and prescriber licensing and the Scottish Government should support and promote a national roll out for HAT.	6 September 2021
Naloxone	Date Recommendation made
Maximise naloxone distribution through all channels, including on release from prison and through families, with the possibility of using third sector organisations and recovery communities.	16 April 2020
Make allowance for other relevant organisations to hold/distribute naloxone during this pandemic, even if only for a specific timescale.	16 April 2020
Request that all 'first responders' to drug overdoses (emergency services) are naloxone trained.	16 April 2020
Naloxone is a lifesaving drug, which the Taskforce have made significant progress in increasing its distribution through channels where its use can save lives. There is still capacity to increase this further, and this should be developed with urgency.	12 January 2021

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<p>The UK Government should support permanent reclassification of naloxone to make it easier to provide supply.</p> <p>The Taskforce, at a minimum, recommends a replication of the Lord Advocate’s statement of prosecution policy. However, the Taskforce believes that it would be even more beneficial for naloxone to be reclassified from a ‘Prescription Only Medicine’ to a ‘Pharmacy’ or a ‘General Sales List’ medicine</p>	<p>6 September 2021</p> <p>28 September 2021</p>
<p>In the absence of a full reclassification, the Scottish Government should work closely with the UK Government to ensure that the changes planned reflect the breadth of the existing statement of prosecution policy in Scotland.</p>	<p>6 September 2021</p>
<p>In the interim, the Scottish Government should also engage with the Lord Advocate in relation to the extension of the current statement of prosecution policy.</p>	<p>6 September 2021</p>
<p>Non-Fatal Overdose</p>	<p>Date Recommendation made</p>
<p>Non-fatal overdose pathways are vital to catching the most at-risk people early and providing them with the support needed to avoid a fatal overdose. The Taskforce would recommend that these should be expanded nationally, learning from the tests of change ongoing through the Taskforce.</p>	<p>12 January 2021</p>
<p>Policing</p>	<p>Date Recommendation made</p>

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<p>Practical policing decisions, such as physical patrols can influence people’s perceptions and decisions about drug use and service engagement. Therefore the possibility of tolerance zones should be explored where police agree not to make active patrols or use stop-and-frisk powers in the vicinity of certain services.</p>	<p>6 September 2021</p>
<p>The Taskforce would support consideration of the extension of Recorded Police Warnings in relation to drug possession offences to cover all classifications of drugs and concludes that there would be value in work by the Scottish Government, Police Scotland and COPFS to increase understanding of the scheme.</p>	<p>6 September 2021</p>
<p>Prison</p>	<p>Date Recommendation made</p>
<p>Provision of naloxone for all prisoners with a history of substance use on liberation, and their families (exploring distribution of intra-nasal naloxone might also be an option) is essential.</p>	<p>16 April 2020</p>
<p>The Taskforce recommends that adequate throughcare provision is available to prisoners on liberation including: access to GP (information about the ‘Access to Healthcare – GP Registration Cards’ for vulnerable people accessing GPs available here - Access to Healthcare) and continuity of OST provision</p> <p>Further work is needed to ensure holistic support is provided for people with multiple complex needs, including exploring the reintroduction of throughcare support officers. The Taskforce asks that options for sustainably funding a reinstated throughcare service are explored.</p>	<p>16 April 2020</p> <p>6 September 2021</p>

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Scottish Government should work with the Scottish Prison Service to end Friday liberations from custody, implementing a blanket policy of no liberations on a Friday or in advance of a public holiday. It should also explore ways to support individuals released directly from custody.	6 September 2021
Further exploration of alternatives to remand and imprisonment should be considered, including bail supervision and residential rehabilitation.	6 September 2021
Public Health Surveillance	Date Recommendation made
Public Health Surveillance and the need for real-time information and data should be prioritised. This includes information on the impact of COVID-19 on drug related deaths, but also the impact on illicit drug supplies and levels of quality. This will better enable Health Boards, ADPs and service providers to provide a suitable response.	16 April 2020
Safer Drug Consumption Facilities	Date Recommendation made
The Taskforce supports the introduction of properly resourced safer consumption facilities in Scotland. The Drugs Death Taskforce recommends that the UK Government consider a legislative framework to support their introduction. In the interim, the Scottish Government should explore all options within the existing legal framework to support the delivery of safer consumption facilities.	6 September 2021
The Scottish Government should also take steps to increase public understanding of such facilities.	6 September 2021

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Stigma	Date Recommendation made
Scotland should have a national and local mission statements on addressing stigmatisation – including self-stigma, stigma by association, structural stigma and public stigma.	30 July 2020
All responses to problem drug use must be co-developed or co-produced with those who deliver services to people with drug problems and people with lived experience.	30 July 2020
All responses to problem drug use must pay specific attention to clients and groups who are most likely to experience stigmatisation.	30 July 2020
All services must help reframe the narrative around problem drug use wherever possible. Drug services should celebrate the success of recovery communities and focus on and communicate strong messages about the positive outcomes PWDP can expect when engaging with them.	30 July 2020
Services must actively promote opportunities for anyone – from the client group, from families and communities and from the workforce – to be able to challenge stigma or stigmatising behaviour, process or environments.	30 July 2020
<p>Recommendations for journalists and editors:</p> <ul style="list-style-type: none"> • Use positive imagery. • Adopt People first language. • Use your article as an opportunity to educate. • Always include support service information. • Learn about lived experience and the impact of stigma. 	30 July 2020

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The Taskforce called for First Minister support for the Stigma Strategy and outlined that the stigma charter (in development) should be adopted by all public bodies and services.	12 January 2021
The Taskforce recommends the Scottish Government works with justice partners to support the adoption of the Stigma Strategy, trauma informed and family inclusive practice and the adoption of distress based interventions.	6 September 2021
Whole Systems Approach	Date Recommendation made
Access to treatment at the weekend continues to be a considerable gap in delivering a whole systems model of care. The Taskforce therefore recommends that Scottish Government pursue increased weekend access to treatment and support.	12 January 2021
Women	Date Recommendation made
Develop and upscale women specific services, spaces, groups. This will need to take account of local need and what is currently available. Consider a showcasing/engagement event where women's services (previous and present) can present their work, share learning, consider opportunities to upscale and discuss possible barriers.	1 December 2021
Women should have access to a worker they feel comfortable with including access to a female worker if preferred.	1 December 2021
Where possible an assigned keyworker and individual casework approach should be taken. Recognising the individual's needs, wishes and priorities including parenting and childcare.	1 December 2021

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Take an individualised approach, recognising the importance of maintaining family relationships and parenting responsibilities. Services should consider how they can best support and work with women including appointment location, timings, methadone collection options, women’s safety and options for home visits. Digital contact and telephone calls should be supported where individuals prefer.	1 December 2021
Peer groups should be promoted and supported (both financial and advisory support to assist with safety and governance). When funding projects and services this should be built in.	1 December 2021
Promote access to meaningful structured activities for women; providing opportunities for peer engagement, education, training, voluntary work and thus reducing social isolation. Where possible this should draw on existing groups and resources to aid community integration.	1 December 2021
Access to sexual and reproductive health services including reproductive planning education and provision and delivery of long-acting reversible contraceptives (LARC) should be available within drug services through outreach or embedded models. Also consider provision in other services attended by vulnerable women, such as mental health or housing. Women should be enabled to make an informed decision within a framework of reproductive choice, autonomy and respect.	1 December 2021
Rehabilitation services which support family integration (either in a dedicated facility or through community support) should be explored and supported.	1 December 2021
Women should have a choice in treatment when accessing OST – services should ensure women can make an informed choice about long-acting buprenorphine/methadone. Women with children should be able to access their OST in a child friendly environment within services.	1 December 2021
When evaluating Taskforce projects, implementation of the MAT standards and other relevant projects/policies; the impact on women should be specifically considered.	1 December 2021
Work with wider policy areas in Scottish Government as well as relevant stakeholders to ensure that work to develop ‘women only’ services and gender mainstreaming does not increase exclusion of trans and nonbinary people. Services should be inclusive and responsive to individual needs.	1 December 2021

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<p>Promote colocation of Mental Health and substance use services. There will be opportunity to evaluate this through MCN group projects and MAT standards implementation. Women should be specifically considered.</p>	<p>1 December 2021</p>
<p>Ensure 'no-wrong-door' approach is implemented and go beyond this by considering lower threshold access to Mental Health (MH) services if co-occurring substance use; recognising the added risk and vulnerability</p>	<p>1 December 2021</p>
<p>Cross-sectoral collaboration; including across drugs, homelessness, justice, mental health, education, and children's services; to support and promote a whole system approach to trauma informed practice. This approach could be supported by the cross-government Multiple Complex Needs (MCN) Network and by the Ministerial Implementation Group.</p>	<p>1 December 2021</p>
<p>Work with partners to deliver and embed trauma-informed and trauma-responsive policy and practice within drug and alcohol services. The Trauma team within the Mental Health directorate joint with drugs policy are taking this forward and we would recommended that this work specifically considers the unique impact of trauma on women using these services and use lived experience in evaluation.</p>	<p>1 December 2021</p>
<p>Take measures to ensure silos in policy and practice are broken down resulting in greater integration of services and support. A MCN Networking group is welcome and it is recommended that both this group and the Ministerial Implementation group actively consider the needs of women alongside other vulnerable groups.</p>	<p>1 December 2021</p>
<p>Encourage collaborative working between social work and ADPs and consider joint training to help them understand each other's role, its demands and to better understand the challenges patients face.</p>	<p>1 December 2021</p>
<p>The Taskforce should actively work with The Promise team and stakeholders to ensure implementation of its principles and recommendations in drug treatment. It is also recommended that drug treatment policies are in line with GIRFEC (Getting it right for every child).</p> <p>Policy development and services should ensure an individualised, whole family approach with mothers at the heart of decision making and a focus on supporting families to stay together and parents to thrive wherever possible.</p>	<p>1 December 2021</p>

ANNEX A
Table of Drug Death Taskforce Recommendations to December 2021

<p>Measures should be taken to enhance support at specific times of vulnerability, such as:</p> <p>Pregnancy</p> <p>Release from prison</p> <p>Bereavements</p> <p>Loss of child custody</p> <p>Consideration of local need and currently available services in developing pathways to enhanced measures of support.</p>	<p>1 December 2021</p>
<p>Work with partners/cross policy to ensure that women/families undergoing childcare proceedings receive support in their own right; which continues if custody is lost. Recognise bereavement following loss of custody. Work closely with Children and Families policy and ensure that the needs of women experiencing drug use who are at risk of losing children to care are given support within drugs policy as well as the additional supports within Children and families policy.</p>	<p>1 December 2021</p>
<p>When developing information sources and resources for those who use drugs and their families care should be taken to ensure that information is gender neutral or that where gender specific information is needed both men and women are considered. Those with lived experience should be involved in developing information sources.</p>	<p>1 December 2021</p>
<p>Develop dedicated information sources for families, especially children, that take a compassionate view of substance use. This may help families to stay connected and better understand the complexities of drug use. Consideration of a national resource that covers knowledge base/understanding of the issues but may also need local resource that covers services available in an area.</p>	<p>1 December 2021</p>
<p>Workforce</p>	<p>Date Recommendation made</p>

ANNEX A
Table of Drug Death Taskforce Recommendations to December 2021

<p>To ensure workforce capacity for injecting equipment provision (IEP), opioid substitution therapy (OST) and take-home naloxone (THN) delivery and ensure non-fatal overdose follow-up pathways are maintained. These services add value to necessary COVID-19 response measures as well as mitigate unintended consequences, and so prevent additional burden on the NHS.</p>	<p>16 April 2020</p>
<p>A costing exercise should be undertaken, reflecting that a push to increase the number of people in services must recognise the increase pressure this will put on these services and the needs that may flow from it. This would enable costing of a long-term sustainable system of care. This includes workforce modelling options.</p>	<p>12 January 2021</p>
<p>Building a skilled and motivated workforce is essential, but there has been little central investment in professional development. The Taskforce therefore believe that a workforce review is required. This would enable clear career development pathways to be defined including core skills and competencies.</p>	<p>12 January 2021</p>
<p>There is a need for a managed clinical care network, as was established in response to the Hepatitis C emergency. This network should include health boards and relevant professional networks</p>	<p>12 January 2021</p>
<p>Those working with women experiencing substance use either directly or indirectly should be trained in trauma informed care, stigma, women’s rights, holistic care, to recognise power imbalance and domestic abuse, barriers to engagement, harm reduction, sexual and reproductive health, blood borne viruses, mental health conditions and neurodiversity. They should know what services and supports are available locally and how to access them.</p>	<p>1 December 2021</p>
<p>Navigators and advocates should be appropriately trained, including in gender needs; and supported in their role and legitimacy.</p>	<p>1 December 2021</p>
<p>Workers and volunteers should have adequate access to training and supervision with opportunities to debrief in both one-one and group settings. Schwartz rounds are a positive example of this and can be a useful opportunity for staff across all disciplines to reflect on the emotional impact of their work.</p>	<p>1 December 2021</p>
<p>A specific module as part of the NTTP considering the impact of trauma and adverse events on women who use drugs should be considered.</p>	<p>1 December 2021</p>

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Our Ref: PPCW 8.22
27th January 2022

Audrey Nicoll MSP
Convener
Criminal Justice Committee
The Scottish Parliament
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Dear Audrey Nicoll MSP,

Police Scotland Update – Scottish Drugs Death Taskforce Recommendations

I am writing to you with regards to the Scottish Government's Criminal Justice Committee, Health, Social Care and Sport Committee and the Social Justice and Social Security Committee, and the joint committee session involving all three on 2nd February 2022. This correspondence provides some detail from a Police Scotland perspective on progress made in respect to implementing Drugs Death Taskforce (DDTF) recommendations and the important areas to focus on in order to deliver the remainder of its work.

Police Scotland remains a fully committed member of the DDTF and shares the joint vision to tackle Scotland's drugs death crisis. I have attached a report which provides detail on a number of workstreams ongoing within the service at this time. Some of these, such as supporting the drive to widen access to Naloxone through our distribution of take home Naloxone cards, are fully implemented. Others such as the significant Naloxone Test of Change will be presented to the Chief Constable in the very near future and we continue to work with partners on matters such as the Pathfinder Project, presently being piloted in Inverness.

The programmes mentioned in the report are significant in delivering the recommendations of the DDTF and share the philosophy of joint-working, targeting approaches to the most vulnerable, addressing stigma and improving service delivery. While there are clear short term benefits with many of these programmes, a long-term view is required to assess the real value and impact of all this work, in conjunction with work led by other partners, and the success this has in significantly and sustainably reducing harm caused by problematic drug use.

Going forward, Police Scotland will continue to prioritise harm reduction for vulnerable people who are living with addiction. I co-ordinate the strategic direction of the service in this respect and mechanisms such as the Drugs Strategy Board, which I chair and which includes a broad membership from partner agencies and external service providers, ensures that our work is co-ordinated internally as well as externally with partnership priorities and activities (including those commissioned and led by the DDTF). In that respect, I feel it would be of significant benefit if, in the time it has left, the DDTF can produce a clear and achievable road map for all partners and services which would allow it to work towards adopting and facilitating a continuous public health approach, focussed on reducing Scotland's drug related harm and deaths. This would ideally map out the next one to five years through the development of a whole systems approach towards reducing drug use and associated harm by taking vulnerable people out of the criminal justice system and providing easier access into education and/or support services. These options should be available to everyone at all stages of the criminal justice process and through their recovery process as we look to tackle the barrier of stigma and treat those living with addiction as a health rather than criminal justice issue.

Police Scotland's mission is to improve the safety and wellbeing of people and communities and we are consistently exploring the opportunities to move even further into the public health space in order to achieve this mission. This focus on prevention and harm reduction to tackle Scotland's drug deaths crisis is reflected in our strategies, structures, policies and processes and we will continue to examine our potential to support any other initiatives focussed on reducing individual and community harms associated with problematic drug use.

Yours sincerely



Gary Ritchie
Assistant Chief Constable

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SCOTLAND**

DRUG DEATH TASK FORCE RECOMMENDATIONS

FOR INFORMATION			
Disclosable under FOISA 2002		NO	
Author/Contact	PI Stevie Bisset	Department / Unit	Partnerships, Prevention and Wellbeing Community
Date Created	20/01/2022	Telephone	

Purpose

The purpose of this briefing paper is to provide a summary of Police Scotland's response to the Drug Death Taskforce recommendations.

Background

The Drugs Death Taskforce was established in 2019 by the Minister for Public Health and Sport, supported by the Cabinet Secretary for Justice. The primary role of the Taskforce is to coordinate the development and delivery of policies that improve the outcomes for people who use drugs, reducing the risk of harm and drug related death.

Since the Taskforce was formed in 2019, the 15 volunteer members have made a number of recommendations to a range of stakeholders, from Government, to the First Minister and the Lord Advocate.

These recommendations relate to a wide range of topics that the Taskforce believe would have a positive impact on tackling the drug problem faced in Scotland and ultimately save lives.

Below are details of Police Scotland's response to the Taskforce recommendations, associated to policing, from the creation of the Taskforce in 2019, to present.

Recommendations:

Assertive Outreach

“Work needs to be undertaken in identifying those not in treatment, noting the increased harm this population already experience, and the likely disruption to supply of drugs (during the Covid-19 pandemic)”.

Since April 2019, the number of individuals recorded as accepting arrest referrals, which are for people within police custody, is 2287. The total number of people recorded on the Interim

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Vulnerable Person's Database (iVPD) with a Drug Consumption Marker from 2018 to 2021 inclusive are 39,822. These reports are forwarded to partner agencies for further action/support.

A disparity of services, third sector or statutory support across Scotland for people with complex needs, sees some areas unable to provide direct support or an appropriate referral, as their needs do not meet a specific criteria set.

“Outreach support should initiate same day access to Opiate Substitution Therapy (OST) alongside provision of Take Home Naloxone (THN) supply”.

Since 2015 anyone working in commissioned drug treatment services are authorised to provide Take Home Naloxone (THN) kits to members of the public. The aim is to increase the number of kits in general circulation and provide easier access to members of the public requiring to provide initial medical treatment to persons suspected of having suffered an opiate/opioid overdose.

In 2021 Police Scotland worked in partnership with the charity Scottish Families Affected by Alcohol and Drugs (SFAAD) and created and distributed 110,000 Naloxone Awareness Cards. These are being provided by police officers to persons who have suffered non-fatal overdoses, their family or friends, or anyone else likely to come into contact with a person likely to suffer an overdose.

The distribution of these awareness cards is already raising public awareness on how to obtain a potentially lifesaving piece of emergency treatment, with feedback showing people have sourced THN as a result. This will enhance public perception and highlight Police Scotland's commitment to adopting a public health approach to ensure the safety and wellbeing of people in Scotland.

“The Taskforce will continue to explore the use of navigators and peer support workers and make a recommendation on the best model for a national navigator service to support individuals to access treatment, including in justice settings. In the interim, the national expansion of the MAV hospital navigator programme should be pursued, taking a particular interest in substance use”.

Police Scotland is committed to working alongside partners through the Criminal Justice and the Law Sub Group of the Drugs Death Task Force, to explore opportunities to reduce harm within the existing legislative framework and is piloting a referral service for vulnerable people who use drugs. This service, which commenced on 5th July 2021, will run in parallel with the established Criminal Justice process and will allow officers to refer relevant individuals into support services from the initial point of contact (as opposed to being considered by Procurator Fiscal or Court at a later stage in the process). The project is initially being trialled in the Inverness area with discussions underway to expand the service into Dundee and South Lanarkshire.

This service will introduce persons acting as 'pathfinders' to provide guidance, advice and support for persons referred, directing them to appropriate relevant support agencies. This is not an alternative to justice, but will run in parallel and allow COPFS to make more informed decisions regarding cases, by taking into account the success or not of engagement with treatment services. Initial issues regarding an appropriate referral system and subsequent sharing of information have been resolved, highlighting the benefit of introducing the project as a pilot in the first instance and allowing such matters to be resolved prior to wider roll out.

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Benzodiazepines

Addressing the availability of benzodiazepines should be a key priority of this Government and the Taskforce would expect them to work with Police Scotland to reduce the availability of these, as well as supporting harm reduction initiatives.

The threat and issues surrounded benzodiazepines was identified in 2013/2014, but was not progressed due to many challenges within the criminal justice system in respect of presumptive testing. (see Op Borzoi update for interim measures).

Benzodiazepine issues were presented by SCD in 2016 (2017) as NPS (New Psychoactive Substances) to the UK Advisory Council for the Misuse of Drugs (ACMD). The Benzodiazepine profile produced in 2016 highlighted the extent of threat and risk across our communities. At that time benzodiazepines featured in 75% of all Drug Related Deaths (DRD) and in 34% of Drug Driving cases.

Police Scotland provided a comprehensive presentation based on a benzodiazepine problem profile produced in 2016, convincing the Council to make recommendations to the UK Government, bringing 15 benzodiazepines, one of which was Etizolam, under the control of the Misuse of Drugs Act 1971 (MDA), giving police greater powers, providing greater penalties for those criminally involved.

Awareness was raised across European policing through presentations delivered by Police Scotland in Poland, Warsaw - 2015, Netherlands, Hague - 2015/2016/2017, Portugal, Lisbon – 2016 and Germany, Wiesbaden - 2016. During this period, Scotland led for the UK on strategic European law enforcement actions and significant funds were secured for this and bespoke training courses secured for Drugs Expert Witnesses.

Operation Borzoi 2015/2016/2017 was introduced to establish the true extent of benzodiazepines in circulation across Scottish communities (Police Service of Scotland (PSoS) SPA Forensic Services).

Operation BORZOI was initially commissioned in 2015 in order to establish the true extent of benzodiazepines in circulation throughout Scottish communities. On a weekly basis, a panel of SPA Forensic and Statement of Opinion Unit specialists convened and visually examined a sample of benzodiazepine tablets, which were submitted on a national basis to the Forensic Science laboratory. Op BORZOI at that time operated by securing a collective agreement (based on visual examination of the tablets only) regarding what cases would be submitted for further examination.

Following a change to legislation incorporating common benzodiazepines now being controlled under the Misuse of Drugs Act 1971, Operation BORZOI continues in an informative/intelligence collection capacity.

Operation Erso is the overarching National focus to enhance the understanding and reduce the harm from drugs supply in Scotland, particularly the illicit manufacture, supply and misuse of benzodiazepines.

Phase 1 focuses on the harm caused to our communities from the illicit manufacture and supply of benzodiazepines, in particular Etizolam and a direct correlation with drug related deaths in Scotland. Phase 2 focusses on the harm caused by opioids which are present in over 60% of all drug related deaths.

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Operation Erso comprises of five chapters of activity with associated prevention work. Police Scotland Drug Harm Threat Assessment focusses on five key chapters from a prevention and harm perspective, namely:

- Prevalence of Drug Types
- Partner Contributions
- Intelligence & Criminal Investigation Focus
- Conviction and Reconviction rates
- Correlation with Social Deprivation

The PSoS Drug Harm Tactical Taskforce (DHETF) capture and evaluate the circumstances of DRD's nationally. This assists in the early identification of trends and patterns, including clusters of deaths, enabling appropriate interaction relative to the five chapters above.

During 2021, 24 industrial sized pill press machines were recovered from OCG's in Scotland.

The production of illicit pills, including atypical benzodiazepines, cause significant harm. Progress is required to ensure the regulation of pill presses, including a suitable licensing system to reduce related harm.

Through close partnership working with American law enforcement in respect of pill press machines, significant offences were identified leading to enforcement action. Work continues in an effort to encourage tighter regulation relative to the supply of pill press machinery, which remains unregulated in the UK, providing a loophole for sale/supply in the criminal market as is currently seen through Operation Australis.

Dispensing and Prescribing

As part of the Taskforce's recommendations on Covid (16 April 2020), the Taskforce highlighted that a rights-based approach should be taken, prioritising Opiate Substitution Therapy (OST) as an essential medicine.

As a result of the COVID-19 pandemic, some NHS Boards changed Opioid Substitution Therapy (OST) provision arrangements in the summer of 2020, to ensure compliance with lockdown/social distancing requirements. A risk assessment was carried out for each person before changes were made to their prescribing arrangements, with the main changes being prescribing for longer intervals to provide reduced frequency of dispensing (e.g. weekly pick up) and the reduction in supervised consumption within pharmacies.

In response to this, Police Scotland completed analysis to compare the circumstances of suspected drug related deaths in April, May and June 2020, with the same period in 2019, to establish if there had been an increase in methadone prevalence at the scene of death. This was a manual process with the findings supplied to Public Health Scotland (PHS) for their further analysis and understanding, when adding the public health context.

The PHS findings provided that there was an increase in methadone prevalence at the scene of DRDs during the initial COVID-19 lockdown period. However, this data was collected on the basis of circumstantial information (i.e. presence of methadone bottles and whether the name of the deceased was printed on the label of a methadone bottle). Confirmation of the data was required by way of exploration of Health prescribing information systems and final toxicology screening. It was further found that the increased provision of methadone with regards to DRD's could not be determined as a causal factor, as OST provision represents only one element of a wider package of care and support available to individuals who are involved in habitual poly drug use.

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In an attempt to reduce the number of opiate related overdoses, including those associated with methadone, Police Scotland worked in partnership with the charity SFAAD and created and distributed 110,000 Naloxone Awareness Cards. These were provided by police officers to persons who have suffered non-fatal overdoses, their family or friends, or anyone else likely to come into contact with a drug user.

Diversion from Prosecution

The Criminal Justice and the Law Subgroup is working on recommendations around diversion from prosecution and will report between July 2022 and December 2022.

Police Scotland is committed to working alongside partners through the Criminal Justice and the Law sub group of the Drugs Death Task Force to explore opportunities to reduce harm within the existing legislative framework and is piloting a referral service for vulnerable people who use drugs. This service, which commenced on 5th July 2021, will run in parallel with the established Criminal Justice process and will allow officers to refer relevant individuals into support services from the initial point of contact (as opposed to being considered by Procurator Fiscal or Court at a later stage in the process). The project is initially being trialled in the Inverness area, with discussions underway to expand the service into Dundee and South Lanarkshire.

This service will introduce persons acting as ‘pathfinders’ to provide guidance, advice and support for persons referred, directing them to appropriate relevant support agencies. This is not an alternative to justice, but will run in parallel and allow COPFS to make more informed decisions regarding cases, by taking into account the success or not of engagement with treatment services. Initial issues regarding an appropriate referral system and subsequent sharing of information have been resolved, highlighting the benefit of introducing the project as a pilot in the first instance and allowing such matters to be resolved prior to wider roll out.

Drug Checking

Drugs checking facilities may have an important role in empowering individuals to make safe choices. They also potentially provide an early warning system. The Taskforce recommend the Scottish Government work with the Home Office to review the current drug licencing regime to ensure that it is open, transparent and accessible, in line with a health based approach. The Scottish Government should support drug testing nationally and work with local services to ensure it is available.

At present there are no drug checking facilities operating within Scotland. However there is a research and knowledge exchange project underway in Aberdeen, Glasgow and Dundee. The project was funded by Corra in 2020 and is for 2 years research work to advise key partners and Alcohol and Drug Partnerships (ADPs) on how they may consider the design, planning and implementation of drug checking services, according to evidence and user needs.

Police Scotland is committed to working with partners to reduce drug related deaths, mitigate the associated risks of substance use and provide a public health approach, to ensure appropriate professional support at the earliest opportunity to those most requiring it.

Given that addiction often fuels offending, any reduction in people’s dependencies can have significant benefits in breaking the cycle of offending, which law enforcement on its own cannot achieve. Embracing a public health approach allows us to work towards the vision and is within the approach of the Scottish Government’s strategy of ‘Rights, Respect and Recovery’.

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Police Scotland will work with key partners to create policy and guidance for the policing approach to any drug checking facility established in Scotland, in line with our code of ethics, human rights and adopting a health led approach to policing.

Equality Act 2010

A transparent review is needed of the exemption set out in S3.1 of the Equality Act 2010, (Disability) Regulations 2010 to explore the impact of this exemption and whether it best serves people suffering from addiction, what the implications of removing it and making addiction a protected characteristic would be.

Police Scotland works continuously to ensure that our Code of Ethics and values are understood by all officers and staff and enshrined in every decision we make as individuals and as a service.

In line with the recently launched Scottish Government campaign to tackle the stigma faced by persons with substance and alcohol issues, an internal briefing has been published to remind all officers and staff that people struggling with an alcohol or drug problem should have access to the same support and treatment as those with any other health condition. This should be without fear of judgment or criticism. It reminds everyone that respect is a key feature of policing and our actions, both internally and externally, should have respect at their foundation and we should show respect for all people, either individually or collectively, and their individual needs.

Officers and staff are reminded that this approach should be supported and reflected in the language they use when speaking about, or to, any person or group who uses drugs or alcohol and any inappropriate language or comment should be challenged.

Work continues between the Substance Harm Prevention Team, National Substance organisations and the Scottish Police College with a view to enhancing current Probationer training on substance use and the barriers to support and treatment caused by associated stigma.

Inputs will be delivered in partnership with the Scottish Drugs Forum, the Scottish Recovery Consortium, Scottish Families Affected by Drugs and the Crown Office and Procurator Fiscal Service.

A focus for delivery will be to address and tackle the stigma of substance use whilst educating officers on the benefits of early intervention and the criminal justice mechanisms available in support of a person who has addiction issues.

Families

The Taskforce welcomes the engagement with its drug law reform report from family members and feel their contributions reflect strongly the direction and ambition of the Taskforce. The Taskforce will continue to learn from the projects funded and will make further recommendations on options for treatment, support and recovery.

Police Scotland's Substance Harm Prevention Team works in partnership with Scottish Families Affected by Alcohol and Drugs (SFAAD) to produce a bereavement booklet to be issued to anyone who has lost a loved one as a result of a suspected Drug Related Death.

The booklet provides a helpline contact, and information and guidance around Police and Crown Office and Procurator Fiscal Service (COPFS) investigations and procedures, from time

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of death through to the release of toxicology results and the ultimate conclusion of investigations. Divisional Drug Death coordinators have responsibility for delivering these booklets to next of kin or other family members.

The Drugs Death Task Force provided funding for two officers to form the Police Scotland Naloxone Co-ordination Unit within the national Substance Harm Prevention Team. These officers have developed the proposals, guidance and training packages for the Naloxone Test of Change. They delivered training to over 800 officers and continue to engage with partners including the independent evaluation team who have provided an interim summary report, which speaks positively on the Test of Change period. The full report is to be provided by 31st January and will be presented to the Senior Leadership Board for consideration of a national roll out in February 2022.

Lived and Living Experience

More needs to be done to engage with those who do not currently access services. The Taskforce therefore recommend that a network of people with living experience is established in the next 6 months.

Police Scotland works in partnership with the Scottish Recovery Consortium (SRC) who have been involved in, and consulted throughout, the Naloxone Test of Change project. They have sought the views of those with lived experience on the barriers faced by substance users, that can prevent engagement with support and treatment services. This is being supplemented by the creation of a bespoke training package in collaboration with SRC and the Scottish Police College, for delivery to all probationary officers and following evaluation, potentially rolled out nationally.

To further raise officer awareness on the barrier of stigma, the Substance Harm Prevention team have recently published an internal article reminding all officers and staff of our health lead approach and that people struggling with an alcohol or drug problem should have access to the same support and treatment as those with any other health condition.

Medication Assisted Treatment

The implementation of MAT Standards must be scaled up at pace. To enable this the Taskforce would recommend formal standards and indicators are developed by Health Improvement Scotland by the end of 2021. Scottish Government will have a vital role in supporting this roll out by ensuring that Chief Officers take accountability for delivery of the standards at local level.

Criminal Justice Services Division (CJSD) Healthcare and Interventions Team are working closely with the Police Care Network to explore how MAT standards can be made available to those prisoners who are at risk within police custody centres in Scotland. A Senior Nurse has been seconded to the Police Care Network as the National MAT standards Co-ordinator and is working closely with both CJSD Healthcare and Interventions and the Drug Deaths Taskforce at this time.

Naloxone

Maximise naloxone distribution through all channels, including on release from prison and through families, with the possibility of using third sector organisations and recovery communities.

In an attempt to reduce the number of opiate related overdoses, including those associated with methadone, as already mentioned, Police Scotland worked in partnership with the charity SFAAD and created and distributed 110,000 Naloxone Awareness Cards. These were

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provided by police officers to persons who have suffered non-fatal overdoses, their family or friends, or anyone else likely to come into contact with a drug user.

Since the introduction of the Test of Change, officers in each of the test bed areas have had positive engagement with members of the public and local businesses regarding the use of Naloxone.

This has resulted in a number of subsequent requests by people and businesses, who may come into contact with a person likely to suffer an overdose, to the Scottish Drug Forum (SDF) requesting to be trained in the use of, and to be supplied with, Naloxone.

In 2011 the Scottish Government launched a Take Home Naloxone (THN) programme. To date around 90, 000 kits have been issued. Reports suggest it is used by the public around 1000 times per year. SDF coordinate all persons referred across the 14 Health Boards to receive the appropriate training and be issued with Naloxone. The Naloxone Test of Change has raised officer's awareness and knowledge on the subject, better preparing them for incidents they attend where Naloxone is used by a member of the public.

Request that all 'first responders' to drug overdoses (emergency services) are naloxone trained.

The Naloxone Test of Change period concluded on 1st November 2021. The final figures are: 808 officers have been trained and 656 (81%) have volunteered to carry Naloxone and take part in the pilot. There were 51 administrations during the Test of Change period, with a further five reported since, bringing the total number of administrations to 56.

Naloxone has been administered in a variety of situations and locations, including custody suites. There has been no issues raised by either police officers administering, persons receiving or persons witnessing the administration of Naloxone. Public and partners' responses to police officers carrying Naloxone has been positive.

The evaluation team have now closed their final survey and are working towards producing their final report for submission by 31st January 2022, for presentation to the Senior Leadership Board in February.

The Test of Change appears to have been well received by members of the public and the charity SFAAD have provided the Substance Harm Prevention team with a number of testimonies from the public in support of police officers carrying Naloxone and how the Test of Change has raised their awareness on its effects, accessibility and availability.

Non-Fatal Overdose

Non-fatal overdose pathways are vital to catching the most at-risk people early and providing them with the support needed to avoid a fatal overdose. The Taskforce would recommend that these should be expanded nationally, learning from the tests of change ongoing through the Taskforce.

In 2019, Dundee Drugs Commission identified the absence of a holistic response to drug addiction. At that time, individuals who experienced non-fatal overdoses (NFODs) in Dundee were formally discussed once per week by a multi-agency Early Screening Group. Follow up often involved extended delays and individuals could be difficult to contact or did not fit the criteria for Adult Protection Services. It is known that people are more likely to suffer a fatal overdose if they have experienced a previous non-fatal overdose, therefore a Short Life Working Group (SLWG) was established which carried out holistic reviews of 8 people who had experienced a NFOD and found that there was no consistent process for follow up, including the transfer of information from one service to another. The findings of the SLWG informed the

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decision to establish a multi-agency Non-Fatal Overdose Group in Dundee, which would deliver a rapid response, multi-agency approach to decision making around people identified as in crisis, through daily review and assertive outreach. There followed a 6 week test of change, the group continued and formal evaluation of the process was published in August 2020.

The Non-Fatal Overdose Group meets each weekday morning and following initial triage, a holistic assessment of the risk is conducted, building resilience into the support and services provided, whilst ensuring that additional contributing factors to their state of crisis are identified and mitigated. Ongoing engagement is then monitored and assertive outreach continued, where necessary.

Policing

Practical policing decisions, such as physical patrols can influence people's perceptions and decisions about drug use and service engagement. Therefore the possibility of tolerance zones should be explored where police agree not to make active patrols or use stop-and-frisk powers in the vicinity of certain services.

The need for a tolerance zone must be carefully balanced with the need for operational independence for police officers to respond to both concerns from members of the public and to any potential criminal offence they witness. Care must also be taken to ensure that police can continue to target dealers who may exploit any tolerance zone, thereby placing people at increased risk. Normal patrols must be allowed to occur, however an individual's attendance at certain services or facilities need not be viewed as grounds for a search, as they may be attending for support etc. and therefore any search would need to be intelligence-led and legislatively based.

The locating of certain services/facilities or zones needs to be in consultation with the local community, who rightly would expect the same level of service from policing as any other community in Scotland. Location must also take into account demand in that area, to ensure people who need the service do not need to travel a distance and run the risk of transport poverty becoming a barrier to accessing services.

The Taskforce would support consideration of the extension of Recorded Police Warnings in relation to drug possession offences to cover all classifications of drugs and concludes that there would be value in work by the Scottish Government, Police Scotland and COPFS to increase understanding of the scheme.

Following discussions between Police Scotland and the Crown Office and Procurator Fiscal Service an amendment to the existing Recorded Police Warning (RPW) guidelines was agreed. These amendments are specific to contraventions of Section 5 (2) of the Misuse of Drugs Act 1971. Previous guidelines stated RPWs could only be issued for possession of Class B and C controlled drugs, very low level, Cannabis and Cannabis Resin only. The guidelines have now been extended to include all drugs, including Class A, for possession charges where the circumstances are clearly indicative of personal use and there are no other vulnerabilities identified. The aim of the amendment is to provide early intervention, allowing those entering the criminal justice system to receive the relevant support at the earliest opportunity. This update took effect from 23rd August 2021 and there have been no concerns raised or issues identified.

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Safer Drug Consumption Facilities

The Taskforce supports the introduction of properly resourced safer consumption facilities in Scotland. The Drugs Death Taskforce recommends that the UK Government consider a legislative framework to support their introduction. In the interim, the Scottish Government should explore all options within the existing legal framework to support the delivery of safer consumption facilities. The Scottish Government should also take steps to increase public understanding of such facilities.

Police Scotland is committed to working with partners to reduce drug related deaths, mitigate the associated risks of substance use and provide a public health approach to ensure appropriate professional support at the earliest opportunity to those most requiring it.

Recent discussions with the Crown Office and Procurator Fiscal Service have indicated that there is the belief that a legal framework may exist to allow those who would operate a Safe Drugs Consumption Facility to do so within current legislative provisions.

Whilst this may provide a basis on which to operate a facility, it would not address the potential criminality of those with addiction issues attending to use them, whilst in possession of illegal drugs. The possession of controlled drugs remains prohibited under the Misuse of Drugs Act 1971 and the UK Government have indicated that they are unlikely to amend it.

Police Scotland have formed a short life working group to develop guidance and policy that would support the establishment of any approved premises and provide an appropriate level of police response to their management and any associated complaints or incidents raised regarding the use, operation and management of such facility.

Stigma

Scotland should have a national and local mission statements on addressing stigmatisation – including self, stigma, stigma by association, structural stigma and public stigma.

All responses to problem drug use must be co-developed or co-produced with those who deliver services to people with drug problems and people with lived experience.

All responses to problem drug use must pay specific attention to clients and groups who are most likely to experience stigmatisation

All services must help reframe the narrative around problem drug use wherever possible. Drug services should celebrate the success of recovery communities and focus on and communicate strong messages about the positive outcomes PWDP can expect when engaging with them

Services must actively promote opportunities for anyone – from the client group, from families and communities and from the workforce – to be able to challenge stigma or stigmatising behaviour, process or environments.

In line with the recently launched Scottish Government campaign to tackle the stigma faced by persons with substance and alcohol issues, we have reminded all officers and staff that people struggling with an alcohol or drug problem should have access to the same support and treatment as those with any other health condition. This should be without fear of judgment or criticism. It reminds everyone that respect is a key feature of policing and our actions, both internally and externally, should have respect at their foundation and we should show respect for all people, either individually or collectively, and their individual needs.

Officers and staff are reminded that this should be supported and reflected in the language they use when speaking about, or to, any person or group who uses drugs or alcohol and any inappropriate language or comment should be challenged.

As already stated, work continues between the Substance Harm Prevention Team, National Substance organisations and the Scottish Police College with a view to enhancing current

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Probationer training on substance use and the barriers to support and treatment caused by associated stigma.

Summary

Police Scotland already works hard to fulfil its duty to ensure the safety and wellbeing of all our communities and adopt a public health, whole systems approach. This means working alongside multiple external partners to address longstanding issues and improve the life chances of individuals we interact with frequently.

Our focus on drug and alcohol harm is on identifying primary prevention and intervention opportunities, and working with partners to reduce the harm caused to individuals and communities.

Our Drug Strategy provides strategic oversight, governance and policy direction in relation to Police Scotland's prevention, intelligence and enforcement activities relative to drug and substance misuse across the country. They recognise people with drug and alcohol issues often have multiple complex needs that span a range of health and social care issues.

Police Scotland will continue to work with the Drug Death Taskforce and currently have a number of work streams and projects both in the planning and operational stages, to meet the recommendations as outlined above.

Inspector Stevie Bisset
Substance Harm Prevention
Partnerships, Prevention and Community Wellbeing

Drug Deaths Taskforce Recommendations: Update from Healthcare Improvement Scotland

26 January 2022

Healthcare Improvement Scotland's work spans across many of the key themes of the Drug Deaths Taskforce Recommendations; some work programmes fall directly under specific recommendations, while others are cross-cutting.

Updates for specific recommendations

Medication Assisted Treatment (MAT)

Recommendation: *'The implementation of MAT Standards must be scaled up at pace. To enable this we would recommend formal standards and indicators are developed by Health Improvement Scotland by the end of 2021. Scottish Government will have a vital role in supporting this roll out by ensuring that Chief Officers take accountability for delivery of the standards at local level.'*

HIS provided significant input to the development of the Medication Assisted Treatment (MAT) standards, through the work of the Drug Deaths Task Force's MAT Sub-group. In addition to commenting on drafts, HIS also advised on methodology including the need for extensive and targeted consultation sessions with participants from across health and social care including people with lived/living experience.

The Scottish Government has now commissioned the Scottish Intercollegiate Guidelines Network (SIGN) to develop guidance for use of long acting buprenorphine across all settings in NHS Scotland. SIGN is currently developing a rapid guideline to be published by the end of March 2022, based largely on existing published guidelines. This guideline will help support implementation of the MAT standards. Furthermore, work is being undertaken to evaluate the impact of MAT standards on pharmacy within the NHS, including the work that will have to be undertaken to allow pharmacy to fully contribute to, and deliver, MAT standards. A business case to support this work, including development of the National Learning system which will bring together the areas undertaking Quality Improvement (QI) projects supported by the MAT Implementation Support Team (MIST), to gather insights, sense-make and support knowledge into action, looking at both general QI implementation and specific in-depth topics such as analytics or specialist clinical areas, has been approved and recruitment for staff to deliver the project will begin shortly.

Benzodiazepines

Recommendation: *'Addressing the availability of benzodiazepines should be a key priority of this Government and we would expect them to work with Police Scotland to reduce the availability of these, as well as supporting harm reduction initiatives.'*

HIS's Medicines & Pharmacy team is involved in a number of pieces of work to reduce harm associated with benzodiazepines. Pharmacy input is provided to medicines, substance misuse and mental health facets of the National Prisons Care Network in relation to appropriate prescribing and the safe and effective use of these medicines in prison and police custody environments. In addition, work is also being undertaken with NHS Boards through the Prison Pharmacy Group (PPG) to minimise the risks associated with these medicines as patients move across interfaces.

Updates for cross-cutting work

The Drug Deaths Taskforce commissions are themed into Complex Needs, Residential Rehabilitation and Medically Assisted Treatment Standards (MAT). HIS's [Alcohol and Drugs Partnership \(ADP\) and Homeless Programme](#) falls into the 'Complex Needs' theme and has therefore contributed to more than one of the recommendations.

The ADP and Homeless Programme: Reducing Harm, Improving Care is a joint COSLA and Scottish Government commission, designed to understand how integrated services work together to support some of the most vulnerable people in Scotland engage with Drug and Alcohol Services. Across four areas of Scotland (North and South Lanarkshire, Edinburgh and North Ayrshire), we are improving outcomes for homeless people by ensuring access to services is equitable. The ADP and Homeless Programme has examined the range of services provided, the demands on the system and listened to the voices of those people who use services and those who provide them to understand barriers, enablers and critically, improvements to the system.

The ADP and Homeless Programme has been operational from April 2021 and is in its final stages of analysing the evidence, data, user insights and workforce contributions to summarise its learnings on improving care for homeless people who require drug and alcohol services. Operating during the pandemic we saw the direct impact on access as well as the increasing levels of basic human needs increase. During the remaining three months of this work we will be building a set of principles for integrated care for people with complex needs, setting out how coordinating care in the current system could be tested and ensuring that there are opportunities for vulnerable people to engage in and sustain treatment and recovery.

The legacy of this work will deliver a new data set for ADPs to understand the service usage of homeless people to allow better strategic planning, joined up thinking and integrated care planning.

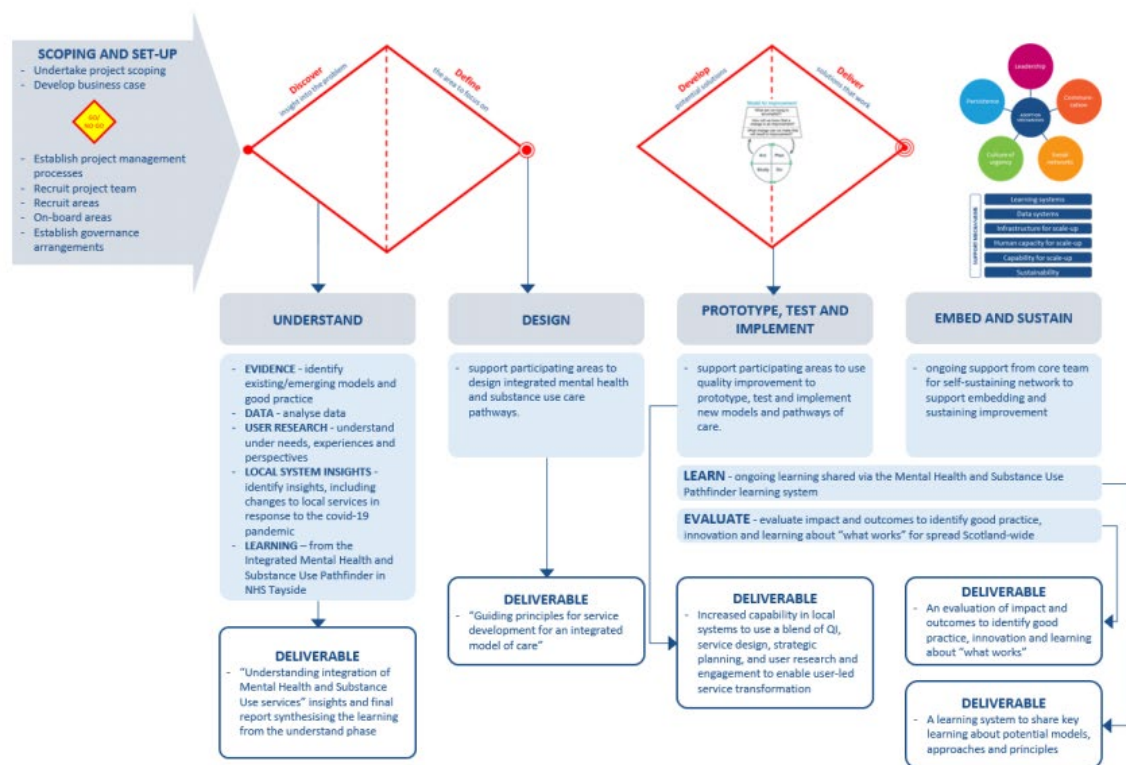
Through another piece of work entitled '**Improving Our Response to People with Mental Health and Substance Use Support Needs in Scotland**' HIS is also involved in ongoing work in NHS Tayside to develop and test an integrated approach to mental health and substance use. This work falls under a range of Scottish Drug Deaths Taskforce recommendations around accountability and governance, funding, information governance, lived and living experience, MAT, non-fatal overdose pathways, stigma, whole systems approach, and workforce. As of late 2021, the Scottish Government has commissioned HIS to expand this work into other areas in Scotland – Lothian, Greater Glasgow and Clyde, Lanarkshire and Grampian.

The expanded project offers the opportunity to prototype new models and pathways of care, with a view to spreading good practice, innovation and learning about ‘what works’ Scotland-wide to drive further improvement and change in developing and delivering integrated and inclusive mental health and substance use services. It will also support the implementation of MAT Standard 9: All people with co-occurring drug use and mental health difficulties can receive mental health care at the point of MAT delivery.

This programme will run until March 2024, underpinned by an evaluation approach that will help us understand what works to support the spread of good practice.

Our approach to this programme is set out below:

Appendix 1: Approach and Timeline



We are also in the final stages of confirming with Scottish Government our **Pathways to Recovery in Drugs and Alcohol Programme**. The programme would support the recommendations published by the Residential Rehabilitation Working Group, ensuring implementation of new pathways into and out of Residential Rehab. The connections to MAT Standards is important in this work as part of the recovery orientated systems of care. Our design work follows a number of [recommendations](#) and our role will include bringing together these two areas to ensure a coherent contribution to the wider system.

Reducing drug deaths in Scotland and tackling the misuse of drugs

Evidence submission

Community Pharmacy Scotland

January 2022

Who we are: Community Pharmacy Scotland (CPS) is the organisation which represents community pharmacy owners and their teams throughout Scotland.

What we do: We act as the single voice of these vital healthcare professionals as they deliver pharmaceutical care services to the people of Scotland on behalf of NHS Scotland and in line with national and local priorities.

At Community Pharmacy Scotland we aim to continually develop and secure a contractual framework for the provision of pharmaceutical services, supported by a sustainable funding model which encourages investment in the network. We do this by negotiating with the Scottish Government on behalf of our members on all terms of service, remuneration and reimbursement under the NHS.

Community Pharmacies: Community pharmacy owners are independent contractors whose businesses make up a diverse network of 1,258 primary care providers. Their teams are the experts in medicines and are highly trained healthcare professionals who can provide advice on preventing and managing ill-health. Increasingly, community pharmacies are the first port of call for people experiencing minor illnesses and managing diagnosed long-term conditions. All Scottish community pharmacies offer core NHS services designed to meet these needs, and these are often complemented by local services that address more specific issues in each Health and Social Care Partnership.

Community pharmacy support for people who use drugs/those in treatment

At present, almost all community pharmacy teams in Scotland deliver support for people who use drugs (PWUD) and those in treatment on behalf of the NHS. The common denominator across these pharmacies is the supply and (where appropriate) supervision of opioid substitution therapy (OST). From there, there is significant variation in the service that each Health Board has contracted pharmacy owners for. In some areas, this is all that is provided, whilst the services described below are all available at the other end of the scale, with most falling somewhere in between the two extremes.

- Advice and signposting services
- Regular personalised care planning
- Injecting Equipment Provision (IEP – usually one pharmacy per locality)
- Naloxone stocked (in case of emergency in/around pharmacy)
- Naloxone supply and training (in case of emergency in future)

- Blood-borne virus interventions (Testing and treatment)
- Public Health interventions
- Buvidal administration (in pilot) – Buvidal is a relatively new long-acting injectable form of Buprenorphine

Prepared by: Adam Osprey, Policy and Development Pharmacist
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CPS view on the progress made against Scottish Drug deaths taskforce recommendations

We have provided comment only on recommendations which are relevant to community pharmacy's place in supporting people who use drugs and those in treatment.

Recommendation	Comment
2.1: Identifying those not in treatment	Community pharmacy teams provide structured support to those who are in treatment, but are also a key touchpoint for those who are not. Whether through injecting equipment provision, prescription medicine interactions, other pharmacy services or from having previously been in treatment, there is a relationship that exists and therefore an opportunity for information provision as well as formal referral where appropriate. However, this still does not form part of any established services delivered by community pharmacy. With training and awareness raising, it could well do.
2.2: Same day access to OST	We have no data on how much closer we are to realising this ambition. From our experience, the vast majority of people who present with a prescription will be able to receive a supply on the same day. However, we cannot speak for the timescales for prescribing and it is disappointing to see that pharmacy OST services have not all been reviewed to ensure that they enable and support this standard. With the number of prescribers in our network increasing each year, it is entirely possible that, with support from NHS Board services, this initial part of the patient journey could be transformed.
2.6: Care and support navigation	Again, whilst we cannot speak for the likely excellent work done in this area, it strikes us that the availability of information to support signposting for the various health and social care needs of PWUD and those in treatment varies significantly across the country. With strong relationships and frequent interactions between those in treatment and pharmacy teams, it would only require some basic service maps and descriptors to be distributed and kept up to date to facilitate responsive and opportunistic signposting to supportive services as part of a wider package of care.

3.2: Benzodiazepine guidance	The MAT team at PHS have engaged and consulted with CPS on this interim guidance, with discussions planned to explore how the CP network might support implementation.
4.1: Maintaining service provision in pandemic	Community pharmacy services remained open and accessible right through the pandemic. There was a shift in prescribing patterns towards less frequent supervision and less frequent prescribing which has persisted, the long-term effects of which are yet to be qualified. Benefits include improved flexibility and freedom for those in treatment, with drawbacks including isolation and fewer/shorter opportunities to “check in” with the pharmacy team.
6: Dispensing and Prescribing	In respect of the recommendations under this heading, fair progress has been made in implementation, but it must be said that most of these were made in the context of the early days of the pandemic and were focussed on immediate response and not long-term planning. Please see our additional observations/recommendations section below for our view on service development going forward.
14: Information governance	<p>Community pharmacy teams see PWUD and those in treatment arguably more often than any other service. Teams currently work with key workers in an informal, normally verbal way to highlight any significant concerns or changes in presentation.</p> <p>Some areas require pharmacy teams to create and maintain patient records as part of their contracted service, but more often than not these are local to the pharmacy and other members of the MDT cannot access the notes. A shared, secure record would address the inherent risks of no one agency having the complete picture of a person’s health at any given time.</p>
17: MAT standards implementation	CPS welcome and fully support the implementation of MAT standards – they provide a crucial reference for those involved in service design and deployment. We must applaud the engagement displayed in the development of the standards and note the rapid spread and adoption of the language and principles that inform the MAT standards approach. To date, there has been little and varying use of the MAT standards to review the current service offering via community pharmacy across the country. Disappointingly, we report significant variation in contracted service levels

	for those in treatment. CPS' view on how MAT standard implementation in community pharmacy could be accelerated and standardised is included in our additional observations/recommendations section below.
18.1+18.4: Maximise Naloxone distribution	CPS has observed the significant work that has gone into raising the national conversation about Naloxone and improving provision into communities in a number of innovative ways. We are pleased to report that in more areas than not, all community pharmacies hold stock of Naloxone for use in an emergency, and in a few Health Boards there are services established to support training and provision for individuals to hold in case of overdose. However, this is not completely uniform and could be standardised and accelerated with the right resource in place. See our observations and recommendations section below for more detail.
24.4: Reframe narrative, reduce stigma	CPS support this agenda and can report positive member and public feedback on recent national campaign materials.
25: Whole systems approach	Where there are prescribing issues, securing support to resolve these in the evenings and at weekends is not possible. As an example, if a new prescription does not arrive at a pharmacy as expected, there are no prescribers available to write one and current legislation (reserved) prevents an emergency supply being provided. This places the pharmacy team in a very difficult position. They are forced to choose between breaking primary legislation to make a supply (entering into an unknown clinical risk as they have no access to patient notes) and having to refuse supply to a vulnerable citizen, which could precipitate relapse. It has in the past generated situations that have led to the pharmacy teams experiencing verbal and in extreme instances, physical harm – which is unacceptable, but stems from a simple systems issue which could be easily addressed.
26: Workforce capacity and funding	The services that community pharmacies deliver on behalf of the NHS are many and varied, each delivering income to the pharmacy business which enables investment in premises, staffing and people development. Resource allocation to specific service delivery is ordinarily proportionate to the workload, which in most areas of NHS work returns an income which is reflective of the cost of service provision. As a locally agreed service, this is sadly not always the case for substance misuse services that community pharmacies are contracted

	<p>to deliver. Funding has also stagnated for some time, with no investment in service development for over a decade in some areas.</p> <p>The approach to budgeting is in some cases also cause for concern. Instead of determining need, designing a service and costing delivery as would be expected, we often see a nominal budget divided by estimated patient numbers determining the funding available for service delivery and in turn investment. The impact of this is ultimately on those in treatment. Our members, without having their full resource costs to deliver a high quality service covered, find it very difficult to support this approach to service provision.</p>
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CPS additional observations/recommendations

A common thread through our response is that of a lack of consistency across the country when it comes to the support that the NHS contracts community pharmacies to deliver on their behalf. There is also an under-realisation of the potential that pharmacies hold given their frequent contact with not only those in treatment but PWUD within communities, and insufficient funding to fully support the needs of the people that we see each day. This has resulted in a patchwork that is first and foremost inequitable for the people of Scotland, but is also challenging to deliver for organisations and individuals whose work spans multiple Health Board areas. Expectations of services are also difficult to manage for those in treatment who move areas and find a different level of support in place.

To address this growing issue, CPS would call for a national service agreement or a common framework approach to service development and deployment across Scotland – either of which must be designed in line with the MAT standards. Working with key stakeholders to first identify the needs of the population and design impactful interventions, CPS would provide expert input on what is deliverable through the community pharmacy network and the resource required to do so.

The good news is that we are not starting from zero – some innovative health boards have moved away from historic transactional models towards a “package of care” concept which provides a solid base from which to build a service that could make a significant impact to health outcomes and provides improved financial predictability for all.

As an indication of a **base** service that would be possible in nearly all pharmacies with the appropriate resourcing in place:

- Advice and information services as well as signposting for the whole community (MAT Standards 3, 4 and 5)
- Dispensing and supervision of OST tailored to the individual's needs (e.g. frequency) (MAT Standard 2)
- Assurance of same-day initiation on receipt of prescription (e.g. through agreed stockholding) (MAT Standard 1)
- Naloxone (MAT Standard 4)
 - Complete network coverage of stock in case of emergency
 - Training, provision and re-supply for people who may need it
- IEP availability wherever physical space permits (MAT Standard 4)
- Agreed standards and triggers for care planning, data gathering and information sharing across services (MAT Standards 3, 4 and 5) – would require a shared, easy to use platform
- Mechanism for referring people into treatment (MAT Standard 3)
- Targeted public health campaigns (MAT Standard 4)

As discussed earlier in our submission, there is more that would be possible to deliver through all community pharmacies (e.g. Blood Borne Virus (BBV) interventions such as testing, Bupivacaine administration etc.) but the above list is reflective of a standard that could be developed, agreed and deployed along relatively short timescales. Critical to achieving equity will be agreement between health boards of identified need and proposed service level as well as the availability of the resource required to make it all happen for the people of Scotland.

Submission from the Crown Office and Procurator Fiscal Service

Summary

Individuals who use drugs problematically may come to the attention of Police Scotland and the Crown Office and Procurator Fiscal Service (COPFS) as accused persons in number of different scenarios; not only for offences under the Misuse of Drugs Act 1971, but also, for example, in relation to offences involving theft or violence.

There is no default response to a charge of possession of drugs. Prosecutors exercise their professional judgment when considering any case. The appropriate response will depend on an assessment of all of the relevant circumstances.

In relation to supply offences, COPFS is committed to disrupting the activities of those who cause the greatest harm to our individuals and communities.

Prosecutorial Guidance

1. The published Scottish Prosecution Code sets out the criteria for decision making by prosecutors and the range of options available to prosecutors dealing with reports of crime. A copy of the Prosecution Code is enclosed at Annex A. Where a report discloses sufficient evidence of a crime, prosecutors will decide what, if any, action is required in the public interest. The principles set out in the Code apply to alleged offences under the Misuse of Drugs Act 1971, including offences of possession, as they apply to other alleged offences.
2. The factors which a prosecutor will consider in determining how the public interest is best served include:
 - the nature and gravity of the offence;
 - the impact of the offence on a victim and other witnesses;
 - the age, background, and personal circumstances of the accused;
 - the effect of prosecution on the accused; and
 - public concern.
3. Prosecutors do not apply a blanket approach to possession of drugs offences. Prosecutors recognise that, as with other offending, the appropriate prosecutorial response in the public interest – including the public interest in addressing the causes of offending behaviour and in reducing the risk of re-offending - depends on the particular circumstances of the offence and offender.
4. This approach involves the appropriate use of:
 - alternatives to prosecution such as written warnings, fiscal fines, or fiscal work orders;
 - diversion from prosecution; and
 - commencing court proceedings.

5. Any decision made by a prosecutor should be outcome-focused and the action taken should be proportionate to the offence, taking account of the range of actions available to prosecutors. Legislation enables Scottish prosecutors to offer certain specific alternatives to prosecution – fiscal fines, fiscal compensation orders, fiscal work orders, and combined orders. These are additional to the prosecutor’s power to decide not to take any action, to issue a warning, to offer a diversion from prosecution or to initiate court proceedings. It is appropriate for each of these alternatives to be used where it represents a proportionate response to the circumstances of the individual case.

Police Referral

6. When the police encounter an individual who they know, or suspect, is addicted to drugs, officers are able to direct that person to services which may be able to assist. Police arrest referrals are intended to break the link between substance use and offending by improving uptake of services among those whose offending is linked to drug or alcohol use. Police arrest referral schemes in Scotland are already available.
7. Part of the work of the Drugs Death Taskforce has been the development of a pilot scheme for individuals found in possession of drugs to be referred by police, to peer mentors who immediately and proactively support individuals in accessing services. This proposal received funding from the funds provided through the Drugs Death Taskforce and a pilot program, run by Medics Against Violence has opened in Inverness.
8. The pilot scheme in Inverness offers support to an individual regardless of whether or not they are offered a Recorded Police Warning or subsequently reported to the Procurator Fiscal.

Recorded Police Warnings

9. The Recorded Police Warning scheme was introduced in 2016, replacing Formal Adult Warnings. The purpose of the scheme is to enable police officers to deal with a wide range of lower-level offences by issuing a Recorded Police Warning at the time of the offending, in the form of a formal warning. The scheme complements the discretion a police officer already has to administer an on-the-spot verbal warning for minor offences. The recorded warning system is an alternative to reporting the case to the Procurator Fiscal, not an alternative to verbal warning.
10. Decisions on the scope of the scheme are a matter for the Lord Advocate, as part of the Lord Advocate’s constitutional responsibility for the system of the investigation and prosecution of crime. The scope of the scheme is kept under regular review.
11. The Lord Advocate recently confirmed that the scope of the Recorded Police Warning scheme has been extended to include possession only offences of Class A drugs. The scheme previously included possession only offences of Class B and C drugs.

12. The extension follows an analysis of prosecutorial action in relation to cases involving a single charge of possession of a controlled drug confirmed that the majority of cases involving Class A drugs were dealt with by way of a direct measure, rather than court proceedings.
13. The Recorded Police Warning scheme applies to drug possession offences only. It does not apply to drug supply offences.
14. The amendment to the scheme is intended to facilitate an effective and proportionate response to this type of offending, whilst ensuring that officers retain the ability where wider concerns of criminal behaviour or other considerations exist, either in relation to the accused or the circumstances of the offence, to report the circumstances to the Procurator Fiscal.
15. Recorded Police Warnings do not represent decriminalisation of an offence. Recorded Police Warnings represent a proportionate criminal justice response to a level of offending and are an enforcement of the law.
16. Neither offering nor accepting a Recorded Police Warning is mandatory. Police officers retain the ability to report appropriate cases to the Procurator Fiscal. Accused persons retain the right to reject the offer of a warning.
17. Neither offering a Recorded Police Warning nor reporting a case to the Procurator Fiscal prevents an officer, who comes into contact with someone addicted to drugs, referring that person to support services.
18. A Recorded Police Warning is not a finding of guilt so does not result in a conviction but is an alternative to prosecution and will be recorded on an individual's criminal history for a limited period and may be taken into account should the offender come to the further notice of the police. If a Recorded Police Warning is refused, the offence may be reported to COPFS.

Alternatives to Prosecution

19. As above, in order to respond to a specific case and specific individual appropriately, prosecutors in Scotland are provided with a range of direct measures, otherwise known as alternatives to prosecution including:
 - a warning;
 - financial penalties (the fiscal fine);
 - fiscal work order;
 - compensation orders; and
 - diversion from prosecution.
20. Alternatives to prosecution are an offer made to an accused person. An accused person may choose to reject the offer of an alternative to prosecution, including diversion. The Procurator Fiscal may choose to initiate criminal proceedings as a result.

21. An accused person does not have to make an admission of guilt to accept an alternative to prosecution and acceptance does not result in a criminal conviction, although a record of the disposal will be kept on their criminal history for a limited period and may be used in disclosure purposes.

Diversion from Prosecution

22. Diversion from prosecution has long existed in Scotland and is offered by the Procurator Fiscal under the direction of the Lord Advocate rather than by the police.

23. The Lord Advocate has confirmed that prosecution policy on diversion is that it should be considered in all appropriate cases where there is an identifiable need which has contributed to offending. Dependency on drugs may be an identifiable need.

24. The Community Justice Scotland National Guidelines on Diversion from Prosecution in Scotland confirm that the aim of diversion is to:

- a) provide a disposal which, due to the circumstances of the individual and the circumstances of the alleged offence, provides an appropriate person-centred response; and
- b) to enable a swift intervention, which can interrupt a cycle of offending and/or prevent further offending

25. The Community Justice Scotland National Guidelines on Diversion from Prosecution in Scotland describe the benefits of a successful diversion from prosecution as being:

- a) it allows the individual an opportunity for support to deal with the issues personal to them in the context of the alleged offence (from a desistance perspective);
- b) avoiding unnecessary contact with the criminal justice system; and
- c) the individual does not receive a conviction for the alleged offence, which can impact on their longer-term employment opportunities.

26. Where the prosecutor is satisfied that the public interest would be best served by an offer of diversion, they will make a referral to the Local Authority, or other agreed agency, who will then assess the suitability of the individual.

27. Local Authorities are responsible for providing diversion schemes. Current guidance from Community Justice Scotland National Guidelines on Diversion from Prosecution in Scotland provides that diversion from prosecution should respond to the needs of the individual. Those providing interventions could employ generic responses to the alleged offence in addition to bespoke, tailored interventions that match the circumstances and needs of the individual.

28. Not every case will be suitable for diversion and not all individuals would benefit from, or require, intervention and support. Suitability will depend on the individual facts and circumstances of both the case and the accused. Local Authorities may

notify the prosecutor that an individual is not appropriate for diversion. The prosecutor will then decide what action to take in the public interest.

29. Diversion is most frequently offered on a deferred prosecution basis whereby the prosecutor will receive feedback on whether it has been successful completed before making a final decision on prosecution.
30. Prosecution policy recognises that there is no one size fits all definition of success. Preventing reoffending in the long term is the aim, but for some people a one-off intervention will not necessarily be sufficient. To that end, there is no limit on the number of times a diversion might be offered to an individual and rejecting diversion or a lack of engagement on one occasion does not mean that diversion won't be offered in the future.
31. The establishment of Community Justice Scotland has provided significant opportunity to enhance the use of diversion across Scotland and establish a consistent approach to the availability of diversion schemes across the country.

Possession Offences

32. The following table sets out the action taken by prosecutors in relation to the cases reported to them which featured **only** a possession of drugs charge for all classes of drug under section 5(2) of the Misuse of Drugs Act 1971.

Financial Year	2016-17	2017-18	2018-19	2019-20	2020-21
Total number of charges	9,775	7,666	7,459	10,073	10,200
Direct Measures	5,542	4,447	4,343	6,665	6,895
Fiscal Fine	4,085	3,331	3,301	5,232	4,625
Diversion	88	57	324	501	1,000
Work Offer	536	554	242	92	25
Children's Reporter	57	45	43	61	65
Warning	776	459	433	779	1,180
Proceeded in Court	2,818	2,293	1,794	1,631	1,000
No Decision					145

33. There has been an increase in the number of single charge possession cases reported to COPFS but the total number of cases which are being prosecuted in the courts continues to decrease.
34. Two thirds of single charge possession cases reported to COPFS are dealt with by alternatives to prosecution, with the vast majority being offered a financial penalty.
35. In 2020-21, one tenth of single charge possession cases were prosecuted in court, this compares to a quarter in 2018-19, and one third in 2017-18.

36. The reasons that prosecution may be the most appropriate outcome in the public interest are varied. A possession offence may cover a wide range of circumstance and not everyone found in possession of a controlled substances is dependent on drugs. Alternatives to prosecution are an offer made to an accused person. An accused person may choose to reject the offer of an alternative to prosecution, including diversion. The Procurator Fiscal may choose to initiate criminal proceedings as a result.

Supply Offences

37. COPFS is committed to working with criminal justice partners to tackle those who are involved in organised crime and the supply of controlled drugs, and a robust approach is taken in relation to such cases.

38. COPFS' Serious Organised Crime Unit's is focused on the organised crime groups which present the greatest risk of harm to Scotland's communities, and on the individuals within those crime groups who are assessed as being 'principals', i.e., those who are operating at a senior level: controlling, orchestrating, and directing the activities of those beneath them and of the crime group as a whole.

39. Drug trafficking remains the largest criminal market in Scotland, with 69% of Organised Crime Groups (OCGs) involved in this type of criminality.

40. There are currently 112 known OCGs comprising 2,417 individuals being investigated by law enforcement in Scotland.

41. As of June 2021 (the most recent figures available), there were 173 OCG nominals (then 9% of the total) incarcerated within 14 of the 15 prison estates in Scotland. 13 of the incarcerated nominals were 'principals', namely those deemed to have been directing the activities of organised crime activity in Scotland.

42. In addition to charges under the Misuse of Drugs Act 1971, prosecutors will pursue charges of being involved in, or directing, serious and organised crime (in terms of Sections 28 and 30 of the Criminal Justice and Licensing (Scotland) Act 2010) where this is appropriate and supported by the evidence. The Section 30 (directing) offence may be appropriate in drugs cases where an offender operates at a senior level within the crime group, directing couriers, but not actually having 'hands on' involvement with the drugs himself.

43. The robust prosecutorial response in relation to such cases includes seeking Serious Crime Prevention Orders (SCPOs), where appropriate, in terms of the Serious Crime Act 2007. A SCPO is a civil court order which the Lord Advocate may apply for when a person has been convicted of a serious offence (there is also provision for a 'standalone' application where there has not been a conviction). The purpose of the SCPO is to protect the public by preventing, restricting, or disrupting a person's involvement in serious crime after they have been released from prison. The orders do this by imposing various restrictions or requirements on the person, for example, restricting access to communication

devices, restricting associations and travel, or imposing financial reporting requirements. The conditions which are sought will vary from case to case as they are tailored to the circumstances of the particular offence/offender, in order to be as effective as possible.

44. 70 'upon conviction' SCPOs and 1 'standalone' SCPO have been granted in Scotland to date. 13 SCPOs are now live and being monitored by Police Scotland, the subjects having been released from prison having served their sentences. 3 reports relating to breach of a SCPO have been received by COPFS. All three relate to the same accused and criminal proceedings have been commenced in relation to these breaches.

45. The following cases are illustrative of recent prosecutions by the COPFS Serious Organised Crime Unit:

- **Operation Valance**

This case involved 5 accused concerned in the supply of drugs and in relation to 3 accused was aggravated by a connection with serious organised crime. The accused were involved in the operation of a pill press to produce Etizolam tablets on an industrial scale. All 5 accused pled guilty at the High Court. On 2 November 2020 3 accused were each sentenced to 5 years and 4 months imprisonment and SCPOs imposed in respect of each of them for 2 years. A 4th accused was sentenced to 2 years imprisonment with the 5th accused receiving a 12-month sentence.

- **Operation Stickup**

The accused pled guilty to being concerned in the supply of Heroin and Cocaine, aggravated by a connection with serious organised crime. The van the accused was driving had a hidden compartment used to conceal controlled drugs, and quantities of cocaine and heroin with a 'street value' of over £1.3million were recovered at an address linked to him. The accused pled guilty at the High Court. On 18 August 2020 the accused was sentenced to 8 years imprisonment and a SCPO was imposed.

- **Operation Delfin**

On 5 January 2021 2 accused pled guilty at the High Court to offences of being concerned in the supply of drugs and money laundering, both aggravated by a connection with serious and organised crime. The offences involved the transport and delivery of consignments of cash and Cocaine with a potential 'street' value of over £5 million. On 4 February 2021 each accused was sentenced to 10 years imprisonment and SCPOs were imposed in respect of both accused.

- **Operation Redeem**

This case involved the attempted transportation of Cocaine and Cannabis from Scotland to the Republic of Ireland through the ferry link between Stranraer and Belfast. On 20 April 2021, the two accused were convicted after trial at the High Court of three offences involving being concerned in the supply of drugs. Two of the charges were aggravated by a connection with serious and organised crime. On 8 June 2021, one accused was sentenced

to 6.5 years imprisonment and the other accused was sentenced to 5.5 years imprisonment. Consideration of the serious crime prevention order applications has been continued until 29 November 2021.

Proceeds of Crime

46. Prosecutors are committed to removing financial gain achieved by criminal means, using Proceeds of Crime legislation to pursue restraint of criminal's assets and confiscation proceedings to recover criminal profits. Funds which are seized as a result of confiscation orders are paid into the Cashback for Communities fund, which invests funds in communities across Scotland.
47. The total amount for all confiscation orders made over the financial year 2020-21 was **£1,745,186.09**.
48. The total amount for orders made relating to drug related charges only, over the same period, was **£1,031,951.17**

Membership of strategic groups

49. COPFS is represented on a number of multiagency groups which promote a whole systems approach and seek to reduce the harm caused by the consumption of drugs - the Drugs Death Taskforce, the Police Scotland Drugs Strategy Board, the Police Scotland Drugs Harm Strategic Taskforce and the Serious and Organised Crime Taskforce.
50. Police Scotland's Drugs Strategy Board is a multi-agency group including representatives from support and recovery groups, academia, and law enforcement. It was established by Police Scotland to reduce the harm caused by substance use while continuing to disrupt illicit supply and to maximise the community safety.
51. The Drug Harm Strategic Taskforce has been established by Police Scotland to tackle harm associated with synthetic drugs, particularly benzodiazepines, across Scotland.
52. COPFS are also members of the Serious Organised Crime Taskforce chaired by the by the Cabinet Secretary for Justice and Veterans. The Taskforce is dedicated to tackling serious organised crime and reducing the harm it causes to communities in Scotland

Drug Consumption Rooms

53. In June 2017 the then Lord Advocate was asked by the Glasgow City Health and Social Care Partnership to confirm (by way of guidelines, letters of comfort, protocols, or a formal policy) that the health board, the council, their staff, partner

organisations and their staff and service users of a proposed drug consumption facility would not be prosecuted for a range of potential offences.

54. The then Lord Advocate considered this proposal carefully and reached the conclusion that the public interest objective in a consumption facility was a health rather than justice one. However, in relation to what was asked of him at the time, the then Lord Advocate concluded that it was not possible to grant the request.
55. The potential offences which may be committed in any particular consumption facility will depend on the individual scheme envisaged, the policies and process of the individual scheme, and the actual behaviours of both operators and users.
56. The Lord Advocate cannot as a matter of law, whether through prosecution policy or otherwise, decriminalise conduct which is, by law, criminal. Nor can the Lord Advocate grant an immunity from prosecution in advance.
57. In the context of drug consumption rooms, it is not possible for the Lord Advocate to introduce a legal framework which would:
- a) establish an appropriate system for licensing and oversight of the safety of such a facility
 - b) address the scope of exemption from the criminal law, both for those operating and working within the facility, and for users, and
 - c) deal with questions of civil liability
58. It is possible for the Lord Advocate to issue focused and targeted statements of prosecution policy. Any statement of prosecution policy should not be understood as providing immunity from prosecution. Prosecution policy is a matter solely for the Lord Advocate as the independent public prosecutor.
59. Any proposal in relation to a statement of prosecution policy on drug consumption rooms would have to be considered on its individual merits. It would not be appropriate to comment on hypotheticals.