

**CJ/S6/22/30/2**  
**HSCS/S6/22/34/2**  
**SJSS/S6/22/31/2**

# **Criminal Justice; Health, Social Care and Sport; and Social Justice and Social Security Committees**

**Thursday, 24 November 2022**

## **Reducing drug deaths in Scotland and tackling problem drug use**

### **Written submissions**

1. To assist Members with this session, key organisations were asked to provide written evidence on the proposals to tackle drugs deaths in Scotland and what should be done.
2. Written submissions were received from the following (see **Annex**):
  - Argyll & Bute Alcohol and Drugs Partnership

**Clerks to the Committees**  
**November 2022**

**CJ/S6/22/30/2**  
**HSCS/S6/22/34/2**  
**SJSS/S6/22/31/2**

## **ANNEX**

### **Argyll & Bute Alcohol and Drugs Partnership**

**This report sets out the various recommendations made by the Scottish Drugs Deaths Taskforce and then sets out below those the actions taken by Argyll & Bute Alcohol and Drugs Partnership.**

#### **Accountability and Governance**

The Taskforce recommended that Government extend the renewed leadership and call for action (from the National Mission) to include local leadership and organisation leads.

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.

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.

Action:

- A&B ADP is part of the HSCP's IJB structure and reports on progress on preventing and reducing drug related deaths to the IJB, The ADP Chair also attends and reports to the Chief Officers Group for Public Protection and NHS Highland board.
- Toxicology services have often been subject to delay in the Argyll & Bute ADP area resulting in significant time passing between the drug related death and the ADPs ability to undertake any appropriate review.

#### **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). 16 April 2020 2 Outreach support should initiate same day access to Opiate Substitution Therapy (OST) alongside provision of Take Home Naloxone (THN) supply.

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.

The Taskforce recommends that Scottish Government make additional resources available for local organisations to provide service users with the means to maintain

**CJ/S6/22/30/2**  
**HSCS/S6/22/34/2**  
**SJSS/S6/22/31/2**

communication, e.g. mobile phones with credit/data packages, to ensure users can still receive a consistent level of support.

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.

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.

Action:

- A&B ADP is working in partnership with Housing, Mental Health and Addiction Services to develop an early intervention approach to housing issues where alcohol and drugs are recognised as a factor requiring specific support.
- A non-fatal overdose immediate response pathway has been established in Argyll & Bute ensure early access to services for individuals who have been identified by SAS or A&E services as requiring intervention.
- Argyll & Bute ADP implemented Peer Advocacy in three areas in 2019. This is being extended across Argyll & Bute in a staged process. The Peer Advocates work for Lomaond and Argyll Advocacy Service (LAAS) and received training from REACH Advocacy on the delivery of human rights
- LAAS have developed a Recovery Advocacy Project (RAP) which brings people together from across Argyll & Bute and offers a range of opportunities for skills development, support and community development all aimed at increasing recovery opportunities. RAP members attend the ADP meetings.
- The Argyll & Bute Addiction Team (ABAT) and We Are With You (WAWY) are the two local drug and alcohol services. They are working in partnership, along with a range of other partners to embed the MAT Standards with support from the ADP Support Team and the national MAT Implementation and Support Team (MIST).

## **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

Interim guidance has been produced by the Benzodiazepine Working Group. A series of consensus building events will take place before final guidance is published.

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.

**CJ/S6/22/30/2**  
**HSCS/S6/22/34/2**  
**SJSS/S6/22/31/2**

Action:

- A&B ADP is supportive of Police Scotland operations to reduce the availability of benzodiazepines including pill presses.
- A&B ADP welcomes publication of the recent evidence review on benzodiazepine use and current trends and will consider how best to act on the key findings.

## **Covid 19**

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.

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.

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.

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.

Ensure a range of in-reach services including OST and THN supply in hostels and requisitioned sites, such as hotels.

Action:

- Service-level provision of drug and alcohol services during the COVID-19 outbreak were maintained throughout the pandemic.

## **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 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.
- 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.

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.

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.

## **Dispensing and Prescribing**

Action:

- A&B ADP has successfully secured funding for the implementation of a multi-agency pilot project in Cowal and Bute which increases nurse prescribers across the area as well as partnering with Pharmacy to introduce a Specialist Pharmacist who will develop approaches to dispensing and prescribing.
- The work is supported by MIST with the key aim of implementing and embedding the MAT Standards in Cowal and Bute before similar approaches are rolled out across A&B.
- Buprenorphine as an available in Argyll and Bute and there are increasing numbers of people choosing this treatment option.

**CJ/S6/22/30/2**  
**HSCS/S6/22/34/2**  
**SJSS/S6/22/31/2**

## **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.

Action:

- A&B ADP supports whole family and family inclusive approaches and is currently in discussions with National Partners to develop a strategy for increasing access to Family Support across A&B.
- Family members are represented on the ADP.

## **Funding**

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.

Action:

- A&B ADP has provided significant resource to a wide range of locally based services to develop interventions around recovery, diversion, education and support opportunities. The ADP has worked in partnership with local communities to ensure services are locally based where possible and are able to respond to locally identified needs.

## **Lived and Living Experience**

Extend inclusion criteria for Scottish Government national helpline (0800 111 4000) for vulnerable people to include PWUD.

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

Action:

- A&B ADP has worked closely with Lomond and Argyll Advocacy Service to support the development of the Recovery Advocacy Project. This has become an important collective voice for the recovery movement in A&B with members attending the ADP meetings.
- Family Support Group members also attend the ADP meetings and have established a regular communication with the ADP Support Team that helps identify challenges and opportunities.

## **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.

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.

Action:

- A&B ADP has submitted the process, experiential and numerical data available to MIST as required and is currently in discussion with MIST regarding the next stages of the process.
- Members of MIST will be allocated to Argyll & Bute to support application of quality improvement approaches to take forward any recommendations from the report.

## **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.

Make allowance for other relevant organisations to hold/distribute naloxone during this pandemic, even if only for a specific timescale.

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

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.

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

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.

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.

**CJ/S6/22/30/2**  
**HSCS/S6/22/34/2**  
**SJSS/S6/22/31/2**

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.

Action:

- Naloxone distribution continues to be core practice for the Harm Reduction Nurse based within the Argyll & Bute Addiction Team

### **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.

Action:

- Drug and Alcohol Liaison Nurse post in place within the ABAT and funded through the A&B ADP. Their responsibilities include responding to all identified Non-fatal overdose cases and linking people into appropriate services.

### **Whole Systems Approach**

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.

Action:

- As part of the MAT Standards pilot, services in Cowal and Bute will work in partnership to extend opening hours to evenings and weekends. The services will also work in partnership with a wide range of community based organisations to establish a local Hub which will act as a single point of access that enables people to access treatment and support from multiple service providers.

### **Women**

The Taskforce will be making recommendations on specific support for women following the publication of its women's group report prior to the end of 2021.

Action:

- Ongoing collaboration with the Argyll & Bute Violence Against Women Partnership.



**CJ/S6/22/30/2**  
**HSCS/S6/22/34/2**  
**SJSS/S6/22/31/2**

- Strong partnership with Rape Crisis has been built by Argyll & Bute ADP which enables people to more easily and discreetly access appropriate services.

### **Workforce**

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.

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.

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.

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

### **Action:**

- A&B ADP attend the Highland BBV MCN and support the delivery of Hep C services in Argyll & Bute in partnership with the Public Health team and ABAT.

**Craig McNally**  
**Argyll & Bute ADP Coordinator**