Cross-Party Group on Substance Use

Date and Time: 15 November 2023

Minute

Present

MSPs

Monica Lennon MSP (Co-convenor)
Stuart McMillan MSP (Co-convenor)

Invited guests

Lynn Couper	Scottish Drugs Forum (presenting)
Claire Longmuir	Simon Community Scotland (presenting)

Non-MSP Group Members

Gary Meek	Blue Triangle Housing Association (in person)
Simon Holmes	Change Grow Live (in person)
Antony Lehane	Cranstoun (online)
Lucy Gilroyd	Cyrenians (online)
Annemarie Ward	Faces and Voices of Recovery UK (online)
Michael Trail	Jericho House (online)
Julie Heslin McCartney	Scottish Drugs Forum (in person)
Kirsten Horsburgh	Scottish Drugs Forum (online)
Justina Murray	Scottish Families Affected by Alcohol and Drugs (in person)
Mariana Marquhardt	Scottish Families Affected by Alcohol and Drugs (online)
Finlay McIlwraith	Scottish Youth Parliament (in person)
Holly Owens	Scottish Youth Parliament (in person)
Angela Millar	Turning Point Scotland (in person)
Giorgia De Paoli	University of Dundee (in person)
Laura Roe	University of Dundee (in person)
Graeme Callander	With You (online)
Mathis Heydtmann (online)	
Fiona McIntyre (online)	
Laura Mitchell (online)	
Lesley Ross (online)	

Reuben Duffy from The Office of Monica Lennon MSP attended as an observer.

Apologies

Jackie Baillie MSP

Miles Briggs MSP

Paul Sweeney MSP

Emma Crawshaw, Crew

Jane Gordon, SHAAP

Gary Topley

AGM

Minute of AGM

Stuart McMillan MSP asked that his attendance at the meeting be noted.
Proposed: Justina Murray
Seconded: Stuart McMillan MSP
Matter Arising – None

Office Bearers

Monica Lennon stated that she would be willing to continue in office as Co-convenor
proposed by Justina Murray (SFAD)
seconded by Simon Holmes (CGL)

Co-convenor
Stuart McMillan MSP
Proposed: Justina Murray (SFAD)
Seconded: Simon Holmes (CGL)

Secretariat
Scottish Drugs Forum - Austin Smith
Proposed: Stuart McMillan MSP
Seconded: Angela Millar (Turning Point Scotland)

Name of Group

It was proposed that the name is inappropriate and should be changed. It was further proposed the name CPG on Substance Use should be used.

The name of the group was discussed.

There was a consensus that the name was inappropriate and should be changed. The specific objection was to the term ‘misuse’.

It was decided that group should be called The Cross Party Group on Substance Use

The Convenor closed the AGM.

Meeting of the CPG

Agenda item 1

Presentations: Issues arising from cocaine use in Scotland and the challenge for services

Monica opened the meeting and welcomed the two presenters:

- Lynn Couper, Senior Training & Development Officer (Emergency Planning for Outbreaks of Bacterial Infection) at Scottish Drugs Forum
- Claire Longmuir, Head of Policy and Practice – Harm Reduction at Simon Community Scotland

Presentations are summarised here.

Lynn Couper, Scottish Drugs Forum

The Scottish Needle Exchange Workers Forum (SNEWF)
Lynn chairs this group and this is a good source of information on trends in use and harms.
The SNEWF has recently focussed on powder and crack cocaine use. Increase in reporting in services since 2015. Scotland may have the highest rate of use of cocaine. In each session people in Scotland seem to use more than in other countries (1.2g). Cocaine is now cheaper – 3g for £100; or 1g £80-£100.
Harms have been raise by changes in roots of administration – inhaling-smoking-injecting.

Cocaine implication in deaths. – more than a third of deaths in 2022.

Polysubstance use – masked effects – hidden overdose.
Paradoxical effects are a concern.
Rise in HIV (tenfold in Glasgow city centre) – cocaine played a significant role in this – increase in injecting episodes and sharing. (Largest outbreak in UK in 30 years)

NESI – 37% injected cocaine in last 6 months.

Some evidence that there are in some areas more injecting cocaine than heroin.

Re-use of own injecting equipment is still significantly high – risk of bacterial infection. Can also lead to accidental sharing with added risk of blood borne viral infection .

A year in year drop in injecting equipment provision – from 4.7 m needles and syringes being distributed in 20.15/16 now at 2.3m last year. This is inadequate. NESI now saying 67% have adequate needle and syringe provision.

In terms of infections 31% reported hospital treatment (71% of these stayed overnight and 48% subsequently had surgery). Early intervention would reduce this and improve outcomes.

2020 iGAS outbreak 34 cases – linked to cocaine injecting

Threat now seems to be (since 2014/15) not infected drugs but equipment and environments – three major outbreaks.

No substitute prescribing – psychosocial interventions

Reducing Harm for People who Take Cocaine (NHS GG&C)
Cocaine Toolkit

Cannot provide pipes for smoking or tubes for snorting cocaine / stimulants and so people improvise – plastic bottles, repurposed inhalers, steel wool…This leads to significant harms.

LSHTM research being undertaken currently.

SNEWF meets four times each year offering peer support and learning. Information generated through its activity is diseminted and influences SDF and other work.

SDF also provides training on various aspects of cocaine-related issues and practice.

Claire Longmuir, Simon Community Scotland

<u>Simon Community Scotland</u>
Simon Community Scotland (SCS) is the largest provider of homelessness services in Scotland; providing services in Edinburgh, North Lanarkshire, Glasgow and Perth including rough sleeping services; supported accommodation; housing first and visiting housing support.
In the last three year, SCS has moved its organisational policy and practice model into a ‘safer services model’. Previously, in residential services a zero tolerance approach led to drug related harms. We can now provide evidence-based harm reduction interventions and a more compassionate approach that meets people ‘where they are at’.

<u>Stimulants</u>
We have observed an increase in stimulant use – particularly injecting cocaine use. Increasing injecting episode, greater harms, access to woundcare, primary and acute healthcare. We provide injecting equipment. People can access wound care, assessment of injecting risk, naloxone and dry blood spot testing (WAND) interventions. This has helped women especially as they are reluctant to engage with community based services due to concerns about their children and stigma.

Issues and service response

- A lack of options in terms of treatment – no substitution made available
- A lack of options for harm reduction – providing tourniquets and smoking equipment is illegal
- Lack of understanding of what to do in case of stimulant overdose – among staff and others
- Lack off awareness among people using stimulants in terms of recognising and responding to overdose
- Engaging with / being engaged by onward care in case of overdose
- Engaging with people with mental health problems whose stimulant use has exacerbated their mental health – an issue particularly with people who are injecting cocaine. This can present as 'low level' psychosis – auditory and visual hallucinations - even when people are not intoxicated.
- Engaging with mental health services where drug use means people are excluded from services
- Increased injecting-related injury and infection. And more high risk administration – loss of viable injecting sites.
- Accessing services is difficult when community based services 'stand off' and offer less intensive support after a person's immediate accommodation crisis is addressed
- Polysubstance use – stimulants AND novel benzodiazepines can cause unusual and distressing presentations in overdose. Rapid decline in terms presenting symptoms
- Need for gendered response – for some women engaging with community pharmacy even involves concern and fear.
- Perceived stigma re the increased volume of injecting equipment requested from IEP services because of the increased number of injecting episodes in some people who inject cocaine.
- Lack of appropriate information resources for people using stimulants – some good materials for some users but not for people engaged in significant polysubstance use, injecting etc.
- Training required on how to support people using stimulants – including issues that arise with sleeping and eating. And mental health.

Practice improvement

- Building positive relationships on the basis of providing what people want and need. Extended and deeper intervention and support can result
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A person-centred approach may not be best situated in community – in-reach required

Agenda item 2

Questions and discussion

Monica invited questions and discussion.

Graeme Callander (With You)

We at With You see similar issues – cocaine is the second most common presentations at With You.

Important to remember there is also that larger population of people 'out at the weekend' and using in a different and harmful way – we need to tailor approaches to different populations

Are there clear pathways in terms of treatment and support – it feel like there is not? MAT Standards are useful in terms of opiates but not

Lynne

Cocaine treatment support should be tailored to individuals – there are a road range of people who may be seeking help. Unfortunately there are area-specific responses a no overall consistency.

Claire

Timelines for people – people are left for months and months – but not only that but no indication of how it may be. People could be supported while waiting but without clarity that is more difficult.

Michael Trail (Jericho Houses)

We have an 18 bed residential men's rehab in Greenock and a 10 bed women's service. – both have gender-specific staff teams.

For the first time in 21 years in our men's unit all of the residents have been involved in polysubstance use but their main drug has been cocaine. The trends reported are reflected in both of our houses.

The MAT Standards are being delivered under the overarching Rights Respect Recovery strategy and the focus of that is that people should receive the full range of available supports. That should include letting people know that residential rehabilitation is open to them.

Claire

We would advocate for all treatment options. For a lot of people we support residential rehab may not feel right at this particular time but we support people with all choices they may make in terms of their choices.

Lynne

People should be supported to get access to what they want and residential rehab may well be part of that for some people.

Mariana Marquardt (SFAD)

Scottish Families are undertaking work on the impact of cocaine use on families. The work reflects issues raised – mental health – low level psychosis – injecting and IEP issues and waiting times. I was interested in your comment on impact of gender in terms of service engagement.

Impact on rural communities has also emerged in terms of our work. Financial impacts on families also central – even for people using 'recreationally'.

Mariana offered to share her email if people wanted to lend their perspective to SFAD's work.

Lynn responded to a point from Laura Roe (University of Dundee)

Community pharmacy role is confined by law in terms of what equipment can be provided – although, in her work, Lynn has had positive conversations with community pharmacies about their role and the potential of their role.

Giorgia De Paoli (University of Dundee) asked for clarity on the role of cocaine in overdose deaths.

Lynn explained that there were 52 deaths where only cocaine was found in toxicology and 371 deaths in which cocaine was present along with other substances.

80% of deaths involved opioids.

Monica thanked Lynn and Claire for their contributions.

Agenda item 3

<u>Possible reference group discussion</u>

Monica invited Austin Smith, speaking for The Secretariat, to open discussion on a possible reference group that would support the CPG.

Austin stated that informal approaches had been made to ten organisations with staff members focussed on policy or who were providing services on a significant scale. When sounded out nine had agreed that they would be interested in working as part of a reference group. The other organisation was currently recruiting for its most senior management position and was unable to commit. He suggested that the group would help inform the work of the CPG and to report its work.

The organisations approached were Alcohol Focus Scotland (AFS); Change Grow Live (CGL); Crew; Scottish Recovery Consortium (SRC); Scottish Families Affected by Alcohol and Drugs (SFAD); Scottish Health Action on Alcohol Problems (SHAAP); Simon Community Scotland; Turning Point Scotland and With You.

Monica opened the discussion.

It was suggested that Scottish Alcohol Counselling Consortium could contribute to a reference group. Blue Triangle volunteered to be involved.

Annemarie Ward expressed concern that:

- her organisation (FAVORUK) had not been approached to be asked if it would consider being involved;
- the CPG 'only meets sporadically' in the context of the drug situation in Scotland ;
- the proposal is an attempt by SDF to control, dominate and steer the conversation;
- the subgroup would be a subgroup of a group that is not functioning.

Monica thanked Annemarie for making her points and that they were noted.

Michael Trail (Jericho Society) asked whether voluntary sector would be represented on a reference group and whether the reference group would have actions.

Monica responded that she wanted to ensure that there was an inclusive approach. Any proposal would be agreed by the group. She asked the group to agree in principle and suggested that the Secretariat return with a more detailed proposal. She would also discuss with the co-convenor how the group may function and what is achieved between meetings. She encouraged members to contact the Convenors and The Secretariat with suggestions and ideas.

Michael stated that he had missed part of the AGM because he was in the online 'waiting room'.
Annemarie stated that she too had been in the online 'waiting room' for an extended period but was not sure whether she missed part of the AGM or the subsequent meeting.

Monica apologised for technical issues that occurred during the meeting. She apologised if people were or felt excluded from the meeting and that she would investigate complaints or concerns.

Monica thanked people for attending the meeting and closed the meeting.