

DRUG DEATHS TASKFORCE: MINUTE OF MEETING TWENTY

Wednesday 2 March 2022

Virtual via Zoom

10:00 – 13:00

Taskforce Members:

David Strang (Chair)	
Fiona McQueen (Vice Chair)	
Carole Hunter	Royal Pharmaceutical Society (Scotland)
Colin Hutcheon	Families Representative
Fiona Doig	Borders ADP and Health Improvement
Gary Rutherford	Scottish Ambulance Service
Jason Wallace	Lived/Living Experience Representative
Rebecca Wood	Lived Experience Representative
Kenny Donnelly	Crown Office and Procurator Fiscal Service
Tara Shivaji	Public Health Scotland
Diane McCulloch	Social Work Scotland
Susanna Galea-Singer (deputy)	Royal College of Psychiatrists
Emma Bond	Police Scotland

Attendees:

Henry Acres	Scottish Government: Drug Deaths Taskforce Support Team
Lauren Ross	Scottish Government: Drug Deaths Taskforce Support Team
Kim Paterson	Scottish Government: Drug Deaths Taskforce Support Team
Nicola Hood	Scottish Government: Drug Deaths Taskforce Support Team
Pat McAuley	Scottish Government: Unit Head for Drug Deaths Unit
Roz Currie	Scottish Government: Drug Deaths Taskforce Support Team
Alix Shepherd	Drug Deaths Taskforce Communications Lead
Linda Jones	Police Scotland
Matt Smith	Researcher at Glasgow Caledonian University
Kirstin Horsburgh	Scottish Drugs Forum
Lauren Sloey	Scottish Ambulance Service
Julie McCartney	Scottish Ambulance Service
Mary Munro	Scottish Ambulance Service
Abby McQueen	Scottish Ambulance Service
Gordon Hunt	Public Health Scotland

Apologies:

Alison Munro	Academic Representative
Ewen Stewart	Royal College of General Practitioners
Rebecca Lawrence	Royal College of Psychiatrists
Gary Ritchie	Police Scotland

Introduction

1. The Chair welcomed members to the 20th meeting of the Taskforce and welcomed the new members and visiting speakers.
2. The Chair asked members to confirm they were content with the minutes from in the January meeting. The minutes were agreed.
3. An update on the Innovation and Development Fund was given (CORRA managed projects). It was advised that all projects have started apart from two. Furthermore, an additional project that was to be funded is no longer going ahead – NHS Lothian's 'We start by seeing the person'.
4. The Chair and Vice-Chair updated members on their recent stakeholder meetings and shared their reflections. They have met with most of the Taskforce individually – those they haven't met with yet have upcoming meetings arranged. The Chair and Vice-Chair thanked members for their time and commitment to the work of the Taskforce and the task of reducing drug deaths in Scotland.
5. Professor Alan Miller gave a short introduction about himself and his new role as Chair of the National Collaborative and Advisor on the New Human Rights Bill. Professor Miller is looking forward to co-operating with the Taskforce over the next few months and aims to continue to help take forward further recommendations after the Taskforce comes ends in July 2022.

Public Health Surveillance Update

6. The Chair passed over to Tara Shivaji and Gordon Hunt for a verbal update on behalf of Public Health Scotland on Surveillance Data.
 - Opioids/Opiates are consistently implicated in around 85-90% of drug related deaths. In 2020 alone, 89% of drug related deaths showed opioids in system.
 - Accidental overdose is a common cause of death among people using opioids.
 - National Naloxone programme began in 2011 and is ongoing. Supply of take-home naloxone kits has increased by almost 20,000 in the last 10 years.
 - Between July 1 and September 30 2021, official figures show 7,219 take-home Naloxone kits were distributed.
 - There has been a visible increase in the distribution of kits over the last two years.
 - Public Health Scotland previously produced reports annually and now do this quarterly – the next report will be released June 2022.
 - Scottish Families Affected by Alcohol and Drugs (SFAD) Click and Deliver service makes up 90% of all non-drug treatment kits distributed.
 - Reach is currently at 61.2 % - this is used to try and demonstrate how far the programme has gone and how many people they have been able to help.

ACTION – To ensure the naloxone report includes a recommendation on naloxone distribution and how impact should be measured.

Peer to Peer Naloxone research programme and findings from Glasgow Caledonian University

7. The Chair handed over to Matt Smith, a researcher at Glasgow Caledonian University who outlined the research project and the key findings.

Ten recommendations that have come from research:

- Peers need to be the centre of naloxone training.
- Should be built on peers' wealth of knowledge as peers are able to provide very grounded advice.
- It is important that peers are fairly compensated as they are providing a service and may not be getting paid from elsewhere.
- Services need to be targeted for culture change interventions to combat stigma.
- Strong and well re-sourced support structure must be in place to avoid burn outs and effectively support both peers and people who use drugs.
- Flexibility is important in order to engage recipients – people do not want to feel pressured.
- There also must be flexibility in line with the circumstances of peers. Considering what works for them is important.
- Pool of peers is necessary. One person may not fit all, so a variety of peers is key.
- To engage in broader harm reduction activities.
- There are options for internal progression and a push for peers to be in leaderships roles.

Key points and challenges:

- Payment must be discussed with peers and need to be flexible to their needs.
- There should be a UK national peer network developed to help share learning.
- Resourcing needs to be adequate and sustainable.
- Main challenge is to be reactive to peer networks that exist, needs to be based on each area.
- Peer to peer supply should be accessible across board.
- Robust recovery can help support project, there needs to be support for the development of recovery communities across Scotland.
- Needs to be planning, promotion, payment and career progression for the peers.

Update from SDF on Naloxone projects, including the launch of Naloxone use within the Scottish Fire Service.

8. The Chair passed over Kirsten Horsburgh from the Scottish Drugs Forum, to give a presentation on the findings from the Naloxone projects.
- The Developing Peer Naloxone Supply in Scotland project has been funded for two years by the Drug Deaths Taskforce Innovation fund.
 - Peers are an integral part of Naloxone strategy so it is important that they have an active voice and should be viewed as partners.
 - Peers should be paid and can get paid for up to 16 hours of work without affecting benefits.
 - Peers are important to the Naloxone strategy because of their credibility, reach, momentum, commitment and because they bring a sense of community.
 - The project partnered up with the following areas in year one, Hillcrest Futures Dundee, We Are With You Borders, HMP Barlinnie, HMP Greenock and HMP Low Moss Glasgow. The Project now covers nine areas in total.
 - The project has recently provided the following support:

- Funding for one day per week for a member of staff in each service to coordinate locally (2 days in prisons).
- Funding for phones/equipment for peers.
- Funding to pay peers in community as sessional workers up to 40 hours per project (alternative incentives will be available to peers in prison).
- Training and support from Scottish Drugs Forum. However, this is also available to any area developing peer Naloxone with their own resources.

The Scottish Drugs Forum provided some information on their activity to date:

- They currently have 38 peer workers recruited across 6 areas in Scotland
- Peers have worked over 1000 sessional hours and have been paid for this
- 650+ Naloxone kits have been supplied by SDF
- Webinars on how peers are partners are available to attend as well as updated e-learning courses. This can be found through the Scottish Drugs Forum website.
- **Prison developments** – Take Home Naloxone is now given to those the day before release and is supplied by peers and some prisons – significant in saving lives after release
- Peers meet across Scotland meaning they can share experiences and knowledge.

Update from Scottish Ambulance Service on roll out of naloxone.

9. The Chair handed over Gary Rutherford, Lauren Sloey, Julie McCartney, Mary Munro and Abby McQueen from the Scottish Ambulance Service (SAS) to provide updates on the roll out of naloxone in Scotland through a presentation.
- In terms of supply of Take Home Naloxone – 947 kits were provided in 2021. 40% given to friends and family, 35% to patients, 23% to service workers and 3% unknown.
 - Supply type – 58% first supply, 28% repeat supply, 11%% unknown and 8% spare (78% of repeat supplies were due to previous kit being used to reverse overdose).
 - SAS play vital role in follow ups – data sharing agreements are in place with all 13 health boards in Scotland. 4330 incidents have been reported to health boards – these were all reported to support.
 - SAS are looking at ways of reducing risk of Non-fatal overdose through education.
 - They are looking to address stigma and embed naloxone education in undergraduate programmes.
 - The Scottish Ambulance service believe that people should treat drugs and those who use them as someone with a health condition and remove the stigma surrounding them.
 - SAS staff also deal with individuals with Multiple Complex Needs that require different levels of care and support, so can require a range of point of care access to Blood Bourne Virus tests and injecting equipment.
 - During December 2021, the Christmas naloxone campaign was launched– SAS were responsive when other support services were closed.
 - Drug harm team have met with fire and police to share information and data to create a joint emergency response to save lives.
 - Currently the SAS have no access to Nyxoid (the intranasal version of naloxone) and must refer individuals who would prefer this type of naloxone to the Click and Deliver service.
 - The Scottish Ambulance Service provided insight into their 5-year vision, which included three key steps: identifying people, getting people into treatment and reducing drug deaths.

- It was highlighted that some health board areas do not respond to all calls. It is important that there is a consistent approach to data – all calls should be responded to and followed up.
- SAS has developed a Used At Risk Data Set that has been developed which looks at incidents where patients have been administered Naloxone or where significant flags have been triggered that indicate possibility of a future overdose.
- Mapping allows SAS to identify certain areas that may need support – naloxone / intervention.
- SAS are looking at areas who may need 24-hour support as well as places where this will not be necessary.

Discussion on potential naloxone recommendations

10. The Chair opened up the discussion on potential recommendations to all Taskforce members.

Taskforce members identified the following areas for inclusion in the final report on naloxone:

- Naloxone should be reclassified.
- A national peer supply model is needed ensuring family members are included.
- International evidence shows that for every 20 overdoses, there is one fatal over dose. Based on the evidence there is a need for 20 times the number of kits in circulation than Drug Related Deaths in an area. These should be targeted to where they are needed most.
- All front line staff should be trained in the delivery of naloxone.
- Choice of naloxone is critical; many find the nasal spray less frightening.
- Further research was highlighted as necessary.
- Police Scotland – The Taskforce endorsed the evaluation of the naloxone pilot and roll this out across the whole organisation, providing this to 12000 officers.
- Training for peer workers – peer workers need to be appropriately trained for their roles.
- Distribution across country is essential – there needs to be effective management of the naloxone distribution ensuring timely access to naloxone.
- Stigma within services needs to be looked into and addressed.
- Route and branch review of monitoring – better monitoring of the amount of naloxone in needed to ensure that we are increasing the reach and getting naloxone where it is needed. Is this having impact?
- Governance and accountability – There needs to be a formalisation of the role of NHS naloxone leads and clearer lines of accountability for driving naloxone distribution.

Discussion on final reports, work plan and working groups

11. The Chair opened up the discussion on final reports, the upcoming 2022 work plan and working groups.

- Work plan over the next couple months has been agreed and circulated around the members
- A timeline has been developed with steps for draft reports, upcoming meetings etc. for each recommendation with the date it is to be completed and finalised.
- Two working groups already set up (Non-Fatal Overdose and Scottish Drug Consumption Facilities) and the Criminal Justice Report is underway.
- The Taskforce agreed that it would be helpful to have an additional meeting / full day conference to discuss final recommendations.

- Members were confirmed and identified to be on three subgroups in order to work together and develop final recommendations. These groups are No Wrong Door, Early Intervention and Assertive Outreach. The Secretariat team will be in touch and arrange meetings.

ACTION – Secretariat team to confirm a date with all members for the additional meeting / full day conference

ACTION – Secretariat team to set up a second additional meeting in June to solidify reports/recommendations

Evaluation information from Ethypharm Naloxone programme

12. The Chair handed over to a colleague from the Scottish Government Drug Deaths Taskforce Support Team who leads on this work, to provide an update on the Ethypharm Naloxone Programme.

- In 2021, the Taskforce had a deal with Ethypharm where an additional 10,000 free naloxone kits were provided and issued across the country.
- This was split in to three quarterly allocations and now all kits have been allocated to the 18 health board areas in Scotland.
- Each area would confirm the figure they requested each quarter based on their local needs.
- Evaluation information was requested and 14 of these areas have replied with evaluation information. Four areas have still to reply.
- No area reported facing any barriers with distributing these additional kits.
- Every area who replied detailed the positive impacts of these kits in their area
- The next steps would be to chase the remaining local areas who have not yet responded to get a full picture on the success of this programme and gather as much information around their experiences with these additional kits, for inclusion in the final report.
- Out of the 10,000 kits there are 50 remaining. Dundee and Forth Valley expressed interest in these kits. Group confirmed content to split between the two areas.
- Information provided showed that most areas wanted naloxone to be available nationally but with local knowledge.

ACTION – Secretariat team to contact Ethypharm to advise an additional 25 kits each will be provided to the two local areas mentioned above and have these distributed as soon as possible.

Summary and Any Other Business

11. The Chair thanked all members for attending the meeting and drew the meeting to a close by providing a summary and covering any other business:

The possibility of a family support hotline was discussed. Some key points were made regarding areas that would need to be considered if this were to be taken forward.

- This hotline must be available out of hours so that help is always within reach.
- What would the aim of a hotline be and is there space for this type of service? Mapping exercise could determine who this hotline is for and how it will work.

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- Possibly look at the already available services – could this type of hotline be included in their line of work.
- The hotline must be connected with other services such as police, SAS, family support worker to ensure the persons' needs are met and can be linked with the appropriate support.

The next meeting of the Taskforce will take place on Wednesday 13th April 2022.

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