

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

Thursday, 2 November 2023

## Tackling drug deaths and drug harm

### Note from the Clerk

#### Introduction

1. Members of the Criminal Justice; Health, Social Care and Sport; and Social Justice and Social Security Committees will hold a joint evidence session to hear from the Minister for Drugs and Alcohol Policy, Elena Whitham MSP and Susanne Millar, Chief Officer, Glasgow City Health and Social Care Partnership.
2. Members will hear about the Scottish Government's ongoing response, as outlined in the [Scottish Government's response](#) to the recommendations in the Scottish Drug Deaths Taskforce's [final report](#). Please see **Annex A** for an executive summary and recommendations of the final report from the Scottish Drugs Deaths Taskforce.
3. Members will also consider the Scottish Government's plans for the future, in particular its [National Mission](#), the work of the [National Drugs Mission Oversight Group](#), and [recent correspondence from the Lord Advocate](#), regarding a statement of prosecution policy for a safer drug consumption room pilot in Glasgow.
4. Members will be able to hear about the progress being made for the proposed safer drug consumption room pilot in Glasgow.
5. Members will hear from one panel of witnesses:
  - Elena Whitham MSP, Minister for Drugs and Alcohol Policy;
  - Orlando Heijmer-Mason, Head of Drugs Policy Division;
  - Michael Crook, Drug Policy Team Leader, Harm Reduction Team, Scottish Government; and
  - Susanne Millar, Chief Officer, Glasgow City Health and Social Care Partnership
6. As part of the evidence session, Members of the three committees may wish to take into account the details of the [most recent annual statistics on drugs deaths in Scotland](#), published in August 2023 by the National Records of Scotland (NRS). These contains statistics on drug related deaths in 2022.

7. According to the NRS, in 2022 there were 1,051 deaths due to drug misuse in Scotland. This is 279 deaths fewer than in 2021 and the lowest number of drug misuse deaths since 2017.
8. The change between 2021 and 2022 is the largest year on year decrease on record. Despite this recent fall, drug misuse deaths are still much more common than they were in 2000. After adjusting for age, there were 3.7 times as many drug misuse deaths in 2022 as in 2000.
9. In 2022, males were twice as likely to have a drug misuse death as females. Most of the decrease in the past year was in males.
10. People aged 35-54 were most likely to die from drug misuse. It also found that death rates<sup>1</sup> are linked to deprivation. In 2022, people living in the most deprived areas of Scotland were almost 16 times as likely to die from drug misuse than in the least deprived areas.
11. After adjusting for age, Glasgow City and Dundee City had the highest rates of drug misuse deaths, while East Renfrewshire and Aberdeenshire had the lowest.
12. The most common types of drug implicated in drug misuse deaths in 2022 were opiates/opioids which were implicated in 82% of all deaths.
13. The majority (89%) of drug misuse deaths were classified as accidental poisonings, with only 7% classed as intentional self-poisonings.
14. Members may also wish to consider the [Suspected drug deaths in Scotland: April to June 2023](#) statistics. The statistics indicate that: "There were 600 suspected drug deaths during the first six months of 2023. This was 7% (38) higher than during the same period of 2022. After following a downward trend since early 2021, the rolling 12-month total number of suspected drug deaths has increased slightly in recent quarters".

## Written evidence

15. Some of the witnesses provided written evidence. Please see **Annex B** for written evidence submitted by Glasgow City Health and Social Care Partnership and responses to requests made for information to the [Minister for Drugs and Alcohol Policy](#) and the [Lord Advocate](#), following the cross-committee meeting of 26 September 2023.

## Previous consideration by the three committees

16. As part of a joined-up approach to this issue, the Criminal Justice; Health, Social Care and Sport; and Social Justice and Social Security Committees agreed to meet jointly to consider the efforts being made to reduce drug deaths. This approach reflects the need to consider aspects of the criminal justice system, as well as health policies and wider

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<sup>1</sup> Age standardised death rates per 100,000 population.

**CJ/S6/23/28/1**  
**HSCS/S6/23/32/1**  
**SJSS/S6/23/27/1**

social and economic matters such as poverty, unemployment, unstable housing, and family breakdown.

17. The Committees have met jointly five times previously. On 1 and 2 February, and 24 November 2022, on 22 March and 26 September 2023.<sup>2</sup>

## **Action/Decision**

18. Following the evidence session, Members will review the evidence heard and consider what further actions to take.

**Clerks to the Committees**  
**October 2023**

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<sup>2</sup> See <https://www.parliament.scot/chamber-and-committees/committees/current-and-previous-committees/session-6-criminal-justice-committee/meetings>.

## ANNEX A

### **Executive Summary and Recommendations of the Final Report from the Scottish Drugs Deaths Taskforce**

Scotland has the highest drug-death rate in Europe. Chronic and multiple complex disadvantage – poor physical and mental health, unemployment, unstable housing, involvement with the criminal justice system and family breakdown – can predispose people to high-risk drug use.

The Scottish Government has launched a coordinated suite of measures to tackle the drug-deaths crisis in Scotland. As part of this, the Scottish Drug Deaths Taskforce was established in July 2019 to identify measures to improve health by preventing and reducing drug use, harm and related deaths.

#### *Context*

Two basic principles underpinned all our work:

1. Drug-related deaths are preventable and we must act now.
2. Scotland and the Scottish Government must focus on what can be done within our powers.

Work is underway to incorporate into Scots Law the right of every person to the highest attainable standard of physical and mental health through the new Human Rights Bill. It is critical that the Bill does not create similar discrimination to the Equality Act 2010 by separating the treatment of drug dependency from that of other health conditions.

Evidence shows that unacceptable and avoidable stigma and discrimination towards drug use are increased by criminalising people. We have heard that the Misuse of Drugs Act 1971 is outdated and needs to be reformed to support harm-reduction measures and the implementation of a public health approach.

#### *Culture*

A big cultural shift is required in Scotland to tackle the harms associated with drug use. Three principles for change are central to this cultural shift:

1. this is everyone's responsibility;
2. broad culture change from stigma, discrimination and punishment towards care, compassion and human rights is needed; and
3. families and people with lived or living experience should be at the heart of the development and delivery of services.

People with lived and living experience must be included in all aspects of the development and implementation of policies and programmes that influence service design. Families

**CJ/S6/23/28/1**  
**HSCS/S6/23/32/1**  
**SJSS/S6/23/27/1**

need and deserve support in their own right. Every service should start from the principle of involving family members and supporting them even when they do not have direct involvement in the individual's care and support.

Many people who use drugs face stigma. Ultimately, stigma reinforces trauma and prevents people from disclosing their drug use and seeking support and treatment.

Fear, judgment, punishment and shame must be replaced by compassion, connection and communication.

The development and implementation of a stigma action plan should be prioritised and sustained and consistent actions to challenge stigma should be taken by all services and stakeholders.

Stigma exists within the workforce. Services should be flexible, non-punitive and involve people who use drugs in setting goals and care planning. Action should also be taken to challenge stigma associated with working within the sector.

People with multiple needs do not necessarily fit the care and treatment systems that are in place. All services to which people present should ensure no one is turned away without ensuring that supportive contact is made. Holistic support should not be conditional on receiving treatment for, or being abstinent from, problem drug use.

More co-ordinated, cross-sectoral and holistic approaches are needed across treatment services for substance use, mental and physical health services, and social support services.

### *Care*

Three principles for change must be integral to the care provided for every individual:

1. parity of treatment, respect and regard with any other health condition must be ensured;
2. services must be person-centred, not service-centric; and
3. there needs to be national consistency that takes account of local need.

All services and elements of the care system should consider their accessibility and adaptability to meeting the needs of population groups who may face additional barriers. This includes people from black, Asian and minority ethnic communities, those who identify as LGBTQI+, disabled people, women and young people.

A sustained shift to a preventive approach in drugs policy and interventions is required to tackle structural inequality and poverty as root causes of drug dependency, with clear actions to increase prevention.

People should be supported to make informed decisions about their drug use and be able to access holistic support if their use becomes problematic. A trauma-informed workforce

**CJ/S6/23/28/1**  
**HSCS/S6/23/32/1**  
**SJSS/S6/23/27/1**

(across all areas of the public sector) is crucial to ensure those who have experienced trauma are able to access and engage in services.

Tackling the drug death crisis is everybody's business. Workers in services outside the drug sector need to know how to help people who want to change or stop their drug use.

Many interventions have been taken forward in Scotland to help reduce the harm associated with using drugs. Being able to intervene quickly and effectively presents an opportunity to offer a range of options and perhaps eliminate risks of future overdoses.

Currently, many drug services do not operate in evenings or at weekends. We must provide emergency care 24/7 with out-of-hours referral points for people to access if needed.

Supervised drug consumption facilities are used in some countries. The UK Government should consider a legislative framework to support their introduction.

Our aim is for Scotland to have the most extensive naloxone network anywhere in the world. There is a crucial need for national coordination of naloxone delivery. We believe this could best be achieved through the appointment of a National Naloxone Coordinator.

Assertive outreach means that all people at high risk of drug-related harm are proactively identified and offered support. Navigators and peer support workers play a crucial role in this and need further support.

Licensed drug-checking services allow people to anonymously submit samples of psychoactive drugs for testing. Licensed facilities should be available widely across Scotland and be easily accessible at short notice.

Medication-assisted treatment (MAT) is protective against the risk of death. Full implementation of the MAT standards should be completed by May 2024.

Overarching treatment and recovery guidance, with defined and measurable standards, should be developed and implemented. The guidance should cover all types of drugs and the full spectrum of treatment and recovery support.

Residential services are highly intensive interventions. Wherever an individual lives in Scotland, they should be able to access crisis and stabilisation, detoxification and rehabilitation services at the point of need.

Leaving a service can be a time of high risk of overdose or drug-related death.

Aftercare is therefore crucial to ensure that people remain stable in their drug use or recovery. Many residential rehabilitation services have positive links with local recovery communities. Local areas should be supported to ensure that thriving communities of recovery are linked to every drug treatment system.

The justice system should present a meaningful pathway to provide support for people who use drugs. Care between and in justice and community settings should be seamless.

**CJ/S6/23/28/1**  
**HSCS/S6/23/32/1**  
**SJSS/S6/23/27/1**

National guidelines should be developed to help resolve difficulties arising when implementing referral processes.

Alcohol and drug partnerships (ADPs) should proactively engage with justice services to detail what support is available in their area. They can then provide a gateway for vulnerable individuals who use drugs and have other complex needs.

Being held in police custody is often a crisis point in someone's life. Holistic support should therefore be available for all people who use drugs when entering, being held in and leaving custody. Prison releases on a Friday or the day before a public holiday should be banned to give people a better chance to access support.

The aim should be to ensure that people who use drugs are better supported when they leave prison than when they entered. Appropriate support is needed before and throughout sentences, with reintegration support on release. People on remand should receive the same level of support as those serving a sentence.

People who use drugs should also be provided with naloxone on liberation.

#### *Co-ordination*

Two core principles underpin co-ordination:

1. appropriate resource is required to bring about meaningful change, but it must be targeted to where it is most needed; and
2. strong decisive leadership is essential to success.

The drug and alcohol sector should have comprehensive standards and guidance and be inspected against them. The sector should have clearly defined lines of accountability that ensure services are provided to meet the needs of individuals.

Ultimate responsibility for ADPs' responses to drug-related deaths and harms should sit with the chief officer.

A formal review process should be undertaken for every suspected drug-related death. These should start from the principle that every drug-related death is preventable.

Local leadership is vital to tackling drug-related deaths and harms. Local leaders should take a lead in ensuring that lived and living experience is at the heart of developing local services.

Fragmentation across policy areas in the Scottish Government is apparent, with little join-up between work on drugs policy and key policy partners such as mental health, justice, housing, poverty and inequality. Consideration should be given to establishing a cabinet subcommittee or joint ministerial group to drive change across the Scottish Government. A national outcomes framework would provide much needed accountability and scrutiny of the Scottish Government and local activity.

Surveillance should be central to the National Mission to improve and save lives.

The data gathered should be aligned to the National Mission and should add value, with the objective of effecting change.

A National Co-ordinator for Drug-related Deaths role within Public Health Scotland would improve consistency and data-sharing and coordinate a review of the national drug-related deaths database.

All services should have a monitoring and evaluation plan in place. Services should evolve based on direct experience of delivering the service and embed a cycle of continuous quality improvement.

Digital inclusion should be a key goal when working with people who use drugs. Every person should have access to the necessary technology to enhance their engagement and improve their connectivity to support networks. Data-sharing must cease to be a barrier to the effective delivery of services. Partners must develop detailed information-sharing agreements to support the smooth transition of information around individuals' cases.

Specific pathways for entry, progression and continuous professional development for the workforce in the sector should be in place to support all professionals to provide the highest standard of service and enhance their sense of value. A further rapid evidence review of the workforce should be undertaken to enable the Scottish Government to take immediate action to support recruitment and retention, while recognising that recruiting more staff without steps to improve retention will lead to further problems – the sector already has significant vacancies.

Anyone working with people who use drugs needs a core set of skills and experience. These should be focused on embedding care, compassion and empathy in service delivery. Training and improvement practice should be used to fully embed these competencies into practice.

Formalised pathways must be developed for people with lived and living experience to work in the sector. Appropriate training and development, as well as pay and career progression opportunities, should form part of these pathways.

A comprehensive and consistently reviewed action plan is needed to deliver on this critical investment in the workforce.

If Scotland is to deliver the change we have outlined – the change that is needed – the sector must be appropriately resourced. More importantly, the resource must be targeted where it is needed most and where it will have the greatest impact.

Significant additional funding will be required. The Scottish Government needs to set out a fully funded strategic plan that commits to fully resourcing the demand for services – not a return to the funding of the past, but an ambitious and radical commitment to making people's lives better.

*Next steps*



The Scottish Government should publish a plan, as soon as possible but at the very latest in the next six months, on how they will implement these recommendations. Change is needed, but it will only be possible when we accept that this is everyone's responsibility. The evidence is clear and the time for talk is over. It is time for swift and decisive action.

## **Recommendations**

### *1. Lived/living experience*

People with lived and living experience must be at the heart of the response to drug-related deaths. All responses to problem substance use must be coproduced or co-developed with them as they are central to the changes outlined. We recognise that the needs and views of those with living experience may be different to the needs and views of those with lived experience and therefore will need tailored approaches to their inclusion. It is critical that those with living experience have the support they need and that barriers to their recovery are removed. The knowledge and skills of those with lived experience should be utilised to their full potential.

### *2. Families*

Families must be involved in the process wherever possible, and steps should be taken to embed family-inclusive practice into all aspects of the sector's work. This means services should start with a presumption of family involvement. Family members must be part of the solution to the drug-deaths crisis. They have been active contributors to the development of the Taskforce recommendations and action points and must continue to be involved in the development of the response to this public health emergency.

It is also critical that families have access to meaningful support that is not dependent on their loved one's treatment.

### *3. Leadership and accountability*

Clear, decisive and accountable leadership is needed to deliver the Taskforce recommendations and ensure that the National Mission is effective in improving and saving lives. While the First Minister and Minister for Drugs Policy are rightly accountable at national level for drug-related deaths and harms, there is a need for clear lines of accountability at local level, with chief officers from the local Chief Officers Group ultimately assuming similar accountability locally. Chief executives of organisations in alcohol and drug partnerships (ADPs) must be responsible for their organisation's engagement and delivery.

### *4. No wrong door and holistic support*

Local and national leadership should ensure that the principle of no wrong door is at the heart of a new whole-systems approach. This means that individuals are never turned away, or passed from service to service, or told that their treatment is conditional on another treatment. It should be the responsibility of services to join up support, not the individual to develop and navigate their own care plan.

### *5. Early intervention*

The Scottish Government should prioritise intervention at an earlier stage, tackling the root causes of drug dependency. Links between work on poverty, structural inequality, education, children and young people and work on drug policy should be clearer.

### *6. National Specification*

The Scottish Government should develop a National Specification outlining the key parts of the treatment and recovery system that should be available in every local area, ensuring it also delivers on the principles of quality, choice, access and parity of treatment with other health conditions.

### *7. Funding fit for a public health emergency*

The Taskforce is clear that while the increase in funding is welcome, it does not go far enough to deliver transformational change. Funding must be increased, targeted to where it is needed most and monitored effectively, and should foster collaboration across Government and local services. Funding should also be committed in a long-term, sustainable manner that is ringfenced to guarantee it is spent where intended. Some services are better funded centrally and delivered either regionally or nationally. As part of the National Specification, the Scottish Government should outline the services it will commission nationally, ensuring that all areas can access the services they need.

### *8. Standards, guidance and inspection*

All services must be appropriately regulated, with standards and guidance developed, and should be subject to regular inspection to ensure safe, effective, accessible and high-quality services. The Scottish Government should work with Healthcare Improvement Scotland to expand the Medication Assisted Treatment (MAT) Standards to encompass all aspects of the National Specification and create overarching treatment and recovery standards.

### *9. Public health approach in the justice system*

As part of the implementation of the Scottish Government's new Justice Vision, the Scottish Government should make key changes to fully integrate a person-centred, trauma-informed public health approach to drug use in the justice system. Structured pathways for supporting individuals with problem drug use throughout their justice journey should be developed, making full use of critical intervention points and ensuring that people leave the justice system better supported and in better health than when they entered.

### *10. National stigma action plan*

The Scottish Government should develop and rapidly implement a national stigma action plan, co-produced with people with lived, living and family experience and built on the Taskforce's strategy, which sets deliverable actions for addressing stigma.

### *11. National outcomes framework, strategy and funding plan*

The Scottish Government should publish a national outcomes framework and strategy to underpin the National Mission. This should include a funding plan that clearly outlines how the funding links to the national objectives. It should also include the drivers and indicators of the Mission, as well as a detailed monitoring and evaluation plan. This national framework should be used to create local outcomes frameworks and evaluation plans by ADPs and services.

### *12. Data-sharing*

The Scottish Government should ensure that data-sharing is no longer a barrier to the delivery of services. Guidance and/or an open letter should be developed with the Information Commissioner's Office on information-sharing, linking records and ensuring that all partners have standard operating procedures and information-sharing agreements in place.

### *13. Workforce action plan*

The Scottish Government should develop and rapidly implement a workforce action plan for the drug and alcohol sector to ensure the workforce is supported, well-trained and well-resourced.

### *14. Availability of information*

Transparent and accessible information is critical not only for effective delivery and enhancing the experience of people who engage with services, but also for scrutiny and trust. The Scottish Government should work with Public Health Scotland to review the information collected and optimise public health surveillance to further develop the early warning system. It should create a single platform for individuals accessing information on drugs, services and monitoring that should enable local areas to be held to account.

### *15. Specific populations*

ADPs and services must recognise where particular groups (such as women and young people) have specific needs and face additional barriers. They should develop pathways tailored to these groups to ensure they can access the support they need when they need it.

### *16. Drug-death review groups*

The Scottish Government should produce guidance on the operation of drug death review groups, setting the expectation that these groups review every death to learn lessons and that these are reported directly to the Chief Officers Group along with defined actions.

### *17. Digital innovation*

**CJ/S6/23/28/1**  
**HSCS/S6/23/32/1**  
**SJSS/S6/23/27/1**

The Scottish Government and wider local leadership should embrace digital innovation, finding ways to improve how people access health, care and support at the point of need.

#### *18. Joint working*

The Scottish Government and ADPs should support the improvement of partnership-working across the sector, including between statutory and third sector services and with recovery communities. The Scottish Government should work to break down silos between directorates, better aligning key priorities.

#### *19. UK drug law*

The UK Government should immediately begin the process of reviewing the law to enable a public health approach to drugs to be implemented. The Scottish Government should continue to engage with the UK Government to support these changes. In the interim, the Scottish Government should do everything in its power to implement a public health approach.

#### *20. Taskforce legacy*

There must be a clearly defined plan from the Scottish Government, within six months, outlining how it will implement these recommendations and how the legacy work of the Taskforce will be incorporated into the National Mission to ensure nothing is lost.

**CJ/S6/23/28/1**  
**HSCS/S6/23/32/1**  
**SJSS/S6/23/27/1**

## **ANNEX B**

### **Correspondence from the Minister for Drugs and Alcohol Policy**

Dear Committee Convenor,

I am writing to you to share our response to the written questions I received on 29th September 2023.

As you are aware I was unwell and unable to attend the cross committee meeting held on 26th September 2023, I therefore welcome the opportunity to attend on 2nd November 2023 and am grateful for your flexibility in enabling this.

Set out below are responses to the questions asked regarding Safer Drug Consumption Facilities, Drug Checking and the Lord Advocates statement on diversion from prosecution.

#### **Safer Drug Consumption Facilities**

My predecessor and I have been clear in our government's commitment to establishing safer drug consumption facilities and, while I welcome the position from the Lord Advocate which will allow Glasgow to progress with their plans, I have also been clear in my desire to see additional facilities established in other locations where they would be beneficial, and for different service models to be piloted.

At the moment there is work being done in Edinburgh on a feasibility study to scope out the need for establishing such a facility there. This is being led by colleagues within Edinburgh Alcohol and Drug Partnership but Scottish Government Drugs Policy officials have been involved in early meetings and discussions. We understand that study will be published shortly and officials will continue to engage with colleagues in Edinburgh based on the results.

Recent discussions with the Crown Office and Procurator Fiscal Service (COPFS) have confirmed that they would expect any proposals for other pilot facilities would need to demonstrate engagement with the Scottish Government, Police Scotland and COPFS. They would also need to ensure that they meet the criteria set out by the Lord Advocate in her statement to the Criminal Justice Committee on 3rd November 2021 which stated –

- Precise, detailed and specific,
- Underpinned by evidence
- Supported by those who would be responsible for policing such a facility, and by Police Scotland

In addition, in order to be considered, information should be provided on how a pilot facility would be policed, as well as confirmation that they had support from the local community. The Lord Advocate was also clear in her response to the recent proposal that she would expect any facility to be fully evaluated and the results of that evaluation acted upon.

**CJ/S6/23/28/1**  
**HSCS/S6/23/32/1**  
**SJSS/S6/23/27/1**

### **Drug Checking**

Plans to pilot drug checking facilities are being developed in Dundee, Aberdeen and Glasgow following a research project funded through the Drug Deaths Taskforce. In addition to these city sites, research work, carried out by Stirling University, highlighted the need for a national hub for drug checking to be established alongside the three pilot facilities. That national hub would be based at Dundee University and provide the ability to re-test samples from the city drug checking sites; confirm the identity of compounds; and quality check the results supplied by the sites. This would allow for the establishment of levels of accuracy and error margins, and assess limitations from the city drug checking sites. The information produced can then be used to inform services and individuals as well as feeding into Public Health Scotland's RADAR system.

Scottish Government Drug Policy officials received further criteria from the Home Office in September with regards to applications, including information about necessary evaluation, and we continue to support local city leads as they produce their plans for implementing drug checking facilities. We anticipate license applications for controlled drug licenses, which would allow for the establishment of these facilities in Dundee, Aberdeen and Glasgow, to be submitted to the Home Office in the coming months.

An evaluation would be part of that pilot and will be developed as license applications progress. If those applications are approved by the Home Office, we will work with the cities involved to have the facilities established as quickly as possible.

### **Recorded Police Warnings**

On 22 September 2021, the Lord Advocate provided a statement to the Scottish Parliament making clear that Recorded Police Warnings may be used for all classes of drug possession.

The [Criminal Proceedings in Scotland](#) national statistics bulletin provides data on Recorded Police Warnings broken down by offence type, including the total for all drugs possession offences. The next publication, that will include data for 2021-22, was published on Tuesday 24 October 2023. As the Recorded Police Warnings guidance was updated by the Lord Advocate in September 2021, the 2021 - 22 data will not cover a full year since the guidance change was introduced and so will not be fully representative when comparing to earlier years. Further data will be needed to provide a comprehensive analysis of the change in approach although the 2021-22 data will provide initial figures which may be of interest.

It is also worth noting that it is not always possible to identify the class of drug involved for possession offences. This can only be included where it is recorded as a modifier for the offence in the data. The published data does not provide a breakdown of possession offences by class of drug.

I hope this information has answered your questions and I would be more than happy to discuss these areas further during the next cross committee meeting.

Elena Whitham, Minister for Drugs and Alcohol Policy

**Glasgow City Health and Social Care Partnership**



**GLASGOW CITY ADP**

**DRUG DEATH TASK FORCE FINAL REPORT  
AND CROSS GOVERNMENT APPROACH**

**October 2023**

**Report to: Susanne Millar, Chief officer GCHSCP**

**Report from: Gillian Ferguson, ADP Coordinator, GCADP**

**1. Purpose**

This report seeks to benchmark Glasgow City Alcohol and Drug Partnership (GCADP) activity against the recommendations identified in the Scottish Government ['A Cross Government Approach'](#) . This report will also update on the actions being taken to progress the implementation the Safer Drug Consumption Facility for the Cross Committee meeting of 2<sup>nd</sup> November.

**2. Background**

The final report of the Scottish Drugs Death Task Force (DDTF), [Changing Lives](#) was published in July 2022, which highlights 10 core principles, 20 recommendations and 139 actions which should be considered to reduce Drug Related Deaths and improve the lives of individuals in our communities.

In January 2023, the Scottish Government published it's response to the DDTF final report, ['A Cross Government Approach'](#) which is in two parts; a detailed review of the current position based on the 20 principal recommendations accompanied by a 'current position' review of the 139 actions from the DDTF final report. The report outlines key priorities for ADPs across Scotland but also includes areas that will specifically require Scottish Government action (such as seeking changes in Westminster legislation).

**3. Review across Glasgow City ADP**

A review of the DDTF final report and Cross Government response confirms that GCADP has progressed activity aligned to all the recommendations. **APPENDIX A** highlights the 20 recommendations with a brief summary of GCADP activity and a RAG status.

**4. Safer Drug Consumption Facilities**

The [SG Response to DDTF Annexe A](#) details 3 actions to support the implementation of a SDCF and the position of the Scottish Government at January 2023.

In September 2023 the Glasgow City Integration Joint Board agreed the implementation plan for the SDCF [Sept 2023 GC IJB Implementation of SDCF](#).

As at October 2023 the position in Glasgow City against the 3 actions is as detailed below

Taskforce action	Current position in Glasgow City
<p><b>ACTION 40</b></p> <p>The UK Government should implement legislative changes to support the introduction of Supervised Drug Consumption Facilities. In the interim, the Scottish Government should continue its efforts with stakeholders to support their implementation within the existing legal framework.</p>	<p>In 2022, Glasgow City HSCP approached the Lord Advocate, requesting further consideration to a public statement of prosecution policy that would support the implementation of a Safer Drug Consumption Facility (SDCF). The proposal outlined the delivery of an SDCF alongside a range of specialist harm reduction and treatment and care services, with pathways into longer term recovery. Operational policies and procedures were provided, along with refreshed Counsel opinion commissioned by GCC and NHSGGC. The Lord Advocate communicated with Glasgow City HSCP on 11th September 2023, confirming that she would be prepared to publish a statement of prosecution policy to the effect that it would not be in the public interest to prosecute users of that facility in terms of section 5(2) of the Misuse of Drugs Act 1971 for simple possession offences committed within the confines of the Safer Drug Consumption Facility.</p>
<p><b>ACTION 41</b></p> <p>SDCFs should be available nationally but be locally commissioned to meet the specific</p>	<p>A Safer Drug Consumption Facility (SDCF) in Glasgow City was first proposed in 2016 following the outbreak of HIV in people who</p>



<p>needs of the population, in line with the public health needs assessment. They should be sustainably funded, operated by appropriately trained multidisciplinary teams and incorporate appropriate aftercare</p>	<p>inject drugs in Glasgow city centre. It is an outstanding recommendation from “Taking Away the Chaos”, a health needs assessment of people who inject drugs in public places. The full report can be accessed at: <a href="#">Taking Away the Chaos</a></p> <p>The financial framework for the operational costs for the facility have been agreed with Scottish Government and operational costs will be delivered within this financial envelope. As per previous business case and international evidence base, the implementation of a SDCF is likely to result in reduced costs to other parts of the health, social care and criminal justice system.</p> <p>The SDCF will be situated in Hunter Street Health and Social Care Centre, and is well known to the target population and key partners. The site offers a discrete base, closely located to the city centre, and implementation of the Enhanced Drug Treatment Service within the centre has not caused significant challenges for the community.</p>
<p><b>ACTION 42</b></p> <p>Clear engagement with local communities and all relevant stakeholders, including sharing the evidence base for SDCFs, should be taken forward prior to implementation in a local area</p>	<p>A communications and engagement working group has been established, with membership inclusive of Glasgow City HSCP, Glasgow Alcohol and Drug Partnership, Police Scotland, Scottish Government and Crown Office. A full Engagement Plan is being developed by Glasgow City HSCP officers and will include; presentation to the local Community Council, Local Engagement Forum and Lived and Living Experience groups; updates to elected members in ward 9; engagement with local businesses; and wide sharing of a Frequently Asked Questions document which can be supplemented to reflect common questions through engagement activity.</p>

	<p>The Lord Advocate makes clear that the position is based on a robust evaluation of the pilot phase of the SDCF, and assurance that engagement will take place with the wider community.</p>
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**5. Identified Priorities for Glasgow City**

As detailed in section 4, the implementation of the SDCF and accompanying community engagement will be a priority and significant focus for the GCADP.

In addition, Glasgow City ADP has current and planned activity aligned to each of the relevant DDTF recommendations, and has identified the following areas as local strategic priorities for 2023-2026

- Recommendation 10 – Stigma Action Plan
- Recommendation 15 – Specific Populations
- Recommendation 16 – Drug Death Review Groups

Details of current and planned activity are summarised in Appendix A. For further detail on any of this activity [adp@glasgow.gov.uk](mailto:adp@glasgow.gov.uk).

Gillian Ferguson  
Coordinator  
Glasgow City Alcohol and Drug Partnership

	DDTF Recommendation	Glasgow City ADP activity	RAG
1	<p><b>Lived/living experience:</b> People with lived and living experience must be at the heart of the response to drug-related deaths. All responses to problem substance use must be co-produced or co-developed with them as they are central to the changes outlined. We recognise that the needs and views of those with living experience may be different to the needs and views of those with lived experience and therefore will need tailored approaches to their inclusion. It is critical that those with living experience have the support they need and that barriers to their recovery are removed. The knowledge and skills of those with lived experience should be utilised to its their full potential.</p>	<p><b>Established Lived and Living Experience (LLE) Reference Groups with direct reporting into and feedback from the ADP Strategic group</b></p> <ul style="list-style-type: none"> <li>• Mixed LLE</li> <li>• Women’s LLE</li> <li>• Families</li> <li>• Staff</li> </ul> <p><b>Established the City Centre Engagement Group for people who use drugs to raise, consider and discuss ADP issues.</b></p> <p><b>Independent, professional advocacy service, The Advocacy project, supports people who use alcohol/drugs when they feel they are not being given an appropriate service or being understood.</b></p> <p><b>GCADP are members of the National Collaborative Change Team and GCADP Reference groups being used as an example of good proactive</b></p>	
2	<p><b>Families:</b> Families must be involved in the process wherever possible, and steps should be taken to embed family-inclusive practice into all aspects of the sector’s work. This means services should start with a presumption of family involvement. Family members must be part of the solution to the drug-deaths crisis. They have been active contributors to the development of the Taskforce recommendations and action points and must continue to be involved in the development of the response to this public health emergency. It is also critical that families have access to meaningful support that is not dependent on their loved one’s treatment.</p>	<p><b>Established the Families Reference Group</b></p> <p><b>Local family support service, Families Affected by Drug and Alcohol Use (FASS) commissioned by GCHSCP, supports families and kinship carers across Glasgow City</b></p> <p><b>Family Learning Hubs are after school clubs that support the whole family with school homework tutors, a family meal and recovery support</b></p> <p><b>Martha’s Mammies project, providing support to women who have lost care of their children</b></p>	

CJ/S6/23/28/1  
HSCS/S6/23/32/1  
SJSS/S6/23/27/1

		<p><b>A treatment service for young people using the Whole Families Approach is in development</b></p> <p><b>GCADP Strategy 2023-26 identifies work with the Carers Strategy as an opportunity to improve services for family members with caring responsibilities for those with an alcohol/drug problem.</b></p>	
3	<p><b>Leadership and Accountability:</b> Clear, decisive and accountable leadership is needed to deliver the Taskforce recommendations and ensure that the National Mission is effective in improving and saving lives. While the First Minister and Minister for Drugs Policy are rightly accountable at national level for drug-related deaths and harms, there is a need for clear lines of accountability at local level, with chief officers from the local Chief Officers Group ultimately assuming similar accountability locally. Chief executives of organisations in alcohol and drug partnerships (ADPs) must be responsible for their organisation's engagement and delivery.</p>	<p><b>GCADP Strategic Group chaired by Assistant Chief Officer for adult services.</b></p> <p><b>Regular ADP reporting into IJB</b></p> <p><b>Broad and embedded membership of the GCADP and its substructure by the leadership of third and statutory sector organisations</b></p>	
4	<p><b>No Wrong Door and Holistic Support:</b> Local and national leadership should ensure that the principle of no wrong door is at the heart of a new whole systems approach. This means that individuals are never turned away, or passed from service to service, or told that their treatment is conditional on another treatment. It should be the responsibility of services to join up support, not the individual to develop and navigate their own care plan.</p>	<p><b>GCHSCP has delivered Health and Social Care Connect, one route for people to access health and social care services</b></p>	
5	<p><b>Early Intervention:</b> The Scottish Government should prioritise intervention at an earlier stage, tackling the root causes of drug dependency. Links between work on poverty, structural inequality, education, children and young people and work on drug policy should be clearer.</p>	<p><b>National work sits with Scottish Government</b></p> <p><b>GCADP early intervention workstreams are ongoing via Prevention and Education / Children, Young People and Families subgroups</b></p> <ul style="list-style-type: none"> <li>• <b>Community Justice</b></li> <li>• <b>Alcohol licensing</b></li> <li>• <b>Health Improvement in prisons</b></li> <li>• <b>Early years programmes</b></li> <li>• <b>Multiple Risk Service</b></li> </ul>	

		<ul style="list-style-type: none"> <li>• CRAFFT screening tool</li> <li>• Special Needs in Pregnancy Service (Blossom)</li> </ul> <p>A treatment service for young people using the Whole Families Approach is in development</p>	
6	<p><b>National Specification:</b> The Scottish Government should develop a National Specification outlining the key parts of the treatment and recovery system that should be available in every local area, ensuring it also delivers on the principles of quality, choice, access and parity of treatment with other health conditions.</p>	<p>National work sits with Scottish Government</p> <p>GCADP has implemented the MAT standards 1-5 and is working on 6-10</p> <p>GCADP commissions a suite of residential services in the city, but is working with Scotland Excel, Public Health Scotland and Health Improvement Scotland on the national work to improve access to residential services across the country.</p>	
7	<p><b>Funding Fit for a Public Health Emergency:</b> The Taskforce is clear that while the increase in funding is welcome, it does not go far enough to deliver transformational change. Funding must be increased, targeted to where it is needed most and monitored effectively, and should foster collaboration across Government and local services. Funding should also be committed in a long term, sustainable manner that is ring-fenced to guarantee it is spent where intended. Some services are better funded centrally and delivered either regionally or nationally. As part of the National Specification, the Scottish Government should outline the services it will commission nationally, ensuring that all areas can access the services they need.</p>	<p>National work sits with Scottish Government</p> <p>GCADP continues to work with statutory and third sector partners in supporting the development of proposals that align with the GCADP strategy and the scrutiny and approval of applications before submission for National Mission funds.</p>	
8	<p><b>Standards, Guidance and Inspection:</b> All services must be appropriately regulated, with standards and guidance developed, and should be subject to regular inspection to ensure safe, effective, accessible and high-quality services. The Scottish Government should work with Healthcare Improvement Scotland to expand the Medicated Assisted Treatment (MAT) Standards to encompass all aspects of the National Specification and create overarching treatment and recovery standards.</p>	<p>National work sits with Scottish Government</p> <p>GCADP delivered on the significant reporting requirement of PHS and achieved green status for MAT standards 1-5.</p>	
9	<p><b>Public Health Approach in the Justice System:</b> As part of the implementation of the Scottish Government's new Justice Vision, the Scottish Government should make key changes to fully</p>	<p>National work sits with Scottish Government</p>	

	<p>integrate a person-centred, trauma-informed public health approach to drug use in the justice system.  Structured pathways for supporting individuals with problem drug use throughout their justice journey should be developed, making full use of critical intervention points and ensuring that people leave the justice system better supported and in better health than when they entered</p>	<p><b>GCADP supports a number of justice workstreams including</b></p> <ul style="list-style-type: none"> <li>• <b>A prison harm reduction team that deliver harm reduction support inside the prison estate to people who have a history of alcohol/drug use</b></li> <li>• <b>A prison to recovery post that facilitates recovery from custody to the community</b></li> </ul> <p><b>GCADP works closely with local Community Justice and supports the delivery of</b></p> <ul style="list-style-type: none"> <li>• <b>Drug court</b></li> <li>• <b>Alcohol court</b></li> <li>• <b>Young Persons court</b></li> <li>• <b>Women’s problem-solving court</b></li> </ul>	
10	<p><b>National Stigma Action Plan:</b> The Scottish Government should develop and rapidly implement a national stigma action plan, co-produced with people with lived, living and family experience and built on the Taskforce’s strategy, which sets deliverable actions for addressing stigma.</p>	<p><b>National Stigma action plan sits with Scottish Government</b></p> <p><b>GCADP are working with the Women’s’ LLE Reference group, to develop a local stigma work focused on the wider workforce and changing attitudes and awareness. The SG Drug policy team have been invited to join in this work by the women.</b></p> <p><b>GCADP is also contributing to a NHSGGC boardwide stigma action plan</b></p>	
11	<p><b>National Outcomes Framework, Strategy and Funding Plan:</b>  The Scottish Government should publish a national outcomes framework and strategy to underpin the National Mission. This should include a funding plan that clearly outlines how the funding links to the national objectives. It should also include the drivers and indicators of the Mission, as well as a detailed monitoring and evaluation plan. This national framework should be used to create local outcomes frameworks and evaluation plans by ADPs and services</p>	<p><b>GCADP report against the high-level National Mission Outcomes Framework quarterly and await more detailed national indicators for the evaluation of the National Mission.</b></p> <p><b>GCADP have developed the ADP Intelligence Hub, creating dashboards and mapping from local public health intelligence to inform our planning and developments.</b></p>	

**CJ/S6/23/28/1**  
**HSCS/S6/23/32/1**  
**SJSS/S6/23/27/1**

12	<p><b>Data Sharing:</b> The Scottish Government should ensure that data-sharing is no longer a barrier to the delivery of services. Guidance and/or an open letter should be developed with the Information Commissioner’s Office on information-sharing, linking records and ensuring that all partners have standard operating procedures and information-sharing agreements in place.</p>	<p><b>National work sits with Scottish Government – data sharing strategy</b></p> <p><b>GCADP has good examples of ISP work with development of the Crisis Outreach Service (SAS info shared on nfod) and the Intelligence Hub</b></p>	
13	<p><b>Workforce Action Plan:</b> The Scottish Government should develop and rapidly implement a workforce action plan for the drug and alcohol sector to ensure the workforce is supported, well-trained and well-resourced</p>	<p><b>National work sits with Scottish Government</b></p> <p><b>GCADP commissions Elevate, an employability and training project for people with lived experience who wan to work in the field of alcohol and drug support.</b></p> <p><b>The Addiction Workers Training Project delivers employability support to people with lived experience in Glasgow</b></p>	
14	<p><b>Availability of Information:</b> Transparent and accessible information is critical not only for effective delivery and enhancing the experience of people who engage with services, but also for scrutiny and trust. The Scottish Government should work with Public Health Scotland to review the information collected and optimise public health surveillance to further develop the early warning system. It should create a single platform for individuals accessing information on drugs, services and monitoring that should enable local areas to be held to account.</p>	<p><b>National work sits with Scottish Government</b></p> <p><b>GCADP has published its Communications Strategy</b></p> <ul style="list-style-type: none"> <li>• use of social media</li> <li>• update online presence to be more user friendly</li> <li>• refresh of digital content</li> </ul> <p><b>ADP Intell Hub being developed as a tool to utilise public health surveillance</b></p> <p><b>GCADP has identified the need for a robust local process for public health alerts that will align with the national RADAR project- the GGC Drug Trend Monitoring group is leading on this</b></p>	
15	<p><b>Specific Populations:</b> ADPs and services must recognise where particular groups (such as women and young people) have specific needs and face additional barriers. They should develop pathways tailored to these groups to ensure they can access the support they need when they need it.</p>	<p><b>GCADP has identified work with specific groups as a priority for the new ADP Strategy 2023-26</b></p> <p><b>Current work includes</b></p>	

CJ/S6/23/28/1  
HSCS/S6/23/32/1  
SJSS/S6/23/27/1

		<ul style="list-style-type: none"> <li>• ADP Women subgroup</li> <li>• LLE Womens Ref group</li> <li>• LGBT+ campaign- Kinder Better Stronger</li> <li>• BAME local health intelligence gathering- early stages with local public health team</li> </ul>	
16	<b>Drug Death Review Groups:</b> The Scottish Government should produce guidance on the operation of drug-death review groups, setting the expectation that these groups review every death to learn lessons and that these are reported directly to the Chief Officers Group along with defined actions.	<b>National work sits with Scottish Government</b>  <b>All DRDs of people in in service are reviewed by the Glasgow Alcohol and Drug Recovery Services and learning is shared across the ADP. GCADP has identified the need to develop a local process for reviewing every death as a priority for the ADP Strategy 2023-26</b>	
17	<b>Digital Innovation:</b> The Scottish Government and wider local leadership should embrace digital innovation, finding ways to improve how people access health, care and support at the point of need.	<b>National work sits with Scottish Government</b>  <b>GCADP are engaged in the Small Business Research initiative (SBRI) Challenge, looking for innovative solutions to tackling drds.</b>	
18	<b>Joint Working:</b> The Scottish Government and ADPs should support the improvement of partnership-working across the sector, including between statutory and third-sector services and with recovery communities. The Scottish Government should work to break down silos between directorates, better aligning key priorities	<b>GCADP has a broad and well embedded membership from across the third and statutory sectors. Our Recovery Communities are key members.</b>  <b>Membership includes families and people with lived experience and the Reference groups give further strength to the voices of those affected.</b>  <b>GCADP established the Greater Glasgow and Clyde ADP forum to improve joint working across the NHSGGC area</b>	
19	<b>UK Drug Law:</b> The UK Government should immediately begin the process of reviewing the law to enable a public health approach to drugs to be implemented. The Scottish Government should continue to engage with the UK Government to support these changes. In the interim, the Scottish Government should do everything in its power to implement a public health approach.	<b>National work sits with Scottish Government</b>  <b>GCHSCP has been working with Scottish Government and the Crown Office on the development of a SDCF model that could be implemented within the current legal framework.</b>	



**CJ/S6/23/28/1**  
**HSCS/S6/23/32/1**  
**SJSS/S6/23/27/1**

		<b>In Sept 2023, the Lord Advocate indicated that they will provide a public statement of prosecution policy that service users will not be prosecuted for possession of drugs whilst using the SDCF</b>	
<b>20</b>	<b>Taskforce Legacy:</b> There must be a clearly defined plan from the Scottish Government, within six months, outlining how it will implement these recommendations and how the legacy work of the Taskforce will be incorporated into the National Mission to ensure nothing is lost.	<b>National work with Scottish Government</b>  <b>GCADP has ensured that it delivers activity across all of the DDTF recommendations</b>	

**CJ/S6/23/28/1**  
**HSCS/S6/23/32/1**  
**SJSS/S6/23/27/1**

**Correspondence from the Lord Advocate**

Dear Convener,

**Criminal Justice Committee - request for update**

I write to you in response to the request from the Criminal Justice Committee for clarification in relation to whether police officers and prosecutors would retain the ability to offer direct measures such as Recorded Police Warnings, Fiscal Fines or, diversion from prosecution in relation to users of the safer drug consumption facility in Glasgow.

As outlined in my statement of the 11 Sep 2023 on the basis of the information I have been provided, I would be prepared to publish a prosecution policy that it would not be in the public interest to prosecute drug users for simple possession offences committed within a pilot safer drugs consumption facility. The Committee raises important points about the use of direct measures and the extent to which the potential for prosecution underpins any criminal justice response.

Clearly not every criminal justice response is a direct alternative to prosecution, however, it is my view that the potential for prosecution underpins the use of direct measures.

The precise terms of any Statement of Prosecution Policy and accompanying Lord Advocate's Guidelines will be issued to the police in due course. My officials continue to work closely with Police Scotland in this matter.

My intention is that these documents will be made public, if and when any facility comes into operation.

I hope this is of assistance to members of the Committee in the meantime.

Yours sincerely,

**THE RIGHT HONOURABLE DOROTHY BAIN KC**  
**LORD ADVOCATE**