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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

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 consider the Scottish Government's views on the final report from the Scottish Drug Deaths Taskforce (see **Annex A for an Executive Summary and Recommendations**). Members will also consider the Government's plans for the future, in particular its National Mission and the work of the recently established National Drugs Mission Oversight Group (see **Annex B**).

2. Members will hear from Angela Constance MSP, Minister for Drugs Policy, Orlando Heijmer-Mason, Deputy Director for Drugs Policy, and Roz Currie, Team Leader, Drug Death Taskforce Response, Scottish Government.

3. As part of the evidence session, Members of the three committees may wish to take into account the details of the most recent statistics on drugs deaths in Scotland, published in the summer recess by the National Records of Scotland (NRS). These contains statistics on deaths in 2021.

4. According to the NRS, 1,330 people lost their lives to drug misuse in Scotland in 2021. While this is 1% lower than the figures for 2020 it is still the second highest total on record. Of those who died from the misuse of drugs, 65% were aged between 35 and 54 years old and more than two thirds (70%) were men.[1]

5. In 93% of all drug misuse deaths, more than one drug was found to be present in the body of the deceased, and the type of drugs that are implicated in deaths has been changing. There has been a marked increase in the number of deaths involving unprescribed benzodiazepines. Of all drug misuse deaths in 2021, 84%

[1] National Records of Scotland, https://www.nrscotland.gov.uk/news/2022/small-decrease-in-drug-death-figures

involved opiates or opioids (such as heroin, morphine and methadone). 69% involved benzodiazepines (such as diazepam and etizolam).[2]

6. In 2020 (the most recent statistics available for the rest of the UK) Scotland's drug misuse rate was 3.7 times that for the UK as a whole, and higher than that of any other European country.[3]

7. Dundee City had the highest age-standardised drug misuse death rate of all local authority areas in Scotland (45.2 per 100,000 population for the 5-year period 2017-2021), followed by Glasgow City (44.4 per 100,000) and Inverclyde (35.7 per 100,000).[4]

8. Members may also want to take into account the work of **Audit Scotland** on drugs and alcohol services, and the publication of their recent report and update. Amongst other findings, the report concludes that "a clear plan is needed to improve people's lives and increase transparency around spending" and that:

> "Spending remains difficult to track, including how money is distributed and what it is achieving. For example, in September 2021 the Scottish Government committed to invest £250m to reduce drug deaths - £50m for the next five years. But details of how much of the £50m will be spent on each local area, or how the funding will be distributed, have not been published. More widely, data gaps around drug and alcohol referrals, waiting times and outcomes persist. And there is a considerable time lag in public reporting."[5]

9. The Auditor General for Scotland concluded:

> "We've recently seen more drive and leadership around drug and alcohol misuse from the Scottish Government. But it's still hard to see what impact policy is having on people living in the most deprived areas, where long-standing inequalities remain.
>
> Drug and alcohol data is not good enough, and there is a lack of transparency about how money is being spent and allocated. The Scottish Government needs to set out an integrated plan, with clear measures showing how extra spending is being used to reduce the tragic loss of life we've seen over the last decade."[6]

Written evidence

10. Key organisations were asked to provide written evidence on the proposals to tackle drugs deaths in Scotland and what should be done.

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[2] National Records of Scotland, https://www.nrscotland.gov.uk/news/2022/small-decrease-in-drug-death-figures
[3] National Records of Scotland, https://www.nrscotland.gov.uk/news/2022/small-decrease-in-drug-death-figures
[4] National Records of Scotland, https://www.nrscotland.gov.uk/news/2022/small-decrease-in-drug-death-figures
[5] Audit Scotland, News Release, 8 March 2022, https://www.audit-scotland.gov.uk/uploads/docs/report/2022/briefing_220308_drugs_alcohol_pr.pdf
[6] Audit Scotland, News Release, 8 March 2022.

11. Written submissions were received from the following (see **Paper 2**):

- Argyll & Bute Alcohol and Drugs Partnership.

Previous consideration by the three committees

12. As part of a new 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 drugs deaths. This approach reflects the need to consider aspects of the criminal justice system, as well as health policies and wider social and economic matters such as poverty, unemployment, unstable housing, and family breakdown.

13. This meeting has been rescheduled from 15 September 2022. The Committees have met jointly twice previously. On 1 and 2 February 2022, the Committees heard from Rt. Hon Kit Malthouse MP, then UK Minister of State for Crime, Policing and Probation,[7] and then separately from Angela Constance, the Scottish Government's Minister for Drugs Policy and David Strang, Chair of the Scottish Drugs Deaths Taskforce.[8]

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[7] Chris Philp MP is the UK Minister for Crime and Policing.
[8] See https://www.parliament.scot/chamber-and-committees/committees/current-and-previous-committees/session-6-criminal-justice-committee/meetings/2022/cjs6224

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 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 (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. 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

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.

ANNEX B

Letter from the Minister for Drugs Policy on the new National Drugs Mission Oversight Group (30 June 2022)

The First Minister launched the National Mission in January 2021 with the express aim of reducing deaths and improving lives. The Implementation Group has played a key role in the first year of the National Mission, considering vital topics such as access to mental health support, the pathways into and from residential rehabilitation and the implementation of the Medication Assisted Treatment (MAT) standards.

The first year of the National Mission was about building the foundations for change: rolling out MAT standards; taking a new approach to making more residential rehabilitation opportunities available; setting a new treatment target; increasing funding to community and grass-roots organisations; and setting the ground work for innovation such as through Safer Drug Consumption Facilities.

This year, and in the following years, the focus of the Mission has turned to delivering on those foundations. To support this, our structures and governance framework must reform.

That is why I believe the Implementation Group must refocus on providing scrutiny, challenge and expert advice to both the Scottish Government and the wider sector.

I am therefore establishing a new Oversight Group to take up this task. It will bring together leaders from a range of organisations and backgrounds, including those with lived and living experience, clinicians, international experts, the third sector and local government. The first meeting of the group will be held on 30 June 2022. As with the Implementation Group, the membership, terms of reference and minutes from the group will be published on the government website. A full list of members can be found at appendix A which has been sent with this letter.

Angela Constance
Minister for Drugs Policy

Appendix - Members of the Oversight Group

- Angela Constance, Minister for Drugs Policy, Chair
- Dave Liddell, Scottish Drugs Forum
- Justina Murray, Scottish Families Affected by Alcohol and Drugs
- Jardine Simpson, Scottish Recovery Consortium
- Emma Crawshaw, CREW
- Belinda Phipps, We Are With You
- Billy Watson, Scottish Association for Mental Health
- Sandra Holmes, lived and living experience representative
- Rachel McGrath, lived and living experience representative
- James Docherty, lived and living experience representative
- Susanna Galea-Singer, Royal College of Psychiatrists committee member

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- Catriona Morton, Royal College of GPs Deputy Chair
- Laura Wilson, Royal College of Pharmacists
- Eddie Follan, COSLA
- Dr Sharon Stancliffe, New York City Health Department
- Dr Michel Kazatchkine, World Health Organization Regional Office for Europe (WHO/Europe)
- Professor Thomas Kerr PhD, Dept. of Medicine, University of British Columbia
- Tessa Parkes, University of Stirling
- Andrew McAuley, Glasgow Caledonian University
- David Strang, Drugs Death Task Force

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Letter from Angela Constance on the publication of the National Mission Plan (9 August 2022)

Dear Convenors,

I am writing to make you aware that we are publishing the National Mission Plan today (9th August 2022). The plan sets out the focus and drivers of the National Mission to reduce drugs deaths as it enters into its second year.

The first year of the National Mission was about building the foundations for change, while this year and in the following years, the focus of the Mission has turned to delivering on those foundations.

This document sets out our approach to achieve our aim – to reduce drug deaths and improve lives - through the articulation of six outcomes.

These outcomes, alongside six cross cutting priorities have been developed in collaboration with our stakeholders including representatives with lived experience and we thank them for this and look forward to working together to deliver on these outcomes. The outcomes describe both the complexity of the challenge we face and the opportunities that a whole systems, whole-Scotland approach will afford a National Mission.

The plan also sets out the governance structure around the mission, the delivery landscape and our plans for monitoring and evaluation.

The plan is available online at https://www.gov.scot/publications/national-drugs-mission-plan-2022-2026/ and I have attached a version for your convenience.

If you have any questions, please do not hesitate in contacting me.

Angela Constance
Minister for Drugs Policy