

## **Cross Party Drug and Alcohol Misuse Group**

### **Minutes of meeting held on 18<sup>th</sup> April 2017, Committee Room 4, Scottish Parliament**

#### **1 Present**

John Finnie MSP, co-convener  
Monica Lennon MSP, co-convener  
Stuart McMillan, MSP  
Tom Arthur, MSP  
Roisin Ash, NHS Lothian  
Anna Brewster, Martindale  
John Budd, Edinburgh Access Practice  
Elinor Dickie, NHS Health Scotland  
Paul Hunter, MYPAS, West Lothian  
Alison Douglas, Alcohol Focus Scotland  
Dave Liddell, Scottish Drugs Forum  
Austin Smith, Scottish Drugs Forum  
Mark McCann, MRC  
Ian McPhee, University of West of Scotland  
Gary Meek, Glasgow Council on Alcohol  
Ian Sloan, Fife Council  
Steven Turner, Salvation Army  
Alex Wright, SPICE

#### **2 Introduction**

John Finnie introduced the meeting by explaining it was the first full meeting of the group.

#### **3 Older People with a drug problem**

Dr John Budd a GP at the Edinburgh Access practice gave a presentation on progress to date of an SDF working group he was chairing on older people with a drug problem. With older drug users in this context being defined as people aged 35 and over.

The working group had set itself the following terms of reference:

- Using existing data to describe the demographics of the population in terms of age, gender and location, and analysing this at different age bands: 35-44, 45-54 and over 54 years respectively.
- Projecting future demographics for this population over a five, 10, 15 year period.
- Describing the present and likely future health and social care needs of this population.
- Describing the nature and extent of present and future service demand of this population.
- Identifying effective service responses including existing good practice.
- Make recommendations for policy beyond the drugs and alcohol field across the changing health and social care landscape for this group of people.

With the following pieces of work undertaken by the group:

- Literature review
- Evidence day
- Survey of frontline specialist services – 74 responses
- Survey of 123 older people with drug problems
- data linkage work to make estimates of future scale of need

All of the work was now complete apart from the data linkage work which was nearly complete.

It was planned that the final report would be published in June.

The headline findings so far were as follows:

- Older people with a drug problem would become the main population in services over the coming years and services will need to adapt and particularly become more age sensitive
- The majority are isolated and living alone
- Most have mental health issues alongside a drug problem
- Most have a range of underlying health conditions
- There was considerable use of the health service by this group particularly through unplanned hospital admissions
- This group would be a test case for how well health and social care integration happens

Discussion focussed on a range of issues including - stigma as a key issue including in terms of self-reported mental health issues like anxiety; the need to recognise the connection between long term substance use and un-addressed or unresolved trauma; keeping this stigmatised group's profile high enough to demand attention / resources; long term saving as a key driver of service provision to this group – housing first as an example; we need to understand why people are dropping out / being pushed out of service.

#### **4 Funding cuts to ADPs**

Austin Smith, Policy and Practice Officer at Scottish Drugs Forum, gave a presentation outlining the history of funding and recent cuts in ADP funding.

The draft Scottish Government budget in December 2015 co-incided with the transfer of ADP funding from Justice to Health. A reduction in funding of 22.25% was made to combined drug and alcohol funding from £69.2 million in 2015-16 to £53.8 million in 2016-17.

In January 2016 the Cabinet Secretary for Health, Shona Robison, wrote to Health Board Chief Executives stating her expectation that they would cover this shortfall in drug and alcohol funding from allocated health budgets which rose in this budget round by 6.5%.

Locally, there was little clarity re overall budgets until well into the financial year with most ADPs using one-off underspend and contributions from Integrated Joint Boards to reduce scale of cuts

in 2016/17. This is not likely to be a sustainable practice going forward and so the impact of the cut and how it lays out locally will not be fully known until next year.

Budget published for 2017/18 with no change for the ADP budget for 2016/17 - £53.8 million

The discussion on budgets highlighted the need to monitor the impact particularly with regard to cuts in services and the impact on service users. The crucial role of Integrated Joint Boards was raised and the need to look at ways to influence their funding decisions. The need to prevent or decrease unplanned hospital admissions may be an important driver in persuading IJBs of the value of this investment.

It was also highlighted that the fatal drug overdose figures for 2016 were almost certainly going to be higher in 2016 than the 2015 figure of 706 and that a reduction in funding may well be linked to increase in overdose deaths.

## **5 Possible Agendas for future meetings**

Various suggestions were made re the next meeting including

- Speakers from Integrated Joint Boards regard Alcohol and Drug focus and funding
- Partnership for Action on Drugs (PADS)
- Road to Recovery Refresh
- National priority outcomes and their link to drugs and alcohol
- Invitation to the Minister for public Health
- Retention issues in services.
- HIV and drug injecting
- Drug law reform

## **6 Date of next meeting**

13<sup>th</sup> June at 6pm