Dear Minister

Preventative Agenda: Substance misuse

The Health and Sport Committee is undertaking a series of short focused pieces of work as part of its preventative agenda inquiry looking at particular areas of public health activity to ascertain how far that activity is addressing the preventative agenda. The Committee will produce a report in the autumn detailing its overall findings and recommendations on preventative spend. In the interim the Committee has written to the Cabinet Secretary for Health and Sport with our specific findings on the first two topics we have considered: Type 2 Diabetes and Sexual Health, Blood Borne Viruses and HIV.

The third topic we have considered is substance misuse. The Committee’s evidence gathering has focused specifically on drug misuse and we are writing to you as Minister with responsibility for drug policy. We believe our work on this issue is timely given your announcement in November 2017 of a refresh of Scotland’s alcohol and drug strategy. We hope the findings and suggestions detailed in this letter will feed into the development of the strategy.

Prevention

The Committee is concerned by the number of drug-related deaths in Scotland and the rate of deaths in comparison to other countries. The number of drug-related deaths in
Scotland has steadily increased over the past 20 years, rising from 244 in 1996 to 867 in 2016. Most of the data on drug related deaths is not directly comparable across the UK nations. However, the European Monitoring Centre for Drugs and Drug Addiction collates death rates per million of population for EU countries, which is presented in the National Records for Scotland annual report. This data shows that Scotland has a rate of 160 drug misuse deaths per million, and the UK has a rate of 60 per million. According to this data, Scotland has the highest rate of any country in the EU.

The Committee is also concerned by the financial cost associated with drug misuse. The cost to society of drug misuse is estimated at £3.5 billion a year.

Given these figures the Committee is keen to receive an assurance in your response to this letter that what the Scottish Government has billed as a ‘refresh’ of the current drug strategy ‘Road to Recovery’ will be far-reaching and extensive. We are keen to ensure a refreshed strategy will deliver the changes required to see a stabilisation and ultimately a reduction in the human and financial costs of drug misuse.

We recognise that to tackle the underlying causes of drug misuse there is a need to set the drug prevention strategy in a wider context that also needs to address issues of homelessness, poverty and deprivation. We heard evidence of how these issues both drive the development of problem use and prevent people from moving on from misuse.

A call was made by several witnesses for greater recognition to be given to the underlying causes of drug misuse when developing preventative approaches. We received evidence that the effectiveness of preventative approaches can be enhanced by adopting interventions which are interactive, peer-led, tailored to the local context and also seek to address behaviours including bullying and victimisation which can be associated with substance misuse. We heard of the merits of investment in prevention and harm reduction specifically for people who are more affected by harmful drug use, including vulnerable young people, looked after children, older people and the homeless population.

We also heard specifically that individuals from deprived communities are more likely to have experienced adverse childhood experiences (ACES) and that there are strong links between ACES, trauma and drug misuse. We therefore wish to reiterate the request made in our recent letter to the Cabinet Secretary for Communities, Social Security and Equalities for more systematic gathering of data on ACES among the general population of Scotland. We believe this will assist in informing the approaches and steps required to support those with these experiences.

During our evidence taking there was also discussion regarding the disparity between the recognised importance of preventative spending and the actual money being invested in this area. For example whilst Glasgow City ADP emphasised the merits of a preventative approach it highlighted that just under 4% of its expenditure was on preventative work.
The Committee would welcome your thoughts on widening and strengthening the focus on prevention in a revised strategy (ie, not just abstinence). In addition we would welcome your views on whether you consider funding in this area should be prioritised and if so how this can be achieved given the competing demands for spend on recovery and support services.

**Changed landscape**

The Committee recognises the public sector landscape in which ‘Road to Recovery’ operates has changed dramatically since the strategy was published ten years ago. Changes have included the establishment of Alcohol and Drug Partnerships (ADPs) – a positive outcome of the ‘Road to Recovery’, the creation of Integration Authorities and Police Scotland and the transferring of prison health care from the Scottish Prison Service to NHS Scotland. The Committee would expect to see the new strategy reflect these changes. The Committee also expects the strategy to detail the role it envisages for each of these organisations and their relationship to each other in delivering the aims of the strategy. The Committee would wish to see a refreshed strategy ensure ADPs are recognised and empowered to provide the strategic direction and driving force to create new pathways for ensuring appropriate treatment and support services for drug users in making a full recovery, and beyond becoming drug-free.

The Committee also recognises a refreshed strategy needs to be updated to reflect the changes in drug culture that have occurred over the last ten years. This includes the need for explicit reference to be made to new psychoactive substances. A revised strategy should also encompass the changes brought by the internet to the routes to accessing illegal substances and the type of substance used. We also heard from witnesses there was an increasingly ageing population of problem drug users. The proportion of all male problem drug users that are aged 35 to 64 has increased from 43% in 2009/10 to 51% in 2012/13. All these issues need to be taken into account in a refreshed strategy to ensure that drug support and recovery services are tailored appropriately to meet the needs of the individual.

**Investment**

We note that funding for Alcohol and Drug Partnerships was reduced by 22 per cent in cash terms, from £69.2m in 2015/16 to £53.8m in 2016/17 and 2017/18. Whilst NHS boards were expected to maintain existing services, resources and outcomes at 2015/16 levels we heard that several health boards had indicated they did not make up the shortfall. We therefore welcome the overall increase in investment of £20m in alcohol and drug services in the 2018/19 budget.

When the Cabinet Secretary for Health and Sport gave evidence to the Committee on the Scottish Government’s Draft Budget we discussed the lack of transparency on ADP funding and the difficulty this caused in scrutinising budgets in this priority area. We are keen to ensure services in this area remain fully funded. We welcome the Cabinet Secretary’s commitment, in her letter of 8 February, to provide by the end of the financial year, further detail on spend in this area by Integration Authorities. We also
look forward to receipt from the Scottish Government of the breakdown of the allocation of the additional £20 million resource to NHS Board level.

Recovery and Support

The evidence we received emphasised the importance of drug support services being holistic, person-centred and recovery-focused. Within this context we explored with witnesses the concern that heroin users were being ‘parked on methadone’ for decades with individuals lacking motivation to reduce their reliance on it. We recognise for those individuals on methadone there is a need to ensure that a patient-centred care plan is adopted which includes a recovery focus. Support should enable an individual to understand how they will come off methadone. Peer support can play a role in this being achieved and we heard about the Opiate Replacement Therapy Recovery Network providing a peer support approach for those on methadone to encourage them to reduce their reliance on it. There was also a call for greater recognition to be given to the role pharmacists can play as they have close contact with this group of patients. Suggestion was made that they could be more formally involved in relaxing supervision or identifying patients who were chaotic users.

We would expect the refreshed strategy to detail initiatives and support specifically for those individuals who feel they have been ‘parked on methadone’. We would also expect it to consider an enhanced role for pharmacists and ensure GP and ADP services ensure the early referral of people to support services. We note the Scottish Government’s commissioned report by the Scottish Drugs Strategy Delivery Commission in 2013 stated that whilst methadone should continue to be used to treat heroin users in Scotland it should be used alongside other options to treat drug addicts including community and residential rehabilitation. The review’s recommendations also included discussion of how substance misuse treatment can best be provided through GPs and community pharmacists, with action to reduce variations in practice. A lot of the recommendations in this report remain current. We ask the Scottish Government whether a refresh of the strategy will include a further review of the current methadone programme and/or detail further steps that can be taken to implement the previous reviews recommendations.

We are aware that Neuro Electric Therapy (NET) has been used in Scotland to treat drug misuse, but, according to a NHS literature review there was insufficient robust evidence on the benefits. There was a recommendation that more controlled trials were carried out. However, it appears that NET has fallen out of favour internationally, although some members heard anecdotal evidence of its efficacy. Is the Scottish Government able to provide further information on its position on the use of this therapy to treat drug misuse and when new trials may be undertaken?

We also note the Care Inspectorate stated in evidence that ADPs had further work to do to strengthen and embed a greater understanding and application of a recovery philosophy into their working practices and culture.
We received calls for there to be a nuanced approach taken to what recovery for an individual should look like. For some it will be a complete end to their substance use whilst for others it will be about, at least initially, harm reduction and being able to retain employment, for example, not total abstinence.

We ask the Scottish Government what steps it plans to take to ensure a recovery philosophy is further embedded by ADPs and that individuals that require support are made fully aware of what they should expect from services in terms of the quality of care, treatment and recovery support provided. We also ask whether the Scottish Government shares the views expressed to the Committee that a refreshed strategy should not focus solely on abstinent recovery but encompass a wider view of recovering and tackling drug problems. We note the criticism made that this more nuanced approach does not seem to have been adopted in the recent English drug strategy.

Female drug users

Women make up 30% of problem drug users. We heard how the circumstances, experiences and patterns of behaviour and risk are different for women problem drug users. We also heard about the impact female drug use can have on their family. We learnt of the merit of services, such as the 218 Service that are targeted specifically at women to provide them with the space and approach to support their needs. The Committee asks what steps the Scottish Government will take in its refreshed strategy to ensure services are well-designed, personal and sensitive to the needs of different individuals and vulnerable groups.

Evaluation of success

We received details of evaluations being conducted on specific aspects of the drug strategy but note the action plan in the current drug strategy does not include a national evaluation framework. We heard the current emphasis is placed on measuring waiting times, presentation to services and outputs but not the outcomes for the individuals involved. We expect steps to be taken in a refreshed strategy to provide a more co-ordinated national approach to assessing the outcomes for investment in drug misuse services. We ask for further information on how the integrated drug and alcohol database will support evaluating outcomes. An evaluation programme should recognise that success for an individual may not initially mean drug free but an improvement in their quality of life. We therefore would expect evaluation to include assessment by the service user of their own experience of support and recovery services.

Stigma of drug misuse

We heard how stigma can be a key barrier to individuals accessing treatment and support and ultimately this can have a detrimental impact on the outcome for the individual. There can be multiple layers of exclusion that can affect one individual. An example given to the Committee of a drug injector in Glasgow, who also has HIV, is homeless and has mental health problems being subject to multiple stigmas. There was criticism made of the terminology often used, especially by the media to describe drug
users as “addict”, “abuser” or “misuser”. There is a need to challenge these stigmas by emphasising how an individual’s drug use is a symptom of underlying problems. There is also a need to ensure individuals are not being punished for the problems they have but being helped appropriately.

The Committee was concerned to hear that stigma was felt most acutely by individuals when they engaged with public services. The Committee received evidence that people felt judged and stigmatised in their interactions with professionals. The Committee would welcome the views of the Scottish Government on this evidence and how a refreshed strategy will look to propose steps and measures that can be taken to tackle these issues of stigma, including those experienced specifically within public services.

**Drug misuse and treatment in Scottish Prisons**

We were concerned to learn drug misuse in Scottish prisons has risen. Data from SCOTPHO details that of the 1026 tests carried out on people entering prison in 2016/17, 76% were positive for illegal drugs (or illicit use of prescribed drugs). Of the 633 tests carried out on liberation, 30% were positive for illegal drugs. This percentage has risen by 17% since 2009/10.

We explored with witnesses issues around the rise in drug use in prisons and whether there was a relationship between drug-related deaths and individuals having been in prison. In response we were told approximately 90% of all patients seen by community addiction teams had been through the prison system within a five-year period.

Is the Scottish Government able to provide further data on whether there is a correlation between drug-related deaths and drug users who have been in the prison system? If such a correlation exists does the Scottish Government recognise the importance of targeting support and investment in tackling the problems of this cohort of drug users?

Several of the concerns raised regarding tackling drug use in prisons highlighted the same issues that we first raised with the Scottish Government in our May 2017 Healthcare in Prisons report. This included concerns regarding the governance arrangements for prisons. Suggestion was made that now NHS boards had responsibility for prison healthcare, the joined-up prison network had been lost and this had affected prisoners moving between prisons. We also heard criticism that the role of integration authorities in prisons was unclear with no mention of prisons in the Public Bodies (Joint Working) Act 2014.

The lack of IT compatibility was also raised as an issue. Witnesses detailed that problems can arise when GPs outside the prison cannot access prisoners’ GP records from when an individual was in prison. We also heard prison healthcare staff cannot electronically prescribe and prescribing records cannot be shared between prisons.

Witnesses also told us about the abuse of prescription medications (especially gabapentinoids) obtained through prison GPs, psychiatrists and other drug services. We learnt these medications are implicated in a high number of drug related deaths and there is no evidence they are being illicitly produced. We would expect a revised drug
strategy to give further consideration to this issue and steps that can be taken to reduce the abuse of prescription medication in prison, including whether further support for GPs working in prisons is required.

The importance of throughcare, aftercare and continuity of care on liberation from prison were also recurring themes in our evidence taking. Witnesses detailed how people were much more susceptible to overdose harm on liberation, especially after brief remand periods. Concern was also raised regarding individuals accessing continuing treatment after liberation as prisoners tended to be registered as homeless. We heard about the important role Throughcare Support Officers could play in supporting individuals during the vulnerable time after being released from prison and how they could also assist in ensuring connectivity between services for the individual.

We highlighted in our Healthcare in Prisons report that in 2016 the National Prisoner Healthcare Network (NPHN) had published a review and guidance on drug, alcohol and tobacco services in prisons. In our Report we called for an update from the Scottish Government on progress in meeting the outstanding NPHN recommendations. In your response to our report, in July 2017, you detailed the Health and Justice Collaboration Improvement Board was being established to review and ensure progress on the specific recommendations we had identified. It would be helpful if you could provide an update on the Board’s work since last summer. We would expect this update to detail specific work relating to tackling the issues we have raised regarding drug use in prisons. It would also be helpful to gain further insights into how this work will feed into the refreshed drug strategy.

We hope the information we have provided will assist in the development of a refresh of the Scottish Government’s drug strategy. You have previously indicated that a strategy refresh will be published in the spring. It would be helpful in response to this letter if you could provide further information on the planned timetable for publication.

To assist with our further work on our preventative agenda inquiry a response to this letter by Wednesday 28 March would be much appreciated.

Yours sincerely

Lewis Macdonald
MSP
Convener of the Health and Sport Committee