25 April 2018

Dear Mr Macdonald

Thank you for your letter dated 6 March 2018 detailing the Health and Sport Committee’s findings from its recent work on substance misuse, and the conclusions and suggestions made to support the development of the refreshed substance use strategy. I welcome the time that the Committee has given to fully exploring this complex and sensitive matter, and for taking on board a wide range of views from across the sector, as well as from those with lived and living experience.

The main conclusions in your letter very much accord with the thinking that we have been doing with others, and there is indeed a need for a refreshed narrative that addresses problem substance use through a wider lens, looking at the whole needs of a person, and not just the substance. An emerging theme in the refresh will be the premise that recovery should be the business of everyone, and not just the preserve of drug and alcohol services. Any strategy must have at its heart the ambition to reduce the harm caused by drugs and alcohol, not just to individuals and families.

My commitment to deliver a refresh of the Road to Recovery was made in recognition of the significant change that has taken place in the drug and alcohol landscape over the last ten years, a number of which are highlighted in your letter. The continued rise in drug and alcohol related deaths is something that we must keep in sharp focus. It is widely acknowledged that ‘The Road to Recovery’ changed the way in which services in Scotland dealt with addiction, focusing on the need to instil hope, promote recovery and provide person centred care for all. It also delivered a number of improvements and developments including the introduction of the world’s first take home naloxone programme, the significant reduction in waiting times and the focus on recovery oriented systems of care. It has also helped encourage recovery movement, to the extent that there are now over 100 well established recovery communities across Scotland.

Nevertheless, it is clear from the continuing rise in drug and alcohol related deaths that current services in Scotland are not fully meeting the wide range of complex health and social needs of those who are most at risk from the harms associated with substance use. I do not see harm reduction to be an enemy of recovery, or vice versa, but rather, harm
reduction is rightly part of a good quality treatment and care system that places individuals at the centre but is recovery orientated.

I have spoken about the strategy refresh a number of times over recent months, including my statement to the Parliament on 28 November 2017 (http://www.parliament.scot/parliamentarybusiness/report.aspx?r=11231&i=102315&c=2043674). In doing so I have outlined a number of issues that will form key components of the strategy. Both my officials and I have undertaken a wide range of engagement over the past 9 months with stakeholders, nationally commissioned organisations, alcohol and drug partnerships and lived and living experience groups. We have also had an on-going dialogue with the Partnership for Action on Drugs (PADS) Executive and its sub-groups. This engagement has allowed us to further develop the thinking. I am reassured that the contents of your letter represents some of the same conclusions, and I would want to reassure you that there is significant common ground between us.

I share your aspiration that the refresh should examine wider issues for young people and families, whilst we have already commissioned a bespoke piece of work examining the rise of female drug related deaths We also recognise the distinct and complex set of challenges that are presented by the rise in the number of older drug users, not just for specialist drug and alcohol services, but across wider health and social care services. Services for addictions, generally, should be as person centred as they are in any other health services, whilst the issues you raise on stigma are well made.

As you suggest, our knowledge and the available evidence is much more mature than it was in 2008, and we will want to reflect that in our analysis of the new and emerging challenges, and the extent to which a new set of actions are required to effectively respond to these challenges over the coming years.

Your letter also referenced your interest in healthcare in prisons, as did your committee’s recent report Technology and Innovation in Health and Social Care. We have recently established a Programme Board looking at Health and Social Care in Prisons, which will deliver a whole body of work in this area. I intend to write to you separately in the coming weeks on this very important issue.

Given the scale of this issue and the devastation that substance use continues to cause in families and communities across Scotland, I am sure you will agree that securing cross party support for the refreshed strategy will be vital. As such, I plan to arrange a meeting in the coming months with representatives from each of political parties in Scotland in order to achieve this.

I thank you once again for your helpful suggestions, and look forward to seeing the Committee’s full report when it becomes available later this year.

AILEEN CAMPBELL