



The Scottish Parliament
Pàrlamaid na h-Alba

People's Panel reviewing drug harm and drug deaths in Scotland.

Date

November 2024

Presented by

Participation and
Communities Team





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Welcome to the Scottish Parliament!

Friday 15 November: Tonight's agenda

18:00 – 18:30 Arrival registration and Buffet

18:30 – 19:00 Session 12: Theme Prevention

19.00 - 19.30 Open Space with speakers

19.30 - 19.40 Tea & coffee

19.40 - 20.10 Open Space with speakers What can be done differently?

20.10 - 20.30 Reviewing: What can be done differently?

20.30 – 20.45 Summing up and morning arrangements

20.45 Close and escort back to the hotel



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PANEL QUESTION

**What does
Scotland need to
do differently to
reduce drug
related harms?**



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SESSION 12

THEME 1

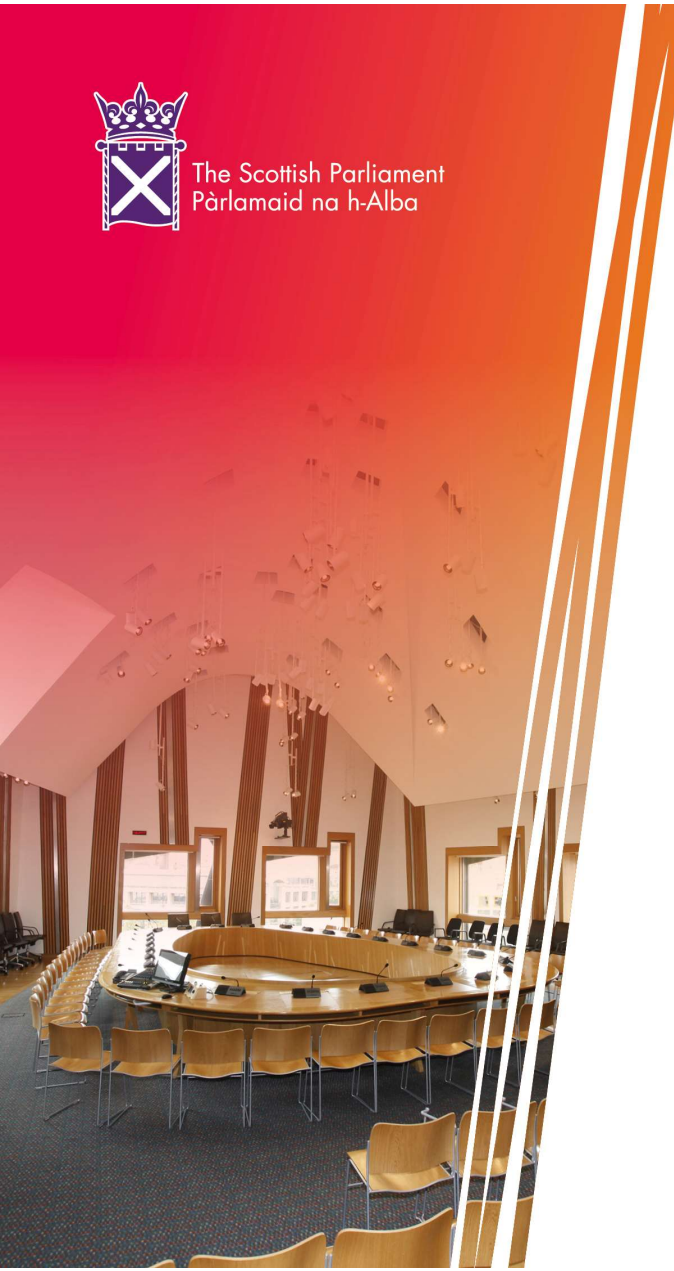
PREVENTION

Presented by
Participation and
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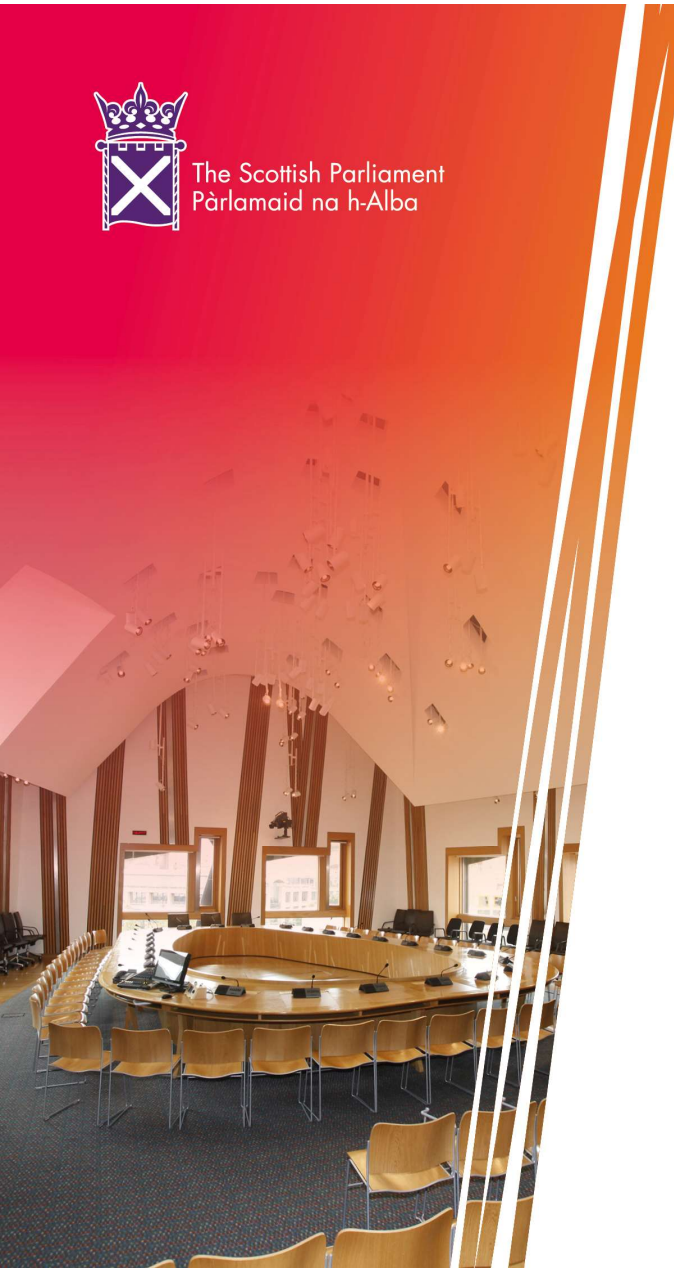


What do we mean by prevention?

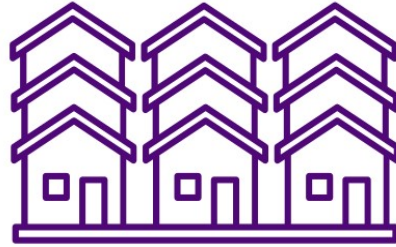
“interventions which stop drug problems before they start and minimising the risks for those already affected.”



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5 areas to explore



Housing



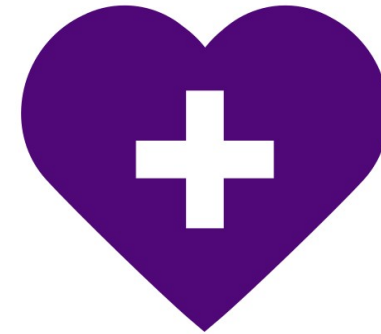
Employment



**Poverty
Reduction**



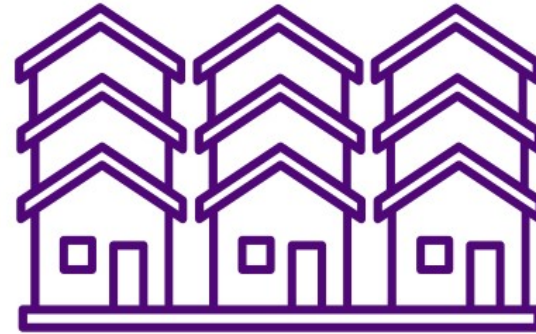
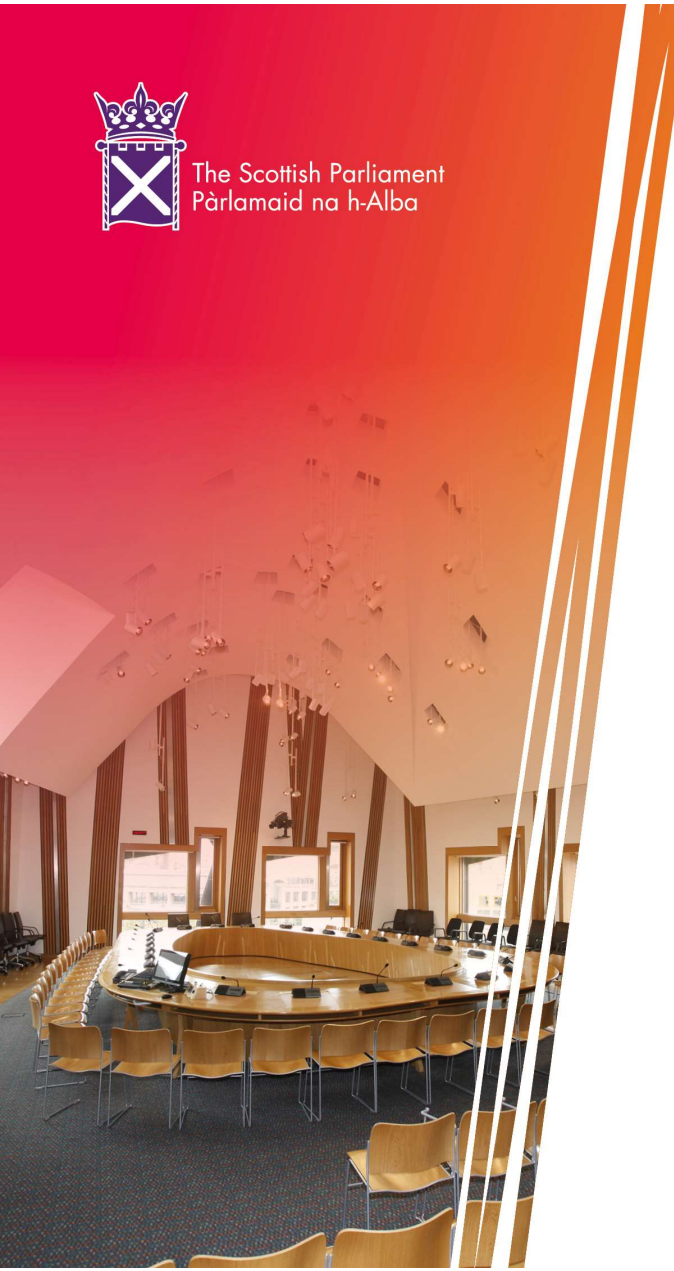
**Education &
information**



Health



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Housing

Claire Longmuir, Head of Policy and
Practice-Harm Reduction, Simon
Community



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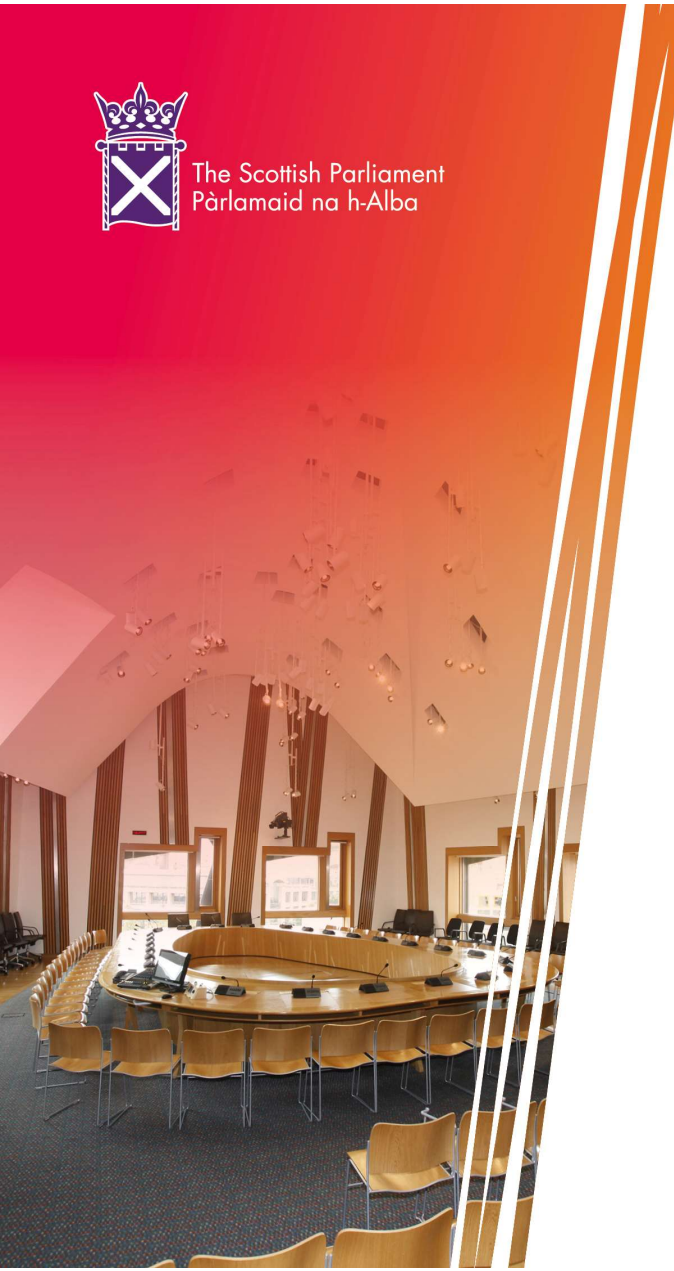


Employment

Lewis Boddy, Senior Development
Officer, Employability, Scottish Drug
Forum



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Education & Information

Emma Crawshaw, CEO, Crew

Education and Information as a Means to Prevent Drug Harms

1. Who are Crew and What do We Do?
2. Challenges and Opportunities
3. What Can be Done Differently?

Emma Crawshaw, CEO, Crew 2000 Scotland



www.crew.scot

THE NEW DRUGS SQUAD



Want to chat about drugs or sexual health?

Get in touch with Crew

Our text service is **FREE** and
CONFIDENTIAL

07860047501

Mon to Sat 1-5pm (Thurs 3-7pm)

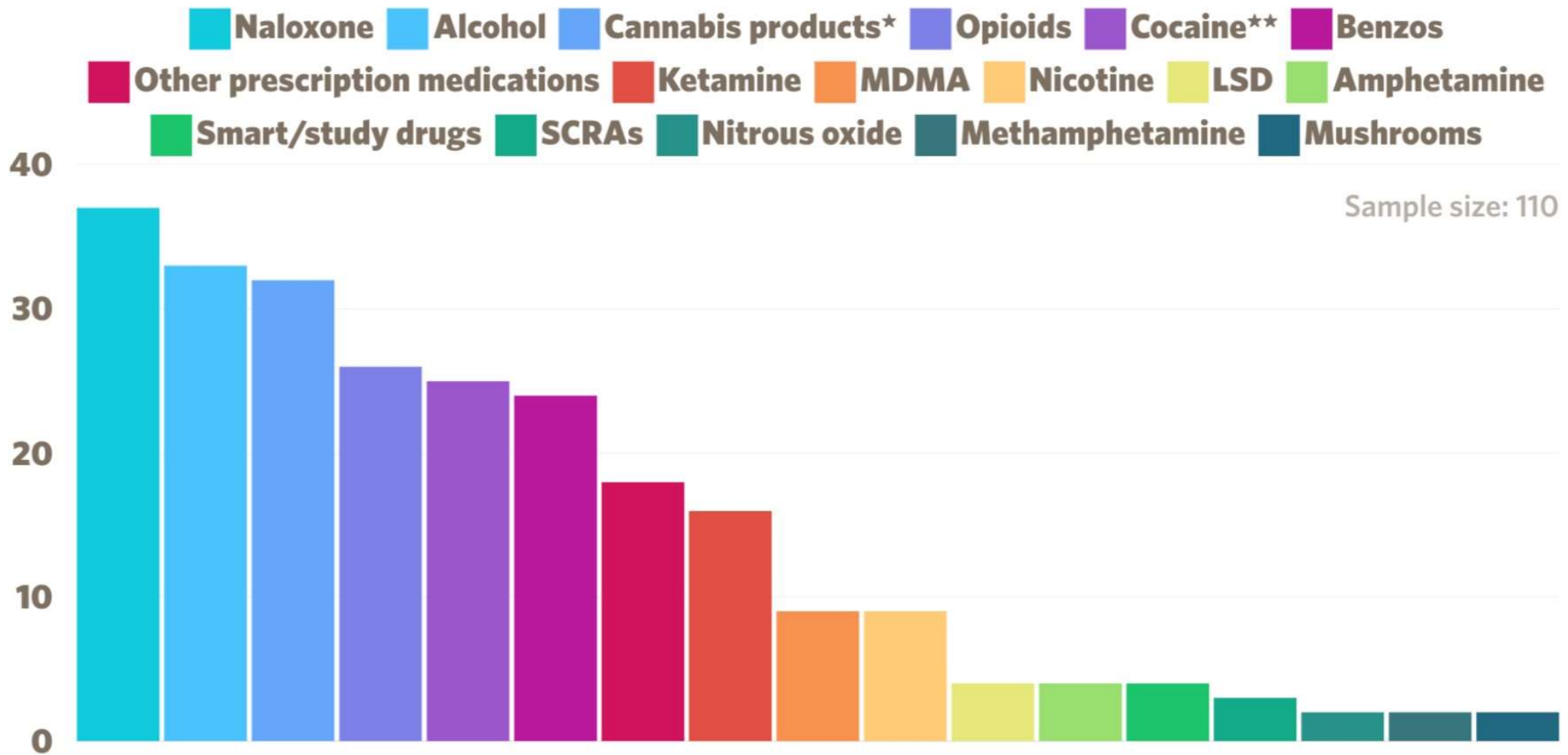
Confidential Text support service
for anyone aged 13-25.

Talk to us about drugs, sexual
health, mental health and anything
else on your mind.



Want to chat?
Text **07860047501**

Visit Drop-in



Drugs discussed in the Crew Drop-in during brief interventions 2023 - 2024

*Herbal, concentrates, vape, edibles, etc

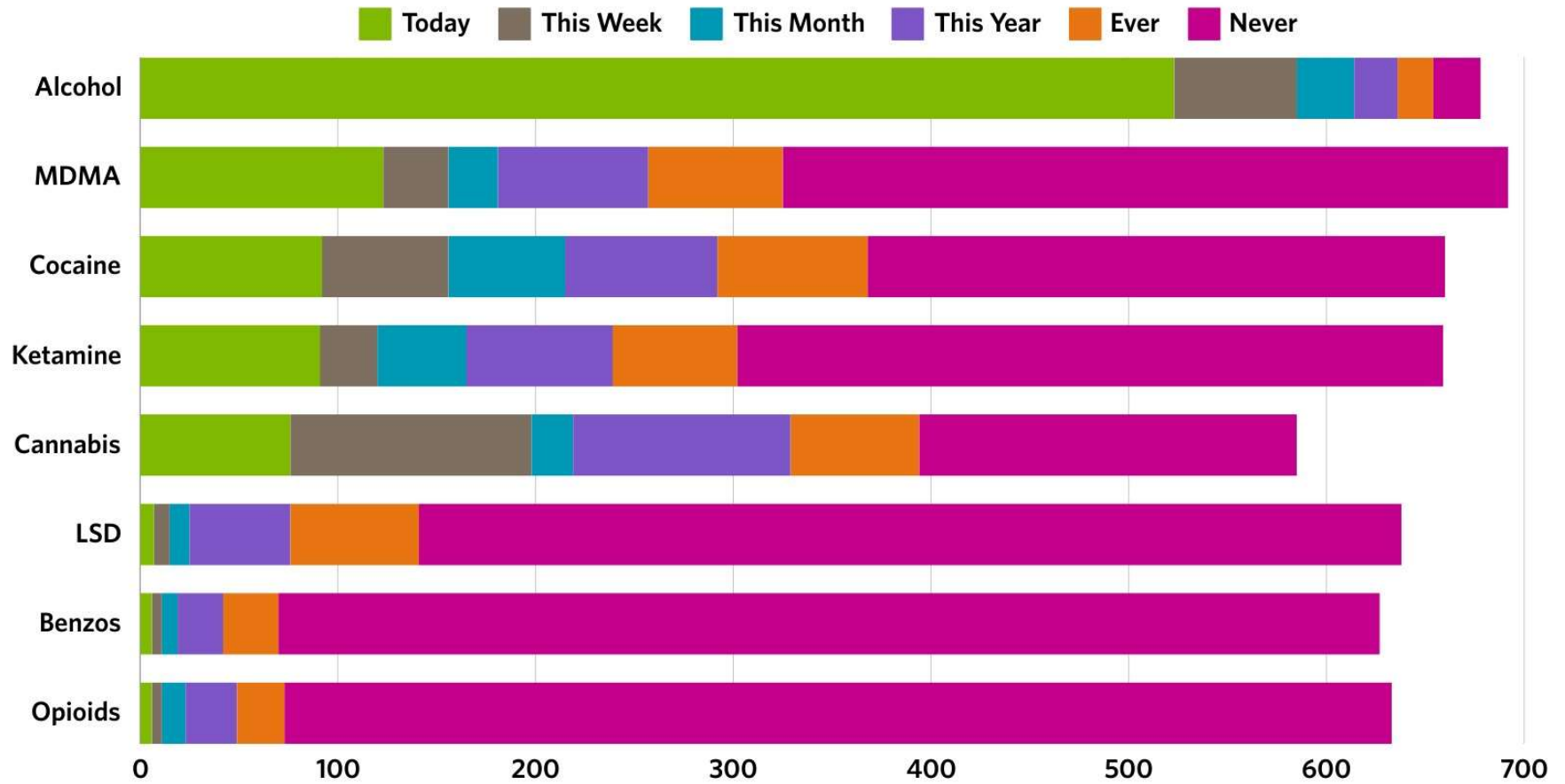
**Powder and crack

Nightlife Harm Reduction

- Info, opportunistic education (Brief Interventions) and advice – free, non-judgemental, peer produced harm reduction information and resources on drugs including alcohol and sexual health
- Chill out – seating area for people to relax, take a break and hydrate
- Welfare lie-down area – 24-hour non-medical crisis intervention and monitoring (referring on to paramedic/medical/emergency services where appropriate; working in partnership)



Drugs Reported as Taken at Scottish Festivals 2023 - 2024



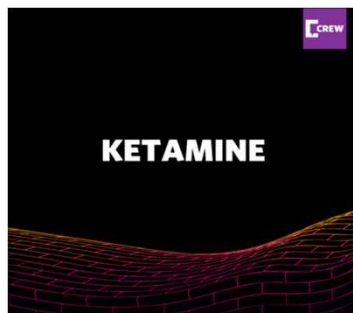
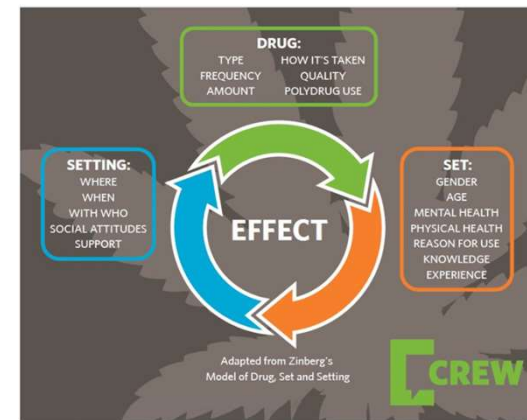
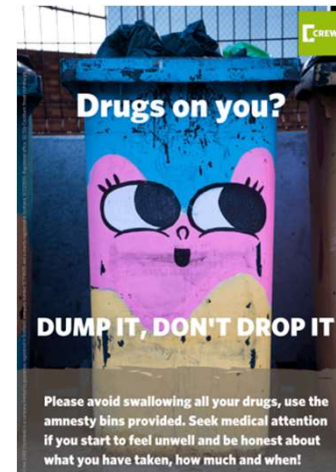
Psycho-stimulant Counselling

- Free counselling for people 18+ living in Edinburgh concerned about their stimulant and other drug use, eg: cannabis, cocaine, ecstasy, GHB/GBL, ketamine or amphetamines.
- Person centred, trauma-informed service
- Up to 30 sessions to support people to address underlying issues influencing their relationship with drugs



Emerging Trends and Training

- Training for GPs, psychiatrists, police, housing workers, peer educators, teachers,
- Training for trainers
- Contribute to drug monitoring groups
- Harm reduction information production
- Contributing to drug policy development
- Scottish Drug Checking Project Hub



People in the most deprived areas of Scotland are more than **15** times more likely to die from drug poisoning compared to people in the least deprived areas. Association of deprivation and inequality with drug-related deaths much greater than with other causes of death.

The majority (**88%**) of these deaths were classified as accidental poisonings, with **7%** classed as intentional self-poisonings.

[drug-related-deaths-23-report.pdf \(nrscotland.gov.uk\)](https://www.nrscotland.gov.uk/publications/drug-related-deaths-23-report.pdf)

“The circumstances in which we are born, raised and live determine our ability to make positive choices and the outcomes we experience”

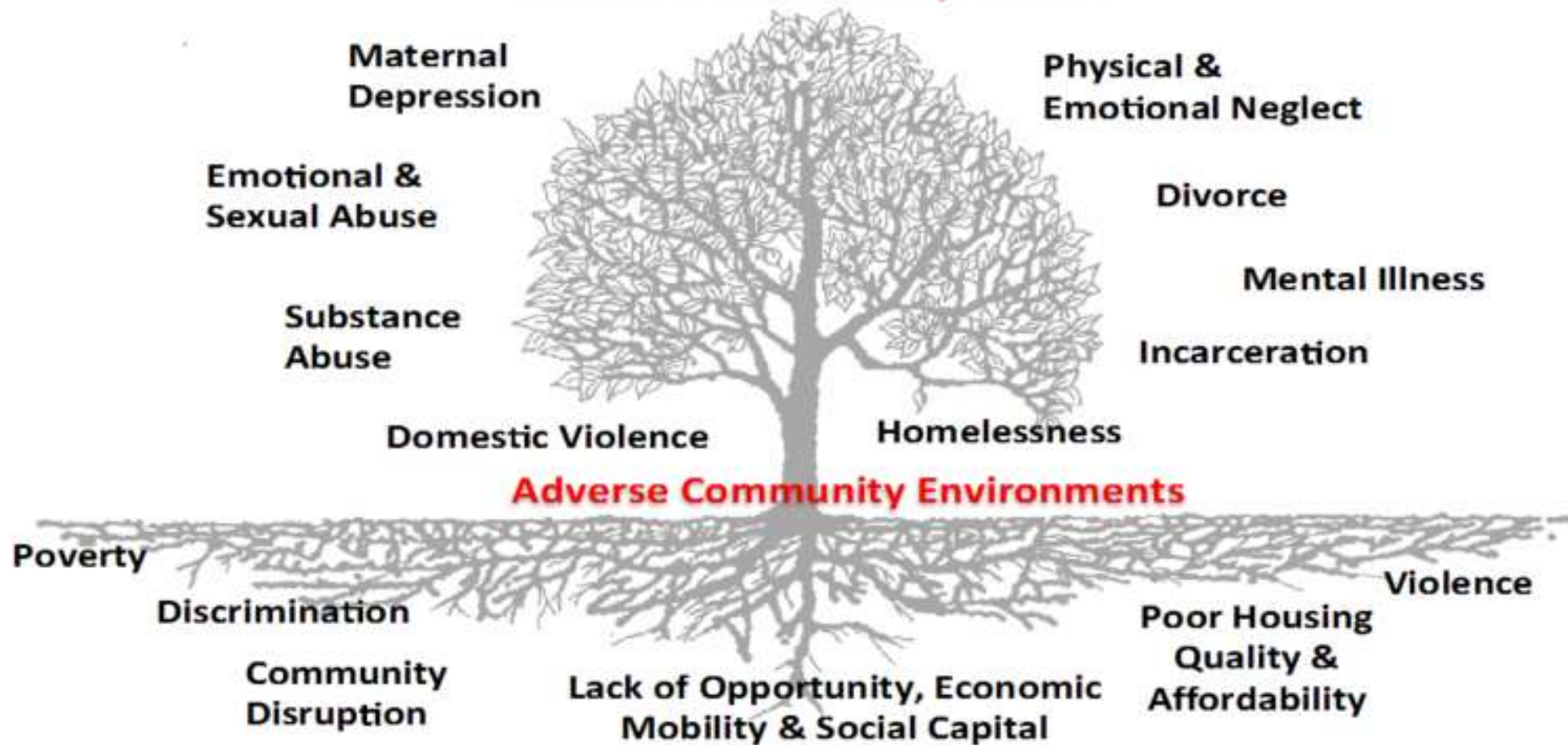
Sir Harry Burns, Law Enforcement and Public Health Conference 2019

“Compulsive drug use is far more often a response to a life where meaning and comfort appear out of reach than it is a selfish quest for excess pleasure.”

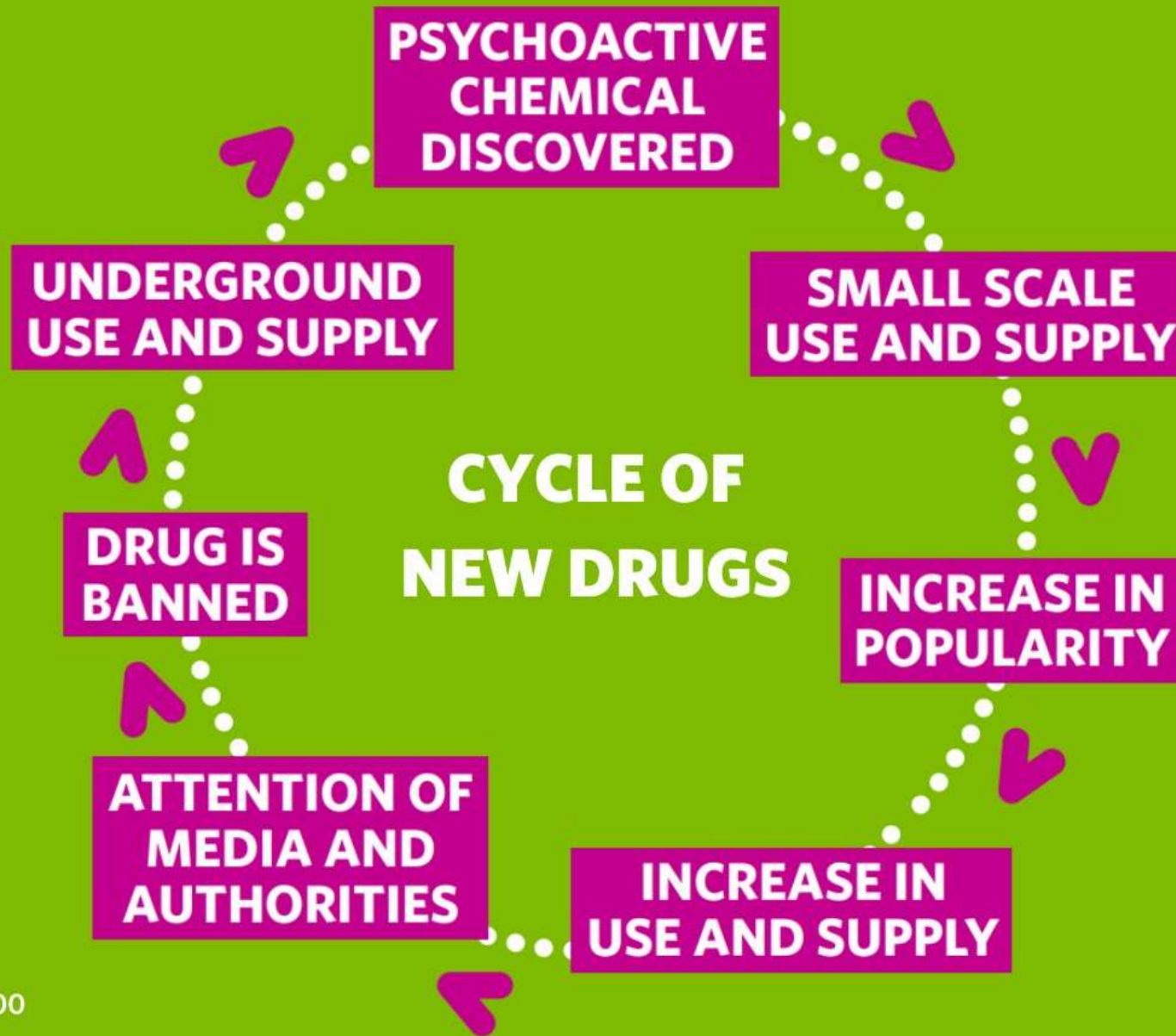
Maia Svalavitz, New York Times 2023

The Pair of ACEs

Adverse Childhood Experiences



Ellis, W., Dietz, W. (2017) A New Framework for Addressing Adverse Childhood and Community Experiences: The Building Community Resilience (BCR) Model. *Academic Pediatrics*. 17 (2017) pp. S86-S93. DOI information: 10.1016/j.acap.2016.12.011



What Doesn't Work in Education about Drug Harms and Drug Taking?

- Fear-based approaches
- Approaches not taking age, exposure to drugs, local context and risk factors into account
- One-off approaches
- Information-only or 'awareness'-only approaches
- Lectures/passive approaches

What Works in Education about Drug Harms and Drug Taking?

- Driven from and adaptable to the local context and local risk factors
- From primary school
- Social competence: negotiation skills
- Social influence/social norms: critical thinking
- Multi-component approaches: beyond the classroom; involving parents/carers, communities, environments

What Can be Done Differently?

- 1. Holistic, human rights, public health *and* social/economic justice approach to prevention: more and better social housing, employment, income *as well as* education**
- 2. Allocate more money and long-term attention to early intervention and prevention compared to front-line adult services: 94% adult-only spend in EADP, imminent loss of CAPSU (sic) services**
- 3. Support for services to meet the needs resulting from a rapidly changing drugs market**
- 4. National public education and discussion initiative on drug policy (National Collaborative) and prevention (Public Health Scotland)**
- 5. Radical overhaul of the MODA 1971, recognising the harms caused by criminalisation of drugs *and* people**

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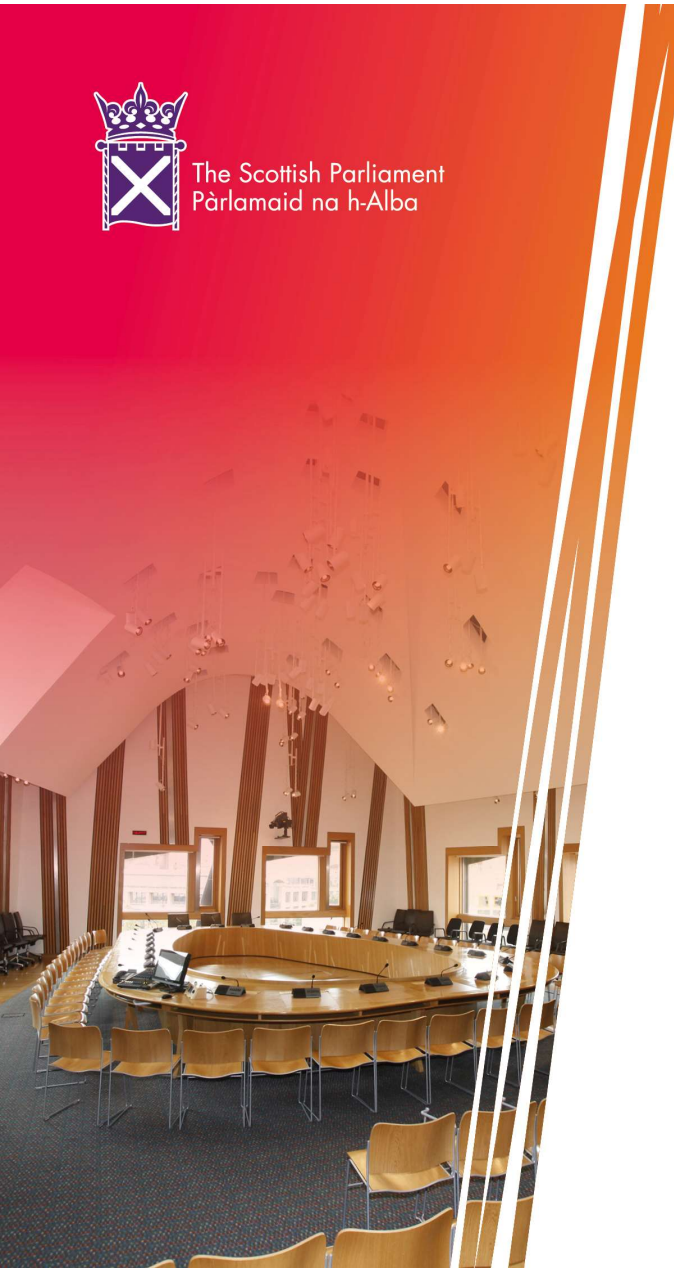
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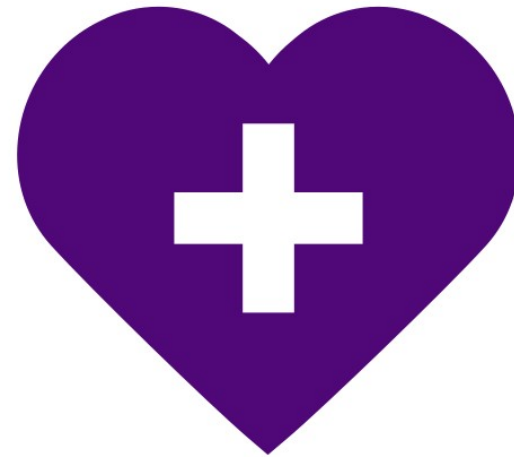
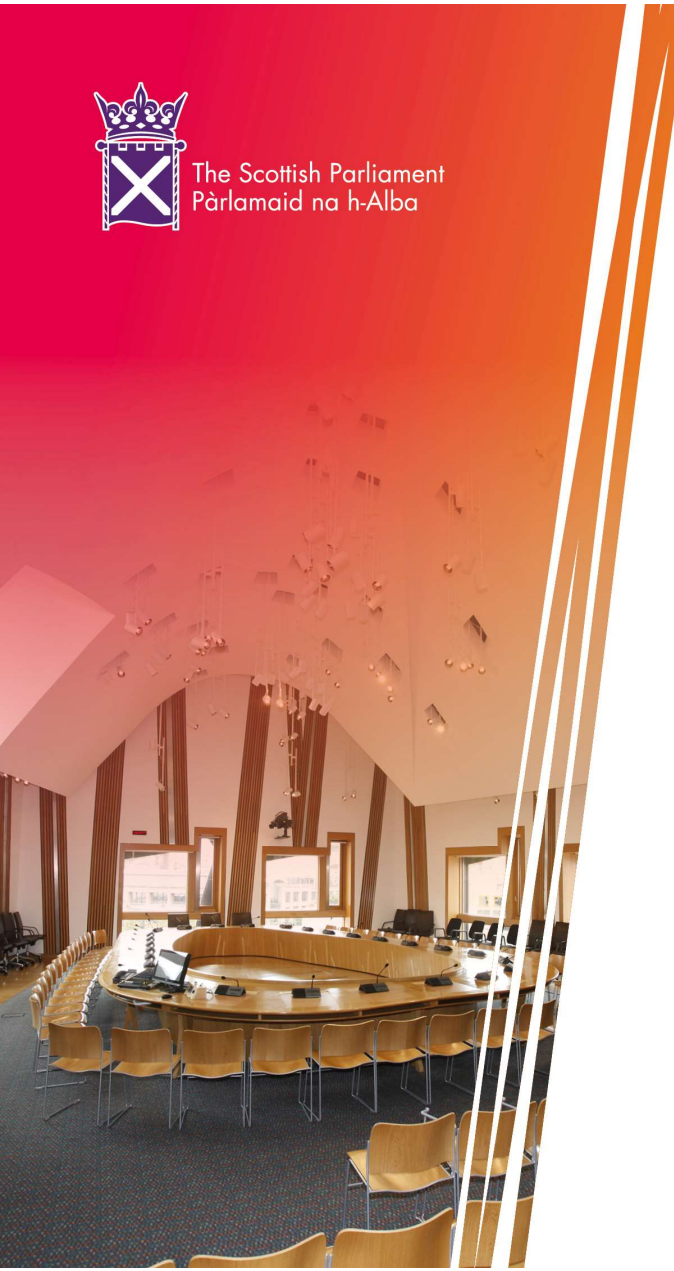


Poverty Reduction

Fiona McHardy, Research Fellow,
Scottish Health Equity Research
Unit, University of Strathclyde



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Health

Eileen Scott, Head of Public
Health Science and Analytics,
Public Health Scotland

Public health as a means to prevent drug harm

People's Panel meeting (15-16/112024)



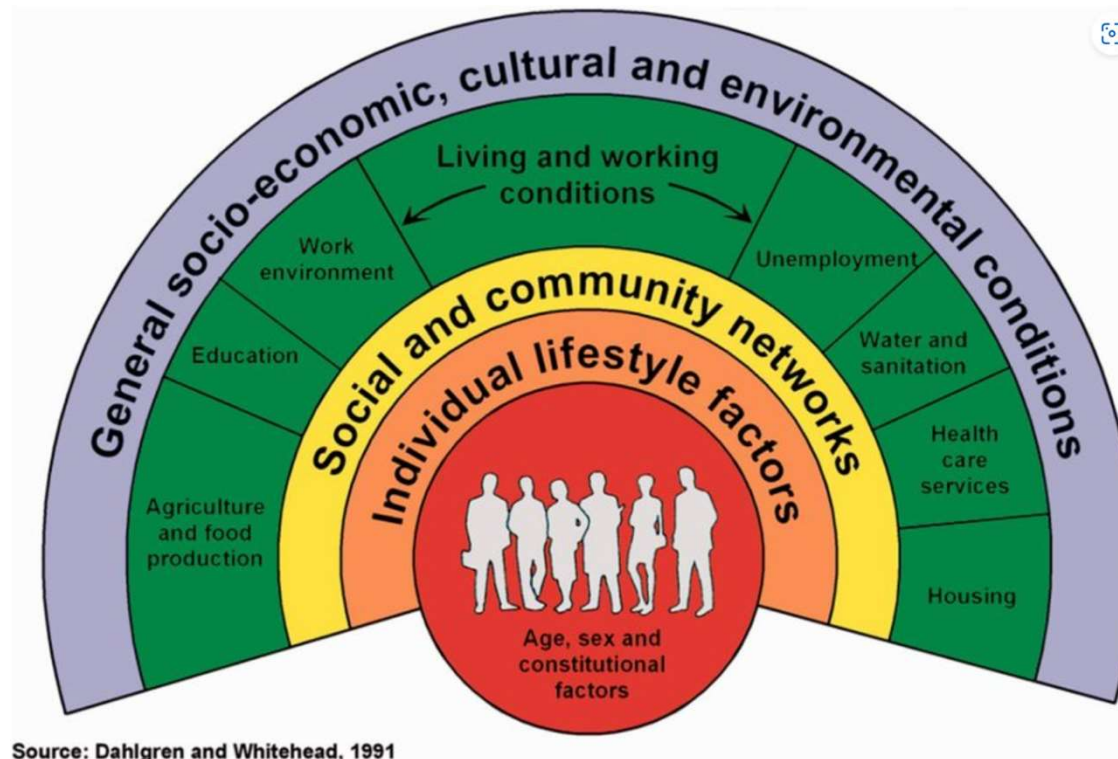
Overview – four key messages

1. Focus on children and young people
2. Focus on improving life changes and education – not just drugs education
3. Young people and justice: maximum diversion
4. Need to listen to the evidence – and to young people

Need to focus on children and young people

- For prevention of problematic drug use:
- 17 years is the median age of first drug use (2022-2023)
- For prevention of harms:
- 602 children in Scotland lost a parent or parental figure as a result of a drug-related death (in 2020)
- Most common form of child criminal exploitation is drug related (UK)

Improving life chances by creating the conditions for people to thrive



Young people & justice

- ‘Maximum diversion, minimum criminal intervention’
Kilbrandon principle for young people (1964)
- Diversion from criminal justice in the absence of well-resourced and collaborative support services will not address harmful drug use.



Children (Care and Justice)
(Scotland) Act 2024



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Decision Making Process

Friday/ Saturday

Final evidence sessions

Place ideas under themes

Draft recommendations using template

Sunday morning

Vote using 3-point scale and super majority

Sift ideas that do not meet super majority

Refining, amending, merging, improving

Sunday afternoon

Final tweaks

Confirm recommendations using super majority

Recommendations in final report to Committee

Recommendations used to hold government to account



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Good morning! Saturday 16 November: Today's agenda

- 09:20 – 09:30** Introduction and reminder to move into 2 groups for Themes 2/3
 - 09.30 - 11.15** Session 13: Themes 2/3 – Justice and Law Reform and Access to Treatment and Care
 - 11:15 – 11:30** Break
 - 11.30 - 12:45** Session 14: Theme 4 – Participation, Rights and Lived Experience
 - 12:45 – 13:30** Lunch
 - 13:30 – 14:00** Session 14 contin.: What can be done differently?
 - 14:10 – 15:10** Session 15: Drafting Recommendations
 - 15:10 – 15:20** Break
 - 15:20 – 16:20** Session 15 continued: Drafting Recommendations
 - 16:20 – 16:30** Reminder of process and final day
-



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SESSION 13

**Theme: Access to
Treatment and Care
(Committee Room)**

**Theme: Justice and Law
Reform
(Holyrood Room)**



Residential Rehab in Scotland Access & Capacity

Dr David McCartney

Chair, Scottish Government RR Development Working
Group

Policy

- Improving access to residential rehab - key part of the National Mission to save and improve lives.
- Vision: residential rehabilitation available to everybody who wants it- and for whom it is deemed to be clinically appropriate- at the time that they ask for it in every part of the country.
- Of the total £250 million investment (National Mission) over 5 years £100 million is to be spent on residential rehabilitation

SG Priorities

(Relating to access/capacity)

- Improving capacity
- Improving access pathways – particularly for vulnerable groups
- Developing a standardised commissioning approach



What happened

- RR Working Group
- Evidence
- Surveys
 - Providers
 - ADPs
 - Stakeholders
- Review of findings
- Recommendations



Findings

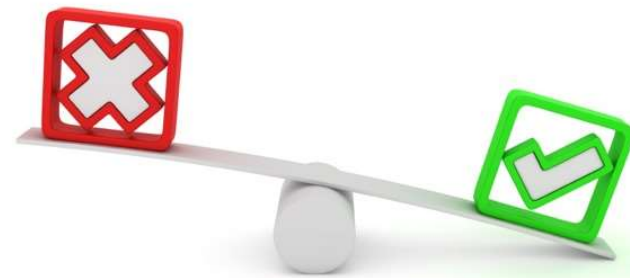
(In relation to access)

- Inequitable access
- Poor pathways
- Complex funding
- Low compared to European norms
- Waiting times long



Recommendations

- Equity of access
- Understanding and simplification of pathways
- Develop good practice guidance
- Create a directory of services



Work done

- On track to 140 bed expansion
- On track to 1000 placements per year (938 last year)
- Scotland Excel launched a national commissioning framework (Apr 2024)
- Pathways publications launched 2021



Work done

- HIS established regional improvement hubs (design, improve pathways). Monitor and report progress.
- Engage with lived experience (families, individuals) on experiences
- Implement the Good Practice Guide guidance
- Monitor placements and outcomes via PHS.



Challenges

- Recovery Oriented System of Care
(Where is it?)
- Patchy access continues (geographically, teams) albeit better than before
- Clinical Governance, inspection frameworks and detox
- Lack of academic interest
- Ongoing hostility from some quarters

Access to treatment and support

Key issues and challenges

withyou





Agenda

Brief overview of WithYou

Key issues & challenges in accessing support

- Accessibility of support
- Changing need
- Delivering support in Rural areas

Accessibility



Changing need

Drug trends changing– new drugs, contaminated drugs, increasing cocaine use, historical benzodiazepine use, increasing alcohol harm and polydrug use

System focussed on heroin– our system provides medical and clinical interventions

Increased complex needs– mental health conditions, trauma, cost of living, deprivation

withyou



Rural and remote areas

Stigma	Accessing support in a community that you know
Transport	Transport- access to public transport, greater distances, more time time travelling, isolation
Demand	Hidden alcohol and drug harms, smaller services but high demand, concentrated issues
Finance	Rural poverty, delivering services in rural and remote locations, higher costs, community spaces limited
City to Country	National policy needs to be adapted to deliver in rural areas

Summary

**Accessibil
ity**

Support must be
accessible and easy

**Changing
need**

Services and support
must adapt to
changing need

Rural

Support in rural areas
is different to
towns/cities



You have been fantastic with me, supporting me at the lowest point in my life when no one else seemed interested.



— With you client

withyou

action on
drugs+alcohol
DUMFRIES AND GALLOWAY

**Dumfries and Galloway
Alcohol and Drug Partnership
Access to Treatment**

16th November 2024

Penny Halliday
ADP Independent Chair

Introductions

Penny Halliday

ADP Independent Chair, Dumfries and Galloway

Further Education Lecturer

Developed a Family Support Group

**Helped to develop the Scottish Network for Families Affected by Drugs and Alcohol |
Vice Chair and Chair**

Non executive director for Dumfries and Galloway for 12 years

Vice Chair of the Health Board for 6 years

Chair of the IJB for 5 years

ADP Independent Chair for Dumfries and Galloway

Accessing Treatment in D&G

This presentation will cover:

- Referrals in to drug and alcohol services
- Waiting times data for drug and alcohol treatment
- Residential rehabilitation
- MAT Standards (1, 2 and 3)
- Third Sector service evaluation (accessing treatment info)
- ADP Development Day 2023 (accessing treatment info)

Referrals to Services

Number of referrals to alcohol and drug services



Waiting Times

*Percentage of people who wait no longer than 3 weeks from referral to when they receive appropriate **drug** treatment that supports their recovery (Target: 90%)*

2022-23

- Scotland: 93%
- **D&G: 99%**

2023-24

- Scotland: 94%
- **D&G: 100%**

Waiting Times

*Percentage of people who wait no longer than 3 weeks from referral to when they receive appropriate **alcohol** treatment that supports their recovery (Target: 90%)*

2022-23

- Scotland: 90%
- **D&G: 97%**

2023-24

- Scotland: 92%
- **D&G: 97%**

Residential Rehabilitation

In 2023/24, D&G funded **6** residential rehabilitation placements. There were fewer placements funded in 2023/24 because the funding for residential rehabilitation had been spent by October 2023. In previous years, the ADP has supplemented the funding but this was not possible in 2023/24 due to financial constraints across the partnership. Scotland Excel's National Commissioning Framework is now being used in D&G.

As of November 2024, 7 individuals have been accepted for rehabilitation funding in D&G.

“I now have contact with my daughter after rehab, the contact is better than I could have imagined.”

-Anonymised individual who accessed rehab from D&G pathway

MAT Standards

MAT 1 – All people accessing services have the option to start MAT from the same day of presentation

- The experiential feedback from people who use services highlighted no concerns around length of time to start Opiate Substitution Treatment.
- People who use services reported receiving an appointment quickly and a prescription for Opiate Substitution Treatment at their first appointment with no delay in waiting to receive a prescription.
- More work needs to be done to ensure people are offered a first MAT assessment within 1 day of referral. The numerical target states that 75% of people should have been offered a first MAT assessment within 1 day of referral (4 days for rural areas). In D&G **33%** of people were offered an appointment for OST within 1 day of referral. Data submitted to MIST showed on average individuals were offered a MAT assessment within **4.5 days**.

MAT Standards

MAT 2 – All people are supported to make an informed choice on what medication to use for MAT, and the appropriate dose

- Dumfries and Galloway has one of the highest proportion of people prescribed Buprenorphine in Scotland with **38% of people** on MAT prescribed Buprenorphine. Across Scotland, 18% of people on MAT are prescribed Buprenorphine.
- People who use services said they felt informed of the range of treatment options and supported by staff to choose the best treatment which supports their recovery.
- The type of drugs prescribed changed between March 2022 and March 2024 in D&G:
 - **methadone (60% to 43%)**
 - **long acting injectable buprenorphine (13% to 38%)**
 - **oral buprenorphine (27% to 20%)**

MAT Standards

MAT 3 - All people at high risk of drug related harm are proactively identified and offered support to commence or continue MAT dose

- The target states 75% of high risk people should have a first contact attempt within 3 days of referral. Dumfries and Galloway exceeded this target with **95% of people** were contacted within 1 day of referral. Nationally, 97% of ADPs (28 ADPs out of 29) met the target of 3 days and 34% of ADPs (10 ADPs) including Dumfries and Galloway contacted at least 75% of people within 1 day of referral.
- Feedback from people who use services praised the rapid and extensive support provided by the Assertive Outreach team. People felt supported by the service.

MAT Standards

Experiential Feedback:

“I found out about the service from my GP who referred me. The service contacted me very quickly and I got an appointment straight away. I was offered treatment at my first appointment, there were no delays.”

“I was told about various options and given leaflets to take home. I was involved in making the decision about my treatment. I wanted to move from methadone to Buprenorphine. I had plenty of time to make my decision and was happy with the outcome.”

“I experienced near fatal overdose once... I missed my appointments. Assertive Outreach got in touch with me and came to my house. They were there for me. I was put back on the treatment straight away and moved to the drug service after a while. I lost a lot of confidence but they have been there for me, they supported me throughout.”

Third Sector Service Evaluations

Service evaluation feedback from 2023:

Talking Therapies Service:

- **81%** of the respondents said it was very easy (16) or easy (9) to access the service.

Third Sector Drug and Alcohol Service:

- **87%** of the respondents said it was very easy (4) or easy (9) to access the service.

ADP Development Day 2023

Accessing treatment discussions from the ADP Development Day in 2023:

Access to the NHS Specialist Drug and Alcohol Service:

“..one day I just broke down, and I phoned the doctor and he gave me antidepressants and asked me if I wanted to be referred to the Drug and Alcohol Services. I really didn't have long to wait there, and a guy phoned me and they arranged for me to go onto medication and do a detox which went well' ... (But then, after a relapse) ...they basically washed their hands of me. My counsellor was disgusted with that...what a fight I had to get back on the service.”

Reflections

- **Residential Rehabilitation:** Funding constraints in 2023/24 limited residential rehabilitation placements in D&G.. It is hoped that the Scottish Government Additional Placement Fund will be beneficial for continued residential rehabilitation support.
- **MAT Standards Implementation:** While D&G is progressing with MAT standards, achieving the referral target for the first MAT assessment is a challenge, with an average wait time of 4.5 days. With increased prescriber training and real-time indicator monitoring, we anticipate measurable improvements in same-day MAT access by the end of the coming financial year.
- D&G has seen particular success with MAT Standards 2 and 3, enhancing patient access to long-acting injectable buprenorphine and Assertive Outreach.
- There are substantial challenges in maintaining funding for long-acting injectable buprenorphine for new and existing service users where this is appropriate. The projected cost of long-acting injectable buprenorphine in D&G is approximately £631k for 2024-25 rising to £707k for 2026-27. The cost of long-acting injectable buprenorphine alone is more than double the total annual MAT funding allocation. D&G Health and Social Care Partnership already has substantial funding challenges and the addition of long-acting injectable buprenorphine funding further increases these challenges.

Reflections

- **Waiting Times:** D&G has exceeded Scotland's overall performance and the 90% target in both drug and alcohol treatment wait times over the past two years. Specifically, in 2023-2024, 100% of individuals in D&G seeking drug treatment were seen within three weeks. Similarly, D&G's 97% for alcohol treatment is well above the target, indicating strong performance in this area as well.
- **Positive Feedback on Outreach and Third Sector Support:** Experiential feedback commends assertive outreach and third-sector support, underscoring their roles in patient engagement, reducing waiting times, and supporting recovery journeys.
- **Need for Enhanced Continuity of Care:** Cases of relapse reveal issues with service continuity, suggesting a need for more robust post-relapse support to ensure long-term recovery success.

Thank you

Penny Halliday

ADP Independent Chair
Dumfries and Galloway

action on
drugs+alcohol
DUMFRIES AND GALLOWAY



Respect



Compassion



Inclusion



Integrity

People's Panel Access to Treatment & Care

Patricia Tracey

Head of Alcohol and Other Drugs

Turning Point Scotland



BECAUSE PEOPLE MATTER



Respect



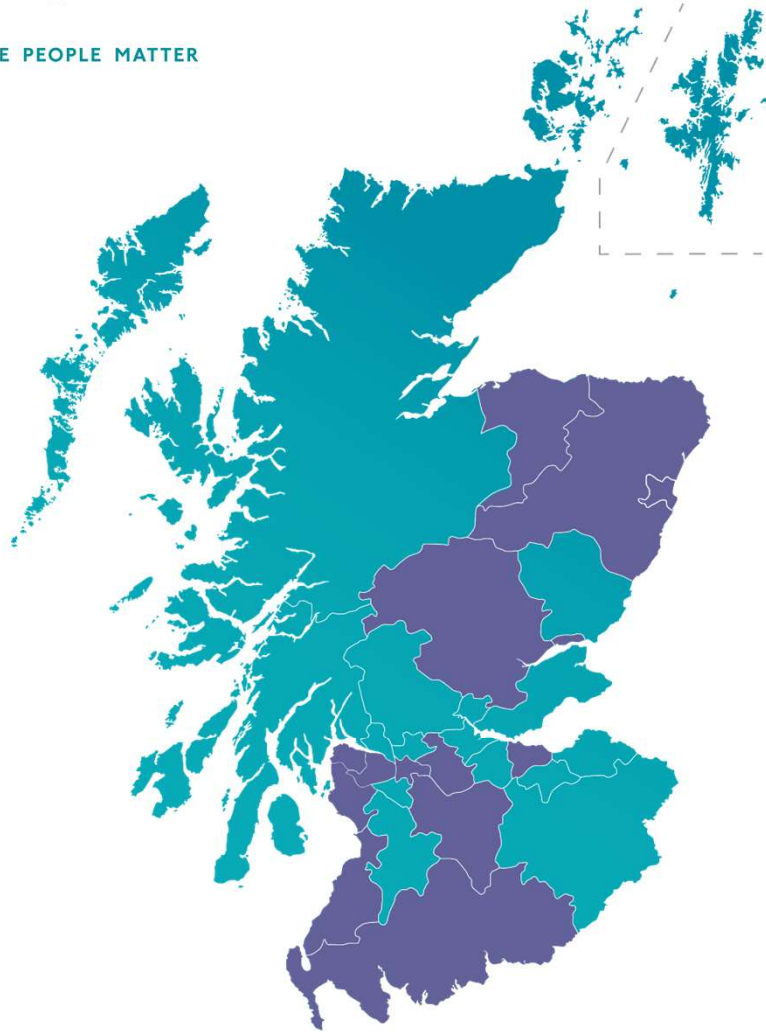
Compassion



Inclusion



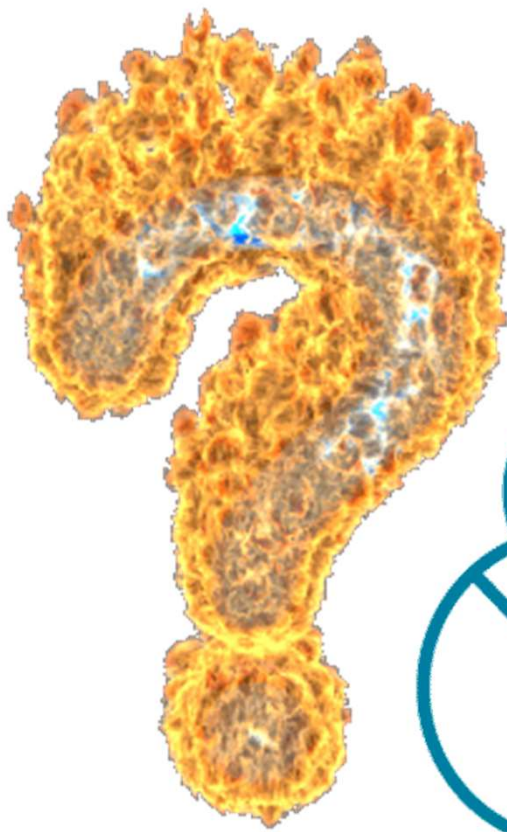
Integrity



TURNING POINT SCOTLAND

- A wide variety of over 40 services across:
 - **Alcohol & Other Drugs**
 - Homelessness
 - Justice
 - Mental Health & Huntingtins
 - Learning Disabilities

**What do you think of when you think of
“treatment”**





Respect



Compassion



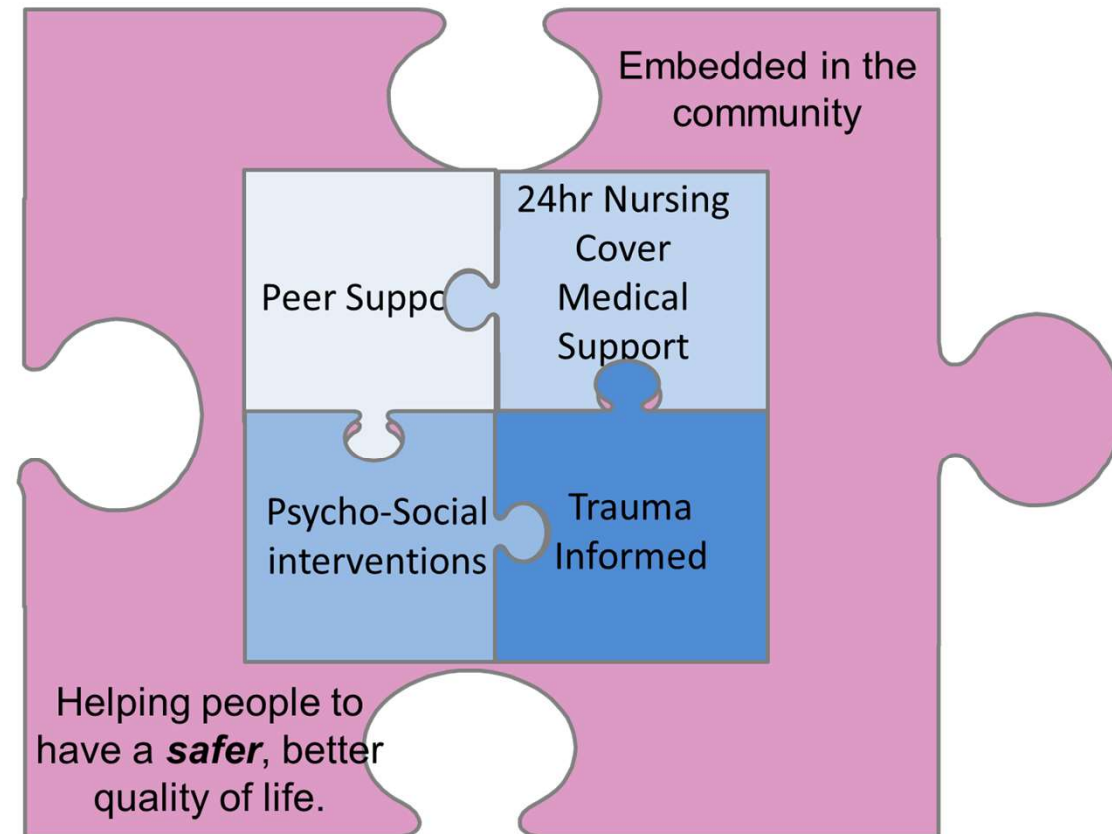
Inclusion




Integrity

TPS Alcohol & Other Drugs

- Community based services
- Assertive outreach, crisis, overdose response services
- Mobile Harm Reduction Service
- Residential Harm Reduction Services:
 - Crisis Service
 - Stabilisation Service





**Highest Drug
Overdose
Deaths in
Europe**

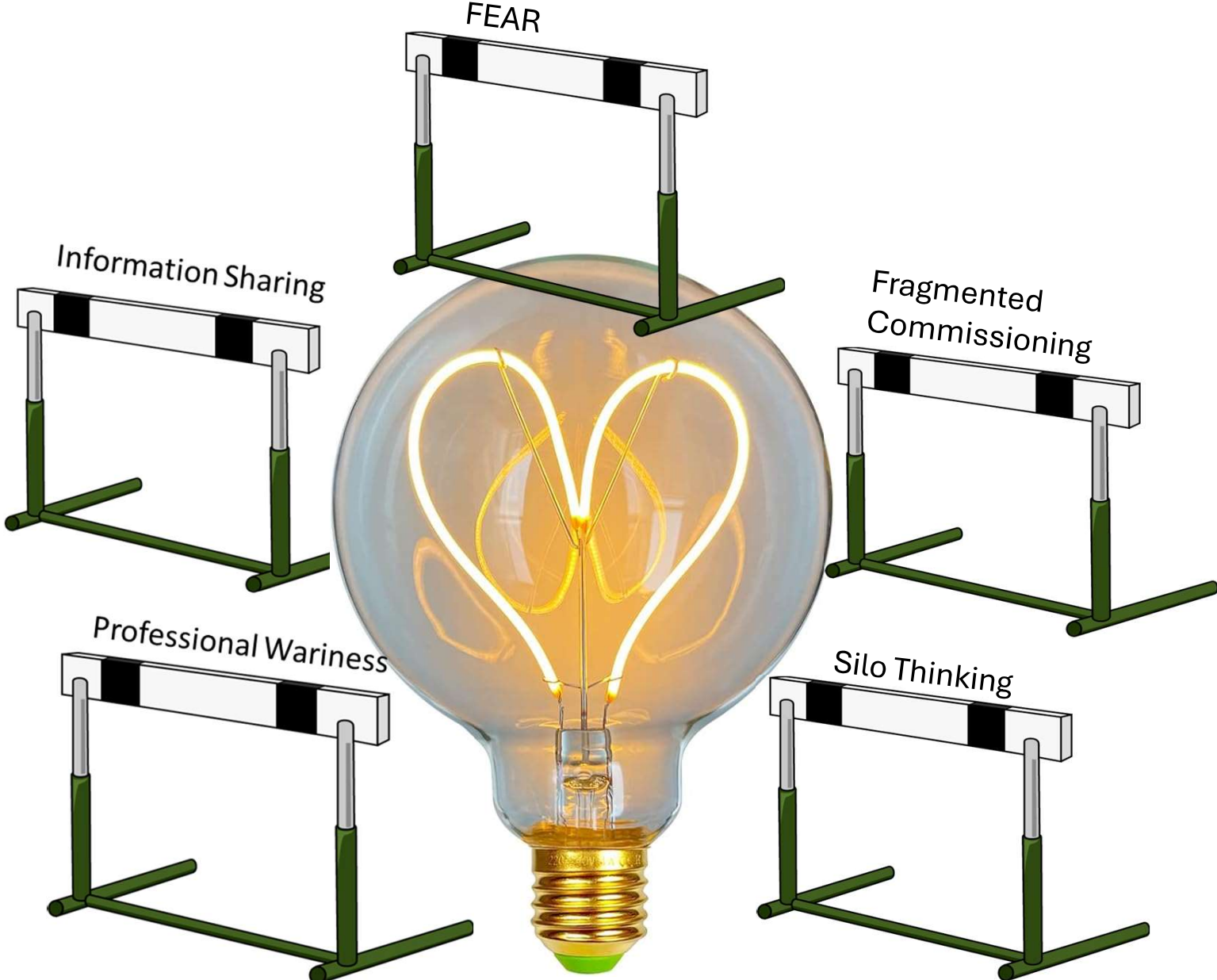
Stigma

Polydrug Use

**Lots of people
not in
“Treatment”**

**Scottish
Government
has the right
ideas**

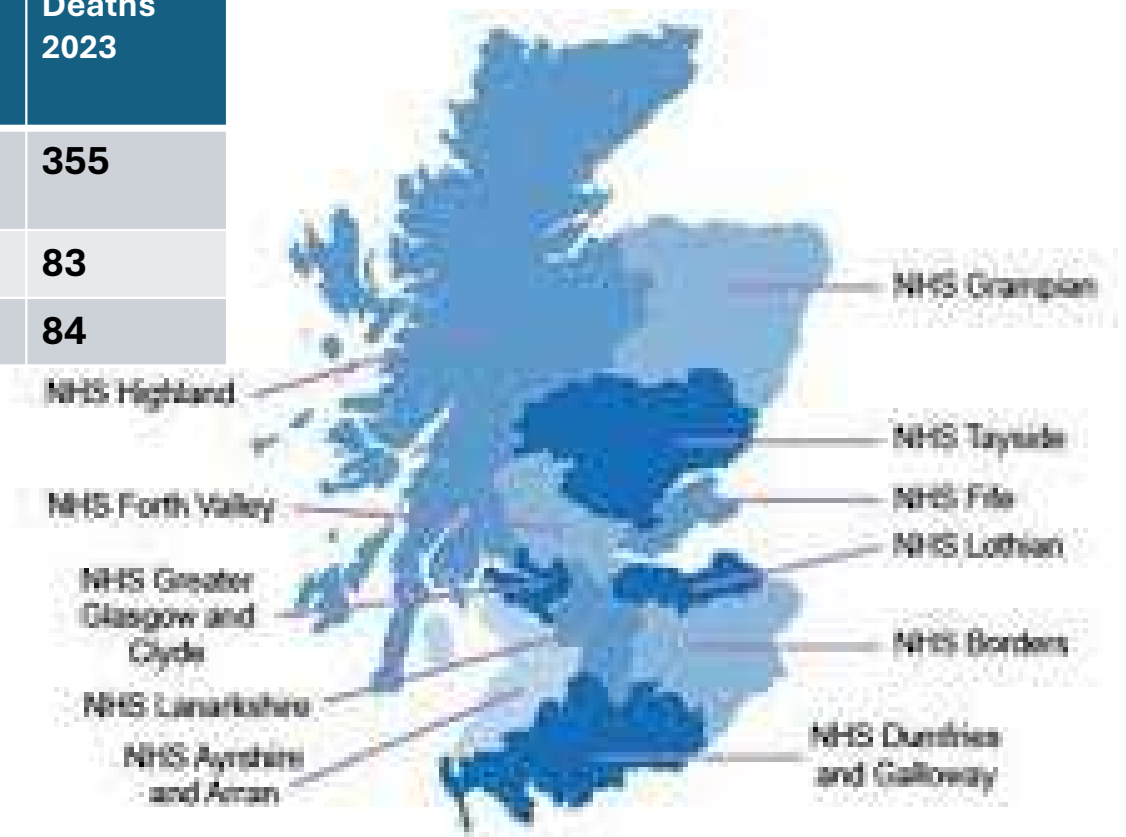
...but barriers
get in the way



Drug Related Deaths

Health Board	Pop'n 2023	Deaths 2023
Greater Glasgow & Clyde	1,698,000	355
Ayrshire & Arran	369,670	83
Tayside	416,080	84

Tayside doesn't need stabilisation unit to itself.





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SESSION 14

**Theme:
Participation,
Rights and Lived
Experience**





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Theme: Participation

Kerry Storey

**My Family My Rights
Development Officer**

**Scottish Families
Affected by Drugs
and Alcohol**





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Kerry Story, My Family My Rights (Scottish Families Affected by Drug and Alcohol)

“Having firsthand experience of how services and professionals continuously failed her own family and seeing those same patterns continue all these years later is disheartening but motivates her to ensure other people are equipped with knowledge, self-esteem and feeling empowered, to enforce positive changes for themselves and their loved ones across Scotland.”

The programme sets out to help make sure that the rights and commitments outlined in the Scottish Government’s national alcohol and drug strategy ‘Rights, Respect and Recovery’ become reality for families across Scotland.

Recorded presentation from the ‘Families on the Frontline’ conference-audience would be family members and a good summary of the

Session 7 you met with Margaret on our Lived Experience Panel who gave some personal insight into her challenges of finding care for her son



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Theme: Participation

Alan Miller,
Professor of
Practice in Human
Rights

University of
Strathclyde



NATIONAL
COLLABORATIVE



• • • • • *Need Change - Need Rights*

**Sharing Scotland's journey towards
A Charter of Rights for People Affected by
Substance Use**

Background



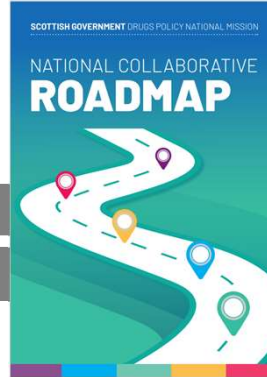
Jan 2022

Chair appointed



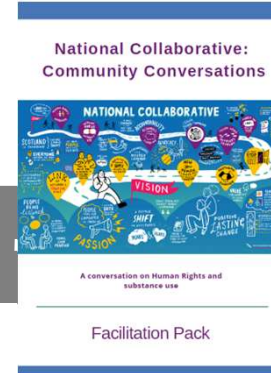
Oct 2022

NC Change Team & Network



Dec 2022

NC Roadmap



May - Aug 2023

Call for Evidence



Dec 2023

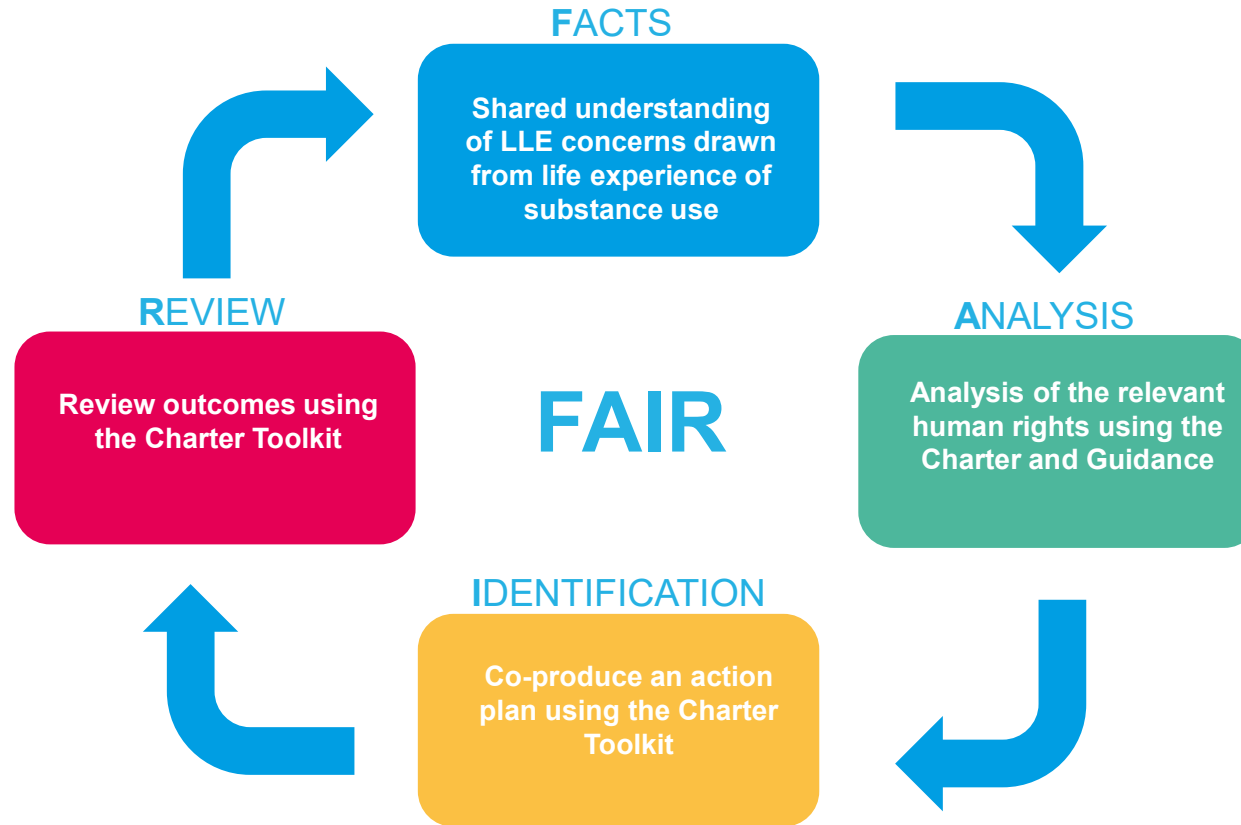
Draft Outline Charter



Nov 2023

Analysis Report

FAIR Model for ADPs and LLE Groups





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Theme: Participation

Jason Wallace

Living Experience
Engagement Team

Scottish Drugs
Forum





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Task tomorrow

- Voting on drafts of recommendations
- Refining recommendations





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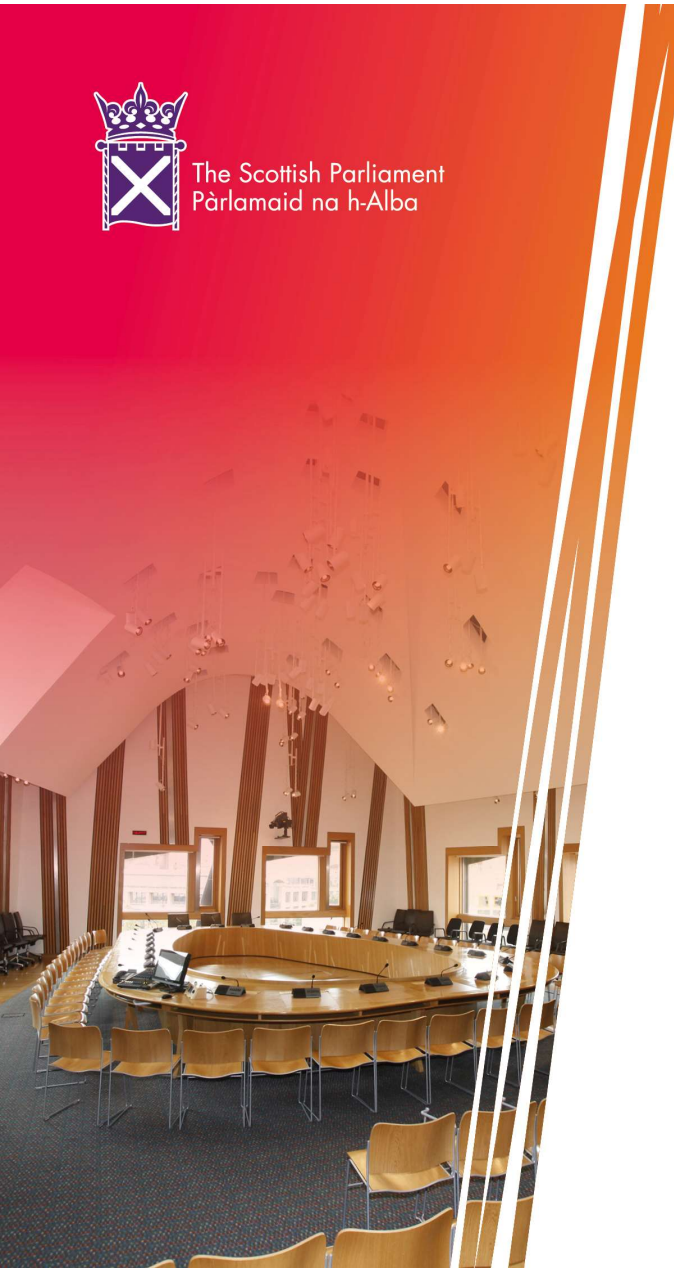
SESSION 15

Drafting Recommendations





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Now you have heard and considered lots of evidence...

- You've produced ideas answering the question:

What needs to be done differently?

- You can then use these ideas, notes from online discussion and response from the Government to:

Draft recommendations using a recommendation template



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SESSION 16

Voting Stage 1





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Decision Making Process

Sunday morning vote to sift ideas

**Aim is consensus by 87% super majority=
20/23**

20 + vote to **keep it** – straight through to **FINAL STAGE** as super majority achieved



4 or more – remove it votes – not possible to make 87% super majority **REMOVED**



Less than 20 keep its – less than 4 remove its – **MOVES TO REFINING STAGE**





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Decision Making Process: Refining Stage

Sunday before lunch: work together to improve remaining ideas

45 minutes to make improvements at 6 stations

Choose the station(s) where you feel you can make best contribution

Move to as many stations as you please

Less than 20 keep its – less than 4 remove its – MOVES TO REFINING STAGE



Keep it



Improve it



Remove it



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SESSION 18

Final Vote of recommendations in Committee Room





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Decision Making Process

Sunday afternoon: Confirm final recommendations

GREEN = APPROVE

RED = REJECT – if rejecting give reasons why and if any changes can be made to change your vote to approve

87% SUPER MAJORITY = 20/23 Participants

But by this stage we should have the final wording in place with this final check only to make any final tweaks as we confirm the wording – if there is a large debate at this stage we will have to revert to a super majority vote.





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What happens to your recommendations?



Recommendations go into a report that is given to the Cross Committee



Members of the People's Panel will meet with the Cross Committee to discuss your recommendations and experience of the panel



MSPs consider the report, use it to hold the Scottish Government to account and respond to recommendations



This is important for our democracy as we need to check that the laws and policies we have are working and meet the needs of the people of Scotland.



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WHAT HAPPENS NEXT?

- 1. We will send you a draft of the recommendations and full report**
- 2. We will send you information about any informal meetings with the Conveners and members of the Cross Committee**
- 3. We will send you details of the formal Committee meeting on which will take place in the new year– most likely in February. All welcome but will need 5 panellists to join the meeting to discuss the report**
- 4. Cross Committee will then consider what to do next and seek the Scottish Government's view on what you have recommended**
- 5. We will keep in touch about future Cross Committee meetings and events**
- 6. Before you leave you must complete your evaluation survey!**