

## Joint Foreword

Since its inception, The Taskforce has worked urgently to identify the areas of action that can make a sustainable impact against the challenge of drug related deaths in Scotland and save lives. Important work continues as it urgently develops the programme of actions to meet Scotland's unique challenge, ensuring that the evidence of what would work most effectively is continually assessed and acted upon, and that stakeholders amongst the critical agencies involved in the challenge are engaged in the coordinated application of best practice. The '**Evidence into Action**' approach exemplifies the dual nature of the Taskforce mission – identifying strategic recommendations and making every effort to save lives as it does so.

This report summarises the progress made and highlights the scope of work the Taskforce has been involved in. Where possible, it lists the benchmarks which can give indications of the early impact of this work as we now move into full implementation of initial recommendations and the second phase of Taskforce activity.

Several major work programmes in this category are listed in this report, including the new Medication Assisted Treatment Standards which were launched at the end of May 2021 in what was a milestone moment for the Taskforce. More initiatives will follow, including the Multiple Complex Needs initiatives now underway. Each has the potential to bring long-term, sustainable change in Scotland's approach and create a better future for individuals, families and communities affected by drug use.

And save lives.



**Minister for Drugs Policy**



**Chair, Drug Death Taskforce**

# Drug Deaths Taskforce

## Interim Report

June 2021

### Introduction

This report details the work and further progress of the Drug Deaths Taskforce (DDTF) following the [One Year Report](#) published on 31 July 2020.

Since the DDTF was established in July 2019, it has taken forward a significant amount of work, funding 32 innovation projects, 10 research projects and over 85 interventions through ADP direct funding intended to reduce drug deaths in Scotland. There have been fourteen full DDTF meetings held to date as it urgently develops the programme of actions to meet Scotland's unique challenge, ensuring that the evidence of what would work most effectively is continually assessed and acted upon, and that stakeholders amongst the critical agencies involved in the challenge are engaged in the coordinated application of best practice.

Accordingly, its focus has been on three key areas: **Emergency Response** – which actions can help prevent an overdose being a fatal one, **Reducing Risk** – which actions can help prevent overdose incidents, and **Reducing Vulnerability** – which actions can help minimise the probability of future drug harms.

A key milestone for the DDTF is now moving into Phase 2 of its programme of work which will focus on providing recommendations to the Scottish Government for the national roll out of effective interventions now identified and for the further exploration of key issues that will assist in our national mission on drug related deaths in Scotland.

Phase 2 builds on the existing [Forward Plan](#) and includes a revised Terms of Reference and work-plan up until the publication of our final report in December 2022. In addition, Phase 2 includes a refined membership of the core DDTF with clearly defined roles and responsibilities, as well as a virtual team, refreshed sub-groups and new short-term working groups.

### Emergency Response

#### **Naloxone**

Targeted distribution of naloxone, an opioid antagonist that can reverse the potentially fatal effects of an opioid overdose, has been a key part of the DDTF strategy, from the outset, to save lives.

**Naloxone provision increased by (at least) 31%:** There was an increase of 21,107 kits between December 2019 and December 2020. The total number of naloxone kits supplied as of 31 December 2020 was 89,543. This covers community services,

prisons, community prescribing, the Scottish Ambulance Service and Acute hospital supplies (data from Public Health Scotland).

In addition, since December 2020 there has been further distribution of naloxone provided through the DDTF's arrangement with Ethypharm. The arrangement included 10,000 free naloxone kits, more than 5,000 of which have been distributed so far to naloxone leads to supply new peer and family distribution routes.

**Evidence of nearly 1400 potentially lifesaving interventions in a year:** Repeat supply of naloxone used in case of overdoses (self or others) increased by 1,378 between December 2019 and December 2020 with a total of 8,545 recorded repeat supplies for this reason.

**14% increase in reach of naloxone to people with problem drug use:** First time supplies increased by 3,989 between December 2019 and December 2020 with a total of 32,108 made as of 31 December 2020. This means that percentage reach to those at personal risk increased from 49% to 56% (based on an estimated prevalence of drug users at 57,300).

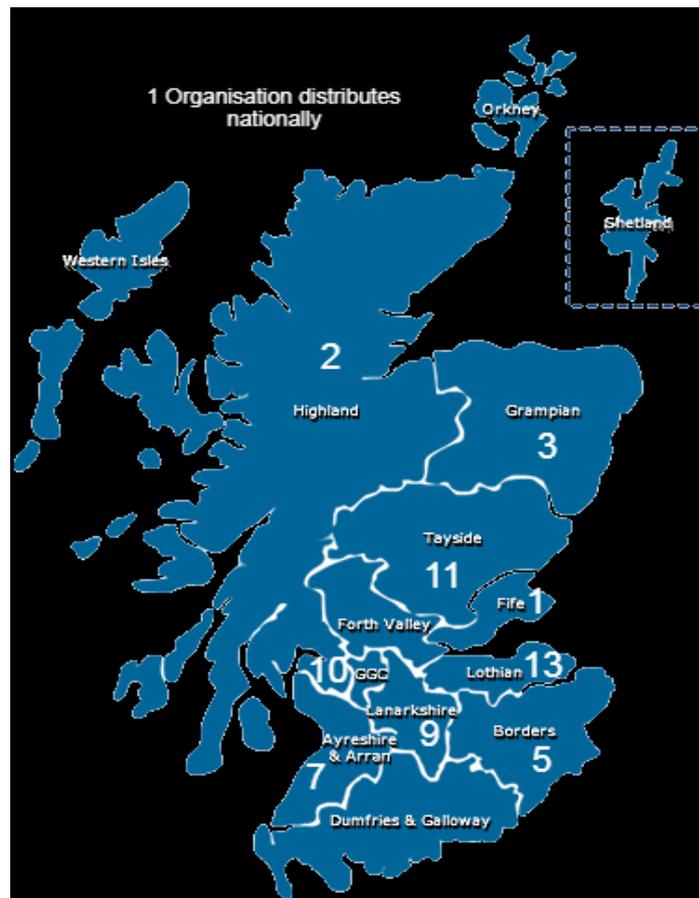
**Naloxone on release from prison increased by 16%:** Release from prison is recognised as a high risk time for drug related deaths. The number of Naloxone kits supplied in prisons increased by 1,180 between December 2019 and December 2020 with total supply of 8,468 as of 31 December 2020. The DDTF funded a peer naloxone distribution programme run by SDF which is working with prisons to increase the supply of THN further.

This demonstrates a clear increase in naloxone reach and distribution activity in 2020 and we will continue to work to increase the amount of naloxone distributed and improve the reach of naloxone in Scotland.

### **Scottish Government: Naloxone Register**

Following the inclusion of non-drug treatment services as suppliers of naloxone, sixty two organisations have contact with their local naloxone lead and are registered with the Scottish government to enable protection under the Lord Advocate's Letter of Prosecution Advice. The majority of the organisations provide help with homelessness and housing support. The rest spanned recovery/drug services; sexual health services; domestic abuse provision; advocacy; community and youth work. The geographical breakdown of the organisations registered with the Scottish government are shown on the map with one organisation delivering naloxone nationally.

## Number of organisations registered (geographical area)

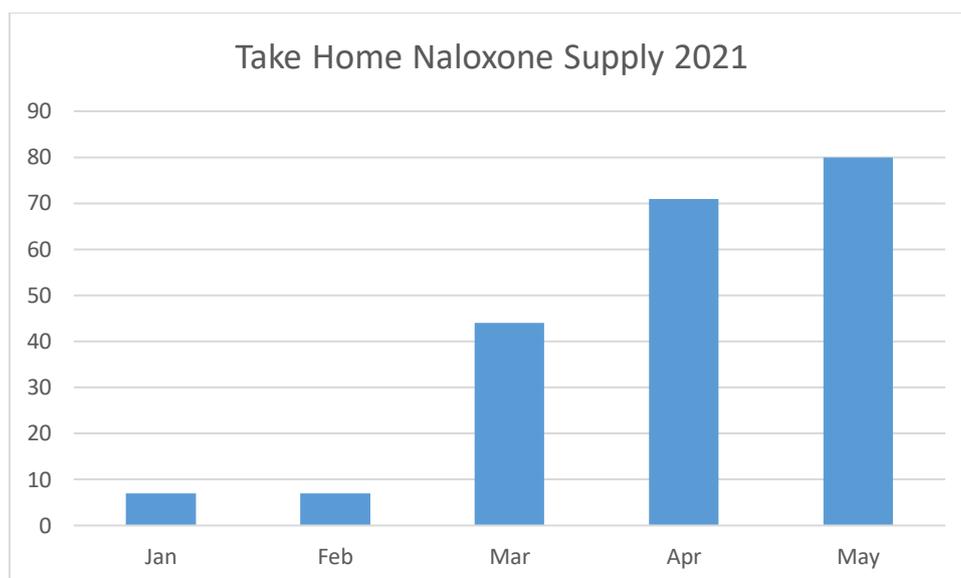


Ayrshire and Arran (7) Borders (5) Fife (1) Grampian (3) GGC (10) Highland (2) Lanarkshire (9) Lothian (13) Tayside (11) national (1)

### **Scottish Ambulance Service: Drug Harm Reduction programme**

In January 2021, the Scottish Ambulance Service utilised DDTF funding to appoint three Clinical Effectiveness Leads for Drug Harm Reduction, to roll out Take Home Naloxone (THN) nationally.

The Clinical Effectiveness Leads have engaged with ambulance clinicians across Scotland, providing education and awareness on harm from problematic drug use, and how they have a unique opportunity to contribute to national efforts to reduce preventable drug related deaths. The impact of these appointments can be seen in the graph below, which illustrates how the numbers of THN kits have significantly increased from the pilot to 44, 71 and 80 in March, April and May 2021. This takes the total number of kits supplied to 238 since the start of the pilot phase.



At the start of June 2021, 56% of ambulance clinicians across Scotland have been trained in how to supply THN. The remainder will be trained through the second half of 2021.

In addition to the THN programme of work, SAS have increased partnership working with health board, drug treatment and support services, people with lived and living experience, and alcohol and drug partnerships, to explore how SAS can contribute to connecting people who use drugs with any support services to meet the person's needs. SAS have also worked closely with colleagues from Police Scotland, to support the delivery of the pilot of police officers carrying and administering intra-nasal naloxone. Further programmes of work are being planned in relation to how SAS can become a Psychological Trauma Informed service.

### **Police Scotland: Pilot Carriage of Naloxone: 21 incidences so far**

The Police Scotland Naloxone Test of Change programme is one of the most significant pilots to be carried out in modern Scottish policing. Three initial test bed areas have been identified in Glasgow East, Dundee City and the Falkirk & Grangemouth area. Training commenced in March 2021 and, although the training is mandatory, the carriage of naloxone is voluntary.

Training is now near completion in each of the three test bed areas and up to June 2021, 729 officers have been trained including 583 officers who have volunteered to take part in the test of change. To date naloxone has been administered by police officers to unconscious and unresponsive persons at 21 police incidents, using a total of 33 doses by 22 officers.

Area	Incident/s	Single dose	Double dose	Quadruple dose	Total sprays used
Glasgow East	11	7	4	0	15
Dundee City	9	4	4	1	16

Falkirk & Grangemouth	1	0	1	0	2
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It was agreed at the last Naloxone Delivery Steering Group that surplus naloxone kits would be utilised in additional test bed areas. These are Caithness (Wick and Thurso), Stirling and police officers in custody facilities within existing test bed areas that do not have a custody based Health Care professionals. The inclusion of the additional test bed areas is supported by the independent evaluation team.

Naloxone has been administered by officers in a variety of circumstances, but all in situations that officers would normally expect to find themselves. These have ranged from officers being flagged down by members of the public looking for help, to officers discovering persons in overdose on unrelated house visits to persons attempting to take their own lives. The locations have also varied between police property, private dwellings and public spaces. A number of administrations have taken place in full view of members of the public.

There has also been one incident where naloxone was administered to a person within a police custody area, one where to a person within a police vehicle and one during police contact at the execution of a drugs search warrant. All three regained consciousness and have made a full recovery. To date there has been no issues raised by either police officers administering, persons receiving or persons witnessing the administration of naloxone.

There appears a growing public awareness and enquiries have been received from businesses who have witnessed officers carrying naloxone on patrol asking for guidance on how they can train and equip their own staff. Individual members of the public have also contacted Police Scotland and asking how they can obtain naloxone to carry as a private individual.

As evidenced in the 80% uptake of officers volunteering to take part in the programme it has been well received by police officers. Police Forces from across the UK have contacted Police Scotland requesting support on policies for the police carriage and use of naloxone, including Essex, North Yorkshire, Northumberland, North and South Wales and Gwent. This support is ongoing.

An evaluation of the Police Scotland test of change naloxone programme is due to end in November 2021 and will be considered by Police Scotland Senior Leadership Board for consideration of future policy decision.

### **Naloxone Peer Supply Project: 217 kits supplied to date**

The DDTF Innovation Fund funded Scottish Drugs Forum (SDF) for a 2 year project in December 2020 to develop and support peer to peer naloxone supply. The project funds were extended in May 2021 to enable recruitment of an extra staff member and to extend the project to additional areas.

SDF employed a Training and Development Officer in January 2021 to progress this work. Project Steering Groups were established in the three areas taking part in year one – We Are With You (Borders), Hillcrest Futures (Dundee) and the three prisons in Greater Glasgow (HMP Barlinnie, HMP Low Moss and HMP Greenock).

A peer research coordinator within SDF is developing the evaluation framework with support from Glasgow Caledonian University. A second Training and Development Officer has just been recruited and will commence duties in July 2021.

The National Naloxone Peer Network will be established over the summer, as well as a quarterly meeting for staff developing peer naloxone projects across the country.

#### **Updates from SDF on Naloxone Peer Supply Project:**

- Initial interviews for potential peers in the community projects were held in February and March with six currently recruited and two awaiting recruitment.
- Naloxone training for trainers was delivered by SDF to all successful candidates and regular training refreshers and meetings have taken place since. Peers receive support and supervision from the recruiting organisation.
- Community awareness raising and project launch events were held in two localities, which were well received, and 47 naloxone kits were supplied.
- Peers are supplying kits in numerous settings, including hostels, drop in centres, harm reduction hubs, injecting equipment providers and residential settings.
- A total of 217 kits have been supplied by community peers to date to people who may be at risk of an overdose and those likely to witness one.
- Peers have worked a combined total of 288.5 hours and are being paid for this work.
- The majority of this work has taken place in one locality, due to difficulties with recruitment in the other area which is being addressed.
- 56 notes of interest were returned to staff leading the Prisons project, leading to 24 people attending information sessions held over 2 days in May.
- Due to Covid restrictions and the need for time for potential Peer Naloxone Champions to undergo the Peer Mentor Induction, the naloxone Training 4 Trainers was delayed from the start of June and is hoped to commence at the end of July.
- The steering group is hoping to receive approval for intranasal naloxone to be supplied in cell, the night before release, by peers. Discussions are taking place to consider these roles within prisons to be sessional paid posts.
- The significant work being done here will provide a structure for this project to be easily implemented in other establishments in the future.

#### **Non-Fatal Overdose Immediate Response Pathways**

DDTF funds have assisted in the development of Non-Fatal Overdose pathways across a number of areas.

In 2019/20 the DDTF provided £3m to ADPs to support activity in relation to our 6 evidence based strategies. ADPs reported on the use of this funding, with 11 ADPs indicating they had spent this funding on the development of non-fatal overdose immediate response pathways. From the ADP Annual Report 2019/20, Thirteen

ADPs (42%) stated they had a pathway for non-fatal overdose in place, with a further 15 (48%) stating they were in development. Only three stating they had no pathway.

The DDTF are now exploring ways to develop a national non-fatal overdose in Scotland, through work with the Scottish Ambulance Service.

**Glasgow Overdose Response Team (GORT) has supported 461 people to date.** This DDTF funded pilot, developed following consultation with frontline workers and people with lived and living experience to identify the most significant actions that could be taken immediately to reduce the high level of drug deaths. The project is led by Turning Point Scotland and Simon Community Scotland.

The project has been expanded to two years as well as expanding coverage to include all of the Greater Glasgow and Clyde Health Board and both North and South Lanarkshire. Once fully operational this project will cover an area home to 27.5% of the Scottish population. From October 2020 – Present, the most recent figure of people assisted via the team is 461.

### **Working with Family Members**

Scottish Families Affected by Alcohol and Drugs (SFAD) created a proposal called 'Holding On' (originally named Families as Lifesavers) funded by DDTF for a 2 year test of change in August 2020.

Holding On, helps family members to increase their understanding of drug addiction, while building coping strategies for themselves and teaching them how to connect with their relative. Work started on this in January 2021.

By 30 April 2021, 13 family members had been supported through Holding On, with 94 one to one support sessions delivered.

## **Reducing Risk**

### **Police Referral Peer Navigator Model: Pathfinder**

The Criminal Justice and the Law sub group mapped the various options for direct measures which are currently available for use by prosecutors, through the court process and the sentencing options. This developed an understanding of the criminal justice journey for someone found by the police in possession of illegal drugs. This approach was taken for simplicity and it is recognised that people who use drugs can enter into the criminal justice system for a range of potential offences, and that often the offence does not relate to the Misuse of Drugs Act 1971. It is also recognised that the people we are most concerned about are the most vulnerable drug users who often have complex needs.

[Pathfinder](#) is a new project that has received £600k funding over two years through the DDTF Innovation Fund. Medics Against Violence, already successfully operating [Navigator](#) in Scottish Emergency Departments, will operate the programme in one area in 2021, and two in 2022. Navigators often have a mix of lived and professional experience and the same model will be followed for Pathfinders.

The Pathfinder service uses assertive outreach to support individuals and connect them to services in the community that can support them with their recovery. Pathfinders will take referrals from local police, when a vulnerable individual is arrested or cautioned for possession of drugs, and work with them to improve their wellbeing and social circumstances. If forensic testing indicates that a substance found on the individual was controlled, a report, sharing the individual's identifiable needs and engagement with services, will be passed to the Procurator Fiscal to inform decision making including whether diversion is supported in their case.

The first pilot commenced in June 2021 in the Inverness area with four employed Pathfinders and one Pathfinder Supervisor. These new Pathfinders are receiving tailored training and will map local services before the service is fully operational in summer 2021.

### **Other Criminal Justice Navigator Models**

Following the success of the Navigator model in Hospital Emergency Departments and in supporting homeless people, the DDTF has supported projects to test the model in other criminal justice settings, building the evidence to support a recommendation of a national Navigator service, highlighting the best points in the criminal justice journey to intervene through assertive outreach and enable an individual to access holistic support.

Navigators in Renfrewshire will engage individuals who have substance use and Multiple Complex Needs. They will support people upon liberation from prison and upon interaction with new Mental Health Assessment Units.

The Wayfinders project in East Dunbartonshire will focus on justice settings from a community perspective, providing a person centred, strengths-based trauma informed response to supporting people in the justice system who also have problems with drugs. The peer navigator role will work with people before they leave custody to limit the risk of harm, relapse, or reoffending.

This Navigating Forward project in South Lanarkshire will test the feasibility of peer support for people who have problems with drugs during their transitions from the justice system, specifically those on Community Payback Orders. People will be connected to recovery networks (The Beacons in South Lanarkshire) which will support them on their recovery journey in the longer term.

Navigating Early Help in Inverclyde is set within Greenock Police Custody Suite, which is one of the largest in Scotland. The navigators will support people as they leave custody, linking them into treatment and recovery services in their area of origin. This will mean people are better supported through the transition and at reduced risk of death or harm.

### **Medication Assisted Treatment**

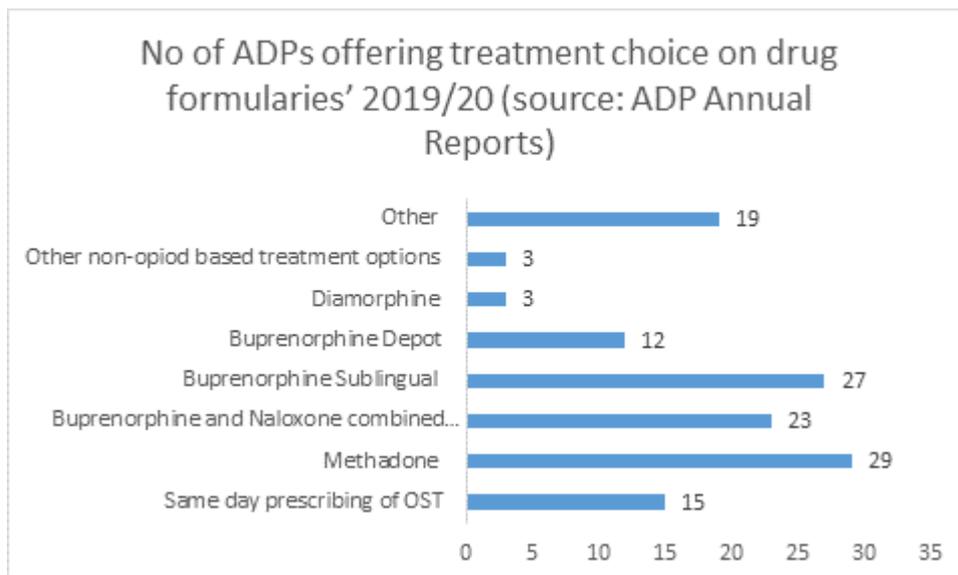
Medication-Assisted Treatment (MAT) is used to refer to the use of medication, such as opioids, together with any psychological and social support, in the treatment and care of individuals who experience problems with their drug use.

Based on the evidence that Medication Assisted Treatment (MAT) is protective against the risk of death, the DDTF and the Scottish Government has prioritised the implementation of [MAT standards](#) for people experiencing problems with their drug use. The standards aim to ensure that MAT is safe, effective, acceptable, accessible and person centred.

### Treatment Choice

A critical part of the MAT Standards is individuals having choice in the treatment they receive, a key objective therefore is the expansion of the available drug formularies. The table below outlines the number of ADPs offering different types of Medication Assisted Treatment. A full breakdown can be found in Annex A.

All 30 ADPs for which data is available have more than one drug available, and the average number of drug formulations available is 3.7. Of particular interest to the DDTF is the expansion of depot buprenorphine (also referred to as long acting buprenorphine (LAB)) and the potential benefits of its utilisation in environments in which the management of drug dependency can be most challenging i.e. in a prison setting. It is welcoming therefore to see this being offered in 12 of the 30 ADPs.



### Numbers of people on Opiate Replacement Treatment

Measurement of people in treatment and on ORT is a key outcome going forward. As per the most recent data available from 2019/20, methadone 1mg/ml solution was prescribed to a minimum of 24,721 individuals. ([Treatment for drug misuse - ScotPHO](#)).

### Benzo Working Group

A Benzo Working Group was established in December 2020 due to the rise in Benzodiazepine related harm to look at creating national guidance for prescribing and for psychological practices. The group is made up of multidisciplinary membership including, primary care, psychology, psychiatry, lived experience, academic researchers, clinicians working in recovery services.

The Purpose & remit of the Benzo Working Group of MAT Subgroup was:

- To review the evidence for the management of benzodiazepine dependency within the Scottish context.
- Map and share current good practice across Scotland.
- To develop guidance with the priority to focus on those presenting with concomitant problematic Benzodiazepine and opioid use who are arguably at most risk of harm
- Develop evidence and practice based recommendations, to include workforce training requirements.
- To meaningfully engage with strategic and frontline providers and ensure people affected by problematic substance use to ensure they are informed, included and can contribute to the work of the Working Group
- To reach national consensus around a consistent, national response to problematic benzodiazepine use which includes both pharmacological and psychological aspects of care.

The group are currently working on:

- Recommendation to DDTF to support proposal on Safety & Stabilisation Services for people in crisis experiencing benzo-related harms – this work is currently focused on scoping service characteristics in June/July 2021
- Presentation of Interim Guidance in June 2021 – webinar and survey to follow for feedback
- Ongoing programme of consultation – Summer 2021 and beyond
- Wider programme of engagement and delivery of conference for consensus - planned for the end of 2021.

The group will report through the MAT programme given the expected contribution of the interim guidance for implementation and mainstreaming of action to address benzo-related harms in meeting the new standards of care for people who experience problems with their drug use.

### **Targeting Those Most at Risk**

On 1 September 2020, a review of Adult Social Care in Scotland was announced. This work was aimed primarily at improving the outcomes for people using or associated with the use of services as well as staff working in Social Care. Given the level of shared interest and potential synergy with the wellbeing and preventative aspects for the DDTF work, a submission was compiled highlighting the key areas of importance in line with the review's consultation request for views. The task force submission placed emphasis on several areas of critical importance to a sustainable improvement in drug death outcomes including the commissioning and procurement of services, data sharing, consistency of provision and the integration between drug and other relevant services.

Given the positive response to the subsequent review findings and the commitments now in place to take this work forward, the DDTF will seek to remain engaged with this activity in order to support constructive change and positive improvement.

## **Multiple Complex Needs**

People with Multiple complex needs (MCNs) face intersecting experiences of homelessness, problematic substance use, and poor physical and mental health - circumstances which, individually, are predictive of DRD. Meaningfully reducing the risk of DRD and improving quality of life among this population therefore requires a whole systems approach. Recognising this, the MCN subgroup supported a rapid synthesis of literature to develop 10 evidence-based tests of change (TOC). These TOC encourage proactive collaborative working, clear pathways of care and aim to improve provision for the most vulnerable. Services were invited to apply for funding for projects meeting these TOC where they recognised a local need or area for improvement.

The MCN group endorsed 17 of the bids, across eight of the TOC, amounting to £2.5 million in funding in 13 different local authority areas. Three of these were supported jointly with the Criminal Justice group and have already been described above (under Police Referral Peer Navigator Model: Pathfinder).

## **One Stop Shop**

Four of the projects support the development of a 'one stop shop' (hub) with outreach capacity, able to meet the health and social care needs of people with MCNs. The largest of these, in East Ayrshire, will see funding of a new recovery hub; available 7 days a week (Including evenings). Offering a welcoming place for all, it will help to raise the profile of recovery, and reduce stigma across East Ayrshire.

In Angus a project manager role is being funded for the development of three local hubs, with a multi-agency and profession "team", linking to existing resources in order to improve pathways and provide "sticky" services and the support transition through services.

In Forth Valley the funding of an Advanced Nurse Practitioner will help to further develop a community recovery hub that will holistically support people in the community to access health and social care services, including mental health and drug services.

In South Lanarkshire a project will upskill family members to become 'Family First Responders' helping bridge a gap within the community between family members and services. This will expand the existing 'All in the Family' service across the Beacons in South Lanarkshire; Blantyre, Cambuslang, Lanark and East Kilbride.

## **Peer Navigators**

The MCN group have also supported projects to install a number of Peer Navigators across various settings; responsible for engaging and supporting people with MCNs to improve their health and social circumstances.

Two peer navigators have been funded in East Renfrewshire providing support in A&E and the newly established Mental Health Assessment Unit.

In South Lanarkshire the 'Navigating exPEERience' project will have two peer navigators focused on multiple complex needs embedded within the existing respond and recovery beacons (hubs).

Two Recovery Support Navigators in Renfrew will engage with individuals within the Emergency Department in order to increase the likelihood of them accessing local treatment and care services.

### **Drug Liaison Service**

In Grampian a project will upgrade and develop the existing alcohol liaison service and associated volunteer peer supporters into a Hospital Addictions Care Team to support people who present to hospital with drug or alcohol issues to engage people and provide access to relevant treatment and support.

### **Peer Engagement Training and Advocacy Programme (PEERTAP)**

The Fife Peer Advocacy Project will fund two peer workers to develop a peer advocacy service and enable those with lived and living experience to have a visible presence within existing services, they will also provide advocacy training.

### **Integrated mental health and substance use services**

The MCN group have supported three projects focused on integrating mental health and substance use treatment, for people with MCNs, to ensure they receive timely and appropriate care from the initial point of contact.

The largest of these in Dundee will see a whole system, multi-agency, community based, service redesign: focusing on an integrated response to substance use and mental health. It will ultimately result in integrated services and community-based hubs which will improve the accessibility and appropriateness of services provided to support people.

South Lanarkshire have been supported to develop a trauma informed, integrated care pathway for individuals with MCN that will provide responsive access to care and treatment within mental health and drug and alcohol treatment services.

Funding of a nursing role in Midlothian will help to address the complex needs of people accessing mental health/drug services and break down barriers between mental health, justice, homelessness and substance misuse services.

### **Welfare Advocacy**

Community Help & Advice Initiative (CHAI) received funding to develop an outreach welfare benefits service in Edinburgh; to provide income maximisation, advice on benefits, money, housing, and representation in Tribunal/ Court to hard-to-reach individuals affected by substance misuse who do not engage with the recovery hubs.

### **Intermediate Care Centre linking physical healthcare between hospital and community**

The MCN group have supported the expansion of Milestone House Intermediate Care Unit, Edinburgh. Its aim is to expand and refine exceptional emerging practice and develop a sustainable service model for local commissioning and potential replication elsewhere.

## **Thematic Evaluation for MCN TOC**

Given the large numbers of projects funded and the scale of the work undertaken by the DDTF to build and test the available evidence in the Scottish context, it is important that monitoring and evaluation forms an increasingly large part of our work in Phase Two. Consequently the DDTF has funded CORRA to commission a thematic evaluation of the work. The thematic evaluation will group the projects and work of the DDTF into three broad themes that map directly to our strategic plan of emergency response, reducing risk and reducing vulnerability:

- Theme 1 – Real-time interventions are available at the point of crisis (Emergency Response)
- Theme 2 – People at most risk of drug-related harms are accessing appropriate treatment and/or recovery services (Reducing Risk)
- Theme 3 – Services are integrated and working in partnership to provide holistic, person-centred responses (Reducing Vulnerability)

This evaluation will produce a suite of three thematic reports by Autumn 2022 and will include up to seven learning events. As part of the DDTF's commitment to '**Evidence into Action**' however the evaluation will also include the creation of lessons learned networks between DDTF funded projects and other key pieces of work to support early recommendations on interventions that have shown to be effective in reducing drug related harms and deaths.

## **Digital Inclusion**

In February 2021, the DDTF partnered with the Scottish Government Digital Health and Care Directorate and Drug Policy Division to co-fund a Digital Inclusion project worth £2.75 million to help people at risk from drug-related harm stay connected to life-saving services during the pandemic and beyond. Over the next two years the funding will be used to supply and distribute smart phones and other appropriate devices, provide data and to build the skills and confidence of people using services and those who support them. The initiative will reach a minimum of 2,000 service users and 200 staff through a collaboration between a wide range of service providers, stakeholders, service users and carers.

Funding will be also be provided to develop a range of digital technologies, encourage service innovations such as alert and responder apps and to enable the identification of any effective approaches to support the service redesign nationally.

Work has begun to best utilise this funding to support the existing DDTF projects and the DDTF is working with Civtech to explore new innovative digital solutions to the entrenched problems in Scotland's drug-related deaths crisis. This will build on the work of the Overdose Detection and Responder Alert Technologies (ODART) project, a collaboration between Scottish Government's Technology Enabled Care Team and the Drug Research Network Scotland. The project will improve engagement, putting lived and living experience at the heart of our efforts to develop digital emergency response interventions.

## **Reducing Vulnerability**

### **Stigma Strategy**

Evidence demonstrates that stigma can negatively impact the morale of those providing support services, and friends and families of those at risk can often feel the effects of stigma by association, at a time when they too deserve support.

The DDTF recognises that tackling stigma could make a significant contribution to reducing drug-related deaths in Scotland and published a [Strategy Paper](#) highlighting a way forward. The stigma strategy outlines 5 key recommendations and 19 actions.

The DDTF has also developed the building blocks of a stigma charter which organisations can use to develop their own charter in partnership with people with lived and living experience. This will be published on the DDTF website in the near future and we will be working with key partners to develop example charters as a reference for organisations.

This work has been welcomed by the Scottish Government, with the First Minister committing to supporting a stigma charter. The DDTF understands the Scottish Government is considering the recommendations of the stigma strategy as it develops its plan to tackle stigma, which will include wider roll out of a stigma charter. Work has also begun to take forward the DDTF's recommended action for a national campaign on stigma.

### **Drug Law Reform**

A key area for the DDTF is exploring how existing drug legislation affects the access of people who use drugs to health and social care services, and what changes could be made to the [Misuse of Drugs Act 1971](#) that will improve this.

The terms of reference includes a commitment to review whether the Misuse of Drugs Act 1971 affects the provision of a strengthened and consistent public health approach to drug use, recognising that this is a reserved matter and any changes will require the agreement of the UK Parliament. This will consider whether the Misuse of Drugs Act 1971<sup>1</sup> has an impact on proposals to provide public health harm reduction services or on the availability of diversion from arrest or court.

A phased engagement exercise is underway to understand the problems with the existing law and explore potential solutions. The DDTF Phase One engagement exercise aims to improve the understanding of what critical barriers to providing access to health and social care services have been, or are being, experienced under the current legislation. More than one hundred stakeholders that operate in the intersection between health and justice in relation to drug use, or those that may be impacted by the current reserved legislative framework, engaged with the DDTF. A range of methods including online events, an online questionnaire and a number of written responses were used to engage with these stakeholders.

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<sup>1</sup> MDA 1971: <https://www.legislation.gov.uk/ukpga/1971/38/contents>

The challenges of treating problematic drug use as a public health issue in Scotland have been well documented by many experts most notably by the [Scottish Affairs Committee](#) into drug use in Scotland. The DDTF Phase One engagement exercise has reinforced these views and makes proposals for work that would help to strengthen the public health approach that is already underway in the Scottish context. While recognising the current reserved nature of the Misuse of Drugs Act 1971, it is clear that a review is urgently needed to support a public health approach. A more detailed summary of stakeholder views and the DDTF's assessment of required effects of any potential changes to the law will be published this summer.

Alongside other evidence, including the Scottish Government [International Approaches to Drug Law Reform](#) study that outlined the evidence from a number of international drug law reform case studies, these perspectives from Phase One will inform a wider Phase Two consultation on drug law reform.

The DDTF will work with Scottish Government to explore by what means the Phase Two consultation can align with wider commitments on drug law reform. This includes the [SNP Manifesto](#) commitment to look at some of the more complex issues we face as a country, including decriminalisation, and the report by the [Social Justice and Fairness Commission](#) that emphasises how tackling Scotland's drug problem requires bold and radical action and that transformational change that is long-lasting and successful is best rooted in consensus.

In the longer term, we would expect the work to reach conclusions on the capacity of the current system to deliver health related outcomes and the limitations on this presented by the law, and other barriers.

### **Optimising Public Health Surveillance**

The Public Health surveillance subgroup has been concluded. This group produced a high level framework for the drugs surveillance system and priorities for implementation. These priorities were informed and influenced by all key stakeholders including statutory providers, Alcohol and Drug Partnerships, National Government, Third Sector and lived and living experience.

The subgroup notes that due to the criminalisation of drug use and the associated stigma, the word surveillance is a contested term. The subgroup recommends that Public Health Surveillance for drugs is understood as a process by which improvements in the care and support for people affected by drug use can be identified and put in place thereby preventing avoidable harm, saving lives and improving life chances.

The development and implementation of the surveillance work is being taken forward by an operations group. The purpose of the operations group is to design the core dimensions of the surveillance system and to support implementation.

The first priority for implementation is the early warning system (EWS). The operations group has met once, with a second meeting planned for 2 July 2021. The aim is for EWS to be developed and rolled out by 31 March 2022.

Discussions are now underway in terms of alignment to reporting to Scottish Government. Public Health Surveillance is a collaborative endeavour between communities, local health and care organisations and national organisations, an appropriate accountability structure is being designed.

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## 3.3 What treatment or screening options were in place to address drug harms?

ADP	List of Formularies	No. Formularies
East Ayrshire	Methadone; Suboxone <sup>1</sup> ; Injectable & Nasal naloxone; Naltrexone; Espranor <sup>2</sup>	6
North Ayrshire	Methadone; Suboxone; Buprenorphine Sublingual; Espranor.	4
South Ayrshire	Methadone; Suboxone; Buprenorphine Sublingual; Espranor	4
Borders	Methadone/ Suboxone; Buprenorphine Sublingual; Buprenorphine Depot	4
Dumfries & Gall.	Methadone; Buprenorphine Sublingual; Buprenorphine Depot; Espranor; Dihydrocodeine	5
Fife	Methadone; Suboxone; Buprenorphine Sublingual	3
Clacks & Stirling	Methadone; Buprenorphine Sublingual; Buprenorphine Depot	3
Falkirk	Methadone; Suboxone; Buprenorphine Sublingual; Buprenorphine Depot	4
Aberdeen City	Methadone; Suboxone; Buprenorphine Sublingual	3
Aberdeenshire	Data Missing	Data Missing
Moray	Methadone; Suboxone; Buprenorphine Sublingual; Buprenorphine Depot	4
Glasgow City ADP	Methadone; Buprenorphine Sublingual; Buprenorphine Depot; Diamorphine; Benzodiazepine MAT	5
E. Dunbartonshire	Methadone; Buprenorphine Sublingual; Espranor	3
East Renfrewshire	Methadone; Suboxone; Buprenorphine Sublingual	3
Inverclyde	Methadone; Suboxone; Buprenorphine Sublingual; Espranor	4
Renfrewshire	Methadone; Suboxone; Buprenorphine Sublingual; Psychotropic Medications	4
W. Dunbartonshire	Methadone; Buprenorphine Sublingual; Diamorphine	3
Argyll & Bute	Methadone; Suboxone; Buprenorphine Sublingual; Naltrexone	4
Highland	Methadone; Suboxone; Buprenorphine Sublingual; Buprenorphine Depot; Diamorphine; Naloxone	6
North Lanarkshire	Methadone; Suboxone; Buprenorphine Sublingual; Buprenorphine Depot	4
South Lanarkshire	Methadone; Suboxone; Buprenorphine Sublingual	3
City of Edinburgh	Methadone; Suboxone; Buprenorphine Sublingual	3
Lothian: MELDAP	Methadone; Buprenorphine Sublingual; Buprenorphine Depot; Benzodiazepines MAT	4

West Lothian	Methadone; Suboxone; Buprenorphine Sublingual; Buprenorphine Depot	4
Orkney	Methadone; Buprenorphine Sublingual	2
Shetland	Methadone; Suboxone; Buprenorphine Sublingual; Dihydrocodeine	4
Angus	Methadone; Suboxone; Buprenorphine Sublingual; Buprenorphine Depot	4
Dundee City	Methadone; Suboxone; Buprenorphine Sublingual; Buprenorphine Depot	4
Perth & Kinross	Methadone; Suboxone; Buprenorphine Sublingual; Buvidal	4
Western Isles	Methadone; Suboxone	2

<sup>1</sup>Suboxone is Buprenorphine & Naloxone combined; <sup>2</sup>Espranor is Buprenorphine oral lyophilisate