

Progress of the Scottish Drug Deaths Taskforce – WithYou response

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We Are With You is a charity that offers free, confidential support and treatment to people in England and Scotland who have issues with drugs, alcohol or mental health. We provide people with support in a way that's right for them, either in person in their local service, community or online.

We Are With You has been working in Scotland since 2004. We are the largest charity provider of drug and alcohol services in Scotland and deliver harm reduction, assertive outreach, recovery, mutual aid, and pre and post rehab services. In addition, we also deliver KnowTheScore, Drinkline, a webchat service and a new Never Use Alone service.

Summary

In Scotland, less than 40% of people who require it are connected to any form of treatment (compared with 60% in England and Wales, itself too low). There is a critical need to increase the number of people with drug problems in treatment, to improve access to treatment, and to improve treatment quality. As such, we welcomed the development of the Drug Death Taskforce and will continue to support their recommendations and implement them where possible across our services.

Since its inception, the taskforce has had significant successes, including the development of the Medication Assisted Treatment standards, improving naloxone distribution and access, and moving forward the discussion around drug law reform and safer consumption rooms. However, there remains a gap between policy, research and implementation. Although the recommendations made by the taskforce address a range of complex areas, the implementation of some of its recommendations has stalled or taken too long. The scale of the crisis in Scotland means that actions recommended by the taskforce need to be implemented quickly.

The work of the taskforce has also often focused on research, perhaps to the detriment of focusing on more immediate actions that could improve front-line service delivery. Many of their recommendations made by the taskforce have also required Government and other statutory bodies to take on implementation, which has not always happened.

Areas of positive impact

There are several areas where recommendations made by the taskforce have been comprehensively and effectively implemented. The rapid expansion of naloxone distribution and access through emergency services, peers and families is one of the most important successes of the taskforce. The recommendations on naloxone have been well implemented, improving access, and increasing the availability of nasal naloxone. These measures will have a significant impact in reducing mortality related to opiate overdoses.

The rapid development and roll out of pathway services for non-fatal overdose has also been a success, and as recommended by the taskforce, Alcohol and Drugs Partnerships have appropriately funded these pathways. The taskforce has had success around improving peer support and advocacy, and their recommendations on increasing support to local organisations has been important and well received.

The recommendations made by the taskforce during the covid-19 pandemic were also well received and those that were implemented did have a significant impact. A key success was the accommodation and prioritisation of rough sleepers to enable safe social distancing measures and self-isolation, accompanied by proactive covid testing. In-reach services, such as OST and take-home naloxone supply in hostels and requisitioned sites, such as hotels, were in place in cities however this did not happen to the same extent in rural settings. Furthermore, though the taskforce recommended drug and alcohol services stay open during the pandemic, some statutory services did close while others severely restricted their capacity.

The recommendations made by the taskforce around legislative and policy reform have also been well received and implemented. The recommendations around diversion and prosecution have been rolled out and are working well, but need to be extended. A review of the Equality Act is welcome and is underway, and the National Collaborative is moving forward with the Human Rights Act in Scotland, including looking at the rights of people who use drugs and alcohol. Conversations around safer consumption rooms have also moved forward and the Government is supportive of piloting this intervention which is a positive development. Moving to a more whole systems approach has also advanced, with many service providers now adopting this approach.

Lastly, the call for additional funding to be made available for grassroots organisations and community-based projects alongside services to support vulnerable people has happened and has had an impact at a local level. Public Health Surveillance and the need for real-time information and data has also been prioritised, and is happening.

Areas of mixed impact

There are other recommendations made by the taskforce where the implementation and impact have been mixed. Though the MAT standards have been a significant development, despite being introduced in 2020, implementation has been both slow and sporadic. Though the failure to scale up at pace isn't necessarily the fault of the taskforce, it is not clear whether the taskforce has the capacity to effectively challenge their slow implementation.

On dispensing and prescribing, the taskforce did make strong recommendations however the implementation has been patchy. While a rights-based approach is being taken in prioritising OST as an essential medicine, the provision of safe storage boxes has been sporadic. Toxicology testing did not happen (due to lab congestion with covid testing), while home delivery happened in pockets, it was dependent on third sector and volunteer organisations to deliver. Long acting depot injections have been happening in places but not in all areas, and it hasn't been easy for Alcohol and Drug Partnerships to access the funding available for its roll out. The recommendation around local formularies has also been welcome but the quality of provision is often a postcode lottery. The use of laboratories struggled due to covid, however health boards did include OST dispensing and IEP provision as essential pharmacy services to be maintained as core elements of the emergency response.

On assertive outreach, the taskforce did make the correct recommendations, but again lacked the necessary powers of implementation. The recommendations around drug checking and to allow for the legal provision of a wider range of drug paraphernalia through harm reduction and treatment service were also welcome but they haven't been introduced and there has been no new guidance from the Government.

Lastly, on workforce related issues, though there has been significant new investment, services are still under considerable capacity pressure, with investment predominantly going to new developments, rather than being concentrated in boosting capacity in the existing workforce.

Areas of little impact

There are several areas where the taskforce has made little progress and impact. Despite the taskforce making recommendations around improving accountability and governance, there are pockets of good leadership, but it is not universal.

On the recommendations around addressing the harm caused by benzodiazepines,

though we agree with the recommendations, they could have gone further to include more harm reduction focused initiatives. Furthermore, though the benzodiazepine working group of the taskforce recommended the Government urgently consider allocating funding resources for nationally commissioned safety and stabilisation services, there has not been evidence of progress made on this.

The user engagement recommendations made by the taskforce have also been undermined by them not being given voting rights, and at times it appears that this engagement has been tokenistic. The recommendation to develop a network of people with living experience is taking place through SRC and now also the new National Collaborative, however it is too early in its development to assess its impact of the latter.

Lastly, the recommendations around prison have seen some mixed results. Though Buvival is much more accessible in prisons than it used to be, GP registration cards, and Friday releases haven't happened.

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