Criminal Justice; Health, Social Care and Sport; and Social Justice and Social Security Committees

Tuesday, 26 September 2023

Tackling drug deaths and drug harm

Note from the Clerk

Introduction

1. Members of the Criminal Justice; Health, Social Care and Sport; and Social Justice and Social Security Committees will hold a joint evidence session to hear from stakeholders who are delivering the recommendations in the final report by the Scottish Drug Deaths Taskforce.

2. Members will then hear from the Minister for Drugs and Alcohol Policy, Elena Whitham MSP, about the Scottish Government's ongoing response, as outlined in the Scottish Government's response to the Taskforce's recommendations. Please see **Annex A** for an executive summary and recommendations of the final report from the Scottish Drugs Deaths Taskforce.

3. Members will also consider the Scottish Government's plans for the future, in particular its National Mission, the work of the National Drugs Mission Oversight Group, and the recent correspondence from the Lord Advocate, regarding a statement of prosecution policy for a safer drug consumption room pilot.

4. Members will hear from two panels of witnesses. The first panel is:

    - Kirsten Horsburgh, Chief Executive Officer, Scottish Drugs Forum
    - Wez Steele, Senior Training and Development Officer, Scottish Drugs Forum
    - Simon Rayner, Service Lead, Aberdeen Alcohol and Drug Partnership
    - Tracey McFall, Chairperson, Scottish Recovery Consortium

5. Members will then hear from:

    - Elena Whitham MSP, Minister for Drugs and Alcohol Policy;
    - Orlando Heijmer-Mason, Head of Drugs Policy Division; and
    - Michael Crook, Drug Policy Team Leader, Harm Reduction Team, Scottish Government

6. As part of the evidence session, Members of the three committees may wish to take into account the details of the most recent annual statistics on drugs deaths in Scotland, published in August 2023 by the National Records of Scotland (NRS). These contains statistics on drug related deaths in 2022.

7. According to the NRS, in 2022 there were 1,051 deaths due to drug misuse in Scotland. This is 279 deaths fewer than in 2021 and the lowest number of drug misuse deaths since 2017.

8. The change between 2021 and 2022 is the largest year on year decrease on record. Despite this recent fall, drug misuse deaths are still much more common than they were in 2000. After adjusting for age, there were 3.7 times as many drug misuse deaths in 2022 as in 2000.

9. In 2022, males were twice as likely to have a drug misuse death as females. Most of the decrease in the past year was in males.

10. People aged 35-54 were most likely to die from drug misuse. It also found that death rates[1] are linked to deprivation. In 2022, people living in the most deprived areas of Scotland were almost 16 times as likely to die from drug misuse than in the least deprived areas.

11. After adjusting for age, Glasgow City and Dundee City had the highest rates of drug misuse deaths, while East Renfrewshire and Aberdeenshire had the lowest.

12. The most common types of drug implicated in drug misuse deaths in 2022 were opiates/opioids which were implicated in 82% of all deaths.

13. The majority (89%) of drug misuse deaths were classified as accidental poisonings, with only 7% classed as intentional self-poisonings.

14. Members may also wish to consider the Suspected drug deaths in Scotland: April to June 2023 statistics. The statistics indicate that: “There were 600 suspected drug deaths during the first six months of 2023. This was 7% (38) higher than during the same period of 2022. After following a downward trend since early 2021, the rolling 12-month total number of suspected drug deaths has increased slightly in recent quarters”.

Written evidence

15. Some of the witnesses provided written evidence. Please see **Annexe B** for the written evidence submitted by the Scottish Recovery Consortium.

[1] Age standardised death rates per 100,000 population.

Previous consideration by the three committees

16. As part of a joined-up approach to this issue, the Criminal Justice; Health, Social Care and Sport; and Social Justice and Social Security Committees agreed to meet jointly to consider the efforts being made to reduce drug deaths. This approach reflects the need to consider aspects of the criminal justice system, as well as health policies and wider social and economic matters such as poverty, unemployment, unstable housing, and family breakdown.

17. The Committees have met jointly four times previously. On 1 and 2 February, and 24 November 2022, and on 22 March 2023.[2]

Action/Decision

18. Following the evidence sessions, Members will review the evidence heard and consider what further actions to take.

Clerks to the Committees
September 2023

[2] See https://www.parliament.scot/chamber-and-committees/committees/current-and-previous-committees/session-6-criminal-justice-committee/meetings.

ANNEX A

Executive Summary and Recommendations of the Final Report from the Scottish Drugs Deaths Taskforce

Scotland has the highest drug-death rate in Europe. Chronic and multiple complex disadvantage – poor physical and mental health, unemployment, unstable housing, involvement with the criminal justice system and family breakdown – can predispose people to high-risk drug use.

The Scottish Government has launched a coordinated suite of measures to tackle the drug-deaths crisis in Scotland. As part of this, the Scottish Drug Deaths Taskforce was established in July 2019 to identify measures to improve health by preventing and reducing drug use, harm and related deaths.

Context

Two basic principles underpinned all our work:

1. Drug-related deaths are preventable and we must act now.

2. Scotland and the Scottish Government must focus on what can be done within our powers.

Work is underway to incorporate into Scots Law the right of every person to the highest attainable standard of physical and mental health through the new Human Rights Bill. It is critical that the Bill does not create similar discrimination to the Equality Act 2010 by separating the treatment of drug dependency from that of other health conditions.

Evidence shows that unacceptable and avoidable stigma and discrimination towards drug use are increased by criminalising people. We have heard that the Misuse of Drugs Act 1971 is outdated and needs to be reformed to support harm-reduction measures and the implementation of a public health approach.

Culture

A big cultural shift is required in Scotland to tackle the harms associated with drug use. Three principles for change are central to this cultural shift:

1. this is everyone's responsibility;

2. broad culture change from stigma, discrimination and punishment towards care, compassion and human rights is needed; and

3. families and people with lived or living experience should be at the heart of the development and delivery of services.

People with lived and living experience must be included in all aspects of the development and implementation of policies and programmes that influence service design. Families need and deserve support in their own right. Every service should start from the principle of involving family members and supporting them even when they do not have direct involvement in the individual's care and support.

Many people who use drugs face stigma. Ultimately, stigma reinforces trauma and prevents people from disclosing their drug use and seeking support and treatment.

Fear, judgment, punishment and shame must be replaced by compassion, connection and communication.

The development and implementation of a stigma action plan should be prioritised and sustained and consistent actions to challenge stigma should be taken by all services and stakeholders.

Stigma exists within the workforce. Services should be flexible, non-punitive and involve people who use drugs in setting goals and care planning. Action should also be taken to challenge stigma associated with working within the sector.

People with multiple needs do not necessarily fit the care and treatment systems that are in place. All services to which people present should ensure no one is turned away without ensuring that supportive contact is made. Holistic support should not be conditional on receiving treatment for, or being abstinent from, problem drug use.

More co-ordinated, cross-sectoral and holistic approaches are needed across treatment services for substance use, mental and physical health services, and social support services.

Care

Three principles for change must be integral to the care provided for every individual:

1. parity of treatment, respect and regard with any other health condition must be ensured;

2. services must be person-centred, not service-centric; and

3. there needs to be national consistency that takes account of local need.

All services and elements of the care system should consider their accessibility and adaptability to meeting the needs of population groups who may face additional barriers. This includes people from black, Asian and minority ethnic communities, those who identify as LGBTQI+, disabled people, women and young people.

A sustained shift to a preventive approach in drugs policy and interventions is required to tackle structural inequality and poverty as root causes of drug dependency, with clear actions to increase prevention.

People should be supported to make informed decisions about their drug use and be able to access holistic support if their use becomes problematic. A trauma-informed workforce (across all areas of the public sector) is crucial to ensure those who have experienced trauma are able to access and engage in services.

Tackling the drug death crisis is everybody's business. Workers in services outside the drug sector need to know how to help people who want to change or stop their drug use.

Many interventions have been taken forward in Scotland to help reduce the harm associated with using drugs. Being able to intervene quickly and effectively presents an opportunity to offer a range of options and perhaps eliminate risks of future overdoses.

Currently, many drug services do not operate in evenings or at weekends. We must provide emergency care 24/7 with out-of-hours referral points for people to access if needed.

Supervised drug consumption facilities are used in some countries. The UK Government should consider a legislative framework to support their introduction.

Our aim is for Scotland to have the most extensive naloxone network anywhere in the world. There is a crucial need for national coordination of naloxone delivery. We believe this could best be achieved through the appointment of a National Naloxone Coordinator.

Assertive outreach means that all people at high risk of drug-related harm are proactively identified and offered support. Navigators and peer support workers play a crucial role in this and need further support.

Licensed drug-checking services allow people to anonymously submit samples of psychoactive drugs for testing. Licensed facilities should be available widely across Scotland and be easily accessible at short notice.

Medication-assisted treatment (MAT) is protective against the risk of death. Full implementation of the MAT standards should be completed by May 2024.

Overarching treatment and recovery guidance, with defined and measurable standards, should be developed and implemented. The guidance should cover all types of drugs and the full spectrum of treatment and recovery support.

Residential services are highly intensive interventions. Wherever an individual lives in Scotland, they should be able to access crisis and stabilisation, detoxification and rehabilitation services at the point of need.

Leaving a service can be a time of high risk of overdose or drug-related death.

Aftercare is therefore crucial to ensure that people remain stable in their drug use or recovery. Many residential rehabilitation services have positive links with local

recovery communities. Local areas should be supported to ensure that thriving communities of recovery are linked to every drug treatment system.

The justice system should present a meaningful pathway to provide support for people who use drugs. Care between and in justice and community settings should be seamless. National guidelines should be developed to help resolve difficulties arising when implementing referral processes.

Alcohol and drug partnerships (ADPs) should proactively engage with justice services to detail what support is available in their area. They can then provide a gateway for vulnerable individuals who use drugs and have other complex needs.

Being held in police custody is often a crisis point in someone's life. Holistic support should therefore be available for all people who use drugs when entering, being held in and leaving custody. Prison releases on a Friday or the day before a public holiday should be banned to give people a better chance to access support.

The aim should be to ensure that people who use drugs are better supported when they leave prison than when they entered. Appropriate support is needed before and throughout sentences, with reintegration support on release. People on remand should receive the same level of support as those serving a sentence.

People who use drugs should also be provided with naloxone on liberation.

Co-ordination

Two core principles underpin co-ordination:

1. appropriate resource is required to bring about meaningful change, but it must be targeted to where it is most needed; and

2. strong decisive leadership is essential to success.

The drug and alcohol sector should have comprehensive standards and guidance and be inspected against them. The sector should have clearly defined lines of accountability that ensure services are provided to meet the needs of individuals.

Ultimate responsibility for ADPs' responses to drug-related deaths and harms should sit with the chief officer.

A formal review process should be undertaken for every suspected drug-related death. These should start from the principle that every drug-related death is preventable.

Local leadership is vital to tackling drug-related deaths and harms. Local leaders should take a lead in ensuring that lived and living experience is at the heart of developing local services.

Fragmentation across policy areas in the Scottish Government is apparent, with little join-up between work on drugs policy and key policy partners such as mental health, justice, housing, poverty and inequality. Consideration should be given to establishing a cabinet subcommittee or joint ministerial group to drive change across the Scottish Government. A national outcomes framework would provide much needed accountability and scrutiny of the Scottish Government and local activity.

Surveillance should be central to the National Mission to improve and save lives.

The data gathered should be aligned to the National Mission and should add value, with the objective of effecting change.

A National Co-ordinator for Drug-related Deaths role within Public Health Scotland would improve consistency and data-sharing and coordinate a review of the national drug-related deaths database.

All services should have a monitoring and evaluation plan in place. Services should evolve based on direct experience of delivering the service and embed a cycle of continuous quality improvement.

Digital inclusion should be a key goal when working with people who use drugs. Every person should have access to the necessary technology to enhance their engagement and improve their connectivity to support networks. Data-sharing must cease to be a barrier to the effective delivery of services. Partners must develop detailed information-sharing agreements to support the smooth transition of information around individuals' cases.

Specific pathways for entry, progression and continuous professional development for the workforce in the sector should be in place to support all professionals to provide the highest standard of service and enhance their sense of value. A further rapid evidence review of the workforce should be undertaken to enable the Scottish Government to take immediate action to support recruitment and retention, while recognising that recruiting more staff without steps to improve retention will lead to further problems – the sector already has significant vacancies.

Anyone working with people who use drugs needs a core set of skills and experience. These should be focused on embedding care, compassion and empathy in service delivery. Training and improvement practice should be used to fully embed these competencies into practice.

Formalised pathways must be developed for people with lived and living experience to work in the sector. Appropriate training and development, as well as pay and career progression opportunities, should form part of these pathways.

A comprehensive and consistently reviewed action plan is needed to deliver on this critical investment in the workforce.

If Scotland is to deliver the change we have outlined – the change that is needed – the sector must be appropriately resourced. More importantly, the resource must be targeted where it is needed most and where it will have the greatest impact.

Significant additional funding will be required. The Scottish Government needs to set out a fully funded strategic plan that commits to fully resourcing the demand for services – not a return to the funding of the past, but an ambitious and radical commitment to making people's lives better.

Next steps

The Scottish Government should publish a plan, as soon as possible but at the very latest in the next six months, on how they will implement these recommendations. Change is needed, but it will only be possible when we accept that this is everyone's responsibility. The evidence is clear and the time for talk is over. It is time for swift and decisive action.

Recommendations

1. Lived/living experience

People with lived and living experience must be at the heart of the response to drug-related deaths. All responses to problem substance use must be coproduced or co-developed with them as they are central to the changes outlined. We recognise that the needs and views of those with living experience may be different to the needs and views of those with lived experience and therefore will need tailored approaches to their inclusion. It is critical that those with living experience have the support they need and that barriers to their recovery are removed. The knowledge and skills of those with lived experience should be utilised to their full potential.

2. Families

Families must be involved in the process wherever possible, and steps should be taken to embed family-inclusive practice into all aspects of the sector's work. This means services should start with a presumption of family involvement. Family members must be part of the solution to the drug-deaths crisis. They have been active contributors to the development of the Taskforce recommendations and action points and must continue to be involved in the development of the response to this public health emergency.

It is also critical that families have access to meaningful support that is not dependent on their loved one's treatment.

3. Leadership and accountability

Clear, decisive and accountable leadership is needed to deliver the Taskforce recommendations and ensure that the National Mission is effective in improving and saving lives. While the First Minister and Minister for Drugs Policy are rightly accountable at national level for drug-related deaths and harms, there is a need for

clear lines of accountability at local level, with chief officers from the local Chief Officers Group ultimately assuming similar accountability locally. Chief executives of organisations in alcohol and drug partnerships (ADPs) must be responsible for their organisation's engagement and delivery.

4. No wrong door and holistic support

Local and national leadership should ensure that the principle of no wrong door is at the heart of a new whole-systems approach. This means that individuals are never turned away, or passed from service to service, or told that their treatment is conditional on another treatment. It should be the responsibility of services to join up support, not the individual to develop and navigate their own care plan.

5. Early intervention

The Scottish Government should prioritise intervention at an earlier stage, tackling the root causes of drug dependency. Links between work on poverty, structural inequality, education, children and young people and work on drug policy should be clearer.

6. National Specification

The Scottish Government should develop a National Specification outlining the key parts of the treatment and recovery system that should be available in every local area, ensuring it also delivers on the principles of quality, choice, access and parity of treatment with other health conditions.

7. Funding fit for a public health emergency

The Taskforce is clear that while the increase in funding is welcome, it does not go far enough to deliver transformational change. Funding must be increased, targeted to where it is needed most and monitored effectively, and should foster collaboration across Government and local services. Funding should also be committed in a long-term, sustainable manner that is ringfenced to guarantee it is spent where intended. Some services are better funded centrally and delivered either regionally or nationally. As part of the National Specification, the Scottish Government should outline the services it will commission nationally, ensuring that all areas can access the services they need.

8. Standards, guidance and inspection

All services must be appropriately regulated, with standards and guidance developed, and should be subject to regular inspection to ensure safe, effective, accessible and high-quality services. The Scottish Government should work with Healthcare Improvement Scotland to expand the Medication Assisted Treatment (MAT) Standards to encompass all aspects of the National Specification and create overarching treatment and recovery standards.

9. Public health approach in the justice system

As part of the implementation of the Scottish Government's new Justice Vision, the Scottish Government should make key changes to fully integrate a person-centred, trauma-informed public health approach to drug use in the justice system. Structured pathways for supporting individuals with problem drug use throughout their justice journey should be developed, making full use of critical intervention points and ensuring that people leave the justice system better supported and in better health than when they entered.

10.National stigma action plan

The Scottish Government should develop and rapidly implement a national stigma action plan, co-produced with people with lived, living and family experience and built on the Taskforce's strategy, which sets deliverable actions for addressing stigma.

11.National outcomes framework, strategy and funding plan

The Scottish Government should publish a national outcomes framework and strategy to underpin the National Mission. This should include a funding plan that clearly outlines how the funding links to the national objectives. It should also include the drivers and indicators of the Mission, as well as a detailed monitoring and evaluation plan. This national framework should be used to create local outcomes frameworks and evaluation plans by ADPs and services.

12.Data-sharing

The Scottish Government should ensure that data-sharing is no longer a barrier to the delivery of services. Guidance and/or an open letter should be developed with the Information Commissioner's Office on information-sharing, linking records and ensuring that all partners have standard operating procedures and information-sharing agreements in place.

13.Workforce action plan

The Scottish Government should develop and rapidly implement a workforce action plan for the drug and alcohol sector to ensure the workforce is supported, well-trained and well-resourced.

14.Availability of information

Transparent and accessible information is critical not only for effective delivery and enhancing the experience of people who engage with services, but also for scrutiny and trust. The Scottish Government should work with Public Health Scotland to review the information collected and optimise public health surveillance to further develop the early warning system. It should create a single platform for individuals accessing information on drugs, services and monitoring that should enable local areas to be held to account.

15. Specific populations

ADPs and services must recognise where particular groups (such as women and young people) have specific needs and face additional barriers. They should develop pathways tailored to these groups to ensure they can access the support they need when they need it.

16.Drug-death review groups

The Scottish Government should produce guidance on the operation of drug death review groups, setting the expectation that these groups review every death to learn lessons and that these are reported directly to the Chief Officers Group along with defined actions.

17.Digital innovation

The Scottish Government and wider local leadership should embrace digital innovation, finding ways to improve how people access health, care and support at the point of need.

18.Joint working

The Scottish Government and ADPs should support the improvement of partnership-working across the sector, including between statutory and third sector services and with recovery communities. The Scottish Government should work to break down silos between directorates, better aligning key priorities.

19.UK drug law

The UK Government should immediately begin the process of reviewing the law to enable a public health approach to drugs to be implemented. The Scottish Government should continue to engage with the UK Government to support these changes. In the interim, the Scottish Government should do everything in its power to implement a public health approach.

20.Taskforce legacy

There must be a clearly defined plan from the Scottish Government, within six months, outlining how it will implement these recommendations and how the legacy work of the Taskforce will be incorporated into the National Mission to ensure nothing is lost.

ANNEX B

Scottish Recovery Consortium

Introduction

Scottish Recovery Consortium (SRC) is core funded by the Scottish Government to support the aims of the National Drugs Mission to reduce drug deaths and improve the lives of those impacted by drugs.

Scottish Recovery Consortium supports, represents, and connects people in recovery across Scotland. We achieve this by working with recovery in all its forms – from grassroots to government, from individuals to international organisations and we value lived experience throughout. We work nationally across Scotland to develop and provide a variety of offerings including events, training, representation, and community development. Scottish Recovery Consortium adopts a rights-based approach and believes in collaborative working.

Our work directly supports the National Drugs Mission outcome framework and cross cutting themes. Our work directly supports the National Drugs Mission outcome framework through our activities at a national level supporting the MAT Standards Implementation, Residential Rehabilitation Improvement, Workforce Development and lived and living experience strands within the delivery plan. We also contribute to ensure recovery communities are sustainable, visible, that staff and volunteers are adequately trained to ensure work practices embed lived experience and a rights-based approach throughout. We continue to encourage the growth of the recovery communities by supporting the development of groups and organisations to give a greater choice of different types of recovery, ensuring individuals are able to access types of recovery that suit them. We work to support people with lived experience allowing them to access accredited learning which will support them, should they want to work within the sector or to give them the knowledge and skill to engage in discussion at local and national level. All our work supports the resilience of people with lived experience and the recovery communities accessed by those who seek a recovery journey in the community and prison.

Scottish Recovery Consortium Reponses

As we created this brief for committee, we felt it was vital that central to our response was those who are directly involved in recovery, drug and alcohol treatment services and have lived or living experience. We would like to express our thanks for those who have directly engaged with SRC to provide feedback to the committee. We hope this provides the committee with real life / real time experiences of those who are being affected by problematic substance use and the recovery communities across Scotland supporting the National Mission. The full set of questions and responses can be seen at the end of the briefing (Appendix 1).

In preparation for the evidence session, SRC focused on the key elements that may be discussed or raised by the cross committee. We have provided a response in relation to the contribution SRC has made to specific areas of focus in relation to the National Mission and our reflections on the broader questions.

The implementation of the actions recommended by the Taskforce, the outcomes or impacts, any barriers to implementation, and any areas where more progress is required.

The Drug Death Task Force Report: Changing Lives is clear on what the focus in Scotland should be to reduce drug related deaths and harm and all associated recommendations have been integrated into the SG's response and subsequent cross government action plan.

The progress made in the cross government action plan, in the Scottish Government's response to the final report of the Scottish Drugs Death Taskforce;

Any cross-government developments are positive and Scottish Recovery Consortium are encouraged by the Cross Government Action Plan. The acknowledgement by government that problematic substance use is complex in nature and needs a multi-faceted approach across a number of portfolio areas including mental health, justice, homelessness, and trauma is positive progress. The lack of a joined-up approach and is something that families, communities and people affected by problematic substance use known for some years.

Research in 2019 highlighted the inter-connected severe and multiply disadvantage people in Scotland faced. Hard Edges Scotland was commissioned by Lankelly Chase and supported by the Robertson Trust to bring separate datasets together to reveal how some harms interconnect in the lives of people in Scotland. The report published in 2019 commissioned by Robertson Trust and Lankelly Chase highlights the number of people in Scotland that have inter-connected severe and multiple disadvantages. https://lankellychase.org.uk/publication/hard-edges-scotland/

Key findings include that each year in Scotland:

- 5,700 adults experience three 'core' forms of severe and multiple disadvantage (homelessness, offending and substance dependency)
- 28,800 experience two out of these three
- 156,700 experience one of these three
- Higher rates of extreme disadvantage are found in urban compared to rural areas.
- Glasgow, West Dunbartonshire, Clackmannanshire, Dundee, North Ayrshire, and Aberdeen City show high prevalence of people experiencing 'core' forms of severe and multiple disadvantage.
- Affluent, suburban towns and the Highlands and Islands have lower rates.

Whilst this research provides stark evidence, Scottish Recovery Consortium believes there is an opportunity to use this, the work of the DDTF and the approach to cross government policy areas to create a case for taking a whole systems approach to severe and multiple disadvantage. We know in Scotland that services across justice, problematic substance use, mental health, homelessness, and domestic violence are working with the impact of all of these, but individually that solution will not be found. This report highlights the need for a more collaborative approach to service and systems design and this should be developed and created by those who have lived and living experience and the workforce.

"Hard Edges Scotland makes a renewed case for taking a whole system approach to severe and multiple disadvantage, with sustained and deep collaboration and coordination required at all levels. Individual services are contending daily with its impacts, but individually they cannot provide the solution. It is also a compelling argument for involving people facing severe and multiple disadvantage and their support workers, in work to change systems. It is they who bear daily witness to the dysfunctions that arise from event the most well-intended policy. It is they who have learnt to navigate and survive the complexities of the systems we have created. And it is they who stand to gain or lose most from the results". Hard Edges, Page 12

Key to the action plan will be the implementation and for that to be successful joint working and collaboration will also be needed at a local level across Alcohol and Drug Partnerships, Community Justice Partnerships. Community Planning Partnerships. What we know in Scotland is that our 'structures' and 'systems' are working with the same populations. The justice system has high proportion of people in in who are affected by problematic substance use, our treatment systems are filled with people who need to offend to support their problematic substance use. Those who are chaotic find it difficult to sustain and maintain a safer and secure home, so our homelessness systems have large numbers of people who have chaotic drug use and are offending to support their day-to-day drug use. All of this is underpinned by poverty and the impact of childhood trauma and mental health.

Scottish Recovery Consortium has a key role in ensuring the voice of lived and living experience is heard at every level from government to local services and the critical role recovery support and recovery networks have in supporting the national mission.

The Cross Government Plan outlines a funding framework, however there is no specific budget line or budget aligned to a national approach to recovery, recovery support or the development of recovery networks/communities. Whilst there will be a focus at a local level to support recovery development it is vital that SG re-commit to the national focus and importance of the role of recovery and recovery support in the continuum of care.

Both the DDTF final report and the cross-government plan highlight the importance of lived and living experience being central to design, delivery and implementation of the national mission recommendations and what's needed at a local level. Participation and engagement must also include those who are not engaged with services as there is critical learning with this population.

Action 11 states that all responses to problem substance use must be coproduced or co-developed with people with lived and living experience. Scottish Recovery Consortium would like to see a national standardised approach to the participation and engagement of those with lived and living experience at all levels of local and national decision-making structures. Or at the very least quality standards in relation to good practice guidance. A national approach, with the flexibility of localised need would provide a more consistent approach to co-production and co-development and could be measured in term of implementation and progress both on the cross-government plan and the MAT Standards.

Action 12 states that ADPs should ensure that specific psychological and wellbeing support is provided for people with lived and living experience. The current SG position and one of the ways this will be delivered is through the development of guidance for treatment and recovery services. Whilst MAT standards will provide the guidance and standards in relation to treatment services, there is no national standards in relation to recovery services/ communities and or networks. Again, SRC would like to see a clear guidance that could support ADPs in terms of guidance and good practice. In addition, SRC would like to see research commissioned to identify the different models of recovery services, organisations and networks across Scotland and the contribution being made to local communities, drug related deaths and the national mission.

Action 29 highlights the need to consider provision and pathways through an equalities lens, ensuring women can access the support they need when they need it. It is important to highlight that there must also be a focus on recovery support and activities in addition to residential provision and community treatment. The evidence provided by the recovery communities we survey show the majority (n=9) of the RC's have a higher proportion of men who attend. Two RCs have predominately females who attend, and three RC's have a relatively equal split between male and females attending. One RC has 100% males in attendance.

Whilst the cross-government action plan was only published in January 2023, it would be helpful to be provided with an update on progress so far.

The recent statistics on drug related deaths in Scotland;
The yearly figures for 2022 indicate a fall in deaths which is progress and that is supported by SRC, however recent Police Scotland figures published on 12th September indicate 600 deaths during the first 6 months of 2023.
https://www.gov.scot/publications/suspected-drug-deaths-scotland-april-june-2023/pages/2/.

The recent report on progress made in implementing MAT Standards;
Scottish Recovery Consortium welcomes the progress made in relation to the MAT Standard Implementation across the country and whilst we know treatment and people accessing services is a protective factor, it is critical that pathways out of treatment are available for people.

There is more work do to do ensure the experiences of those who are accessing treatment is effectively collated. Whilst accessing treatment is a core function of the

MAT Standards it is still vitally important to ensure that when people do access treatment that they are treated fairly, with dignity and respect, free from stigma. In addition, we need to ensure we are collecting information and data to ensure people are able to choose the treatment that is right for them, including residential rehabilitation. The report highlights some of the challenges in collecting the experiences of those individuals and families engaged in treatment. One potential solution may be for ADP areas to engage with recovery communities in local areas – many people accessing recovery communities may still be in treatment therefore that may provide the opportunity for ADPs to engage directly with those accessing treatment. The report also highlighted the challenges with engaging with families, another solution may be to engage with other national commissioned organisations i.e., Scottish Families Affected by Alcohol and Drugs (SFAD) or more broadly Families Outside (FO).

MAT Standard 6 (Psychological Support) specifically highlights the importance of psychosocial approaches. *This standard focuses on the key role that positive relationships and social connections have to play in people's recovery. Services recognise that for many people, substances have been used as a way to cope with difficult emotions and issues from the past. Services will aim to support people to develop positive relationships and new ways of coping as these are just as important as having the right medication.*

There are specific criteria outlined in the MAT standards that specifically focus on recovery networks and mutual aid. (See below)

6.6 support the development of social networks by:

a) actively promoting and linking people to services that place an emphasis on support from mutual aid and other recovery networks. There should be a clear and realistic recovery plan that outlines the network of support available to the person, including key people in their life;

b) providing support to build social capital through the promotion of connections with people in mutual aid or other pro-recovery networks;

c) providing social bonding and social bridging interventions, specifically designed to modify a person's social networks, including work with families or nominated persons.

The latest benching marking report publish in July 2023 provides very little detailed information in relation to this element of Standard 6. Whilst there has been some progress noted in relation to some joint working in providing psychological support there is very little detail on the impact recovery communities are making in supporting the development of creating social networks and relationships. It would be helpful to have a clearer idea and information in relation to the recovery plans that should form part of MAT Standard Implementation.

The information received from the recovery communities we surveyed (Appendix 1) highlights the increased need of recovery support and activities and the contribution to MAT Standard 6.

The Corra National Drug Mission Fund, Progress Update (2022-2023) also highlights the number of people supported by treatment and recovery activities and the critical role the third sector play in contributing to the national mission.

Views on a safer drug consumption facility pilot in Glasgow. An update from the Lord Advocate on her consideration of a pilot is expected prior to the meeting and will be shared with you.

Scottish Recovery Consortium welcome any approach that provides choice and access to supports and treatments that reduces the harm associated with problematic substance use. However, it is critical as this pilot is developed and implemented the voice of lived and living experience is at the heart of the discussions and the pilot is developed and implemented based on the real needs of those who are at most risk. The DDTF, Changing Lives report highlighted the need for services to be person centred and not service centric. (Changing Lives Report, P15)

There is learning from other treatment pilots that may be helpful including the evaluation of the Heroin Assistant Treatment (HAT) implemented in Glasgow. There was key elements that were highlighted around individual, service, and environmental level barriers but also potential facilitators for change. https://www.cso.scot.nhs.uk/wp-content/uploads/HIPS1919report.pdf

It is important to note that whilst the safer consumption room will primarily be based on a medical / clinical model of treatment, there must be equal resource placed on the physco-social supports and broader wrap around supports that people need. That needs to include housing and homelessness support, welfare and benefits support, support with offending behaviour, mental health, and longer-term opportunities to engage in recovery, training, education, and employment opportunities. There is a key role in this model for the third sector and recovery communities and networks to be an integral partners in the development of a safe consumption room in Glasgow.

The Scottish Government's proposal to decriminalise drugs for personal use and follow a public health approach.

Scottish Recovery Consortium welcome any approach that will provide the support that people need and reduce the risk of being criminalised for what is seen as a public health issue. This approach could also have direct positive consequences in the long term that are connected to the increase in prison population that has been highlighted recently by the letter sent to the Justice Committee by the Cabinet Secretary for Justice and Home Affairs (13th September).

However, if and when this does come to fruition then we must ensure there is the services needed to support people and potential alternatives to custody. This should include residential rehabilitation and / or community drug and alcohol treatment and access to recovery networks, communities, and support.

Other relevant issues you think Members should be made aware of.

The recent HMIPS Annual Report 2022-2023 https://www.prisonsinspectoratescotland.gov.uk/publications/hm-chief-inspectors-annual-report-2022-23 recognised the critical need for an integrated and embedded approach to recovery and recovery activities whilst people are in prison.

It is important to take cognisance of the Verity House agreement https://www.gov.scot/publications/new-deal-local-government-partnership-agreement/ and in the longer term how that will have an impact on the funding of drug and alcohol treatment support and the critical role of recovery as part of the continuum of care.

It is also important to take cognisance of the National Care Service (Scotland) Bill https://www.parliament.scot/bills-and-laws/bills/national-care-service-scotland-bill/introduced#topOfNav and how the transfer of social care services will look and what does that means for drug and alcohol treatment services and recovery support.

A number of prison needs assessments were commissioned by Scottish Government in 2022 with one specifically focusing on substance use, physical health, mental health, and social care. https://www.gov.scot/publications/understanding-health-needs-scotlands-prison-population-synthesis-report/ The reports set out a number of high-level recommendations in addition to several outcome-based recommendations grouped around a series of themes. It is important to understand how this work will be integrated into the work of the national mission and other national policy areas.

There has been research undertaking that could support the cross-government action plan (action 28) in relation to the improvement of partnership working. https://www.gov.scot/publications/supporting-collaboration-between-third-public-sectors-review-current-evidence/documents/

Appendix 1

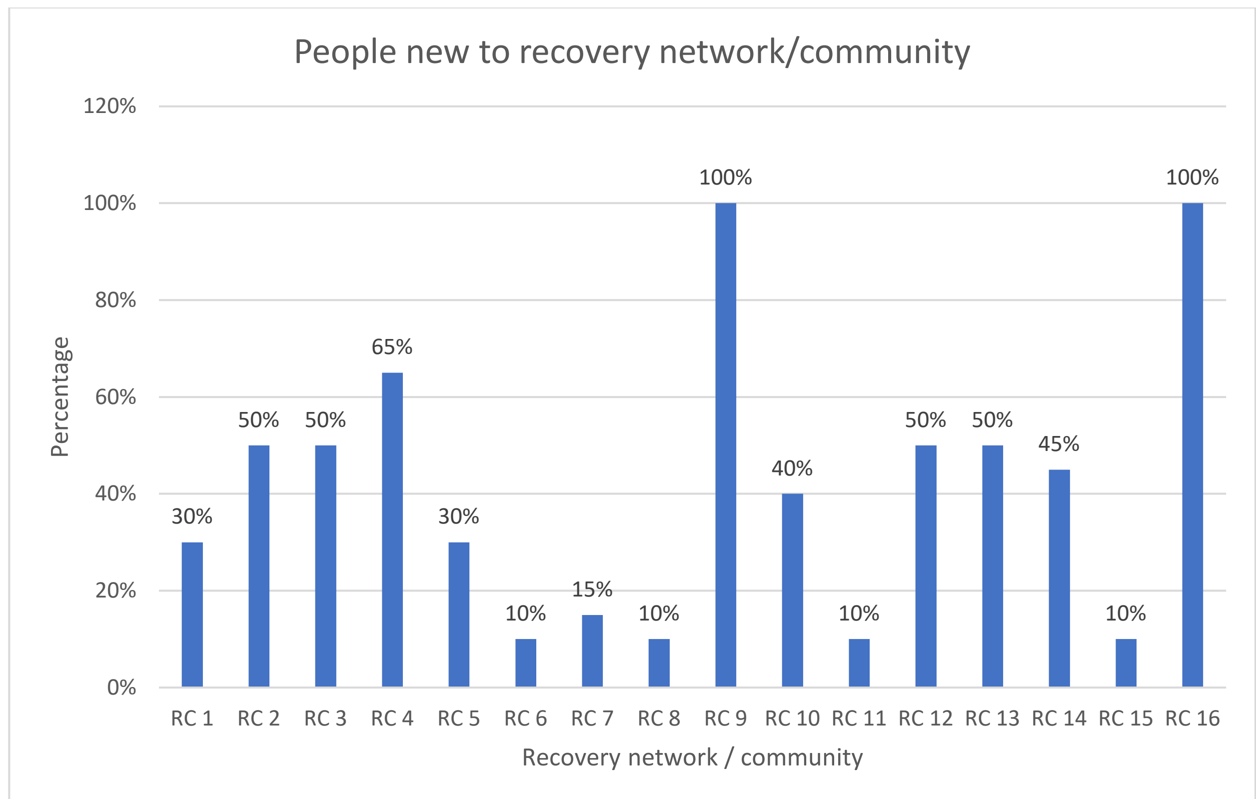
Feedback from Recovery Communities

As part of the feedback to committee SRC directly engaged with 17 recovery communities across Scotland. 16 out of 17 recovery communities responded. There was a broad geographical spread across Scotland including rural and urban areas. For the purposes of the briefing, we have anonymised the information. We asked the recovery communes a number of questions that directly relate to recovery in Scotland and we hope the information provided helps highlight the changes in recovery networks across Scotland. It is important to note that no information has been changed and these are direct quotes from our respondents.

1. ***Have you seen the number of attendee increase or decrease in the last financial year? (2022 – 2023)***

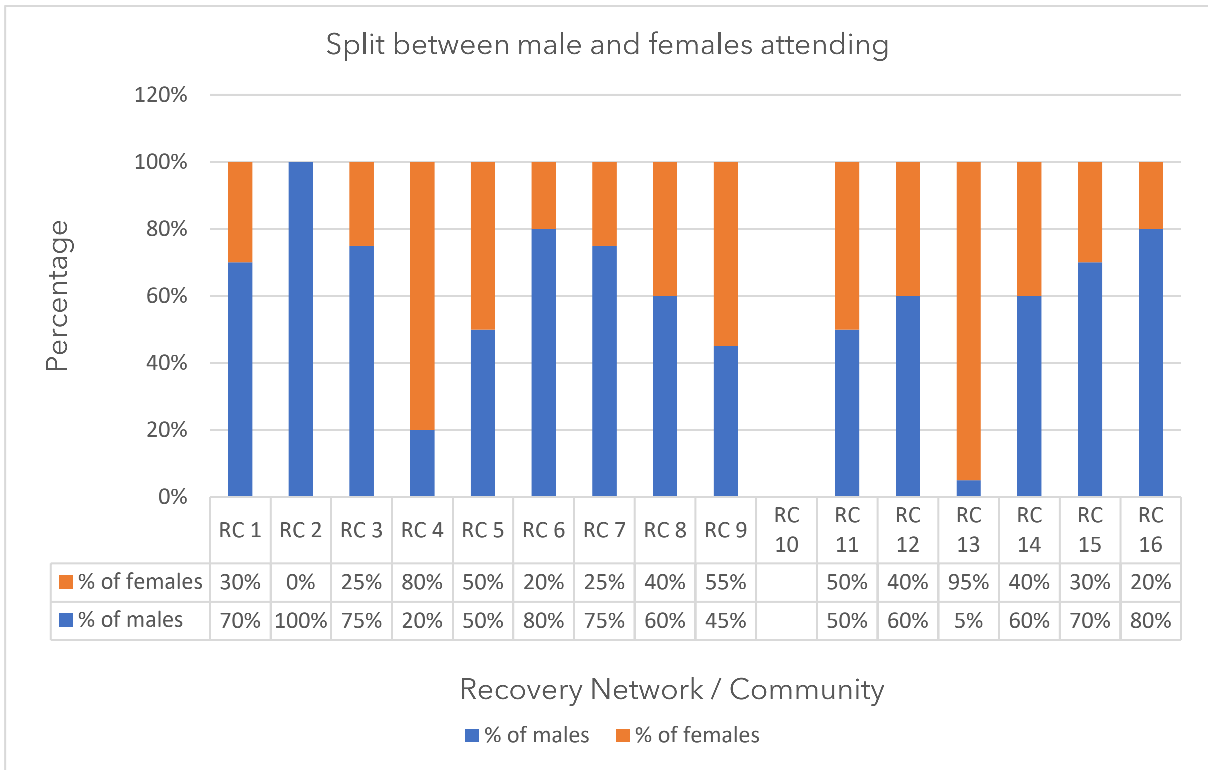
15 out of the 16 recovery communities reported an increase in the number of attendees in the last year.

2. ***What percentage in that year (2022-2023) were new to your network?***



From the 16 recovery communities that responded, on average there has been a 40% increase of new people engaging or attending the recovery networks / communities over 2022-2023. For some recovery communities and networks there has been a 100% increase in new people attending. Whilst this is positive progress and people are finding recovery networks and supports it is also important to ensure that resources are being aligned to the increased level of need.

3. ***What % of your members are male and females and have you seen an increase or decrease in the number attending?***



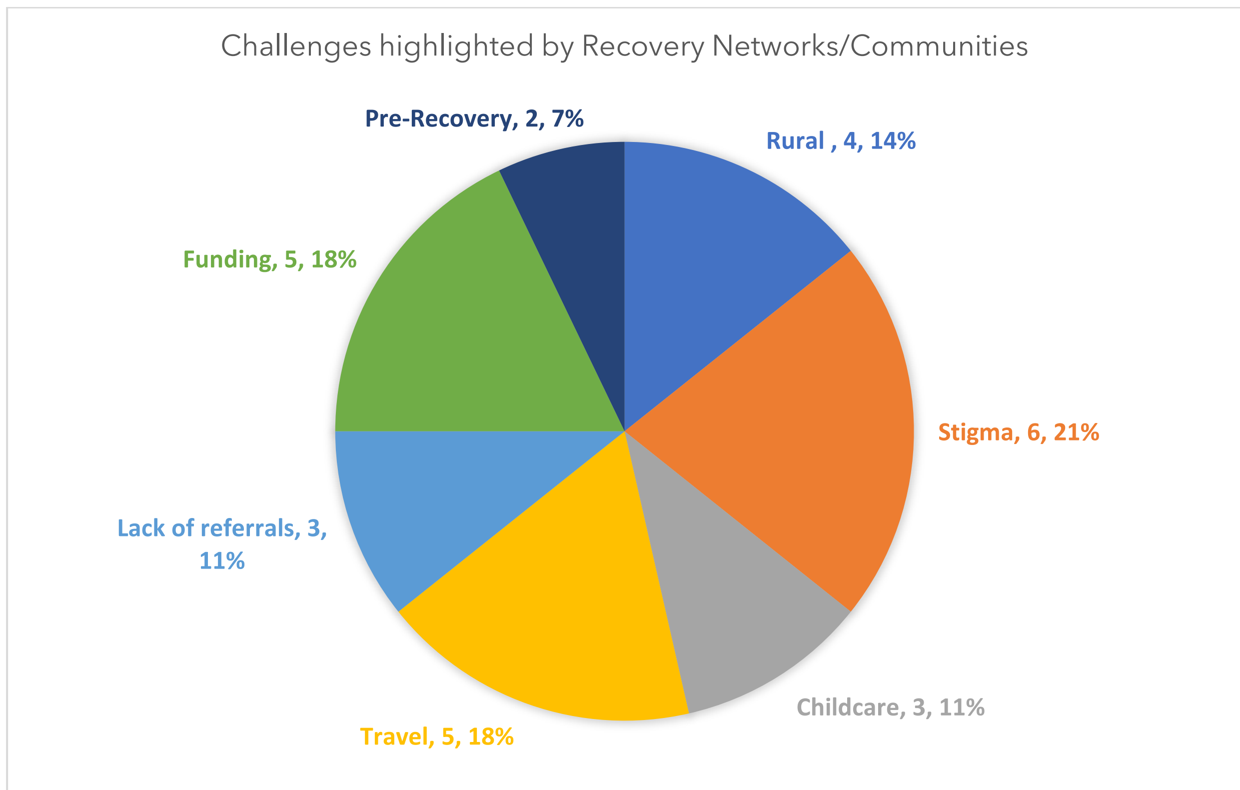
	RC 1	RC 2	RC 3	RC 4	RC 5	RC 6	RC 7	RC 8	RC 9	RC 10	RC 11	RC 12	RC 13	RC 14	RC 15	RC 16
% of females	30%	0%	25%	80%	50%	20%	25%	40%	55%		50%	40%	95%	40%	30%	20%
% of males	70%	100%	75%	20%	50%	80%	75%	60%	45%		50%	60%	5%	60%	70%	80%

Please note Recovery Community (RC10) has seen an increase in both males and females however no statistics were provided. From the information received we can see the majority (n=9) of the RC's have a higher proportion of men who attend. Two RCs have predominately females who attend, and three RC's have a relatively equal split between male and females attending. One RC has 100% males in attendance. The majority of RC's reported an increase in both male and female attendees.

Whilst it is encouraging to see an increase in both male and females attending RC's it is important to ensure that women have equal access to recovery support and activities.

4. Do you see any barriers to accessing recovery communities?

It is important to note that each RC highlighted more than one challenge.



This biggest challenge highlighted by RC was in relation to stigma. This was both the stigma that individuals people faced in accessing recovery community, but also organisational /institutional stigma faced by recovery networks key partners, and this was attributed to the lack of understanding of the importance recovery plays in supporting people to move away from problematic substance use.

Accessing recovery networks/communities in rural areas was raised as a challenge and the impact this can have on individuals and families who want to access recovery support.

"Rural areas have a significant barrier to joining a recovery community, in particular smaller villages, as well as stigma being a barrier".

Travel, and the lack of financial support was highlighted both in a rural context and also more generally in accessing recovery support and activities. It was highlighted that the cost of travel, and having access to support around travel would increase access to recovery communities / networks and more broadly would also help regular access to other relevant services and treatment.

Lack of referrals was raised by a small number of RCs and that was in direct relation to key partners not explaining the role of recovery in someone's treatment journey, not integrating, and embedding recovery conversations and the support and options

available that should be aligned to treatment and the lack of referrals that come to recovery communities and networks.

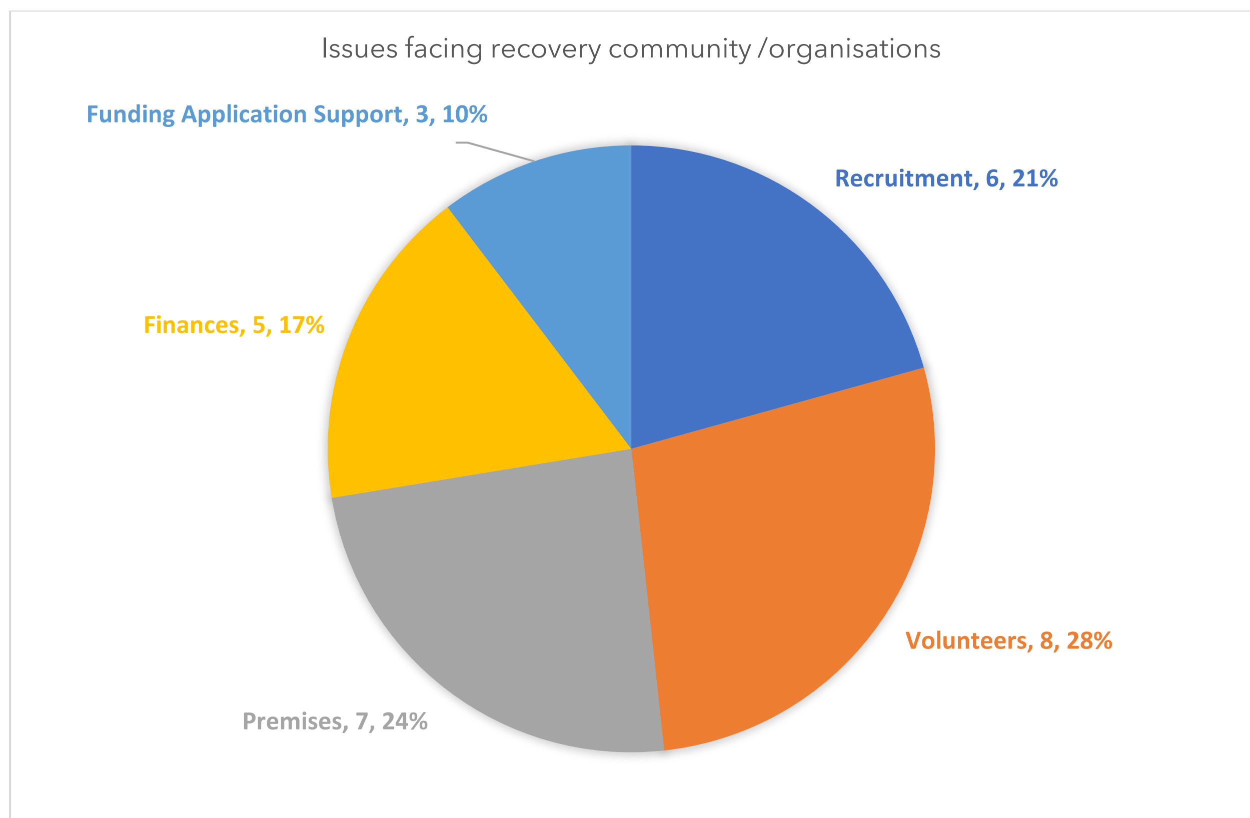
"Lack of referrals and signposting from treatment agencies, particularly NHS".

"It might be helpful if there was pre recovery community accessible for people who are at the very start of their journey".

Childcare was raised by three recovery communities and the negative impact that can have in allowing women access to recovery support and activities. It may be interesting to further explore the RCs which have high numbers of females engaging and whether or not these groups are made up of women with childcare responsibilities and if there is childcare available.

5. ***Do you have any issues facing your recovery community/organisation (e.g., financing, staffing etc)?***

It is important to note that each RC highlighted more than one issues they faced.



Accessing volunteers was a live issue for recovery communities and the ability to recruit volunteers to support recovery communities and networks. Respondent noted that it is important to remember that most recovery communities across Scotland, whilst some may be supported by NHS, Local Authority or Third Sector paid staff the majority of cafes, activities and recovery support is provided by unpaid volunteers with lived experience.

Some respondents highlighted the critical important and value of paid, lived experience peer mentors, within treatment and support services and the links they have to recovery communities and networks. Whilst some areas across Scotland have employed peer mentors within treatment and support systems, that is not the case across all areas. In some areas it is recovery volunteers who directly engage with treatment and support services. Respondent would like to see more paid lived experience peer mentors integrated and embedded into treatment and support services to ensure recovery is visible and recovery focused conversations can take place throughout a treatment journey not just at the end.

Premises was a current and live theme that was raised by a large percentage of the RCs we surveyed. Whist there was recognition of joint partnership and collaboration in areas for recovery communities to access local premises the number of recovery cafes, groups and recovery activities was restricted to the not having access to premises on a more regular basis.

"We would be able to help more people if we could have our own premises. We would be able to open our cafe more days of the week rather than few hrs once a week".

Finance and funding of recovery communities was another live issue recovery communities were facing. There was acknowledgement and recognition that treatment is a key component for many, however the respondents indicated that more resource needs to be placed in recovery communities / networks to ensure that when people want to access recovery as part of their treatment or at the end of their treatment that option available. The general consensus from those who responded, reported that recovery support, activities and structures was an afterthought and more has to be carried out to re-dress the balance between treatment and recovery resources.

There was also a general consensus of recovery being undervalued and the lack of understanding of what recovery communities actually contribute to supporting people to stay substance free and therefore reduce drug related deaths and harm. Recovery communities across Scotland provide a range of training and education opportunities as well as direct links into employability pathways.

One example highlighted was the resource and support required for volunteer support and supervision. In one area surveyed every volunteer who engages and supports a recovery community / network through volunteering needs to be supervised. This is to ensure the volunteer has a plan to progress their skills, experience, and knowledge in the network and to progress onto training, education, and employment opportunities. In order to ensure safety, relapse management support, and personal development, several governance and practice mechanisms need to be in place.

Another example highlighted is the mandatory training that volunteers must complete before volunteering can take place – some of this training includes Child Protection, Professional Boundaries, Mental Health awareness and GDPR.

Some RC highlighted the need for support to access funding that could help expand the recovery supports available at a local level.

6. ***Is there anything you would like to highlight at the Cross-Party Committee?***

The responses below have come directly from recovery communities. No quotes or information has been changed; however, they have been anonymised to ensure specific areas cannot be identified.

"We need to do more at grass roots to challenge stigmas around mental health and addiction which are linked and encourage the next generation to look after their mental wellness to prevent them from being unwell or trying to access substances".

"YES! There is no parity of funding for recovery communities or Lived Experience Recovery Organisations (LERO's). The majority of ADP budgets are diverted to treatment, with Recovery Community support being an afterthought or box ticking exercise. This is a reflection of Scottish Government policy".

"The constant belittling of the value and benefits of lived experience in our locality is quite frankly horrendous, if required we have emails from figures in authority to evidence our claims".

"We need help to be able to touch more people i.e., premises and staff".

"More funding from Scottish government and locality ADP".

"Awareness of the amount of people accessing or looking for recovery or even just looking for treatment pathways - residential beds - I think in our area we have on statuary books over 3000 people and then look at those not in treatment or getting access - then look at team numbers allocated to support those folks - we aware can't have more workers - costs etc but then we need to be realistic on what expected... and who do we hold accountable in terms of rights people have if not getting adequately supported".

"Need more support for maintaining staff in recovery organisations, more funding, better opportunities".

"There seems to be of a focus on residential rehab regarding funding and the recovery communities are less of a priority the funding should be distributed over all aspects of recovery as what happens when someone leaves rehab".

"Because we work pan area the different approaches of the ADP make for challenges as we can offer a level of support in the south that does not exist in the other two parts of area".

"More access and support for producing / writing funding bids and governance".

"There's been such a big focus on opiates that we're seeing an increase in alcohol deaths in our community, there needs to be equal investment. There's too much pressure on NHS Addiction Services".

"Possibly more support from local authorities".

"Individuals need proper support to engage in meaningful activity and volunteering opportunities leading to employability".