

Drug and Alcohol Cross Party Group Meeting

Minutes 14.12.20

1 Attendance

MSPs :-

John Finnie	Stuart McMillan	Monica Lennon
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Speakers :-

John Budd	John Campbell	Trina Ritchie
Emma Hamilton		

Attendees :-

Dave Liddell	Michael Trail	Tracey McFall
Rowan Anderson	Kira Weir	Mark McCann
Faye Keogh	Narek Bido	Amanda Rae
Liam Mehigan	Chris Graham	Justina Murray
Jardine Simpson	Arun Menon	April Adam
Jessica Greenhalgh	Amanda Ashford-James	Ayesha Cheema
Catherine Franczak	Chiara Cotronei	Stewart Mercer
Isaac Bonisteel	Jonathon Grey	

Apologies :-

Hannah Carver	Dr David Johnson
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2 Annual General meeting

2.1 Election of Officer bearers

John Finnie MSP, Emma Harper MSP and Monica Lennon MSP were elected as co-convenors.

The following were elected as deputy convenors:

Miles Briggs MSP, Conservative and Unionist Party
Stuart McMillan MSP, SNP
Tom Arthur MSP, SNP

2.2 Appointment of secretariat

Scottish Drugs Forum were confirmed as providing the secretariat.

3 Impact of COVID on people with the drug problems and the services supporting them

Dr John Budd, NHS Lothian and Team: **Chiara Cotronei; Isaac Bonisteel, Jonathan Grey; Catherine (Kasia) Franzak & Ayesha Cheema.**

John highlighted key areas for important collaboration with Health, Third Sector, Housing, Public Health & Social Work:

- Housing – provision of emergency accommodation
- Identifying & Supporting Most at Risk – 240 patients identified
- Outreach – including Fast Track onto OST
- Intermediary Care Unit
- Volunteering & Education

Kasia & Ayesha

We have been working for the past few weeks with the Access Practice evaluating their services and how access to health services has changed for people who experiencing homelessness in Edinburgh during the Pandemic.

We carried out 25 semi-structured interviews with people experiencing homelessness and homelessness providers in and around Edinburgh over a two-week period at seven different sites.

Changes in access since Covid 19:

Improvements:

- Increased Outreach
- NHS Near me mental health consultations
- Improved interagency work
- Same day starts for OST

New Barriers:

- Disparities in access between sites
 - Lack of knowledge about available services
- Difficulty making appointments and waiting time
- Phone & Video appointments:
 - Digital Exclusion
 - Emotional barrier

Recommendations:

- Increased outreach, especially to sites not currently with EAP
- Trauma informed training for staff who come into contact with service users, including reception staff
- Provide access to laptops, phones and ensure access to Wi-Fi for virtual consultations and online services in sites currently without
- Women's Only Clinic
- Continued interagency collaboration between health care, social care and third sector partners

Chiara; Isaac & Jonathan – Homelessness & Inclusion Health Society, University of Edinburgh

Who we are:

- Group of medical students who want to make an impact on local health inequalities from the University of Edinburgh
- Approached Edinburgh Access Practice re development of a volunteering programme. Aim to strengthen existing services and give students exposure and experience in broader range of healthcare settings
- COVID 19: recruiting and assisting in methadone and prescription delivery program
- Growing interest led us to founding the Homelessness and Inclusion Health Society

Our Current Work:

- 11 person committee and 35+ paid student members
- Working under the Centre for Homeless and Inclusion Health, Edinburgh Access Practice and Edinburgh Medical School
- Continuing to build partnerships with local organisations e.g. Cyrenians, Salvation Army, Streetworks, Soul Food & more
- Preparing for our first National Conference and awareness campaign

Our vision – to be active over the long term:

- Harnessing student availability and motivation for positive impact
- Better training for future doctors in dealing with complex psychological presentation
- Volunteering integrated into curriculum
- Education: To bring together students of different backgrounds to tackle homelessness and healthcare inequality holistically and with a multidisciplinary approach
- Advocacy: Equip students with tools to become better advocates

John Budd: Hoping to build on lessons and developments which can have long term effects in the healthcare we are able to offer to those who are the most marginalised.

John Campbell, NHS Greater Glasgow and Clyde

Glasgow's Harm Reduction Response During Covid 19:

John gave a brief history of Drug Use in Glasgow for the last 30 years:

- 1990's increasing concern over overdose rate but much smaller than now. Also concern over an outbreak of Hepatitis C.
- 2000 – 23 deaths linked to Clostridium Novyi
- 2009 – 14 deaths in Scotland linked to Anthrax – nine of those in Greater Glasgow & Clyde area
- 2011 – new drugs emerged mainly novel benzodiazepines which brought significant problems
- 2014 – 30 people hospitalised due to Botulism
- 2015 – we identified HIV outbreak; 47 people positive within 2015, That's now increased to 187. Very significant and ongoing problems,

Why has drug related harm not reduced over the past 30 years? A few reasons:

Drugs:

- Drugs have never been cheaper
- Never been easier to get hold of
- Never been a wider choice
- Drugs available have never been stronger

People:

- Consuming more drugs
- Injecting far more often
- Injecting in small groups – batch preparation increases risk of transmission of BBVs
- More transient population – people moving from area to area
- Injecting away from home or outdoors

When Covid hit on 23 March we were fortunate in Glasgow to have over 90% of IEP outlets remained open – all city centre. The Glasgow Drug Crisis Centre remained open 24 hours both for Needle Exchange and admissions. Although the number of needles provided remained the same, BBV testing and wound care suffered.

Put together a team of volunteers to operate the IEP Van. This service operated for 49 consecutive nights. Teams of 2 operated with no mixing of teams. No member of staff came down with Covid and during this period we carried out 518 transactions,

199 unique clients; provided over 10k needles or sheets of foil; issued 162 Naloxone kits and used Naloxone 6 times on people we had found in an overdose state.

What we witnessed was harrowing but humbling as well. These included: distress; intoxication; open drug use; overdose and violence.

Moving out of lockdown

Harm Reduction Priorities:

- Increasing BBV testing
- Assessing injecting injuries and other drug harm
- Preventing drug death
- Link clients with services

We produced a poster for the WAND Initiative which was planned before the outbreak of Covid. This gave the opportunity to look at four key interventions:

- Wound Care
- Assessment of Injecting Risk
- Naloxone Provision
- Dry Blood Spot Testing

WAND is aimed at the city centre population with a partnership approach. It is also linked into NEO. Clients are given a “starbucks style” reward card when they complete an intervention. This is also recorded on NEO. Person is encouraged to access every 3-4 months.

In the 1st month, September, there were 403 wounds checked; 467 Naloxone kits issued; 380 Dry Blood Spot Tests.

Dr Trina Ritchie, NHS Greater Glasgow and Clyde

Impact of Covid on Drug Treatment Services - NHSCCG

I'm sure the experiences in GGC are quite representative of many areas. GGC is made up of six HSCP areas with Glasgow by far the largest. We have 6k people on OST in specialist services. Another 2.5k in OST in primary care supported by share care models. ISD estimates suggests there are the same number of people who are not in treatment in GGC.

At the beginning of the pandemic our treatment services had to rapidly transform service delivery. Open door access was changed to remote contact. Weekly and fortnightly clinic consultations changed to mostly telephone-based contact to reduce

the need for people to leave their houses. For every individual, there was a risk assessed decision to increase the length of prescription where possible and to reduce pharmacy instalments and supervised consumption. People shielding are still getting delivered their OST medication.

From the beginning of the pandemic people released from prison, discharged from hospital and other people at risk were seen regularly in person either in the service office, outreach visits or in the home. Similarly, to Edinburgh the Homeless Addiction Team in Glasgow City centre continued to see people in person. For people not in treatment, we prioritised work which was already established in the city to provide same day OST, this was done by outreach.

The pandemic also gave us the opportunity to prioritise the use of injectable buprenorphine in GGC. Glasgow was the first NHS Service in the UK to use Buvidal in early 2019. We also wrote a Pandemic Guidance and moved to offer Buvidal when possible.

The Enhanced Drug Treatment Service – was initially paused at the start of the pandemic when the risks were unquantified, and we weren't sure in March/April how things were going to be affected. It continues to run and treat new patients.

Street Benzos – we have embraced a new commissioned Residential Service where people can stay for up to six weeks to be detoxed from street benzos but stabilised on their OST.

HIV outbreak – through community teams people were tested annually. This testing identified a quarter of the HIV diagnosis in the outbreak. The effect of our reduced in-person contact and knock-on effect of reduced BBV testing has been a concern. It was also noted that some preferred the phone contacts and also attending chemists for some form of social contact.

Emma Hamilton, Scottish Drugs Forum

Impact of Coronavirus and Associated Responses on people who use or have used Substances

Along with our partners MRC/CSO Social and Public Health Sciences Unit we have developed and facilitated an evaluation looking at the impact in certain areas across Scotland.

Some of our findings:

Method:

- Applied for and granted Ethical Approval

- Facilitated by SDF's Peer Research Volunteers recruitment via this network
- Three way calling to ensure safety measures – SDF User Involvement Development Officer would also be on the call. Not to engage in the interview but to scribe the conversation.

Participants:

- Seventy-nine participants in total, work ongoing.
- 46 Male, 33 Female
- Age Range – 25-68
- Substance use – 41 drugs, 30 alcohol. Some used both and some nothing as in treatment.
- Majority lived by themselves in own tenancy
- To date data collection in four local authority areas covering rural, semi-rural and urban
- Plans to add further areas
- If more funding received plan to roll out throughout Scotland

Qualitative Themes:

- Reaction to service changes
- Lack of choice/control or any communication
- Lack of support or communication related to other health needs
- No real concern for themselves re: COVID
- Substance Use and supply
- Social Isolation and Loneliness

Variation of Experience:

- Between different areas
- Within same service
- The impact of service changes
- With how people responded to changes

Reaction to service changes:

Examples –

Telephone support:

- Some people preferred this rather than going to a service.
- Other people really disliked phone support as they missed face to face interaction, they found it easier to lie about their situation and difficult to fully engage with service
- Concerns re missing calls from service and fear of prescription being stopped

Dispensing Arrangements:

- Overwhelming majority viewed the changes as positive as fewer visits to pharmacy
- Less chance of relapse as less contact with dealers and drug using friends
- Felt empowered to manage own medication
- Fear that once Covid is over a return to daily dispensing i.e. stigma as everyone knows why you are there.

Emma noted that from the data Peer Support helped people even though isolated. Going forward we will need to look at those digitally excluded.

There was a lack of support in relation to other health needs especially mental health. It came across that there was a lack of access to mental health support that had been there previously. People reported their mental health had declined as a result.

Re Covid – their main concerns were more about friends or family catching it rather than themselves. Tended to socially distance with family as opposed to friends. Concern as to whether services will still be open post Covid.

Substance Use - Availability not really changed and the quality is roughly the same. Use has increased with some cases of relapse.

Social isolation and loneliness – people described sudden and massive changes to their social and support networks due to Covid. Reduced services with no face to face. Not able to meet with family and friends due to real fear of passing Covid onto loved ones. Activities pre Covid virtually stopped now.

4 Drug deaths figures

It was highlighted these would be released the next day

5 Dates of 2021 meetings:

February 12th – Medication Assisted Treatment Standards, speakers to be confirmed.