

MINUTES OF THE DUNDEE DRUGS COMMISSION

30TH MAY 2018, 1-4pm @ FALCON SUITE, DISCOVERY POINT, DUNDEE

PRESENT: Robert Peat (Chair) [RP], Kevin Keenan [KK], Eric Knox [EK], Kuladharini [KU], Dave Liddle [DL], Simon Little [SL], Jean Logan [JLg], James Lonie [JLn], Ken Lynn [KL], Justina Murray [JM], Niamh Nic Daeid [NND], Tessa Parkes [TP], Hazel Robertson [HR], Pat Tyrie [PT], Maureen Walker [MW], John Wyllie [JW]

IN ATTENDANCE: Peter Allan [PA], Vered Hopkins [VH], Andy Perkins [AP], Jenni Turnbull [JT]

APOLOGIES: Alex Baldacchino [AB], Sharon Brand [SB], Andrew Fraser [AF], Eilish Gilvarry [EG], John Goldie [JG], Louise [LO], Susie Mertes [SM], John Owens [JO]

		ACTION
1	Welcome from the Chair and introductions	
1.1	A warm welcome from RP with thanks for all members giving their time to what is possibly the first Commission of its kind in Scotland.	
1.2	<p>RP asked all members to introduce themselves and to say what they'd like to see happen by being a part of the Commission. The responses round the table were:</p> <ul style="list-style-type: none"> • An understanding of why things are so bad in Dundee. • Less siloed, more creative and nuanced approaches. • Understanding of the wider impacts, a reduction in the number of drug related deaths and helping people to rescue themselves. • An improvement in services. • Actually tackling some of the things we've known for a long time that need tackling. • Seeing Dundee being a leader for significant change. • Understanding of what's being done (and needs to be done) to prevent people turning to drugs because of trauma. We need to get underneath this. • Why is Dundee different? Why aren't services working together? Why does there appear to be no coherent approach (particularly in terms of Mental Health support)? • This Commission is a real opportunity to help bring change. • We need to join the science up with the reality. • Recognition of the important role of community pharmacy and the need to reduce stigma. 	

	<ul style="list-style-type: none"> • 'Thinking outside the box'. This Commission mustn't be tokenistic. • Making a real difference to people's lives. • A focus on how we can support people to live their lives, and not just a focus on the reasons for drugs deaths. • These are not just Dundee problems. There is already loads of evidence – which is not utilised. It needs political support. • An understanding of why people have been kept on Methadone for so long? • We need to join the dots, provide hope, deliver recommendations that are not just for Dundee. Evidence into practice. • It's about inequalities. The Commission should not shy away from using words like 'hope' and 'love'. 	
2	Commission objectives, name and reporting	
2.1	<p><u>Commission objectives</u></p> <p>A set of proposed Commission Objectives were tabled and discussed. The following amendments were suggested:</p> <ul style="list-style-type: none"> • General comment: Is the terminology correct? We should refer to substance 'use' rather than 'misuse'. • Objective #1: This should say 'consider the context, nature, extent and impact'. • Objective #6: Addition of the phrase 'evidence-based'. Take out the word 'additional'. Recommendations should be offered at local, national and global levels. We should be ambitious but not at the expense of fully focusing on local issues first. <p>Commission Objectives will be amended, finalised and re-circulated to all Commission members.</p>	AP
2.2	<p><u>Commission name</u></p> <p>Following the discussion about the Commission objectives the meeting agreed that the name of the Commission should be the Dundee Drugs Commission.</p>	
2.2	<p><u>Reporting</u></p> <p>The reporting requirements for the Commission were discussed. RP reported that the Dundee Partnership had initially requested an interim report in Sept 2018 and a final report in March 2019. Following a round-table discussion it was agreed that reporting from the Commission should be fluid – i.e. if the Commission has something to report on, it should report and not wait for future deadlines. It was also agreed that the Commission should focus on a message that can be communicated. The Commission needs to be clear about who's attention it is trying to get. It was acknowledged that currently this is not</p>	

	completely clear.	
3	Progress Report [Andy Perkins, Director, Figure 8]	
3.1	Figure 8 Consultancy have been commissioned by the Dundee Partnership to set-up and facilitate the Commission over its life-course. The Director of Figure 8 [AP] tabled a presentation of Figure 8's work and progress to date.	
3.2	Recruitment of commission members: <ul style="list-style-type: none"> A total of 23 members have been recruited, including 18 professional members from a broad base of experiences and are complemented by a further five additional members (three of whom have lived experience and two of whom are family members of drug users). 	
3.3	Focus Groups and Peer Research: <ul style="list-style-type: none"> In the coming weeks Figure 8 will be running a series of focus groups around local services and groups in order to capture an early voice of service users and families into the Commission's deliberations. Figure 8 will collate these views and they will be presented at the next Commission meeting. Following on from these focus groups Figure 8 will recruit 6-10 peer researchers, who will be trained to conduct research interviews across the communities of Dundee. This research project will run across the life-course of the Commission and the Peer Researchers will be supported by Figure 8 to report their findings towards the end of the Commission to enable their findings to be included in a final report. 	AP AP
3.4	Meetings held: <ul style="list-style-type: none"> RP and AP have conducted a variety of meetings to help engage services, individuals, politicians and press in the Commission process. Joe Fitzpatrick (MSP), Shona Robison (MSP) and Chris Law (MP) requested to meet with RP and the meeting happened on Friday 25th May, with AP in attendance. They offered their full support for the Commission and are happy for their aides to come and talk to the Commission. Chris Law in particular offered any support and advice in raising issues in Westminster that are covered by UK law rather than devolved Scottish law. Early opportunities will also be made to meet other local MSP's. 	
3.5	Initial briefing paper: <ul style="list-style-type: none"> An initial briefing paper was tabled by AP which details a summary of key local, national and UK documents which are relevant to the work of the Commission. These documents will be sourced and loaded to a secure online folder for Commission members to access and view. This briefing paper will be a 'work in progress' in that it will be added to 	

	<p>throughout the Commission’s life course and then made available in the final reporting (as part of the evidence reviewed by the Commission). Commission members were requested to identify any other relevant documents for inclusion in this library of resources.</p>	
3.6	<p>Initial Call for Evidence:</p> <ul style="list-style-type: none"> • An initial call for evidence was prepared and circulated via the ADP network and via Dundee CC social media. A total of 40 responses were received, collated and distributed to Commission members from a variety of agencies, individuals and groups. It was noted that only one response had been received via health services. VH reported that the Dundee ADP had agreed that all health professionals will be able to give evidence anonymously via Dr Emma Fletcher. It was also noted that it would be good to get a strong GP perspective into the Commission. Figure 8 has completed some initial thematic analysis of the responses which is being written up into a separate document with a full glossary of acronyms. The main ‘key issues’ that respondents would like the Commission to investigate are: <ul style="list-style-type: none"> ○ Drug-related deaths ○ Current gaps in service provision, treatment options (ORTs and wider supports) and treatment models ○ Capacity issues in services (e.g. high caseloads) ○ Availability of MH support for those with SM issues ○ Stigma ○ Detox/rehab options ○ Role of staff attitudes and values • It was requested that the Call for Evidence presentation from Figure 8 be circulated to all Commission members. • A round-table discussion was held surrounding the above key issues. 	
3.7	<p>Communications – Media:</p> <ul style="list-style-type: none"> • Commission members asked what individual members responsibilities are in relation to press enquiries. RP informed the meeting that the Commission is receiving support from the communications and media team at Dundee City Council, who are in turn liaising with relevant colleagues in NHS Tayside. The Dundee City Council communications liaison officer has drafted a media protocol which will be forwarded to Commission Members. The protocol indicates that if individual members are contacted in relation to making a comment on behalf of the Commission, then they should direct the enquiry to AP at Figure 8 who will seek comment from RP as Chair. The meeting agreed with this procedure. This does not preclude the elected members in particular, 	

	<p>who sit on the Commission, speaking to the press but they should be clear that any response is their own and not that of the Commission.</p> <ul style="list-style-type: none"> • Other considerations for the media protocol should be: <ul style="list-style-type: none"> ○ Comments in the press could be said as a 'member said' rather than naming anyone individually. ○ Some of the Commission members with lived experience and family members are keen not to have photos in the press. • A press conference will be held at the end of this meeting (3.30pm) to allow the press to meet the Commissioners and to hear feedback following the first meeting. A press release will be provided to all relevant media outlets. 	
3.8	<p>Communications – Website/Social Media:</p> <ul style="list-style-type: none"> • AP reported that a webpage is in development to enable Commission news to be widely available, and that this page will be hosted on the Figure 8 website in order to ensure the work of the Commission is protected as being independent. • A Commission Member suggested that the Commission should have a Twitter hashtag to help communicate about its work. AP will set this up. 	<p>JT</p> <p>AP</p>
3.9	<p>Structure of Meetings:</p> <ul style="list-style-type: none"> • A discussion was held regarding the structure of commission meetings. The primary desire is to hold the majority of proceedings as 'open' to members of the public, although it was acknowledged that there are some sensitive issues that may require closed sessions or part-sessions. • One Commission member shared mixed experiences from a previous role sitting on a national Advisory Committee. This will require further consideration by the Commission. Advice will be taken ahead of a further discussion at the next Commission meeting. 	<p>AP</p>
4	AOB	
4.1	A GDPR consent form was provided to members for signing to allow Figure 8 to continue communication with members for the purposes of the Commission.	JT
5	Date of next meeting	
5.1	Tuesday 26 th June 2018, 1-4pm. Venue TBC.	