MINUTES OF THE DUNDEE DRUGS COMMISSION

26th June 2018, 1-4pm @ DUNDEE CONTEMPORARY ARTS CENTRE, DUNDEE

PRESENT: Robert Peat (Chair) **[RP]**, Sharon Brand **[SB]**, Andrew Fraser **[AF]**, Eilish Gilvarry **[EG]**, John Goldie **[JG]**, Eric Knox **[EK]**, Kuladharini **[Ku]**, Dave Liddle **[DL]**, Jean Logan **[JLg]**, Ken Lynn **[KL]**, Richard McCready **[RMc]**, Justina Murray **[JM]**, Niamh Nic Daeid **[NN]**, John Owens **[JO]**, Tessa Parkes **[TP]**, Pat Tyrie **[PT]**

IN ATTENDANCE: Peter Allan **[PA]**, Andy Perkins **[AP]**, Jenni Turnbull **[JT]**

APOLOGIES: Alex Baldacchino **[AB],** Vered Hopkins **[VH]**, Kevin Keenan **[KK],** Simon Little **[SL]**, James Lonie **[JL]**, Louise **[L]**, Susie Mertes **[SM],** Hazel Robertson **[HR]**

		ACTION
1	**Welcome from the Chair and introductions**	
1.1	<u>Welcome and introductions</u> A warm welcome from **RP** with thanks for all members giving their time to attend the 2nd meeting. For those who were attending for the first time **RP** asked them to introduce themselves and say what they'd like to see happen by being a part of the Commission. The responses given were: • The aspiration of the Commission should be to improve people's wellbeing and to see an improvement in Dundee's position. • Recovery plays an important role in people's lives. A lot of learning that can be shared within the city. • The Commission should make a difference in real terms with practical outcomes. • The appalling death rate needs to be acknowledged and we need to see a proper integration of services – not a medical model. • To help the people who are falling through the cracks. • To stop any more people from this generation dying. • The Commission needs to see what is going on, why and to work out what can be done about it. We need to understand the context – poverty and lack of hope. **RP** extended congratulations to **AF** and **SM** for their recent inclusion in the Queen's Honours List.	
1.2	<u>Minutes of last meeting, matters arising</u> • Objectives have been updated	

	• **RP** and **AP** had a productive meeting with MSP Jenny Marra who has put her full support behind the independent Commission.	
1.3	<u>Terms of reference – role of press</u> • **TP** raised a question about the press and if we can get clarity from them, about the use of Commission members photos and names. • **AP** advised the Commission that there are ongoing discussions with the press about the sensitivity and confidentiality around members of the commission who do not want to be named/pictured. • **SB** informed the commission she is working with the press around the language they use and how they report the issues raised. • **Ku** said it would be worthwhile having a stock of images for the press to use. • **AP** informed the Commission that there is now a webpage live on F8 website with updates on the DDC. This will be a focal point for people to go to.	
2	**Format of meetings and visibility of commission**	
2.1	A discussion was held about the format of Commission meetings and the visibility of the Commission if some elements of the Commissions work is conducted in private. The following ideas and thoughts were put forward: • Some parts of the meetings must be closed. • Follow up meetings in private with the 'public' speakers. • **EG** suggested that it might be helpful to ask the speakers after the meeting what they thought of it. • It was suggested that visits could be set up around some of the groups in Dundee with some of the commission members attending. **AP** to send an email round to all commission members in relation to this. • **JM** asked that any visits are combined with the DDC meeting days.	**AP**
3	**Feedback from Focus Groups with service users and families/carers**	
3.1	<u>Focus Groups and Peer Research</u> • Five focus groups have been completed to date and two more focus groups are planned with service users, those in recovery and families/carers. • Groups are being used to advertise the opportunity for the Peer Research study. • Peer Research awareness sessions will be held before the next Commission meeting in August. • Key messages coming out of the Focus Groups are consistent with the key messages from the Initial Call for Evidence.	

3.2	<u>Key Themes from Focus Groups</u> *Co-Occurring Mental Health Issues* • Those who need MH help (treatment or assessment) can't get it due to their drug use/treatment. • It's the 'biggest problem'. • Impact of trauma. • **SB** informed the commissioners that six people have died in the last 3 weeks in Dundee. *Drug Related Deaths* • Many people taking whole cocktails of substances (morphine, heroin, etizolam, pregabalin, gabapentin – with heroin and etizolam the easiest to get hold of in Dundee). • 'We could fill a room with balloons [*to represent those who have died*] and you wouldn't get in.' • People being treated unfairly and inhumanely (e.g. travelling to Perth every day to get methadone). • What support is being put around the children (and families)? *Role of Professionals* • 'Professionals have all the power'. • 'Pharmacists have too much power – they play God'. • GP's – 'you just get fobbed off'. • 'Hospital staff – they do what they've got to do and then send you on your way.' *Rehab* • All groups talked about the lack of a rehab facility in Dundee. • Many see this as the solution to the problem. • However, when you scratch under the surface the clear frustration is one of a lack of treatment options being available – 'methadone or nothing.' *Benefits* • The introduction of Universal Credit is causing real concern and real hardship. • 'You've got to really put it on. You need to look half-dead to get benefits.' • High levels of benefit sanctions. *Overall impression* • People do not want platitudes from the Commission. People are asking 'what is going to be different'.	

3.3	<u>Comments from the Commission</u> • Discussion around evidence-based treatments. • Contribution of service providers is missing – how do we bring these people in to hear their side of the story? • Improve the culture and evidence base. • Look at it scientifically and not just emotionally. • Avoid setting a hierarchy of evidence. • There isn't the choice (range of options) that there should be. • Create cultural safety. • Evidence from the DWP – do they know what the impact is since the introduction of universal credit? • Focus groups with front line workers and perhaps an anonymous survey to get a clear overall picture?	
4	**Open Session**	
4.1	Introduction from **RP.** **RP** stated that views from the public attending this meeting are very welcome.	
4.2	Evidence Speaker: Dr Emma Fletcher (Consultant in Public Health) and Russell Goldsmith (Health Intelligence Officer) – presentation on the 'the scale of the challenge facing Dundee' followed by Q&A with the commission.  The Scale of the Challenge Facing Dun Questions (**Q**) from the commissioners and responses (**R**) from Emma Fletcher were: **Q.** Have we got the right involvement of relevant people and agencies? **R.** Maybe national feedback is important to include. **Q.** You're talking about what's happening, not why it's happening? Who do you share your intelligence with and who would you like to share it with to gather the bigger picture? **R.** We are not at that place. We need to set up an algorithm. Predicting risk of death and then (using a cluster-based approach) we need to understand how to avoid a ripple effect. There is a chronic pain strategy. **Q.** What proportion of deaths include alcohol? **R.** I will need to get back to the Commission on this. **Q.** This data appears to be exclusively taking a medical look at the deaths and the pharmacology of what they are taking. We need to look beyond that to really understand the situation, do we not?	

	R. I entirely agree. **Q.** How do you understand the differences in substances across Scotland? Do you know what the drug trends are before they take the substances? Are you in communication with Police Scotland in regards to drug ingestion (e.g. etizolam availability will change across areas over time)? When is a cluster really a cluster? **R.** No. The first port of call has been understanding comparisons across Scotland. **Q.** Are you aware of different methods for conducting reviews e.g. Child death reviews)? **R.** I haven't looked at that yet. **Q.** What is the process of the Drug Death Review Group? **R.** Recommendations can be best placed in different forums. Some of the recommendations will be best placed with the ADP. It is a communication process. Death reports are sent to the ADP. **Q.** What is needed to speed things up? **R.** We absolutely need to speed things up. It has essentially been a reprioritising exercise for us in public health, putting a sustainable model in place without breaking the system. **Q.** It's a deficit-based model. Can Dundee take an assets-based approach? It's worrying that nobody is monitoring the actions. **R.** Our responsibility is to make sure the data is usable. **Q.** Can you give examples of changes/progress that have been made? **R.** Take-home naloxone etc. **Q.** These are the kind of questions that I find essential. Please do not shy away from the softer, social side of the equation. I urge you to take this side forward. **RP** concluded this section of the discussion by stating that the Commission would like to come back to these issues with Emma Fletcher in due course.	
4.3	Evidence Speakers: Alexis Chappell (Locality Manager, Dundee Health & Social Care Partnership) and Diane McCulloch (Head of Service, Health and Community Care, Dundee Health & Social Care Partnership) – presentation on 'the here and now picture of treatment services in Dundee' followed by Q&A with the Commission.  SMS Model Presentation June 201 Questions (**Q**) from the commissioners and responses (**R**) from Alexis Chappell and Diane McCulloch were:	

	Q. What is your strategy to take the workforce with you, clear vision of Dundee, transition period? **R.** We recognise and value our workforce, we have development events to try and take forward some of the key changes in the workforce. Some of the ideas have come from our workforce. We are working in partnership with our workforce. **Q.** It would be good to see the Focus Group information that you have obtained from your staff, this would be useful for the Commission. **Q.** How can we be confident it will be different this time? **R.** We have to be confident because we can't keep going the way we are. We see strategic planning as a process. We know that it's not been working for the people we work for. **Q.** How can the Commission sit alongside the new Commissioning Plan? **R.** We will take on the commissions views. **Q.** How can you develop a 'prevention' service in relation to methadone and opiate dependency? **R.** We have a Consultant psychiatrist who is very interested in the different treatment options. Personalised treatment approach. **Q.** We need properly joined up services, but we still have the problems on how we do it, we still have a problem on who pays the wages, on who you are responsible to. Can we get around this? **R.** Some areas have integrated their teams at early stages. We need to look at the approaches to the way we work, how do we think about trauma-based work, what is it that gets people to that stage. There is too much time looking at the end and not at the whole. We need to have strategic approaches.	
5	**AOB**	
5.1	**Date of next meeting**	
5.2	Wednesday 22nd August 2018, 12.00-3.45pm, Dundee Contemporary Arts Centre	