Minute of the meeting of

The Cross Party Group on Drugs and Alcohol

21 November 2022

Online meeting via Zoom

1. **In Attendance:**

Monica Lennon MSP (Co-convenor)

Justina Murray
Dave Liddell
Alison Douglas
Craig
Jane Gordon
Duncan Stewart
Amanda Rae
Nicola Merrin
Hannah Carver
Emma Crawshaw
Liam Mehigan
Alexandra Taylor
Michael Trail
Helen Carlin
Harpreet Kohli
Niki McNamee
Correne Fulton
Hilda Campbell
Karen Macdonald
Rebecca Sibbett
Maureen O'Neill
Sue Webber MSP
Jardine Simpson
Alastair MacGilchrist
Kathryn Skivington
Ross Barrow
Ann Hannah
Irene McCusker
Danielle Mitchell
Kenny Harrison
Tracey Stewart
Bruce Ritson
Sally Amor
Rebecca McColl
Lucia D'Ambruose
Simon Jones
Lorna
Anna Littlejohn
Alf Kelly
Helen Forrest
Marissa Smith

2 **Apologies:**

Laura Hoskins, Jackie Baillie, Katy Clark, Mark McCann

3 **AGM Business**

Officer bearers

Co-convenors were re elected:
Monica Lennon MSP
Stuart McMillan MSP

Vice- convenors
Paul Sweeney

Paul McLennan

Secretariat
Scottish Drugs Forum was re-elected to provide the secretariat for the group.

4 *Where's the emergency? The rise in alcohol harm and the need for an urgent response*

4.1 The lived experience of a family member - Lorna (L)

A detailed account of the on-going experience of family supporting an adult family member (FM) with problematic alcohol use and mental health challenges and their attempt to support them and their engagement with services.

Background

- Family members have a higher education. FM is likewise educated having completed their Masters degree.
- FM experienced issues at school and developed bulimia and anxiety in early teens. She was sexually assault while at University. She was in an abusive relationship while studying. Alcohol became an issue at the end of 2018.
- 2019/20 5 suicide attempts, the first resulting in admittance to ICU and on a ventilator.

Alcohol use in Scottish culture

- Alcoholics drink to blot life out, not to party.
- Scottish culture is deeply engaged with alcohol consumption - to celebrate and commiserate. Social gatherings are synonymous with alcohol use
- Alcohol marketing industry has been hugely effective in normalizing alcohol use
- How can an alcoholic function in that culture?

Engagement by support services:

- Early engagement with CAMHS – told FM they were not sufficiently underweight to be classed as having an eating disorder.
- Group work with Edinburgh eating disorders support – 6 sessions then signed off regardless of whether progress or resolution had been achieved,
- Addiction Services contacted after second suicide attempt – 1 meeting then worker was off sick and then didn't turn up to meetings.
- First crisis team involvement was over three years ago.
- Clear message from services: addiction must be resolved before any mental health support will be provided. As the issue is using alcohol to self-medicate for mental health, this is bizarre.
- Waiting times for mental health support is a minimum of 3 months during which time the addict is expected to remain sober with no support.
- Addiction support. In the case of FM, involved 10-15 minute meetings at random dates and times. It was presumed that the family attended these meetings only pressuring our family member to allow us to be present rather than supporting them and using us as part of the recovery plan.
- At all times and with all service engagements we were advised to complain if we were not satisfied. Service seek complaints rather than resolutions

- Around 18 months ago, FM decided that they desperately wanted to give up alcohol and contact Addiction Services. They were told that there were no appointments until the New Year. Given that the Christmas period with was particularly stressful, our FM was extremely upset. They messaged the new head of addiction services to complain. As a result, a worker and Nurse appeared at the family home two days before Christmas Day.
- The family witnessed FM being offered detox and a plan being made. This could take up to 12 weeks to arrange and that COVID may cause a delay. Five months later, the family were told that the record of that meeting showed that detox had been refused. Promised fortnightly meetings resulted in a single meeting. You may assume that an addict is unreliable when, in this case, it was addiction services which was not reliable.
- At the December meeting the family was told that, to avoid seizures, FM should drink every day. This was not their previous pattern of drinking. FM was panicked by the thought of seizures and started to drink every day which has been extremely detrimental to their physical and mental health.
- Psychiatrist said that, once detoxed, the danger was that the eating disorder would return so he would work with FM while they were in detox. FM taken into detox without any preparation or warning, while the psychiatrist was on annual leave. During detox there is no mental health support.
- As an addict becomes sober, their ability to engage with therapy improves but these opportunities were wasted.
- Recently, FM was taken off the addiction service's list. Interviewed while in hospital and on a high dose of valium, she reportedly refused the service.
- The family tried to get a psychiatry appointment for FM to be told they were no longer eligible for the service. Without family intervention, a vulnerable addict would be without any support.

<u>Communication</u>

- Contrary to NICE guidelines and MAT standards, the family are deliberately excluded despite FM consent for them to be involved.
- Communication is usually verbal and very little is in writing. FM, who has memory issues, is often disorientated and too anxious to answer the phone or read messages, is the sole point of contact despite requests by FM to have the family to be involved.

<u>Family support</u>

- Scottish Families Affected by Alcohol and Drugs (SFAD) has been a lifeline.
- The family have been really very well supported. Much, much better than FM

<u>Money</u>

- The substantial public money spent on FM is spent to keep her body functioning and not to address what they is trying to blot out - despair and anxiety.
- NHS critical services and A&E are not locations or environments addiction treatment.
- Resources are wasted because of the lack of interdisciplinary care. The lack of patient-centred focus and family involvement means periods of sobriety or other opportunities to deliver mental health support being missed.

- Instead there is use of inappropriate and inadequate services - A&E, hospital beds – while each day people are drnking and storing up future problems for their own health and the health of those who support them.
- The system reengineering required to radically change the current disjointed approach taken needs to be allowed to happen. When properly integrated, it could be life changing for alcohol addicted individuals and also save the NHS a great deal of money.
- The current services actually do harm and are not fit for purpose. Staff in the services are stressed and the system operates to the detriment of families' mental health.

4.2 Dr Alastair MacGilchrist (AM), Chair of SHAAP (Scottish Health Action on Alcohol Problems), and former Consultant Hepatologist

- Everybody in Scotland will know somebody whose life is being affected by alcohol
- Last year 2021 1,245 people died, specifically due to alcohol - that is not all the deaths that alcohol causes – the total would be 3-4 times that; which is roughly 10 deaths a day from alcohol.
- This is an emergency - an urgent and a large scale problem. Deaths are down compared to 10-15 years ago but the context is that alcohol deaths reached an astonishing peak in the mid-2000s and fell a bit for a few years to 2012. But have steadily rising again.
- Due to alcohol becoming relatively cheaper: the tax duty on alcohol is frozen. The one year that bucked the trend was 2019 with the introduction of Minimum Unit Pricing. Addressing affordability is an important preventative measure. In 2020 and in 2021, there have been dramatic increase in deaths again 22% over the two years; That recent increase is even worse in England where there is no MUP.
- The rise is partly, almost certainly, due to Covid. Interruption of services during COVID and COVID as a context for heavy drinkers drinking more.
- Deaths were slightly less in our most deprived communities which does suggest that minimum unit pricing has slightly blunted the damage of COVID.
- Concerning academic research predicts through modelling that if these drinking patterns are maintained then the pressure on our health services and broader society and the increasing deaths will be overwhelming
- It would be wrong to think that with MUP the problem is solved.

4.3 Alison Douglas (AD), CEO of Alcohol Focus Scotland

There are more vulnerable people than previously presenting with more complex problems and often in poor physical condition.

- Continuity of care and the stickability of services is crucial. Services need to be doing their absolute utmost to stay connection with people and ensuring that they are alongside them on their recovery journey.
- The failure of joint working and service delivery by mental health services and addiction services is well documented and long-standing. A series of strategies have demanded this. But L is correct - we need system change.

- Additional investment is required. There has been investment in the drugs field and we are told that that money is available both to and people suffering from alcohol problems. That is not how this is viewed by local Alcohol and Drug Partnerships. This is either a communication problem, or we need to make more resource available.
- We need to ensure that well resourced, person-centred services are available - meeting people's needs rather than telling them this the service; that’s what's available; take it or leave it.
- Early identification of vulnerable people is required rather than focus on who turns up. Primary Care have a crucial role in this - if they are asking the right questions about alcohol use and screening with a structured tool. That includes technological advances in screening such as liver screening which enable people to the identified earlier.
- Health services have a wider role in preventing Fetal Alcohol Spectrum Disorder. Conversations about alcohol should be raised with women talking to health professionals about their fertility or family planning.
- Upstream, we need to address the way that alcohol is sold; the perception of alcohol as an everyday product that is key to our connection with other people; to manage the stress etc. The World Health Organisation have a roadmap for that work. Their focus is on tackling price, availability and marketing.
- The impact of the MUP has been eroded, since the price was set by the Parliament in 2012. There are sensitives around price increases in the midst of a cost of living crisis, but alcohol cannot get cheaper while all other products are becoming more expensive.
- The Scottish Government launched its consultation on alcohol marketing. It's clear that alcohol marketing reduces the age children start drinking and that they are more likely to go on to develop an alcohol problem. There is a causal connection between how attractive the producers make alcohol appear and how much we as a society drink. Its time we dealt with this issue including stopping marketing in public places, sports and events sponsorship.
- Scotland's has more alcohol sales outlets than other countries. That helps normalise alcohol. Alcohol is stacked high and sold cheap in supermarkets and in our corner shops This helps fuel this epidemic.
- We need to avoid a repeat of the 1980s saw this almost exponential increase in alcohol deaths in Scotland.

4.4 Questions and discussion

AM

People do not realise treating people with alcohol problem is not only our human duty but how cost effective it is.

- We have to actually increase the capacity of the services. Scotland increased the capacity of alcohol treatment services around 2012 – 2014 with a 50% increase in funding
- The scale of service provision compared to the need is only in the region of ten percent but it increased with that investment. Treatment services have since been cut back substantially since that 2014 peak.
- Also we are not always providing appropriate treatment services we're spending the money we have but not getting the right outcome.

Sue Webber, MSP
I am concerned, but it's not the first time I've heard it, about agencies have all got self-protective systems in place

Hapreet Kohli, member of SHAAP
What do we need to do differently this time if we want to engineer system change. There's no point doing what we've done before. We need to just some things differently.

L
My learning from my own working experience of helping drive change in large institutions is that you need the practitioners involved, practitioners are not involved in any of the changes. It's really easy to write a policy, a nice plan and then stick in the drawer.
We need to involve the practitioners in how are they going to work together and improve the frontline delivery for people.

Justina Murray, SFAD
There is a large network of families who need their voices to be heard and who are becoming more and more vocal about their experiences.
There are lots of family members, we support, who actually work in the system. It's not that they don't understand but they still can't navigate it. They're still excluded.
There's this implementation gap between what we say, we'll do and what we actually do.
There's not a lack of good policy and strategy and guidelines. The issue is they're not being implemented. We do need to involve the frontline practitioners
Formal complaints processes are very slow and ineffective.

AD
In terms of the prevention agenda, the minimum unit price was supposed to have been reviewed two and a half years ago and that didn't happen. The Marketing consultation is three years overdue.
Some the reasons for delay is the focus on drugs. For instance, we have 49 civil servants in the Drugs Policy Unit in Scottish Government, and we have approximately seven in Alcohol - three people working on alcohol treatment.
We did have a period about 10 years ago where alcohol was getting a lot more attention.

AM
In response to Harpreet, I think perhaps it's mistake to believe you have to completely redesign the services. But there's lots of good examples of things that work. For example assertive outreach, putting alcohol nurses in primary care. So there is good practice out there but it needs scaling up.

Cllr Anne Hannah
In reference to the involvement of practitioners, I would like to know what is being done to engage with the Integration Joint Boards that Health and Social Care Partnerships in terms of joining up service provision .

Jardine Simpson, Scottish Recovery Consortium
The rights based approach is important as another lever for change. That can make it more person centred and more responsive to the needs and circumstances of people.

AM
There are silos in health care; between Addiction Psychiatry and Hepatology or mental health and addictions services.
There are crucial differences in terms of alcohol and other drugs: the scale of alcohol problems; the spectrum of people who experience alcohol harm; the age range of people affected; the time spectrum in terms of use and harms and the wider number of medical issues which cause the harm.
So, while funding them through similar streams may make sense, addressing them will be different.

AD
As regards stigma, the concern is an attitude where people ought to be 'grateful for what's on offer' rather than really giving people what they need and listening to what they need and responding to that. People have a right to health and they have a right to the support to enable them, to have to realise all their rights, including the right to health.

Staffing in bodies overseeing commissioned service at a local level have very little capacity to look at and think about and alcohol. There is so much demand on the drug side at the moment and they're getting so many requests and requirements from Scottish Government and Public Health Scotland

L
What we need are advocacy services.

5 Conclusion by Monica Lennon, MSP

Monica resolved to-
- send a summary of the meeting to the relevant Scottish ministers
- invite Ministers to future meetings
- agree dates for next year's meetings
- consider whether to continue for the foreseeable with the online format or whether to get some meetings in Parliament.