Moray Alcohol and Drug Partnership (MADP) COVID19 Response

1. Work of the Moray Alcohol and Drug Partnership
   1.1. MADP meetings have now be re-established and a new chair is in place. The MADP is producing a "surge" contingency plan in case there is an increase in demand for services post COVID 19.
   1.2. The MADP receive qualitative and quantitative information from partners to inform the strategic response locally. There is no clear evidence of any increased harms in areas such as alcohol use. There is a national increase in off sales purchases of alcohol but this has to be balanced against a decrease in on sales. Dr Grays Hospital has not reported an increase in AE attendances.

2. Public Protection Intelligence Report COG Questions: Alcohol and Drugs
   2.1. What are the key emerging risks as a result of COVID-19? Such as the disruption to the drugs supply? There is anecdotal evidence locally of more people using alcohol due to a reduced availability of street drugs, however there is no supporting data on this. There is also anecdotal evidence of an increase in New Psychoactive Substances/Benzodiazepine use through postal deliveries, again there is no data to support this
   2.2. What joint working arrangements are in place for responding to the needs of people who are affected by substance use? Moray has an integrated model; with MIDAS and Arrows working together. There is a wider comprehensive network; working through the MADP and across partnerships e.g. Children's Services. CPC, APC, Mental health, primary care and the third sector. The priorities are set out in the MADP Delivery Plan.
   2.3. Are treatment and recovery services still open? Are they running phone / online services? Are they still taking new referrals /clients? Moray Integrated Drug and Alcohol Service (MIDAS): is operating with reduced staffing levels. The default for client contact is telephone with face to face contact continuing where necessary, subject to social distancing requirements. Arrows is operating with reduced staff levels. The default for client contact is telephone with face to face contact continuing where necessary, subject to social distancing requirements. The Direct Access Service continues to operate and single shared assessments are still available face to face.
   2.4. Are treatment and recovery services able to flag up pressures and get a response if required? There is a direct reporting arrangement through both the management structures and the MADP Lead Officer.
   2.5. Are protocols in place for the maintenance, supply and delivery of OST, IEP and naloxone? There has been a focused effort to ensure prescriptions continue to be issues and are accessible, with some being delivered to vulnerable clients directly. The Injection Equipment Provision (IEP) service continues to operate and staff are fully equipped with the necessary protective equipment to offer this crucial harm reduction service. Protocols are in place and well established. The service has been enhanced with the availability of Buvidal which is a substitute for opiates; and increases the treatment options

available. It is administered as a weekly or monthly subcutaneous injection and must be given by a healthcare professional. Buvidal prolonged-release injection may be an option where there is a risk of diversion of opioid substitution medicines or concerns about the safety of medicines stored at home. It may also be an option for people who have difficulties adhering to daily supervised opioid substitution medication, such as for people who are working or in education

2.6. **Have there been changes to supervision levels of people on prescribed methadone and how is this being monitored?** Supervision for those on MAT (medically assisted treatment) remains a priority area for the MIDAS team who supervise those on MAT

2.7. **Are there online recovery / fellowship meetings being run/ WhatsApp group for recovery community?** Face to Face groups are not running. Local on line groups are being developed and national on-line SMART Recovery groups are being promoted. Groups such as AA and NA are independent of services.

2.8. **Have any staff been diverted from alcohol and drug services to other duties? What is the impact of this?** Some staff were supporting other services but this has now ended, with staff now working in their primary roles.

2.9. **What procedure is in place for monitoring drug trends and responding to near-fatal overdoses in the area?** There is an established Grampian wide procedure via the Scottish Ambulance for referring all non-fatal overdoses to treatment services for pro-active follow up; working on an opt out system. There are direct links with AE; linking up with services with proactive follow up.

2.10. **What arrangements are in place where a suspected drug/alcohol death occurs and COVID-19 may be implicated?** All alcohol/drug deaths are reviewed. Where COVID 19 is suspected then public health procedures would be implemented.

2.11. **How is the impact of alcohol related harm being monitored and responded to locally?** The MADP receives both qualitative and quantitative information through the agencies represented within the partnership, plus via systems such as the waiting times, Recovery Outcomes Tool, agency reports and VPD reports and reported through the MADP.

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