**Shetland Alcohol & Drugs Partnership meeting**

Wednesday 29th September 2021, 10am to 12pm

Meeting held virtually over MS Teams

1. **Present**

Lindsay Tulloch (LT), Superintendent, Police Scotland (Chair)

Wendy McConnachie (WM), Alcohol and Drugs Development Officer, NHS

Karen Smith (KS), Head of Mental Health, NHS

Claire Stiles (CS), Team Leader, Child Health, NHS

Anita Jamieson (AJ), Executive Manager, Housing, SIC

Denise Morgan (DM), Executive Manager, Criminal Justice, SIC

Elinor Thompson (ET), Children & Families Social Work, SIC

Brian Chittick (BC), Chief Officer IJB/Director of Community Health and Social Care

Ruth MacMillan (RM), Executive Manage Adult Social Work, SIC

Raymond Fallon, Scottish Fire and Rescue Service

Robin Calder, QIO, Education, SIC

1. **Apologies**

Paul Daley, Chief Inspector, Police Scotland

1. **Approval of minutes**

The minutes were reviewed and agreed.

1. **Matters Arising and Actions Review**

Action Tracker

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **No.** | **Ref** | **Action** | **Personnel** | **Update** |
| 1 | Jan 5.3 | Provide cost of episode of dispensing/supervision of Methadone | LS | Buvidal working group has been set up. This action will become part of that. Complete. |
| 2 | Jan 5.3 | Invite Brenda Leask to next meeting. | WM | Complete. |
| 3 | Jan 6.5 | Engage with Ryan Youth Services in relation to website | WM | To be updated later in Agenda. Complete |
| 4 | Jan 8.2 | Lindsay to meet with Recovery Hub. | LT | Hoping to get date in diary pre-November. Carry Forward. |
| 5 | Jan 13.0 | Meet with Justice Social Work for support with outcome monitoring. | WM | WM updated - Gov since said they will procure the Outcomes Star tool which will help with the outcomes which we were struggling to record. To be kept ongoing as might still be useful to meet. Lee Williamson to be the contact. |
| 6 | June 5.1 | Check locum costs 2021 are covered by Covid funding. | KS | KS has checked and costs are covered by this. Complete. |
| 7 | June 5.1 | LT to write to Chief Finance Officer. | LT | Karl Williamson attending next ADP meeting Finance questions to be kept for KW at next meeting. Complete. |
| 8 | June 6.1 | MAT Standards – self assessment to be done on what is currently delivered. | WM, RM, KS, LT | Complete. |
| 9 | June 6.1 | KS to speak with RM about getting service users involved. | KS | Survey more operationally focused rather than for service users. Complete. |
| 10 | June 6.2 | DAISy data breach. | WM, ER | Information Governance advised WM not a data breach as the information had not gone out with the organisation. WM has spoken with Public Health Scotland to change the way the data comes through. Complete. |
| 11 | June 6.3 | Partnership Delivery Framework to be taken to the Chief Officers Group. | LT | Draft now approved by COSLA. LT to progress this. Ongoing. |
| 12 | June 7.2 | Invite Chief Inspector Paul Daley to next ADP meeting. | WM | Complete. |
| 13 | June 8.1 | Sub-group to be pulled together to look at children affected by substance use. | WM, LT | WM looked at creating subgroup but realised was recreating subgroup that existed previously. WM spoken to families that have been looking for support to get feedback. To be updated later in agenda. |
| 14 | June 10.1 | Review terms of reference for the Forum to present to the ADP. | WM | Forum due to meet shortly and will be on that agenda. Ongoing. |
| 15 | June 11.2 | Send an invitation to Mr Smith the licencing board Chair. | WM | Complete. |

1. **Finance**

5.1 21/22

WM informed that she had spoken with Finance re the 21/22 funding and additional funding streams. Last meeting WM reported that the core funds would be overspent by £50,000 at the end of the year due to cost pressures around locums, but Finance have since reassigned the locum costs to where they should be sitting, and the ADP budget now looks like it will break even at the end of the financial year. **She added that the detail around subsistence costs would be a question for KW at next meeting.**

5.2 Additional Funding

WM said that the ADP co-ordinators across Scotland were struggling with the funding streams coming out from the Government because they have different names to what they did last year, different criteria attached, with some funds going directly to ADPs and others to Health Boards. She added that the government had produced a document to pull the funding streams together and there had been engagement sessions with ADP co-ordinators.

£23,722 – funds that came in at the end of the last financial year to be split between various priorities, earmarked for support for the Hub. WM and Ruth have worked with Amanda to look at some costings for support staff at the Hub and that this would pay for the admin support.

£82,745 – Programme for Government Funding – WM explained this was what they were calling the fund that funded the core funds for the Recovery Hub. She added that it was only meant to be in place for three years, but it looked like the Scottish Government would be extending that however, it had not come into the Health Board yet and because there are funds sitting in reserve for the Recovery Hub it could be that it can’t be drawn down until expenditure is reported from existing funds. WM said we should not assume at this stage that the ADP will receive the following year’s funding.

£19,000 – Buvidal Funding – WM explained that Buvidal is the slow release long acting OST which is one of the treatment options available as part of the MAT Standards. She informed that the funding was going directly to Pharmacies in recognition that the MAT Standards have been brought in, but NHS Pharmacies had not made provision to fund this particular medicine. She added that the government had been clear that this is a stop gap fund until next year, when Pharmacies should include Buvidal and other OST in their core budgets.

Two Funds of £14,653 – for Near Fatal Overdose Pathway and Outreach work. KS asked if there was guidance or documentation around the Near Fatal Overdose Pathways. She added that they had set up pathways via the Scottish Ambulance Service. WM said the funding was more about plugging gaps in the pathway. WM added that although the Near Fatal Overdose pathways were set up between SAS and SMRS, the other parts of the pathway might be how to encourage people into services, for example through the Recovery Hub. KS explained that there was a memorandum of understanding between SAS and Information Governance around how the information was shared.

KS asked if this was at the point someone had already overdosed or post near fatal overdose and if there was documentation that describes what they mean by a near fatal overdose or a post near fatal overdose. WM informed that there was not that level of detail. WM added that Orkney were looking at using the funds for training wider services to recognise people who are at higher risk.

WM said the information sharing with SAS didn’t require funding and that it was more about parts of the pathway itself, looking at how you engage with somebody afterwards. She added that would fit neatly with Outreach. WM informed that she had been looking at combining those two funds. KS said it also sat neatly with Naloxone and they would need to look at the capacity for delivering Naloxone training and packs. KS suggested a small working group to look at this and feed back to SADP.

BC asked how lived experience could be brought in to see what individuals would find helpful from an outreach aspect. RM explained that the Recovery Hub had been set up using the community led design model and that it made sense to have those types of conversations. WM said that the funds fit within the wider context of harm reduction. She added that she and Ruth had discussed this with Amanda Pearson and the support that Amanda needs in terms of delivering harm reduction, is a harm reduction worker. WM added that the Recovery Hub needle exchange was now nearly operational and that it needed a worker attached to it who could also do outreach. WM said her slight concern about having a working group was potential delays it could put on utilising funds. WM informed that they had not been told that the funds would be recurring and there could be issues utilising the full amount if they didn’t start using them now. She said that she had been asked to report back to government on the reserves and to forecast when they will be used. WM said that the government had significant funds held in reserves across ADPs in Scotland and were considering starting to pull in funds that were not spent. LT agreed that they had found setting up working groups had slowed the process down previously. DM said one of the difficulties was that they were talking about the need for these posts, but were also saying there is a reserve which cannot be spent. DM added that she thought they needed a working group to look at what is needed in Shetland so that when a pot of money came in they would know where to spend it on. DM asked why there was money sitting in the Community Hub when they needed more support and why it was not just spent on that. KS agreed with DM, she said they had done lots of work around outreach because of the pandemic and that there were lots of lessons to be learned from that. KS said I know the Community Hub needs additional resource, but are we putting in more people that will then be more individuals in a person’s life when they actually need less. WM said the model set up within the Recovery Hub was to have all the services under one roof to remove the need to be engaging with lots of different services.

WM explained that the reserves were kept because the government initially offered three years funding for the Recovery Hub, but only two years funding was guaranteed. She added that they were slow to get started with the project due to finding premises, recruitment etc and that they had been cautious and opted for a two year project. WM said that the government had now given year three funding and that they had managed to retain some underspend from two years ago to boost the Hub funds. WM explained that although they were sitting on underspend, that underspend was enabling them to extend the Recovery Hub beyond March 2022. She added to bear in mind how slow the Recovery Hub was to get going because it had opened in the middle of a pandemic, and that two years didn’t feel like long enough to be able to do what they were trying to do. Although they are sitting on reserves, those reserves are all earmarked and will be utilised by March 2023.

LT said there has been some really good discussion around this and although he had highlighted his reservations around working groups it was probably necessary to look at the list of funding and recommendations on it. WM said she was happy to go ahead with that and it would be good if they could set up a working group to have some meetings in quick succession so that there were plans to give back to the government. DM volunteered Lee Williamson to be on the group.

DM said her Community Council had received £50,000 from the Windmill funds and that it may be something to bear in mind because the Community Hub would benefit all of Shetland. DM added that she would find it useful for **Amanda to produce an evaluation report with figures, and what the unmet needs were, so that if they were looking locally for funding it would give them something to present. ACTION.**

LT asked WM if there was anything else from the list she would want encompass in the working group. WM said if the funding group were going to look at all the funding on the list the group would need to need to be wider than the people who sit on the Partnership.

WM informed that the Residential Rehab money was specifically for increasing access to residential rehab. She added that NHS Finance were looking to offset the detox element against this (the rehab element if funded by the local authority). **WM said the government were clear that residential rehab is for rehab and not detox and this would be something to raise with Karl Williamson at the next meeting.**

National Mission priorities and the Whole Family Approach funding – WM said that they knew there was a gap in services around young people and that the funding could help bridge that gap. WM added that one of the National Mission priorities was to engage with groups that are currently not engaged with. She said that they had received feedback from Children & Families and Children’s Services that there was a need for support for young people who are having problems with their own substance use. WM said if we could engage a young person’s worker to work with both people who are affected by parental or family substance use or their own substance use, bearing in mind they might be affected by both, that would fill the gap they identified in 2018. WM asked if that was something the ADP would like working group discussions around or if they were confident that there was an identified gap in services and these moneys would fill that gap. She added that they were also recurring funds for 5 years so it would allow them to set up something that they wouldn’t have to dismantle in a years’ time. LT said he would lean in favour of those funds being utilised for that purpose.

**KS added another query for KW – she asked what the ECR spend looked like and if he could bring those figures to the next meeting.** RM informed that the rehab part comes out of the Adult Social Work budget and the budget is really small. She added that there had been a massive increase in requests for residential rehab. RM said she would welcome further discussion around that because from her knowledge the actual detox part is much smaller than the residential rehab part.  **RM offered to get actual spend on residential rehab for that discussion. ACTION.**

LT said WM had given a narrative on the National Mission priorities and the Whole Family Approach and he thought they were probably in agreement that there is a gap there. He asked if it was something they could agree to put funding towards. LT asked WM if she was suggesting a support worker in relation to that funding. WM said that there needed to be further discussion around this and whether it was a counsellor, play therapist, bearing in mind that they were looking for somebody to work with young people right up to the age of 16. WM said if there was agreement that was where those funds should be directed, given the longstanding gap in support for children, she could go away and do that piece of work. CS said she absolutely supported that and that there definitely was a gap. DM said that a while ago the Shetland’s Children’s Partnership agreed to set up a group with WM to look at this particular area and that she didn’t think that ever went ahead. DM said it was important that the Shetland Children’s Partnership fully participated and that they were not working against each other. DM suggested that Clare and Eleanor take it back to the Children’s Partnership with WM. LT said we have agreed there is a gap and that there is funding there that could be utilised to support that we just need to do some work around that**. CS, ET and WM to meet with Children’s Partnership. ACTION.**

**LT said that they had also agreed to put together a working group to look at the Near Fatal Overdose pathways and Outreach funding. ACTION.**

1. **For Information/Discussion**

6.1 The Holistic Family Approach Framework

WM informed that the government had sent out the Holistic Family Approach Framework in draft for consultation. She added that Denise had sent out the consultation through Social Work and WM had sent to all the other partnerships including the Children’s Partnership asking for feedback. WM said that she had not received any responses to the consultation and had put in a response herself as co-ordinator. WM said that the framework was quite lengthy to read, but there were only half a dozen questions which were quite straight forward. She explained that they had wanted to know if the framework was helpful and she had answered that it was, it gave a reference to look back to and something to benchmark against. They had asked what the government could do to support local areas to deliver the framework, around data and information sharing agreements at a higher level rather than local level. She had answered that putting data sharing agreements in place and having adequate recurring funding. DM said that with the level of consultations coming through, at times it would be local co-ordinators submitting responses on their behalf. WM agreed that there were many consultations and that the workload involved was also being felt by ADP co-ordinators across Scotland.

6.2 National Care Service Consultation

DM gave an overview of the National Care Service and WM updated on the parts pertinent to ADPs.

WM informed that there were questions around where ADP and substance use staff would be employed, but that level of detail had not been made available. She added that there are areas they are being consulted on that will be difficult to answer without that level of detail. She said they were looking at equality of care across Scotland and in some cases that could mean a lower level of care than is being provided locally. WM said they were looking at national procurement of some services. She said she was concerned re the national commissioning of residential rehab and that it may mean down-grading the level of residential rehab they were able to provide. WM said that all of this had been fed back through working groups with the government and local authority. She said it would be good if they could have a collective response to the National Care Service. **WM to draft a response and circulate. ACTION.**

6.3 MAT Standards

WM updated that she had done the self-assessment. She said she had spoken previously about the MAT Standards being presented to the IJB and Chief Officer’s group and asked if that was something the ADP still wanted to happen. She said the responsibility of the implementation of the MAT Standards lay with the IJB but was to be led by the ADP. KS asked if the ADP had seen the self-assessment. **WM confirmed that the ADP had not seen the self-assessment and offered to bring it to the ADP before presenting to the IJB. ACTION.**

6.4 BBV Testing

WM informed that a member of staff in SMRS had put together a dry blood spot testing pathway. She explained that it was a useful tool in increasing BBV testing particularly in people whose veins are compromised. WM explained that they were looking at piloting this, but there was a cost associated with the kits of around £100 and they were looking for funding from the ADP. She said it was unclear at the moment whether there would be additional costs in processing them at the lab. WM asked the ADP how they felt about the £100 funding. KS explained it would be part of a wider health check they would be offering. WM said the idea was that they would also be available at Recovery Hub. BC said he was supportive of the diagnostic testing it would just be sustaining that cost moving forward it that grows. WM said as she understood the cost of the dry blood spot testing was much less than the cost of venus sampling so there would be a cost saving element. She said some of it would balance out, but they would probably be looking at a cost rise because they would be looking to reach so many more people, tying in with the ADP National Mission and the Hep C strategy. DM said she had no issue with it if it was preventative and queried if the costs could be covered by the NHS if they did increase as it was saving people from using services. There was no further comment form any other members on the subject.

6.5 DAISy

WM updated that DAISy is not yet complete as there is still no reporting function.

6.6 Website

NC updated that the website was being designed by RW Digital. She said they were hoping to have it up and running for 1st December. WM said the hope was that it would be launched in time for the festive period to use the website to help with some of the festive campaigns. LT said it would be good to get promotion around the website to get full use of it across Shetland.

6.7 Annual Report

**WM updated that the annual report was due on 14th Oct and that she was currently writing it and would send to the ADP for comment. ACTION.**

6.8 ABIs

WM had taken the lack of ABI delivery to community health and social partnership operations group and that there was buy in for ABIs to be rolled out wider. WM informed that ER had been working with Health Improvement on an ABI improvement plan which they would be looking to take forward.

**7 Service Activity and Decisions**

7.1 Performance Monitoring

WM explained that as they cannot pull the reports from DAISy and it would require SMRS going into individual records. WM said she was keeping an eye on reports coming from Public Health Scotland and anything that looked like a long wait as being checked. She added that the waiting times looked fine. WM said the performance monitoring for the rest of the services was done in collaboration with the local authority and all are currently meeting their outcomes.

7.2 Members Updates

Mental Health

KS highlighted the complexity of some of the people currently in service. She added that they cut across different services and the demand has increased quite a lot. KS explained that many of these people would not show up on the SMRS data, but would be being worked with by SMRS staff due to the complexities. RM agreed that there was an increased level of complexity across the board with people who use substances and overlap with Mental Health. DM said they had seen an increase in numbers and highlighted the impact it was having on staff, with workers having done a full days’ work and then visits at night time. She said that part of the out of hours was changing to try to keep children safe.

Police

LT updated that Police Scotland had introduced recorded police warnings for people found in possession of class A drugs and feedback from colleagues had been really supportive as an organisation to move towards that and try to avoid people coming into the criminal justice system. He said the recorded police warnings were quite restrictive in that the individual needs to have no previous convictions. He added that it was limited in what it could do, but was still a positive step.

1. **Recovery Hub**

WM updated that Connect Scotland had awarded 20 x IPads, 1 x Chromebook and 21 licences for internet connection to help people who were in digital poverty. WM informed that a candle lit event had been held in the Flower Park on 31st August for International Overdose Awareness Day and that it had been well attended. She added that the Harm Reduction work was underway with Naloxone being available from the Recovery Hub and that they are now looking at peer Naloxone supply. She said that SMRS were continuing to work from the Hub which has been really positive in strengthening the links between the two teams.

WM said that a range of organisations have been working with the Recovery hub, to widen the support services that are available under the one roof. There is a monthly oral health clinic. WM said there had been an increase in requests for support, since 1st July 21 the Recovery Hub and Community Network has provided support for 63 people, 38 of those were new people, 14 of those continue to access one to one support. The total individuals receiving one to one support as at today is 26 and that is one to one support from the Co-ordinator. She said the FAB group meet at the Hub and 9 individuals have benefited from this. There are two women’s groups, Women in Recovery (5 people currently attend) and Women’s Recovery Group (7 people currently attend), they meet weekly. There is also a social evening (8 people accessing this group). There is a chance to attend creative learning sessions when they are available.

WM said looking ahead to the next three months the Recovery Hub is almost there with becoming an Injecting Equipment Provider (IEP). The co-ordinator had been working on policies and procedures, which WM had taken these back to the Health Protection Nurse in Public Health and had been reviewed. The Recovery Hub will use Neo 360, the programme the ADP agreed to fund, and that will collate all the harm reduction information that needs to go along with the needle exchange service. She said there was still a problem around recording outcomes, but that the Outcomes Star will be used by tier 3 services so there is hope that can be expanded across the tier two services.

WM said around staffing, linking back to the plans that we were discussing looking at new funds, the Co-ordinator is the only member of staff and we became acutely aware of the lack of resilience in the service earlier in the year when they were off for a period of time and the service had to close. WM said this was one of the reasons she was really keen to use some of the new money to fund staff for the Recovery Hub. She said the ADP have already invested a significant amount of funds into the Recovery Hub, so in order to provide resilience, and support it to become the service that was envisaged, it is important to invest in additional staff. WM said that the coordinator had been looking at a volunteer policy so that she could include people with lived experience. She said that the admin post has been agreed, but that a harm reduction worker is required to take forward the IEP service as well as outreach and Naloxone provision, that has been creating pressure on the SMRS service. She added that at the moment there was one IEP service and calculations done using an online tool suggest that the coverage is very inadequate, which points towards high reuse of equipment.

WM said that the co-coordinator had also looked at an opportunity through the Scottish Drugs Forum to offer a trainee post for somebody with lived experience. It costs around £20,000 a year and there would be money in the Recovery Hub budget to support that.

WM said that the outcomes identified for 21/22 for the Recovery Hub were to reduce drug and alcohol related deaths and to have sexual health and blood borne virus clinics to be run from the Hub. She added that there was a new lead nurse for the sexual health clinic who was very keen to do joint work at the Recovery Hub. She said that a piece of work s ongoing to pilot dry blood spot testing at the Recovery Hub as well as SMRS. She added that they were also looking at providing wound care support and a support group for older people with lived and living experience.

She said that the co-ordinator was looking for a service level agreement from the ADP for the IEP service, illustrating that they had been requested to provide the service. **WM said she was drafting this but there was another overarching policy that needs to sit alongisde, which Public Health are working on at the moment. ACTION.** BC said there was something about the messaging, getting that positive message out into the community, that would make the next step easier along with having a policy.

WM explained that with the additional funding there was enough money to continue funding the Hub until 2023 and if the ADP was of a mind to do that, then she would need to start now to look at extending the lease and liaise with social work around extending the co-ordinator’s contract. LT said he was keen to support the Hub in whichever way they could moving forward and that it was important that they look at the terms of reference for the Hub. He added that he was concerned re the co-ordinator’s workload. ET fed back that the co-ordinator had supported two of the young people that they work with and that both were really positive joint pieces of work. She added that the issue for them now was the 14/15 age group that can’t access services. ET added that there was a willingness to go to the Recovery Hub whereas SMRS has a different feel to it.

AJ updated that there had been dedicated housing support worker, but they had left recently. She added that they had been updating the Rapid Rehousing Transition Plan. This had been approved in September and that they were now looking at how they could organise the support for the Hub differently. **AJ said that they were due to meet with Amanda and Wendy to discuss this further and was happy to circulate the RRTP to the group. ACTION.**

WM fed back to the group on a family that had been looking for support that reaffirmed the need for a lower threshold service.

1. **Training**

NC updated that they had taken up the offer of training from the Scottish Drugs Forum, 6 whole days training, scheduled for Feb/Mar 22. The courses had been selected based on the National and Local priorities. She said that the flyers have been sent out and there had been a really good response so far.

1. **Subgroups**

Have not met since ADP met last.

1. **Meetings Update**

IJB

BC said a lot had been discussed, ABIs, the National Care Service Consultation and that they would be having two workshops, one of which would be about service inclusion. There had been an offer from one of the voting members to meet about some addiction peer support feedback that he had received from Lothian and Highlands. BC said he might draw WM into that feedback and if there was anything of relevance it would be brought to the group.

Licencing Board

No update.

Mental Health Partnership

Not currently meeting.

Sudden Death Group

LT said he thought it would be useful to form a link with the group and get feedback. BC said it would be useful to have a conversation around what they would want to take forward and how that could be brought to the ADP for conversation and highlighting. To be on next SDG agenda.

1. **Decisions/Actions**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **No.** | **Ref** | **Action** | **Personnel** | **Timescale** |
| 1 | Jan 8.2 | Lindsay to meet with Recovery Hub. | LT | asap |
| 2 | Jan 13.0 | Meet with Justice Social Work for support with outcome monitoring.  | WM | To be kept ongoing |
| 3 | June 6.3 | Partnership Delivery Framework to be taken to the Chief Officers Group. | LT | LT to progress this. Ongoing. |
| 4 | June 10.1 | Review terms of reference for the Forum to present to the ADP. | WM | asap |
| 5 | Sep 5.2 | Amanda to produce evaluation report. | Amanda | asap |
| 6 | Sep 5.2 | To find out spend on residential rehab. | RM | Before next meeting. |
| 7 | Sep 5.2 | Meet with Children’s Partnership to discuss how funds can be utilised to provide support for children affected by alcohol/substance use. | WM, ET, CS | asap |
| 8 | Sep 5.2 | Set up a working group to look at the Near Fatal Overdose pathways and Outreach funding. | ADP members | asap |
| 9 | Sep 6.2 | Draft a response to National Care Service consultation and circulate to ADP members. | WM | asap |
| 10 | Sep 6.3 | MAT standards self-assessment WM to circulate to ADP before presenting to IJB. | WM | asap |
| 11 | Sep 6.7 | Send annual report to ADP for comment. | WM  | Before 14th Oct |
| 12 | Sep 8.0 | IEP service - WM to draft SLA between the ADP and the Recovery Hub once Public Health have completed the background policy. | WM | Once policy has been completed |
| 13 | Sep 8.0 | AJ to meet with WM and Amanda to discuss housing support to the Hub. | WM, AJ, Amanda | asap |
| 14 | Sep 8.0 | AJ to circulate the Rapid Rehousing Transition Plan | AJ  | asap |

**Finance questions for Karl Williamson**

* To provide detail around subsistence costs
* The government being clear that the residential rehab money is for rehab and not detox
* To provide figures for the ECR spend
1. **A.O.C.B.**

WM highlighted the work that was going on with the Green Party around Heroin Assisted Treatment. She said that one of the Green party members had engaged with Robin MacGregor, elected member in the South Mainland who is a retired pharmacist. They are planning to have a trip to Glasgow to see how the Heroin Assisted Treatment service has been set up there. Although the Government has offered to fund this in areas across Scotland they have only committed £400,000 to it and the service in Glasgow alone costs one million. LT informed that the Drug Deaths Taskforce were looking at this on a National level and might want to link in there and support that.