Drug Death Prevention (Scotland) Bill

About You

Q1. Are you responding as:

On behalf of an organisation

Q2. Which of the following best describes you? (If you are a professional or academic, but not in a subject relevant to the consultation, please choose "Member of the public".)

No Response

Q3. Please select the category which best describes your organisation:

Third sector (charitable, campaigning, social enterprise, voluntary, non-profit)

Optional: You may wish to explain briefly what the organisation does, its experience and expertise in the subject-matter of the consultation, and how the view expressed in the response was arrived at (e.g. whether it is the view of particular office-holders or has been approved by the membership as a whole).

Turning Point Scotland plays a significant role in the delivery of alcohol and other drug treatment and recovery services across Scotland. We are at the forefront of work to prevent harm, reduce deaths, and support recovery.

Our range of services in Glasgow offer people a pathway from crisis, through residential stabilisation and on into moving-on support. we are the leading provider working to deliver and evaluate Overdose Response Teams across various ADPs across Scotland. This includes our mobile harm reduction services such as the WAND initiative, (woundcare, assessment of injecting risk, naloxone, and dry blood spot testing for blood-borne viruses for current injecting drug users). In Edinburgh, we provide recovery-focused support, as well as harm reduction and assertive outreach as part of the North East Recovery Hub, in North Ayrshire our Prevention, Early Intervention, and Recovery (PEAR) service connect people to the support that they need, and we are one of the main third sector providers working across Aberdeenshire. We are developing a new innovative assertive outreach service in South Lanarkshire for people that services have struggled to reach or to keep in service. We have developed innovative approaches which integrate work around problematic drug and alcohol use with homelessness services (Housing First, Glasgow Homelessness Service) and with criminal and community justice services (218, Turnaround).

This response has been developed through our ongoing strategic policy work and in consultation with our Alcohol and Other Drugs Forum. It represents the views of the organisation, and we welcome the opportunity to work with Paul Sweeney and the Scottish Labour Party in their efforts to prevent drug related deaths.

Q4. Please choose one of the following:

I am content for this response to be published and attributed to me or my organisation

Please provide your name or the name of your organisation. (Note: The name will not be published if you have asked for the response to be anonymous or "not for publication".)

Turning Point Scotland

Q5. Please provide a way in which we can contact you if there are queries regarding your response. Email is preferred but you can also provide a postal address or phone number. (Note: We will not publish these contact details.)

Q6. Data protection declaration

In order to proceed, please confirm that you have read and understood the Privacy Notice contained on Page 1

I confirm that I have read and understood the Privacy Notice to this consultation which explains how my personal data will be used.

Q7. If you are under 12 and making a submission, we will need to contact you to ask your parent or guardian to confirm to us that they are happy for you to send us your views.

No Response

Your Views On The Proposal

Q8. Which of the following best expresses your view of the proposed Bill? (please note this is a compulsory question)

Partially supportive

Please explain the reasons for your response.

We fully support the intention behind this proposed Bill. We agree that providing people with safe, sterile and supervised spaces in which to consume their drugs has been shown to prevent deaths, that the evidence is well established, and that there should be no further delay in introducing these lifesaving services to Scotland. We agree that they are not the single answer to the Drug Death Crisis, far from it; they are an effective attempt to keep people alive and to improve access to and engagement with health and social care services. They are an opportunity to challenge the stigma around people who use drugs and who are most at risk of drug related harm, to meet them where they are and show that they are valued. They offer a different way to engage with people who have been, and in many cases continue to be, excluded from public service provision. Further, this is a way to take the anger, the sense of tragedy and outrage that is expressed when we talk about the number of drug related deaths, and use that to drive forward an approach that will help to prevent those lives being lost.

We have some comments around the terminology used. While we have a strong international evidence base for services like those proposed here, that evidence uses many different names to describe what might be very similar approaches. In Europe we mostly refer to Drug Consumption Rooms or Drug Consumption Facilities, whereas in North America and Australia they use Medically Supervised Injecting Facilities and Supervised Injection Facilities. We don't raise this point to be pedantic, but to ensure clarity and to minimise misconception.

We would be interested to understand the process you went through in deciding to refer to these services as Overdose Prevention Centres. We went through our own such process when we knew we wanted to support the introduction of this model in Glasgow. We looked to the research and ultimately decided to adopt the terminology used in the GHSCP proposal for a Safer Consumption Facility. We felt this captured the main purpose of the model, it allowed for different types of consumption rather than focussing on injecting – which we acknowledge presents legal complications but it is what the evidence base tells us is needed – and by not focussing on medical supervision, we felt it presented a less intimidating image.

From our understanding of the evidence base, an Overdose Prevention Centre is the name given to the informal, ad-hoc services set up by activists to fill the gap in public service provision. Peter Krykant's unofficial ambulance was an Overdose Prevention Centre; this is a different service model than that supported by the wealth of evidence from Europe, North America and Australia.

We can see the advantages of calling these services Overdose Prevention Centres. It is a clear description, free from jargon, that explains exactly what these services are for, and we can appreciate the appeal from a political perspective. However, even if we were able to introduce and mainstream Safer Consumption Facilities, we will need to allow for different ways in which this model can be shaped, in order to meet the needs of people at risk. These needs can vary from area to area and change over time. The kind of community or activist led interventions – like Peter Krykant's Overdose Prevention Centre, albeit better supported and resourced by the mainstream treatment and support structure – may remain the best way to meet people's needs in some circumstances. They may be better placed to react and quickly respond to demand than statutory services, so we feel it is important to acknowledge their value and preserve their identity.

We would argue against the co-opting of this name, but our main concern is that this Bill should be clear in the kind of services it is referring to, or set out the range of services or approaches that could be considered under its proposals.

Q9. Do you think legislation is required, or are there are other ways in which the Bill's aims could be achieved more effectively? Please explain the reasons for your response.

The context has shifted on this issue even since this proposed Bill was published, with further indications of support from the Lord Advocate. It may be that this legislation is not required, but establishing the structures that will support and facilitate the introduction of Safer Consumption Facilities can only help.

Q10. Which of the following best expresses your view of the proposal to establish overdose prevention centres?

Fully supportive

Please explain the reasons for your response.
We believe these centres would save lives, prevent harms and for some people be the start of a journey to ceasing their problematic use of drugs. We support the suggestion that centres should be licensed and have medically qualified and other staff on site.

We believe they will also help to address the stigmatisation of drug users. Changing attitudes to help the general public see people currently experiencing problems with their use of drugs as requiring public health rather than criminal justice interventions

Q11. Which of the following best expresses your view of the proposal for a licensing regime to enable the establishment of overdose prevention centres?

Partially supportive

Please provide reasons for your response, including on the proposed conditions for licensing (see pages 12 to 14 of the consultation document) and on the proposal that health and social care partnerships are responsible for licensing and scrutinising OPCs?
We appreciate the idea of creating a regulatory framework for SCFs. It pushes back against the misconception, fear and stigma that might be associated with a 'fringe' service model, and instead positions it as another evidence based public health intervention. It would reassure all involved – the people who would use and work in the service, the members of the community, partner agencies and the wider public service structure as well as the general public – that this is a properly integrated, appropriately monitored element of the wider drug treatment and support system.

An initial question relates to which agencies would play which role in the proposed licensing regime. The Glasgow proposal was developed and put forward by the GHSCP, and it would be right that, if their proposal were to go ahead, they would responsible for delivering this service and ensuring its integration into the wider treatment and support structures. It does not seem appropriate for the HSCP to grant itself a licence, to monitor or oversee its own actions, or to hold itself to account. This role should be undertaken by an independent agency.

Which leads us to question the necessity of creating a separate licencing framework. We do not need to treat SCFs any differently than other elements of treatment, care and support structures. We should look to the Care Inspectorate, Health Improvement Scotland or Public Health Scotland to regulate and oversee these services. Within TPS we have services that bring health and social care together – our Glasgow Alcohol & Drugs Crisis Service and our Glasgow Alcohol and Drug Recovery Residential Stabilisation Service, for example – and these services are jointly regulated by the Care Inspectorate and Health Improvement Scotland.

This does raise a wider question about the way in which alcohol and other drug services are registered and regulated, and whether the existing arrangements are fit for purpose. We anticipate this issue featuring in the discussion around the inclusion of alcohol and other drugs services in the developing National Care Service, and would be happy to discuss this further if it would be of use to your work on this Bill.

We share the view that this is a well-evidenced model. The proof that it works, that it helps to keep people alive and that it is urgently needed in Scotland is well established. We also acknowledge that we have not yet tried this model in the Scottish context, that we will need to learn from local landscapes and experience in order to design the model that meets local priorities, draws on local resources and fits local structures. This is exactly what Glasgow Health & Social Care Partnership (GHSCP) have done in their proposal, and this process would need to replicated in each area where a SCF is being considered.

We believe that this structure would be better positioned as a framework to facilitate and encourage the development of proposals for a local SCF. The requirements and strategic objectives set out in this framework would help guide those developing such a proposal on the issues that should be considered, the questions that should be asked, and crucially, the importance of engaging with the people who would use this service and of placing their needs at the centre of the proposal.

We agree with the proposed requirements and objectives. It would be important to explore the idea of minimum entry requirements further, perhaps to establish a shared commitment to ensuring as low a threshold as possible. We fully accept the need to ensure a safe environment for the people using and

working in this service; we would look for a commitment that that any entry requirements put forward would be thoroughly scrutinised and alternative approaches considered to ensure the easiest access possible within a safe environment. There should be no barriers to engagement that are not absolutely necessary.

We would add two requirements to this list. Firstly, that provision is included to offer access to social care, housing or other advice and support services. We note that this is considered as a medium to long term goal, but we believe that it should be incorporated in some form from the beginning. We would also be looking for evidence that thought has been given around the best way to make this offer. It should be light touch, with no requirement to engage. It should employ the kind of person centred approach to outreach, engagement and relationship building that we do so well in the third sector, that allows us to meet people where they are, to remove barriers, and to make it easier for people to access what they need whenever they are ready.

Secondly, as already mentioned, we believe that any proposal must have the people who will use this service at its heart. Their needs, their experience, their ideas and their priorities should underpin all efforts to shape this service. This was evident in the GHSCP's proposal, building as it did on recommendations from the Taking Away the Chaos report and engagement with people who use drugs facilitated by the Scottish Drug Forum. It should be required of all future proposals.

Q12. Which of the following best expresses your view of the proposal for a new body, the Scottish Drugs Deaths Council?

Partially supportive

Please provide reasons for your response, including views on the proposed functions of the SDDC (see pages 14 to 16 of the consultation document) and on how it should operate in practice.
We can appreciate the concerns raised about the lack of independent oversight of the Government, and these concerns have not been addressed by the newly created National Drugs Mission Oversight Group.

We welcome the idea of this oversight being provided by a body with "full operational and strategic independence from the Scottish Government", and the responsibilities that it would take on. We agree that the Scottish Government and all strategic and delivery partners should be held to account, but the expertise and perspective that such a group could offer should also be a resource to that work. Although a good example of experts creating connection between the evidence base and policy making, the way in which the Advisory Council on Drug Misuse can be, and so often has been, ignored by the UK Government should encourage us to think carefully about how this Council should be established. The Oversight Board established as part of The Promise has been suggested as a way to manage this balance - "The Promise Oversight Board is critical to ensuring that the Promise made to Scotland's children and families is kept. The Oversight Board will use Plan 21-24 to monitor the progress organisations make individually, and the progress Scotland makes collectively to #KeepThePromise. The Oversight Board will report to the care community and publicly on the progress made and will use its networks, relationships and governance structure to provide support and guidance wherever necessary. It will hold Scotland to account." (www.thepromise.scot/purpose-of-the-oversight-board)

Our initial concern is that adding another oversight group into the mix would create a lack of clarity, a confusion of leadership and direction. As well as the new Oversight Group, Public Health Scotland have established a drug related death Incident Management Group. Perhaps before we move forward with the proposed Scottish Drug Death Council (SDDC), we should step back and consider what it is that we are looking for, and then consider the best structure to meet those aims.

From our perspective, we want to see a group that brings together people who understand the issues – professionals, academics, people with lived and living experience – along with people who can pull the levers to effect the change required. We agree with the need for independence, but we also need a group that is embedded in and understands practicalities and the nuance of the drug treatment and support world. It should provide leadership and hold the Government and all delivery agencies to account, but it should also drive practical development and improvement to service delivery and to policy.

However, the ambition set out in this proposal – that the SDDC will be a body equivalent to public regulatory organisations like the SSSC – would take this consideration in a different direction. If this were to be pursued then it could be as part of the wider conversation we alluded to earlier around the registration and regulation of alcohol and other drug support services, and in this case we would at least want to consider a broader approach.

Preventing unnecessary deaths has to be our priority, but it should not be the end of our ambitions for people who use drugs, or of our expectation of drug treatment and support structures or the wider public service system. If we are to consider a specific regulatory body then its remit should not be limited to crisis interventions, but should include prevention, wider harm reduction and recovery. It should include near fatal overdose response services, crisis and stabilisation services, residential and community based rehabilitation and recovery services. It should consider the multiple and interrelated drivers, and look further upstream, encouraging and supporting service structures within and beyond the drug treatment system to invest in preventing problematic alcohol or other drug use. Beyond that, it should push our Governments and our public service structure to drive forward with the kind of political, societal and cultural change that we need to address the poverty, deprivation and inequity that underpins so many drug related deaths.

We can appreciate that too broad a scope could make such a body ineffective, but it is equally true that too narrow a scope misses important opportunities to affect change. We believe that this proposal requires further consideration.

Financial Implications

Q13. Any new law can have a financial impact which would affect individuals, businesses, the public sector, or others. What financial impact do you think this proposal could have if it became law?

some reduction in costs

Please explain the reasons for your answer, including who you would expect to feel the financial impact of the proposal, and if there are any ways you think the proposal could be delivered more cost-effectively.

Although there will be a cost in providing OPCs, they will overall save costs, by preventing overdoses, injecting injuries, blood-borne viruses, and other drug harms, all of which have a cost to the health service (Ambulance services, A&E, Primary care, and long term services for chronic conditions) and to Police Scotland.

It would be most cost-effective to be delivered by or in partnership with the Third Sector, and including staff with lived and living experience. Cost savings could be made by attaching to existing harm reduction services such as the Glasgow Alcohol and Drug Crisis Service.

Equalities

Q14. Any new law can have an impact on different individuals in society, for example as a result of their age, disability, gender re-assignment, marriage and civil partnership status, pregnancy and maternity, race, religion or belief, sex or sexual orientation.

What impact could this proposal have on particular people if it became law? If you do not have a view skip to next question.

Please explain the reasons for your answer and if there are any ways you think the proposal could avoid negative impacts on particular people.

We would want to see OPCs being as inclusive as possible. We believe they may reach groups who we have historically not reached as well as other groups with existing services such as people from the Black and Ethnic Minority communities and the LGBTQ+ community .

Sustainability

Q15. Any new law can impact on work to protect and enhance the environment, achieve a sustainable economy, and create a strong, healthy, and just society for future generations.

Do you think the proposal could impact in any of these areas? If you do not have a view then skip to next question.

Please explain the reasons for your answer, including what you think the impact of the proposal could be, and if there are any ways you think the proposal could avoid negative impacts?

No Response