

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)

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 (Note: The name will not be published if you have asked for the response to be anonymous or "not for publication".)

Scottish Families Affected by Alcohol and Drugs

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.)

XXXXXXXXXXXXXXXXXXXX

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.

As the consultation documents laid out, there has been an increase in drug-related deaths every year since 2013. Scottish Families fully supports any healthcare measure aimed at decreasing avoidable deaths. Overdose Prevention Centres allow for a safe, protective environment for people who use drugs to interact with healthcare professionals in a non-stigmatising way, greatly reduce the chance of overdose and eliminate the transmission of blood-borne diseases (amongst those who attend the sites). As stated in the consultation document, 93% of drug-related deaths in Scotland were a result of accidental overdose. Although it is impossible to determine how many people would have used an OPC, evidence from other countries suggests when they are there, people do use them. For example, OPCs have been in operation in the Netherlands since the 1970s, and in Switzerland from the 1980s (although some said to be unofficial). By as early as 2003, there were 62 official OPCs across Europe, and some in Australia and Canada. Evidence and learning from these countries would be essential to embedding OPCs in Scotland. It could be perceived that Scotland, and the rest of the UK, has fallen behind in introducing life-saving harm reduction measures that have the potential to make an impact on our devastating drug-related deaths. However, it must be acknowledged that many of the European countries cited in the Bill have many other harm reduction and health measures for people who use drugs, and their low drug-related deaths are likely the result of their overall approach, rather than down to OPCs alone. We believe the decision to use the term 'Overdose Prevention Centre' as opposed to other alternative names is a positive and less stigmatising way to frame the initiative.

The proposal for a Scottish Drugs Deaths Council sounds promising at first glance, but we have reservations about the format of the group, the purpose and the frequency of meetings proposed. Families are not mentioned as being a part of the proposed members of the group, which is of great concern, and we hope this oversight will be correct. Our thoughts on the proposal for a SDDC is discussed in greater length in response to question five. We understand that the Bill brings together two potential solutions to drug deaths in the OPC and SDDC, however as presented they feel somewhat disconnected from each other rather than being presented as part of a comprehensive and unified package of measures.

In summary, those attending our meeting to discuss the Bill were supportive of the overall aims the Bill proposes but had concerns about how the proposals would work in practice and the omission of the family members of people who use drugs.

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.

We would argue that legislation is required, reflecting upon the rejection of the establishment of an OPC attempted by Glasgow City Council in 2016. A member of our staff was a part of the working group attempting to establish the Glasgow OPC and raised concerns regarding how this legislation will exempt people from being prosecuted. We discussed the potential role of the Lord Advocate, who has since changed from 2017 when plans were first rejected, which could be a potential avenue of inquiry for securing OPCs in Scotland. Our group had concerns regarding devolved and reserved matters and sought solid evidence that proposals would not violate the Misuse of Drugs Act, 1971. There is strong resistance from Westminster, who reserve matters of drug policy, as then Crime and Policing Minister Kit Malthouse MP denounced OPCs in Scotland as recently as May 2022. We have questions regarding how this legislation will achieve the aims set out in the proposals and allow OPCs to operate legally.

The location and possibility of mobile centres was also discussed and questioned. Due to the nature of having to obtain permission for drugs to be consumed in a specific location, would it be possible to provide mobile centres or for centres that could flexibly move location depending on community need? Our group agreed this would be beneficial and allow for centres to go where they are needed as opposed to expecting a vulnerable group of people to come to them. It is unclear how this could be achieved by legislation, or via the Lord Advocate.

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.

Research in 2021 found there is a 'high willingness' among people who inject drugs in Scotland to use OPCs (termed as drug consumption rooms (DCR) in the article). 75% of the 1469 participants in the study said they would be willing to use an OPCs. There is also evidence to suggest that public opinion would be supportive of the Bill and of OPCs, as 2020 research found that 61% of Scottish people supported the introduction of OPCs (termed DCRs in article) in Scotland.

Our discussions about OPCs with staff and family members showed strong support for OPCs, with one participant stating they could not think of a reason to oppose them. Peter Krykant's Glasgow van was cited as reason to introduce OPCs, due to the lives saved by the initiative. However, we did have questions surrounding the where's and how's. If OPCs were to exist in Scotland, they would need to be placed in a location (potentially mobile) with easy access, a non-stigmatising environment would need to be ensured, and they would need to be a part of a wider plan to reduce drug-related deaths. There were concerns that OPCs would focus on a very small group of people, who do desperately need a harm reduction-based intervention but may not reach people who use drugs socially indoors (at a friend's house, for example). There would need to be a considerable amount of work to encourage people who use drugs to use the service, especially those who have felt stigmatised or discriminated by statutory services in the past.

Furthermore, there would need to be a commitment to ensuring the establishment of OPCs in communities across Scotland (including urban and rural settings), rather than focused in communities deemed to have high drug-related deaths. It is essential that people who use drugs from all over Scotland could benefit from having OPCs in their local area. We would also note that OPCs would need to be available to access daily, and outwith 9am-5pm, Monday to Friday.

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?

Licensing seems to be a sensible way to introduce OPCs into local communities. It makes sense that local body would be responsible for OPCs, as they should know their community best. It is important that OPCs are operated with care, and that certain requirements and objectives would be agreed before a licence granted. The requirements and objectives listed in the consultation document sound reasonable to ensuring they operate as intended. It would be beneficial to know what the 'minimum entry requirements' to access an OPC would be.

Our discussions highlighted concerns regarding Health and Social Care Partnerships being responsible for granting licences. It is unclear who could obtain a licence, for example, would it be possible for third sector, community groups and recovery communities to obtain a licence? We questioned the need for a 'medical professional' to be present at each OPC, as third sector organisations and those in recovery communities have extensive knowledge of overdose prevention and response, could potentially fulfil this role alongside a community nurse or someone from the local addictions team. With that being said, those running the centre must be cautious of the potential personal cost or strain that may come with operating an OPC, and measures would have to be taken to protect staff's health and wellbeing.

We discussed the possibility that statutory services may not be best placed to operate and scrutinise OPCs, due to evidence of stigma and bad previous experiences that may prevent people coming forward to use the centres. Many family members and their loved ones have had harrowing experiences of treatment from statutory services and are not confident in the quality of OPCs if they were the main provider. Those who attended our meeting discussed experiences where there was a lack of compassion and a sense of narrow-mindedness from staff at drug and alcohol services. We would suggest a multi-agency approach in order to break down barriers, get maximum engagement with OPCs and allow for opportunities to engage with a range of other organisations in the community.

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.

It is important that new measures that could reduce drug-related deaths are constantly reviewed and considered in Scotland. The creation of a Scottish Drug Deaths Council would ensure that an independent body was constantly reviewing new proposals and holding current systems to account. The proposal sounds as if it could be an action-focused group, which is much needed in Scotland. Scottish Families agree fully that lived and living experience should be at the core of the Council should it come to be. There is no mention of family members being involved in membership which is extremely disheartening and disappointing, and we would hope this would be rectified. It is currently unclear how people would be recruited into the Council. Would it be open to the general public to apply?

Family members at our meeting were concerned this group could be more talking with little action, potentially wasting time that could be spent on action to save lives. There is a growing frustration that the issue of drug deaths is being used frequently as a 'political football', when it is a real issue impacting people's lives every day. Quarterly meetings would be insufficient to deal with the severe issues facing Scotland in relation to drugs. A crisis situation requires more attention than four meetings a year. There are concerns that the group could become a round table, talking about issues rather than taking actions to save lives. Accountability is much needed in Scotland for the failures families and their loved ones have experienced, but our group were not convinced that a Council to replace the previous Taskforce would create the channel for accountability and responsibility that people impacted by drugs and their families deserve.

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 increase 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.

We would imagine there would be some increase in cost due to the financial implications of implementing a new system including premises and staff.

There could be financial implications upon the Scottish Government, ADPs, (what is the role of ADPs if any?) and Health and Social Care Partnerships regarding licencing. However, Glasgow HSCP data suggests that between 2014-2016, 350 people who use drugs accounted for £200,000 worth of Accident and Emergency attendances, over £1.5 million from inpatient bed days and approx. £9,600 from 19-day case admissions, a total of 1.7m over 2 years. Also, life-time costs of people impacted by blood-borne diseases are not included and could be prevented by people using OPCs. In longer term, it may in fact reduce overall expenditure due to preventing people who use drugs needing other treatment. We note it is not outlined how much an OPC or the SDDC would cost to operate, so it is difficult to comment further on this.

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.

No Response

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?

There are many views and arguments that are against OPCs in society. It is likely there will be much public debate on the Bill and what it might mean for neighbourhoods, public safety, residents and businesses. This is addressed partially through the licencing proposal, in which the HSCP would determine that a licence would not increase 'criminal behaviour or cause undue obstructions to local businesses and residents in their daily lives.' Although evidence suggests that OPCs can be positive for communities, due to reducing drug-related litter and allowing for drugs to be consumed in a safe environment as opposed to in public places. It is essential that OPCs are licenced and opened in partnership with communities to ensure any negative impacts are negated. We note that previous community and business engagement in Glasgow around the proposed safe drug consumption room was largely positive.

To achieve the intended outcomes, OPCs would need to be introduced in conjunction with other health measures, in cooperation with other public bodies such as Police Scotland, work alongside statutory and third sector drug and alcohol services and establish strong links with other community-based services such as homelessness and mental health.