

Drug Death Prevention (Scotland) Bill

About You

Q1. Are you responding as:

An individual

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".)

Member of the public

Optional: You may wish to explain briefly what expertise or experience you have that is relevant to the subject-matter of the consultation:

Ambassador Labour Campaign for Drug Policy Reform (LCDPR). Lay member Scottish Parliament APPG Drugs and Alcohol Misuse. Former director/trustee/outreach volunteer Crew Mind Altering. Former volunteer (for 5 years) Centre Point Soho - exposure to IV drug use, overdose, emergency services, hospital admission and drug deaths. Lived experience of non opiate non injecting drugs from various groups on the drugs wheel - <http://www.thedrugswheel.com/>

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

No Response

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 (Note: The name will not be published if you have asked for the response to be anonymous or "not for publication".)

Douglas McBean

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.

Support fully establishment of OPCs and licensing. Believe establishment of new government advisory board can be dealt with quicker and easier outside this bill. Is an ACMD (Westminster type) body envisaged? I take their email feeds of government advice and government responses - the latter often concerning and ignores the former. Let us not forget the sacking of Professor Nutt and the others who followed him out door - do we take any lessons from that. Controversially perhaps but in my view an OPC should do what it says on the tin - be an overdose prevention centre - end off. I see an OPC as being a narrowly focussed development in response to Scotland's horrendous drug misuse related deaths. Accordingly I do not see the need for highly trained and expensive medical staffing. The excellent work by Peter Krykant is outlined in the consultation brief and said to be a pilot type operation, I believe that is correct? My understanding is that there was no medical attendance therein? It seems to me OPCs should be operated by trained/volunteer operatives trained in naloxone administration, defibrillator use and how to call 999 for an ambulance.

Also see answer question 9

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.

My dearest wish is for the end of the Misuse of Drugs Act 1971 and the Psychoactive Substances Act 2016. These of course are not within the devolved remit of the Scottish Parliament - not do I believe drug law reform should be - not for discussion here of course. Within the devolved competencies of course and of relevance here are policing, justice and health. Whilst I studied commercial law at masters level and my professional background is in risk management and insurance of directors and officers, environmental, medical practice and other high risk liabilities I have no particular experience in the law otherwise. My reading though of the legal position described in the consultation text is that it is a correct one. Dorothy Bain QC is a formidable Lord Advocate with considerable commercial and criminal experience; her announcements on personal use of all drugs was prescient. So whilst I do not believe specific legislation is required around those aspects of the bill we would though be in the hands of future Lord Advocates who may be less progressive, alike Ms Bain's predecessor who was not minded to be remembered for radical transformation in the drugs space.

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.

I strongly support the establishment of OPCs - one consideration might be where situated; Glasgow and Dundee appear to be at the forefront of the race. The City of Edinburgh Council Labour administration (13/63 councillors which presents its own challenges) has expressed FULL support to progressing this quickly - their feet need to be held to the fire to avoid slippage. One former MSP said to me though what about users about to (unintentionally overdose/die or just to IV use in non sanitary conditions) in say Bathgate, Brechin, Balfron, Balintore, Balmedie, Ballater and more. Are they going to be of a mindset such as having 5 quid in their pockets for a bus to an OPC, are they that organised that they know when they are going to use or are they like many users, leading a chaotic lifestyle?

I do feel strongly that OPCs should do what they say on tin, they should be about avoiding or reversing overdose. As far as I am aware Peter K's excellent non-regulated facility was not staffed by highly trained medics yet it worked by sticking to it's knitting, it was an OPC. Controversially perhaps my view is that an OPC should be manned by say one trained drugs workers and other trained volunteers in naloxone administration and the operation of defibrillators and of course how to call 999 to call emergency services such as an ambulance/paramedics.

Three points in closing:

We have the benefit of contemporaneous experiences from California and perhaps lessons to aid our fight for progress in this arena. On 9 August 2022 writer Katy Grimes wrote in the right wing California Globe:

"Proposing to allow open drug dens in two of California's most crime laden, homeless and vagrant filled cities is the equivalent of taking a recovering alcoholic to an open bar at a large wedding.

Senate Bill 57, passed by both houses of the California Legislature along party lines, allows for the open operation of drug dens in Los Angeles and San Francisco Counties. Ironically, Democrats refer to the bill as the "overdose prevention program."

SB 57 "Provides a hygienic space supervised by trained staff... where people can consume controlled substances; provide sterile consumption supplies and collect used equipment; and provide secure hypodermic needle and syringe disposal services."

Notably, even though the bill allows "monitoring participants for potential overdose, and provide treatment as necessary to prevent fatal overdose," there is no acknowledgment in the bill of the deadly and rampant Fentanyl crisis. "Fentanyl is devastating San Francisco," the San Francisco Chronicle reported. There is a nationwide spike in mass-overdoses, teen deaths due to fentanyl-laced drugs, the DEA reports. "At DEA labs, authorities say, two out of every five pills found contain fentanyl that have a deadly amount in them," ABC7 Chicago reported.

Will these open drug dens in LA and San Francisco be immune to fentanyl-laced drugs?

Notably, many Democrat lawmakers did not vote "No" on SB 57 however, they just didn't vote on it at all indicating their unwillingness to be identified as supportive of this dangerous travesty (Senators Archuleta, Caballero, Hertzberg, Newman, Portantino, Rubio, Stern, Umberg, Assembly members Arambula, Calderon, Cervantes, Cunningham (R), Gabriel, Eduardo Garcia, Gipson, McCarty, Muratsuchi).

Sen. Scott Wiener (D-San Francisco), the bill's author, announced a press conference with Mayor Libby Schaaf of Oakland, Assemblymember Matt Haney (D-San Francisco), Supervisor Matt Dorsey to call on Governor Gavin Newsom to sign SB 57. "SB 57 legalizes safe consumption sites in San Francisco, the City and County of Los Angeles, and Oakland," Wiener says.

Conversely, Senate Republican Leader Scott Wilk (R-Santa Clarita) and all members of the Senate Republican Caucus recently called on Gov. Newsom to veto Senate Bill 57.

"Instead of focusing on a strategy to help people get their lives back, get off drugs and into treatment, California Democrats focus on giving people free needles and a safe place to shoot up," Sen. Wilk said. "This is one of the most dangerous pieces of legislation that I've seen sent to the governor. Leaving people on the streets in squalor, rather than getting them help, shows zero compassion."

This legislation appears to go hand-in-hand with Democrats' policies on homelessness... or lack-thereof policies. California's predominantly Democrat state and local politicians have allowed the homeless drug addicts and mentally ill to live on city and county streets, along rivers, in public parks and golf courses, without constraint. Even the low-barrier homeless shelters Democrats support lack restrictions, allowing for open drug use and drug deals, rape, physical abuses, and other crimes.

Why would anyone think their open drug dens in LA and San Francisco would be any different?

Wilk points out that there is a drug addiction crisis in California and says it is irresponsible for Legislative Democrats to advocate for drug dens, adding that these are the wrong priorities. "Instead, California must focus efforts on rehabilitation, counselling, and other alternatives, including treatment protocols."

"The legislature must work in tandem with law enforcement to get illicit drugs off our streets and hold drug dealers accountable for the lives they ruin," Sen. Wilk said. "SB 57 doesn't do that and could ultimately result in innocent people becoming victims to the crimes and hazards surrounding drug abuse."

In the Senate bill analysis, Sen. Wiener acknowledges, "California is in the midst of an unprecedented overdose crisis that must be treated as a public health crisis."

"Fuelling the drug epidemic with drug dens and needle supplies is like pouring gasoline on a forest fire. It merely worsens the problem," Senate Republicans said in their letter to Gov. Newsom.

Notably, there is no pathway to treatment in SB 57, just as with Democrat "solutions" to homelessness –

there is no pathway to any treatment".

Should we expect similar here? I suspect yes and we should be prepared although let's ignore Peter Hitchens!

A concurrent experience I have at this time is engaging with one of England's most senior PCCs following his appearance recently before a Home Affairs select committee, I wrote to him in response to the statements he was making to the committee. He replied and we are now in continued correspondence:

"Dear Mr McBean,

Firstly, thank you very much for your email. I was surprised to receive a communication from Edinburgh which is one of my favourite cities and a place I hope to visit again soon.

I was, I think, pretty clear regarding my comments. The issue is that there are some strongly held beliefs that play into this and not all of them are answerable with more data. The broad arguments, I believe, are as follows:

a/ Morality – some of my PCC colleagues hold strong beliefs that it is not moral to help an individual take a toxic substance that is doing them harm. This is particularly the case when it is funded by the taxpayer.

b/ Legality – it is illegal and unless there is primary legislation to change that then that will remain the case.

c/ Facilitation – by making it easier and safer to commit an addictive act it reduces the barriers to said addiction, which could increase the likelihood of drug taking being normalised.

d/ Opportunity cost – even if you can remove the arguments above then I would still need the following to be proven. Firstly, that this intervention is more useful to society than the use of the funding put into either tougher enforcement, effective rehabilitation or diversion, awareness and education interventions. Most operations I have reviewed cost £800k - £1.2m per year, for a relatively low number of clients.

So, how could I be convinced? It would need to be a pilot that could take into account the needs of both the community and society as a whole as well as that of the individual. It would need to be followed over a significant length of time. If there is such a study that demonstrates that the individuals are rehabilitated towards abstinence, the community sees a reduction in crime, and the society does not see an increase in drug taking per se, then I would say that there is an active discussion to be had.

To date, most consumption rooms or similar schemes cannot fulfil that criteria and solely look at the issue from the point of view of the individual.

As you say, I don't think we will agree, but if you had such a paper I give you my assurance that I would take a very careful look at it".

Finally this, I am flabbergasted:

<https://www.heraldscotland.com/news/20897450.scotlands-drug-crisis-officials-reluctant-listen-campaigner-finds/>

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

Fully 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?

I broadly (I suppose that means fully!) support the views/facts in the outline consultation text.

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.

I support the aim for establishment of an SDDC. With further enquiry though it does seem to me this can more effectively be delivered outside the confines of this bill, removing obstacles and delay.

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?

skip to next question

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.

NRS figures accurately and in my view mainly are informative and well presented. A few links of interest (I self identify as a gay man, formerly identifying as bi-sexual and/or a man who has sex with men):

- <https://www.statnews.com/2016/07/20/injection-drug-gay-teens-hiv/>
- <https://pubmed.ncbi.nlm.nih.gov/29702337/>
- <https://drugabuse.com/blog/7-shocking-facts-about-meth-in-the-gay-community/>
- <https://sti.bmj.com/content/90/2/125>

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?

I do have views but up against the clock in getting my response in and have had to concentrate on other areas. Of course there will be affects on each of the areas mentioned. I am sure the consultation will illicit many responses from health economists - I hope so. It seems to me there will be up front costs that will later be defrayed by economic benefits. Raises the question for me, what is a life worth? Who decides?