

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:

Commercial organisation (company, business)

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).

Camurus Ltd is a pharmaceutical company specialising in opioid dependence treatment. We are committed to supporting the development of drug treatment systems which enable people living with drug dependence to choose the best treatment for their needs, from the full range of treatment and support options, regardless of where they live.

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 (Note: The name will not be published if you have asked for the response to be anonymous or "not for publication".)

Camurus Ltd

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.)

[Redacted contact information]

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)

Neutral (neither support nor oppose)

Please explain the reasons for your response.

Camurus fully supports the increased attention given to the important issue of reducing drug-related deaths in Scotland through this Drugs Death Prevention Bill. In particular, we welcome that the consultation recognises drug misuse as a health issue.

Drug dependence should be seen and treated with the same level of importance and care as other long-term health conditions. People seeking support for drug dependence should be treated in the same way as a patient presenting with diabetes, asthma or any other chronic condition would be. Access to care should be universal, and management of drug and alcohol dependence should be a core provision of essential healthcare, rather than an optional extra.

We appreciate the proposed Drugs Death Prevention Bill is focused on two specific measures. However, we believe that any discussion about reducing drugs deaths needs to consider challenges across the whole system and that it is important that these issues and potential solutions are raised and considered as part of this.

One key system issue that needs to be addressed is the implementation of the Medication Assisted Treatment (MAT) standards. These standards have created a valuable mechanism for ensuring that care is provided consistently across the country.¹ However, at present, they are not being achieved nationwide, meaning that some patients are not able to make an informed choice of treatment because they are unable to access the full range of treatment options in their area.²

The disparity in care can be attributed to a variety of factors including: ²

- A shortage of staff who specialise in assessing the needs of individuals and have the capacity and facilities to act swiftly to support them; either directly or by referral to a provider that can offer the right support.
- Triage and treatment pathways are not always coordinated or efficient when delivering same day access to patients.
- In some parts of the country, particularly more rural areas where there is limited primary care provision, same day access to treatment is very challenging or requires significant travel for a patient that may not be feasible. Services are not always equipped to transport patients to a provider that can assess needs and start treatment.
- Variation between Alcohol and Drug Partnerships in treatments offered, meaning even if patients are able to access same day treatment, they are not always immediately able to access a full choice of options or the treatment that is necessarily best for their needs.

It is our view that these challenges need to be urgently addressed and discussions about the proposed Drugs Death Prevention Bill offer an opportunity to consider how to do so, to ensure consistent pathways and improve patient access to same day treatment and a full range of treatment options.

Earlier this year, Camurus convened a group of cross-party MSPs, officials and lived experience representatives at a roundtable to discuss the policies needed to address those issues and published a briefing setting out policy recommendations based on that discussion. These include:²

- National and local service planning should focus on consistent nationwide implementation of the MAT standards so that genuine treatment choice and same day access can be achieved across the country, supported by appropriate resource allocation.
- The Drug Deaths Taskforce should work with NHS Scotland and other system partners to develop

nationally supported guidelines which outline assessment tools and drug treatment pathways. These would be used to support healthcare professionals and other public service providers who have contact with people with drug dependency, enabling them to better assess and refer patients to appropriate treatment and support.

- Consideration should be given to alternative routes to treatment access to support choice and timely availability of treatment. This could include increased use of needle exchanges and outreach workers, and pharmacists being enabled to signpost patients or to provide treatment (as per ongoing pilots) to reduce the need for regular access to primary care services.

1. Gov.Scot., (2022), Medication Assisted Treatment (MAT) standards: access, choice, support, <https://www.gov.scot/publications/medication-assisted-treatment-mat-standards-scotland-access-choice-support/>. Accessed August 2022

2. Camurus, (2022), Tackling Scotland's Drug Deaths Crisis

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.

Following funding commitments on improving drug treatment made by the Scottish Government, attention should now focus on ensuring this is impactfully implemented, improving access to support services.

Widespread availability of Naloxone in drug treatment services and as a resource for police provides a critical safety net for many overdoses.¹ The focus must now shift to establishing strong treatment frameworks, and improving access, ultimately reducing the need for Naloxone and overdose prevention. This includes prioritising the implementation of the MAT standards.

The aim of the Bill to prevent drug deaths is extremely important. At the Camurus roundtable, as well as the challenges already noted, several other barriers to improved drug treatment and death reduction were highlighted, including inadequate resourcing in primary care.²

At a time when resources are very stretched and capacity is limited, GPs are not financially supported or incentivised to focus on treatment for people struggling with drug dependency. Many GP practices are closing because of financial challenges and those at risk are unlikely to prioritise patients in what is often perceived as a complex and expensive area.²

In addition, many GPs have not had the specialist training required to work with people with drug dependency and as well as limiting system capacity to properly refer and treat people with drug dependency, this can also feed into stigma.² This may make patients reluctant to seek help or mean they are not offered the right support for their needs if they do.

To address this, we recommend that:

- The GP contract must provide GPs with sufficient resource and incentivise a focus on drug treatment to ensure all patients can access appropriate support and referrals from primary care.

- NHS Scotland should develop local GP pilots, developing and implementing a specific focus on drug treatment support to understand resource requirements and identify best practice that can be shared with other GPs to encourage increased primary care focus on drug dependency.

- Alcohol and Drug Partnerships should ensure they have GP representation to boost local care networks and understanding of treatment options to better support patients with drug dependency.

- Current GPs and trainee doctors should be offered training on drug dependency and treatment, to reduce stigma and ensure they are provided with adequate information to support provision of appropriate patient support.

We appreciate the proposed Drugs Death Prevention Bill is not focused on these specific issues. However, these issues all ultimately link to the Bill's primary aim of reducing drugs deaths and we believe its development offers an opportunity to raise awareness of wider system issues that must be addressed.

1. SDF, Police Roll Out Naloxone After Successful Pilot, <https://www.sdf.org.uk/police-roll-out-naloxone-after-successful-pilot/> Accessed August 2022

2. Camurus, (2022), Tackling Scotland's Drug Deaths Crisis

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

Neutral (neither support nor oppose)

Please explain the reasons for your response.

Discussion on a wide variety of solutions to the drug deaths crisis is critical, and it is essential to ensure all options to support those in need are explored. We believe attention must be focused on ensuring that those with drug dependence are able to access treatment that can support them for the longer term. This includes ensuring there is a system wide approach taken to drug death prevention where care is integrated across GP practices and drug treatment services.

Overdose prevention is important, but this discussion must also focus on longer term measures to achieve this goal. We need to focus on the whole system, and ensure that wrap-around services are in place so that no matter at which setting a drug user presents, they are provided with a clear avenue to treatment and longer term support to address their dependency.

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

Do not wish to express a view

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

Neutral (neither support nor oppose)

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.

Addressing the challenge of drug deaths in Scotland requires collaboration and coordination throughout the drug treatment sector and the Drug Deaths Taskforce undertakes important work to support this. A new Drugs Death Council could help to provide additional scrutiny of the implementation of Scottish Government policies and funding commitments to address drug-related harm as a Non-Ministerial Department with full operational and policy independence.

Regardless, as noted in the consultation, the inclusion of the people with lived experience in any body focused on tackling drug-related deaths is vital. This approach should be reflected in all policy development in this area.

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.

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?

No Response