

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:

Public sector body (Scottish/UK Government or agency, local authority, NDPB)

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).

Submission by the Scottish Public Health Drug SIG (Jointly on behalf of Scottish Directors of Public Health and Public Health Scotland.)

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 (Note: The name will not be published if you have asked for the response to be anonymous or "not for publication".)

Submission by the Scottish Public Health Drug SIG (Jointly on behalf of Scottish Directors of Public Health and Public Health 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.)

XXXXXXXXXX

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.

Please tick this box if you are under 12 years of age.

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.

The scale and extent of the avoidable mortality is illustrated by the fact that the rate of drug related deaths in Scotland during 2021 was over three times higher than any other country in western Europe. The excess avoidable mortality evidences the need for different and innovative approaches. It needs to be clear who is accountable for effecting change and how to meaningfully hold organisations and individuals across Scottish Government, Chief Officers of HSCPs and ADPs to account for the achievement of outcomes that are the product of dynamic and complex social systems, not single organisations. We welcome the proposal for the creation of services that directly engage with people at the highest risk of drug related harm and welcome the commitment to evaluation of pilot project(s).

Implementation of this bill and provision of services requires clarification of the current legal status. Specifically, the risk of prosecution faced by staff and people who use overdose prevention services. We welcome the opportunity that this bill presents for providing this clarification on a once for Scotland basis and note that without this clarification, it will not be possible to implement OPC services in Scotland.

We are not entirely supportive of a licensing framework as we believe that this might risk undermining the ability of local areas to provide effective services. Further detail is provided in the response to question four.

We believe that it is important to provide leadership to achieve broad political consensus and create a forum for multi-agency expert independent opinion to scrutinise policy development and implementation. The voices of people with experience of problematic drug use and their families need to be central, with recognition of their expertise and experience in navigating drug related harms day to day. However, we do not believe such a body should focus purely on drug death as an outcome. Reducing drug deaths requires policies that impact on wider drug harms and upstream drivers of drug and alcohol use, including inter- generational cycles of harms and the influence of poverty and societal inequalities. A scrutiny body that defines its outcomes only in terms of drug deaths will neglect the wider complexities and origins of drug related harm, potentially in the pursuit of something that is seen as readily measurable. There is a need to improve the lives of people who use drugs and those affected by drug use, including their physical and mental health, housing, access to employment, supports provided through the criminal justice system etc not just focus narrowly on death.

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.

To set up and run an overdose prevention centre, staff providing the service and those commissioning the services require assurance that what they are doing is lawful and that staff are not at risk of prosecution. Providing this clarity at a nationwide level is essential and will avoid the situation of each area (Health and Social Care Partnership / NHS Board) seeking independent legal advice. Such a situation would lead to a variation in service availability and increase the costs and potential delays associated with setting up a service. This should be the outcome that the proposed Bill, whether legislative change is required is a matter for the Lord Advocate.

The Scottish Directors of Public Health and Public Health Scotland can provide an expert view on the anticipated public health impact and consequent public benefit of providing a facility such as an overdose prevention service. 'Overdose prevention centres' or OPCs are essentially legally protected supervised injection spaces for the most vulnerable to safely manage their addiction without fear of criminal sanction. Worldwide, there are now over 150 such facilities in operation and they have proven an effective strategy to prevent and reduce overdoses, which account for the majority of drug related deaths. The case for such a proposed facility in Glasgow has been described as the most compelling public health case for action in Europe.

Key points that merit consideration in terms of the anticipated public health impact are;

- The number of individuals and the young age at which people die of a drug related death is a significant contributor to Scotland's unacceptably high burden of premature deaths and its stubborn persistence is a stark reminder of the widening of the health inequality gap in Scotland. Were OPC facilities to be introduced and promoted effectively in the parts of Scotland most impacted by drug related deaths, there is compelling international evidence that this would reduce the numbers of drug related deaths in Scotland, the vast majority of which are avoidable.

- Since 2014 over 150 cases of HIV have been recorded amongst people who inject drugs in the West of Scotland. This is the largest HIV outbreak amongst people who inject drugs in Europe and laboratory test results indicate that these HIV infections have been contracted in weeks and months prior to diagnosis. Provision of an overdose prevention service or network of OPCs would therefore provide an opportunity to reduce the ongoing transmission of HIV by facilitating the provision of safe injecting equipment and its use as well as providing routes into treatment and care services for blood borne viruses.

- Drug related harms leave a legacy for subsequent generations. In 2018, 566 children lost a parent due to drug related death. This figure represents a fraction of the population of Scottish children who are exposed to trauma and adverse childhood experiences living in households affected by substance misuse. Repeated and multiple exposures to adverse childhood experiences is associated with poor physical, mental and social wellbeing outcomes for these children in adult life.^{iv} Employing the principles of whole family approaches within overdose prevention by enabling their use as wider health improvement hubs would provide children and family members with much needed support at a time when they may not be able to ask for that support due to the stigma and legal consequences associated with drug use.

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

Partially supportive

Please explain the reasons for your response.

The Scottish Directors of Public Health and Public Health Scotland are supportive of the concept of overdose prevention centres and would like to draw attention to the call for piloting of overdose prevention centres made by the UK Faculty of Public Health.

However, we would also like to register the following points for consideration about the proposal:

- The service must have a wider harm reduction, specifically in relation to providing direct support for blood borne virus screening (HIV / Hepatitis B and C), care for wounds associated with injecting substances, provision of support to access statutory services and crisis support (crisis loans, access to food banks etc.)
- The service must promote recovery, to do this, it must be connected into the wider recovery-oriented system of care in place in the community.
- The service should be accessible and acceptable to those at risk of drug related harm. People with living experience of substance use should be involved in the design of the service. In 2018, 62% of people who died consumed substances and died in their own home, OPC facilities must provide a viable alternative to at home consumption. Consideration should be given to the development of different models of overdose prevention centre dependent on the needs of the local population, this may include mobile facilities. All provision should be designed in a manner that is trauma informed. The Scottish Directors of Public Health and Public Health Scotland are of the view that multiple models of delivery should be included in the pilot.
- There is a need for overdose prevention centres across Scotland. The age standardised drug related death rates in all Scottish Health boards are well above the comparable rates for England, Wales, Sweden etc. OPC facilities must respond to the requirements of the local area, for rural areas, mobile facilities and multiple smaller "non-medicalised" facilities may be required.
- Drug use remains criminalised in Scotland and people who use drugs experience stigma. The use of the term "overdose prevention centre" risks drawing attention to a facility which provides care and support to vulnerable people and could act as a barrier to access. We would support flexibility in the use of terminology to promote understanding and reduce the potential for stigma. It is recognised however that 'overdose prevention centre' is a far better term than its predecessor, 'supervised consumption rooms'.

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 opposed

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?

The Scottish Directors of Public Health and Public Health Scotland have concerns about the use of a licensing regime or framework that ideally would be fully addressed before the introduction of such a licensing scheme.

- A licensing regime should not substantially limit the number and type of centres being developed thereby undermining the central objective of this proposed bill, as described above and there would be clear benefits from being able to use multiple models of delivery of OPCs, as advocated above.
- Despite a public health objective being present in the licensing system for alcohol, competing priorities often override the public health interest. Legally there are challenges with implementing and demonstrating public health impact. We would be concerned that a similar licensing framework would present difficulties that lead to delays or obstruction to implementation.
- A pragmatic approach would be to produce guidance or specifications on what care would be provided within each centre and workforce training and competency requirements. We would disagree with the need to always provide a trained medical professional, rather than individuals must have appropriate training in order to recognise and respond to overdose and other harms.
- It is unclear what authority, resources, and capacity HSCPs (Health and Social Care Partnerships) have, to undertake licensing and or scrutinising.
- Ensuring quality of care could be achieved through the existing clinical and social care governance process within local Health Boards, Local authorities and Health and Social Care partnerships, this would also ensure that the facility is an integrated part of the recovery and care system for drugs, outcomes of success (such as engagement with care or recovery support services etc) would be more easily measured and used to inform further improvement. Functions such as the safe disposal of equipment (for example those returned to needle exchange services) are already covered by these structures and processes.

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.

The Scottish Directors of Public Health and Public Health Scotland are in support of any move to create cross party-political consensus and advance action on Scottish drug policy. We believe that an independent, multi-stakeholder expert group could provide this. However, we believe that the focus on drug related deaths is too narrow. Since 1996 Scotland has recorded year on year increases in the number of people who die because of drugs, however over this time there has been little action to address the root causes of problematic drug use and addiction. These need to be across the life course and be age and stage appropriate with related consideration of the intersection of different services: health, police, justice and the third/independent sector, in order that tackling the upstream risk factors and pro-active early problem identification are well integrated across all agencies involved. We are supportive that the council considers the public health impact of policies and interventions.

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.

Cost effectiveness is also dependent on the type of model that is developed, across the world there are examples of diverse types of models with vastly different cost implications. All of these should be considered as part of the pilot. These include the creation of mobile facilities, informal café style facilities as well as more medicalised facilities such as available in Sydney, Australia.

The published evidence for cost effectiveness of OPCs has been demonstrated by the cost savings associated with the reduction of transmission of blood borne viruses, specifically HIV. Given that the HIV outbreak amongst people who inject drugs in the West of Scotland is ongoing, these findings of cost effectiveness may be appropriate for the Scottish context. However, we would caution against using published evidence of cost effectiveness as making a case for creating savings for the health or social care service. A more appropriate move may be to track the impact of the centres on demand for unscheduled care services (for example total volume of ambulance call outs for suspected near fatal overdose).

The added value of OPCs needs to be understood in the context of wider framework of work to reduce drug deaths and the related need to evidence improvements in service culture/practice and service access as detailed in the MAT Standards.

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.

An equality impact assessment should be conducted on the proposal in order to consider these impacts. Of particular importance would be the appropriateness of services for women, 397 deaths were recorded amongst women in 2021, Since 1996, the proportion of women represented amongst drug related deaths has increased. It is well recognised that persons of the LGBTQ community can face additional stigma and barriers to accessing services that are both real and perceived so their specific requirements in relation to overdose prevention facilities would need to be better understood.

We note the opportunities to include people with problematic substance use within equalities legislation to further support their access to timely care and support.

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?

The positive impact of these services on reducing some of the drug related harms and increasing engagement with support and recovery services is now widely accepted. These changes contribute to reducing the stigma around drug use and the proposals could add to that, providing a more just and inclusive response to people who use drugs.

Other comments:

While we recognise the likely benefit and advantages of OPC facilities in increasing opportunities for harm reduction, it remains important to always be mindful that it will only be through concerted action across the many root causes, including underlying economic and social marginalisation as well as embedded cultural attitudes around drug misuse that real and sustained reductions in drug related deaths will be achieved.