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".)

Professional with experience in a relevant subject

Optional: You may wish to explain briefly what expertise or experience you have that is relevant to the subject-matter of the consultation:
I am a clinical psychologist. researcher and educator who has worked for many years in the Addiction field in the USA, Scotland and across Europe. I worked as a clinician in the Haight Ashbury Free Clinic in San Francisco, was Sr. Clinical Psychologist in Muirhouse, Edinburgh.....the the AIDS capital of Europe. In the 90's I moved to a national level and joined the Scottish Drug Training/Research Project based in the University of Stirling. I delivered training courses from Stornaway to Lockgilped covering a wide range of topics from Basic Drug Awareness to Dual Diagnosis (Mental Health and Addiction). During that time courses were also delivered to the majority of front line staff in drug projects as well as staff in health and social services. I trained prison officers in every prison in Scotland, the majority of community drug projects and staff in health and social services. Consultancy on programme development and staff training were provided to private residential rehabs along with many rehabs operating through different funding streams. I've contributed to training manuals in England and Scotland along with many grey and peer reviewed journals. In collaboration with psychologists at Harvard University we developed a protocolised treatment manual 'Seeking Safety' that offered a step by step guide to addressing histories of trauma in problematic drug users. I published the first Scottish study on 'The Legacy of Child Abuse - Adult Mental Health and Addiction. Contributions from 50 alcohol/drug services contributed to this study as the issues was surfacing in their work. All but one supported harm reduction services. Following this study I was invited to represent Scotland in a large EU Biomedical II study on Dual Diagnosis that included 9 countries and
Norway. We included a child maltreatment screener to the assessment battery and it was present in the majority of countries. Lastly, I translated the Addiction Severity Index into a Scottish format with an accompanying treatment manual that was incorporated into the Glasgow's Health Board assessment protocols.

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".)

Dr. Jane Wilson

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]

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)

Fully supportive

Please explain the reasons for your response.
Overdose Prevention Centres are the critical missing link on the continuum of care available to intravenous drug user. In the last decade Scotland has endured a 176% increase in drug related deaths. It is deeply concerning that the continued upward trajectory of deaths are a preventable tragedy that should have been avoided. Over hundreds of DCR's have been operating globally in the last 30 years. The extensive evaluation of these facilities overwhelming evince the positive impact that DCR's have produced across a wide range of issues. The efficacy of DCR's to save lives, reduce transmission of blood born diseases from risky injecting practices and provide a springboard that has increased the uptake of IVDU's accessing other services are well documented. They are deemed to transform the risk environment in which they are situated. DCR's are often the first point of contact for this high risk group. Recent polls have shown that 89% of IVDU's claim they would access such a service if it were available. Unfortunately the obdurate resistance of the UK Government to; consider a 'pilot project', support the criminalisation of illicit drug use and their refusal to declare drug related deaths in Scotland as a public health emergency are major barriers to overcome. The rejections to this life saving facility are mainly premised on a moral/ideological aspiration to achieve a drug free society. This position is evident in the (well intentioned) but ill informed 'Right to Recovery' bill proposed by Douglas Ross. The bill offers one choice....the path of recovery to abstinence. Do we not need to KEEP THEM ALIVE first before we can consider suitable treatment options.. The majority of chaotic IVDU's, have multiple and complex problems. If they feel unable to pursue abstinence at any given time they are left to face the reality of risking overdose and death. We need to KEEP THEM ALIVE FIRST before discussing future treatment should that be an option. For many stability and maintenance is the appropriate and compassionate approach to take.

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 UK Government's intransigence and resistance to an OPC pilot, their position on criminalisation and the refusal to declare drug related deaths in Scotland as a public health emergency has left u at an untenable impasse. it may be preferable to have a legislative framework as a statutory footing as it would ensure that political flutcations would not interfere in the OPC's core functions. Although the Scottish Government have devolved powers over criminal justice, health and policing reliance on the prosecutorial discretion of the Lord Advocate could place OPC's in a precarious position. Nonetheless it may offer an alternative path should legislation become problematic.

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 suspect that alterations in the political environment, subtle trends towards decriminalisation, shifts in public opinion and the rising number of drug related deaths have all recently coalesced to offer a 'policy window' through which support for Overdose prevention Centres can emerge. Media plays a bridging role between research, policy and legislative changes. It is a frustration that new knowledge/science/information take time to penetrate the political and social discourse. Regardless, those wedded to abstinence have chosen to ignore or dismiss the growing body of science that acknowledge the underlying painful and traumatic issues suffered by IVDU's. I've spent many years as a clinician working on the front line in disadvantaged communities. From this experience I engaged in researcher that focused on mining relevant information for issues that arose in my clinical experience. In my role as an educator this new knowledge required translation into relevant and applicable skills available to those working directly with this population. The resort to 'self medication' for temporary relief can be understood in this context. They are not having fun. They are suffering. This group are not the weekend warriors engaging in illicit drug use as a recreational pastime, rarely involving police and manage their lives as well as those who enjoy the legal drugs alcohol and tobacco.

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?
My knowledge in this area is limited and I'm unsure if detailed decisions can be made at this stage of the proposed bill. I expect there are regional differences in the scale and nature of the drug problem that may require more locally negotiated agreements. Identification of all stakeholders priorities, values and concerns at local level need to be taken into account. Many studies on DCR's show that 'bottom up' initiatives have often been the catalyst for change. Involvement from local authorities, policing practices, community activists and services, the media and health and social services may need to be engaged in the process to advance the agenda. The inclusion of drug users who are active or abstinent, their families, friends and the communities impacted are important voices that have too often been excluded from the decision making process despite the fact that this crisis has had a most devastating impact on them.

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

Fully 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 Drug Deaths Task Force have fallen well short of achieving their stated goals of; targeting distribution of Naloxone, achieving response pathways for Non-fatal overdose, optimising the use of medication assisted treatment, targeting the people most at risk, optimising Public Health Surveillance and supporting those in the Justice System. A Scottish Drug Deaths Council would offer external validation and oversight that has been sorely missing in the operation of the DDTF since its inception in 2019.

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?

no overall change 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 has often been seen as a barrier to the establishment of OPC's. However, much of the research provide evidence of the cost effectiveness of this service. They show that initial funding would be offset by long term savings. OPC's not only save lives but reduce the spread of infection, improve other health related problems and reduce risky behaviour in IVDU's. Predictive modelling has shown that such facilities do not increase criminality or increase drug consumption. Thus the demand on health, social services and the criminal justice system would be significantly reduced over time.

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.

I assume this questions relates to the human rights of all those impacted by problematic drug use. Again this is not an area of my expertise so will leave this to those better informed.

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?

DCR's have demonstrated environmental benefits in that they are seen to improve public order, reduce nuisance problems and improve street safety.
Those in the drug field recognise the 'biopsychosocial' problems that need to be addressed. Deprivation, inequality, an aging population with deteriorating physical/mental health, the painful stigmatisation by institutions, addiction services and the general public that see the individual only through the lens of 'Addiction' often described as a behaviour that offers short term relief but results in long term negative consequences. The high rate of childhood abuse histories in this population create debilitating mental health problems such as PTSD, ADHD, Anxiety and Depression that must be addressed. Understanding this explains why IVDU's resort to a cocktail of self medicating mind numbing drugs despite the risks. For many IVDU's stability and maintenance, not abstinence, are the appropriate and compassionate approach to take.