

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.

There are 130 legal overdose prevention centres in 13 countries (HRI 2021). There is strong evidence (200 + peer reviewed studies) that demonstrate they are an effective and cost saving health care intervention. Therefore, establishing the legal framework for their operation is an important first step in providing this service in Scotland.

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.

OPCs are a health service and the first step to ensure the sustainable establishment of any health service addressing substance use is to clarify the legal basis for its operation. Legislation establishing this legal basis is the most straightforward way to ensure appropriate oversight and resourcing for the establishment and implementation of OPCs in Scotland. Legislation would also clarify the legal standing of OPCs in Scotland should any section 4, section 8, or section 9A exemptions or clarifications of the Misuse of Drugs Act be needed.

Given that the type and method of drug consumption changes over time, and given that there may be other legislative changes in the future regarding the classification of specific substances, the legislation should not incorporate the explicit prohibition of smoking opium, cannabis or cannabis resin. I would instead recommend seeking an exemption from section 8c and 8d should the OPC allow inhalation at the site. If inhalation is not allowed at the OPC then this should be clarified, and the prohibition of smoking would not be a necessary part of the legislation.

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 fully support the establishment of OPCs in Scotland. In the 130 OPCs operating globally, to my knowledge, there has not been a single death from overdose (see also: drugpolicy.org). The evidence that they reduce morbidity and mortality is overwhelmingly strong. This is evidenced in over 200 peer reviewed studies undertaken between 1999 – 2017. There is further evidence that they are cost effective interventions, that they enable safer substance use practices (further minimising harm to the individual and minimising the use of A&E), that they increase access to people seeking drug treatment, and that there is no increase in crime or anti-social behaviour in the existing community.

For evidence see: Belackova, V., Salmon, A.M., Day, C.A., Ritter, A., Shanahan, M., Hedrich, D. et al. (2019) Drug consumption rooms: A systematic review of evaluation methodologies. *Drug and Alcohol Review*, 38(4), 406–422.;

<https://drugpolicy.org/issues/supervised-consumption-services>;

Levendood, T. W., Yoon, G. H., Davoust, M. J., Ogden, S. N., Marshall, B. D., Cahill, S. R., & Bazzi, A. R. (2021). Supervised injection facilities as harm reduction: a systematic review. *American Journal of Preventive Medicine*, 61(5), 738-749.

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 support the proposal for a licensing regime to establish OPCs. I agree with the proposal that the licensing framework should be overseen by the relevant Health and Social Care Partnership. In addition to consultation and cooperation with the local police, consultation with the local community will be essential. This community includes: people who use drugs, families affected by drug use, local residents, local businesses, and local schools and nurseries. From the bill consultation documents, it is unclear what methods of consumption will be allowed (eg just injection, or inhalation, oral etc as well). As I noted in my response to question 2, given that the type and method of drug consumption changes over time, and that there may be other legislative changes in the future regarding the classification of specific substances, the legislation should not incorporate the explicit prohibition of smoking opium, cannabis or cannabis resin. I would instead recommend seeking an exemption from section 8c and 8d of the Misuse of Drugs Act should the OPC allow inhalation at the site. If the OPC does not allow for the inhalation of substances then I do not think section 8c and 8d affect the legislation in this instance.

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

Do not wish to express a view

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 do not wish to express a view as I am unfamiliar with how the Scottish Drug Death Taskforce operates. However, best practice in governance indicates that any oversight body either currently established or created should be entirely independent of the government.

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?

a significant 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.

Evidence shows that OPCs are good value for money and provide a significant cost savings. This cost savings is spread across several sectors including: health, social services, policing and waste management. As already mentioned, their success in reducing morbidity and mortality from drug use leads to fewer ambulance call outs and presentations at A&E. Safer consumption practices also reduces co-morbidities associated with drug use including: HIV, Hepatitis C, abscess, and endocarditis. This provides a cost savings in the long term. Increased access to treatment also means that there is less anti-social behaviour and less need for policing, and there is also less public injecting and therefore less drug litter to be cleaned.

Licensing and operation through established Health and Social Care Partnerships allow existing institutional infrastructures to be used, indicating an efficiency in start-up costs.

For evidence see: Andresen, M. A., & Boyd, N. (2010). A cost-benefit and cost-effectiveness analysis of Vancouver's supervised injection facility. *International Journal of Drug Policy*, 21(1), 70-76.

Irwin, A., Jozaghi, E., Bluthenthal, R. N., & Kral, A. H. (2017). A cost-benefit analysis of a potential supervised injection facility in San Francisco, California, USA. *Journal of Drug Issues*, 47(2), 164-184.

<https://drugpolicy.org/issues/supervised-consumption-services> <https://transformdrugs.org/drug-policy/uk-drug-policy/overdose-prevention-centres-faq>

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.

People who use drugs who also identify as BAME or LGBTQ+ should be part of any consultation in setting up the site to prevent and real or perceived barriers to accessing the OPC. People identifying as LGBTQ+ are more likely to experience homelessness and substance use disorders, two factors that would increase their need to access an OPC. Therefore, there is potential benefit to members of this community and their access needs are essential to consider.

Carol J. Boyd, Philip T. Veliz, Rob Stephenson, Tonda L. Hughes, and Sean Esteban McCabe. Severity of Alcohol, Tobacco, and Drug Use Disorders Among Sexual Minority Individuals and Their "Not Sure" Counterparts. *LGBT Health*. Jan 2019.15-22.

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?

Evidence shows that the establishment of OPCs increased access to drug treatment, and that there is no increase in crime or anti-social behaviour in the existing community. There is also reduced need for drug litter clearance. Therefore, this legislation would enhance the local environment and provide greater access to an essential, potentially lifesaving service for marginalized members of society.