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:
Third sector (charitable, campaigning, social enterprise, voluntary, non-profit)

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 (Note: The name will not be published if you have asked for the response to be anonymous or "not for publication".)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

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.)

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 opposed

Please explain the reasons for your response.

We are opposed to so-called overdose prevention centres (OPCs) and any other manifestation of the flawed 'harm reduction'-only approach which has increasingly dominated drugs policy for decades and has conspicuously and tragically failed. It is a counsel of despair which dehumanises and disempowers people on drugs, and exacerbates the problems of drug dependency rather than reducing them. Instead of helping create addicts, law and policy should be focused on the agency of individuals, and the skill of rehabilitators, in order to help people stop taking drugs. See our responses to questions 8 and 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.

The main aim of this legislation is to allow 'consumption rooms' where users can come to take drugs day after day with little or no effort to help them end their addiction. This is fundamentally wrong and misdirected.

The overarching aim of drug policy should be to reduce and prevent drug use. The goal in each drug addict's case should be to help them end their addiction. In this context, harm reduction can have a place: as part of a programme to come off drugs, addicts can be given advice in the interim on how to take their drugs more safely while they reduce the amount they are taking and get help to tackle the health problems (mental or physical) and situational challenges which have contributed to their addiction. The crucial point is that the central aim, which is always in view, is to end the addiction. If this aim is ditched, it leaves mere harm reduction instead of harm elimination. It is defeatist, demeaning drug addicts by denying their agency, abandoning them to long-term addiction, and abandoning those who love them, and society, to the wider harms which inevitably flow from an individual's drug abuse and addiction.

It is questionable to what extent 'harm reduction' approaches work at all in the long term. If an addict is given help to kick drugs, he or she is likely to recover a measure of health, and may, for example, return to the workforce, and perhaps resume responsibility for supporting family. But if the addict remains on drugs for years, facilitated by the state, their health will likely continue to decline as will their ability to engage meaningfully with family or community. Their likelihood of dying from drug-related health complications, or drug-related accidents, remains high.

Helping the addict to come off drugs is infinitely superior to helping him to take them. It is the only true form of harm reduction.

The main stated aim of the proposed Bill is to reduce drug deaths by preventing overdoses. This fails to deal with the root of the problem and tends to maintain and even affirm people in their drug abuse, rather than providing them with the motivation and help to quit. Drugs deaths are a consequence of the wider societal issue of drug abuse. The best way to tackle drug deaths is a preventive approach to drug use: (1) to prevent people from abusing drugs in the first place and (2) to facilitate full abstinence for those people who are already abusing drugs. (Part of this is a proper enforcement of the criminal law, rather than the non-prosecution policy for drug possession being applied in Scotland.[1] In other areas of policing, the fear of being caught is regarded as a crucial way of reducing the commission of offences.[2] Abandoning any attempt to enforce the law is a dereliction of duty that undermines the rule of law.) Focusing solely on preventing overdoses is a self-defeating approach that ignores the wider picture of drug abuse and the near-inevitability that remaining addicted to hard drugs will lead to an early death.

Preventing drug addiction is the only way to prevent drug deaths. Facilitating more addiction will ultimately lead to more deaths.

The despair and defeatism inherent in facilitating the taking of hard drugs stands in stark contrast to our approach to public health generally. For example, health services in Scotland have no qualms about urging smokers to quit because of the significant health impacts.[3] Quite rightly, millions are still being ploughed into smoking cessation services.[4] The health impacts of heroin are far greater, yet urging users to quit seems to be regarded as unfashionable.

The long-term evidence shows that harm reduction-only policies ultimately increase the complexity of the problems for drug users over time: the proportion of OPC clients who were experiencing a physical

or mental issue, were unemployed, and on government income support "was notably higher at the time of the survey than previously at initial visit".[5]

This disparity of approach is unconscionable when the health impacts of continued drug abuse are so far-reaching and serious.

There is no long-term evidence that OPCs are effective in ending addiction. The 2021 study Assessing Drug Consumption Rooms and Longer Term (5 Year) Impacts on Community and Clients indicated that a significantly higher proportion of consumption room users had experienced overdose at the follow-up interview (61%) when compared to baseline (38%).[6] The 2019 study Beyond safer injecting also found an increase in the proportion of users who reported injecting drugs daily at the time of follow-up.[7] So, according to these studies, not only do drug consumption rooms fail to help drug abusers get off drugs, they also increase the rate of drug abuse and increase the rate of overdose.

This, of course, resonates with the obvious truth that the easier you make it for people to do something, the more likely they are to do it. Equally, the more you reinforce the idea that people cannot escape drugs, the less likely they are to escape. Drug consumption rooms destroy the dignity of users by denying their sense of agency and personal responsibility, and consigning them to a life-time of addiction.

Centres for drug users are an ideal opportunity to offer them access to a range of services, such as housing advice, emotional support, spiritual help and treatment for addiction. These will all reduce drugs deaths but, unlike consumption rooms, will also facilitate long-term cessation of drug abuse.

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[1] ‘Lord Advocate statement on Diversion from Prosecution’, Crown Office & Procurator Fiscal Service, see https://www.copfs.gov.uk/about-copfs/news/lord-advocate-statement-on-diversion-from-prosecution/ as at 17 August 2022
[2] ‘What stops people offending’, College of Policing, see https://www.college.police.uk/research/what-works-policing-reduce-crime/what-stops-people-offending as at 17 August 2022; ‘Illegal drugs and driving in Scotland’, mygov.scot, see https://www.mygov.scot/illegal-drugs-driving-scotland as at 17 August 2022
[3] ‘Quit Your Way Scotland’, NHS Inform, see https://www.nhsinform.scot/campaigns/quit-your-way-scotland as at 17 August 2022
[4] Scottish Parliament, Written Answer Report, 29 July 2022, S6W-10103
[5] Belackova, V, Silins, E, Salmon AM, Jauncey, M and Day, CA, ‘"Beyond safer injecting" - Health and social needs and acceptance of support among clients of a supervised injecting facility’, International Journal of Environmental Research and Public Health, 16(11), 2019, pages 4-5
[6] Tran, V, Reid, SE, Roxburgh, A and Day, CA, ‘Assessing Drug Consumption Rooms and Longer Term (5 Year) Impacts on Community and Clients’, Risk Management and Healthcare Policy, 14, 2021, page 4642
[7] Belackova, V, et al, Op cit, page 5

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

Fully opposed

Please explain the reasons for your response.

As indicated in our previous answer, the aspects of 'overdose prevention centres' that are actually beneficial to drug abusers can just as effectively be gained from drop-in centres without facilitating illegal drug use. Drop-in centres can provide a 'safe haven' for users to get the help they need. They can act as referral centres and could also operate as a 'one-stop shop' for accessing a range of professional services such as legal, financial and employment advice. Above all, they should be staffed by trained drug-rehabilitation specialists who can help them on their journey to becoming drug-free.

The Scottish drug deaths data from 2020 shows that the overwhelming majority (93%) of those who died had multiple substances in their bodies at the time of death, indicating that Scotland has a 'polydrug' use problem.[8] This must be taken into account in the policy response since it has enormous implications for how effective overdose prevention centres would be in their stated goal of reducing overdoses.

The sad fact is that a client who is supervised while taking heroin may then leave the centre and consume other drugs which could contribute to their death. Since people are much more likely to take drugs while they are high, and much less likely to regulate the quantity, the act of supervising them getting high in the first place appears to increase the likelihood of a subsequent overdose.

Any centres that offer support to drug abusers should be doing so with a view to them accessing comprehensive addiction treatment, not merely maintaining them on drugs.

The current harm reduction-only provision in the form of needle exchanges already aims to prevent blood borne diseases and infections. Similarly, the widespread introduction of naloxone has the potential to reduce overdose deaths in the short term. But neither of these measures contribute to a person quitting drugs, which should be the overarching aim.

There is a distinct lack of long-term scientific evidence for the effectiveness of this proposal. One review assessing drug consumption rooms and longer term impacts on community and clients used only four articles out of the 470 identified in the initial search, and one of those four studies reported an overall decline in the health of clients over time.[9] This is predictable – see earlier.

The same study revealed that the average length of time for which users attend an OPC is nine years.[10] This is a damning indictment of OPCs, demonstrating that users are not being effectively directed into addiction treatment services to get them off drugs but are being helped to remain addicted. Long-term evidence indicates that overdose prevention centres do little more than maintain drug addicts in their substance abuse.[11]

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[8] 'Drug deaths in Scotland reach new record level', BBC News Online, 30 July 2021, see https://www.bbc.co.uk/news/uk-scotland-58024296 as at 17 August 2022; 'Drug-related Deaths in Scotland 2020', National Records of Scotland, see https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fwww.nrscotland.gov.uk%2Ffiles%2F%2Fstatistics%2Fdrug-related-deaths%2F20%2Fdrug-related-deaths-20-tabs-figs.xlsx&wdOrigin=BROWSELINK as at 17 August 2022
[9] Tran, V, et al, Op cit; Belackova, V, et al, Op cit
[10] Tran, V, et al, Op cit, page 4642
[11] Kerr, T, Stoltz, JA, Tyndall, M, Li, K, Zhang, R, Montaner, J and Wood, E, 'Impact of a medically supervised safer injection facility on community drug use patterns: a before and after study', British Medical Journal, 332(7535), 2006, pages 220–222; Belackova, V, et al, Op cit

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

No Response

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

Fully opposed

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 main functions of a new statutory body should be to address drug addiction and to identify the most effective ways of (1) helping people to quit their drug habit and (2) helping to prevent people from abusing drugs in the first place. The very name of this proposed body indicates that it would have a narrow remit – drug deaths. As stated in the responses to questions 8 and 9, a sole focus on drug deaths is short sighted and fails to deal with the main issue behind drugs deaths, namely drug abuse.

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 Response

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