

# 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)

**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).**

Cranstoun is a social justice and harm reduction charity, delivering services across the areas of substance use, domestic abuse, criminal justice, housing and young people. Cranstoun has a unique offer in being able to use the experience of directly delivering services to inform policy and advocacy positions, calls for change and contributions to global evidence bases.

Cranstoun differs from other treatment and service providers in that we do not only run these services, but campaign and advocate for better policies through: examining global evidence-bases, liaising with key stakeholders to improve service-design, commenting on policy developments and assisting government departments with advice on best practice. Through this combination of frontline experience, policy development and data analysis, we can identify potential emerging trends in our services, and utilise our expertise to respond accordingly in a swift and appropriate manner.

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 (Note: The name will not be published if you have asked for the response to be anonymous or "not for publication".)

Cranstoun

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 supportive

**Please explain the reasons for your response.**

Scotland is in the midst of a tragic drug death crisis, with deaths soaring for a decade, making Scotland the drug death capital of Europe. Concrete action to alleviate the suffering of people losing their lives must be implemented as soon as possible, so this bill is much welcomed.

A total number of 1,330 people in Scotland died from a drug-related death last year, compared to 1,339 in 2020 – the first decrease year-on-year in nine years.. Drug deaths have risen at an alarming rate in recent decades, with there now being five times as many fatalities from drugs, compared to 1996.

There is a stark correlation between deprivation and drug deaths, with people from the most deprived backgrounds 15 times more likely to die from a drug death than those from the least deprived backgrounds.

Cranstoun welcomes this Bill from Paul Sweeney, and encourages colleagues to support measures which address drug use and tackle drug-related deaths.

Given the level of the drugs crisis, it is unfathomable that any Member of Scottish Parliament is adverse to attempts to reduce harm, rebuild lives and reduce the tragic suffering of preventable deaths.

**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.**

Barrister Rudy Forston describes the legality surrounding OPCs as complex and open to interpretation (Forston, 2017). As examined in a recent journal article, Peter Krykant's Overdose Prevention Mobile Service (OPC) did not close because of policing or legal issues, but rather funding and staffing costs. As highlighted in the Bill, this demonstrates that there is an argument to suggest that no law was being broken.

Given that the police, Lord Advocate and The Crown Office and Procurator Fiscal Service were aware of the facility but did not choose to prosecute the operators of the site, highlights how either there was no law being broken; or that it was not within the interest of the public to prosecute those facilitating the site.

Cranstoun believes that a simple memorandum of understanding (MOU) from the police – in agreement with Scottish Government and the Lord Advocate – would alleviate this issue. This is not unusual, especially given that the Lord Advocate allowed for the deprioritisation of the possession of Class A, B and C drugs in September 2021.

This would be similar to how drug diversion schemes operate in England, and would also be similar to injection provisions. It is normal policy across the UK for police to be instructed not to carry out drug related stop and searches in areas surrounding an OPC, where people are likely to be possessing substances. No formal exclusion zone would necessarily be required, but firm commitment from Police Scotland is essential to ensure trust between those people requiring the service, those running the service and law enforcement.

As per an article last year, noted in a journal in the IDPJ, the new Lord Advocate (appointed in June 2021), "has stated she is open to a 'fresh consideration' of whether it would be in the public interest to prosecute any offences committed in the operation and use of an OPS".

Amendments to the Misuse of Drugs Act would be an ideal solution to ensure implementation, however time should not be wasted in addressing the tragic numbers of drug deaths, when it is apparent there is a sound legal basis for implementation.

**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.**

Overdose prevention centres exist in 14 countries, with an estimated 200 in operation globally. The facilities exist in many culturally similar countries to the UK such as Germany, the US and Canada. It is widely acknowledged that no one has ever died in an overdose prevention centre.

Given that Scotland has significantly the highest proportionate level of drug related deaths in Europe, the Scottish government must identify, implement and evaluate new approaches to tackle this crisis that have been evidenced elsewhere. Ministers are on record as being willing to try any potential solution, and the global evidence warrants their piloting in Scotland, to address the tragic drug crisis.

Cranstoun firmly agrees that the implementation of an overdose prevention centre must form part of the urgent response to the tragic level of drug related deaths in Scotland. As the paper put forward by Paul Sweeney MSP states, this will not be a panacea which will cure Scotland's drugs crisis, but is one of a number of harm reduction measures required to reduce drug related deaths.

Domestically, a number of expert and political bodies have already recommended OPCs be opened in the UK - including the Scottish Drug Death Taskforce, as recently as July 2022 (ACMD, 2016; Faculty of Public Health, 2021; Health and Social Care Committee, 2019; Royal College of Physicians, 2018; Scottish Affairs Committee, 2019; Scottish Drug Death Taskforce, 2022).

Aside from providing safer injections, safer injection equipment, and a number of harm reduction measures, OPCs provide opportunities for harm reduction professionals to speak with people who inject drugs, who may not have sought professional treatment before - but who may need it. This is crucial, given that it is believed that only 40% of the most serious problematic people using drugs in Scotland are known to services.

Global evidence demonstrates that OPC implementation does not increase drug use, but allows

professionals to engage some of the other 60% and a crucial intervention may save lives, reduce harm and save time and money for the emergency services. With Scotland's tragic deaths at critical-crisis levels, the focus must immediately be on interventions that can reduce pain, suffering and fatalities. As one campaign group so aptly encompasses the emotion - "you keep talking, we keep dying".

In addition to the aforementioned benefits, over time an OPC may encourage people who inject drugs to seek some form of treatment to either reduce or halt their usage. A Vancouver OPC pilot scheme saw "a 30 % increased uptake of detoxification and subsequent addiction treatment", demonstrating the efficacy of OPCs in engaging, educating and being a first point of contact between people who inject drugs, and drug and health professionals.

Cranstoun's recent campaigning visit to Holyrood evidenced a strong political appetite for the implementation of OPCs, with 28 MSPs – across nearly all Parties – signing a pledge confirming their support. Two separate polls, released within two days, showed strong public support for the implementation of OPCs. Redfield and Wilton's poll revealed 49% support, with just 18% opposition.

The implementation of overdose prevention sites also enables a greater understanding of the reality of drug usage patterns, allowing relevant professionals to respond accordingly. Evidence gathered during Peter Krykant's unsanctioned OPC found that the average age of clients was 34.6 years, and that the groin was the most frequently used area to inject into (68.1%). Nearly all lived in unstable housing, with most living in converted hotels during the Covid pandemic (87.1%). Roughly 65% were already engaged with treatment services for opioid agonist therapy (OAT), of whom 67% were injecting cocaine.

Overdose prevention centres do not only benefit people who inject drugs but also wider society by freeing up police time, reducing emergency call out times, potentially increasing available hospital beds and saving the taxpayer money.

#### Model

Cranstoun would also add that it is crucial that the correct model for OPCs is implemented if successful. Far from trivial, the type of model deployed is crucial to ensure safety, that the centre is reaching the highest number of people, and that any pilot scheme or implementation is cost-effective. Cranstoun recommends the piloting of a minimum of two OPCs, potentially trialling two models, to allow for salient evaluation which can inform best practice.

Cranstoun has been calling for a pilot-scheme in Dundee, which encompasses elements of what might be described as a peer-involved, hybrid model. A criticism levied at the current practice of treating problematic drug use in Scotland is that the model is too medicalised, which is costly, prohibitive and potentially detrimental to the success of a pilot scheme. Our proposal for an overdose prevention centre aims to address this, as well as being adaptable – and potentially physically transportable – to respond to emerging trends, threats or changes to behaviours for people who inject drugs.

Examples of an emerging trend, threat or change to behaviour include: moving the OPC if PWID begin to inject publicly in a different location, the potential emergence of synthetic opioids such as carfentanil or fentanyl, or new, more potent versions of benzodiazepines becoming more prominent.

Any proposal put forward should highlight the need for multi-partner agency agreements, and there should be serious consideration around the proposed model which would be most suitable to Scotland, and the towns and cities within it. Cranstoun believes that the most effective, cost-efficient and all encompassing model would be a hybrid model.

**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?**

A functioning, effective and practical licensing regime must be in place to ensure that OPCs can open both quickly and safely, but also that their longevity is secured.

Health and Social Care Partnerships should rightly be heavily involved in this process, although ministerial direction and police support are also crucial to ensure that ADPs feel safe and legally secure in allowing their opening.

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.**

Cranstoun agrees with the proposed Bill regarding the need for the implementation of a new, independent body to analyse the impacts of interventions which would replace the Scottish Drug Death Taskforce. Rather than a lengthy root and branch deconstruction and reconstruction of a Commission, this should be done at pace and should encompass leaders in the relevant fields of: policing, health, medicine, drug treatment, law, and policy but crucially must include those with lived and living experience.

Clear terms of reference should be publicly communicated, demonstrating the scope and focus of the commission.

The commission should meet monthly, publish quarterly data, be independently monitored and evaluated - and measures should be taken to ensure that the commission is held to account by aforementioned independent regulators.

## 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.**

According to a report from the EMCDDA, evaluation studies "have found an overall positive impact on the communities where these facilities are located." Furthermore, evaluations in Barcelona found a four-fold reduction in the number of needles unsafely discarded (such as in public areas).

In addition, the previously mentioned recent polls found strong public support for the implementation of overdose prevention centres, indicating that the public will be receptive to implementation, especially given the level of suffering around the country.

The implementation of overdose prevention centre's is associated with improved physical health conditions, and a reduction in the spread of blood borne viruses. This could save the taxpayer by reducing the burden on health, policing and emergency services generally.

Whilst saving lives, and improving lives is paramount, it is also useful to examine the short- and long-term benefits – in terms of health cost savings – of OPCs, demonstrating the various benefits of such facilities. A systematic review in 2014 concluded that OPCs are cost-effective (Kennedy, 2001). Insite, the first OPC in North America, determined that they spent \$14 for every visit they encountered, at an estimated annual cost of \$3 million (Health Canada, 2008). Most notably however, is the Health Canada analysis that evidenced for \$1 spent on the site, between \$1.5 and \$4.02 were gained in benefits or savings. Extrapolating this difference against the original \$3m per annum spent, this would equate to savings in the region of \$4.5m - \$12m for the same year.

As highlighted by Public Health Scotland (2022) and a report published in the Lancet (2019), Scotland faced the "largest incident in 30 years" in relation to the spread of HIV within the last decade, in 2015. An OPC, with blood testing on site, would be able to identify such instances early, and actively reduce the spread through clean needle provision. The lack of an OPC is of particular concern, given that the evaluation of Peter Krykant's OPC identified a large number of people injecting cocaine. As cocaine is injected more frequently on any given day compared to opiates, an increased spread of viruses is more likely. As highlighted in the Drug Death Prevention Bill, the lifetime cost per person who contracts HIV is estimated to be £360,000 per person.

Cranstoun advocates for a hybrid-model, which would be significantly cheaper than a medical model, without sacrificing the safety of those using the service. This approach would ideally sit at the centre of a Whole Systems approach to addressing drug use, and would serve as an access point to engage people further in services, if that is what they wish.

Based on the global evidence-base, the failure of current policy and the research in this Bill, the argument for formal implementation of OPCs is undeniable, and Cranstoun sincerely hopes that Parliamentarians will support this bill.

## 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.

This will not have a negative impact on any cohort of society.

## 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*