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:

Representative organisation (trade union, professional association)

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).
The Faculty of Public Health (FPH) is a membership organisation for nearly 4,000 public health professionals across the UK and around the world. We are also a registered charity. Our role is to improve the health and wellbeing of local communities and national populations.

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 (Note: The name will not be published if you have asked for the response to be anonymous or "not for publication".)

Faculty of Public Health

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)

Partially supportive

Please explain the reasons for your response.
This bill addresses an important and pressing public health concern around overdose prevention and associated health matters for people who use drugs, in line with the Faculty of Public Health's (FPH) priorities [1]. Overdose prevention centres are internationally recognised as part of a comprehensive harm reduction policy supporting clients who may not have their needs met elsewhere [2,3]. With note to the recent increases in HIV diagnoses in people who inject drugs in Scotland [4], OPCs offer a safer setting to reduce risky injecting practices, offer early diagnosis and intervention, provide psychological support, and promote harm reduction services [5]. Many high-quality systematic reviews have evidenced their effectiveness [6-12].

There are currently over 200 overdose prevention centres in operation in 14 different countries, operating a variety of mobile and fixed site models, and with a mix of staffing approaches from peer-led services to fully medical models [13]. The success of any potential OPC service depends on consultation with potential users at the site and an appropriate model built to their needs which includes models of care, care providers, and equipment within the constraints of the funding available [3].

Our principal concern with full support is that the requirement for a 'formally qualified medical practitioner' is the costliest available approach and may not be the most suitable approach for the community (considering greatest opportunity cost). The costliest type of facility is unlikely to produce the best value for money when budgets are tight, and there is evidence from other similar services to suggest that over-medicalisation and/or complex layers of management may create barriers that stop individuals accessing the service [14,15]. All sites should have staff trained to manage overdoses with clear protocols for escalation if required.

We would advocate for the simultaneous introduction of different service models to build the evidence base and find out which is most effective. This could include sites with a nurse, paramedic, drugs worker, medical doctor, or trained peers. Models that service users perceive as overly 'medicalised' may deter them from using the sites. Qualitative evidence demonstrates that healthcare staff can have stigmatising attitudes towards people who use drugs, and negative experiences in healthcare services can lead to people who use drugs delaying seeking help or discharging themselves from medical care. It would be appropriate to trial other models with staff who are more trusted by the local community - it is necessary to ensure that regulatory frameworks ensure services are safe, whilst not constraining the introduction of services which are more suitable. Some service users are not in favour of medical models as they are afraid of stigma from the medical community. Extensive evidence has shown that successful overdose intervention such as naloxone administration can performed by non-medically trained personnel provided pathways for medical care are used when needed [5,15,16, 17].

Safe injecting practice education and peer support already occurs informally in communities, where the fear of stigmatisation and unrequested interventions limit self-referral to medical models [2,16,19]. In seeking to innovate in public health and harm reduction policy, we must remember to heed the lessons of the past: where over-medicalisation has increased marginalisation and inequity in this group [12]. We should promote agency [20] and, as the bill proposal acknowledges, champion peer support and lived experience in service design and implementation [15,18,20].

References:
1 - Faculty of public health website. https://www.fph.org.uk/news-events/fph-news/fph-lead-cross-sector-call-to-pilot-overdose-prevention-centres-in-the-uk/ last accessed 29.6.22
2 - Mercer F, Miler JA, Pauly B, Carver H, Hnízdilová K, Foster R, Parkes T. Peer Support and Overdose Prevention Responses: A Systematic 'State-of-the-Art' Review. International Journal of Environmental Research and Public Health. 2021; 18(22):12073.
3 - Holland A, Harris M, Hickman M, Lewer D, Shorter GW, Horsley J, Powell M, Rae M. Overdose prevention centres in the UK. The Lancet Public Health. 2022 Mar 1;7(3):e196-7.
4 - Public health scotland. HIV in Scotland (most recent data). https://publichealthscotland.scot/publications/hiv-in-scotland/hiv-in-scotland-update-to-31-december-2019/ accessed 29.6.22
5 - Shorter GW, Harris M, McAuley A, Trayner KM, Stevens A. The United Kingdom's first unsanctioned overdose prevention site; A proof-of-concept evaluation. International Journal of Drug Policy. 2022 Jun

1;104:103670.
6 - Kerr T, Kimber J, DeBeck K, Wood E. The role of safer injection facilities in the response to HIV/AIDS among injection drug users. Current HIV/AIDS Reports. 2007 Nov;4(4):158-64.
7- Potier C, Laprévote V, Dubois-Arber F, Cottencin O, Rolland B. Supervised injection services: what has been demonstrated? A systematic literature review. Drug and alcohol dependence. 2014 Dec 1;145:48-68.
8- Kennedy MC, Karamouzian M, Kerr T. Public health and public order outcomes associated with supervised drug consumption facilities: a systematic review. Curr HIV/AIDS Rep. 2017;14(5):161–83. https://doi.org/10.1007/s11904-017-0363-y.
9- Caulkins JP, Pardo B, Kilmer B. Supervised consumption sites: a nuanced assessment of the causal evidence. Addiction. 2019;114(12):2109–15. https://doi.org/10.1111/add.14747.
10- Pardo B, Caulkins JP, Kilmer B. Assessing the Evidence on Supervised Drug Consumption Sites.; 2018. Accessed May 30, 2021. www.rand.org/giving/contribute
11- Levengood TW, Yoon GH, Davoust MJ, et al. Supervised injection facilities as harm reduction: a systematic review. Am J Prev Med. 2021;61(5):738–49. https://doi.org/10.1016/j.amepre.2021.04.017.
12- Lange BC, Bach-Mortensen AM. A systematic review of stakeholder perceptions of supervised injection facilities. Drug and alcohol dependence. 2019 Apr 1;197:299-314
13 - HRI. Global State of Harm Reduction 2021 update. London: Harm Reduction International; 2021.
14 - Peterson JA, Schwartz RP, Mitchell SG, Reisinger HS, Kelly SM, O'Grady KE, Brown BS, Agar MH. Why don't out-of-treatment individuals enter methadone treatment programmes?. International Journal of Drug Policy. 2010 Jan 1;21(1):36-42.
15 - Marshall Z, Dechman MK, Minichiello A, Alcock L, Harris GE. Peering into the literature: a systematic review of the roles of people who inject drugs in harm reduction initiatives. Drug and Alcohol Dependence. 2015 Jun 1;151:1-4.
16 - Miller NM, Waterhouse-Bradley B, Campbell C, Shorter GW. How do naloxone-based interventions work to reduce overdose deaths: a realist review. Harm reduction journal. 2022 Dec;19(1):1-3.
17 - Xavier J, Rudzinski K, Guta A, Carusone SC, Strike C. Rules and eligibility criteria for supervised consumption services feasibility studies–a scoping review. Int J Drug Policy. 2020;2021(88):103040. https://doi.org/10.1016/j.drugpo.2020.103040.
18 - Stevens A, Southwell M, Scher B, Shorter G, Kenth S. Reducing drug-related harms in Sandwell: the need and feasibility of an overdose prevention service. London: Drug Science, 2022.
19 - Small W, Wood E, Tobin D, Rikley J, Lapushinsky D, Kerr T. The injection support team: a peer-driven program to address unsafe injecting in a Canadian setting. Substance use & misuse. 2012 Mar 20;47(5):491-501.
20 - Boucher LM, Marshall Z, Martin A, Larose-Hébert K, Flynn JV, Lalonde C, Pineau D, Bigelow J, Rose T, Chase R, Boyd R. Expanding conceptualizations of harm reduction: results from a qualitative community-based participatory research study with people who inject drugs. Harm Reduction Journal. 2017 Dec;14(1):1-8.

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.

It is not clear that legislation is needed [1,2] and indeed, this is implied throughout the bill consultation document itself. However, the current perceived or actual legal situation has led to an amount of stasis in the field, where willing providers may be held back by fear of litigation or consequence such as loss of professional standing [3,4,5]. A discretionary approach to prosecution (as seen at the pilot project in Glasgow) [3], would support the use of the service. Implementation of protections should centre at Westminster through amendments to the Misuse of Drugs Regulations 2001[6]; however, legislative support in Scotland in the absence of UK wide change is welcomed.

A legal system for overdose prevention centres should additionally include the distribution of safe inhalation pipes for people who smoke crack cocaine, and the provision of naloxone and training on its use for people who use drugs and community partners [7]. It would also be helpful to see drug checking as part of the suite of services available in OPCs. Research suggests drug checking services may influence the behaviours of people who use drugs [8], decreasing the use of adulterated or particularly dangerous substances [9]. This is of particular importance given the risk of increasing adulteration of heroin supplies with stronger synthetic opioids, such as isotonitazene [10].

References:
1 - J. Wolffe, Written evidence submitted by the Lord Advocate (UMD0049)
House of Commons Scottish Affairs Committee (2019).
http://data.parliament.uk/writtenevidence/committeeevidence.svc/evidencedocument/scottish-affairs-committee/problem-drug-use-in-scotland/written/104955.html
2 - UK Government, Drugs policy: Government Response to the Committees First Report of Session 2019. House of Commons (2021)
https://publications.parliament.uk/pa/cm5801/cmselect/cmhealth/1178/117802.htm
3 - Shorter GW, Harris M, McAuley A, Trayner KM, Stevens A. The United Kingdom's first unsanctioned overdose prevention site; A proof-of-concept evaluation. International Journal of Drug Policy. 2022 Jun 1;104:103670.
4 - Nicholls J, Livingston W, Perkins A, Cairns B, Foster R, Trayner K, Sumnall HR, Price T, Cairney P, Dumbrell J, Parkes T. Drug Consumption Rooms and Public Health Policy: Perspectives of Scottish Strategic Decision-Makers. International Journal of Environmental Research and Public Health. 2022 Jan;19(11):6575.
5 - Scotland intends to set up safe spaces for drug users in defiance of UK government. BMJ 2021;374:n1957
6- Faculty of Public Health website https://www.fph.org.uk/news-events/fph-news/call-to-amend-misuse-of-drugs-regulations-to-make-it-easier-to-pilot-overdose-prevention-centres/
7- Miller NM, Waterhouse-Bradley B, Campbell C, Shorter GW. How do naloxone-based interventions work to reduce overdose deaths: a realist review. Harm reduction journal. 2022 Dec;19(1):1-3.
8- Beaulieu T, Hayashi K, Nosova E, Milloy MJ, DeBeck K, Wood E, Kerr T, Ti L. Effect of witnessing an overdose on the use of drug checking services among people who use illicit drugs in Vancouver, Canada. The American journal of drug and alcohol abuse. 2020 Jul 3;46(4):506-11.
9- Maghsoudi N, Tanguay J, Scarfone K, Rammohan I, Ziegler C, Werb D, Scheim AI. Drug checking services for people who use drugs: a systematic review. Addiction. 2022 Mar;117(3):532-544. doi: 10.1111/add.15734.
10- National Patient Safety Alert - Public Health England (2021). Potent synthetic opioids implicated in increase in drug overdoses. Available
https://www.cas.mhra.gov.uk/ViewandAcknowledgment/ViewAlert.aspx?AlertID=103167

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.
The evidence for OPC utility on healthcare systems, service users, crime, and community function internationally is strong and multidimensional [1-11]. We have taken a position as the Faculty of Public Health, with many other public health, medical, and third sector organisations that pilot OPCs are overdue in the UK [12] and we encourage Scotland to introduce pilot sites [13-15]. We have proof of concept from an unsanctioned service based in Glasgow from September 2020 - May 2021 which shows a service can successfully intervene to prevent fatal overdoses, integrate into the community, co-exist with local policing, and refer individuals to drug treatment and healthcare services [16].

References:
1 - Holland A, Harris M, Hickman M, Lewer D, Shorter GW, Horsley J, Powell M, Rae M. Overdose prevention centres in the UK. The Lancet Public Health. 2022 Mar 1;7(3):e196-7.
2 - European Monitoring Centre for Drugs and Drug Addiction. Drug consumption rooms: an overview of provision and evidence. EMCDDA; 2018
https://www.emcdda.europa.eu/system/files/publications/2734/POD_Drug%20consumption%20rooms.pdf [accessed 29.6.22].
3 - Independent Working Group on Drug Consumption Rooms. The Report of the Independent Working Group on Drug Consumption Rooms. Joseph Rowntree Foundation; 2006
https://www.jrf.org.uk/sites/default/files/jrf/migrated/files/9781859354711.pdf accessed 29.6.22
4 - Advisory Council on the Misuse of Drugs. Reducing Opioid-Related Deaths in the UK. UK Government; 2016
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/576560/ACMD-Drug-Related-Deaths-Report-161212.pdf accessed 29.6.22
5 -Kerr T, Kimber J, DeBeck K, Wood E. The role of safer injection facilities in the response to HIV/AIDS among injection drug users. Current HIV/AIDS Reports. 2007 Nov;4(4):158-64.
6 - Lange BC, Bach-Mortensen AM. A systematic review of stakeholder perceptions of supervised injection facilities. Drug and alcohol dependence. 2019 Apr 1;197:299-314.
7- Potier C, Laprévote V, Dubois-Arber F, Cottencin O, Rolland B. Supervised injection services: what has been demonstrated? A systematic literature review. Drug and alcohol dependence. 2014 Dec 1;145:48-68.
8- Kennedy MC, Karamouzian M, Kerr T. Public health and public order outcomes associated with supervised drug consumption facilities: a systematic review. Curr HIV/AIDS Rep. 2017;14(5):161–83.
https://doi.org/10.1007/s11904-017-0363-y.
9- Caulkins JP, Pardo B, Kilmer B. Supervised consumption sites: a nuanced assessment of the causal evidence. Addiction. 2019;114(12):2109–15. https://doi.org/10.1111/add.14747.
10- Pardo B, Caulkins JP, Kilmer B. Assessing the Evidence on Supervised Drug Consumption Sites.; 2018. Accessed May 30, 2021. www.rand.org/giving/contribute
11- Levengood TW, Yoon GH, Davoust MJ, et al. Supervised injection facilities as harm reduction: a systematic review. Am J Prev Med. 2021;61(5):738–49. https://doi.org/10.1016/j.amepre.2021.04.017.
12 - Faculty of public health website. https://www.fph.org.uk/news-events/fph-news/fph-lead-cross-sector-call-to-pilot-overdose-prevention-centres-in-the-uk/ last accessed 29.6.22
13 -. Scottish Government. Safer Drug Consumption Facilities – Evidence Paper. Scottish Government; 2021
https://www.gov.scot/publications/safer-drug-consumption-facilites-evidence-paper/documents/ accessed 29.6.22
14 -. House of Commons Health and Social Care Committee on Drugs policy. Drugs Policy – First Report of Session 2019. House of Commons; 2019
https://publications.parliament.uk/pa/cm201919/cmselect/cmhealth/143/143.pdf accessed 29.6.22
15 - Scottish Drug Deaths Taskforce. Report on Drug Law Reform; 2021
https://drugdeathstaskforce.scot/media/1248/drug-law-reform-report-sept-6th-21.pdf accessed 29.6.22
16 - Shorter GW, Harris M, McAuley A, Trayner KM, Stevens A. The United Kingdom's first unsanctioned overdose prevention site; A proof-of-concept evaluation. International Journal of Drug Policy. 2022 Jun 1;104:103670.

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 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?
The nature of a service should be carefully planned and designed to meet the needs of its service users e.g. demographic profile, housing status, substances consumed, healthcare needs, etc. There are a variety of successful models internationally, and they share the central value of tailoring to the client population. As part of this, potential service users should be involved in all aspects of the design of the service model [1,2].

Regarding licencing of potential services, a variety of service models exist, many of which do not need a fully qualified medical practitioner on site; others have run nurse-led, or trained drug-worker-led services [2]. This does not preclude clinical oversight, and there should be standard operating procedures for involving medical professionals in healthcare emergencies (e.g. ambulance services if required).

Since Health and Social Care partnerships currently licence needle exchange facilities in Scotland, they are well placed to process and monitor licence applications for overdose prevention centres especially if existing needle exchange facilities can be extended / adapted. Many of these services already have excellent relationships with the communities they serve and have appropriate discretion applied by police for those who use the services. As with all potential models and providers, potential service users who are active users of drugs should be consulted in the design and location of services.

Proposals for an overdose prevention centre are in line with Medication Assisted Treatment standards 3, 4 and 5 in Scotland [3] which highlight the importance of recruiting and retaining those who use drugs into services and maximising the opportunities for harm prevention when engaged. A licenced overdose prevention centre would represent an additional incentive for people who inject drugs to attend and interact more fully with services thereby ensuring better continuity of care and delivery of harm prevention from a whole system perspective [3].

As noted in 1 above, some service users are not in favour of a highly medical model as they are afraid of stigma from the medical community. Negative experiences with formal healthcare services can, for example, lead people who use drugs to delay seeking hospital care [4-6]. Extensive evidence has shown that successful overdose intervention such as naloxone administration can be operated by non-medically trained personnel when pathways for medical care are available [7,8]. Safe injecting practice education and peer support already occurs informally in communities. The fear of stigmatisation and unrequested intervention may limit self-referral to medical models [8-10]. We would advocate for different types of services to be introduced and evaluated simultaneously to build the evidence base and find out what is most effective. Therefore, any bill should not promote a 'one size fits all' approach, but be matched with local needs.

References:
1- Stevens A, Southwell M, Scher B, Shorter G, Kenth S. Reducing drug-related harms in Sandwell: the need and feasibility of an overdose prevention service. London: Drug Science, 2022.
2- Dogherty E, Patterson C, Gagnon M, Harrison S, Chase J, Boerstler J, Gibson J, Gill S, Nolan S, Ryan A. Implementation of a nurse-led overdose prevention site in a hospital setting: lessons learned from St. Paul's Hospital, Vancouver, Canada. Harm Reduction Journal. 2022 Dec;19(1):1-6.
3 - Scottish Government. Medication Assisted Treatment standards for Scotland. Published May 2021. ISBN: 978-1-80004-982-6 (web only).
4 - Chan Carusone S, Guta A, Robinson S, Tan DH, Cooper C, O'Leary B, et al. "Maybe if I stop the drugs, then maybe they'd care?"—hospital care experiences of people who use drugs. Harm Reduction Journal. 2019;16(1):16.
5 - van Boekel LC, Brouwers EPM, van Weeghel J, Garretsen HFL. Stigma among health professionals towards patients with substance use disorders and its consequences for healthcare delivery: Systematic review. Drug and Alcohol Dependence. 2013;131(1):23–35.
6 - Harris M. Normalised pain and severe health care delay among people who inject drugs in London: Adapting cultural safety principles to promote care. Soc Sci Med. 2020;260:113183.
7 - Marshall Z, Dechman MK, Minichiello A, Alcock L, Harris GE. Peering into the literature: a systematic review of the roles of people who inject drugs in harm reduction initiatives. Drug and Alcohol Dependence. 2015 Jun 1;151:1-4.
8 - Miller NM, Waterhouse-Bradley B, Campbell C, Shorter GW. How do naloxone-based interventions work to reduce overdose deaths: a realist review. Harm reduction journal. 2022 Dec;19(1):1-3.
6 - Mercer F, Miler JA, Pauly B, Carver H, Hnízdilová K, Foster R, Parkes T. Peer Support and Overdose Prevention Responses: A Systematic 'State-of-the-Art' Review. International Journal of Environmental Research and Public Health. 2021; 18(22):12073.
7 - Small W, Wood E, Tobin D, Rikley J, Lapushinsky D, Kerr T. The injection support team: a peer-driven program to address unsafe injecting in a Canadian setting. Substance use & misuse. 2012 Mar 20;47(5):491-501.

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

Neutral (neither support nor oppose)

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.
We acknowledge the challenges encountered by the present Scottish Drug Deaths Taskforce (SDDT). However, there are concerns that the creation and handover to a new body the Scottish Drug Deaths Council (SDDC) may delay the introduction of OPCs which are evidence based, and that any delay will cost lives [1,2,3].

Independence from political interference allows the neutral presentation of evidence, rather than this being shaped by political concerns. Any existing or future body should have operational independence from the Scottish Government. If this shift would require a new body rather than a new constitution for the existing Scottish Drug Deaths Taskforce, then we would recommend a new body be appointed. We would recommend that whichever body, the Council or Taskforce, appoint independent researchers to this body to evaluate the pilot sites. Those with lived experience including those who currently use substances, should be involved with both the evaluation and either the Council or Taskforce, ideally, as well as at the design and implementation stages of the new facilities.

References:
1 - Nicholls J, Livingston W, Perkins A, Cairns B, Foster R, Trayner K, Sumnall HR, Price T, Cairney P, Dumbrell J, Parkes T. Drug Consumption Rooms and Public Health Policy: Perspectives of Scottish Strategic Decision-Makers. International Journal of Environmental Research and Public Health. 2022 Jan;19(11):6575.
2 - Fischer AJ, Ghelardi G. The precautionary principle, evidence-based medicine, and decision theory in public health evaluation. Frontiers in public health. 2016:107.
3 - Shorter GW, Harris M, McAuley A, Trayner KM, Stevens A. The United Kingdom's first unsanctioned overdose prevention site; A proof-of-concept evaluation. International Journal of Drug Policy. 2022 Jun 1;104:103670.

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.

Setting up a service will cost money, however, savings can be made by developing a model with links to healthcare which is not medically led. Most of the economic evidence to support the opening and operation of overdose prevention centres is found in Canada, which has a similar nationalised healthcare service provision. The predominant savings in some facilities have been through the averting of HIV infections [1-4]. As we know this is a particular issue for people who inject drugs in Scotland, so there is the potential for considerable saving to the public purse. An additional evaluation suggested up to three services in Toronto and Ottawa would be cost effective if the reduction in needle sharing was at over 50%, and the fixed operating costs were less than 2 million CAD annually [5]. This paper also illustrated it was more costly not to operate a site in Toronto and Ottawa.

These studies focus on selected core elements which might save money such as blood-borne viruses and infections. Engagement with OPCs could also reduce costly use of emergency healthcare services, whilst facilitating engagement with other services that cost-effectively reduce emergency admissions, morbidity and mortality, such as drug treatment services, mental health services, and alcohol brief interventions. There would also be improved prospects of reducing acquisitive crime if those who inject drugs are better engaged with services and are encouraged to increase positive participation in society. [6-8]

References:

1. Bayoumi A. M., Zaric G. S. The cost-effectiveness of Vancouver's supervised injection facility. Can Med Assoc J 2008; 179: 1143– 51.
2. Andresen M. A., Boyd N. A cost–benefit and cost-effectiveness analysis of Vancouver's supervised injection facility. Int J Drug Policy 2010; 21: 70–6
3. Pinkerton S. D. How many HIV infections are prevented by Vancouver Canada's supervised injection facility? Int J Drug Policy 2011; 22: 179– 83.
4. Jozaghi E, Reid AA, Andresen MA. A cost-benefit/cost-effectiveness analysis of proposed supervised injection facilities in Montreal, Canada. Substance abuse treatment, prevention, and policy. 2013 Dec;8(1):1-8.
5. Enns, E. A., Zaric, G. S., Strike, C. J., Jairam, J. A., Kolla, G., and Bayoumi, A. M. (2016) Potential cost-effectiveness of supervised injection facilities in Toronto and Ottawa, Canada. Addiction, 111: 475– 489. doi: 10.1111/add.13195.
6. Best D, Day E, Campbell A, Flynn PM, Simpson DD. Relationship between Drug Treatment Engagement and Criminal Thinking Style among Drug-Using Offenders. European Addiction Research. 2009;15(2):71-7.
7. Wood E, Tyndall MW, Lai C, Montaner JS, Kerr T. Impact of a medically supervised safer injecting facility on drug dealing and other drug-related crime. Substance abuse treatment, prevention, and policy. 2006 Dec;1(1):1-4.
8. Fitzgerald J, Burgess M, Snowball L. Trends in property and illicit drug crime around the Medically Supervised Injecting Centre in Kings Cross: An update. Sydney: NSW Bureau of Crime Statistics Research. 2010 Aug.

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.

It is likely the proposal will have a positive impact on reducing inequalities if it becomes law.

Overdose prevention centres in other countries have had good uptake of services by vulnerable groups within the cohort of people who inject drugs. The proof-of-concept service in Glasgow also illustrated that the service was used by a range of individuals who differed in mental health status, gender, levels of dependence, and disabilities amongst other characteristics [1].

Overdose prevention centres have been described as a place of refuge for women experiencing violence [2]. Other potentially marginalised groups have shown willingness to use the facilities, including people from ethnic minority communities [2], sex workers [3], people with disabilities [4] and people who are homeless [5].

The nature of provision, when centred around the needs of the target population, and the very low threshold for service access, can help to reduce inequalities. Whilst we do not necessarily recommend a fully medical model in all settings, we do strongly recommend additional support for harm reduction and linked services. The provision of a service may also require adjustment for the target group including for example disability access or translation services, as required.

References:
1. Shorter GW, Harris M, McAuley A, Trayner KM, Stevens A. The United Kingdom's first unsanctioned overdose prevention site; A proof-of-concept evaluation. International Journal of Drug Policy. 2022 Jun 1;104:103670.
2. Fairbairn N, Small W, Shannon K, Wood E, Kerr T. Seeking refuge from violence in street-based drug scenes: Women's experiences in North America's first supervised injection facility. Social Science & Medicine. 2008 Sep 1;67(5):817-23.
3. Park JN, Sherman SG, Rouhani S, Morales KB, McKenzie M, Allen ST, Marshall BD, Green TC. Willingness to use safe consumption spaces among opioid users at high risk of fentanyl overdose in Baltimore, Providence, and Boston. Journal of urban health. 2019 Jun;96(3):353-66.
4. Rouhani S, White RH, Park JN, Sherman SG. High willingness to use overdose prevention sites among female sex workers in Baltimore, Maryland. Drug and alcohol dependence. 2020 Jul 1;212:108042.
5. McNeil R, Small W, Lampkin H, Shannon K, Kerr T. "People knew they could come here to get help": an ethnographic study of assisted injection practices at a peer-run ‘unsanctioned’ supervised drug consumption room in a Canadian setting. AIDS and Behavior. 2014 Mar;18(3):473-85.
6. Bouvier BA, Elston B, Hadland SE, Green TC, Marshall BD. Willingness to use a supervised injection facility among young adults who use prescription opioids non-medically: a cross-sectional study. Harm Reduction Journal. 2017 Dec;14(1):1-9.

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?

There is potential for broad benefits to be realised from this proposal and subsequent legislation.

OPCs and equivalent sites move drug consumption activity from the community into supervised sites (without increasing consumption) [1]. Associated with this migration, we may observe a reduction in locally observed drug-related litter [2] and a reduction in local crime [3]. Considering the financial benefits described in section 6, together with the reduction in blood-borne viruses amongst other health benefits, there are very likely to be overall cost savings across the healthcare system [4-5].

Access to addiction treatment services typically increases uptake of drug treatment and harm reduction programmes [1] which cost-effectively reduce morbidity and mortality, and promote family and peer support [6]. Treatment programmes also focus on improving family and peer support, reducing family breakdown [7]. Though evidence supporting the long-term, intergenerational effects of treatment programmes is lacking, we acknowledge addiction as an intergenerational issue, and improved and earlier access to treatment should be championed. We strongly recommend a funded and independent evaluation to be commissioned to explore and account for any change, positive or negative following the commencement of a service.

References:
1 - Potier C, Laprévote V, Dubois-Arber F, Cottencin O, Rolland B. Supervised injection services: what has been demonstrated? A systematic literature review. Drug and alcohol dependence. 2014 Dec 1;145:48-68.
2 - Stevens A, Southwell M, Scher B, Shorter G, Kenth S. Reducing drug-related harms in Sandwell: the need and feasibility of an overdose prevention service. London: Drug Science, 2022.
3 - Davidson PJ, Lambdin BH, Browne EN, Wenger LD, Kral AH. Impact of an unsanctioned safe consumption site on criminal activity, 2010–2019. Drug and alcohol dependence. 2021 Mar 1;220:108521.
4 - Jozaghi E, Reid AA, Andresen MA. A cost-benefit/cost-effectiveness analysis of proposed supervised injection facilities in Montreal, Canada. Substance abuse treatment, prevention, and policy. 2013 Dec;8(1):1-8.
5 - Bayoumi AM, Zaric GS. The cost-effectiveness of Vancouver's supervised injection facility. Cmaj. 2008 Nov 18;179(11):1143-51.
6 - Wilson DP, Donald B, Shattock AJ, Wilson D, Fraser-Hurt N. The cost-effectiveness of harm reduction. International Journal of Drug Policy. 2015 Feb 1;26:S5-11.
7 - Andreas D, Ja DY, Wilson S. Peers reach out supporting peers to embrace recovery (PROSPER): a center for substance abuse treatment recovery community services program. Alcoholism Treatment Quarterly. 2010 Jul 8;28(3):326-38.