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)

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 (Note: The name will not be published if you have asked for the response to be anonymous or "not for publication".)
Royal College of General Practitioners Scotland

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)

Partially supportive

Please explain the reasons for your response.
RCGP Scotland welcomes the opportunity to respond to this consultation and we are pleased to see innovation in this critical area of health care.

GPs are uniquely and expertly trained to manage the holistic care of people. Those affected by problem drug use frequently suffer from chronic health issues and general practice has a role in providing holistic care to these patients often over many years.

RCGP view the record number of drug-related deaths in Scotland as a public health emergency that warrants fresh approaches to the management of problem drug use.

We have opted for partial support of the proposed Bill as we make no comment on the appropriate statutory basis for a new body.

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.

RCGP Scotland is supportive of legislation to fulfil the Bill's aims.

In addition, as the consultation notes, this forms just one part of the multi-faceted approach required. RCGP Scotland notes the importance of rapid access to specialist services in meeting the needs of patients who are affected by problem drug use. Most GPs do not have, nor the capacity to obtain, the specialist skills and knowledge to replace specialist drugs services. The fragmentation of services for patients who require specialist care is concerning, and we call for sufficient funding for these with an emphasis on whole system working including across the various interfaces.

RCGP Scotland is very aware of the need for widespread cultural change to reduce stigma. Stigma can be subtle and is a barrier to accessing care in multiple settings.

GPs and their teams who feel that they require enhanced educational resources should have access to them, and funded protected time should be available to enable them to engage in learning and development activities. This will support the better understanding of the needs of this highly vulnerable group of patients, help address barriers to care as well as support clinical and other interventions.

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.
RCGP is fully supportive of the proposal to establish overdose prevention centres (OPCs). The need for action remains urgent and the College calls for an evidence-based approach to exploring possible solutions to this crisis.

We are therefore supportive of Scotland and respective nations within the UK being afforded the opportunity to consider, trial and evaluate alternative evidence-based interventions to tackling drug-related harms. This approach may generate information and evidence that it has not previously been possible to collect.

OPCs are one such example of an alternative intervention. Evidence suggests an OPC could provide a safe, supportive, and hygienic environment where controlled drugs are consumed under observation. Repeated studies have shown such services can reduce overdose deaths, drug related litter, ambulance call outs, infectious disease transmission, and without increasing crime. They have been described as a 'novel and nimble' response to an ongoing public health emergency.

The evaluation of Glasgow's unsanctioned OPC evidences the requirement for low threshold and peer-informed services among people who are highly marginalised, with complex health, psychological and practical needs. Its evaluation demonstrates the holistic care and harm reduction potential beyond just overdose prevention that can be delivered in this setting. RCGP Scotland welcomes this emphasis on relationship building, with the focus on understanding the patient, and what has happened to them. We would maintain that this is one of the core strengths and aspirations of general practice, with our focus on continuity of care and knowledge of the patient, their family, and circumstances. At the Glasgow OPC, relationships between local people who inject drugs and OPC staff meant care was extended to meeting needs such as a food and clothing, informal psychological support, naloxone provision, sterile injecting equipment, and information on safer injecting.

While the College supports OPCs for the benefit of people using drugs, we note the current concern from medical professionals and students regarding the legality of volunteering or working at an OPC, who risk being barred from practice if convicted of a criminal offence. Establishing a legal basis for OPCs would enable more members to engage with OPCs and safe drug consumption initiatives, and could contribute to the ongoing and important work in reducing stigma.

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?
RCGP Scotland is generally supportive of the proposal for statutory guidance to be created in order for Health and Social Care Partnerships to fulfil the requirements for an OPC license.

However, the regime calls for the "continuous and permanent presence of at least one formally qualified medical practitioner, accompanied by other staff, all of whom are trained and equipped to prevent and where necessary reverse overdoses." We would highlight that this position would not need to be a doctor – a paramedic, pharmacist, or nurse practitioner could also meet these needs. We would hope to see clarity on this in the legislation, as doctors are costly and in very short supply, and this is not the best use of that resource.

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.
The College has been pleased to be represented on a number of Scottish Government drug related harm reduction groups. This includes the Scottish Government's Drug Deaths Taskforce, the National Drugs Mission Group and more recently on the National Drugs Mission Oversight Group. We also continue to run the extremely successful Certificate in the Management of Problem Drug Use course for primary care professionals, with funding from the Scottish Government.

We welcomed the recent release of the Changing Lives report by the Drug's Death Taskforce. We were pleased to see that the scale of drug deaths was fully acknowledged, and matched by a determined, systematic approach to improving outcomes for those at risk.

While we make no comment on the appropriate statutory basis for a new body, we do agree that the scale of this public health crisis is such that Scotland would benefit from long term vision, ongoing scrutiny of government policy, and ongoing innovation in the work on prevention of drug deaths. The Changing Lives report, published after this consultation was launched, recommends: "A national outcomes framework would provide much needed accountability and scrutiny of the Scottish Government and local activity. Surveillance should be central to the National Mission to improve and save lives. The data gathered should be aligned to the National Mission and should add value, with the objective of effecting change. A National Co-ordinator for Drug-related Deaths role within Public Health Scotland would improve consistency and data-sharing and coordinate a review of the national drug-related deaths database. All services should have a monitoring and evaluation plan in place. Services should evolve based on direct experience of delivering the service and embed a cycle of continuous quality improvement."

The National Drugs Mission and its Oversight Group are ongoing, and we suggest an open discussion as to which of the above approaches would best provide independent and proper scrutiny of policies and outcomes. We suggest that there may be advantages to creating a lead within Public Health Scotland as suggested by Changing Lives, as that should provide such a voice, with the expertise and data to properly evaluate the new approaches.

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?

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.
Clearly there would be financial impact as there is the need to find appropriate premises, along with staff that will need to be trained. We would not expect there to be capacity from existing staff as services already stretched, if they do exist, nor could OPCs rely on the existing GP workforce due to significant capacity constraints.

Any oversight group will incur set up and running costs, with appropriate backfill arrangements for clinical members.

If the system is effective then, along with lives saved, there will be reduced costs in other areas.

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.

Drug deaths profoundly and disproportionately affects those living in poverty or areas of socioeconomic deprivation. We believe that, implemented properly, with a public health focus on those most in need, the bill has the potential to reduce inequalities.

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?

The Glasgow case study indicates the potential for reduced emergency and downstream health service use, including for the long-term harms of BBVs, which should bring benefits in terms of NHS sustainability.

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