

# 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).**

[Redacted]

[Redacted]

Q4. Please choose one of the following:

I would like this response to be published anonymously

**If you have requested anonymity or asked for your response not to be published, please give a reason. (Note: your reason will not be published.)**

[Redacted]

[Redacted]

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 (Note: The name will not be published if you have asked for the response to be anonymous or "not for publication".)

[Redacted]

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)

Fully supportive

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

We fully support any initiative that will help to help tackle drug related deaths and the evidence for supervised consumption is well established. It will be interesting to see the evidence in relation to the mobile OPC in Glasgow and look at the outcomes in a Scottish context.

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.

Yes - I think legislation is required. I think that this bill will help to establish a firm legal and governance framework to help organisations set up OPCs across Scotland as at present there is still a lot of grey areas with regard to the legality (despite the Lord Advocate responses). This lack of clarity will affect whether an organisation can obtain insurance for such activity.

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.**

OPCs will allow us to better engage some of the most marginalised people who use drugs who do not

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

engage well with other treatment services. OPCs allow engagement on people's own terms and give a clear message that we value people for who they are without judging what they do. This is a powerful message and shows a trauma informed approach. This removes the stigma and brings people into services which will be able to provide access to other support - food banks, welfare support, housing advice, benefit advice, etc. Connectedness is central to recovery - OPCs help to start that connection and support deeper engagement.

We need to try as many initiatives as possible that will help reduce drug related deaths.

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?**

We need further clarity on the proposal. In particular:

- Observation of minimum entry requirements to access the OPC - what are the minimum entry requirements? Why are they in place?
- Formally qualified medical practitioner - what is this? What does it look like? Who would be considered appropriate? Does it have to be NHS or can they be employed by Third Sector?
- Consent and co-operation sought from local police to allow the facility to operate - we need more clarity here. What if one region allows OPC but another doesn't? How would this be overcome? Can we have a stand Memorandum of Understanding that will guide police? Currently we operate IEPs and don't have local police standing outside to search people for drugs - OPCs should be the same and it would be better if there was guidance for police and providers of OPCs on this.

Licensing regime:

How will OPCs be funded? These will work better if run by Third Sector organisations. We don't want to over-medicalise the provision. The ethos is that they are community-based and connected - not overly clinical. Costs will increase greatly if delivered through a medical model within the NHS.

The bill states that licensing should be overseen by HSCPs and that they should be content that a licence would not increase criminal behaviour or cause obstructions to local businesses and residents. How can HSCPs be expected to establish this? Is it even within their role to do so?

What would the licence cover? suitable premises/location? and/or the operating policies/procedures/trained staff? How will the costs to consider, issue and monitor licences be covered?

What if different organisations want to establish several different OPCs in any one town/city - is there funding to cover this?

The proposal outlines the vast costs of A&E/Inpatient/HIV treatments and suggests that OPCs can help to reduce this (which I'm sure they will contribute to a reduction) but there will still have to be up-front funding of OPCs before any reduction in spend could be seen in any of those areas.

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

Fully supportive

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

**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.** Establishing a SDDC would allow for independent scrutiny of the impact of government policy and legislation on drug deaths and advise on changes necessary to have greater impact. This is what the Drug Death Task Force should have been. Lived experience should be central to this.

## 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 increase 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.**

The licencing of OPCs will impact both on the organisations that want to apply for a licence and the body that will be responsible for them. My fear is that the licencing would become overly bureaucratic with HSPC needing a chunk of funding to administer. The funding needs to filter to the front line for services to deliver OPCs - not the licencing of them otherwise we will never get an OPC up and running.

Definition of the role of the 'qualified medical practitioner' will be important to ensure that we do not overly medicalise the provision as well as ensuring cost effectiveness. If this role need to sit within NHS the costs will be significantly more than if we can train and employ this role in the third sector.

## 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*