

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).

RPS is the professional leadership body for pharmacists working in all sectors across Scotland, England and Wales. Our mission is to put pharmacy at the forefront of healthcare. Our vision is to become the world leader in the safe and effective use of medicines. We champion the profession, and are internationally renowned as publishers of medicines information. We promote pharmacy in the media and government, lead the way in medicines information, and support pharmacists in their education and development.

Pharmacists in all sectors work closely with people who use drugs and are an integral part of their care team. In the community, pharmacy teams have more contact with people who use drugs than any other member of their care team.

The views expressed here were formed during the creation of our policy on reducing drug deaths which can be found here <https://www.rpharms.com/recognition/all-our-campaigns/policy-a-z/drug-deaths-and-the-role-of-the-pharmacy-team>. This policy was created with input from experts in the field and members. The policy and this response have both been approved by our elected board in Scotland. We consider this response to be the view of our membership and boards.

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 (Note: The name will not be published if you have asked for the response to be anonymous or "not for publication".)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

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.)

XXXXXXXXXXXXXXXXXXXX

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.

We are partially supportive of the Bill overall as we are fully supportive of the majority of elements within it and have taken a neutral stance on one which is detailed in our answers.

As we consider new ways of engaging with patients in a bid to reduce drug deaths, it would be remiss of us not to consider ways of working and engagement which have proved very successful in other countries. There are now over 130 supervised drug consumption facilities across the world, primarily in Europe, which have provided over thirty years of evidence of their effectiveness.

The RPS, as the leader in safe and effective use of medicines, supports the establishment of regulated drug consumption facilities, and the necessary changes in legislation to enable this, as part of a focus on reducing drug deaths. Pharmacist and pharmacy teams are ideally placed to advise on the appropriate governance structures required to operate a regulated facility of this nature.

Providing a clean, safe place for injecting users brings them closer to mainstream health and addiction support services and provides the opportunity for health professionals to engage in treatment and prevention.

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.

To ensure the safe and effective operation of these facilities, legislation would be required to allow them to be licensed and regulated. This would allow a minimum set of standards and detailed requirements to be essential before a license would be granted. Licensing and regulation are important to ensure consistency and that the facilities are operating safely for both staff and the patients using them and that they have the appropriate resources to be able to offer a service that will truly make a difference.

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.

As we consider new ways of engaging with patients in a bid to reduce drug deaths it would be remiss of us not to consider ways of working and engagement which have proved very successful in other countries. There are now over 130 overdose prevention centres across the world, primarily in Europe, which have provided over thirty years of evidence of their effectiveness.

The RPS, as the leader in safe and effective use of medicines, supports the establishment of regulated overdose prevention centres, and the necessary changes in legislation to enable this, as part of a focus on reducing drug deaths. Pharmacists and pharmacy teams are ideally placed to advise on the appropriate governance structures required to operate a regulated facility of this nature.

Providing a clean safe place for injecting users brings them closer to mainstream health and addiction support services. It provides the opportunity for health professionals to engage in treatment and prevention.

Overdose prevention centres also provide an opportunity for outreach work to be carried out by teams, including pharmacy teams, and for health and medication checks to be undertaken in a population who may not be engaged with services. However, it is vital that there are robust referral pathways into treatment for patients who express a wish to make that move.

It is important to consult the local community about any plans for a facility, this will improve understanding of the benefits and encourage support.

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?

RPS believes that any overdose prevention centres must be licensed to ensure consistency of service, safety, and effectiveness. It is also essential that the centres are opened where there is a local need and this is best assessed by those providing local services in conjunction with other local stakeholders e.g., those supporting local IEP providers to ensure local knowledge and issues are considered.

We support the conditions proposed for licensing but may need review and expansion to ensure they are stringent. There needs to be consideration given to any security measures that should be put in place to ensure the safety of staff and patients. We also think it is essential that not only are there medical staff there at all times but also there should be minimum levels of overall staffing, and all should be appropriately trained.

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 welcome any move that it was felt would result in a reduction in drug deaths but would like to acknowledge the good work the Drugs Death Task Force, of which we are members, has achieved already.

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.

There will be cost to considering licences, setting up new centres, and the ongoing monitoring and regulation of the sites. However, some of this will be offset by the savings made in other service areas such as hospital inpatient stays and treatment at accident and emergency. The patients using these centres will be able to access professional healthcare for not only their addiction and drug use but potentially for other health or medication problems and interventions can be made which will avoid emergencies further down the line.

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 proposal would allow some of the most marginalised individuals in society a means to access professional healthcare they wouldn't otherwise have. It would provide them a safe space where they could have access to clean injecting equipment and harm reduction advice from non-judgmental supportive staff.

Some members of society may feel they will be adversely affected by the fact they live in close proximity to a facility; however, this could be mitigated with community engagement and education about the benefits to patients and the community of reduced public injecting and reduced waste.

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 RPS do feel that the proposal could impact the environment in a positive way. Discarded needles and injecting equipment pose a threat to the public and destroy local environments. Overdose prevention centres can reduce this waste by reducing the public injecting and providing patients who use them with appropriate disposal facilities.

Overdose prevention facilities also offer patients a link into treatment they wouldn't otherwise have which they can take up if and when they decide to. In the meantime, they will be supported and helped to better manage their addiction, drug use and health.