

Socialist Health Association Scotland

Drug Death Prevention Bill Consultation

SHA Scotland Response



Introduction

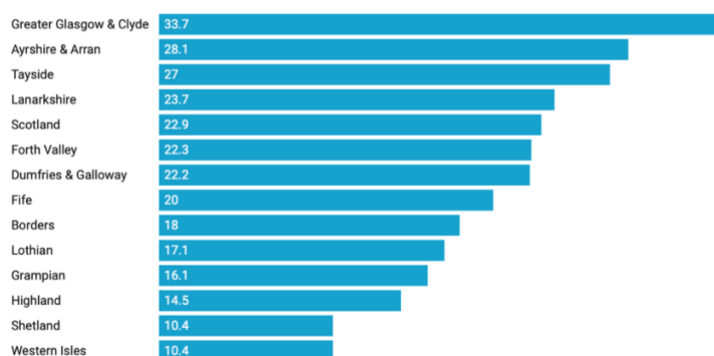
The Socialist Health Association was founded in 1930 to campaign for a National Health Service. We are a membership organisation that promotes health and well-being and the eradication of inequalities through the application of socialist principles to society and government. We believe these objectives can best be achieved through collective rather than individual action. We campaign for an integrated healthcare system that reduces inequalities in health and is accountable to the communities it serves.

Paul Sweeney MSP has published a [proposal](#) for a Bill to: enable the establishment of overdose prevention centres, including establishing a licensing framework for centres in order to prevent death due to drug overdose; and to create a new body for the oversight of drug policy development and implementation, in order to improve health by preventing and reducing drug use, harm and related death. He argues that preventable death due to drug overdose has become one of Scotland's major public health emergencies. Urgent practical action is required to address this health crisis, and this Bill is intended to be part of the solution, one contribution to a multi-faceted effort to tackle the problem.

Context

In 2021, 1,330 people died of drug overdoses (officially recorded as drug misuse deaths) in Scotland. Men are 2.4 times more likely to die, but the gap between genders has been decreasing. In the early 2000s, men were four times more likely to die. The number of women dying has increased by 150 per cent since 2014. [Dundee](#) has the highest drug death rate of all local authority areas. Greater Glasgow and Clyde has the highest rate of all health board areas.

Drug misuse death rates per 100,000 population, 2017-2021

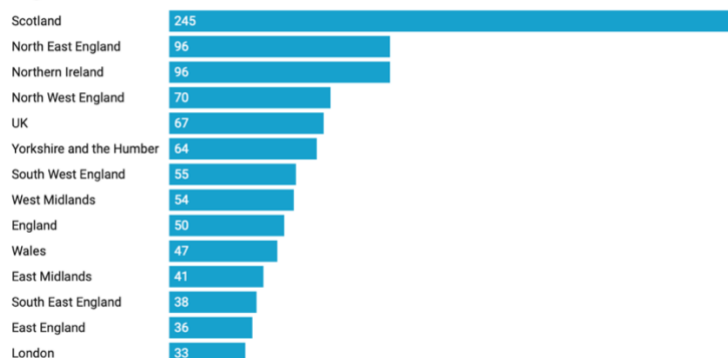


[Get the data](#) · Created with [Datawrapper](#)

The average age of drug misuse deaths has increased from 32 to 44 over the last 21 years, and 65 per cent of all drug misuse deaths were those aged between 35 and 54. More than half of all women and men were under 45 when they died in 2021.

Scotland's death rate is the worst in Europe by a considerable margin. While there are differences in how drug deaths are recorded in Scotland, they do not significantly affect comparisons within the UK or most EU countries. For a [discussion](#) of these differences, see the Ferret Fact Checking service (28 July 2022).

Drug misuse deaths rates per million population, UK countries and regions, 2020



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Drug use is inextricably linked to poverty; it is not simply a 'lifestyle choice'. People living in the most deprived communities in Scotland are around 18 times more likely to experience problem drug use compared to people in the least deprived communities. We agree with the [Poverty Alliance](#), "That means redesigning our economy so that people are able to access decent work, and investing in our social security system and public services, so that people have the income they need to live in dignity and security."

Drug deaths also have to be seen in the context of multiple factors. A study [published](#) in the Lancet Public Health Journal concluded: "The co-occurrence of at least two of homelessness, opioid dependence, justice involvement, or psychosis is associated with very high rates of premature mortality, particularly from avoidable causes of death, including non-communicable disease. Responding to these findings demands wide-ranging efforts across healthcare provision, public health, and social policy."

The Scottish Drugs Death Taskforce has called for more resources to be spent fighting Scotland's drug-related deaths problem after calling current resource levels "woefully inadequate". Their [report](#) (21 July 2022) outlines ten key principles and 20 recommendations underpinned by 139 actions. These call for greater funding, efforts to tackle the stigma of drug addiction, and a higher degree of responsibility for drug-related deaths in both health boards and Scottish and UK governments. The report states, "The First Minister has publicly recognised that her government 'took their eye off the ball'. The question now is whether the government will provide targeted funding to enable services to deliver transformational change – not a return to the funding of the past, but an ambitious and radical commitment to making people's lives better."

Response

SHA Scotland fully supports this Bill. We also agree that legislation would provide a much-needed focus on this issue along with policy actions that could be undertaken under existing legislation.

While there is a case to review the UK Misuse of Drugs Act, we must focus on what we can do in Scotland using devolved powers. As the former head of Scotland's drug deaths taskforce (Professor Catriona Morrison) [has said](#), Scottish Government ministers should stop [blaming](#) Westminster

legislation for the high number of people dying through drug misuse and focus on what can be done to address the problem.

Scottish Government cuts in funding for Alcohol and Drug Partnerships in 2015 resulted from the pervasive stigma and the demonisation of people with a drug problem. Cutting £15 million of funding for the most marginalised and vulnerable people in Scotland is a classic example of ignoring the benefits of preventative spending as recommended by the Christie Commission. We should focus on what more can be done in Scotland now. For instance, in Scotland, we only have about 40% of people in treatment at any one time, whereas England has 60%. We also have an issue with people not being retained in services. Scotland's drug strategy should focus first on keeping people alive, but we also need to help not just to stabilise their drug use but get help with the wider aspects of people's lives.

We fully support the establishment of overdose prevention centres. However, we agree with the Drugs Deaths Taskforce that this is not a 'magic solution' but could help as part of a range of measures. They also said that safer drug consumption facilities can be implemented now under the current legislation. These centres have been introduced in at least 14 countries across more than 130 sites. They provide a safe environment for the most vulnerable to use drugs under the supervision of trained professionals. Observational evidence reported in [The Lancet](#) shows fatal overdoses decreased in areas where overdose prevention centres were introduced alongside other beneficial outcomes, including reductions in self-reported high-risk injecting practices and increased engagement with drug treatment services. They may also help reduce drug use in public places.

We also support a licensing scheme, and the relevant Health and Social Care Partnership would be an appropriate body to undertake this work in the context of a public health approach to drug misuse. There is no evidence that overdose prevention centres are associated with increased initiation or frequency of drug use. In contrast, they can promote engagement with drug treatment services, which might support drug use cessation.

The current Drugs Death Taskforce has done helpful work in highlighting the drug death crisis, and we support many of its recommendations. However, a body tasked with providing independent advice and scrutiny should not be required to liaise with the government it advises to ensure "consistent and coordinated messaging." We, therefore, fully support the establishment of a Scottish Drug Deaths Council (SDDC). We accept that this Bill will mean some increase in costs. However, we view this expenditure as necessary to save lives, consistent with the concept of preventative spending.

Conclusion

SHA Scotland fully supports this Bill. It will provide a necessary focus on the drug crisis that has sadly been all too missing in recent years. It also focuses on what we can do now, in Scotland, to address these issues - always recognising that the drugs crisis is part of wider inequalities in Scotland that also need to be tackled.

We are happy for this response to be published, and we understand the privacy notice to this consultation.

Dave Watson
Secretary
Socialist Health Association Scotland (www.shascotland.org)

August 2022