

Hello from North of the Border!

Justina Murray, CEO

For ISSUP Webinar: Drug Policy in the UK

14 March 2023



Devolved vs. Reserved



Catching a dose of summit fever ...



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Catching a Dose of Summit Fever (And Trying to Find a Cure)

Posted on 28th February 2020 by Rebecca Bradley

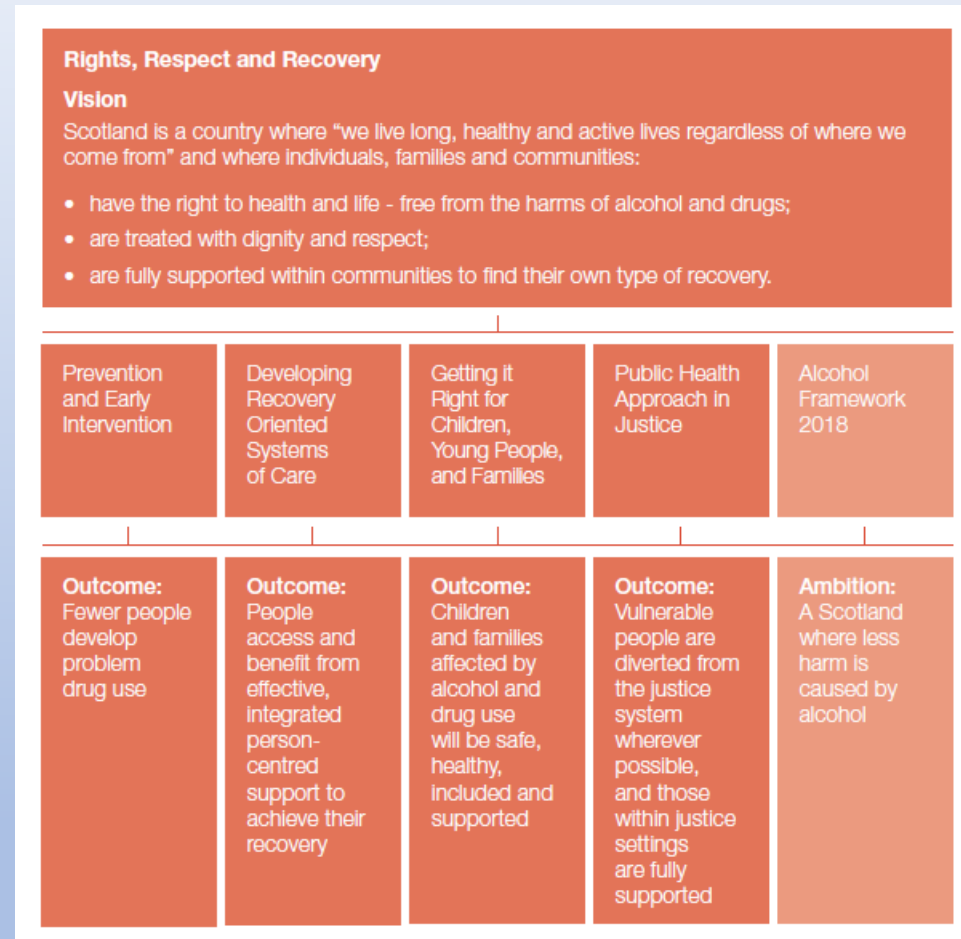
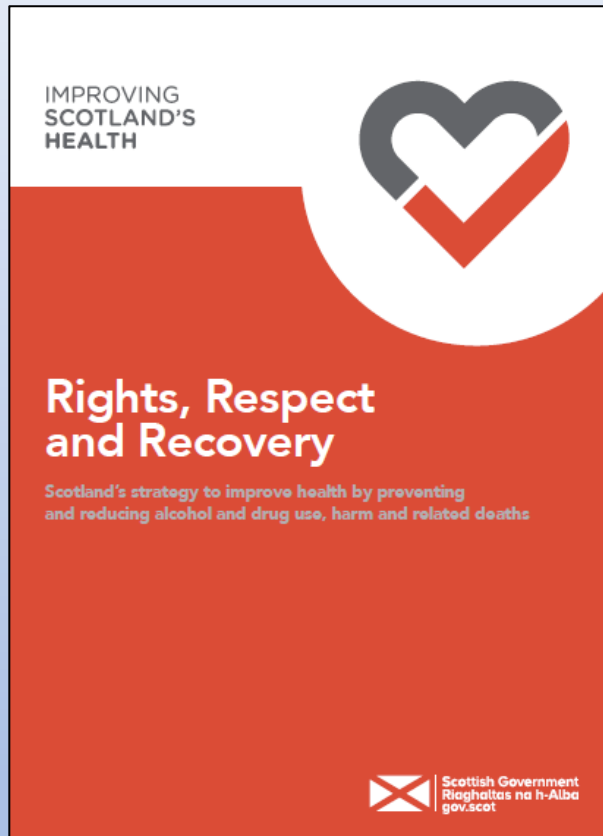


Justina Murray, 28 February 2020

There were not one but two drug summits in Glasgow this week. The first on Wednesday, badged as the 'Scottish Drug Deaths Crisis Conference', was co-hosted by Glasgow Health and Social Care Partnership and the Scottish Government. This was allegedly held to help shape Scotland's input to the UK Drugs Summit the following day, as one of four home nations, but by all intents and purposes, it was a platforming opportunity to showcase harm reduction in the city and profile recovery achievements locally and nationally. This I have to say was done well, with strong leadership and some outstanding individuals involved.



Rights, Respect, Recovery ... and Reality



Scotland at Westminster – and media movement



Working outside/around the law



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Short Report

The United Kingdom's first unsanctioned overdose prevention site; A proof-of-concept evaluation

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ABSTRACT

Background: The United Kingdom (UK) is currently experiencing a public health crisis of drug-related deaths. The government has rejected recommendations to open overdose prevention services, under the Misuse of Drugs Act 1971. To report on the operation and use of an unsanctioned overdose prevention service which operated in Glasgow city centre from September 2020 to May 2021.

Methods: Description of the service, with analysis of data collected on its use.

Results: The service operated for nine months without permission or funding from official sources. We report on the 894 injections supervised and recorded, and nine successful interventions with overdose events (seven opiod/two cocaine). Powder cocaine injection predominated either alone (60.6%) or with heroin (22.1%). Injection was mostly in the groin (68.0%) or arm (16.8%). More injections were recorded by males (70.1%). Around 65% of injection events featured an individual who was on a buprenorphine/methadone prescription.

Conclusion: It is feasible for an overdose prevention service to operate successfully in the UK without being shut down by the police or with negative consequences for the community. Future sites in the UK must tailor to the substances used by their potential clients, international trends (e.g. for fentanyl) use did not apply here. There is an urgent need and demand for these services in the UK to reduce harm, prevent and intervene during overdose, and provide vital psychosocial support for health and wellbeing in a highly marginalised population.

Introduction

An overdose prevention site (OPS) provides a safe, supportive, and hygienic environment where controlled drugs, obtained elsewhere, are consumed under observation from staff who can advise, intervene in overdose events, and provide sterile injecting equipment. Such services exist in at least 13 countries (HRI, 2020). Different terms are used in different places, including drug consumption room, supervised/safe injecting facility, or enhanced harm reduction service. In Canada, a distinction is made between supervised injecting facilities and overdose prevention sites (Kerr et al., 2017). The latter are a 'novel and nimble' response to an ongoing public health emergency (Wallace et al., 2019). They tend to be less formally structured, provide a lower level of clinical intervention, and are quicker to set up. In the UK, the terms are used interchangeably (Faculty of Public Health, 2021; Sherman, 2019).

Repeated studies have shown such services are safe and can reduce overdose deaths, public injecting and drug related litter, injecting risk behaviours associated with infectious disease transmission, and ambulance call-outs, without increasing crime (Belackova et al., 2019; Pearce-Smith, 2019; Potter et al., 2014; Pardo et al., 2018). This includes research from unsanctioned OPS in Italy and the USA (Bergamo et al., 2019; Davidson et al., 2021; Kral et al., 2020).

The UK, especially Scotland, is experiencing record levels of drug-related deaths with 1359 reported in Scotland in 2020 (National Records of Scotland, 2021). Glasgow, Scotland, is currently experiencing a large outbreak of HIV among people who inject drugs, with particularly high levels of cocaine and public injecting associated with increased risks of HIV and viral hepatitis, overdose, and skin and soft tissue infections (Trayner et al., 2020a; McAuley et al., 2019). Studies have shown people who inject drugs are highly willing to use services which offer a safer place to do so (Butler et al., 2018; Trayner et al., 2020b).

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Divergence within political parties

Proposed Right to Addiction Recovery
(Scotland) Bill



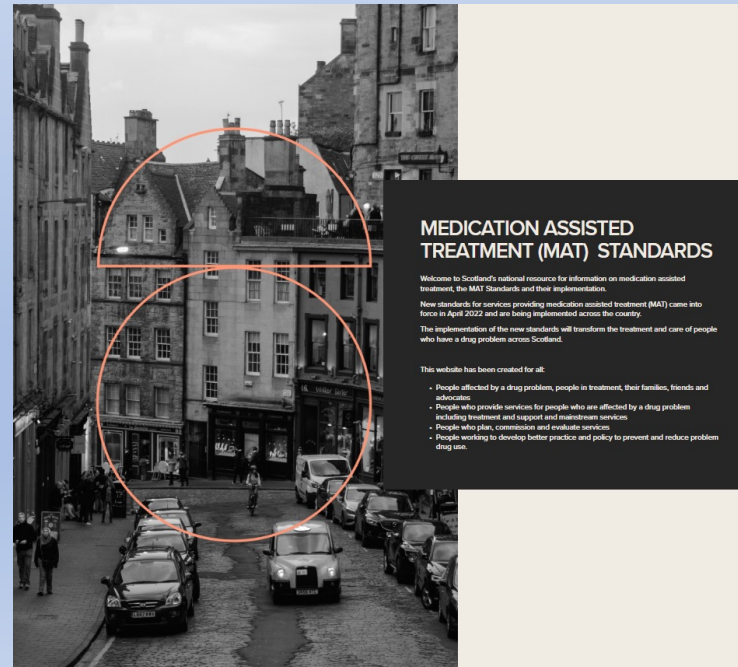
A proposal for a Bill to enable people addicted to drugs and/or alcohol to access the necessary addiction treatment they require.

Consultation by Douglas Ross, MSP for Highlands and Islands (Region)

7 October 2021



What about families?!



THE MAT STANDARDS

Standard 1: All people accessing services have the option to start MAT from the same day of presentation. ✓

Standard 2: All people are supported to make an informed choice on what medication to use for MAT, and the appropriate dose. ✓

Standard 3: All people at high risk of drug-related harm are proactively identified and offered support to commence or continue MAT. ✓

Standard 4: All people are offered evidence-based harm reduction at the point of MAT delivery. ✓

Standard 5: All people will receive support to remain in treatment for as long as requested. ✓

Standard 6: The system that provides MAT is psychologically informed (tier 1); routinely delivers evidence-based low intensity psychosocial interventions (tier 2); and supports individuals to grow social networks. ✓

Standard 7: All people have the option of MAT shared with Primary Care. ✓

Standard 8: All people have access to independent advocacy and support for housing, welfare and income needs. ✓

Standard 9: All people with co-occurring drug use and mental health difficulties can receive mental health care at the point of MAT delivery. ✓

Standard 10: All people receive trauma informed care. ✓



Scotland's Implementation Gap ...

“Strategies, standards and guidelines are in place, but are not being translated into practice. ...There are abundant policies, guides and standards at a national level.

“But we found a failure to implement them at local level.”

(Mental Welfare Commission, 2022)

“This report suggests that progress in building a healthier and fairer nation is possible. But it also highlights that despite undoubted policy ambition, implementation barriers have enabled inequalities to persist.”

(The Health Foundation, 2022)



Family Inclusive Practice – A Policy Timeline

(i.e. This this not something new!)



The impact of culture, values and attitudes

We find that families can just get in the way

It's difficult for us to involve families

Most of our clients don't have any family

I don't have time to involve families

We're not allowed to involve families because of GDPR

We need to be careful about involving families

The people we support don't want their families involved



References and Further Reading

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