

RCN Scotland response to Proposed Drugs Death (Prevention) (Scotland) Bill

The Royal College of Nursing (RCN) is the world's largest professional organisation and trade union for nursing staff, with members in the NHS, independent and third sectors. RCN Scotland promotes patient and nursing interests by campaigning on issues that affect members, shaping national health policies, representing members on practice and employment issues and development opportunities.

1. What are your views on the proposed Bill?

RCN members debated and subsequently passed a resolution at our 2022 Congress which called on RCN Council to lobby the UK Government to support the introduction of safer injecting facilities across the UK.

RCN Scotland therefore supports any attempts to introduce overdose prevention centres in Scotland.

RCN Scotland does not have a view on the proposal to create a Scottish Drug Deaths Council and we also cannot comment on the assertion in the consultation that OPCs can be established without amendment to the Misuse of Drugs Act and therefore we are partially supportive of the Bill overall.

2. Do you think legislation is required, or are there are other ways in which the Bill's aims could be achieved more effectively?

As the proposal document notes, the creation of overdose prevention centres will not be the 'silver bullet' in the battle against Scotland's drug death crisis. Other policy measures, such as clearer links to and improved funding of addiction and emergency services are also vital, as well as increased investment in the workforce, including nursing staff. Mental health nursing makes a significant contribution to alcohol and drug addiction treatment services¹ yet nearly 1 in 10 mental health nursing posts are unfilled, according to the latest data.²

While RCN Scotland supports the introduction of OPCs, they must be introduced alongside strong governance measures which enable staff to work with support and continuing professional development.

¹ See, for example: https://www.gov.scot/binaries/content/documents/govscot/publications/research-andanalysis/2022/03/scotlands-alcohol-drugs-workforce-compendium-mixed-methodsresearch/documents/skills-qualifications-review/skills-qualifications-review/govscot%3Adocument/skills-

research/documents/skills-qualifications-review/skills-qualifications-review/govscot%3Adocument/skills-qualifications-review.pdf

² As at 31st March 2022, 9.8% of mental health nursing posts across Scotland are unfilled: https://turasdata.nes.nhs.scot/data-and-reports/official-workforce-statistics/all-official-statisticspublications/07-june-2022-workforce/dashboards/nhsscotland-workforce/?pageid=6963

As the consultation notes, an OPC was effectively set up in Glasgow and operated without legislation and with the support of police. The advantage of legislation is that this gives clearer protection for staff working in OPCs and can establish clearer operational and governance structures.

We would also need to be mindful that even if there were local legislative support, nursing staff could still be reported to the Nursing and Midwifery Council (NMC) under the Code³. This issue would need to be addressed, with cooperation of the NMC, alongside any legislative approach.

3. What are your views on the proposal to establish overdose prevention centres?

As discussed above, RCN Congress 2022 passed a resolution backing safer injecting facilities (defined in the resolution as facilities "also called supervised injecting facilities, safer injecting spaces, drug consumption rooms, overdose prevention centres, or harm reduction facilities, [they] are medically supervised facilities where individuals can consume their own drugs, supervised by trained staff who can intervene to prevent overdose."

Evidence shows that these facilities have been effective in reducing drug-related deaths (Drug Science, 2021⁴) by engaging people who use drugs with services, reducing harm such as becoming infected with a blood borne virus (Marshall, 2011⁵), and reducing antisocial behaviour and encounters with the police (European Monitoring Centre for Drugs and Drug Addiction, 2018⁶).

Though the resolution was not passed unanimously, RCN members, including a number from Scotland, spoke passionately and universally in favour of introducing OPCs across the UK in order to save lives, improve public health and encourage access to support and addiction services. A recording of the debate can be viewed <u>here</u>.

RCN does not wish to comment on the accuracy of the consultation's conclusion that OPCs can be legally established in Scotland without amendment to the Misuse of Drugs Act. However, it is important to note that in addition to consideration around avoiding the prosecution of individuals using OPCs and staff members under the Misuse of Drugs Act, the establishment of OPCs would need to take cognisance of other professional rules and for Registered Nurses, that would include ensuring any action did not breach the Nursing and Midwifery Code of Practice (see above).

4. What are your views of the proposal for a licensing regime to enable the establishment of overdose prevention centres?

Whatever mechanism used to allow for the operation of OPCs (whether that is a licencing framework, statutory guidance, or on the face of legislation of secondary legislation), must ensure that staff working in OPCs are fully supported, under robust governance structures.

Staff need to be working at advanced level and with advanced life support qualifications and experience. As a high-risk environment, OPCs would need to be adequately staffed and the impact of

³ The Code of professional standards of practice and behaviour for nurses, midwives and nursing associates <u>https://www.nmc.org.uk/standards/code/</u>

⁴ https://www.drugscience.org.uk/wp-content/uploads/2021/06/SIF.pdf

⁵ https://pubmed.ncbi.nlm.nih.gov/21497898/

⁶ https://www.emcdda.europa.eu/topics/pods/drug-consumption-rooms_en

this staffing requirement on other services must be adequately planned for as part of wider workforce planning. As stated above, current levels of nursing vacancies, particularly in mental health nursing, would need to be addressed as a matter of priority alongside the introduction of any new services.

Any licensing regime would need to ensure clear governance and support with safeguarding and supervision on top of more general continuing professional development skills. The service would also need to ensure that staff are supported and managed where users overdose and cannot be revived.

5. What are your views on the proposal for a new body, the Scottish Drug Deaths Council?

There is a need for ongoing accountability, scrutiny and strategic oversight of drugs deaths, however we hold no view on whether this would be best achieved through a new body (such as a SDDC) or through existing structures (such as Health and Social Care Partnership, Health Boards or existing Ministerial accountability).

Beyond this point, RCN Scotland does not have a view on the merits or otherwise of creating a Scottish Drugs Deaths Council.

6. 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?

RCN Scotland does not have a view on the financial impact of the Bill.

7. 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?

RCN Scotland would anticipate that this Bill will have impacts on different individuals, both in terms of potential reduced drug deaths but also potential impacts of OPCs on local areas. RCN Scotland has not carried out detailed work in to what these impacts might be, but would expect this to be considered as part of this consultation process and as the Bill progresses.

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