Scottish Government submission of 31 October 2023

PE1986/C: Provide testing kits for drugs in public spaces

You had requested a summary of the key findings and recommendations from the research papers I had previously provided to committee. Please find a summary of key findings at Annex A. The research projects did not make any specific recommendations.

Based on the findings from the Scottish Government funded research project into drug checking (which was looking at drug checking as a service, rather than just the use of self-testing kits, the summary in Annex A provides more detail on this) the Scottish Government has not altered their position with regards to the free provision of drug testing kits in public spaces.

Drug Checking kits, as described in this petition, do not offer the same in-depth analysis alongside harm reduction advice that is vital when offering a drug checking service. They cannot determine purity, or test for any other substances present which could lead to the misrepresentation of results and which could lead to additional harms.

We are aware of new synthetic substances in circulation which are a concern across the whole of the United Kingdom, not just here in Scotland. The ability to know what is in the drug supply and when there are substances of particular concern, like synthetics opioids, is vital as we seek to reduce harms to people who use drugs (PWUD). This is why we are continuing to progress plans for Drug Checking facilities and we are fully committed to delivering these services. This will not only allow us to provide vital harm reduction advice, but also enable us to respond to emerging trends.

Drug Checking facility pilots will be situated in Aberdeen, Dundee and Glasgow and will be linked to a national hub at Dundee University. The hub will provide the ability to re-test samples from the city drug checking sites; confirm the identity of compounds; and quality check the results supplied by the sites. This will allow for the establishment of levels of accuracy and error margins and assess limitations from the city drug checking sites. The information produced can then be used to inform

services and individuals as well as feeding into Public Health Scotland's RADAR system.

Scottish Government Drug Policy officials received further criteria from the Home Office in September with regards to the required controlled drug license applications which will need to be completed by each area, including information about necessary evaluation, and we continue to support local city leads as they produce their plans for implementing drug checking facilities. We anticipate applications for these licenses, which would allow for the establishment of drug checking facilities will be submitted to the Home Office in the coming months.

In addition, you had also requested additional information in relation to naloxone please find this below.

Scotland was the first country in the world to introduce a national naloxone programme and since 2015 anyone working in commissioned drug treatment services are authorised to provide Take Home Naloxone kits to members of the public. This was further expanded by a statement of prosecution policy by the Lord Advocate at the beginning of the pandemic. That statement allows for a wide range on non-drug services to distribute naloxone to members of the public including friends and family of those at risk. There are now over 100 non-drug services and organisations that currently distribute naloxone including community hubs, sexual health, homeless and women services.

With regards police carriage of naloxone, a test of change (pilot) of the carriage and administration of intranasal naloxone as an emergency first aid measure was conducted by Police Scotland between March and October 2021.

The pilot concluded with over 800 officers trained and 56 life-saving administrations of naloxone. An independent evaluation team produced their final report in February 2022 and provided several recommendations, summarised as follows:

- Naloxone be rolled out Scotland-wide (personal issue/vehicles/custody settings).
- Compulsory training for all officers and staff.
- Consideration given to ensuring this is clearly communicated by issuing a written statement by PS and expert medical practitioner(s) about the safety of administration.

- PS and the SPF must work together constructively towards a collaborative approach which best supports officers with the carriage of naloxone. (The SPF have already expressed reservations about the rollout from a police officer workforce perspective).
- Follow-up initiatives involving partnerships with relevant agencies be developed and evaluated.
- Minimum standards and rigorous processes be implemented across all PS divisions.
- PS work with partners towards securing funding for further research.
- The Chief Constable has since approved the Scotland-wide roll out.
- The intention is to issue naloxone to all operational officers up to the rank of Inspector (approximately 12,000 individuals).
- A delivery plan is under development and a training programme will begin as soon as sufficient supplies of naloxone and bespoke carry pouches are secured.
- In terms of governance, PS's Drugs Strategy Board will retain oversight of the delivery of the programme and will report on progress via the Chief Constable to the SPA.

Since the completion of that evaluation, Police Scotland have moved to make this a force-wide policy and as a result all front-line police officers (12,500) carry Naloxone and are trained in its administration. There have been over 350 administrations taken place to date.

All officers complete a bespoke online naloxone Moodle training package prior to being provided with a personal issue naloxone kit and pouch, which is worn in a high-profile manner in a custom designed pouch. The training package consists of information on naloxone and associated legislation; information on signs of an overdose; information on the administration of Naloxone; information around the stigma associated with drug use; as well as Police Scotland operational procedures, including post administration actions in respect of support services.

I hope this information is helpful but please let me know if you need any further information.

Drugs Policy Division

Annex A

'It's not going to be a one size fits all'*. A qualitative exploration of the potential utility of three drug checking service models in Scotland, *Carver et al. Harm Reduction Journal, 2023.

Research was conducted through a number of interviews which involved three groups of participants;

- Professional stakeholders including those working in Police Scotland, NHS substance use services and third sector organisations.
- People who used drugs in the last year
- Family members of people who use/used drugs.

The following sites were discussed.

1. Fixed Site Service Model
2. Drug Checking in an NHS substance use service
3. Pharmacy-based drug checking.

Key Points

- The fixed service model was generally popular amongst all participants in the groups.
- A perceived advantage of this model was that pre-existing relationships and trust between many third sector organisations and groups of people who use drugs.
- Third sector settings were seen as less clinical and medicalised spaces and more rooted in the community than NHS services.
- It was felt that people would be unlikely to use drug checking as a standalone service, but as part of a range of harm reduction supports.
- The service should also offer an IEP service. However, there were mixed views on a third sectors suitability for wider and caried groups of people who use drugs.
- A drug checking service within a NHS substance use service was the least popular model and was not seen as a viable option if it were to be a stand-alone service
- Participants identified that some people who use drugs often do not trust NHS substance use treatment services due to stigmatising and negative previous experiences.

- It was felt these services can be seen as ‘cold’ and ‘clinical’. However, such settings would have the presence of highly specialised staff which would be an important resource.
- As well as this they would already have existing governance structures and protocols. It was highlighted that if this service was to run through the NHS then it may be useful to be attached to other services.
- The pharmacy-based drug checking was generally popular due to the pre-existing footfall and already existing accessibility.
- Pharmacies who offered IEP as well as OST were seen as the most suitable sites for drug checking as they have high levels of engagement amongst people who use drugs and already a large a number of sites already exist within our cities.
- The research found from interviews identified it would be challenging for drug checking in one site to be accessible and appropriate for all who may wish to use it.
- There is also the challenge of engaging people to use drug checking in different sites and fears around being seen by people who may know them.
- An outreach tool too was also highlighted in the form of a drug checking van.
- It was felt that this would be an option for those who were not able to or willing to engage a more fixed site and that this would also be a means of expanding a service.
- Overall the interviews showed that a third sector fixed site was favourable in comparison to the other models discussed and the NHS ran drug checking service was least popular.
- The pharmacy model was viewed positively but could be limited by location and opening hours.
- It was found that a more tailored to local context and needs service would be most appropriate to ensure a wider range of engagement of those who may use such a service.

Challenges for drug checking services in Scotland: A qualitative exploration of police perceptions, *Falzon et al. Harm Reduction Journal, 2022*

The paper reports on semi-structured interviews aiming to inform the implementation of Drug Checking Services (DCS) in three Scottish cities

– Aberdeen, Edinburgh and Dundee. There were 43 interviews conducted from across three groups

- Professional stakeholders including those working in Police Scotland, NHS substance use services and third sector organisations;
- People who use drugs in the last year
- Family members of people who use/used drugs.

Three areas for discussion were explored through the interviews

1. Police Officers overall perceptions on the implementation of DCS within Scotland.
2. To understand what Police Officers perceive to be the main challenges and what would be the best approach to policing DCS and surrounding areas.
3. Explores Police officer's views on the criminalization of personal possession more generally and how it related to DCS.

Key points

- Most participants indicated support for the introduction of DCS in Scotland as they enable people to potentially reduce risk and harm in the face of an unregulated drug market.
- Participants felt that people would continue to take drugs, and that enforcement-based practices in relation to personal possession were ineffective and exacerbated harm for People who use drugs (PWUD).
- It was highlighted that frontline police officers do not only enforce legislation but actively participate in interpretating and implementing the law.
- Participants identified part of their role is preserving life and working to ensure safer communities with DCS seen as having potential to contribute to these.
- A perception of cultural shift within Police Scotland at both local and nation level. Away from a focus on enforcement-based practices towards and openness to viewing drug use as a public health issue.
- Participants described being supportive of legislative change to either increase the provision of diversionary activities, de-penalize

drug offences, or to fully decriminalize personal possession up to a threshold of quantity.

- All participants expressed concerns regarding policing arrangements of the service and surrounding areas, primarily in relation to the establishment of enhanced support zone, sometimes known as a tolerance zone, around services.
- Maintaining community order and responding to concerns of local residents was a key function of policing to the participants. This could potentially be in tension with the desire access to a DCS.
- This highlighted the police support in principle for harm reduction services might not always translate into support-in-practice, depending on the level of pressure police may encounter in response to community concerns.
- The use of police liaison officers to mediate potential tensions were discussed.
- Police officer discretion was an important finding in relation to the policing of DCS.
- The exercise of discretion by police officers is used in terms of where, when, how and who to police, but this discretion varies with differences between Scotland and England.
- The policing of a DCS highlighted several potential uses of discretion in ways which could undermine the goals of increasing people's safety and enabling access to the service. These included using DCS as a means to find people wanted for other offences, placing the service under surveillance to target drug suppliers and considering the service a use as probably cause for stop and search.
- Discretion can be used to undermine public health objectives as well as support them.
- A pragmatic arrangement is needed to be put in place in order to facilitate the policing of DCS to enable implementation during a public health crisis in Scotland.
- Policing in Scotland is to enhance the wellbeing and safety of individuals and communities.

Realist Review of How Community-Based Drug Checking Services Could Be Designed and Implemented to Promote Engagement of People Who Use Drugs, *Masteron et al. International Journal of Environmental Research and Public Health, 2022*

This paper, through a realist review, looks at the following four questions.

1. How had increased engagement of PWUD with Drug Checking Services (DCS) been evidenced in the existing literature?
2. What are the plausible mechanisms that increase engagement of PWUD?
3. What is the role of context in enabling or constraining engagement with DCS?
4. What context-mechanism-outcome configurations best represent why diverse groups of PWUD may or may not engage with existing and future community based DCS?

Key Points

- Using realist methodology has allowed a theoretical understanding of the drug checking process which has provided insight into how increased engagement might be achieved.
- The findings highlight how DCS should not be conceptualised as an individual level intervention instead it must be considered to be an intervention which is influenced by meo and macro level factors.
- At a macro level the review shows that whilst there appears to be a growing support for the implementation of DCS it remains highly variable.
- Services which secure support and funding from central government are typically able to operate more securely and able to afford the necessary equipment and staffing costs.
- This may increase engagement in drug checking as it may be able to better meet the needs of those people who would use such a service.
- In order to progress with DCS there is a need to further explore how different legislation, policy and institutional contexts impact on frontline policing practices. Do such practices disproportionately target those from marginalised groups?
- It is clear that legislative guidance may provide a more coherent approach to DCS implementation, it is likely that services in many areas may continue to rely on less formal agreements. Further research needs to be undertaken to identify how such arrangements are formed, maintained and how they work in practice.

- Equipment and methods impact the ability of DCS to meet service user needs and expectations.
- Point-of-care testing methods often have substantial limitations in reliability and comprehensiveness of results.
- To facilitate improvement sin equipment and methods governments should consider funding schemes which encourage the development of development of low-cost, easy to use methods which provide rapid, more accurate results.
- There is evidence that the provision of quantitative information is important for increasing engagement. Some indications identify that service users will still engage with more basic forms of testing, but on a lower number.
- Integration of DCS into existing services impacts levels of engagement in drug checking.
- People with lived/living experience need to be centrally involved in the design, delivery and evaluation of DCS.
- PWUD should be involved in key decision making and lead roles.
- It is important for drug checking to be perceived as a community service, rooted in the needs and experiences of PWUD.