The UK Government must help end Scotland's drug-related death crisis

Jo Kimber and colleagues are right to call for government to announce a public health crisis in response to record drug-related poisonings in the UK [1]. Recognising and responding to public health emergencies is a core responsibility of government.

The UK’s drug-related death crisis is most acute in Scotland, which already had the highest drug-related death rate in Europe at 17 per 100,000 population (934 deaths) in 2017, before the recently released figures showing a further 27% rise in deaths to 1187 in 2018 [2]. A figure that will put yet more pressure on the UK and Scottish Governments to act.

When the Canadian province of British Columbia (population similar to Scotland) saw its drug-related death rate reach 11.1 per 100,000 in 2015, it declared a public health emergency, encouraging the mobilisation of provincial and federal resources, and a more public health-led strategy [3]. Rates continued to rise, driven by the synthetic opioid Fentanyl (another threat which could yet impact the UK), but the BC Center for Disease Control has stated that without the resulting introduction of emergency harm reduction and treatment responses, overdose-related deaths would have been at least twice as high. Measures they credit with averting ‘death events’ include improved access to Opioid Substitution Therapy, Naloxone, and supervised drug consumption rooms. Such rooms alone averted 230 (range 160 – 350) fatal overdoses over a 20-month period in the province [4]. The use of drug consumption rooms has expanded rapidly across Canada, from 2 in 2016, to over 50 today.

Every person at risk of drug-related death should be valued as highly as someone at risk from cancer, a road traffic accident, or any other threat. An effective response will require the UK government and devolved authorities to work together, including implementing all of the existing recommendations by the Advisory Council on the Misuse of Drugs to reduce opioid deaths [5].

Furthermore, if the Scottish Government wishes to apply a genuinely health-based, effective approach to drug policy - for example with supervised drug consumption rooms, and Portuguese style de jure decriminalisation - it must be allowed to do so. However, although health policy is devolved to Scotland and Wales, drug laws are reserved to Westminster. So while the UK Government remains opposed to such innovations, the power to act needs to shift. This could be done either through amendments to the 1971 Misuse of Drugs Act, or by declaring a health emergency in Scotland, and granting Holyrood emergency powers to pilot these measures first. If lives are saved, as proved to be true for bans on smoking in enclosed public places, other parts of the UK would no doubt want to follow suit.

None of the signatories to this letter have any competing interests to declare.

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5. Advisory Council on the Misuse of Drugs (2016), Reducing Opioid-Related Deaths in the UK  