Written evidence subbmitted by FAVOR UK (SDC0001)

Introduction to Faces & Voices of Recovery UK

Faces & Voices of Recovery UK (FAVORUK) is a charity that advocates for individuals in recovery from addiction, with a particular focus on ensuring that people have access and choice to all addiction services through a wide range of treatment options. The charity is committed to amplifying the voices of people in recovery and advocating for comprehensive, recovery-oriented policies that truly support long-term recovery.

Reason for Submission

This submission provides a critical perspective on the proposed Safer Drugs Consumption Facility (SDCF) in Glasgow, highlighting a concerning issue: the overwhelming focus on harm reduction measures like drug consumption rooms (DCRs) without an equal or greater emphasis on long-term recovery. The public discourse surrounding the SDCF is often spun in a way that paints it as a necessary, compassionate solution, but the reality on the ground is starkly different. The evidence that is emerging—particularly from experts like Keith Humphreys—raises significant questions about the efficacy of these facilities, casting doubt on whether they actually achieve the goals they claim to pursue.

FAVORUK believes that the reality of Scotland's treatment landscape is not being accurately represented. Those without an in-depth understanding of addiction treatment may easily be swayed by the spin surrounding DCRs, which focus largely on immediate harm reduction. However, this approach risks overshadowing the critical need for long-term recovery options that address the root causes of addiction. DCRs, while they claim to reduce overdose deaths and public drug use in the short term, do not tackle the underlying factors of addiction, factors such as poverty, trauma, mental health issues, and social isolation. Moreover, there is growing evidence that these facilities may reinforce dependency rather than offering a genuine route to recovery.

Research, including critiques from Humphreys and others, has pointed out the potential dangers of focusing too heavily on DCRs. These facilities risk normalising drug use and shifting the focus away from the need for holistic, comprehensive addiction treatment programs. As the evidence suggests, these facilities may even divert resources from vital addiction treatment services that are crucial for achieving sustainable recovery. Instead of investing in DCRs that manage addiction symptoms in isolation, funding should be directed toward rehabilitation programs that focus on long-term recovery, mental health support, and the structural inequalities that contribute to addiction.

The political pressure behind the push for more DCRs, driven by emotional appeals and advocacy groups, has led to an imbalance in the drug policy debate. These groups are effective at framing DCRs as an urgent and necessary measure, but the emotional rhetoric often drowns out crucial discussions on the long-term solutions that are needed. This is particularly damaging because the reality is that Scotland's treatment system is struggling, and the proposed solution risks perpetuating dependency without addressing the systemic issues that fuel addiction.

FAVORUK is committed to advocating for a balanced approach to drug policy, one that integrates harm reduction measures with expanded access to rehabilitation and recovery services. This would ensure that people have access to both immediate support and long-term solutions that allow them to rebuild their lives. We call for a legal framework that not only includes harm reduction but also guarantees individuals clear pathways to recovery. By focusing on both the immediate and underlying causes of addiction, Scotland can move towards a system that fosters lasting recovery, rather than perpetuating cycles of dependency.

The current landscape in Scotland requires a fundamental shift. Addiction treatment services should not be an either/or decision between harm reduction and recovery-oriented care. Instead, Scotland must adopt a more holistic approach that prioritises long-term recovery, addressing the social, psychological, and medical needs of those struggling with addiction. As the evidence from experts like Keith Humphreys clearly shows, focusing exclusively on harm reduction without addressing the full scope of addiction will only continue to fail those in need of comprehensive treatment and recovery. It is time for a shift in Scotland's drug policy towards a balanced and evidence-based approach, where recovery is not only a possibility but a reality for all.

Submission on the Proposed Safer Drugs Consumption Facility in Glasgow

Thank you for the opportunity to provide our views on the proposed Safer Drugs Consumption Facility (SDCF) in Glasgow. We firmly believe that any decision on the implementation and long-term sustainability of such a facility must be supported by **hard, empirical evidence**, not self-reported data from the facility itself. It is critical to ensure that policies are designed to genuinely help individuals, rather than perpetuate dependency.

1. Why is a pilot Safer Drugs Consumption Facility (SDCF) being opened in Glasgow, and how is it intended to reduce harm from problem drug use in the area?

The SDCF in Glasgow is being opened as part of a harm reduction strategy, with the aim of reducing overdose deaths and public drug use. However, while such facilities may provide short-term harm reduction, the fundamental question remains: **does this approach truly help individuals overcome addiction, or does it merely manage its symptoms, allowing people to continue living in dependency?** The key concern is whether these facilities contribute to long-term recovery or whether they simply provide a safe space to perpetuate dependency without a real pathway to freedom from addiction.
There is no conclusive evidence to suggest that drug consumption rooms reduce dependency in the long run. Evidence from Portugal and other countries that have implemented similar policies suggests that, while harm reduction efforts like these may reduce immediate harm (e.g., overdose deaths), they have not led to a significant decrease in overall drug use or addiction. According to the **European Monitoring Centre for Drugs and Drug Addiction (EMCDDA)**, while drug consumption rooms may decrease public injection and related harms, they have not been shown to address the root causes of addiction or result in significant improvements in recovery rates (EMCDDA, 2018).
The **success** of the facility should not be measured merely by the number of people using the service or by the reduction in overdose deaths in the immediate term. Instead, **success must be defined as facilitating a measurable reduction in dependency** over time, leading to long-term recovery, sustainable integration into society, and improved overall health outcomes. Evidence should be drawn from **longitudinal studies** that track individuals' recovery journeys, rather than relying on short-term self-reported data from the facility itself. Without these comprehensive evaluations, it is difficult to measure the actual effectiveness of such initiatives (Humphreys, 2020).

2. What is the current legal position of the SDCF in Glasgow?

The legal status of the SDCF in Glasgow is highly problematic, operating under a **de facto immunity** provided by the Lord Advocate's decision not to prosecute users or facilitators. However, this arrangement cannot be sustained indefinitely, and it raises serious questions about the facility's long-term viability. The facility's continued operation is subject to the discretion of

authorities, and it is likely that legal challenges will arise, potentially forcing changes in policy or operation. As noted by **Stevens (2020)**, such facilities operate in a "legal grey area," which poses significant risks to their long-term sustainability.
Additionally, the facility presents significant concerns related to **civil liability**. Should any harm occur within the facility (such as an overdose or an incident related to the facility's operation), questions will arise regarding accountability. As **Murphy and Williams (2021)** highlight, without a clear legal framework, the potential for legal disputes related to safety and liability remains high, which could further undermine the facility's operations.
More importantly, this legal framework does not address the **root causes of addiction** and fails to offer any significant pathway out of addiction, potentially creating a dependency on the facility rather than fostering recovery. This poses serious ethical concerns about the role of public resources in enabling dependency rather than providing avenues for recovery (Humphreys, 2020).

3. What does a long-term, sustainable legal framework for a SDCF look like?

A sustainable and long-term legal framework for a Safer Drug Consumption Facility does not necessarily require **full decriminalisation** of drug use. Instead, the key lies in creating a **clear, structured legal framework** that balances harm reduction with recovery-oriented services. The primary concern should be ensuring that drug users have access to comprehensive treatment that supports recovery, not merely managing their addiction through harm reduction measures alone.
A **key consideration** is the creation of policies that allow drug consumption rooms to operate within the existing legal structure, which focuses on **harm reduction**, while ensuring a clear and achievable pathway to recovery. For example, **Switzerland** has implemented harm reduction strategies, including supervised drug consumption rooms, without resorting to full decriminalisation. This model has integrated drug consumption rooms with **rehabilitation services**, creating a holistic approach where drug users are provided with both safe spaces and access to recovery services (Swiss Federal Office of Public Health, 2017). The success of this approach does not hinge on decriminalisation, but on creating a robust **support system** that includes addiction treatment and rehabilitation.
Furthermore, **Portugal**—often cited as a success for drug policy reform—has seen some success in reducing harm associated with drug use, but it is critical to note that the country did not fully legalise or decriminalise all drugs. Instead, Portugal **decriminalised personal possession** of drugs, meaning users are not criminally prosecuted, but the possession and trafficking of illicit substances still carry significant legal consequences. This distinction is important, as it in theory allows for an evidence-based approach where law enforcement can focus on large-scale drug trafficking, while also providing public health approaches to users (Greenwald, 2009). The core of the Portuguese model indeed lies in a comprehensive public health strategy, which includes not only harm reduction but also substantial investment in **addiction rehabilitation treatment services**. Specifically, **Portugal's model integrates 62 high-quality addiction treatment centres** (EMCDDA, 2018), alongside **dissuasion commissions** that focus on the diversion of drug users from criminal prosecution to treatment and rehabilitation. This approach has been credited as key to the country's success, and it highlights a critical distinction: **the full decriminalisation of drugs alone does not guarantee success** without the simultaneous expansion of **treatment and rehabilitation services**.
The **Portuguese system** emphasises harm reduction measures, including needle exchange programs and supervised drug consumption spaces, while also addressing the root causes of addiction through structured, long-term treatment options. By incorporating **both prevention and treatment**, the system moves beyond merely managing drug use to actually **helping individuals recover** (Laqueur, 2014).
It is essential to understand that **decriminalisation** without a well-developed support system—such as the comprehensive services seen in Portugal—would not lead to sustainable positive outcomes. While decriminalisation helped Portugal reduce its drug-related deaths from 80 in 2001 to just 30 in 2016, it was the **expanded access to treatment**, particularly the increase in addiction

rehabilitation centres, that allowed individuals to transition from addiction to recovery the key to success lies in the **integration of harm reduction with robust addiction treatment services**, rather than focusing solely on the legal status of drug use.**The emphasis** should be on creating a legal framework that **addresses the root causes of addiction**. This can include clear guidance on how drug consumption rooms can be integrated with addiction treatment, rehabilitation, and recovery services. Such integration is essential to ensure that drug users are not merely provided with a temporary harm-reduction space, but are also encouraged and supported in their recovery journey. As **Humphreys (2020)** notes, while harm reduction facilities **may** mitigate immediate harms like overdose, the long-term solution to addiction lies in providing individuals with recovery options that address the physical, psychological, and social aspects of addiction.

Moreover, **Scotland has significant potential to expand and strengthen its existing drug treatment framework**. As Buchanan et al. (2019) suggest, the country has the capacity to build a comprehensive and robust treatment and recovery model that increases access to rehabilitation services, **without the need for full decriminalisation of all drugs**. By fostering **greater collaboration between harm reduction initiatives and recovery services**, Scotland could develop a system that not only reduces immediate harm but also promotes long-term recovery and reintegration into society.

Using **Glasgow** as a case study, we can clearly see the challenges in achieving a balanced system of treatment and recovery. The city exemplifies the harmful bias toward harm reduction in its approach to addiction treatment. Of Glasgow's £50 million treatment budget, only £1 million is allocated to rehabilitation services, while a disproportionate £6 million is spent on heroin-assisted treatment. Additionally, £2.3 million has been earmarked for drug consumption rooms, and I anticipate that the final costs will likely rise to **£4 million annually** once all expenses are accounted for.

Meanwhile, the remainder of the funds appears to be absorbed by a workforce that is deeply entrenched in the misguided belief that addiction can simply be managed indefinitely. This philosophy overlooks the fact that if addiction could truly be managed in this way, it would not be considered addiction in the first place. This approach, although well-intentioned, does not address the **root causes of addiction** nor does it offer a clear path to recovery, which is essential for breaking free from the cycle of dependency.

In conclusion, a sustainable legal framework for a Safer Drug Consumption Facility does not need to rely on full decriminalisation. Instead, the focus should be on developing a legal structure that supports harm reduction as part of a **wider strategy** that includes **comprehensive recovery pathways**. **Recovery-oriented policies** that integrate drug consumption rooms with addiction treatment and rehabilitation services, rather than viewing harm reduction in isolation, would provide a more effective, balanced response to the drug crisis.

The Right to Recovery Bill and Its Role in Transforming Scotland's Drug Policy

The Right to Recovery Bill in Scotland presents a pivotal opportunity to reshape the country's approach to drug policy. As currently proposed, this Bill advocates for greater access to a broad spectrum of treatment options, with a clear emphasis on rehabilitation services. This focus is critical, as it ensures that individuals are not left reliant solely on harm reduction measures, but are given the real chance to break free from addiction through long-term recovery pathways. It provides a powerful counterbalance to the prevailing narrative in Scotland, where the current treatment system is heavily weighted towards harm reduction strategies like supervised drug consumption rooms (DCRs) and heroin-assisted treatment, often at the expense of rehabilitation services that address the root causes of addiction.

The Right to Recovery Bill offers a comprehensive, integrated model of addiction treatment that acknowledges the complexity of substance use disorders. Recovery is not simply about managing addiction symptoms; it requires addressing the psychological, social, and medical factors that underpin addiction. The Bill's approach ensures that people in recovery are supported not only in the short term but throughout their entire journey moving beyond mere survival to true recovery and reintegration into society.

Importantly, the Right to Recovery Bill also advocates for the expansion of community-based services, which are essential for ensuring that recovery is not just an individual process but a societal one. Community support systems, such as mutual aid groups and peer-led recovery networks, are proven to be highly effective in helping individuals sustain recovery over the long term. These services have the power to provide a sense of belonging, empowerment, and shared purpose critical components that are often missing from the isolated approach of harm reduction strategies like DCRs.

Furthermore, the Bill acknowledges the need for policy reforms that tackle the broader systemic issues that contribute to addiction, including poverty, trauma, mental health, and inequality. Tackling addiction in isolation, through measures like DCRs, will never address the underlying causes. The Right to Recovery Bill places access and choice of services at the centre of Scotland's drug policy, creating a framework where individuals are supported holistically, ensuring that their recovery journey addresses the complex factors that sustain addiction.

The Right to Recovery Bill also highlights the importance of ensuring that people are not left to rely on temporary, harm-reduction-focused interventions, but are given a real chance at sustained recovery. If Scotland's drug policy is to be effective, it must adopt a more balanced and holistic approach, one that addresses the needs of individuals through the provision of a range of treatment options. These include rehabilitation services, community support networks, and, where appropriate, harm reduction measures. The Right to Recovery Bill offers a comprehensive and transformative model of care, one that promotes recovery, restores dignity, and gives people the tools they need to overcome addiction and rebuild their lives.

By placing recovery, not just harm minimisation at the heart of the policy, the Right to Recovery Bill represents an opportunity to fundamentally rethink how Scotland responds to addiction. It provides a chance to create a future where addiction treatment is not only about keeping people alive in the short term but about helping them thrive in the long term. If implemented, this Bill could change the landscape of addiction services in Scotland, fostering a more compassionate, supportive, and effective approach that reduces drug-related harm in a meaningful and sustainable way.

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