

Written evidence submitted by RCGP Scotland (SDC0003)

Problem drug use in Scotland follow-up: Glasgow's Safer Drug Consumption Facility

Consultation response from RCGP Scotland

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?

- What were the key legal, policy and political barriers to opening the pilot facility?
- How can the medical effectiveness or impacts of the pilot facility be measured, and what does 'success' look like?
- What lessons can be learned from international contexts, when considering the medical effectiveness of the facility?

What were the key legal, policy and political barriers to opening the pilot facility?

RCGP Scotland welcomes the opportunity to respond to the Scottish Affairs Committee's call for evidence on 'Problem Drug Use in Scotland follow-up: Glasgow's Safer Drug Consumption Facility'. As the membership body for general practitioners in Scotland, we exist to promote and maintain the highest standards of patient care.

Drug deaths in Scotland represent the most pressing public health issue facing the nation. In 2023, there were 1,172 drug misuse deaths registered in Scotland, an increase of 12% (121 deaths) compared to 2022. After adjusting for age, the rate of drug misuse deaths were 4.2 times as high in 2021 than in 2000.¹ Scotland's level of drug misuse deaths consistently ranks among the highest in Europe.

We note and agree with the Scottish Affairs Committee previous acknowledgement that, "Safe consumption facilities are proven to reduce the immediate health risks associated with problem drug use. These facilities do not come without their challenges. However, when effectively managed with appropriate levels of funding and cooperation from the police and other stakeholders, these risks can be mitigated."²

After adjusting for age, Glasgow City and Dundee City had the highest rates of drug misuse deaths in 2023. We recognise that it has been the position of Glasgow City Council to open a Safer Drug Consumption Facility since 2016 in response to a large outbreak of HIV among Persons Who Inject Drugs (PWID). We are aware that this proposal faced opposition from the previous UK Government and the Home Office department.^{3 4} It could be argued that there is no city in Europe that was more in need of a SDCF than Glasgow. In 2021, RCGP announced its support for, "all UK nations having the opportunity to consider, trial and evaluate alternative evidence-based interventions to tackling drug-related harms."⁵

We acknowledge the existence of wide-spread support for the introduction and piloting of SDCFs (also known as Drug Consumption Rooms (DCRs)) in response to Scotland's drug death crisis. A 2022 study of Scottish decision makers in roles that touch directly on current drug policy, harm reduction, or the prevention of drug-related deaths found that, "There was consensus that drug-related deaths were a national crisis demanding novel political action. All of the interviewees supported the establishment or piloting of DCRs as part of this response."⁶

How can the medical effectiveness or impacts of the pilot facility be measured, and what does 'success' look like?

RCGP Scotland notes that the Cabinet Secretary for Health and Social Care, Neil Gray MSP, has confirmed that the following data will be routinely collected from the day to day running of Glasgow's SDCF⁷:

1. Extent to which people use the service,
2. Interventions provided within the service (such as reviews of injecting practice, peer support and referrals into drug treatment); and
3. Public Health outcomes such as incidence of drug overdose, Accident and Emergency attendances and drug deaths, uptake of testing for HIV, Hepatitis B and Hepatitis C and engagement in addictions treatment and care.

We accept that the above outputs represent a valuable starting point for data collection on the effectiveness and impacts of the SDCF currently operating in Glasgow City.

A single overdose prevented or treated at the facility can be considered a success. Consideration should also be given to other outcomes which may indicate an impact such as drug users engaging with health services who previously did not, education and uptake of naloxone for users to take away from the facility, and reports of less drug use associated paraphernalia in public areas in the city.

What lessons can be learned from international contexts, when considering the medical effectiveness of the facility?

There are now around 100 SDCFs operating around the world including in France, Denmark, Germany, Australia, and Canada. Evidence shows that these facilities reduce the level of harm associated with drug consumption by limiting the acute risk of blood borne virus transmission through equipment sharing, preventing overdoses, and encouraging drug users to engage with services.⁸

The Advisory Council on the Misuse of Drugs (ACMD) has stated that SDCFs lower the chances of fatal overdoses by reducing high risk injecting behaviours based on evidence from Vancouver and Sydney. The ACMD's report states that: " In addition to preventing overdose deaths, they can provide other benefits, such as reductions in blood-borne viruses, improved access to primary care and more intensive forms of drug treatment. No deaths from overdose have ever occurred in such facilities." ⁹

It is an undisputable fact that academic medical research shows that SDCF reduce the immediate health risks of problem drug use. RCGP Scotland believes that Glasgow's SDCF will deliver a reduction in the harm associated with problem drug use, particularly for PWID.

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

- **Is the SDCF's current legal position sustainable to enable the effective operation of the facility in the long-term?**
- **How would the Lord Advocate's decision that it would "not be in the public interest" to prosecute users or facilitators of Glasgow's SDCF operate in practice?**
- **What issues could be presented by the facility's current legal position, including in respect of civil liability?**
- **What implications does the facility have for local policing?**

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How would the Lord Advocate's decision that it would "not be in the public interest" to prosecute users or facilitators of Glasgow's SDCF operate in practice?

RCGP Scotland recognises and welcomes Lord Advocate Dororthy Bain KC's statement on prosecution policy in relation to a pilot of a safer drugs consumption facility in Glasgow, namely that it would not be in the public interest to prosecute drug users for simple possession offences committed within the facility.¹⁰

By not prosecuting for simple possession offences, the chances of users engaging with the services provided at Glasgow's SDCF will be much improved. According to bio-behavioural research conducted in 2021, 83% of PWID in Glasgow reported a willingness to use a SDCF should one be available.

What issues could be presented by the facility's current legal position, including in respect of civil liability?

RCGP Scotland notes that the Medically Supervised Injecting Centre (MSIC) in Sydney is protected by statute in respect of civil liability by Section 36P of the Australian Drug Misuse and Trafficking Act 1985. This specific provision states:

"Exemption from civil liability in connection with conduct of licensed injecting centre
(1) Anything done or omitted to be done in connection with the conduct of a licensed injecting centre does not subject:

- (a) the person by whom that thing was done or omitted, or
- (b) any other person (including the licensee, the State and any Minister of the Crown in right of the State), to any action, liability, claim or demand if the thing was done or omitted to be done in good faith for the purpose of executing this Part, and was not done or omitted to be done in a reckless or grossly negligent manner.

(2) This section does not affect any rights or obligations as between a member of the staff of a licensed injecting centre and his or her employer.”

We also recognise that in respect of civil liability section 9 of the Irish Misuse of Drugs (Supervised Injecting Facilities) Act 2017 states:

“A licence holder or any person acting under the direction of the licence holder shall not be liable for any act done or omitted to be done in a supervised injecting facility, in relation to the provision of assistance or advice to, or care of, an authorised user and no person shall have a cause of action in respect of that act.”¹¹

It is RCGP Scotland’s belief that similar provisions should be introduced in respect of Glasgow’s SDCF and for any new SDCFs that may open to protect staff from dubious legal action while delivering care to service users.

We reiterate RCGP’s previous statement that all UK nations should have the opportunity to consider, trial and evaluate alternative evidence-based interventions to reduce drug related harms, and note that Australian states have taken different positions on the merits and introduction of SDCFs.¹² We believe that a similar approach could be taken in the UK, allowing for devolved nations to introduce SDCFs and civil liability protections, even if policy differences and political disagreement persisted between devolved and central governments.

What implications does the facility have for local policing?

While the Lord Advocate's statement has ruled out prosecuting drug users for simple possession offences inside the SDCF, questions arise as to whether users may be stopped, searched, and prosecuted for possession while travelling to and from the facility. Consideration should be given as to how approach this from a policing perspective ensuring consistency of application, and in keeping with the spirit of the Lord Advocate's statement.

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

- **What legal and/or policy changes would be required from the UK Government to implement such a model?**
- **What lessons can be learned from international contexts, when considering a sustainable legal model for a SDCF?**

What legal and/or policy changes would be required from the UK Government to implement such a model?

What lessons can be learned from international contexts, when considering a sustainable legal model for a SDCF?

For a long-term sustainable legal framework for SDCFs to be delivered consideration should be given to the point made in response to question 2 on users travelling to and from the facility while possessing small amounts of illegal substances, and the risk of police action deterring drug users from engaging with the service.

We note with disappointment that Glasgow's SDCF's request for a license to test drugs on site for impurities was neither accepted nor rejected by the Home Office at the time of the facility's opening. RCGP Scotland believes that testing of user's drugs so that impurities can be detected could be an important benefit of the SDCF.

There are two types of drug testing, namely point-of-care (POC) testing and Laboratory based testing. Point-of-care testing is used to refer to any testing that is done at or near the actual location of the patient i.e. at the SDCF. POC testing can identify the presence of a specific substance but not its concentration or the presence of cutting agents and/or other substances. We note that in the Australian Capital Territory there is an effective POC testing programme which is run by Directions Health Services in partnership with Pill Testing Australia and Canberra Alliance for Harm Minimisation and Advocacy.

Research gathered from the Australian Capital Territory showed that when drug testing indicated that a substance was not what the user expected it to be, contained an additional drug, or was inconclusive, users were 4 times more likely to report that they would 'definitely not' use the drug.¹³ This would be beneficial if implemented in Glasgow's SDCF as it would discourage drug users from taking substances which have been mixed with other drugs or mistaken to be something else.

Laboratory testing samples of user's substances would also be beneficial as it would detect compounds not detectable at POC. These results would then be used to provide baseline data, a fuller surveillance picture and better identification of emerging trends and new drugs entering Scotland.

Ultimately, while SDCFs are not a silver bullet, they are an effective way to encourage people with problem drug use to engage with other services while minimising the immediate health risks of drug use.

¹ [National Records of Scotland: Drug-related deaths in Scotland in 2023](#)

² [Scottish Affairs Committee: Problem drug use in Scotland](#)

³ [Glasgow opens UK's first safer drug consumption facility](#)

⁴ [UK Government response to the Scottish Affairs Committee's First Report of Session 2019](#)

⁵ [RCGP Statement drug related harms](#)

⁶ [Drug Consumption Rooms and Public Health Policy: Perspectives of Scottish Strategic Decision-Makers](#)

⁷ [Scottish Parliament question reference: S6W-33217](#)

⁸ [Scottish Government Safer Drug Consumption Facilities – evidence paper](#)

⁹ [Advisory Council on the Misuse of Drugs, Reducing Opioid- Related Deaths in the UK, December 2016](#)

¹⁰ [Statement on pilot safer drug consumption facility](#)

¹¹ [Queen Mary University of London – Setting Up a Drug Consumption Room Legal Issues](#)

¹² [A site to see: lessons from Canada and Australia for implementing government sanctioned overdose prevention sites in the United States](#)

¹³ [CanTEST Health & Drug Checking](#)

February 2025