Written evidence submitted by Glasgow City HSCP (SDC0010)

Scottish Affairs Committee

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

Call for Evidence

The Committee would like to hear your views. We welcome written submissions from anyone with answers to any or all of the questions set out in the following terms of reference:

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?

In early 2015, Glasgow became the centre of a significant HIV outbreak among people who inject drugs. This was the latest of several outbreaks of serious infectious disease among people who inject drugs in Glasgow, including botulism (2014-15) and anthrax (2009-10). Drug-related deaths in Glasgow City are also an ongoing concern , with the city having the highest rate of drug related deaths in the country in 2023 (https://www.nrscotland.gov.uk/publications/drug-related-deaths-in-scotland-in-2023/)

Local residents and businesses have also for some years voiced concerns that large amounts of discarded injecting equipment in public places in the city centre and neighbouring areas are negatively impacting on community safety and amenity.

In response to these concerns, NHS Greater Glasgow and Clyde (NHSGGC) and Glasgow City Alcohol & Drugs Partnership (ADP) undertook a health needs assessment to review the health needs of people who inject drugs in public places in Glasgow city centre and to make recommendations for services. The final report – entitled 'Taking Away the Chaos' – was approved by the Alcohol and Drug Partnership strategic group on 29th June 2016 and is available at the following link: http://www.nhsggc.org.uk/your-health/public-health/reports/health-needs-of-drug-injectors/

The report identified that this population have multiple and complex health needs, which are inextricably linked to their social circumstances. Though a relatively small population (estimated at between 400 and 500 people), these individuals experience extremely high levels of drug-related harm and are responsible for significant service usage and costs across health and social

care. In particular, there is a close link between public injecting and the ongoing HIV outbreak among people who inject drugs in Glasgow.

The 'Taking Away the Chaos' report made seven recommendations for services, based on international research evidence, local data, and stakeholder feedback.

Among these were recommendations for the introduction of a pilot safer drug consumption facility (SDCF) and heroin-assisted treatment (HAT) service in Glasgow city centre, based on close partnership working between relevant agencies and accompanied by a robust evaluation. The primary piece of legislation affecting the operation of a SDCF is the Misuse of Drugs Act 1971 (MoDA). Additional provisions and restrictions are set out in the Misuse of Drugs Regulations 2001. Except in relation to secondary considerations such as use of tobacco on or around the premises, the relevant legislation is reserved to the UK government.

The establishment of a safer drug consumption facility in Glasgow City was dependent on the issuing of a suitable statement of prosecution policy from the Lord Advocate providing that, subject to certain conditions, it would not be in the public interest to prosecute users of the facility for simple possession offences while in the proposed facility.

In 2017 an initial approach was made to Scotland's then Lord Advocate for such a statement of prosecution policy. In January 2018, an update to the IJB reported that the Lord Advocate had declined the request and had advised that officers pursue discussions with the Scottish Government in the first instance to progress the necessary legal exemptions. This report is available at: 2018 01 Glasgow City IJB Safer Drug Consumption Facility and Heroin Assisted Treatment

Glasgow City HSCP approached the (current) Lord Advocate in 2022, with a revised proposal, requesting that further consideration be given to a public statement of prosecution policy that would support the implementation of a Safer Drug Consumption Facility (SDCF). The proposal outlined the delivery of an SDCF alongside a range of specialist harm reduction and treatment and care services, with pathways into longer term recovery. Operational policies and procedures were provided.

In September 2023, the Lord Advocate published a statement to the effect that she would consider issuing a statement of prosecution policy in respect of a pilot safer drug consumption facility in Glasgow City that was near public injecting sites, was co-located with other relevant services, and which included meaningful community engagement plan and an independent evaluation plan https://www.copfs.gov.uk/about-copfs/news/lord-advocate-s-statement-on-pilot-safer-drug-consumption-facility/.

In January 2025, the Lord Advocate, having been satisfied about the requirements set out in the paragraph above, published a statement of prosecution policy in relation to possession of illegal drugs at Glasgow's safer drug consumption facility https://www.copfs.gov.uk/publications/drug-consumption-room-statement-of-prosecution-policy/

The aims, objectives and expected outcomes of establishing the Thistle service (ie what 'success' looks like) and Glasgow's Enhanced Drug Treatment Service were set out in the original business case for these services in 2017, which is available here: 15 February 2017 | Glasgow City Health and Social Care Partnership (item 13). They include:

a. Addressing the health needs of people who inject drugs in public places in Glasgow city centre and adjoining areas:

- Improved engagement and retention in addictions care
- Reduce the risk of blood-borne virus transmission and improved care outcomes for those already affected
- Reduce the number of injecting-related infections and injuries
- Reduce the risk of overdose and opioid-related death.

b. Minimising the impact of public injecting on the wider community and local environment in Glasgow city centre and adjoining areas:
   - Reduce the impact of public injecting and related issues (particularly drug-related litter) on local communities
   - Contribute to a reduction in criminal activity, public disorder, and other anti-social behaviour in the city centre and adjoining areas.

The extent to which the aims, objectives and outcomes associated with the service are realised will be measured through a comprehensive independent evaluation, the need for which was initially identified and set out in the business case and was further reflected in the Lord Advocate's statement in September 2023. Components of the evaluation will include analysis of health outcomes for service users (such as incidence of non-fatal overdose and drug deaths and uptake and results of blood-borne virus testing) as well as a systematic social observation study and a community survey to ascertain the impact of the service upon the wider community and local environment.

Further detail of the scope and methodology of the evaluation is available from separate evidence to be submitted by the evaluation team.

Key Legal Barriers:

The SDCF in Glasgow is operated by NHS GG&C and GCC under the Glasgow City HSCP.

The legal authority to implement and operate an SDCF is based upon the following acts:

- NHS Act 1978
- Social work Act 1968
- Local Government Act 1973
- Local Government in Scotland Act 2003
- Public Bodies (Joint Working) (Scotland) Act 2014

These Acts provide a legal basis for the provision of the SDCF provided that the service does not encourage, enable or facilitate a criminal activity. Careful consideration required to be given to the nature of the service being provided, in order to avoid such activity. Potential offences capable of being committed by users or staff of a facility were identified in the following:

- Misuse of Drugs Act 1971
- Psychoactive Substances Act 2016
- Criminal Procedure (Scotland) Act 1995
- Children (Scotland) Act 1995
- Smoking, Health & Social Care (Scotland) Act 2005
- The Prohibition of Smoking Outside Hospital Buildings (Scotland) Regulations 2022
- Prohibition of Smoking in Certain Premises (Scotland) Regulations 2006
- Common Law offences

Having given careful consideration to of all of the identified potential offences, it was determined that a facility could be offered provided that all offences capable of being committed by the staff delivering the service were avoided by implementation of detailed Standard Operating Procedures. It was only for service users that external comfort around prosecution policy was required.

The barrier to being able to provide an inhalation facility remains.

Medical Effectiveness:

International research has shown that SDCFs can be and effective response to minimise harms associated with injecting risk behaviours including injection site wounds and transmission of blood borne viruses, and drug related deaths. They can also act as a pathway into both treatment and social care services.

Health Improvement:

The effectiveness of drug consumption facilities to reach and stay in contact with highly marginalised target populations has been widely documented (Hedrich et al., 2010; Potier et al., 2014). This contact has resulted in immediate improvements in hygiene and safer use for clients (e.g. Small et al., 2008, 2009; Lloyd-Smith et al., 2009), as well as wider health and public order benefits. Drug consumption rooms: an overview of provision and evidence | www.euda.europa.eu

Treatment Services:

SDCF's have been shown to provide pathways into treatment services. Staff at the Sydney SDCF made 8,508 referrals between 2001 and 2010, with nearly half of those to (3,871) to drug treatment services, MSIC Evaluation Committee. (2010). Further evaluation of the Medically Supervised Injecting Centre during its extended Trial period (2007-2011). Sydney msic-kpmg.pdf

The Vancouver SDCF reported that regular attendance was associated with a 33% greater likelihood of initiating addictions treatment, and a 72% greater likelihood of entering a detoxification programme. Wood E, Tyndall MW, Zhang R, Stoltz J, Lai C, Montaner JSG, Kerr T. Attendance at supervised injecting facilities and use of detoxification services. New England Journal of Medicine 2006 06/08; 2016/02;354(23):2512- 4) Attendance at Supervised Injecting Facilities and Use of Detoxification Services | New England Journal of Medicine

Drug Related Deaths:

Sydney - there was a greater reduction in ambulance attendance in the vicinity of the Sydney SDCF after it commenced operation, compared to the rest of NSW. The SDCF provided and environment where those who experienced an overdose received early intervention and effective care, reducing the need to utilise ambulance services, freeing them up to respond to other medical emergencies within the community. Salmon AM, van Beek I, Amin J, Kaldor J, Maher L. The impact of a supervised injecting facility on ambulance call-outs in Sydney, Australia. Addiction. 2010;105(4):676–683 The impact of a supervised injecting facility on ambulance call-outs in Sydney, Australia - Salmon - 2010 - Addiction - Wiley Online Library

Blood Borne Viruses:

Research has shown that injecting risk behaviours e.g. the sharing of syringes, is reduced through the use of SDCFs. This in turn reduces behaviours which increase the risk of HIV. Analysis of data suggests a 69% reduction in the likelihood of syringe sharing amongst those who use SIFs. Milloy, M. J. and Wood, E. (2009), 'Emerging role of supervised injecting facilities in human immunodeficiency virus prevention', Addiction 104(4), pp. 620–1 [Commentary] EMERGING ROLE OF SUPERVISED INJECTING FACILITIES IN HUMAN IMMUNODEFICIENCY VIRUS PREVENTION - MILLOY - 2009 - Addiction - Wiley Online Library

Attendance at SDCFs were found to be associated with fewer direct and indirect risky injecting behaviours. Cinta Folch, Nicolas Lorente, Xavier Majó, Oleguer Parés-Badell, Xavier Roca, Teresa Brugal, Perrine Roux, Patrizia Carrieri, Joan Colom, Jordi Casabona, Drug consumption rooms in Catalonia: A comprehensive evaluation of social, health and harm reduction benefits, International Journal of Drug Policy, Volume 62, 2018, Pages 24-29, ISSN 0955-3959 Drug consumption rooms in Catalonia: A comprehensive evaluation of social, health and harm reduction benefits - ScienceDirect

In preparation of the implementation of the Glasgow service, the leadership team have met regularly with service leads from across the world. The management team continue this contact, participating in an international network of service managers.

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

As discussed earlier, the Glasgow SDCF operates within the existing legal framework. The organisations providing the service are providing a health and social care service firmly within their legal functions. The staff of the organisations do not commit offences because of compliance with detailed standard operating procedures. There is detailed mandatory legislative training for anyone working within the service.

The Lord Advocate issued a Statement of Prosecution Policy on the 9 January 2025 confirming that, subject to certain conditions, it would not be in the public interest to prosecute those using the service for simple possession offences.

• Is the SDCF's current legal position sustainable to enable the effective operation of the facility in the long-term?

The current legal position is sustainable to enable the effective operation of the facility as the service is currently devised. In order to enhance the reach of the service, however, it would be useful to provide users with an inhalation room. That cannot be lawfully provided, given current legislation.

• 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?

The service is clear that if a Police Officer has cause to search an individual using what they believe to be illicit substances, then that officer has no choice other than to confiscate the substance and prepare a report for the Crown Office. It is not until the report reaches the Crown

Office that a decision will be made as to whether the offence meets the criteria set out by the Lord Advocate i.e. it is a simple possession offence and it falls within the footprint of the SDCF. It the circumstances do not meet those criteria then the Crown Office will proceed to apply its usual processes.

The Lord Advocate's Statement of Prosecution policy does not apply to staff. Any member of staff committing a criminal offence in the facility will be subject to the normal operation of law.

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

The facility is subject to the usual civil challenges to any public authority, which include the possibility of claims, Fatal Accident Inquiries, and judicial review proceedings.

• What implications does the facility have for local policing?

This question is outwith the scope of the HSCP.

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

A long-term legal framework would:

- Explicitly permit the possession of substances by service users, without the need for a Statement of Prosecution Policy
- Include the ability of the service to provide equipment for the administration of substances and not just the preparation of substances. For example, it is not currently lawful for the facility to provide tourniquets to service users.
- Permit the provision of an inhalation room.

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

This would potentially require a stand-alone SDCF Regulations document which would explicitly provide exemption to potential offences committed whilst operating a registered SDCF site.

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

This question is outwith the scope of the work undertaken by the HSCP when developing the service model.

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