



Item No: 6

Meeting Date: Wednesday 27th September 2017

Glasgow City Integration Joint Board Public Engagement Committee

Report By: Chief Officer: Strategy, Planning and Commissioning /
Chief Social Work Officer

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SAFER DRUG CONSUMPTION FACILITY – ENGAGEMENT ACTIVITY

Purpose of Report:	To provide information on public and stakeholder engagement activity carried out to date regarding the proposed establishment of a Safer Drug Consumption Facility and Heroin Assisted Treatment service within the south east quadrant of Glasgow city centre, and to advise of future engagement plans.
Recommendations:	The IJB Public Engagement Committee is asked to: a) note this report.

Relevance to Integration Joint Board Strategic Plan:

Development of a Safer Consumption Facility and Heroin Assisted Treatment Service supports attainment of a number of aspects of the stated vision of the IJB, namely:

- Focussing on being responsive to Glasgow's population and where health is poorest
- Supporting vulnerable people and promoting social well being
- Designing and delivering services around the needs of individuals carers and communities
- Striving for innovation

Public and stakeholder engagement with regards to these services meets the commitments made within the Strategic Plan to engage with communities in development of health and social care services in Glasgow.

Implications for Health and Social Care Partnership:

Reference to National Health & Wellbeing Outcome:	<p>The services directly link to a number of National Health and Wellbeing Outcomes:</p> <ul style="list-style-type: none">• Outcome 1: People are able to look after and improve their own health and wellbeing and live in good health for longer• Outcome 3. People who use health and social care services have positive experiences of those services, and have their dignity respected• Outcome 4. Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services• Outcome 7. People using health and social care services are safe from harm• Outcome 9. Resources are used effectively and efficiently in the provision of health and social care services
Personnel:	None
Carers:	Family and carer organisations will be approached to help raise awareness of local consultation and engagement sessions
Provider Organisations:	None
Equalities:	An Equalities Impact Assessment of the proposed services will be carried out alongside finalisation of the service specification and operating parameters. No specific EQIA will be carried out with regards to engagement activity as this does not represent a new policy, plan, service or strategy. All engagement activity will be designed with accessibility in mind, for example using 'easy read' briefing materials and taking place in fully accessible venues.
Financial:	None
Legal:	None
Economic Impact:	None

Sustainability:	None
Sustainable Procurement and Article 19:	None
Risk Implications:	Failure to properly engage with local residents, communities and businesses presents a risk of misconceptions being held about the proposed services, lack of local support for the services and inability to evidence community engagement and consultation within any application for Planning Permission regarding the proposed location of the services.
Implications for Glasgow City Council:	Elected Members have received, and may continue to receive, a number of enquiries from their constituents regarding the proposals
Implications for NHS Greater Glasgow & Clyde:	Health Board members and Directorate may receive enquiries from the public regarding the proposals.

1. Purpose

- 1.1 The purpose of this report is to provide information on public and stakeholder engagement activity carried out to date regarding the proposed establishment of a Safer Drug Consumption Facility and Heroin Assisted Treatment service within the south east quadrant of Glasgow city centre, and to advise of future engagement plans.

2. Background

- 2.1 The Glasgow City Integration Joint Board, at its meeting on 21 June 2017, received an update on proposals to establish a Safer Drug Consumption Facility (SDCF) and Heroin Assisted Treatment (HAT) service within the south east quadrant of Glasgow city centre. The report is available at <https://www.glasgow.gov.uk/CHttpHandler.ashx?id=38284&p=0>
- 2.2 As part of the discussions on that paper, the IJB requested that the Public Engagement Committee take a lead role in overseeing engagement and consultation activity with regard to the proposed services.

3. Stakeholder and Public Engagement Activity

- 3.1 To date, the majority of engagement activity has taken place with a number of key stakeholders. These include:
- The Short Life Working Group made up of representatives from Police Scotland, Scottish Government, lived experience, Public Health and others

- Meetings with the MP (for Glasgow Central) and MSP (for Glasgow Kelvin) whose constituencies cover the area being searched for a suitable location for the services
- Written communication with Glasgow list MSPs, local elected members (for Ward 10 - Anderston/City/Yorkhill and Ward 9 - Calton) and chairs of the respective Community Councils for these wards
- Briefings with organisations representing families affected by drug misuse
- Initial discussions with staff who may be affected by the establishment of these services, and their trade unions
- Presentation to local Recovery Communities

3.2 The IJB has previously noted that engagement with local residents and businesses will commence once a suitable location for the proposed services has been identified. It is considered that engaging with local residents ahead of securing a proposed location for the services would be of limited value, and would likely need to be re-run once a premises had been identified. For example, questions regarding potential impacts on immediately neighbouring premises or policing in the immediate vicinity of the facility cannot reasonably be answered on a hypothetical or speculative basis.

3.3 The IJB was informed at its meeting in June 2017 that a potential location for the SDCF and HAT service had been identified and that discussions were ongoing regarding leasing options. Since that meeting this site is no longer under consideration as a proposed location, and the search for a suitable site is still ongoing. A further update on accommodation issues will be provided in a report to the full IJB due in November 2017.

3.4 Since the publication of the IJB report in June 2017, and the subsequent media coverage of this proposal, a number of contacts from the public have been received in the form of telephone calls and emails, enquiries from constituents via Elected Members and Freedom of Information requests.

3.5 These public contacts can largely be summarised under a small number of headings:

- Querying the location (or address) of the premises mentioned in the IJB report in June 2017
- Questioning the reasons behind establishment of these services and / or requesting more information on how they will work
- Querying the rationale behind finances being used for these services as opposed to other public services
- Stating a desire that the services are not located in specific areas or streets, or that they are not established at all

3.6 Where such contacts have stated clear opposition to the proposed services, in a number of cases individuals cite reasons for this such as a perception that the SDCF in particular will lead to increased crime and anti-social behaviour in the city centre and attract drug users from elsewhere in Scotland and beyond to move to

Glasgow. It should be noted that no evaluation of any existing facility elsewhere in the world has identified any of these unintended consequences, and they are not expected to be seen in Glasgow.

- 3.7 All public contacts and enquiries have been, and will continue to be, responded to by officers within the Health and Social Care Partnership. Along with a response to their specific points or questions, enquirers are also provided with a copy of the Frequently Asked Questions document previously shared with IJB members and which is appended to this report. Where individuals live locally and have given their permission, their contact details have been retained in order to ensure that they are invited to local consultation and engagement sessions.
- 3.8 All comments and enquiries from the public will be taken into consideration ahead of development of the final service specification, and in planning the local consultation and engagement activity, to ensure that any local concerns are addressed.

4. Planned Engagement Activity

- 4.1 As noted in 3.2 above, consultation and engagement with local residents and businesses will be organised when a premises has been identified, ahead of submission of any requests for Planning Permission or Building Warrants for work which may need carried out on the premises.
- 4.2 Consultation and engagement events are expected to take the form of drop-in sessions held in the afternoon and evening, to allow residents and local businesses to hear more about the proposals and speak directly to staff about any issues they may wish to raise. Committee members will be kept informed of, and invited to, any such events.
- 4.3 Officers from the Health and Social Care Partnership also plan to approach the local community councils to present them with detail of the proposals and answer any questions they may have.
- 4.4 For individuals and businesses unable to attend any planned sessions, the Frequently Asked Questions document and other background information will be made available on the Health and Social Care Partnership website, along with details of how to provide any comments or ask any questions.
- 4.5 Given the ongoing search for a suitable location for the SDCF and HAT service, it is unclear at this point when local consultation and engagement will be carried out. The Public Engagement Committee will be kept informed as plans develop, and it is anticipated that a summary report following local consultation and engagement activity will be presented to Committee at an appropriate point in the future.

5. Community Impacts Evaluation

- 5.1 The IJB has previously noted that the SDCF and HAT service will be subject to a full evaluation, led by Public Health in collaboration with the HSCP and a number of academic institutions.

- 5.2 One strand of this evaluation is considering community opinion and impacts on the public realm as they relate to drug use within the city centre, to assess the impact of the establishment of a SDCF and HAT service on local residents, businesses and the environment in an area of high prevalence of public injecting in relation to individual health and wellbeing, perceived community safety, physical environment / public amenity and business interests.
- 5.3 It should be noted that this activity is separate from the local engagement and consultation activity noted in this report, however officers from the HSCP and Public Health are working together to avoid duplication while also ensuring that neither activity hinders the other in any way.

6. Recommendations

- 6.1 The IJB Public Engagement Committee is asked to:
- a) note this report.

Frequently asked questions

Safer drug consumption facilities and heroin-assisted treatment



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1 What is being proposed in Glasgow?

Glasgow City Health and Social Care Partnership is currently considering proposals to establish a safer drug consumption facility and heroin-assisted treatment service in Glasgow city centre.

Safer drug consumption facilities?

Safer drug consumption facilities (SDCFs) are clean, hygienic environments where people can consume drugs, obtained elsewhere, under the supervision of trained health professionals. They offer a compassionate, person-centred service which focuses on reducing the harms associated with injecting drug use and helps people access appropriate services to meet their needs. By doing so, they are able to reach an extremely vulnerable group who often do not engage with our existing services.

These facilities typically consist of a reception area, a drug consumption area with injecting booths and, in some facilities, a drug inhalation room. In addition, they usually provide an area where clients can receive support from relevant services and peer groups, to help improve their health and social circumstances. The exterior of such facilities can look like any other health and social care premises.

Though these services are sometimes described in the media as ‘fix rooms’ or ‘shooting galleries’, we use the term ‘safer drug consumption facilities’ to denote that they are an official service, staffed by health professionals, with close links to other health and social care services.

There are now more than 90 of these facilities worldwide, in Europe, Canada, and Australia.



Heroin-assisted treatment

Heroin-assisted treatment (HAT) involves providing prescribed heroin under supervised conditions to people with long-standing heroin addiction who have not been able to stop using drugs despite multiple attempts with other treatments. It is currently used in a number of European countries, including Switzerland, Germany, Austria, the Netherlands, and Denmark, and is legal in the UK under specialist licence.

Frequently asked questions: safer drug consumption facilities and heroin-assisted treatment

Patients identified as eligible for HAT are prescribed a set dose of pharmaceutical heroin by a specialist addictions doctor, which they inject two to three times per day under clinical supervision in specialist outpatient facilities. The treatment programme also includes other services, such as addictions counselling and support to resolve issues with housing, benefits, or other health conditions. Patients will not be able to take away prescribed heroin from the treatment service: it can only be taken on site under the supervision of clinical staff.

	SDCF	HAT
Service	Supervised, hygienic environment where individuals can use drugs that they have acquired elsewhere.	Highly structured medical treatment prescribing pharmaceutical heroin to individuals with long-term heroin addiction for whom other treatments haven't worked.
Aims	To reduce the health risks and social harms caused by public injecting and to help people engage with health and social care services.	To reduce street drug use and provide social stability among people with long-term heroin addiction for whom other treatments haven't worked.
Target group	As many of the vulnerable population of public drug users as possible, who may find it difficult to engage with other services.	People with long-term heroin addiction for whom other treatments haven't worked. Individuals who may benefit from HAT will initially be identified and referred for further assessment by staff from the proposed SDCF.
Access	Run on a drop-in basis, following a short registration process. No requirement to attend at a certain time or on a regular basis.	Can only be accessed after a clinical assessment by a specialist addictions doctor. Patients must attend regular appointments 2 or 3 times per day.

Co-location of services

The proposals recommend a 'co-located' model in which the SDCF and HAT service are offered on the same site, or in close proximity. This approach ensures easy access to treatment services for those people using the SDCF. For instance, staff from the SDCF can identify people who may benefit from HAT and refer them for specialist assessment. Also, co-location allows sharing of resources, such as premises and staff: as a result, the service will cost less to set up and run.

2 Why are these services being proposed for Glasgow city centre?

Recent research suggests there are approximately 400 to 500 people injecting drugs in public places in Glasgow city centre on a regular basis. Many of these individuals have long-standing heroin addiction despite repeated rounds of existing treatments, such as methadone and residential rehabilitation. These people are at high risk of very poor health outcomes, as illustrated by the recent outbreaks of HIV, botulism and anthrax.

They are also at high risk of drug-related death, rates of which have increased significantly in Glasgow in recent years. Although a relatively small group, the severity and complexity of their needs means they have high levels of use of public services such as NHS care, criminal justice and social work. Public injecting also results in discarded used needles and syringes in the city centre and sometimes visible public drug use.

A large body of high-quality research suggests that a SDCF and HAT service will help reduce the health and social consequences of public injecting in the city centre. These potential benefits are described in more detail below (See 'What are the expected benefits of these services?')



Glasgow city centre is the focus of the proposals because local evidence tells us that this area has a high concentration of people who inject drugs in public places, especially in the south-eastern area. Locating the facility in the area where public injecting is already taking place will maximise uptake by the target population and minimise any risk of relocation by those who use or sell drugs.

3 What are the expected benefits of these services?

There is a large body of high-quality research evidence from around the world which demonstrates the benefits of SDCFs and HAT. This is described below.

Both services have been recommended as evidence-based approaches to reducing the harms of injecting drug use by a range of expert organisations, including the UK Advisory Council on the Misuse of Drugs and the British Medical Association. Since this will be the first safer drug consumption facility in the UK, and one of the first heroin-assisted treatment services, the project is being run on a pilot basis. The services will be evaluated by an independent group of academic researchers, to determine whether or not the benefits seen elsewhere in the world are achieved in Glasgow.

Safer drug consumption facilities

Evidence from around the world demonstrates that SDCFs can improve the health and recovery of individuals who use the facility and reduce the negative impact that public injecting has on local communities and businesses. For instance, they have been shown to:

- reduce public injecting and discarded needles
- reduce the sharing of needles and other injecting equipment
- improve the uptake of addictions care and treatment
- save money for society, due to reductions in ill-health and health care usage among people who would otherwise inject drugs in public places

In addition, there is evidence to suggest that they do not increase crime or anti-social behaviour in the local area.

Heroin-assisted treatment

Evidence from around the world has shown that HAT can offer significant benefits to people with long-term heroin addiction for whom few other effective treatments are available.

Trials in England and other countries have demonstrated that among this group, HAT can:

- reduce the use of street heroin
- increase the likelihood of entering – and staying in – addictions care
- improve social stability and integration
- reduce criminal activity
- save money for society, because of reductions in crime and improvements in health

By reducing these individuals' need for street drugs, HAT can therefore improve their health and social stability and reduce heroin's impact on the wider community. It is therefore recommended for this group of patients by UK guidelines on the management of drug addiction.

4 Will these services increase drug use, drug dealing, and crime in the local area?

Safer drug consumption facilities

The evidence from other countries shows that SDCFs do not increase drug use, drug dealing or crime in the areas in which they are located. This is largely because they are located in areas where injecting is already occurring in public spaces.

We therefore do not anticipate that the facility will cause these problems; nonetheless, this will be monitored as part of the evaluation of the proposed facility.

Heroin-assisted treatment

Similarly, previous research has shown that HAT does not have negative impacts on the community. On the contrary, it appears to reduce criminal activity and improve social integration among people with long-term heroin addiction.

The evaluation of the proposed service will investigate whether these benefits are also seen in Glasgow.

5 What is the legal status of these services?

Safer drug consumption facilities

A facility in Glasgow will require a legal framework to allow it to operate and to allow staff to work there, such as local exemption from specific sections of the UK Misuse of Drugs Act 1971. Such a framework will allow an operating protocol to be established between the service and the local police. Local legal exemptions such as these have been successful in a number of other countries providing SDCFs, including Canada and Australia.

Heroin-assisted treatment

HAT is legal in Scotland, subject to a set of licensing requirements and legal regulations. These are:

- a specialist licence required for the prescribing doctor
- a specialist licence required for the premises where treatment will be provided
- UK-wide regulations on the use of controlled drugs in healthcare settings, which govern how pharmaceutical heroin should be purchased, stored, and administered.

NHS Greater Glasgow and Clyde (NHSGGC) has a dedicated team responsible for the governance of controlled drugs, who will be closely involved in the establishment and monitoring of the HAT programme.

6 Can we afford these services?

Evidence from elsewhere demonstrates that such services are cost-effective in the long term, and it is reasonable to believe that this will also be the case in Glasgow. Local calculations have found that the costs of acute hospital admissions alone among people who inject drugs in public places are extremely high – as are the costs of treating injecting-related infections, such as hepatitis C and HIV. Similarly, public injecting is also associated with significant costs to social work services, criminal justice and law enforcement, street cleaning, and local businesses.

Frequently asked questions: safer drug consumption facilities and heroin-assisted treatment

By reducing the harms of injecting drug use and improving the local environment, these services are therefore likely to have a range of economic benefits.

Safer drug consumption facilities

Several studies from other countries have found that SDCFs are cost-saving overall: that is, they save more money for society than they require to set up and run. This is because they reduce ill-health among people who inject drugs, and therefore reduce their need for health and social care services. They are also likely to reduce costs to the public in other ways – for instance, by reducing the costs of clearing up drug-related litter.

Heroin-assisted treatment

Although HAT is more expensive than existing opioid substitution therapies such as methadone, a number of studies have shown that it provides better value for money for society as a whole. This is because it reduces rates of crime and the use of public services like social work, as well as providing health benefits for individual patients.

7 How will these services help people to stop using drugs?

These proposals are targeted at a group of people who have long history of drug use and who find it difficult to stop using drugs completely, and for whom existing services have not been as effective as for others. These new services aim to increase opportunities for successful treatment and recovery from drug use by improving people's health and social circumstances, and enhancing their engagement with existing services.

Helping people stop using illegal drugs is an important goal of the services. By providing a co-located service, with both SDCF and HAT on the same site, people attending the SDCF will have rapid and convenient access to holistic drug treatment and recovery services. Although not everyone who attends the SDCF will be ready to start treatment, it will help reduce harms associated with drug use and support them to access services appropriate to their stage of the recovery journey.

Both the SDCF and HAT will also offer on-site access to:

- recovery-oriented services such as peer support and mutual aid
- other health services, such as primary care and treatment for blood-borne viruses like HIV
- services to help address adverse life circumstances, through advice and support on housing, welfare rights and other issues

They will be closely linked to the wider network of community addictions teams and health and social care services throughout the city.

8 For more information

More information on public injecting and the proposed services can be found at the following link:

<http://www.nhsggc.org.uk/your-health/public-health/reports/health-needs-of-drug-injectors/>

Contact us at: SW_CommunicationsUnit@glasgow.gov.uk

