



Item No: 9

Meeting Date: Monday, 31st October 2016

Glasgow City Integration Joint Board

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SAFER CONSUMPTION FACILITY AND TREATMENT SERVICE PILOT

Purpose of Report:

The report aims to advise the Integration Joint Board the outcomes of the Alcohol and Drug Partnership short-life working group and its decision, following a formal options appraisal, to support the piloting of a co-located safer drug consumption facility and heroin assisted treatment service in Glasgow city centre.

The short-life working group was convened to address recommendations 5 and 6 of the recent NHS Greater Glasgow & Clyde *'Taking away the chaos'* report and seeks the approval of the Integration Joint Board to proceed with a full business case for the above service model to address the unmet, complex needs of some of the most vulnerable members of our society.

Recommendations:

The Integration Joint Board is asked to:

- a) note the contents of this report
- b) approve the development of a full business case for a co-located safer consumption facility and heroin assisted treatment service pilot in Glasgow city centre. This business case will be brought back for further consideration by the Integration Joint Board in February 2017.

Implications for IJB:

Financial:	<p>A detailed costing of the service models will be completed if approval to proceed with the full business case is granted by the Integration Joint Board.</p> <p>Detailed economic evaluations of both safer consumption facilities and heroin assisted treatment services separately have demonstrated their cost effectiveness from a societal perspective.</p>
Personnel:	<p>There are no staffing implications to this specific report.</p> <p>However, staffing implications of such a service should it be developed will involve some element of NHS Greater Glasgow & Clyde and local authority redesign via the expected changes to the operational models of both provided and purchased services.</p> <p>The development would also involve the up-skilling of current addictions staff and the recruitment of a number of full and part time equivalents in line with the specialist nature of the proposals, and the expansion of addictions services it entails.</p> <p>Such change would not only ensure the proposed safer consumption facility and heroin assisted treatment services would be delivered effectively in a sustainable manner, but would also enhance the ability of staff to deliver an improved, person centred service by allowing them to apply their new skills in a wider addictions context.</p>
Legal:	<p>The progression of a proposed Safe Consumption Facility is dependent on Lord Advocate guidance allowing an exemption from the 1971 Misuse of Drugs Act or amendment to the Act. This would legally approve the operation of a safer consumption facility in Glasgow and discussions to allow the proposals to proceed are at an advanced stage with the Scottish Government and Crown Office representatives.</p> <p>The legal framework allowing a heroin assisted treatment program to operate in the UK is well established.</p>
Economic Impact:	<p>The economic impact of the proposals are expected to be cost saving over time, with international evidence consistently demonstrating the highly cost-effective nature of both safer consumption facilities and heroin-assisted treatment services from a societal perspective.</p> <p>These savings are expected to be achieved through reductions</p>

	<p>in injecting risk behaviour, timely management of overdose and other acute drug-related harms, and greater access to and uptake of primary preventative healthcare among the target population. Together these improvements will facilitate reduced downstream acute medical costs in relation to unscheduled care, ambulance call outs and hospital admissions to name but a few examples.</p> <p>In addition, cost savings are expected via reduced criminal activity, legal costs and incarceration rates of individuals engaged with the proposed heroin assisted treatment program as demonstrated in a UK context as part of the Randomised Injectable Opiate Treatment Trial (RIOTT) conducted in London.</p> <p>Meeting the complex needs of the target population may also present opportunities for more efficient and effective use of other services this population has regular contact with e.g. homelessness, police, and community safety.</p>
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<p>Sustainability:</p>	<p>The proposed services would be accompanied by a comprehensive and robust evaluation to ascertain whether the expected health, community and economic benefits of the service models are realised in the Glasgow context. A detailed evaluation plan will be included in the full business case. The outcomes of the evaluation will inform the sustainability of the service and it's suitability to be extended beyond the pilot period.</p> <p>The short-life working group members, in conjunction with the NHS Greater Glasgow & Clyde Controlled Drug Governance Team, would also need to establish a local controlled drug management process to achieve a secure and sustainable supply of pharmaceutical grade heroin, a critical resource in the proposed heroin assisted treatment service.</p>
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<p>Sustainable Procurement and Article 19:</p>	<p>Any procurement process that flows from the business case and subsequent approval to progress to development will be required to meet all legislative requirements.</p>
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<p>Equalities:</p>	<p>A potential co-located safer consumption facility and heroin assisted treatment service directly addresses recommendations 5 and 6 of the recent NHS Greater Glasgow & Clyde <i>'Taking away the chaos'</i> report aimed at addressing inequalities in the health outcomes experienced by people who inject drugs in public places.</p> <p>In the options appraisal process, the proposed model scored highest of the five shortlisted options on the ability to meet the complex needs of this population, who are considered to be</p>
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	<p>some of the most vulnerable members of our society. In addition, any progression of the proposals would be subject to an Equality Impact Assessment with appropriate actions plans put in place if necessary in due course.</p>
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<p>Risk Implications:</p>	<p>Lack of implementation of the proposed service development is expected to have a detrimental effect on the health of the people who inject drugs in public places, as well as local communities affected by public injecting.</p> <p>As described in <i>'Taking away the chaos'</i>, the report whose recommendations form the foundation of these proposals, this population experiences extremely poor health and has been significantly affected by the recent HIV outbreak in Glasgow. As well as HIV, Glasgow has been the centre of a number of infectious disease outbreaks among people who inject drugs in recent years, and also experiences a high burden of acute-drug related deaths. Indeed, 2015 saw a 15% increase in drug-related deaths in Glasgow, with the city accounting for almost a quarter of the total Scottish figure.</p> <p>Furthermore, there are long-standing concerns from communities and businesses in the city centre and surrounds about the impact of public injecting and drug-related litter, which existing initiatives have been unable to resolve.</p> <p>Given the scale and persistence of public injecting in Glasgow, these problems are likely to persist or worsen unless new approaches to harm reduction are considered. The potential for the HIV outbreak to continue or spread further, including among people without a history of drug use, is particularly concerning. The proposed new services offer an evidence-based approach to addressing these risks, supported by experience from a number of other countries over the last three decades.</p>
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<p>Implications for Glasgow City Council:</p>	<p>The proposed service models will result in the integration of some NHS Greater Glasgow & Clyde and Glasgow City Council services and an ongoing partnership needs to be established to ensure effective application of the recommended service models. This will result in a transformational change in the way addiction and homeless services are delivered within the city for people with complex needs, aspects which the full business case will consider.</p> <p>There will also be many other advantages to the proposed service models that will benefit numerous other Glasgow City Council services including Land and Environmental Services and Community Safety Glasgow, the rationale of which are detailed in the <i>'Taking away the chaos'</i> report.</p>
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	In addition, while the ultimate location of the proposed service models are yet to be established; it is likely that they will occupy a property in the vicinity of the city centre.
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Implications for NHS Greater Glasgow & Clyde:	<p>The above proposals directly address the complex and unmet need of current and potential NHS Greater Glasgow & Clyde services users identified in the '<i>Taking away the chaos</i>' report commissioned in response to the recent HIV outbreak in Glasgow.</p> <p>The evidence informing the service models suggest they will positively impact on NHS Greater Glasgow & Clyde operations by improving working relationships with people with complex needs increasing the likely-hood of their engagement with addictions care and opportunities for recovery, and will result in substantial cost savings in relation to the target populations need for unscheduled care other acute healthcare services.</p>
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Direction Required to Council, Health Board or Both	Direction to:	
	1. No Direction Required	
	2. Glasgow City Council	
	3. NHS Greater Glasgow & Clyde	
	4. Glasgow City Council and NHS Greater Glasgow & Clyde	✓

1. Purpose

- 1.1 This report sets out an outline business case for the development of a co-located safer consumption facility and heroin-assisted treatment service in Glasgow city centre to meet the health and other complex needs of people who inject drugs in public places in Glasgow city centre. The Glasgow City Alcohol and Drug Partnership (ADP) seeks the approval of the Integrated Joint Board to proceed to a full business case for prior to approval to progress to full development of these services.
- 1.2 This development would take forward two key recommendations (Recommendations 5 and 6) of the recent health needs assessment for people who inject drugs in public places in Glasgow city centre, 'Taking Away the Chaos'. The following information summarises the work of a short-life working group convened on behalf of the Glasgow City Alcohol and Drug Partnership to address selected recommendations from the health needs assessment.

2. Background

- 2.1. Since early 2015, Glasgow has been the centre of a significant HIV outbreak among people who inject drugs. This is 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 have also been

a persistent concern: though the rate per 1,000 problem drug users is below the national average, the size of this population locally means that the city experiences a high overall burden of drug-related mortality. 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.

- 2.2. 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.nhs.gov.uk/your-health/public-health/reports/health-needs-of-drug-injectors/>
- 2.3. 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.
- 2.4. The 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 injecting facility (SIF) and heroin-assisted treatment (HAT) service in Glasgow city centre, based on close partnership working between relevant agencies and accompanied by a robust evaluation.

3. Establishment of the short-life working group

- 3.1. Following the publication of the report, the Glasgow City Alcohol and Drug Partnership approved a short-life working group be set up specifically to progress these two specific recommendations.
- 3.2. The membership of the short-life working group included representatives from a range of agencies in contact with this population, including health and social care, homelessness, third sector, and law enforcement. Individuals with lived experience of drug use were also involved in the formal options appraisal process. A smaller executive group took on the work of drafting the documents that formed the basis for the options appraisal and co-ordinating the additional stakeholder engagement activities.
- 3.3. The overall aims of the group were to consider the development of novel services to address the health needs of people who inject drugs in public places in Glasgow city centre and adjoining areas, and to minimise the impact of public injecting on the wider community and local environment.

4. Evidence considered by the group

- 4.1. The group was guided in its conclusions by the following sources of data and stakeholder feedback.
- 4.2. Firstly, all members were instructed to review the aforementioned health needs assessment report in particular with respect to needs of this population and the recommendations for the establishment of any novel services. As well as local data on health harms associated with public injecting, and a review of research evidence, the report also describes stakeholder feedback gathered from people currently involved in injecting drug use, people in recovery, and staff from relevant health and social services.
- 4.3. Secondly, the group was provided with the results of four more recent engagement exercises with potential service users, families affected by drug use, and front-line staff, which examined in more detail the issues around safer injecting facilities and heroin-assisted treatment. These are provided in Appendices 1 (a-e). A paper on the controlled drug governance considerations for a heroin-assisted treatment service was also submitted to the group by the lead pharmacist for addiction services.
- 4.4. The group were directed to define the target population for the options appraisal as the population of individuals currently injecting drugs in public places in the city centre, though it was acknowledged that the proposed services may hold benefits for the wider population of people who inject drugs in the area and for the community as a whole.

5. Service model options

- 5.1. A long-list of options was drawn up, based on the review of existing service models from Europe, Canada, and Australia undertaken as part of the health needs assessment. This long-list is included as Appendix 2.
- 5.2. The group was then asked to refine this long-list to a shortlist of options which could feasibly form the basis for an options appraisal process. After consideration of the stakeholder feedback described in the next section, and discussion among the group, the overwhelming conclusion that was arrived at was that all potential service options must offer additional 'wrap-around' services on the same premises (such as primary health care, addictions counselling, and housing and welfare advice). It was also concluded that any safer injecting facility must also provide the means for the supervised inhalation of drugs, in order to optimise engagement with the target population and facilitate harm reduction interventions. The proposed facility was thereafter referred to as a 'safer consumption facility' to reflect this conclusion.
- 5.3. Following this work, a shortlist of options for service models was drawn up, as the basis for the options appraisal. These options are outlined below and described in more detail in Appendix 3.

- Option 1. No change – neither intervention implemented.
- Option 2. Safer consumption facility (SCF) only.
- Option 3. Heroin-assisted treatment (HAT) only.
- Option 4. Both SCF and HAT provided, on a co-located basis.
- Option 5. Both SCF and HAT provided, on separate sites.

6. Options appraisal

- 6.1. The options appraisal was undertaken using the weighted scoring method, based on Scottish Capital Investment Manual guidance¹.
- 6.2. The benefit criteria agreed by the group included improving the health of the target population benefiting communities and businesses currently adversely affected by public injecting; and maximising potential for service efficiencies. Risk criteria included potential lack of effectiveness; potential adverse consequences; and constraints on delivery or sustainability of the service.
- 6.3. The results of the options appraisal are that Option 4 (Both Safer Consumption Facility and Heroin Assisted Treatment provided, on a co-located basis) is the preferred service model in the Glasgow city context most likely to deliver the benefits identified above and to take forward the recommendations of the health needs assessment.

7. Costs

- 7.1. Given the novel nature of the proposed service models, a full costing of each option was not undertaken for the options appraisal exercise. In comparison of likely relative costs, the option chosen as part of the appraisal process – a co-located safer consumption facility and heroin-assisted treatment service – ranks second in terms of absolute costs, its substantially higher weighted benefit score means that it has the most favourable cost-benefit ratio of any of the five options.
- 7.2. These results from the options appraisal coincide with the findings of formal economic evaluations, which have suggested that both heroin-assisted treatment and safer consumption facilities can be highly cost-effective. Previous studies may also have under-estimated the cost savings associated with the introduction of safer consumption facilities, by restricting their analyses to only a limited number of health outcomes.
- 7.3. If approval is granted to proceed with a full business case, a detailed costing of the proposed co-located model will be undertaken. It is also worth noting that a full economic evaluation will form a key part of the proposed research programme into the impacts of the novel services.

8. Next steps

- 8.1. Following the results of the options appraisal, the short-life working group is seeking the approval of the Integration Joint Board to proceed with the development of a full business case for a co-located safer consumption facility and heroin-assisted treatment service in Glasgow city centre.
- 8.2. Discussions are underway with the Scottish Government and Crown Office of the Procurator Fiscal regarding a potential exemption or amendment to the Misuse of

¹ Scottish Government. Scottish Capital Investment Manual: Options Appraisal Guide. Available from 1220 <http://www.pcpd.scot.nhs.uk/capital/scimpilot.htm>

Drugs Act (1971) to permit the operation of a safer consumption facility in Glasgow city centre. A further meeting is scheduled for mid-October.

- 8.3. If approval is granted to proceed with a full business case, further work will be undertaken to ascertain the optimal location for the co-located service. Initial feedback from potential service users and front-line staff strongly suggests that such a service would be most effective if located in the south-east of the city centre, in keeping with the distribution of existing drug markets and public injecting areas. However, further consultation with local communities and businesses will be required before a specific location or premises can be identified.
- 8.4. A consortium of academic researchers from Glasgow Caledonian University and the University of Glasgow has convened to seek external funding for a robust evaluation of the health, community, and economic impacts of the proposed novel services.

9. Recommendations

- 9.1. The Integration Joint Board is asked to:
 - a) note the contents of this report and
 - b) approve the development of a full business case for a co-located safer consumption facility and heroin assisted treatment service pilot in Glasgow city centre. This business case will be brought back for further consideration by the Integration Joint Board in February 2017.

10. List of appendices

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| Appendix 1a. | Focus group with front-line staff |
| Appendix 1b. | Focus group on safer injecting facilities with NVFDRD |
| Appendix 1c. | Focus group on heroin-assisted treatment with NVFDRD |
| Appendix 1d. | Survey of IEP users on safer injecting facilities |
| Appendix 1e. | Focus group with individuals currently injecting drugs in public places. |
| Appendix 2. | Long-list of service options |
| Appendix 3. | Shortlist of service options |



DIRECTION FROM THE GLASGOW CITY INTEGRATION JOINT BOARD

1	Reference number	311016-9-a
2	Date direction issued by Integration Joint Board	31 st October 2016
3	Date from which direction takes effect	31 st October 2016
4	Direction to:	Glasgow City Council and NHS Greater Glasgow and Clyde jointly
5	Does this direction supersede, amend or cancel a previous direction – if yes, include the reference number(s)	No
6	Functions covered by direction	All Alcohol and Drugs functions associated with the development of a co-located safer consumption facility and heroin assisted treatment service pilot in Glasgow city centre.
7	Full text of direction	Glasgow City Council and NHS Greater Glasgow and Clyde are jointly directed to begin work on the development and implementation of a co-located safer consumption facility and heroin assisted treatment service pilot in Glasgow city centre.
8	Budget allocated by Integration Joint Board to carry out direction	Direction to be carried out from within existing resource allocation as directed by the Chief Officer: Finance and Resources. A full costing will be provided as part of the pilot development for approval by the Chief Officer: Finance and Resources.
10	Performance monitoring arrangements	In line with the agreed Performance Management Framework of the Glasgow City Integration Joint Board and the Glasgow City Health and Social Care Partnership.
11	Date direction will be reviewed	30 September 2017

Appendix 1a. Results of focus group with front-line staff on safer injecting facilities and heroin-assisted treatment

Attendees: 8 staff from the Assertive Outreach team, Glasgow Drug Crisis Centre, Simon Community Glasgow, and Hunter Street Homeless Services.

THEME	RESPONSES
Location	<ul style="list-style-type: none"> • Felt that city centre was potentially the best site for the services – anonymity, transport links, less territorialism, less impact on residential areas. However, potential impact on more distant services such as GDCC, Hunter St. • Specific sites given as examples – Trongate, Hunter Street • Advantages of fixed location over mobile site - more flexible in terms of hours/accessibility – more suitable for ‘chaotic’ clients • Disadvantages of fixed location – ‘honeypot’ effect for drug market
Relationship between HAT and SIF	<ul style="list-style-type: none"> • Both felt to be necessary • Mixed feelings about benefits/risks of co-location • Risks – mixing; may be difficult for relapsed user of HAT to access SIF; public opinion; ‘failure by association’ • Benefits – aspiration towards HAT from SIF users
Additional service provision	<ul style="list-style-type: none"> • Service should be ideally 24hrs to accommodate female sex workers. • Takeaway IEP should be available • Teach safe injecting on-site • A full package of support should be available including nurse/ welfare benefits/ accommodation/counselling/ social work • Generally felt that best model would be drop-in with strong links to other services as opposed to permanently co-located services • Intensive support and tangible outcomes from the co-located additional services would be key to success • Risk of over-promoting service use when user is not actually ready to engage – may put people off or be challenging in post-injecting period.
Injecting & inhaling	<ul style="list-style-type: none"> • Unanimity that both should be accommodated to facilitate route transition & be inclusive of people at different stage of journey • Outdoor space (e.g. garden) could be alternative to expensive inhalation room
Legal issues	<ul style="list-style-type: none"> • Concerns about police behaviour • Opinion that there should be no restriction on type of drug used • What would be restrictions on injecting others? To prohibit this would exclude a significant group. • Need to ensure criteria for accessing service are legal and appropriate. • What would happen to HAT service users if imprisoned?
Public opinion	<ul style="list-style-type: none"> • Felt to be absolutely crucial • Important to work with public as early as possible - <i>before</i> location agreed • Need advanced info on the benefits of harm reduction to help embed the idea and bring public on-board • Positive messages important – reduced crime/litter • Consider whether/how to include BBV in public communications as this still a sensitive/fearful issue for the public

Appendix 1b. Focus group on safer injecting facilities with National Volunteer Forum on Drug-Related Deaths.

The National Volunteer Forum on Drug Related Deaths held a special meeting on 18th January 2016 to discuss the evidence of Sydney's medically supervised injecting facility, after watching a short film of the service Kirsten then presented some of the stats and outcomes related to the MSIC.

We then split into two focus groups and carried out 4 workshops looking at the following topics, **Benefits to using a supervised injecting facility, Barriers to attending a supervised injecting facility, Challenges getting people to use a supervised injecting facility, How to engage people to use a supervised injecting facility.** Below are the workshop headings with a bullet point list of the responses from the volunteers based on their own experience and research of SIF/Drug consumption rooms.

Benefits to using a supervised injecting facility

- Treated like a human being
- Reduced risk of BBVs
- Reduced risk of overdose
- Improve quality of health
- Safety for the public
- Safe environment for the clients
- Aftercare offered if wanted
- Immediate medical assistance if required
- Crime reduction
- Less needles on streets
- Assistance with safe injecting techniques
- Less isolation, more support
- Cost effective
- Saves lives
- Safety advice i.e. (bad batches of heroin, botulism, etc)
- Improve wellbeing of clients
- Continuity of care building up trust and confidence with staff and others
- Friendly atmosphere and having someone to talk with who is non judgemental

Barriers to attending a supervised injecting facility

- Stigma
- Fear of interacting with other clients using the facility
- Attitude of staff
- Fear of the unknown
- Being followed (by other users wanting some of your drugs)
- Meeting old associates
- Social work involvement
- Prescription being taken away
- Meeting people old and new (people you owe money too)
- Fear of being judged
- Waiting times to use the service
- Fear of police involvement
- Mental health
- Accessibility (disabled access)
- fear of being recognised

Challenges getting people to use a supervised injecting facility

- Fear of police, crime, assault, violence, theft
- Cat team reprisals (scripts being stopped or reduced)
- Accessibility
- Opening times
- If you are on probation, DTTO
- Stigma
- Losing your anonymity
- Low self esteem/confidence
- Mental health issues
- Isolation (scared to attend on your own)
- Vulnerability
- Employment (fear of your work finding out)
- Not being able to use the service if you have children (no children allowed in the service)
- Age restriction 18 yrs (Scotland should be lower maybe 16yrs)
- Fear of change
- Trying to convince people of the benefits to using a SIF
- Privacy

How to engage people to use a supervised injecting facility

- Word of mouth
- RSVP/Assertive outreach team
- Doctors, Cat teams, drug services
- NHS sign posting
- Prisons
- Residential rehab/community rehab
- Needle exchanges/pharmacies
- Family
- Hostels/supported accommodation
- Police, Ambulance
- Social media
- Housing associations
- Fellowships, Smart, ORT
- Family support
- Politicians show their support in public
- Media campaign
- Information booths
- Sexual health clinics
- Social work departments
- Dentists
- Posters

At the end of the workshop exercise the volunteers asked whether such a facility would provide a smoking room for those who did not inject drugs, it was felt that not including this population would be wrong and somewhat judgemental, volunteers felt that if such a facility was to exist in Glasgow there was a definite need to include a well ventilated room for the consumption of smoking substances however this would need to be carefully planned so as not to risk the ventilation being so strong that it may prevent the client smoking their drug, volunteers also recognised the need for the health and safety of any staff member working in such an environment.

There was also a discussion around the accessibility for sex workers who may not start working until late at night 10pm onwards till early hours of the next day as this would be a group who could benefit greatly from such a service.

Volunteers who had both lost sons to drug related deaths said that if such a facility existed they would be supportive of it based on the evidence, they would have liked their sons not to be using drugs but would rather they used them in an environment like a SIF as this would have gave them and family members peace of mind.

Appendix 1c. Focus group on heroin-assisted treatment with National Forum on Drug Related Deaths.

The National Volunteer Forum on Drug Related Deaths held a special meeting on 22nd August 2016 to discuss the evidence of Switzerland's Heroin Assisted Treatment programme.

Firstly we delivered a short presentation that Dr Thilo Beck had previously presented at one of our conferences.

We then split into three focus groups and carried out 3 workshops looking at the following topics, **Benefits and Barriers to attending heroin assisted treatment, Will people travel to engage in HAT, Co-location of Heroin assisted treatment and supervised injecting facility.** Below are the workshop headings with a bullet point list of the responses from the volunteers based on their own experience and research of SIF/HAT.

Benefits

- Reduction in crime
- Improved health and wellbeing
- Reduce stigma
- More options for clients
- Attractive for chaotic users where previous treatment has failed
- BBVs this would help stop the spread of them
- Better education on how to inject properly
- Less public injecting
- Leading the way for safer injecting in Britain
- Help to improve the wider community
- Better quality of drugs
- Individualised healthcare
- Access to other services

Barriers

- Access for pregnant woman
- Location
- Access for parents with children
- Transport costs

- Process for eligibility
- Crèche facilities?
- Area for pets
- Negative public opinion
- Shame guilt and stigma
- Financial- no bus fares
- Dealing with figures of authority
- Police patrolling the area
- Apathy

Will people travel to HAT

Yes Answers

- Pathway to recovery
- Less chance of being robbed for drugs or bumped
- Good clean drugs
- Access healthcare
- Less chance of infection from taking illicit heroin like anthrax
- Saving you money
- It will stop crime, prison, hospital and death
- If provided with travel costs
- If there is easy transport links
- If the distance was short
- Travel to service can be an advantage as people don't always wish to attend services located in their area.
- Yes but what other facilities are in the area if you need to hang about and attend 3-4 times per day.
- Recovery communities could have a role
- Needs to be a relaxed atmosphere

NO Answers

- Money is a barrier
- Childcare
- Worried about confidentiality
- Police
- If there are other responsibilities at home i.e. Carer, children, other commitments
- Anymore than 30 minutes travel may make it difficult for people
- Apathy through lack of incentives
- Travel links at later hours
- Smaller facilities would work better than one main facility

Should HAT and SIF be located together?

Yes Answers

- Staff being able to build relationships
- Cost-more efficient with one building
- Secondary services being available

- People under one roof could help address the safety aspect for clients
- Knock on effect of seeing peers improving
- Apparitional and sustainable
- Better time management and convenience
- Access to wrap around healthcare
- Beneficial for wider community
- SIF could test quality of drugs
- SIF you could use all drugs in safety
- Access to aftercare services
- Access to needle exchange
- Maybe more of a chance of re-engaging if you dropped out of HAT

NO Answers

- Service delivery-confidentiality and practicalities
- Maybe more of a chance of going back to problematic drug use and getting access to other substances?
- Increase of crime with two groups coming together?

After the completion of the workshop topics Mark Rodgers gave an overview of how the SLWG would assess and score each option.

The group then discussed what option they would vote for if they had the opportunity. The whole group (7 people) were in agreement that the best choice would be **option five** that HAT and SIF would be located in the same building this made more sense and seemed the most practical solution to the problems faced.

Appendix 1d. Methods and results of survey with IEP users

Methods

Individuals accessing the eight Injecting Equipment Provision (IEP) outlets in the city centre and adjoining areas were recruited to participate in a brief survey asking about attitudes to a safer injecting facility in the city centre. The survey was administered using an online tool and completed on behalf of clients by staff members in each IEP outlet, who had been trained in use of the survey by the IEP development manager.

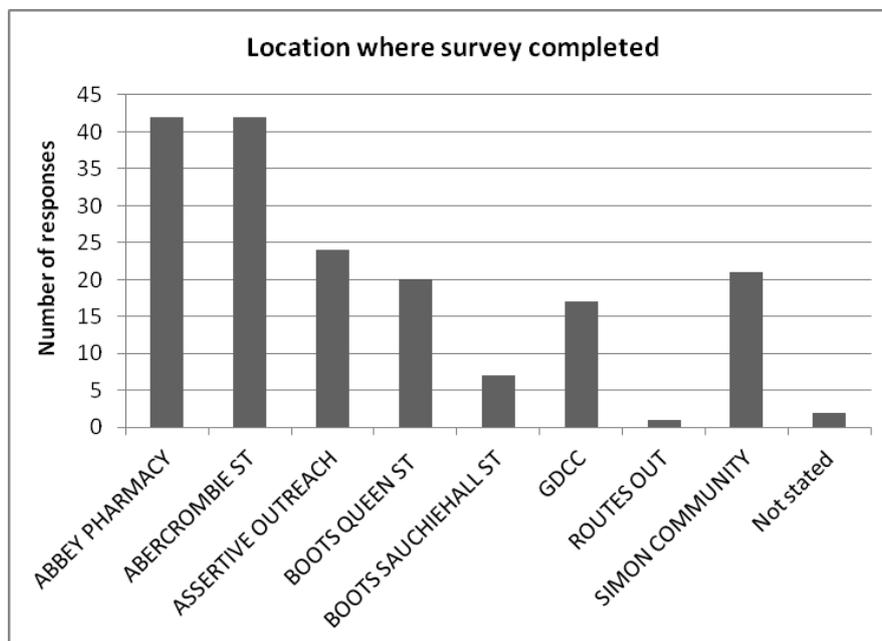
After completion, each individual's record in the Neo database used to record IEP transactions was flagged to prevent them being asked to participate again. No incentives were provided for participation. The survey period was two weeks during late July and early August 2016.

A small number of duplicate results resulting from errors in data entry were identified using the date and time of completion, gender, age, and outlet, and excluded prior to analysis.

Results

There were 176 unique responses to the survey over a two week period:

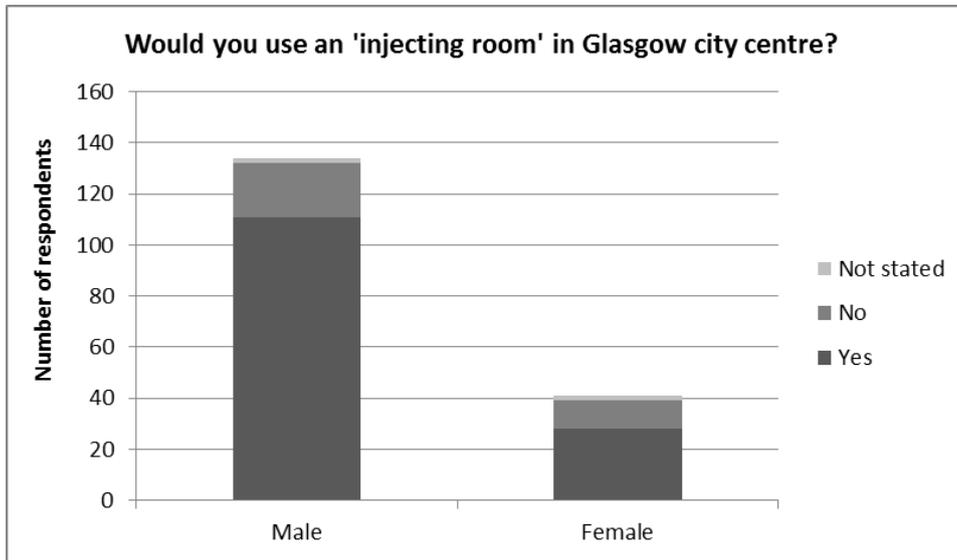
- 76% (n=134) respondents were male, 23% (n=41) were female
- The average age of respondents was 39 years (range 20 to 59 years)
- The outlets with the most responses were Abbey Pharmacy (23.3%; n=42), Abercrombie St (23.3%; n=42) and the Assertive Outreach team (13.6%; n=24)¹



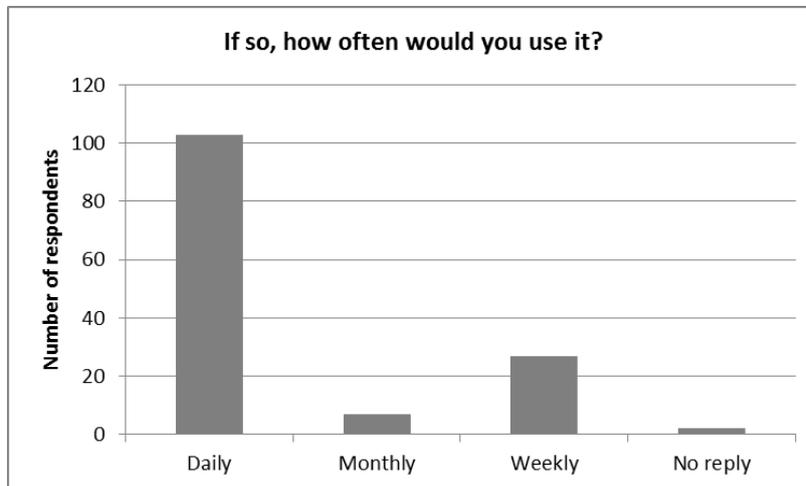
79% (n=139) of participants said they would use a safer injecting facility in the city centre.

Willingness to use a safer injecting facility was somewhat higher among male respondents (82.8%; n=111) compared to female respondents (68.3%; n=28).

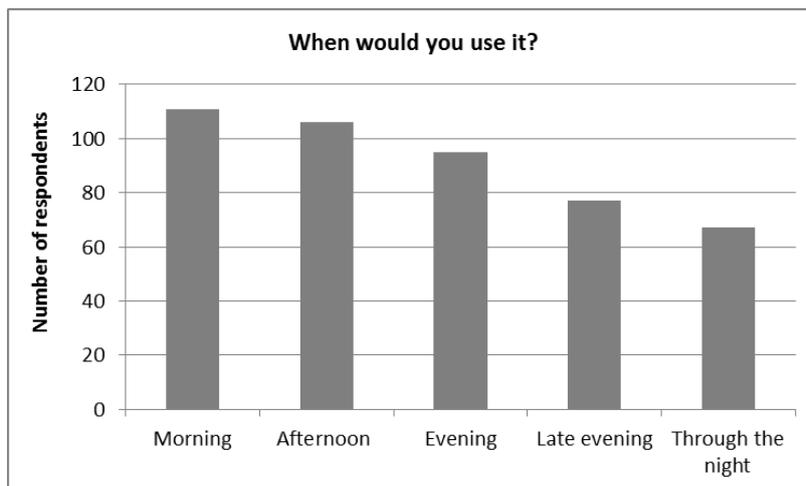
¹ Graphs are shown as numbers rather than percentages to give an indication of likely demand.



Of those who said they would use a facility, the majority (74.1%; n=103) said they would do so on a daily basis:

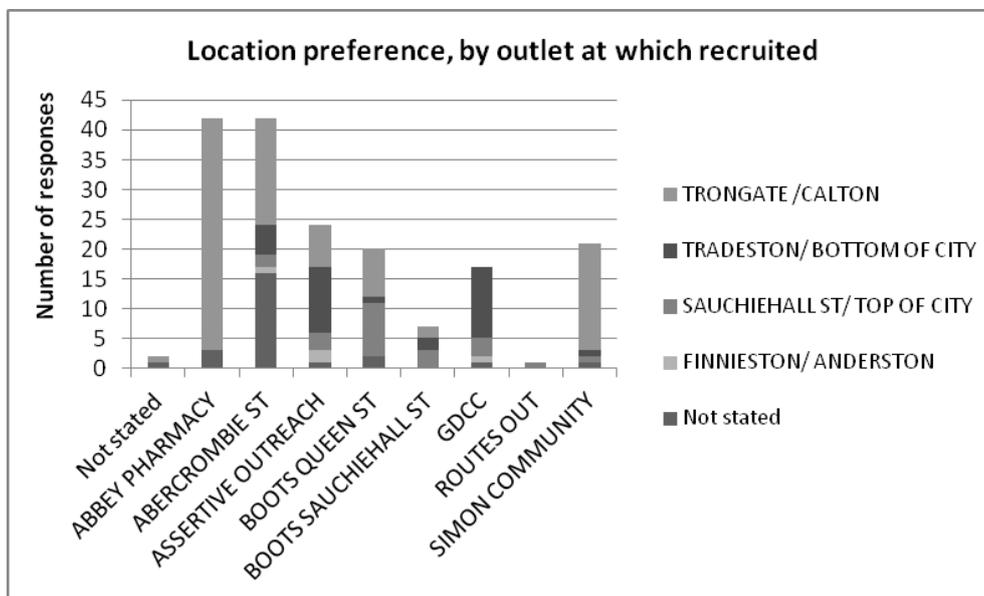
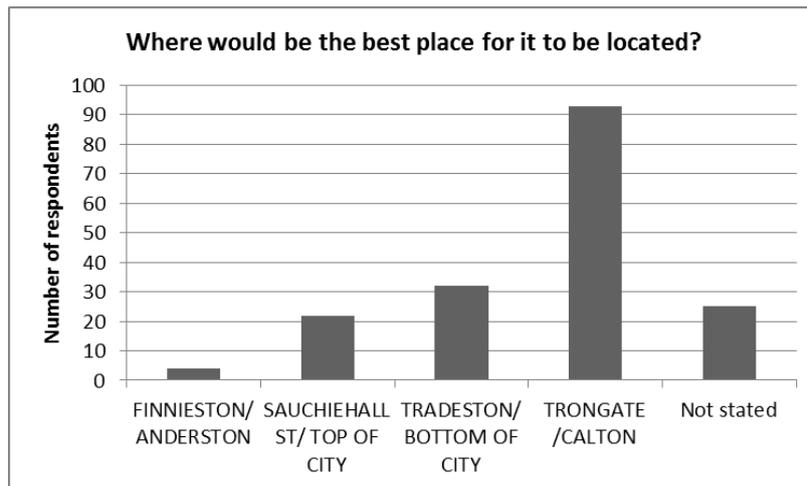


The most popular expected times for use were mornings (77.1% users; n=111) and afternoons (73.6% users; n=106), with anticipated use declining throughout the day and into the evening².

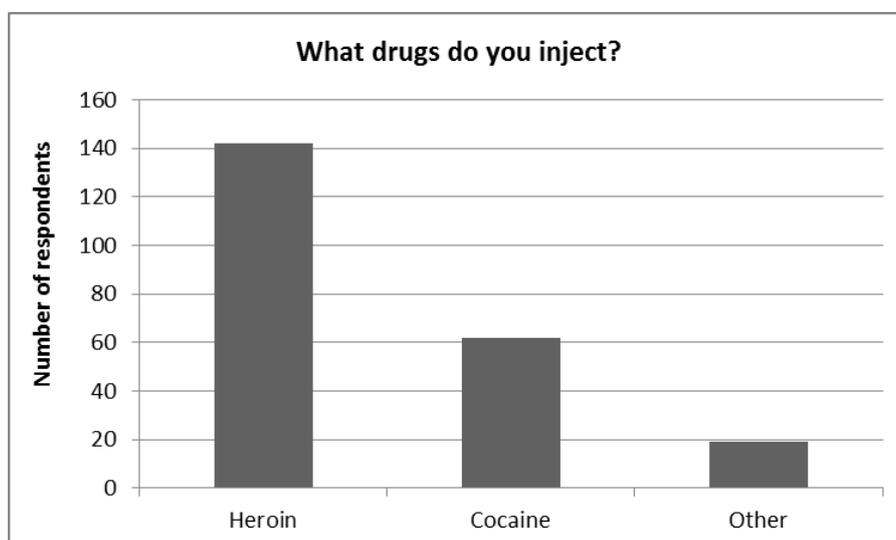


²Note that this question did not have an explicit 'not stated' option – hence the denominator for these figures will include those who did not respond to this question.

The most popular option for location was the Trongate/Calton area (60.4%; n=87). However, this may reflect that the outlets at which most respondents were recruited were located within this area: as might be expected, location preference did vary by recruitment location.



The majority of respondents reported injecting heroin (80.7%); a significant proportion reported injecting cocaine (35.2%)³. A much smaller proportion reported injecting other drugs (11.0%).



³ Note that this question did not have an explicit 'not stated' option – hence the denominator for these figures will include those who did not respond to this question.

What would stop you using such a facility?

This was a free-text field, with outlet staff able to input the respondent's reply directly. However, some broad themes can be identified from the variety of responses received. No prompts were part of the survey, but may have been provided by outlet staff.

114 responses to this question were received. Percentages reflect the number of those responding to this question who mentioned this theme. Each respondent was able to mention as many barriers as they wished, so individuals may be counted under multiple themes.

What would stop you using such a facility?	Number of respondents (%)
Police presence and activity in the vicinity of the facility	46 (40.7%)
'Nothing' or 'zero'	22 (19.5%)
Concerns about personal safety as a result of bullying, territorialism, or drug-dealing in the vicinity of a facility	19 (16.8%)
A preference to inject at home	18 (15.9%)
Concerns about stigma or disclosure of drug-using status, and/or a desire for anonymity	11 (9.7%)
Concerns about potential interference, surveillance, or pressure to engage on the part of NHS or social work staff	3 (2.7%)
'Personal experience'	2 (1.8%)

What other service would you use if available from this room?

This was a free-text field, with outlet staff able to input the respondent's reply directly. However, some broad themes can be identified from the variety of responses received. No prompts were part of the survey, but may have been provided by outlet staff.

100 responses to this question were received – therefore only numbers are provided in the table below, since these are equivalent to percentages. Each respondent was able to mention as many services as they wished, so individuals may be counted under multiple themes.

What other service would you use, if available from this room?	Number of respondents
Availability of someone to 'talk to', to provide advice, or to provide support	35
General medical care (such as wound care or 'health checks') or access to primary care professionals (such as GPs, nurses)	28
Addictions care, including addictions counselling, substitution therapies, and access to rehabilitation services	24
Needle exchange or foil provision	10
Social services such as housing & welfare	8
Basic needs such as laundry or showers	7
Safer injecting technique training or advice	6
Sexual health services	5
BBV testing or care ⁴	5
Drug testing for safety or purity ⁴	4
Mental health services	3
Prescribed heroin	3
Chiropody	1
Naloxone training	1
First aid training	1

⁴Testing was mentioned by a number of other respondents but it was often not clear what this referred to; for instance, blood-borne virus testing or drug purity testing. Where unclear, responses were not included in the totals.

Appendix 1e.

FOCUS GROUP WITH PEOPLE WHO USE DRUGS TO EXPLORE SUPERVISED INJECTING FACILITIES

DATE : TUESDAY 6TH SEPTEMBER, 1pm

VENUE: SCOTTISH DRUGS FORUM

Background – A discussion took place at the Glasgow Health Needs Assessment Short Life Working Group on 19th August regarding the need for people with a history of drug use to be present on the group to add their voice to the options appraisal and represent the views of people who use drugs in Glasgow City Centre. It was agreed that volunteers from the National Volunteer Forum on Drug-Related Deaths, chaired by SDF, would be asked to arrange a focus group with people who had left their contact details as part of the IEP survey – undertaken by NHS GGC.

Preparation – Due to the tight timescale, 2 volunteers were promptly asked to lead on this work along with Jason Wallace, SDF. A further volunteer was identified due to his involvement with the ADP. On Thursday 1st September the 3 volunteers met with Jason to call the people on the IEP survey list and also through other contacts were able to get agreement from 15 people to attend. All agreed an afternoon meeting would be best.

It was agreed that a £20 voucher would be provided to those who gave up their time to participate and would be funded by SDF.

Meeting plan – Julie Latimer, Nurse Manager of Sydney's Medically Supervised Injecting Centre, was already due to visit SDF on 6th September. This date was therefore agreed to coincide with the focus group and so that views of the group could be taken to the SLWG on 9th September.

On the day – All previously agreed participants were sent a text message in the morning as a reminder. Unfortunately despite several follow up calls, only one person from this initial group responded and attended. Jason and one of the volunteers therefore went out to recruit participants and the final group consisted of 6 people.

The group were provided with lunch, tea and coffee and shown the video of Sydney's MSIC. This was followed by questions and answers with Julie Latimer with lots of lively discussion.

The group then split in to two with a volunteer facilitating a discussion on the benefits/barriers of SIFs in the Glasgow context.

Below is a copy of the documented comments –

Benefits;

- Health
- Overdoses reduced
- BBVs reduced
- Help with injecting sites (stop people losing limbs)
- If in city centre would use instead of injecting in public as safer
- Access to health professionals, mental health
- Needle litter reduced
- Access to needle exchange
- Would like to see drug testing
- Everything in one building
- Much better than using outside in a corner with risk of dying
- Counselling and in-road to other organisations
- A friendly face and someone to talk to instead of isolating
- Experienced staff
- Option of detox/rehab
- Hep C info
- Compassion
- Already in city centre to score
- Peer educators
- Medical support
- Safety
- Clean equipment

Barriers;

- Travel – would need to be in city centre
- Police – leniency would be required, exclusion zone
- Social – stigma, judged by people when seen entering facility
- Only one – facilities in other areas would help
- Meeting enemies, owe money
- Money to travel
- Trust in staff not to pass on info – confidentiality
- Not enough privacy in cubicles
- Parents – crèche facility?
- Anonymity – how much info would be required for registering to use facility? Name and password preferred.
- Wheelchair access
- Separate areas for men/women to inject for discretion except when couples
- Animals – need area to tie up
- Know someone who works there – someone you can't be honest with

There was then an explanation of the proposed options for Glasgow. All participants were clear about the difference between SIFs and Heroin Assisted Treatment.

Unanimously the group agreed that SIFs and HAT should be provided and that the two services should be co-located.

Group members were all aware of naloxone, with several having personal experience of using it and having it used on themselves. Those not in possession of their own take-home kit were provided with naloxone and rescue breathing facemask keyrings prior to leaving.

They were also given t-shirts and pens as a thank you for their contributions along with the vouchers.

Participants were happy to be contacted again for future involvement.

Appendix 2. Longlist of options for consideration by short-life working group

Building on recommendations 4 and 5 of the health needs assessment (HNA) report, and the discussions from the initial SLWG meeting on the 11th July, this paper summarises the longlist of options for the potential introduction of a safer injecting facility (SIF) and/or heroin-assisted treatment (HAT) service.

It draws on examples of existing services in Europe, Canada, and Australia, and evaluations of those services in the published literature. However, it is important to note that no previous studies have directly compared the effectiveness or cost-effectiveness of different service models for either safer injecting facilities or heroin-assisted treatment.

There are four key questions that differentiate the options presented in this longlist, as below. Each of these are described in more detail in Table 1.

- Which of these interventions should be implemented?
 - Neither SIF nor HAT
 - SIF only
 - HAT only
 - Both SIF and HAT
- Should additional services be accessible on-site? (for instance, addictions care, other health services, or social services)
 - Yes
 - No
- What routes of consumption should be provided for by the safer injecting facility?
 - Injecting only
 - Injecting and inhalation
- What is the relationship between the proposed HAT and SIF services?
 - Separate sites
 - Co-located

The longlist – comprised of 15 options reflecting different combinations of the above - is illustrated in Figure 1.

In order to narrow the longlist to a shortlist of options which it is feasible to include in the options appraisal, a decision on one or more of these questions will need to be made by the SLWG.

Table 1. Key questions that define the service options.

Which of these interventions should be implemented?	
Neither	This is the status quo, or 'no change', option. In this scenario, neither a safer injecting facility or heroin-assisted treatment service are provided in Glasgow.
SIF only	In this scenario, a safer injecting facility is established, but not a heroin-assisted treatment service.
HAT only	In this scenario, a heroin-assisted treatment service is established, but not a safer injecting facility.
Both SIF + HAT	In this scenario, both a heroin-assisted treatment service and a safer injecting facility are established. (Note that this scenario makes no assumption about the relationship between these services; only that both are provided.)
Should additional services be accessible on-site?	
No	<p>In this scenario, the only service provided is supervised injecting of street drugs (in the case of a safer injecting facility) or prescribed pharmaceutical heroin (in the case of a heroin-assisted treatment service).</p> <p>Staff may offer referrals to other services but none are provided on-site. This model is much rarer, and is more typical of informal or unsanctioned supervised injecting sites.</p>
Yes	<p>In this scenario, the safer injecting facility or heroin-assisted treatment also facilitates on-site encounters with other services. These may be offered on a drop-in or appointment basis; in most facilities, each additional service has defined 'slots' each week when they are available to users of the SIF or HAT service.</p> <p>These may include:</p> <ul style="list-style-type: none"> • 'take-away IEP': while sterile injecting equipment is always available within the facility to those using the consumption room, sterile injecting equipment may also be provided on a 'take-away' basis, including to those not using the injecting room itself. The facility thus operates as an additional fixed-site injecting equipment provider, which may be particularly valuable during evenings and weekends. • On-site health services, such as addictions care, HIV care, and primary care. • On-site social services, such as housing advice, welfare and financial inclusion, case management, etc. • Other basic needs, such as showers, laundry, lockers, a postal address, and/or food and drinks. <p>Note that decisions about the potential range of additional services have not been directly included in the options appraisal, in order to limit the options to a feasible number.</p>

What routes of consumption should be provided for by the safer injecting facility?	
Injecting only	A single consumption area where only the injecting of drugs is permitted.
Injecting and inhalation	Separate consumption areas are provided for injecting and inhalation of drugs. This model is particularly prevalent in the Netherlands, where the majority of heroin use is via inhalation.
What is the relationship between the proposed HAT and SIF services?	
Separate sites	This scenario refers to a situation where both a safer injecting facility and heroin-assisted treatment service are offered, but on separate sites. There may be signposting or referral arrangements between the two services, but they are independently located. This is the model which has been used in other cities offering both services.
Co-located	In this scenario, heroin-assisted treatment is provided on the same site as the safer injecting facility, though there are separate patient pathways and consumption areas for those injecting prescribed heroin and those injecting a personal supply of drugs. This approach does not appear to have been used previously.

Figure 1. Longlist of options for change.

	Interventions provided	Additional services on-site	Nature of supervised facility	Relationship between SIF & HAT
Option 1 No change	Neither			
Option 2a	HAT only	No		
Option 2b	HAT only	Yes		
Option 3a	SIF only	No	Injecting only	
Option 3b	SIF only	Yes	Injecting only	
Option 3c	SIF only	No	Injecting & inhalation	
Option 3d	SIF only	Yes	Injecting & inhalation	
Option 4a	Both SIF + HAT	No	Injecting only	Separate sites
Option 4b	Both SIF + HAT	Yes	Injecting only	Separate sites
Option 4c	Both SIF + HAT	No	Injecting & inhalation	Separate sites
Option 4d	Both SIF + HAT	Yes	Injecting & inhalation	Separate sites
Option 4e	Both SIF + HAT	No	Injecting only	Co-located
Option 4f	Both SIF + HAT	Yes	Injecting only	Co-located
Option 4g	Both SIF + HAT	No	Injecting & inhalation	Co-located
Option 4h	Both SIF + HAT	Yes	Injecting & inhalation	Co-located

Appendix 3. Shortlist of options for short-life working group

1. Introduction:

Building on recommendations 4 and 5 of the health needs assessment (HNA) report¹, and the discussions from the second SLWG meeting on the 19th of August, this paper summarises the shortlist of options for the potential introduction of a safer consumption facility (SCF) and/or heroin-assisted treatment (HAT) service in Glasgow.

It draws on examples of existing services in Europe, Canada, and Australia, and evaluations of those services in the published literature. It also incorporates decisions made at the previous SLWG meeting that any potential interventions should contain additional on-site services (although these have not been specified at this stage), and that if a SCF was implemented it should cater to both injecting and inhalation drug use.

The target population is as described by the health needs assessment: people who inject drugs in public places in Glasgow City centre and environs. The HNA estimates there to be about 400-500 hundred such individuals, mostly male, “ageing” heroin injectors, many experiencing multiple social disadvantages and having complex needs. The potential benefits being sought from the establishment of new services are:

1. Health benefits for people who use drugs in public places in Glasgow city centre and environs
2. Meeting the broader complex needs of this population
3. Benefits to communities and businesses currently adversely affected
4. Efficiencies to health, social care and wider public services
5. Opportunity for research and innovation

More information on each benefit and associated risks are detailed in Paper 2- SCF-HAT Options Appraisal.

2. Safe Consumption Facilities:

The health needs assessment states:

Safer injecting [consumption] facilities are low-threshold harm reduction services which aim to minimise the risks of public injecting and help engage people with health and social care, including addictions treatment. A substantial body of international research evidence has accumulated over the past two decades to support their effectiveness in reducing the health and social harms associated with injecting drug use, and public injecting in particular. In our consultation, this proposal enjoyed widespread support by stakeholders from the target population, health services, and organisations representing drug users and their families.

In contrast to other UK cities which have previously considered such a measure, the evidence presented here indicates that the scale of public injecting – and its associated

¹ Available from: <http://www.nhsggc.org.uk/your-health/public-health/reports/health-needs-of-drug-injectors/>

health harms – in Glasgow city centre justifies the introduction of a pilot safer injecting facility. However, any such initiative would require a robust, prospective evaluation – including an economic component – to confirm whether the benefits observed in other cities are transferable to the local context. The facility should be established through co-operation between key local agencies and the wider community, and carefully integrated with existing services. Addressing the concerns expressed in our stakeholder consultation by colleagues from Community Safety and Police Scotland is an important challenge in this respect.

Based on the international evidence, local context and stakeholder feedback, the proposed SCF under consideration would be at a fixed site and located in Glasgow city centre or environs to maximise potential for use and engagement with the target population. As well as providing core safe drug consumption facilities for the supervised injection and inhalation of pre-obtained drugs, and access to harm reduction and drug treatment services, the facility would also work with partners to offer wider support services relevant to the complex needs of this population.

3. Heroin Assisted Treatment (Injectable Opiate Treatment, IOT):

The health need assessment states:

Heroin-assisted treatment refers to the prescribing of injectable, pharmaceutical-grade heroin, which is then administered in a specialist outpatient facility under clinical supervision and strict safeguards. There is high-quality evidence to suggest that it can improve individual and social outcomes when provided as a second-line treatment for people with chronic opiate dependency. Local data suggest that a significant proportion of people who inject drugs in public places in Glasgow city centre would be eligible for heroin-assisted treatment, with substantial potential benefits for both them and the wider community. This coincides with the consensus from our stakeholder consultation that the chaos and instability of addiction is a major barrier to better health among this population, and that prescribed injectable heroin would be a welcome addition to existing opioid substitution therapies. There is therefore a strong case for the expansion of the addictions services offered by Glasgow City ADP to include heroin-assisted treatment.

Injectable Opiate Treatments such as HAT may be provided at a high threshold level, with a low capacity provision (as in the RIOTT research studies in England) or at lower level threshold (such as in Zurich, Switzerland) with higher rates of engagement. The Glasgow context would suggest a need for lower threshold of access to IOT than delivered through RIOTT, but retaining the focus on individuals within the target population who had not experienced sustained benefit from conventional replacement therapy with methadone or buprenorphine. The proposal anticipates that a relatively small subset of the target

population of PWID in public places in Glasgow city centre will be suitable for heroin assisted treatment.

There seem to be no examples elsewhere in the world of co-locating heroin assisted treatment services and SCFs and if this were to be the preferred model based on the Glasgow context, this would be a novel approach.

A summary of a workshop on HAT with the National Volunteer Forum on Drug-related Deaths and other stakeholders with personal or family experience of drug use will be presented at the meeting of the SLWG on 9th September 2016.

4. Options Appraisal

There are 2 key questions that differentiate the options presented in this shortlist, as below. Each of these are described in more detail in Table 1. The key questions and options relate to the target population of people who inject drugs in public places in Glasgow City Centre identified by the health needs assessment.

- Which of these interventions should be implemented?
 - Neither SCF nor HAT
 - SCF only
 - HAT only
 - Both SCF and HAT

- What is the relationship between the proposed HAT and SCF services?
 - Co-located
 - Separate sites

The shortlist – comprised of 5 options reflecting different combinations of the above - is illustrated in Figure 1.

It is important to note that no previous studies have directly compared the effectiveness or cost-effectiveness of different service models for either safer consumption facilities or heroin-assisted treatment.

These service model options make up the shortlist that will be scored against in the option appraisal to be carried out at the next SLWG meeting on 9th September 2016.

Table 1. Key questions that define the shortlisted service options.

Which of these interventions should be implemented?	
Neither	This is the status quo, or 'no change', option. In this scenario, neither a safer consumption facility or heroin-assisted treatment service are provided in Glasgow.
SCF only	In this scenario, a safer consumption facility is established, but not a heroin-assisted treatment service.
HAT only	In this scenario, a heroin-assisted treatment service is established, but not a safer consumption facility.
Both SCF + HAT	In this scenario, both a safe consumption facility and heroin-assisted treatment service are established. (Note that this scenario makes no assumption about the relationship between these services; only that both are provided.)
What is the relationship between the proposed HAT and SCF services?	
Co-located	In this scenario, heroin-assisted treatment is provided on the same site as the safer consumption facility, though there are separate patient pathways and consumption areas for those injecting prescribed heroin and those injecting a personal supply of drugs. This approach does not appear to have been used previously.
Separate sites	This scenario refers to a situation where both a safer consumption facility and heroin-assisted treatment service are offered, but on separate sites. There may be signposting or referral arrangements between the two services, but they are independently located. This is the model which has been used in other cities offering both services.

Figure 1. Shortlist of options for change.

	Interventions provided	Relationship between SCF & HAT
Option 1 No change	Neither	
Option 2	SCF only	
Option 3	HAT only	
Option 4	Both SCF + HAT	Co-located
Option 5	Both SCF + HAT	Separate sites