Item No: 14

Meeting Date: **Wednesday 25th November 2026**

Glasgow City Integration Joint Board

Report By: **Kelda Gaffney, Deputy Chief Officer, Operations and Governance and Chief Social Work Officer**

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Update on the Delivery of the Safer Drug Consumption Facility

Purpose of Report:	The purpose of this report is to update the IJB on the progress of the Thistle Service (Safer Drug Consumption Facility) since the last update on 25 June 2025. The paper outlines service activity, service user and community engagement work, the legal framework, progress of the independent evaluation and notes risks associated with future funding.
Background/Engagement:	The IJB last received a written update on 25 June 2025. The paper outlined the progress of the Thistle Service (Safer Drug Consumption Facility) since it became operational on 13 January 2025 including service activity to date, service user and community engagement work and continuing governance arrangements. A further paper was shared with the IJB in November 2025, seeking approval to develop a business case for an inhalation space on the site. The work to develop this business case is underway but is dependent on future funding arrangements for the full service.
Governance Route:	The matters contained within this paper have been previously considered by the following group(s) as part of its development. HSCP Senior Management Team ☐

	Council Corporate Management Team ☐ Health Board Corporate Management Team ☐ Council Committee ☐ Update requested by IJB ☐ Other ☒ Thistle Oversight Board Not Applicable ☐

Recommendations:	The Integration Joint Board is asked to: a) Note the contents of this report; and b) Note that a paper will be presented to a future IJB should funding allocation change from March 2027.

Relevance to Integration Joint Board Strategic Plan:

The implementation of the Thistle (Safer Drug Consumption Facility) supports the IJB/HSCP to meet the Partnership Priorities laid out within the Strategic Plan 2023-28. In particular, the Thistle supports the priorities of Prevention, Early Intervention and Wellbeing, Supporting Greater Self-Determination and Informed Choice, Supporting People in their Communities and Strengthening Communities to Reduce Harm.

Implications for Health and Social Care Partnership:

Reference to National Health & Wellbeing Outcome(s):	The Thistle contributes to meeting the following health and wellbeing outcomes for health and social care services: People who use health and social care services have positive experiences of those services, and have their dignity respected; Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services; Health and social care services contribute to reducing health inequalities; People who use health and social care service are safe from harm.

Personnel:	Alcohol and Drug Recovery Services recruit, train and manage the workforce required to deliver the Thistle service. Staff were recruited into permanent positions. Staffside and Unison were, and are, involved in workforce planning.

Carers:	Family members and carer representatives are engaged in project delivery and developments via the Glasgow Alcohol and Drug Partnership (ADP) Families Reference group.

Provider Organisations:	Provider organisations are members of the Thistle Community Engagement forum. This includes local providers of services that are not contracted to deliver health and social care services by Glasgow City HSCP.

	Implications for provider organisations are considered through the Thistle Oversight Board.

Equalities:	An EQIA was updated in June 2025 and is available at the following link: EQIA - Safer Drug Consumption Facility - Updated | Glasgow City Health and Social Care Partnership. The EQIA continues to inform engagement activity.

Fairer Scotland Compliance:	In seeking to offer a safer environment for drug consumption, co-located with a range of associated services and advice, the facility contributes to supporting people to make choices that will help offset the impacts of socio-economic disadvantage often associated with this service user group.

Financial:	In due course, the independent evaluation of the Thistle service will report on any reduced costs for other parts of the health, social care and criminal justice system, including Acute, Scottish Ambulance Service and Police Scotland. The formal independent evaluation of The Thistle includes an economic analysis of the service and is due to report fully in 2029.

Legal:	Legal advice and Counsel opinion was sought prior to implementation to ensure that NHS Greater Glasgow and Clyde and Glasgow City Council staff deliver the service within existing legislation. The Thistle is delivered alongside other Alcohol and Drug treatment services aimed at reducing harms and providing pathways into treatment, care and recovery. Operational policies are strictly adhered to and monitored closely. The Lord Advocate provided a public statement of prosecution policy, so that service users will not be prosecuted for possession of drugs whilst using the Thistle.

Economic Impact:	Economic impact will be considered as part of the independent evaluation. The formal independent evaluation of The Thistle includes an economic analysis of the service. The evaluation will report fully in 2029.

Sustainability:	None

Sustainable Procurement and Article 19:	None

Risk Implications:	The implementation within Glasgow of the first facility of its kind in Scotland carries with it a degree of reputational risk for Glasgow City Council, NHS Greater Glasgow and Clyde

	and Glasgow City IJB. Such risks are identified, monitored and mitigated through the Thistle Oversight Board.

Implications for Glasgow City Council:	There are a number of implications for both Glasgow City Council and NHS Greater Glasgow and Clyde, including political and reputational impacts, positive impacts on the local community and media attention. Service delivery, outcomes and risks are monitored through the Oversight Board, chaired by the Chief Officer.

Implications for NHS Greater Glasgow & Clyde:	There are a number of implications for both Glasgow City Council and NHS Greater Glasgow and Clyde, including political and reputational impacts, positive impacts on the local community and media attention. Service delivery, outcomes and risks are monitored through the Oversight Board, chaired by the Chief Officer.

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. The purpose of this report is to update the IJB on the progress of the Thistle Service (Safer Drug Consumption Facility) since the last update on 25 June 2025. The paper outlines service activity, service user and community engagement work, the legal framework, progress of the independent evaluation and notes risks associated with future funding.

2. Background

2.1. In September 2023, a report was presented to the IJB seeking approval to progress with implementation of the Safer Drug Consumption Facility (SDCF) pilot in Glasgow City. That report provides a full summary of the evidence for such facilities and background to proposals from 2016.

2.2. The Lord Advocate published the necessary Statement of Prosecution Policy on 9 January 2025. Drug consumption room statement of prosecution policy | COPFS and the service opened on 13 January 2025.

2.3. In November 2025 a further report to the IJB updated on the progress of the Thistle service since implementation, including service activity, governance and service user and community engagement.

3. Governance

3.1 A robust governance structure continues to monitor and review performance, consider operational issues, respond to changes in need and demand, ensure ongoing community engagement and report on evaluation progress. The Safer Drug Consumption Facility Oversight Board is chaired by the Glasgow HSCP Chief Officer, with reporting structures on Performance and Governance and Engagement and Communications. Membership includes a wide range of local and national stakeholders including Glasgow Alcohol and Drug Partnership (ADP) and HSCP representatives, Scottish Government, Lived experience representation, Community representation, Registered Social Landlord representation, Third Sector, NHSGGC Public Health, and Staffside. Crown Office attend as an observer.

4. Thistle Performance

4.1 The number of people registering to use the service continues to increase, and as at end of September 2026, 839 unique individuals have registered with the service since opening, with over 24,000 visits. September 2026 had the most attendances since opening.

4.2 Of the 839 unique individuals, 651 are male, 188 female. Work to engage with women who inject drugs and encourage them to use the service is a focus of a new outreach project provided by the Simon Community Soft Edges.

4.3 Of the 24,109 visits to the service there have been 16,859 injecting episodes, often involving more than 1 injection. The variation in number of attendances and injecting episodes represents the number of individuals who visit the service and use other facilities initially, such as the lounge area, shower and laundry areas and engage with staff with other harm reduction interventions. This is particularly true for women. There is evidence that, once individuals feel comfortable with the service, they often return to use the injecting room. Staff take a trauma-informed and non-judgmental approach with people to encourage full use of the service, to reduce harms.

4.4 The most commonly injected drug remains cocaine (Sept 57.6%), followed by heroin (Sept 27.6%), followed by cocaine and heroin together (Sept 14.6%).

4.5 Recent months have seen an increase in heroin injections, which aligns with the increase in medical emergencies within the service. As of September 2026, 209 medical emergencies have been managed with no fatalities. These are almost exclusively overdoses that range in severity from those requiring supportive airway management and oxygen, to rapid onset severe overdoses requiring a full medical response and use of multiple doses of naloxone. The vast majority of medical emergencies have been managed by the Thistle staff, evidencing avoidance of acute service usage. Ambulance service support and transfer to hospital have been required on 30 occasions, less than 15% of overall emergencies. All individuals affected have recovered and returned to the Thistle.

The wider support available from Alcohol and Drug Recovery Services ensures that those individuals at the highest risk receive assertive follow up through the Crisis Outreach Service.

4.6 Onward referrals from the Thistle highlight objectives being met in relation to wider support for individuals who experience challenges in engaging with services. The most common referrals from the Thistle relate to housing needs (656 referrals), GP services (445 referrals), and drug treatment and care (130 referrals). Co-located services are the most effective in engaging this population providing an immediate response to needs, but there have been positive examples of flexibility shown by locality health and social care teams and third sector partners creating new pathways into treatment and care.

4.7 The co-located Blood Borne Viruses (BBV) clinic and sexual reproductive health clinic are well established, as are sessions from an acute consultant to provide a focus on improving physical health and further avoid emergencies requiring hospital admission. Primary care input with a GP practice began in recent months and by end of September had engaged with 110 Thistle Service users.

4.8 The most common interventions include the provision of injecting equipment, injecting advice, wound care, psychosocial interventions and the use of the clothing store, laundry, and shower facilities in the Thistle. Many individuals, particularly women, visit the service to use these additional supports a number of times before using the injecting space, and conversion will be monitored as part of the governance and performance oversight.

4.9 Monthly activity is published on the website regularly (Thistle Service Data | Glasgow City Health and Social Care Partnership)

5. Legal Framework

5.1 The Statement of Prosecution issued by the Lord Advocate on 9 January 2025 allowed the service to become operational shortly afterwards. The Lord Advocate confirmed that it would not be in the public interest to prosecute an individual attending the Facility for an offence in terms of section 5(2) of the Misuse of Drugs Act 1971, where the controlled substance is intended for personal consumption. The statement makes it clear that this applies only to the Safer Drug Consumption Facility and excludes the other areas of Hunter Street Health and Care Centre and the surrounding locale.

5.2 Staff have received significant training on the operational policies and rules of the service, all of which are explained to people using the service on arrival. Potential breaches of the Misuse of Drugs Act 1971 have been avoided through strict adherence to the policies and procedures.

5.3 The current legal framework does not allow the provision of tourniquets, the sharing of drugs or an inhalation/smoking area within the facility.

6. ENACT Evaluation

6.1 The National Institute of Health Research (NIHR) is funding the formal evaluation and has published information about the evaluation of the Thistle Service on their website (ENACT). The study is led by Chief Investigators from Glasgow Caledonian University and University of Glasgow. The external evaluation will deliver its full report in 2029.

6.2 Early findings on community impact from the formal evaluation of The Thistle, was shared with the Oversight Board and the Thistle Community Engagement Forum. The Thistle Community Newsletter provided a summary as below:

The 'ENACT' study is evaluating the impact of The Thistle on the local community (including residents and businesses), as well as people who inject drugs and public services like the NHS. A range of health, social and economic outcomes will be considered to understand impacts fully, including potential benefits and harms and value for money. The research team is separate (independent) from those who are running The Thistle and the findings will be published no matter what they show.

In June 2026, the research team gave a talk at the Community Engagement meeting on initial findings from surveys of residents and the environment. These surveys were conducted during 2024 and 2025, allowing a comparison before and after The Thistle opened. Analysis suggests a small improvement since The Thistle opened in how Calton residents felt about their community, compared to people living in similar areas elsewhere in Glasgow. No big differences over time were seen in concerns regarding crime and drug use, or recent experience as a victim of crime. Provisional findings also showed injecting-related litter fell in the Calton area since The Thistle and other community initiatives (e.g. needle bins, deep cleaning of hotspots) were introduced, compared to other areas in Glasgow. The full findings from these surveys will be published following review by a scientific journal.

6.3 Further information on the ENACT study can be found at www.gcu.ac.uk/enact. The community impact studies are being submitted to peer reviewed journals and wider dissemination of research findings will follow publication.

7. Service User Engagement

7.1 The Thistle Service User Forum is well established, supported by the ADP Senior Officer with lived experience, and continues to influence service model and delivery.

7.2 Feedback demonstrates consistently high levels of satisfaction among attendees, with service users highlighting the respectful, non-judgemental approach of staff and the positive impact of The Thistle environment.

7.3 Whilst overall perceptions remain positive, several recurring barriers continue to limit uptake of the supervised injecting service, most notably the absence of an inhalation space, restrictions on shared substance use, and anxiety about potential police interaction.

These themes have remained consistent from the infancy of the forum and appear to be the main factors influencing service engagement.

7.4 A number of service improvements have already been implemented in direct response to feedback, demonstrating the value of structured service user engagement and a commitment to continuous improvement. These include:

- Registration procedures were reviewed and streamlined to reduce delays while maintaining health & safety requirements.
- More comprehensive injecting packs including gauze, tissues and alcohol wipes on admission.
- Welfare Rights support has been introduced on-site in response to repeated requests for practical benefits advice.
- An independent advocacy service attends the service fortnightly and has provided support with Adult Support and Protection cases.
- A GP service has been made available on-site, improving access to primary care and reducing barriers associated with mainstream registration and appointment systems. Service Users are currently involved in reviewing the GP service.
- A suggestions box has been implemented and is being actively utilised by service users.
- A noticeboard was installed to improve communication of the different services available on-site and demonstrate responsiveness.
- Art supplies were purchased on request from the service user forum and are used frequently.
- Service Users and staff created a Pebble garden for International Overdose Awareness Day 2025. This remains a permanent feature at Hunter Street and can be accessed by anyone who wishes to pay respects to their loved ones.

7.5 Significant structural barriers continue to limit wider engagement, particularly the absence of inhalation facilities, restrictions around shared substance use, and cultural concerns regarding policing. Addressing these issues, alongside improving engagement with women and non-users, will form the key focus of future Service User Forum development activity.

8. Community Engagement

8.1 The Thistle Community Engagement Forum (TCEF) was established prior to the opening of the service in January 2025 and continues to meet in person in the Calton Heritage Centre. The forum is chaired by the Associate Medical Director, Alcohol and Drug Recovery Services. Membership includes Police Scotland, local residents, local businesses, Elected Members, Community Councils, Neighbourhood and Regeneration Services (NRS), Registered Social landlords, North East Recovery Community and Thistle project leads. Meetings alternate between afternoon and evening to allow as many members to attend as possible.

8.2 Meetings are well attended, and members are given time to raise concerns about anti-social behaviour associated with injecting drug use in the area. Meetings continue to be constructive and local resident reps consistently raise their concerns, including highlighting hotspots of outdoor injecting, drug dealing, discarded needles that can be responded to by the service outreach activity, Police Scotland and NRS.

8.3 As the Forum membership has become established, some issues raised are not associated with the Thistle service but nevertheless cause significant concern to the community. Although these wider issues are beyond the official remit of the forum, the partner membership often allows a response to be formulated and members to feel heard.

8.4 The NRS Calton action plan continues to be implemented and updated at the TCEF. The placement of the public drug-related litter bins in the Calton and Trongate areas continues to be monitored and feedback remains overwhelmingly positive. Thistle outreach activity to key sites and surrounding areas encourages movement from public sites to the use of The Thistle to reduce risk of displacement to new drug use sites.

8.5 The Oversight Board has committed to continuing to engage with the wider community and a bi-annual Thistle Community newsletter has been distributed to all local residential properties (17,900 copies), updating on service data, feedback from service users and helpful numbers for reporting concerns to the Police, the Council or Registered Social landlords. The content is developed with the members of the TCEF.

8.6 As noted above, the most recent newsletter included an update from the ENACT evaluation team on the community impact of the service. Early results on community impact were presented to the TCEF by the ENACT team, acknowledging the significance of the Forum.

9. Service Developments

9.1 The IJB approved the recommendation to develop a business case for an inhalation space within the service in November 2025. This work is underway with Scottish Government and Crown Office colleagues and will report in due course.

10. Financial Framework

10.1 As detailed in previous reports to the IJB, Glasgow City HSCP received confirmation from Scottish Government on 20th September 2023 of allocation up to £2,347,000 per annum from 2024/25, based on actual spend. The allocation letter notes commitment from Scottish Government throughout the initial phase of the pilot until March 2027.

10.2 The allocation letter notes that funding confirmation for future years will be made available subject to the outcomes of evaluation and review of the pilot phase, with an expectation that a review will be held 12 months before the end of the pilot phase to inform future funding decisions.

10.3 Glasgow City HSCP is working closely with Scottish Government colleagues to share activity and performance data, service user engagement feedback and community engagement feedback.

10.4 It is the intention that the Chief Officer writes to the Scottish Government to request funding at the same level as the previous allocation until the outcome of the ENACT evaluation in 2029. This will allow the service to continue in its current form until evaluation outcomes are understood and published and will allow progress to consider the Inhalation Business Case.

10.5 In addition, the City Convener for Glasgow Alcohol and Drugs Services has recently written to the Scottish Government highlighting similar concerns associated with longer term funding arrangements including the impact on the service, in the event that funding ceases or reduces.

10.6 Should the funding allocation end or reduce, a paper will be presented to a future IJB to outline the implications.

11. Recommendations

11.1. The Integration Joint Board is asked to:

a) Note the contents of this report; and
b) Note that a paper will be presented to a future IJB should funding allocation change from March 2027.