

Policy and Sustainability Committee

10.00 am, Tuesday 12 March 2024

Responding to the Edinburgh Drug Consumption Room and Edinburgh Drug Checking Service Feasibility Studies

Executive/routine
Wards

1. Recommendations

It is recommended that Policy and Sustainability Committee:

- 1.1 Accept receipt of the final reports of the feasibility studies of an Edinburgh Drug Consumption Room and an Edinburgh Drug Checking Service
- 1.2 In response to the recommendations of the Edinburgh Drug checking services Feasibility Study.
 - 1.2.1 Support the Edinburgh Alcohol and Drug Partnership's commitment to engage with work underway in Scotland to develop Drug Checking Services and to produce a costed proposal for implementing these in Edinburgh.
- 1.3 In response to the recommendations of the Edinburgh Safer Drug Consumption Facility Feasibility Study.
 - 1.3.1 Agree to receive a high-level project plan setting out proposed costs, a timeline for consultation and wider considerations including potential locations, engagement with Lord Advocate and staffing model.

Pat Togher

Chief Officer, Edinburgh Health and Social Care Partnership

Contact: David Williams, Programme Manager

E-mail: David.williams@edinburgh.gov.uk | Tel: 0131 553 8217

- 1.3.2 Note that the Chair of the Edinburgh Alcohol and Drug Partnership (EADP) will initiate discussions with national government decision makers to ascertain the potential financial envelope for provision.
- 1.3.3 Accept that depending on the outcomes of these discussions, a comprehensive implementation plan will be developed.

Assessing the Feasibility of an Edinburgh Drug Consumption Room and an Edinburgh Drug Checking Service – Update Report

2. Executive Summary

- 2.1 This paper updates on the response to councillors' requests for reports on the feasibility of official trials of an Edinburgh Safer Drug Consumption Facility (SDCF) and an Edinburgh Drug Checking Service (DCS).
- 2.2 As agreed with the Policy and Sustainability Committee (P&SC), a consortium of external organisations was commissioned to undertake these feasibility studies under the direction of a steering group of local partners. They have now reported and recommended that both SDCFs and DCSs be pursued in Edinburgh. They identify neighbourhoods where there is potential demand for these services and models which might be adopted. Their recommendations, if approved, will form the basis of a local action plan.
- 2.3 The Edinburgh Alcohol and Drugs Partnership (EADP) considered both reports and recommendations at their meetings in December 2023 and in February 2024 and agreed that both approaches are potentially valuable in reducing harm.
- 2.4 There is an ongoing process developing DCS in the Scottish cities and by engaging with that work and implementing the DCS report's recommendations, it was agreed by the EADP that a specific, local costed proposal will be developed for consideration by local and national partners.
- 2.5 The SDCF report identifies next steps and can form the basis of an action plan for proceeding towards implementation. However, the potential costs identified could not be met without a significant impact on core services, therefore, identifying potential sources of funding prior to detailed implementation planning is a priority,

3. Background

- 3.1 Safer Drug Consumption Facilities (also termed Drug Consumption Rooms) are legally sanctioned (or tolerated) facilities where individuals can consume their own drugs, supervised by trained people who can intervene to prevent overdose. They also usually offer (or provide pathways to) other interventions to reduce harm. Development of SDCFs is explicitly supported by Scottish Government strategy and is recommended by the Drugs Deaths Task Force. Evidence of their impact is well established internationally (e.g. [this review](#)) and indicates that, where such facilities are easily accessible in areas of concentrated public injecting, rates of Drug Related Deaths fall.
- 3.2 Drug Checking Services are a harm reduction intervention which is available in many countries but not currently unambiguously legal in the UK. It is in a similar, though not identical, position to SDCFs– an intervention which would be highly compatible with EADP and Scottish Government strategy if: the local needs were clear; a suitable, cost-effective model could be identified; the legal status was clearer. Discussions on the legal status of the intervention are ongoing and pilots are being explored in other areas in Scotland and England ([The Scottish Drug Checking Project](#)). Exploring how it might be provided in Edinburgh is therefore timely and potentially valuable.
- 3.3 At its 20 June 2022 meeting, the City of Edinburgh Council debated the prevention of Drug Deaths and agreed that it “*Calls on the Council to work with partners in health and criminal justice to provide a report to the Policy & Sustainability Committee in two cycles into the feasibility of supporting an official Overdose Prevention Centre trial in the City.*” This call was welcomed and supported by the EADP - a feasibility study is considered consistent with the EADP strategy. Similarly, a later request concerning the potential for DCS was welcomed.
- 3.4 The contract to provide the combined feasibility studies was secured through a tendering process and a very well qualified consortium of researchers lead by Stirling University engaged. Components of each study are:
- 3.4.1 Desk based summary of the research/ knowledge base on SDCFs, Drug Checking and any other innovative interventions to reduce drug related harm, including the aims and outcomes of the interventions and description/ models of how they might be delivered.
- 3.4.2 Needs assessment: Desk-based summary of the Edinburgh data on relevant drug related harms to identify neighbourhoods in the city which would potentially benefit from a SDCF/ DCS provision.
- 3.4.3 Stakeholder Consultation including those with lived and living experience of problem drug use; their carers; Edinburgh service providers; key decision makers.

3.4.4 Recommendation of new interventions, and of neighbourhood(s) where there is evidence of need and an estimation of the costs and benefits to be expected.

4. Main report

- 4.1 The reports have been completed as planned. The key findings and recommendations of the reports are described in Appendix 1 and links to the published versions of the reports are in “recommended reading” below. These recommendations have been reviewed by the steering group overseeing the project and by the EADP Executive in December 23 and February 24 meetings and the following agree actions are set out below:
- 4.2.1 **Drug Checking Services:** The EADP have directed officers to join the national group exploring the development of these services in Glasgow, Aberdeen and Dundee (supported by national organisations [The Scottish Drug Checking Project](#)). Officers will scope what a local response modelled on the existing work in those areas (and the national resources they have developed) might look like and will prepare a costed proposal to be returned to the EADP by September 2024.
- 4.2.2 **Safer Drug Consumption Facilities:** The EADP are strongly supportive of the development of SDCF across Scotland and in Edinburgh, both for their immediate impact and as symbols of a more compassionate approach to drug use. Partners are also mindful that any expansion of SDCF will require a diversification of models and strongly welcomed the feasibility’s study report’s emphasis on more peer-led, accessible, affordable approaches to SDCF delivery (within obvious legal, safety and governance restrictions), emphasising co-development with users and responding to local needs, The EADP supported the development of a high level project plan setting out proposed costs, a timeline for consultation and wider considerations including location and engagement with Lord Advocate and staffing model.
- 4.2 The EADP recognised that the estimated cost of £1m per year to fund development of an SDCF could not be met by funding from within the Edinburgh Health and Social Care Partnership without significant impact on other core services. A clear finding of the feasibility study was that the decision makers and practitioners interviewed did not support SDCF provision if it entailed substantial reductions in other aspects of the system for reducing drug- and alcohol-related harms. In Edinburgh this includes the Lived /Living Experience Network, services dedicated to delivering the MAT standards, intermediate care for homeless people with complex needs and extensive outreach to those in need. Based on these considerations the Chair of the EADP will initiate discussion with Scottish Government decision makers to explore funding opportunities.

5. Next Steps

- 5.1 EADP officers will join the national group exploring the development of DCS elsewhere in Scotland.
- 5.2 EADP officers will prepare a costed proposal for an Edinburgh DCS to be presented to the EADP by September 2024.
- 5.3 EADP officers with partners will prepare a SDCF high level project plan setting out proposed costs, a timeline for consultation and wider considerations including location and engagement with Lord Advocate and staffing model.
- 5.4 The Chair of the EADP will also initiate discussion with Scottish Government decisionmakers to explore funding opportunities for Edinburgh SDCF.

6. Financial impact

- 6.1 The cost of securing the feasibility study was met from ADP funding.

7. Equality and Poverty Impact

- 7.1 Problem drug use is both a cause and consequence of deprivation and drug related harms is highly concentrated in areas of multiple deprivation.
- 7.2 Drug use is a stigmatised activity strongly associated with disadvantage and a number of protected characteristics.
- 7.3 A full Integrated Impact Assessment will be completed as part of any future development, but implementation of either SDCF or DCS interventions could be expected to have a positive impact on Equalities and Poverty.

8. Climate and Nature Emergency Implications

- 8.1 As a public body, the Council has statutory duties relating to climate emissions and biodiversity. The Council
 - “must, in exercising its functions, act in the way best calculated to contribute to the delivery of emissions reduction targets”
 - (Climate Change (Emissions Reductions Targets) (Scotland) Act 2019), and
 - “in exercising any functions, to further the conservation of biodiversity so far as it is consistent with the proper exercise of those functions”

(Nature Conservation (Scotland) Act 2004)

- 8.2 The City of Edinburgh Council declared a Climate Emergency in 2019 and committed to work towards a target of net zero emissions by 2030 for both city and corporate emissions and embedded this as a core priority of the Council Business Plan 2023-27. The Council also declared a Nature Emergency in 2023.

Environmental Impacts

- 8.3 There are no environmental Impacts arising from this report.

9. Risk, policy, compliance, governance and community impact

- 9.1 Consultation with current and former drug users and their families has been an important component of the feasibility study. The EADP will continue to develop the high level SDCF project plan and DCS costed proposal.
- 9.2 This will be incorporated into the comprehensive EADP's programme focussed on putting Lived and living experience at the heart of the ADPs activities.

10. Background reading/external references

- 10.1 [Feasibility Studies](#)

- 10.2 <https://democracy.edinburgh.gov.uk/ieListDocuments.aspx?CId=135&MId=6413&Ver=4>
<https://democracy.edinburgh.gov.uk/ieListDocuments.aspx?CId=135&MId=7112&Ver=4>

11. Appendices

Appendix 1: Key findings and recommendations of the SDCF report.

Appendix 2: Key findings and recommendations of the DCS report.

Appendix 1: Key findings and recommendations of the SDCF report

Summary of findings

- There are significant levels of drug-related harm across the city, a number of which could be mitigated by SDCF provision
- Patterns of drug consumption and harm are dispersed across the city, but with identifiable hotspots in some areas
- Patterns of use in the city are varied and dynamic, with particularly high levels of cocaine injecting and benzodiazepine use
- There is a recognised risk of increased harms due to higher levels of synthetic opioids entering the drug supply
- There is strong support for SDCF provision among the people with lived / living experience, family members and professional stakeholders interviewed for the study
- While support for SDCF provision is strong among professional stakeholders, there are mixed views on prioritisation and levels of resource allocation in relation to other relevant services
- SDCF provision is widely viewed as valuable for more than overdose response. Safer injecting support, education, signposting to wider services and support into treatment and recovery are also viewed as key functions
- There is strong support for extensive service delivery by peers / people with lived experience and a degree of informality in service design
- There is also support for trained clinical expertise and clear operating procedures to protect safety and security on-site
- Strong links between SDCF provision and wider services are seen as critical

Recommendations

The City of Edinburgh Council and Alcohol and Drug Partnership should take steps to introduce SDCF provision in the city. Given the dispersed patterns of harm, this should ideally include more than one location. To this end, we recommend the following next steps:

Consultation

- Explore the feasibility of provision in identified hotspot areas in depth, including:
 - continuing engagement with potential service users, and others with lived and living experience, on preferences and needs
 - launching a community consultation in hotspot areas focusing on experiences of drug-related harm and the potential impacts of an SDCF
 - consultation with homelessness and drug services in hotspot areas to explore the option of embedded provision
 - establishing protocols to share relevant data at the lowest possible geographies to track patterns over time

Service development

- Develop service designs that include:
 - extensive levels of trained peer delivery
 - provision of spaces and support appropriate to a range of drug consumption including opioids, stimulants and benzodiazepines

- creating an inviting and informal atmosphere with psychologically informed design
- clear plans for education provision and wider harm reduction support, including injecting equipment provision, take-home naloxone, wound care, and BBV testing and support
- clear plans for supporting people who use the service into treatment and recovery where appropriate
- training to support staff to address a range of drug responses effectively and sensitively
- operating procedures that ensure safety of staff and people using the service
- clear plans for design coproduction, including people with lived and living experience.
- clarity on clinical staffing requirements
- Engage with and learn from other sites for where SDCF are established or in development in Scotland and internationally.
- Develop an evaluation framework and begin the organised collation of baseline data at the earliest possible point to allow for robust evaluation of outcomes

Legal considerations

- Secure bespoke legal advice to ensure proposed operating procedures remain lawful.
- Embark on early engagement with local police and the Crown Office and Procurator Fiscal Service to establish shared principles and work towards the development of shared agreements.

Finance and costs

- Initiate of discussions with local and national government decision makers to ascertain the potential financial envelope for service provision.
- Liaise with potential providers to explore costs and feasibility of standalone and integrated provision.

Communication

- Develop a communication plan to provide stakeholders and the public with information about SDCF provision, and the place of a potential service in the wider treatment, recovery and harm reduction landscape in Edinburgh.

Appendix 2: Key findings and recommendations of the Drug Checking service report

Summary of findings

- There are significant levels of drug-related harm across the city, a number of which could be mitigated by DCS provision.
- Patterns of drug consumption and harm are dispersed across the city, but with identifiable hotspots in some areas.
- Patterns of use in the city are varied and dynamic, with particularly high levels of cocaine injecting and benzodiazepine use.

Several models and locations of DCS have the potential to reduce drug related harms in Edinburgh, and approaches serving a range of potential users should be explored.

- For those at highest risk of drug-related deaths and harms, DCS within recovery hubs, homelessness services, community pharmacy, and safer drug consumption facilities (DCR) would have the greatest acceptability and impact. For this group, local and quick access to results are key considerations.
- For wider groups of people who use drugs, sites such as Crew may be more appropriate. Postal services or multiple drop off locations may supplement this provision. For this group, there may be a lower premium on immediacy of response.

DCS were seen as having several potential harm reduction impacts, including:

- providing opportunity for the adoption of safer drug use practices through increasing the availability of information about drug contents.
- increasing uptake of other harm reduction interventions through building trust and engagement.
- providing staff with opportunity to have detailed and specific harm reduction conversations with service users.
- increasing systemic capacity for drug market monitoring.
- the potential to change drug markets.

Recommendations

The City of Edinburgh Council and the Alcohol and Drug Partnership should take steps to introduce drug checking services (DCS) in the city. Several models and locations of DCS have the potential to reduce drug related harms in Edinburgh, and approaches serving a range of potential users should be explored.

- For those at highest risk of drug-related deaths and harms, DCS within recovery hubs, homelessness services, community pharmacy, and safer drug consumption facilities (SDCF) would have the greatest acceptability and impact. For this group, local and quick access to results (ideally with additional lab testing to follow up and provide surveillance) are key considerations
- For wider groups of people who use drugs, sites such as Crew may be more appropriate as they opportunities for a low threshold, drop-in service which may be broadly acceptable and accessible for individuals with a range of experiences and

preferences. Postal services or multiple drop off locations may supplement this provision. For this group, there may be a lower premium on immediacy of response

To this end, we recommend the following next steps:

Consultation

- Carry out consultations with potential providers to explore feasibility in specific locations
- Liaise with those leading development of drug checking within Aberdeen, Dundee and Glasgow, and the national implementation group led by Scottish Government, to apply both practice and policy learning
- Consult further with a range of people who use drugs in the city to explore needs and preferences
- Urgently discuss the feasibility of Edinburgh also using the national lab-based testing services that are currently being developed as part of the national implementation work

Service development

- Explore the creation of multiple drug checking services in locations across the city, or the establishment of a distributed model where a primary site collects samples from other locations for testing
- Explore options for the creation of city-wide postal provision
- Consider the balance between speed of testing results and comprehensiveness of the analyses in developing service design
- Develop service designs that include:
 - flexibility, ease of access and user-friendly, non-judgmental approaches, including peer support
 - access to other harm reduction interventions
 - operating procedures that ensure safety of staff and people using the service
 - clear plans for design coproduction, including people with lived and living experience

Legal considerations

- Ensure planning takes account of Home Office licensing requirements, and other national plans for confirmatory testing

Finance and costs

- Initiation of discussions with local and national government decision makers to ascertain the potential financial envelope for service provision
- Liaison with potential providers to explore costs and feasibility of standalone and integrated provision

Communication

- Develop a communication plan to provide stakeholders and the public with information about drug checking services, and the place of potential services in the wider treatment, recovery, and harm reduction landscape in Edinburgh

