

Policy and Sustainability Committee

10am, Tuesday 1 November 2022

Assessing the Feasibility of an Edinburgh Drug Consumption Room

Executive/routine
Wards
Council Commitments

1. Recommendations

It is recommended that Policy and Sustainability Committee;

- 1.1. notes the planned approach to securing a feasibility study of an Edinburgh Drug Consumption Room and agrees to receive the study when completed.

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Assessing the Feasibility of an Edinburgh Drug Consumption Room

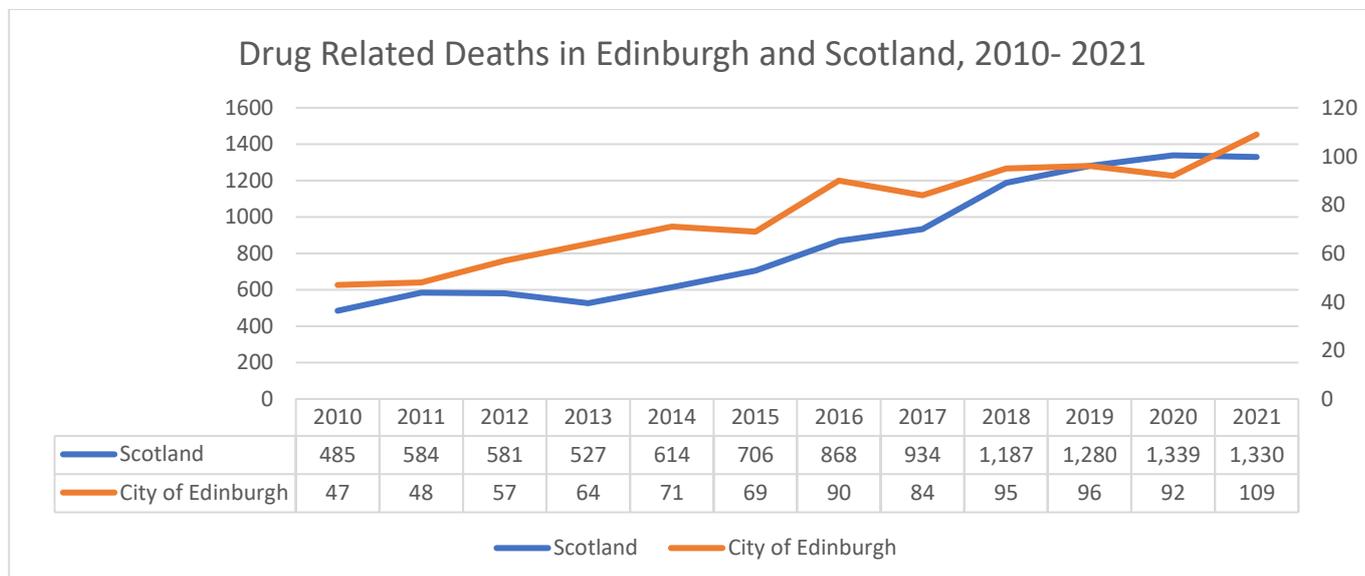
2. Executive Summary

- 2.1 This paper responds to a motion by Councillor McFarlane requesting that the council “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”.
- 2.2 It proposes that an external organisation be commissioned to undertake a feasibility study under the direction of a steering group of local partners. This approach has been agreed within the Alcohol and Drugs Partnership (ADP). The findings are expected to be available by March 2023.

3. Background

Drug related deaths in Edinburgh:

- 3.1 In 2021 there were 109 drug related deaths in Edinburgh, an increase from 95 in 2020 and the highest ever number in a single year in Edinburgh (source [NRS](#), *Drug-related deaths in Scotland in 2021*).



- 3.2 At its 20th June 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.”.

Drug Consumption Rooms (DCR)

- 3.3 Note re terminology: there are various terms used for similar services: Safer Injecting Facilities; Supervised Injecting Facilities, Safer Injecting Spaces, Drug Consumption Rooms, Overdose Prevention Centres, etc. By whatever name, they are supervised, 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 pathways to other interventions to reduce harm.
- 3.4 Development of DCRs is explicitly supported by Scottish Government strategy and is recommended by the [Drugs Deaths Task Force](#). Evidence of the impact of Drug Consumption Rooms (DCRs) is well established internationally (e.g. [180320atn12038doc2_0.pdf \(gov.wales\)](#) – where DCR are easily accessible in in areas of concentrated public injecting, rates of drug related deaths (DRD) fall. There are prima facie indications that this would apply in Edinburgh, specifically:
- 3.4.1 In the city centre, particularly for the homeless population: although most (81%) of DRDs in Edinburgh are of people who have permanent housing, a significant proportion occur in temporary accommodation (18 deaths in Lothian in 2021) or in public places (5 deaths in Lothian in 2021). Local providers of homeless services, the police and the ambulance service, among others indicate that management of high risk intoxication is a profound challenge - introducing DCRs is known to address this (they have a 100% record of preventing DRD within them and do attract high risk drug users to their safer premises)
- 3.4.2 and/ or in Leith (EH6 has one of the highest concentrations of ambulance call outs for overdose in Scotland) and initial geographical analysis of DRDs indicates a significant cluster of deaths there.
- 3.6 There are indications of support from the professional community for the development of a DCR and from the community of drug users: 81% of Edinburgh injectors interviewed as part of the 2017-18 [Needle Exchange Surveillance Initiative](#) (source: private correspondence with authors of [national research on DCRs](#))

4. Main report

- 4.1 Prior to potentially creating a DCR in Edinburgh a number of factors would need to be better established:
- 4.1.1 Clear, quantifiable evidence of need, acceptability and potential impact of a DCR. Glasgow have established a clear need for a DCR to address public injecting in their city centre through a public health needs assessment. ([“Taking away the chaos”: a health needs assessment for people who inject drugs in](#)

[public places in Glasgow](#)) but there is no comparable evidence base in Edinburgh.

4.1.2 A clear, agreed, options-appraised, costed model, including potential location, evaluated against such criteria as:

4.1.2.1 Density of need and accessibility

4.1.3 Acceptability to living experience

4.1.4 Co-location with suitable services

4.1.5 Co-location with services that need similar staffing complement

4.1.6 Premises themselves suitable and trauma-informed

4.1.7 Acceptability for other users of the building

4.1.8 Cost/ benefit compared to funding more traditional models of care: DCRs are highly resource intensive (opening for long hours with high staffing levels for safety) and have very localised effects. Evidence of potential benefit would need to be strong to justify diversion of resource from other priorities.

4.1.9 Finances and resource – the Edinburgh Alcohol and Drugs Partnership (EADP) and Edinburgh Integration Joint Board (EIJB) would need to consider very carefully any potential funding sources and the opportunity costs involved.

4.1.10 Stakeholder commitment and reputational challenges. The ADP and Chief Officers Group(COG) would need to support any proposal fully. Police Scotland has already taken a national position supporting DCRs where needed.

4.1.11 Legal assurance: DCRs are legally complex as they entail allowing drug use on a premises (in apparent contravention of the Misuse of Drugs Act).

4.2 Glasgow Health and Social Care Partnership (GHSCP) and the Scottish government are testing the legal options; alongside partners in the Crown Office and Procurator Fiscal Service and Police Scotland. Glasgow are working to develop a service specification which would enable the Lord Advocate to provide assurance the prosecution would not be considered in the public interest. They have now provided information which they feel meet the specific criteria set out by the Lord Advocate in her statement to the Justice Committee on November 3 last year (link [here](#), relevant part is top right of page 20).

4.3 Regardless of other considerations, Edinburgh would not be able to proceed with a Drug Consumption Room until Glasgow's more advanced process is completed and

the legal issues are clearer. However, it would be possible and consistent with the EADP strategy to initiate a feasibility study.

- 4.4 The focus of such a study would be on identifying a model consistent with local need and facilities. It would also identify the costs entailed and possible sources of funding through Scottish Government, EADP and other routes. The study would define options for Edinburgh to potentially act if the legal situation becomes clearer (through the work by Glasgow).
- 4.5 Neither the EADP nor NHS Lothian Public Health has the capacity to deliver the type of needs assessment required. However, the EADP is able to develop a brief for the work and it could be secured by commissioning it from an external agency. The EADP structure and the COG provides a governance structure for commissioning the study and responding to its findings. However, timelines for such a study would be substantially longer than 2 months.

5. Next Steps

5.1 The EADP executive agreed to proceed with the feasibility study at their 6 of September meeting (minutes not yet ratified). The EADP officers have issued invitations to a steering group in the week commencing the 24 of October. Invitees include:

- Harm Reduction Team (REAS, NHSL)
- Edinburgh Locality Substance use services (EHSCP)
- Police Scotland
- Lived and Living Experience representation
- Inclusive Edinburgh (CEC)
- One or more homeless providers (Streetwork, Cyrenains, Salvation Army)
- Substance Use voluntary sector (Turning Point Scotland)
- Scottish Government Drugs Policy Unit
- NHS Lothian Public Health

5.2 Expected timescales for the work are approximately:

- Weeks 1- 4: establish steering/ stakeholder group and develop brief
- Weeks 5-8 Secure provider for the work
- Weeks 8-16: research:
- Weeks 16-20: Reporting and dissemination

5.3 The findings of the feasibility study are thus expected to be available in March 2023. They will be made available to the EADP, the COG and City of Edinburgh Council.

6. Financial impact

- 6.1 The cost of securing the feasibility study can be met from EADP funding. The cost of a DCR would be part of the feasibility study. The procurement approach for securing the study will be agreed within the steering group and it is expected that City of Edinburgh Council (CEC) procurement will support the process.

7. Stakeholder/Community Impact

- 7.1 Consultation with current and former drug users and their families will be an important component of the feasibility study.

8. Background reading/external references

See links within the paper.

9. Appendices
