

REPORT

Edinburgh Safer Drug Consumption Facility and Edinburgh Drug Checking Service

Edinburgh Integration Joint Board

1 November 2024

Executive Summary	The purpose of this report is to provide the Edinburgh Integration Joint Board (EIJB) with an update on progress of developing models to deliver an Edinburgh Safer Drug Consumption Facility (SDCF) and an Edinburgh Drug Checking Service (DCS). This work has been led by the Edinburgh Alcohol and Drug Partnership (EADP).
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Recommendations	<p>It is recommended that the Edinburgh Integration Joint Board:</p> <ol style="list-style-type: none"> 1. Acknowledge the findings of the feasibility studies into the SDCF and DCS. 2. Note that no additional funding to develop costed proposals has been agreed by the Scottish Government. 3. Agree to consider a costed proposal, including information on funding available, for the development of an Edinburgh Drug Checking Service in January 2025. 4. Agree to consider a costed proposal, including information on funding available, for an Edinburgh Safer Drug Consumption Facility in July 2025. 5. Note that no funding has been agreed by the Scottish Government to fund either a DCS or SDCF.
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Directions

Direction to City of Edinburgh Council, NHS Lothian or both organisations	No direction required	✓
	Issue a direction to City of Edinburgh Council NHS Lothian	
	Issue a direction to NHS Lothian	
	Issue a direction to City of Edinburgh Council and NHS Lothian	



Main Report

Safer Drug Consumption Facilities

1. Safer Drug Consumption Facilities or SDCF (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 fatal 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 and indicates that where such facilities are easily accessible in areas of concentrated public injecting, rates of Drug Related Deaths fall.

Drug Checking Services

2. Drug Checking Services or DCS are a harm reduction intervention available in many countries but not currently unambiguously legal in the United Kingdom. They consist of analysing the content of a substance brought to the service by someone who intends to take it and providing information to them to enable them to reduce risk. This is compatible with Edinburgh Alcohol and Drug Partnership (EADP) and Scottish Government strategy. 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](#)).
3. The exploration of how both services could be provided in Edinburgh is therefore timely and potentially valuable.
4. As part of its deliberations at [Full Council](#) on 30 June 2022 regarding the prevention of drug deaths, the City of Edinburgh Council (the Council) requested that it worked with partners in health and criminal justice to provide a report to the Policy and Sustainability Committee into the feasibility of supporting an official SDCF in Edinburgh. This, and a later request from Policy and Sustainability Committee regarding a DCS, was welcomed and supported by the EADP.
5. The EADP commissioned a consortium of external organisations to undertake feasibility studies under the direction of a steering group of local partners. It was hoped that the findings of the process would be available by March 2023. However, there were delays in securing ethical clearance for elements of the research to ensure rigour and veracity, and thus legally defensible completion, which elongated timelines. The [Feasibility Studies](#) were published in November 2023 and discussed at the [Policy and Sustainability Committee in March 2024](#).



6. The feasibility studies recommended implementing SDCF and DCS to reduce drug related harm in Edinburgh and the studies included recommendations for next steps which are summarised at appendix 1. The feasibility studies were discussed at the EADP and Policy and Sustainability Committee and several actions were agreed, and these are undernoted:
 - a. **Drug Checking Services:** Officers were directed to prepare a costed proposal to be considered by the EADP in November 2024.
 - b. **Safer Drug Consumption Facilities:** The EADP and Policy and Sustainability Committee supported the development of a high-level project plan setting out staffing model, proposed costs, a timeline for consultation and wider considerations including location and engagement with the Lord Advocate.

7. Based on these agreements, two projects have been initiated to develop local delivery models for SDCF and DCS. These models will form the basis of recommendations to the EADP Executive, the EIJB and the Council's Policy and Sustainability Committee. They will be part of any future Home Office License applications which is legally required to deliver a DCS and a statement of Prosecution Policy which is required to deliver a SDCF without fear of prosecution.

8. The proposals will focus on practice model, location, outline procedures, resources and the the legal and policing arrangements required to progress further and will include:
 - a. Data on drug related harm in the area of the proposed site.
 - b. Detailed operating plan for how the intervention would operate
 - c. Costs associated with the development.
 - d. Legal, registration, health and insurance considerations.
 - e. Views of the local community.

9. These plans will have been co-produced with the potential users of the service and others with lived and living experience of high risk drug use. Several actions have been progressed to date including:
 - a. The Chair of the EADP and Elected Members have approached the Minister for Drugs Policy to highlight the central importance of funding to support implementation of any future SDCF project.
 - b. A governance structure has been established and groups have been formed to oversee the development and this is referenced at appendix 2.
 - c. A project manager has been secured to support this work over the next year This is summarised in appendix two.



- d. EADP officers have joined the national group exploring the development of DCS in Glasgow, Aberdeen and Dundee. This is being supported by national organisations [The Scottish Drug Checking Project](#)).
 - e. Members of the Stakeholder group visited the developing SDCF and DCS facility in Glasgow. Appendix three details key elements and learning points for consideration as we develop proposed Edinburgh models.
10. Based on other models implemented elsewhere in the UK, the cost to implement a SDCF will be significant and estimated between £1m and £2.3m (which is the cost to implement a SDCF in Glasgow).

Strategic Priorities

Strategic Priorities	✓	Key points within report that address strategic priorities
Prevention and Early Intervention	✓	Section 5 of this report and appendix one
Tackling Inequalities	✓	Section 5 of this report and appendix one
Person Centred Care	✓	Section 5 of this report and appendix one
Managing our resources effectively		
Making best use of capacity across the system		
Right care, right place, right time		

National Health and Wellbeing Outcomes

Please note which national Health and Wellbeing Outcomes your report aligns to		✓
1. People are able to look after and improve their own health and wellbeing and live in good health for longer.	6. People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and well-being.	
2. People, including those with disabilities or long-term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.	7. People who use health and social care services are safe from harm.	✓
3. People who use health and social care services have positive experiences of those services, and have their dignity respected.	8. People who work in health and social care services feel engaged with the work they do and are supported to continuously improve	



		the information, support, care, and treatment they provide.	
4. Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	✓	9. Resources are used effectively and efficiently in the provision of health and social care services.	✓
5. Health and social care services contribute to reducing health inequalities.	✓	Not applicable	

Implications for Edinburgh Integration Joint Board

Financial

11. Local investment in the process has been restricted to use of existing resources, mostly time from EADP and Edinburgh Health and Social Care Partnership (EHSCP) officers and participants in the various groups. The allocation of a full time Public Health Practitioner to project manage the development process for one year has been agreed from within current EHSCP capacity.
12. It is envisioned that the DCS could be delivered with relatively little additional funding and development, however it should be highlighted that to deliver the DCS would have to be delivered within the existing budget, if no additional funding is provided. There are several governance, legal and practical steps involved but much of the development work can be adapted from work completed in the other Scottish cities.
13. At the time of the feasibility studies' publication, the EADP recognised that the estimated cost to fund development of an SDCF could not be met by funding from within the Edinburgh Alcohol and Drug Partnership and the Edinburgh Integrated Joint Board without significant impact on core services. A clear finding of the feasibility study was that 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.
14. Based on these considerations the Chair of the EADP was directed to initiate discussion with Scottish Government decision makers to explore funding opportunities. This resulted in an exchange of letters which indicated that a funding allocation to support SDCF would not be considered until a detailed proposal was presented to the Scottish Government for their consideration. Considering the financial situations both nationally and locally, there remains a significant risk that despite work on progressing proposals, funding to implement a SDCF will ultimately not be available.



15. From the findings and recommendations of the feasibility study, replicating the model of SDCF used in Thistle Project in Glasgow, will cost approximately £2.3m pa. This cost is neither financially feasible nor proportionate to local demand in any area of Edinburgh.
16. The Feasibility Studies did highlight that internationally there are several less clinically focussed and resource intensive models which would meet the identified needs in Edinburgh. This evidence will be used to inform the proposed model.

Risk, legal, policy, compliance, governance, and community impact

21. Legal advice and a clear policing plan are requirements of both proposals, and the policing plan will need to take account of wider community safety issues and address any concerns raised by community residents. A DCS would require a Home Office license to enable it to legally handle drugs. Delivery of an SDCF can only take place under a Statement of Prosecution Policy from the Lord Advocate indicating that they would not consider it in the public interest to prosecute. Working towards developing the evidence required for a submission required to obtain such a statement will be a substantial element of the SDCF project.
22. The clinical governance and safety elements of both proposals will need to be considered by the Clinical and Care Governance Committee in advance of submission to the EIJB.

Equality and Poverty Impact

24. Problem drug use is both a cause and consequence of deprivation and drug related harms are highly concentrated in areas of multiple deprivation. Drug use is a stigmatised activity strongly associated with disadvantage and several protected characteristics. Implementation of either SDCF or DCS interventions is expected to have an ameliorative effect.
25. A full Integrated Impact Assessment will be completed as part of the development of both proposals.

Environment, climate, and sustainability impacts

26. There are no known environmental Impacts arising from this report.

Quality of care

27. Drug Checking and safer drug consumption would be offered within wider treatment and recovery settings with experienced staff thus increasing the opportunities for people to engage. Clear standards for care for harm reduction would be adhered to.

Consultation

33. Engagement with geographical communities and communities of interest are key elements of this programme. This will include coproduction with current and former drug users and their families and will be incorporated into the EADP's comprehensive programme focussed on putting Lived and living experience at the heart of the EADP's activities.
34. There will need to be consultation with those in areas where DCS and SDCF may be located and local networks including Community Councils will be key contributors to this.

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Background reading / external references

- 1 [Feasibility Studies.](#)
- 2 [P&S Committee Paper Responding to the feasibility studies](#)

Appendices

Appendix 1	Key findings and recommendations of the Feasibility Studies
Appendix 2	Governance Structure
Appendix 3	Key learning from Thistle Project in Glasgow and from national partnerships



Appendix 1: Key findings and recommendations from the needs assessment and feasibility study for a safer drug consumption facility in Edinburgh.

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.



Key findings and recommendations of the Drug Checking service report

- 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.
- 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 (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.

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

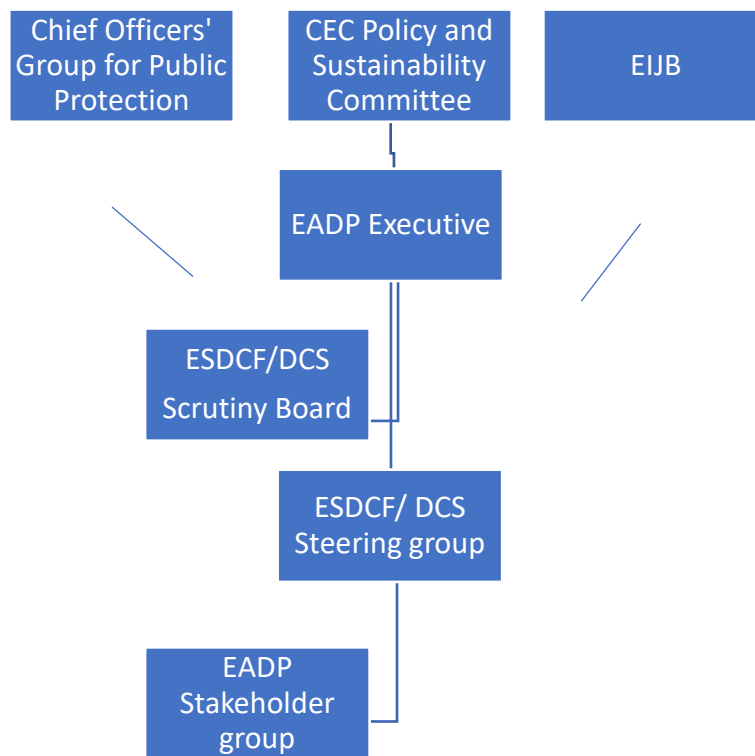
Develop a communication plan to provide stakeholders and the public with information about drug checking services, and the place of potential services in the wider treatment, recovery, and harm reduction landscape in Edinburgh

Appendix 2: Governance, membership, roles and responsibilities of project groups

Two new groups have been established:

- A Steering Group who will develop options and proposals, supported by the project manager
- A Scrutiny Board who will provide critical feedback on proposals

The EADP Stakeholder Reference group will provide support and advice to the Steering Group.



ESDCF/ EDCS Steering Group:

The Steering Group will be a multi-organisational group leading the development of the Safer Drug Consumption Facility (SDCF) and Drug Checking Service (DCS) projects in Edinburgh. The group will have an overview of the planning and implementation of the projects and will develop the reports and plans needed to achieve the projects’ aims. It will pass reports and recommendations to the EADP Executive. It will direct the work of the project manager. It will consult with the Stakeholder Group and submit reports to the Scrutiny board for their comment.

Membership

Service Manager, Substance Use EHSCP
Clinical Lead for Drugs and Alcohol, EHSCP
Lead Pharmacist, NHS Lothian
Manager, Harm Reduction Team, NHS Lothian
Programme Manager, EADP
Project Manager, EHSCP
Public Health, NHS Lothian

ESDCF/ EDCS Scrutiny Board

Role and Remit: The Scrutiny Board provides an advisory role contributing to the development of the Safer Drug Consumption Facility (SDCF) and Drug Checking Service (DCS) projects in Edinburgh. The Board will have an overview of the planning and implementation of the project and act as a “critical friend”: it will receive reports and plans from the Steering Group and will ensure that all aspects of the development are informed by current legal, financial, regulatory, clinical, and governmental contexts. The Board will advise the officers who are responsible for reporting on the progress of the project.

Membership:

Chief Officer, EHSCP and Chair EADP
Chief Inspector, Edinburgh Partnerships, Police Scotland
Director of Service Operations, EHSCP
Drug Policy, Crown Office & Procurator Fiscal Service
Programme Manager, Edinburgh Alcohol & Drug Partnership
Service Manager, Substance Use EHSCP
Head of Harm Reduction Team, Drugs Policy Division, Scottish Government
Clinical Lead, Drug and Alcohol Services, EH&SCP
Consultant in Public Health, NHS Lothian
City of Edinburgh Council legal services

EADP Stakeholder group

Role and Remit: The Stakeholder group comprises of representatives with knowledge and expertise in drug harm reduction and treatment service delivery; policing; public health; communications; consultation with communities of interest and local communities. Its role is to comment on and contribute to plans developed by the Steering Group (as well as wider issues in implementation of the ADP strategy).



Appendix 3: Key learning from Thistle Project in Glasgow and from national partners

1. On the 10 September, a group of staff from the EADP, Edinburgh NHS and EHSCP treatment providers, Edinburgh Voluntary sector homeless and drug services, Ambulance Service and Police, and NHSL Public Health visited the Thistle Project premises from which the Glasgow SDCF and DCS will be delivered in the future. They met with the planners and managers who have been involved in progressing the work there.
2. Key lessons from the visit to the SDCF included:
 - Registration; preparing and consumption; recovery, and aftercare will all take place in distinct places within the premises.
 - The final element, aftercare, offers a supportive, comfortable, and safe space for people following their injection and will give opportunities for people to engage with additional social and harm reduction support. Time spent in the aftercare space will not be limited and it is expected to operate as a “third space” for the users of the service.
 - The service will be available 9 am to 9 pm 365 days.
 - Cost of this service development is £2.4 million a year for 3 years (total £7.2million).
 - Evaluation funding was acquired separately – the evaluation will be independently conducted.
 - The Thistle Project will employ 34.00 WTE staff in a variety of NHS positions which will have capacity to provide 2.00 WTE nurses on site at all times and a number of staff with lived experience of drug use and recovery. The workforce will receive intensive and bespoke training and will be supported by a clinical psychologist.
 - The most safety critical element of the provision - the supervised consumption - will always require at least two registered nurses to be present - This is an irreducible aspect of the model.
 - Eight people will be accommodated in the consumption area at any time and a larger number in the aftercare area.
 - The building is being refurbished but it was an established site with a long history as a location for harm reduction interventions. The design layout has been informed by potential users and others with lived experience of drug use and will strive to be a trauma informed environment.
 - The pre-existing level of drug related activity harm in the vicinity is intense. The process of engagement with both the community in the local area and with people with lived and living experience of drug use has been extensive and has shaped the development of the project. Businesses and residents have had mixed views but many have offered significant support.



Drug Checking

3. The model which will be used in Glasgow (as in Dundee and Aberdeen) is one of near person testing i.e. users of the service bring a sample of a drug that they were planning to take. A small amount (the size of a grain of rice) is dropped into a drop box in a container. A staff member takes the sample to a machine in the building and analyses it – this would take about 20 minutes. The person bringing the sample waits whilst the substance is being analysed. The staff member then provides v the client with information about the substance, the risks of using it and advice on how to reduce those risks, this includes the offer of treatment and recovery. The sample is not returned.
4. To legally deliver a drug checking service that complies with the Misuse of Drugs Act 1971 and the Misuse of Drugs Regulations 200,1 a licence is required from the UK Government Home Office. To obtain a Licence there needs to be standardised operational procedures in place ratified by the Home Office. In addition to this, the Home Office has provided guidance on what they would consider necessary when submitting license applications for drug checking facilities. These are:
 - Measures in place to ensure the service cannot be seen to condone drug misuse
 - Targeted at people who are dependent on one or more illicit drug, and they can demonstrate effective measures which prevent non-dependent people from accessing the services.
 - Located in a fixed community-based, drug treatment, harm reduction or other healthcare setting.
 - Restricted to people over the age of 18 only.
 - Ensure that all users receive a follow up appointment with a trained treatment professional to support behaviour change, entry to treatment and becoming drug free.
 - Feed information into, as a minimum, domestic early warning systems to support the Government's understanding of emerging drug threats.
 - Agree an impact assessment methodology with the Home Office in advance (this is a licence condition).
 - Agree to share data from the impact evaluation openly with the Home Office (a licence condition).
5. Aberdeen, Glasgow and Dundee HSCPs have, with Scottish Government (SG) and Public Health Scotland support, submitted applications to the Home Office for licences. They are now in the process of having those considered, this includes site visits and examination of proposed operating procedures.



6. Colleagues from these areas and Scottish Government are happy to support Edinburgh to make a similar application and share their experience of the process and requirements. The Home Office stipulations are so narrow in terms of the potential locations and models for a DCS.
7. Visits to Dundee which will be providing a DCS and to the National Laboratory which is an important part of the overall national DCS process are being arranged.
8. Colleagues from these areas and the SG are happy to support Edinburgh to make a similar application and share their experience of the process and requirements. The Home office stipulations narrow the potential locations and models for a DCS and the steering group is working on an options appraisal of potential settings and approaches to delivery.
9. A visit to Dundee is being arranged to visit the service there which will be offering DCS and the national lab which is an important part of the overall national DCS process.