

**CABINET SECRETARY FOR HEALTH AND SOCIAL CARE
MINISTER FOR DRUGS AND ALCOHOL POLICY AND SPORT**

Priority and Purpose

1. Immediate

Recommendation

2. Recommends that you note that the Scottish Affairs Committee's report on *Problem Drug Use in Scotland Follow-up: Safer Drug Consumption Facility SDCF* will be published tomorrow, 16 September 2025. The report includes findings and recommendations on the establishment, operation, and future of the SDCF, the Thistle, in Glasgow.

Background and Context

3. The first official Safer Drug Consumption Facility (SDCF) in the UK opened in Glasgow on 13 January 2025. The facility, known as the Thistle, operates on the basis of a three-year pilot, designed to explore the effectiveness of safer drug consumption interventions in reducing harm and supporting public health.
4. This submission draws on the Scottish Affairs Committee's published report, which examined the legal, operational, and policy challenges associated with establishing and running The Thistle, with a particular focus on the future of the facility. The report follows the Committee's predecessor inquiry of 2019-21, into problem drug use in Scotland, which assessed drivers of drug-related harm, integrated policy responses, the balance between criminal justice and public health, and the role of social security in supporting affected individuals.
5. The predecessor Committee had recommended that the UK Government support a pilot SDCF in Glasgow. While this recommendation was initially rejected, subsequent legal and policy developments in Scotland enabled the establishment of the Thistle. The facility's opening marks a significant milestone in Scotland's public health response to the drug crisis.
6. The Committee's follow-up inquiry included four oral evidence sessions, receiving testimony from academic and medical experts in public health and addiction, operators and stakeholders of the pilot facility, the Lord Advocate, and officials from both the Scottish and UK Governments. Written submissions from a wide range of stakeholders further informed the Committee's conclusion
7. The Committee notes that the independent evaluation report on the Thistle will be published following conclusion of the three-year pilot. An interim report is expected around two and a half year mark to provide early evidence on the facility's operation and to help inform consideration of whether the service should continue beyond the pilot

Issues Raised

Legal Position of the Thistle

8. The Thistle currently operates under the Lord Advocate's Statement of Prosecution Policy (SPP). While this prosecutorial discretion has been essential in allowing the pilot to open, it does not provide a long-term, sustainable legal framework. Operators and users face ongoing uncertainty, particularly with regard to offences beyond possession, which remain criminalised under current law.
9. The Lord Advocate has indicated that any additional facilities would be considered on their merits, but reliance on individual SPPs for each site risks a fragmented approach. A consistent, national framework, underpinned by legislative action from the UK Government and Parliament, is necessary to provide legal certainty and enable wider implementation of safer drug consumption facilities.

A Gold Standard Service

10. The Thistle has been described by Professor Catriona Matheson, Professor in Substance Use, University of Stirling as a "gold standard level service" facility, reflecting the scale and severity of Glasgow's drug crisis.
11. While its design and services are commensurate with the level of harm in the city, the facility is resource-intensive. Evidence on cost-effectiveness, including potential savings to and , will only be available once the independent evaluation of the pilot is complete in 2029. Decisions on ongoing funding beyond the three-year trial period will rest with the Scottish Government and Glasgow City Council.
12. The committee found that alternative, less costly models, such as mobile or smaller-scale units could provide comparable harm-reduction benefits. However, these models remain untested, and any assessment of value for money must take into account Scotland's ongoing drug-related deaths, which numbered 1,172 in 2023. The scale of the crisis demands a response proportionate to the level of harm, and SDCFs must not displace funding for existing recovery services but work alongside them as part of an integrated strategy.

Local Community

13. Community engagement and support are critical to the success of The Thistle. Evidence from other jurisdictions suggests SDCFs reduce levels of publicly discarded paraphernalia and antisocial behaviour, but local concerns must be addressed proactively.
14. A clear communication strategy, developed in partnership with the Community Forum, is required to maintain trust and ensure that community perspectives are incorporated into the facility's operations.
15. The Community Engagement Forum meets every six weeks and accommodates inputs from both residents and local businesses, ensuring their perspectives are integrated into operational decisions.

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16. While independent evaluation will provide data on community impact, health outcomes, and cost-effectiveness. Ongoing engagement remains essential to fostering understanding and confidence in the pilot.

Expansion of Services

17. To maximise effectiveness, The Thistle requires the ability to accommodate people who inhale drugs. Current legal barriers prevent the operation of an inhalation room, limiting the facility's capacity to reduce harms associated with injecting drug use. The Lord Advocate has indicated that extending the SPP to cover inhalation is undesirable; however, medical evidence strongly supports the harm-reduction benefits of allowing inhalation and providing sterile equipment, including single-use tourniquets, as well as onsite drug checking.
18. Without these services, the evaluation of The Thistle will not fully reflect its potential effectiveness. The Committee has called on the UK Government to consider any applications for exemptions under the Misuse of Drugs Act 1971 on their merits and urged the Home Office to urgently complete its assessment of the facility's drug checking licence, providing a formal update on progress.
19. The UK Government has indicated that it will review evidence from the pilot, but Home Office evidence suggested legislative change is unlikely, even if the evaluation demonstrates effectiveness. Operating SDCFs indefinitely under prosecutorial discretion alone creates a precarious situation, leaving facilities vulnerable to legal challenge and uncertainty.

Evaluation and Future of the Thistle

20. The Committee emphasised that the evaluation must be treated as authoritative. Should the pilot demonstrate that The Thistle is effective in reducing harm and saving lives UK Government should work with the Scottish Government to establish a robust legislative framework, ensuring a sustainable legal basis for existing and future facilities. Any intervention proven to reduce harm and prevent deaths should be supported rather than dismissed

Options Considered and Advice

21. From the report the following options can be deduced for consideration:
22. Maintain status quo, by continued operation of the Thistle under the current Statement of Prosecution Policy (SPP) with no changes till the duration of the pilot.
23. Seek targeted exemptions under existing legislation (e.g., Misuse of Drugs Act 1971 and Smoking, Health and Social Care (Scotland) Act 2005) to allow limited expansion, such as inhalation spaces, or provision of safe-use equipment.
24. Continuous dialogue with the UK Government to amend the Misuse of Drugs Act 1971 or related regulations (Regulation 6A, Misuse of Drugs Regulations 2001) to

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explicitly allow SDCF, inhalation spaces, and standardise legal protections for operators and users of SDCF's.

25. To consider complementary or alternative service modes, such as mobile SDCFs or smaller-scale local facilities, which may provide cost-effective harm reduction while piloting different operational models

Legal Considerations

26. The Thistle operates under the Lord Advocate's Statement of Prosecution Policy(SPP), which does not provide immunity from prosecution. Reliance on SPP alone does not provide a permanent or scalable legal solution.
27. Provision of inhalation equipment and tourniquets currently falls under section 9A(1) of the Misuse of Drugs Act 1971 and is not covered by exemptions in Regulation 6A of the 2001 Regulations.
28. Smoking bans under the Smoking, Health and Social Care (Scotland) Act 2005 restrict use of enclosed spaces, including healthcare facilities. Ministerial exemptions may remove the smoking ban but cannot alter criminal liability under the Misuse of Drugs Act 1971.

Extending the SPP to allow inhalation or supply of equipment is considered legally undesirable by the Lord Advocate; any formal proposal must originate from service providers, not Ministers, to avoid perceptions of interfering with prosecutorial independence.

Financial Considerations

29. The potential cost-effectiveness of the Thistle depends on reductions in broader health and social care usage, which will only be measurable after the evaluation.
30. Alternative models, such as mobile units or smaller-scale SDCFs, may reduce operational cost.
31. Investment in SDCFs must not come at the expense of existing recovery and support services; these interventions are complementary, not substitutes.

Sensitivities

32. Community perception and support is critical, any misunderstandings about the purpose of SDCFs and expectations about their impact could generate opposition or reputational risk.
33. Political sensitivities could arise between devolved public health powers and reserved criminal law (Misuse of Drugs Act 1971). Proposals to amend or seek

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exemptions must balance public health objectives whilst in compliance with reserved law.

34. Any engagement with the UK Government on legislative change or exemptions must be evidence-based, transparent, and avoid being perceived as undermining prosecutorial independence or overstepping devolved powers.

Quality Assurance

35. This submission has been approved by [redacted S.38(1)(b)].

Conclusion

36. The Scottish Affairs Committee concludes that while the Lord Advocate’s Statement of Prosecution Policy has enabled The Thistle to operate, it is not a substitute for a clear and sustainable legal framework.
37. The Committee recognises The Thistle as a “gold standard” intervention, reflecting the severity of Glasgow’s drug crisis, but highlights its high cost and the importance of ensuring it complements other recovery services.
38. The Committee emphasises that future expansion of services, including inhalation rooms, provision of harm-reduction equipment, and drug checking is essential for effectiveness, but legal barriers remain.
39. The Committee stresses the need for community engagement and responsive communications to maintain local support and address concerns.
40. The Committee calls on the UK Government to adopt an evidence-based approach, consider the outcomes of the independent evaluation of The Thistle, and, if successful, work with the Scottish Government to establish a full legal framework for Safer Drug Consumption Facilities across Scotland, rather than having multiple facilities with individual prosecution policy arrangements.

[redacted S.38(1)(b)]
Population Health Directorate
Drugs Policy Division

Cabinet Secretaries and Ministers Copy List	For Action	For Information Portfolio interest	For Information Constituency interest	For Information General awareness
Cabinet Secretary for Health and Social Care	«text»	«text»	«text»	X
Minister for Drugs and Alcohol Policy and Sports				X

COMMITTEE APPEARANCE – CABINET SECRETARY FOR HEALTH AND SOCIAL CARE – SCOTTISH AFFAIRS COMMITTEE

<i>Date and Time of Committee Appearance</i>	Westminster Scottish Affairs Committee 4 June, 09.30 - 10.30
<i>Where</i>	Cabinet Secretary will appear remotely via Zoom Link to be provided by Committee Clerks on 3 June
<i>Purpose of Evidence session</i>	The Cabinet Secretary is appearing to give evidence into the committee's enquiry into 'Problem drug use in Scotland follow-up: Glasgow's Safer Drug Consumption Facility'
<i>Official Support Required</i>	[Redacted S.38(1)(b)] - Head of Harm Reduction Team, Drugs Policy Division, [Redacted S.38(1)(b)]
<i>Comms Support/Media handling</i>	No Comms support required. Officials will engage with SG Comms colleagues around media handling.

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ANNEX A – Committee Session Agenda

Wednesday 4 June 2025

9:00 am Private

9:30 am Public - Problem drug use in Scotland follow-up: Glasgow's Safer Drug Consumption Facility - Oral evidence, Neil Gray MSP (Cabinet Secretary for Health and Social Care at Scottish Government)

10:30 am Public - Problem drug use in Scotland follow-up: Glasgow's Safer Drug Consumption Facility - Oral evidence, Rt Hon Dame Diana Johnson DBE MP (Minister of State for Crime, Policing and Fire, at Home Office)

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ANNEX C – THISTLE INFORMATION

TOP LINES

[redacted S.30(b)(ii)]

Background on Safer Drug Consumption Facilities

Safer Drug Consumption Facilities (SDCFs) are hygienic environments where pre-obtained drugs can be consumed under clinical supervision. They are also able to provide people who inject drugs with sterile injecting equipment, advice on injecting technique and access to other health and social services.

The SDCF is also able to provide medical attention in the case of an overdose. In that eventuality they are able to provide naloxone, a drug which reverses an opioid overdose. Within the facility there is also a defibrillator to use in the case of a cardiac arrest and the availability of oxygen to be used in the case of respiratory depression, both of which are associated with cocaine overdoses.

The aims of SDCFs are to:

- Reduce drug-related overdose deaths
- Reduce the transmission of blood-borne diseases such as HIV and hepatitis B and C
- Reduce injection-related wounds and infections
- Reach people who inject drugs and who might otherwise not engage with any type of treatment service
- Benefit the surrounding community by reducing drug-related litter and the visibility of public drug use
- Gain valuable insight into trends and patterns in drug use
- Engage with people who use drugs and connect them with addiction treatment services

Evidence

SDCFs are currently in use in an estimated 18 countries around the world, including the USA, Canada, Australia and numerous European locations.

Research and evaluation from these existing SDCFs has found consistent evidence of the effectiveness of these facilities in reducing harms associated with drug use.

These evaluations show that these facilities:

- Contribute to lower rates of fatal overdoses
- Reduce rates of infection transmission
- Reduce levels of public drug consumption and publicly discarded drug-related litter

Glasgow SDCF

- Glasgow HSCP have been working for some years to introduce an SDCF in the city. They first identified a need for such a facility in 2016 following a health needs assessment of people who injected drugs in the city centre

[\(Taking Away the Chaos - 2016\)](#) which highlighted an increase in HIV transmissions amongst people injecting drugs in the city.

- An earlier proposal (2017) to the then Lord Advocate to establish an SDCF in the city was rejected on the basis that the proposal asked too much of the Lord Advocate. At that time, he said that for a facility to operate on the basis set out, a change in the law at UK level would be required.
- Given the nature of the operation of such a facility (essentially that people will be bringing illegal substances for consumption) and how it contravenes the Misuse of Drugs Act (MoD), significant engagement took place with the previous UK Government to seek their agreement on a pilot facility – this was refused on a number of occasions.
- Following the launch of the Scottish Governments national mission to reduce drug deaths and harms in 2021, the Minister for Drugs Policy at the time set out her commitment to the establishment of an SDCF in Glasgow and asked that a new proposal be brought forward for consideration by the new Lord Advocate. The Lord Advocate also set out her willingness to consider a new proposal in a statement to the Justice Committee in November 2021.
- Given that statement from the Lord Advocate, alongside the reluctance from the (then) UK Government, work was undertaken by Glasgow HSCP alongside Crown Office and Police Scotland colleagues, facilitated by Scottish Government officials, to develop a proposal for an SDCF which the Lord Advocate would be able to support.
- Through this work it was identified that an SDCF would be able to operate, with some limitations, if the Lord Advocate were able to provide a statement of prosecution policy (SPP) which would set out that it would not be in the public interest to prosecute individuals for the possession of substances within the facility.
- Once completed a proposal was shared with the Lord Advocate in June 2022 and she confirmed in September 2023 that she would be prepared to offer an SPP ([COPFS Statement on pilot safer drug consumption facility](#)).
- Work then commenced to establish a facility in Glasgow. This required some essential building work to modify the Hunter Street location alongside necessary staff recruitment and training.
- An initial opening date of 21 October 2024 was announced, however, due to essential water testing (as it is a new NHS facility) this opening was delayed until the new date of 13 January.

Limitations

- In addition to Glasgow, Edinburgh are now exploring the possibility of introducing an SDCF and discussions are at a very early stage with Dundee colleagues as well. However, given the constraints of the MoD Act, the situation for those cities around the introduction of such a facility would be the same and any proposals for other SDCFs would need to undertake the same

significant work and engagement with the Scottish Government, Police Scotland and COPFS

- Furthermore, despite the agreed SPP from the Lord Advocate there still remain limitations to what such a facility can provide. For example, under the MoD Act it is illegal for a person to supply equipment which may be used for taking drugs e.g. tourniquets [*Note – Injecting Equipment Provision services within the facility will run as normal*] so users of the facility will need to supply their own.
- Also, whilst the Lord Advocate’s SPP would state it would not be in the public interest to prosecute individuals within the facility, this would not extend to individuals on their way to and from the SDCF.

Legal position and role of COPFS and Lord Advocate

[redacted S.30(b)(ii)]

Evaluation

Background

The Thistle will undergo a comprehensive, independent evaluation led by a collaboration of academic institutions, including the University of Glasgow, Glasgow Caledonian University, and other expert research partners.

This evaluation is funded by the National Institute for Health and Care Research (NIHR), with confirmation of the award publicly available on the NIHR website. The NIHR have awarded £3.1 million for this evaluation.

The total evaluation period will span around four to four and a half years, ensuring a thorough review of both service-level outcomes and community impact.

An interim report is expected around the two-and-a-half-year mark, which will inform NHS Greater Glasgow and Clyde, Scottish Government, and other stakeholders on early progress.

As outlined by academic experts during their appearance at the Scottish Affairs Committee on 12 February 2025, the evaluation will assess:

- How the service was developed and implemented, identifying lessons for future facility planning and delivery.
- Health and social outcomes for people who use the facility, including engagement with treatment, prevention of overdose, and reduction in blood-borne viruses.
- Wider community impact, such as changes in public injecting and levels of drug-related litter, particularly discarded injecting equipment.
- Cost-effectiveness, evaluating the relationship between the financial investment in the facility and its benefits across the healthcare and justice systems.

The evaluation will combine quantitative health data with qualitative insights from service users, staff, and community members, to build a comprehensive picture of the facility's role in supporting both individual recovery and community wellbeing.

Key Points

Academic experts strongly cautioned against using a single metric such as drug-related deaths to define the success of the Thistle. Instead, they recommended adopting a broader set of indicators, including service accessibility, user stabilisation, reductions in emergency interventions, and improvements in community safety, as more appropriate and meaningful measures of impact.

Experts also advised that evidence of significant public health change may take time to materialise, and that early indicators such as improved engagement or reduced injecting-related harm may emerge within one to two years, but longer-term impacts, such as reductions in HIV transmission or complex hospital admissions will require the full evaluation period to assess effectively.

Inhalation Space

There is currently no provision within the Thistle for a smoking or inhalation space. However, operational leads (Saket Priyadarshi and Councillor Allan Casey) while giving oral evidence on the 5 March 2025 at the Scottish Affairs Committee, confirmed that the Thistle has been designed to enable future retrofitting for an inhalation room should legal authorisation be secured.

Due to the Misuse of Drugs Act 1971, there remain limitations to what the Thistle can provide. Under the Act it is illegal for an occupier or manager of premises permits the smoking of cannabis or opium on their premises, this would need to be considered in the context of any inhalation room as this is not covered by the statement of prosecution policy.

There is recognition that an inhalation space at the Thistle would more likely be used for the smoking of crack cocaine. While this isn't covered by the section 8 offence (mainly due to the age of the legislation and crack cocaine not being an issue in 1971) there may be risks to the facility operators of expanding the service unless proper safeguards are in place to check which drugs might be consumed in such a space.

There is international evidence of inhalation rooms being standard components of safer drug consumption services (for example many of those operating in Germany, Denmark and France) noting their role in preventing respiratory harm, reducing public smoking, and increasing engagement with treatment and support services.

Increasing demand for an inhalation room, as evidenced by growing data from the Glasgow WAND (Wound management, Assessment of Injecting Risk, Naloxone supply and Dried Blood Spot testing) initiative, highlights the growing prevalence of

crack cocaine and stimulant use. A significant proportion of individuals now prefer to smoke rather than inject. As a result, many high-risk individuals remain excluded from accessing safer, supervised environments.

As a result, the Thistle leadership is preparing a formal case, seeking appropriate legislative exemptions to permit safer inhalation services. Informal discussion is arranged with Scottish Government officials, with an intention to present a legal and clinically informed proposal in line with international best practice.

The Lord Advocate, Rt Hon Dorothy Bain KC, in her oral evidence to the Scottish Affairs Committee on 7 May 2025, confirmed that she had not received a formal request to expand the current prosecution policy to include inhalation services.

This evolving position suggests that while the law currently restricts formal inhalation spaces, there is a growing recognition of the public health rationale for safer inhalation support, pending further evidence and legal clarity.

Funding For The Thistle

Scottish Government has committed to make up to £2,347,000 available per annum to Glasgow HSCP for the development, set up and running of the Safer Drug Consumption Facility Pilot Project in Glasgow, from April 2024/25.

Glasgow HSCP agreed to cover building work costs required to adapt the facility for the purpose.

Due to the length of time taken for the set up of the establishment, in 2024/25 Scottish Government provided £1.277m to the HSCP.

Community issues

Background

There have been concerns raised by local residents in the Calton area who believe that the Safer Drug Consumption Facility has worsened pre-existing issues in the area including littering and drug dealing.

Media outlets such as The Sun and Sky News have reported on recent community events which have taken place where residents have raised these concerns. In addition they have visited sites close to the Thistle with high levels of discarded needles.

The language used in much of the reporting is very emotive and stigmatising, with phrases like “war zone” and “soul-destroying” being used to describe opposition between people using the facility and local residents. The area has been likened to a “mine field” and a “toilet”.

There is also a focus on the impact on children with claims that children are playing amongst bloody syringes and that nurseries have to conduct metal detector sweeps of their premises, and that large amounts of drug paraphernalia are appearing a few metres from where a new school is being built.

However, Glasgow HSCP colleagues would urge caution around some of this reporting. They have highlighted that the community events where these concerns have been raised have been orchestrated by a number of individuals/organisations who have always been opposed to the introduction of an SDCF and who, prior to now, have never had any interest or engagement in the Calton area. They also feel that a lot of the information being shared at these events is incorrect and is stoking ill-feeling in the community.

Community engagement prior to the opening of the Thistle was another of the key stipulations put forward by the Lord Advocate before she would offer the statement of prosecution policy. Glasgow HSCP undertook a range of community engagement sessions, including with local businesses and community groups, and continue to operate a community engagement forum. They also offer visits to the site to allow an opportunity to show exactly how it operates.

Further Action

Glasgow HSCP recognise the concerns raised by local communities and the need to respond to them. However, they are also concerned that the recent reporting will have a negative impact on those wanting to use the facility highlighting the ill-feeling being stoked within the area towards those who use substances, alongside some of the very stigmatising language used in reporting.

In response, Thistle staff have been working closely with colleagues from Glasgow Council and their Neighbourhoods, Regeneration and Sustainability (NRS) service to develop an action plan to address these issues. That action plan is expected to be published in the coming weeks.

Actions already underway include: the installation of additional needle disposal bins in and around the Thistle location; the clearing of areas where previously there had been significant public injecting alongside outreach staff from the Thistle engaging with those using these areas and encouraging use of the SDCF.

Usage data

[redacted S.25(1)]

Additional Glasgow information

[redacted S.30(b)(ii)]

ANNEX D – SCOTTISH AFFAIRS COMMITTEE INFORMATION

Membership

The Scottish Affairs Committee is comprised of 11 members:

Labour members

Patricia Ferguson – Chair

Lillian Jones

Maureen Burke

Douglas McAllister

Kirsteen Sullivan

Elaine Stewart

Conservative members

Harriet Cross

Jack Rankin

Liberal Democrat members

Susan Murray

Angus MacDonald

SNP members

Stephen Flynn

Previous questions from earlier sessions (by MP)

[redacted S.25(1)]

Summary of previous sessions

SAC Evidence Date	Focus	Attendees
12 February 2025	Academics	Dr Gillian Shorter (Queen's University Belfast) Professor Catriona Matheson (University of Stirling) Professor Andrew McAuley (Glasgow Caledonian University) Professor Vittal Katikireddi (University of Glasgow).
5 March 2025	The Thistle Team Glasgow City Council	Dr Saket Priyadarshi (Medical Director) Lynn MacDonald (Service Manager) Kelda Gaffney (Partnership and Planning) Councillor Allan Casey
7 May 2025	Lord Advocate Police Scotland	Rt Hon Dorothy Bain KC Superintendent Joanne McEwan

Academics Evidence Session

[redacted S.25(1)]

Glasgow evidence session

[redacted S.25(1)]

Lord Advocate and Police Scotland Evidence Session

[redacted S.25(1)]

Written Evidence Provided To The Scottish Affairs Committee

[redacted S.30(b)(ii)]

ANNEX E WIDER BRIEFING

[redacted S.30(b)(ii)]

ANNEX F Q&A

[redacted S.30(b)(ii)]

Are alternative service models, such as mobile units considered as part of the national harm reduction strategy?

While our current focus is on evaluating the Glasgow pilot, we are open to exploring other service models, including mobile provision, where supported by evidence, legal feasibility, and local engagement. Such models would require tailored proposals that address safety, evaluation, and operational delivery and would need to fulfil the criteria set out by the Lord Advocate.

[redacted S.30(b)(ii)]