

Safer Drug Consumption Facilities – Evidence Paper

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Introduction

There are more than 100 Safer Drug Consumption Facilities (SDCFs) operating in at least 66 cities around the world, within 10 countries - Switzerland, Germany, the Netherlands, Norway, France, Luxembourg, Spain, Denmark, Australia and Canada. The EMCDDA¹ (European Monitoring Centre for Drugs & Drug Addiction) and the ACMD² (Advisory Council on Misuse of Drugs) both support their use and highlight the significant body of evidence that demonstrate the effectiveness of these facilities.

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 infection-related wounds and infections
- Reach people who inject drugs and who might otherwise not engage with any type of 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.

An SDCF will be able to provide medical attention in the case of an overdose. They are able to provide naloxone which reverses an opioid overdose. Within the facility there will also be 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.

In 2019 both the UK Parliament's Scottish Affairs Committee³ and the Health and Social care Committee⁴ recommended the use of these facilities as an approach to support those with multiple complex needs. The National Forum on Drug-Related Deaths, an independent advisory body of professional and lay representatives, has also recommended on a number of occasions that harm reduction services should be expanded to include SDCFs.

However, there are currently existing legal barriers to the opening of SDCFs in Scotland, despite both health and drugs policy being devolved matters.

Background

¹ Hedrich, D. (2004). *European report on drug consumption rooms*. Lisbon: EMCDDA

² *Reducing Opioid-Related Deaths in the UK*, ACMD

³ [Scottish Affairs Committee calls for decriminalisation and safe drug consumption rooms - News from Parliament - UK Parliament](#)

⁴ [Drugs policy - Health and Social Care Committee - House of Commons \(parliament.uk\)](#)

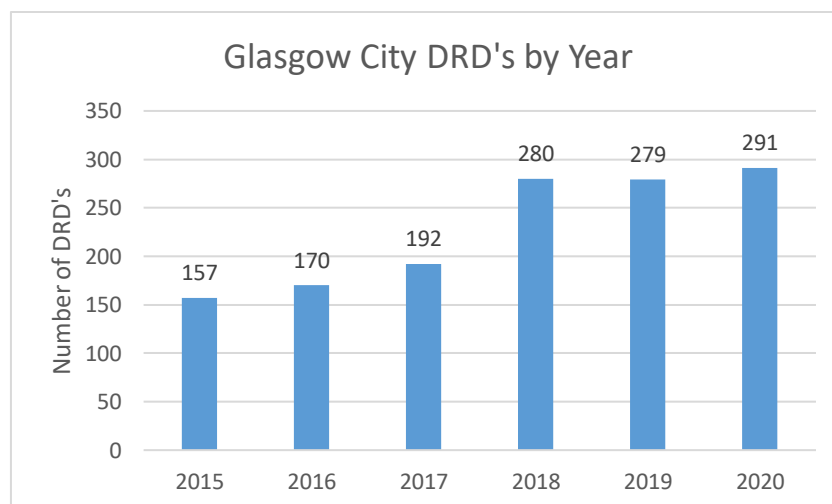
National statistics⁵ published in July 2021 showed that 1,339 drug-related deaths were recorded in Scotland in 2020.

Evidence shows that the trend of increased deaths is predominantly being driven by those aged between 35 and 54 who are long term, vulnerable drug users who have a number of health problems. Almost two thirds (63%) of all drug-related deaths were of people aged between 35 and 54. The average age of drug-related deaths has increased from 32 to 43 over the last 20 years.

After adjusting for age, people in the most deprived parts of Scotland were 18 times as likely to die from a drug-related death as those in the least deprived. The (age standardised) rate in the most deprived quintile was 68.2 per 100,000 population compared with 3.7 in the least deprived quintile, and it appears this gap has widened over time.

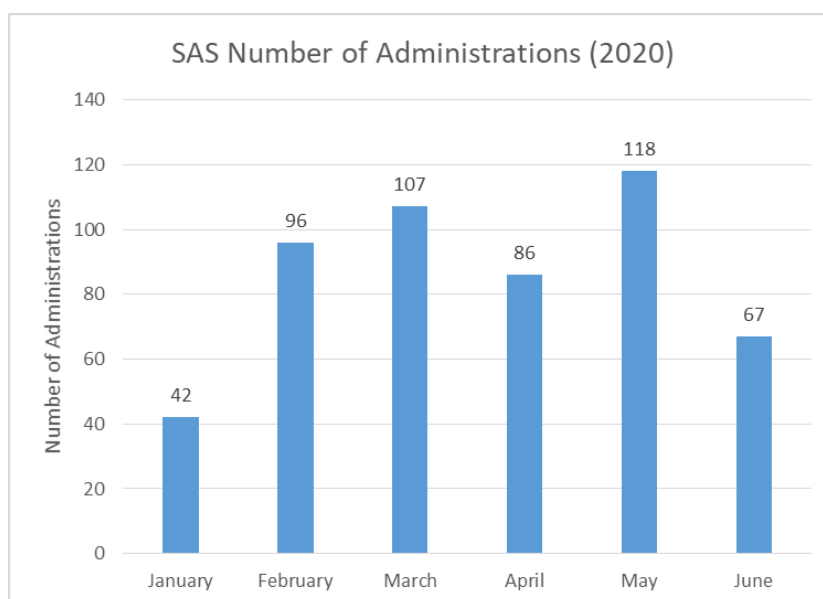
Scotland's drug death rate continues to be over 3 and half times that of the UK as a whole and higher than that of any of the countries in Europe where figures are available. After adjusting for age, Greater Glasgow and Clyde Health Board had the highest drug-related death rate of all Health Board areas for the 5-year period 2016-2020 (30.8 per 100,000 population). It is widely agreed by experts and key stakeholders that a SDCF is needed in Glasgow.

Drug-related deaths in Glasgow have been a persistent concern. The Drug-related Deaths report published by National Records Scotland on 31st July 2020 showed there were 404 drug-related deaths in the health board, and 279 of these deaths were in Glasgow City.



The Scottish Ambulance service data also show an increase, within the G1 to G4 postcode areas, of the use of naloxone being administered. There was a 20% increase from February to the first two weeks in June 2020. 474 incidents where naloxone was used compared to the same period in 2019 where 396 were recorded.

⁵ [Drug-related Deaths in Scotland in 2020 | National Records of Scotland \(nrscotland.gov.uk\)](https://www.nrscotland.gov.uk/publications/drug-related-deaths-in-scotland-in-2020)



There is strong evidence of a particularly vulnerable cohort of street injectors within the city centre of Glasgow. Factors contributing to their vulnerability include:

- From the beginning of 2015, Glasgow saw an increase in HIV transmissions amongst people who inject drugs in the city. An initial investigation indicated a link between the outbreak and injecting drug use in public places within the city centre.
- There were also outbreaks of serious infectious disease among people who inject drugs including botulism (2014-2015) and anthrax (2009-2010).⁶
- High levels of public injecting within Glasgow City Centre.
- There have been concerns raised for some years from local residents and businesses about the large amounts of discarded injecting equipment in public places across the city and neighbouring areas that are negatively impacting on the community's safety and amenities.

Glasgow continues to see high levels of Drug Related Deaths. Since 2015 they have risen by 185% from 157 to 291 in the year 2020.

Evaluation

Research and evaluation from existing SDCFs has found consistent evidence of 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 publically discarded drug-related litter

⁶ 'Taking Away the Chaos' The health needs of people who inject drugs in public places in Glasgow City Centre, NHS Greater Glasgow and Clyde, 2016

In addition these evaluations demonstrate that:

- Those who are homeless or who are without a fixed address are more likely to use a SDCF.
- SDCFs have been used to provide people who use drugs with education on safer drug use.
- SDCFs provide access to medical services or other referrals to health and social care services.
- Ambulance call-outs for overdoses are generally reduced in the vicinity of a SDCF.
- Crime rates do not increase in areas where SDCFs operate.

Drug-related deaths

A 10-year evaluation⁷ of an Australian SDCF took place between May 2001 and April 2010 in Sydney. It showed a success in decreasing drug overdose deaths. There were no deaths on the site despite 3426 overdoses occurring in the SDCF. Also, analysis of external data sets suggested that the SDCF reduced public opioid overdoses in the local area.

A more recent 18-month trial of a SDCF in Melbourne, Australia, starting on 30th June 2018 took place and recorded no deaths onsite although 2657 overdoses occurred within the SDCF. Of these responses, 271 required the use of naloxone and 2615 required oxygen and other measures to respond to breathing difficulties as a result of an overdose. There was also a 36% reduction in ambulance attendances involving naloxone in the 1km vicinity of the SDCF during opening hours⁸.

There have been no deaths from overdose recorded in SDCFs since they began, despite the millions of injecting episodes⁹.

Injecting-related harms

Due to the Coronavirus pandemic it has been difficult to indicate a direct number of those affected with injecting related harm within Glasgow, as BBV testing has been disrupted. However, data from the NHS Glasgow and Greater Clyde WAND initiative for September 2020 showed that for 377 individuals, who reported preparing and injecting their drugs within the city centre, 53% of those had not been tested for HIV and 50.1% had not been tested for Hepatitis C.

Glasgow City Council are aware that there is direct sharing of needles and that batch preparation remains a concern. A recent study from Glasgow Caledonian University

⁷ MSIC Evaluation Committee. (2010). *Further evaluation of the Medically Supervised Injecting Centre during its extended Trial period (2007-2011)*. Sydney.

⁸ *Review of the Medically Supervised Injecting Room Medically Supervised Injecting Room Review Panel, June 2020*

⁹ European Monitoring Centre for Drugs and Drug Addiction. Chapter 11. *Drug consumption facilities in Europe and beyond*. In: *Harm reduction: Evidence, impacts and challenges*. Lisbon: EMCDDA; 2010

in 2019 identified the key drivers of HIV infection in Glasgow to be 'an increase in cocaine injecting and homelessness'¹⁰.

Further data from the WAND initiative also indicated that the most common injecting injuries were missed hits 21.8% (82), abscesses 17% (64), infections 12.5% (47), DVT 12.2% (46) and open wounds 9% (34).

Both the review by Potier et al¹¹, published in December 2014 and the earlier review by the European Monitoring Centre for Drug and Drug Addiction (EMCDDA)¹² found SDCFs were associated with significant reductions in risky injecting practices.

SDCFs also appear to significantly reduce the sharing of injecting equipment, and consequently reduces the behaviours that increase the risk of HIV and hepatitis C transmission. Furthermore, they provide sterile injection equipment and harm reduction advice.

During the 10 year evaluation in Sydney there was a notable decline observed in HIV and hepatitis C infections in the local area of the SDCF and from the NSW Health Further evaluation of the Medically Supervised Injecting Centre during its extended Trial period (2007-2011) Final Report, found that 97% of clients surveyed reported that since attending the SDCF in Sydney they now inject more safely. Almost 80% of clients interviewed reported that they had changed their behaviour to reduce the risk of overdoses and were able to identify early signs of an overdose in other people or themselves.

With regard to public injecting, cross-sectional community surveys among people who inject drugs in Sydney have suggested modest reductions in the prevalence of injecting in the street (47% in 2000 to 40% in 2002, $p=0.06$) or in public toilets (39% to 29%, $p=0.01$) following introduction of a SDCF¹³. The Melbourne Safer Drug Consumption Facility also found a reduction in reports of public injecting by residents and local business respondents. A decrease in the proportion of residents from 24% to 20% and business respondents from 27% to 22% who saw public injecting ¹⁴.

From the 2007 evaluation from Vancouver, Canada, a randomly selected cohort of 1082 people from the SDCF were surveyed. The survey found that 75% reported that their injecting behaviour had changed as a result of the SDCF. 71% indicated

¹⁰ McAuley A, Palmateer NE, Goldberg DJ, Trayner KMA, Shepherd SJ, Gunson RN, Metcalfe R, Milosevic C, Taylor A, Munro A, Hutchinson SJ. Re-emergence of HIV related to injecting drug use despite a comprehensive harm reduction environment: a cross-sectional analysis. *Lancet HIV*. 2019 May;6(5):e315-e324. doi: 10.1016/S2352-3018(19)30036-0. Epub 2019 Apr 10. PMID: 30981674.

¹¹ Potier, C., Laprévote, V., Dubois-Arber, F., Cottencin, O. and Rolland, B. (2014). Supervised injection services: What has been demonstrated? A systematic literature review. *Drug and Alcohol Dependence*, 145, December, 48–68

¹² Hedrich, D. (2004). *European report on drug consumption rooms*. Lisbon: EMCDDA

¹³ MSIC Evaluation Committee. *Final report on the evaluation of the Sydney medically supervised injecting centre*. Sydney: 2003

¹⁴ *Review of the Medically Supervised Injecting Room Medically Supervised Injecting Room Review Panel*, June 2020

that the SDCF had led to less outdoor injecting and 56% reported less unsafe syringe disposal¹⁵.

Treatment

Reviews also found that attendance at SDCF to be associated with increased uptake of addictions care. At the Sydney SDCF it was able to reach a socially marginalised and vulnerable population group of long-term injecting drug users, of whom 40% has no previous interaction with any form of drug treatment. Staff were able to make 8508 referrals, nearly half of which were related to drug treatment (3871). They also found that the more frequently a client visited the SDCF, the more likely they were to have accepted a referral to a drug treatment service¹⁶. During the 18-month review of a SDCF in Melbourne it provided or referred 10,540 additional services beyond supervision of injecting as well as providing specialist clinics.

The same was also found in Vancouver, Canada, among a cohort of people who inject drugs recruited from the Vancouver SDCF, regular attendance was associated with a 33% greater likelihood of initiating addictions treatment (hazard ratio 1.33, 95% CI 1.04 – 1.72) and a 72% greater likelihood of entering a detoxification programme (hazard ratio 1.72, 95% CI 1.25 – 2.38)¹⁷.

There have been concerns that SDCFs could promote drug injecting use, but these have been unfounded. Evaluations from both Australian sites and Vancouver, as well as several other cities across the world have found no change in the local prevalence of injecting drug use after the introduction of a SDCF to the area.

We understand from this information that SDCF are unlikely to encourage individuals to begin to recommence drug use. They may however, play an important role in facilitating access to treatment and recovery services.

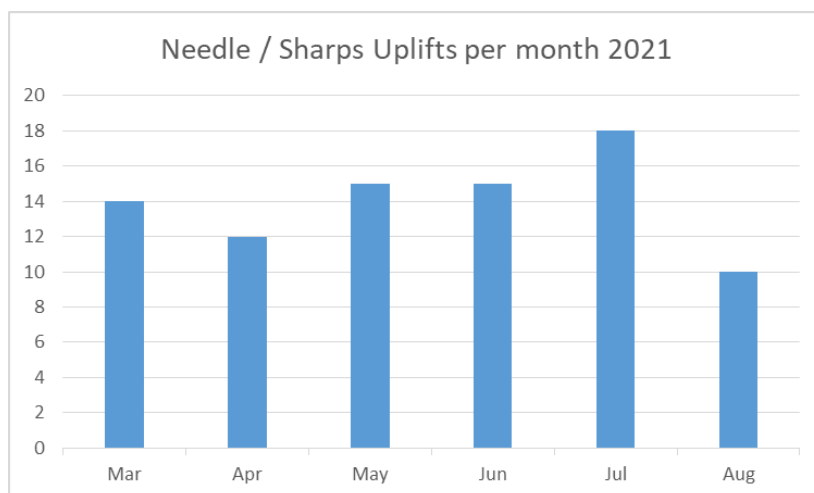
Public Injecting

Glasgow City Council continues to receive complaints regarding public injecting. There are around 10-20 calls from the public for needle uplifts per month. These create tensions between the local communities, pharmacies, IEPs and People who use drugs within the city centre.

¹⁵ *Addictive Behaviours: Injection drug users' perceptions regarding use of a medically supervised safer injecting facility, May 2007, pages 1088-1093*

¹⁶ *NSW Health: Further evaluation of the Medically Supervised Injecting Centre during its extended Trial period (2007-2011) Final Report 14 September 2010 v1.1*

¹⁷ *Wood E, Tyndall MW, Zhang R, Stoltz J, Lai C, Montaner JSG, Kerr T. Attendance at supervised injecting facilities and use of detoxification services. New England Journal of Medicine 2006 06/08; 2016/02;354(23):2512-4)*



When North America's first SDCF was opened in Vancouver in September 2003, they used a standardised prospective data collection protocol. They measured injection-related public order problems during 6 weeks before and the 12 weeks after the opening of the SDCF.

The results found from the 12 weeks after the facility was opened were independently associated with reductions in the numbers of publically discarded syringes and injection-related litter. By comparing the data collected from before the SDCF opened to afterwards, statistically it was found to show significant reductions in publically discarded syringes (average daily publically discarded syringes from 11.5 - 5.4) and injection related litter¹⁸.

The SDCF in Sydney also saw similar reductions throughout its 10-year study. It found there was a steady decline in the proportion of residents who reported seeing publicly discarded syringes. This has declined from two thirds of residents prior to the opening of the SDCF (66% in 2000) to 46% of respondents in 2010. There has been a similar decline amongst business respondents, from 80% of respondents in 2000 to 46% in 2010. Data on needle and syringe collections suggests that since the commencement of the SDCF services there has been a considerable reduction of the total number of needles and syringes collected in its vicinity during the period 2004 to 2009. Moreover, the greatest reduction has been in the areas immediately adjacent to the SDCF. Nearly all (92%) current clients of the SDCF interviewed reported that the facility had helped them reduce injecting in public places. Based on information analysed, since the commencement of the trial in 2001, there has been reduced problems with public injecting and discarded needles and/or syringes.

Overall, the data on discarded needles and syringes collected in the relevant sectors indicated a decline in the total number of needles and syringes collected during the period reported from 2003-04 to 2008-09. Specifically, the number of needles and syringes collected across all relevant sectors more than halved from 28,231 in 2003-04 to 12,646 in 2008-09. In addition, it is highlighted that the majority (81%) of

¹⁸ [Changes in public order after the opening of a medically supervised safer injecting facility for illicit injection drug users \(nih.gov\)](#)

surveyed clients agreed with the statement: Since coming here, the SDCF has helped me to not leave injecting equipment in public¹⁹.

Summary

Glasgow City continues to see high numbers of people who inject drugs. The number has remained consistent for the last 6 years and the impact of drug harms remains concerning. Drug related Deaths and non-fatal overdoses in the city centre area are now at an all-time high, and would appear to be increasing. Levels of poly-drug use continue to increase as well as the use of cocaine, sharing of needles and batch preparation of drugs.

Evidence of public injecting remains consistent and complaints from members of the public, community and businesses within the city centre continue. Public injecting has not decreased and the impact of this can be felt across the city from residents, those who inject drugs and businesses/shops.

[A recent study](#) conducted by the Drug Deaths Task Force also found that family members of those with drug addiction, and decision makers were supportive as a whole of implementing safer drug consumption facilities as part of a harm reduction intervention within Scotland. Their views showed that SDCFs should be part of a public health approach.²⁰

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, assistance in the event of an overdose (naloxone, defibrillator and oxygen) and access to other health and social services.

There is strong evidence that providing a SDCF can support a reduction in harm-related injection practices – including sharing of equipment and public injecting among SDCF clients. SDCFs do not appear to undermine existing addiction treatments and may provide successful pathways into treatment and recovery.

Studies from multiple countries show that SDCFs are able to engage with people who use drugs and offer support to connect with addiction treatment services. They are also able to provide or refer those most at risk of injecting-related harms to many additional services. This can include; wound dressing, medication provision, take home naloxone, as well as specialist services such as diagnosis and treatment of infectious diseases, oral health services and Opiate Substitute Therapy. A SDCF can also provide links with services to housing and mental health interventions.

¹⁹ NSW Health *Further evaluation of the Medically Supervised Injecting Centre during its extended Trial period (2007-2011) Final report 14 September 2010*

²⁰ Perceptions and attitudes of strategic decision-makers and affected families across Scotland towards Drug Consumption Rooms to prevent drug-related deaths, Stirling University, DDTS, 2021



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