SCOTTISH DRUGS FORUM

SDF view on safer drug consumption facilities

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As Scotland's national resource of expertise on substance use, SDF has a responsibility to contribute evidence, experience and expertise to public debate. Each month, we'll share our perspective on a key issue, explaining what the evidence tells us, why it matters, and what we believe needs to change.

Our position

As set out in our manifesto, SDF wants to see a national network of safer drug consumption facilities, available wherever people are currently using drugs outdoors or in unsafe environments.

About safer drug consumption facilities

Safer drug consumption facilities are supportive, supervised environments where people can use drugs obtained elsewhere under the care of trained staff.

They can also offer access to wider health, social care and treatment services, creating a bridge to support that many individuals would not otherwise engage with.

Why we use the term 'safer drug consumption facilities'

Around the world, services that provide a supervised place for people to use drugs are described using a range of terms, including safer injecting facilities, medically supervised injecting centres, overdose prevention centres and safer drug consumption rooms. They have also been referred to by more stigmatising terms, such as 'shooting galleries' and 'fix rooms'.

At SDF, we use the term 'safer drug consumption facilities' because we believe these services should be designed around the needs of the people using them, rather than a single route of administration. While injecting facilities remain an important model, services should also be able to incorporate other forms of supervised consumption, such as inhalation spaces, where local need and evidence support this.

We do not use the term 'overdose prevention centre' because these services do not prevent overdoses from occurring. Overdoses can still happen – but the presence of trained staff and quick medical interventions means that fatal overdoses can be prevented.

Different models of safer drug consumption facilities

Dr Gillian Shorter outlines four models of safer drug consumption facilities in her paper 'Overdose Prevention Centres, Safe Consumption Sites, and Drug Consumption Rooms: A Rapid Evidence Review':

- **Integrated** – the service is part of a wider network of health, treatment and support, often located in or alongside a hospital or treatment service. As well as providing a space to use drugs more safely, it can offer a range of other support, including medication-assisted treatment, blood-borne virus testing, wound care, and access to showers and laundry facilities.

- **Fixed/specialised** – the service is focused primarily on providing a safer space to use drugs, alongside harm reduction interventions such as the provision of needles and other equipment.

- **Mobile** – the service operates from a specially fitted van, repurposed ambulance or another vehicle. It can move between different locations to reach people in different areas or remain parked at a fixed site.

- **Tent/temporary** – a flexible, temporary service that can be established quickly to meet local need.

The Thistle, in Glasgow, is an example of an integrated service. It offers a 'using space' with individual booths, a recovery area with trained staff, and an aftercare lounge area where people can interact with representatives from support organisations.

We believe it's important that Scotland considers a multi-model approach to safer drug consumption facilities, ensuring services can meet the needs of different communities, including rural and semi-rural areas, while making the best use of available resources.

Our longer-term ambition is for every service that provides harm reduction equipment to also offer a safe space to use drugs, with referrals or access to healthcare, support and treatment for anyone who wants it.

Why Scotland needs safer drug consumption facilities

Scotland has the highest reported rate of drug-related deaths in Europe. To reduce harm and save lives, we need to expand the range of evidence-based approaches available – and safer drug consumption facilities are one part of that.

No single intervention will end Scotland's drug deaths crisis. A full and effective response must include prevention, treatment, recovery support, housing and action on poverty and inequality.

What the evidence tells us

International evidence shows that safer drug consumption facilities reduce overdose risk, public injecting and drug-related litter, while improving individuals' engagement with healthcare and treatment services. They also provide an important opportunity to build relationships with people who may otherwise feel disconnected from support.

Addressing common concerns

How does international evidence account for safer drug consumption facilities that have closed in some countries?

Where international facilities have closed, these closures should not be interpreted as evidence that the model has failed. Facilities operate within different political, policy and funding contexts, and closures can reflect changes in local circumstances, levels of demand or wider approaches to supporting people who use drugs.

For example, two safer drug consumption facilities opened in The Hague in 2005 and closed in 2014 following a decline in demand. This was partly attributed to the success of the city's high-tolerance housing model, which provided low-threshold, non-abstinence-based accommodation for people with complex needs. SDF supports the development of high-tolerance housing and believes this approach – closely aligned with Housing First in Scotland – should be available more widely.

These facilities are encouraging people to use drugs. It would be safer for people to just stop.

The provision of safer drug consumption facilities recognises the reality that people are already using drugs in outdoor and unsafe settings.

Providing safer drug consumption facilities demonstrates that people who use drugs are valued, their lives matter, and support is available. We often hear the negatively framed question: 'what message are we sending out by offering such a service?' The more important question is: 'what message do we send when people feel they have no choice but to inject drugs alone, outdoors, in unsafe conditions and without support?'

Safer drug consumption facilities are expensive. Is the money better spent on rehab?

Safer drug consumption facilities and treatment services, such as residential rehabilitation, are not competing priorities. We need adequate funding for both.

People who use safer drug consumption facilities are often among those facing the greatest barriers to accessing treatment. Safer drug consumption facilities can be an important first step towards accessing healthcare, treatment and recovery support – when and if people choose to do so.

Why should public money be used providing a place for people to use drugs?

Public money is already spent responding to the consequences of drug-related harm, including ambulance callouts, emergency healthcare, policing, public cleansing and preventable deaths.

Safer drug consumption facilities provide an evidence-based intervention that can reduce these costs by preventing overdose fatalities and blood-borne virus transmission, improving access to healthcare and treatment, and reducing unsafe injecting and associated harms.

Drug-related deaths in Glasgow haven't reduced since The Thistle opened. Does that mean it's not working?

The impact of a single service should not be judged solely by changes in population-level drug-related deaths; success should also be understood in terms of lives saved, harms prevented, engagement achieved and pathways into wider support.

In its first year, The Thistle was used 11,348 times by 575 people. All 11,348 of these visits represent a vital opportunity to reduce harm, build trust and save lives.

In that time, there were 7,827 injecting episodes within the using space. The service also provided a range of harm reduction and practical support, including wound care, personal care facilities, injecting advice, showers and access to a clothes store. In total, 13,368 interventions were recorded during the first year.

The service responded to 93 medical emergencies. In 78 cases, individuals were treated by staff at The Thistle and recovered without requiring further medical assistance. Ambulances were called on 15 occasions, with nine people transferred to A&E.

The Thistle made 612 referrals to other services, with the three most common referral areas being housing and accommodation, alcohol and drug recovery services, and blood-borne virus services.

I don't want a safer drug consumption facility on my doorstep

We understand that people may have concerns about facilities opening in their local area. These concerns must be heard and they deserve real, honest engagement.

In many cases, the issues that concern many residents and businesses – such as public drug use and drug-related litter – already exist in communities that may be considered for safer drug consumption facilities. The opening of a facility therefore does not create new challenges, but it can help to address existing challenges by moving drug use off the street and into a supervised healthcare setting.

Systematic reviews of the international evidence have consistently found that safer drug consumption facilities do not increase drug-related crime or public disorder. Instead, they are associated with reductions in public injecting, discarded injecting equipment and other drug-related litter, while increasing engagement with health and treatment services.

What needs to happen next

The evidence is clear: safer drug consumption facilities are not a replacement for treatment, recovery or wider action on inequality. They are an essential part of a compassionate, evidence-based approach to reducing harm and saving lives.

To protect life and reduce harm now, Scotland needs a national network of multi-model safer drug consumption facilities.

Keeping pace with the changing drugs market

Scotland has seen a significant increase in crack cocaine being implicated in drug-related deaths in recent years. Supporting people to move from injecting to inhalation can reduce the risk of serious health harms, but we don't currently have approved harm reduction tools – such as pipes or safer inhalation spaces – to support this.

To be effective, support, treatment and harm reduction services – including safer drug consumption facilities – must be able to respond quickly to changing patterns of drug use. This includes the provision of safer inhalation spaces.

What do people with living and lived experience think?

We supported members of our Edinburgh Living Experience Engagement Group and Buzz Magazine Peer Editorial Board to respond to Edinburgh Health and Social Care Partnership's consultation on proposals to open a safer drug consumption facility. You can read their response here.

Watch this DrugReporter film to find out about safer drug consumption facilities around the world.