Written evidence from Hepatitis Scotland, HIV Scotland, Scottish Drugs Forum and Waverley Care

This is a written submission to the Health and Social Care Committee inquiry into the health consequences of illicit drugs policy, signed jointly by Hepatitis Scotland, HIV Scotland, Scottish Drugs Forum and Waverley Care. Each organisation works in the field of drugs and/or blood borne viruses (BBVs) in Scotland. This letter outlines our position on Drug Consumption Rooms (DCRs), with reference to the planned DCR in Glasgow.

SIF - also known as drug consumption rooms and supervised injecting sites - allow people to consume drugs purchased offsite in a hygienic and safe environment, under clinical supervision. The purpose of SIF is to reduce the harms associated with injecting drug use, such as overdose and the transmission of BBVs. They are based on a holistic model of service delivery, where service users are supported to inject safely and to access a range of other support mechanisms, such as social work and addictions services. Evidence shows that SIF are associated with a reduction in unsafe injecting practices, such as sharing injecting equipment. They can also benefit the wider population, by reducing public injecting and drug-related litter in public places. Research conducted by the European Monitoring Centre for Drugs and Addiction shows that DCRs do not increase injecting frequency, drug use, or rate of drug-related crime.

Evidence from other cities with DCRs shows that such facilities are cost-effective, because of the reduction in unsafe and public injecting. The cost of hospital admissions among people who inject drugs is significant, as is the cost of treating injecting related BBVs such as HIV and hepatitis C. Public injecting creates cost implications for a range of public services, such as criminal justice and street cleaning, as well as for local businesses.

We support the introduction of a DCR in Glasgow, as proposed by Glasgow City Integration Joint Board in 2017. There are currently an estimated 400-500 people who are involved in public injecting in Glasgow City Centre. This is a particularly vulnerable population, who face severe and multiple disadvantages and are disproportionately affected by health inequalities. Evidence shows they face a range of barriers to engaging with currently available services, including homelessness, lack of knowledge and awareness of available services, and stigma.

As has been well documented, there is currently an HIV outbreak among people who inject drugs in Glasgow, which has primarily affected those who inject in public locations in the city centre. At the time of writing, there have been over 120 HIV diagnoses linked to the outbreak, making it the largest UK outbreak of HIV among people who inject drugs since the 1990s. It is the position of our organisations that a DCR in Glasgow should be a key part of a portfolio of harm reduction measures to respond to the outbreak, as well as to reduce overdose and drug related deaths.

There are currently legal barriers to the introduction of a DCR in Glasgow. An exemption to the Misuse of Drugs Act 1971 is required from the Lord Advocate, in order to allow the possession of street purchased heroin in DCR and to ensure staff working in the facility would not be liable to prosecution. Such an exemption was refused in 2018, due to current legislative barriers. We would implore the committee to review the current legislative framework and introduce the necessary changes to allow the legal operation of a DCR in Glasgow.

Yours,
Nathan Sparling, Chief Executive – HIV Scotland
Grant Sugden, Chief Executive – Waverley Care
Leon Wylie, Lead Officer – Hepatitis Scotland
David Liddell, Chief Executive – Scottish Drugs Forum