

## Frequently asked questions

# Safer drug consumption facilities and heroin-assisted treatment



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# 1 What is being proposed in Glasgow?

Glasgow City Health and Social Care Partnership is currently considering proposals to establish a safer drug consumption facility and heroin-assisted treatment service in Glasgow city centre.

## Safer drug consumption facilities?

Safer drug consumption facilities (SDCFs) are clean, hygienic environments where people can consume drugs, obtained elsewhere, under the supervision of trained health professionals. They offer a compassionate, person-centred service which focuses on reducing the harms associated with injecting drug use and helps people access appropriate services to meet their needs. By doing so, they are able to reach an extremely vulnerable group who often do not engage with our existing services.

These facilities typically consist of a reception area, a drug consumption area with injecting booths and, in some facilities, a drug inhalation room. In addition, they usually provide an area where clients can receive support from relevant services and peer groups, to help improve their health and social circumstances. The exterior of such facilities can look like any other health and social care premises.

Though these services are sometimes described in the media as ‘fix rooms’ or ‘shooting galleries’, we use the term ‘safer drug consumption facilities’ to denote that they are an official service, staffed by health professionals, with close links to other health and social care services.

There are now more than 90 of these facilities worldwide, in Europe, Canada, and Australia.



## Heroin-assisted treatment

Heroin-assisted treatment (HAT) involves providing prescribed heroin under supervised conditions to people with long-standing heroin addiction who have not been able to stop using drugs despite multiple attempts with other treatments. It is currently used in a number of European countries, including Switzerland, Germany, Austria, the Netherlands, and Denmark, and is legal in the UK under specialist licence.



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Patients identified as eligible for HAT are prescribed a set dose of pharmaceutical heroin by a specialist addictions doctor, which they inject two to three times per day under clinical supervision in specialist outpatient facilities. The treatment programme also includes other services, such as addictions counselling and support to resolve issues with housing, benefits, or other health conditions. Patients will not be able to take away prescribed heroin from the treatment service: it can only be taken on site under the supervision of clinical staff.

	SDCF	HAT
Service	Supervised, hygienic environment where individuals can use drugs that they have acquired elsewhere.	Highly structured medical treatment prescribing pharmaceutical heroin to individuals with long-term heroin addiction for whom other treatments haven't worked.
Aims	To reduce the health risks and social harms caused by public injecting and to help people engage with health and social care services.	To reduce street drug use and provide social stability among people with long-term heroin addiction for whom other treatments haven't worked.
Target group	As many of the vulnerable population of public drug users as possible, who may find it difficult to engage with other services.	People with long-term heroin addiction for whom other treatments haven't worked. Individuals who may benefit from HAT will initially be identified and referred for further assessment by staff from the proposed SDCF.
Access	Run on a drop-in basis, following a short registration process. No requirement to attend at a certain time or on a regular basis.	Can only be accessed after a clinical assessment by a specialist addictions doctor. Patients must attend regular appointments 2 or 3 times per day.

### Co-location of services

The proposals recommend a 'co-located' model in which the SDCF and HAT service are offered on the same site, or in close proximity. This approach ensures easy access to treatment services for those people using the SDCF. For instance, staff from the SDCF can identify people who may benefit from HAT and refer them for specialist assessment. Also, co-location allows sharing of resources, such as premises and staff: as a result, the service will cost less to set up and run.

## 2 Why are these services being proposed for Glasgow city centre?

Recent research suggests there are approximately 400 to 500 people injecting drugs in public places in Glasgow city centre on a regular basis. Many of these individuals have long-standing heroin addiction despite repeated rounds of existing treatments, such as methadone and residential rehabilitation. These people are at high risk of very poor health outcomes, as illustrated by the recent outbreaks of HIV, botulism and anthrax.

They are also at high risk of drug-related death, rates of which have increased significantly in Glasgow in recent years. Although a relatively small group, the severity and complexity of their needs means they have high levels of use of public services such as NHS care, criminal justice and social work. Public injecting also results in discarded used needles and syringes in the city centre and sometimes visible public drug use.

A large body of high-quality research suggests that a SDCF and HAT service will help reduce the health and social consequences of public injecting in the city centre. These potential benefits are described in more detail below (See 'What are the expected benefits of these services?')



Glasgow city centre is the focus of the proposals because local evidence tells us that this area has a high concentration of people who inject drugs in public places, especially in the south-eastern area. Locating the facility in the area where public injecting is already taking place will maximise uptake by the target population and minimise any risk of relocation by those who use or sell drugs.

### 3 What are the expected benefits of these services?

There is a large body of high-quality research evidence from around the world which demonstrates the benefits of SDCFs and HAT. This is described below.

Both services have been recommended as evidence-based approaches to reducing the harms of injecting drug use by a range of expert organisations, including the UK Advisory Council on the Misuse of Drugs and the British Medical Association. Since this will be the first safer drug consumption facility in the UK, and one of the first heroin-assisted treatment services, the project is being run on a pilot basis. The services will be evaluated by an independent group of academic researchers, to determine whether or not the benefits seen elsewhere in the world are achieved in Glasgow.

#### Safer drug consumption facilities

Evidence from around the world demonstrates that SDCFs can improve the health and recovery of individuals who use the facility and reduce the negative impact that public injecting has on local communities and businesses. For instance, they have been shown to:

- reduce public injecting and discarded needles
- reduce the sharing of needles and other injecting equipment
- improve the uptake of addictions care and treatment
- save money for society, due to reductions in ill-health and health care usage among people who would otherwise inject drugs in public places

In addition, there is evidence to suggest that they do not increase crime or anti-social behaviour in the local area.

#### Heroin-assisted treatment

Evidence from around the world has shown that HAT can offer significant benefits to people with long-term heroin addiction for whom few other effective treatments are available.

Trials in England and other countries have demonstrated that among this group, HAT can:

- reduce the use of street heroin
- increase the likelihood of entering – and staying in – addictions care
- improve social stability and integration
- reduce criminal activity
- save money for society, because of reductions in crime and improvements in health

By reducing these individuals' need for street drugs, HAT can therefore improve their health and social stability and reduce heroin's impact on the wider community. It is therefore recommended for this group of patients by UK guidelines on the management of drug addiction.

## 4 Will these services increase drug use, drug dealing, and crime in the local area?

### Safer drug consumption facilities

The evidence from other countries shows that SDCFs do not increase drug use, drug dealing or crime in the areas in which they are located. This is largely because they are located in areas where injecting is already occurring in public spaces.

We therefore do not anticipate that the facility will cause these problems; nonetheless, this will be monitored as part of the evaluation of the proposed facility.

### Heroin-assisted treatment

Similarly, previous research has shown that HAT does not have negative impacts on the community. On the contrary, it appears to reduce criminal activity and improve social integration among people with long-term heroin addiction.

The evaluation of the proposed service will investigate whether these benefits are also seen in Glasgow.

## 5 What is the legal status of these services?

### Safer drug consumption facilities

A facility in Glasgow will require a legal framework to allow it to operate and to allow staff to work there, such as local exemption from specific sections of the UK Misuse of Drugs Act 1971. Such a framework will allow an operating protocol to be established between the service and the local police. Local legal exemptions such as these have been successful in a number of other countries providing SDCFs, including Canada and Australia.

### Heroin-assisted treatment

HAT is legal in Scotland, subject to a set of licensing requirements and legal regulations. These are:

- a specialist licence required for the prescribing doctor
- a specialist licence required for the premises where treatment will be provided
- UK-wide regulations on the use of controlled drugs in healthcare settings, which govern how pharmaceutical heroin should be purchased, stored, and administered.

NHS Greater Glasgow and Clyde (NHSGGC) has a dedicated team responsible for the governance of controlled drugs, who will be closely involved in the establishment and monitoring of the HAT programme.

## 6 Can we afford these services?

Evidence from elsewhere demonstrates that such services are cost-effective in the long term, and it is reasonable to believe that this will also be the case in Glasgow. Local calculations have found that the costs of acute hospital admissions alone among people who inject drugs in public places are extremely high – as are the costs of treating injecting-related infections, such as hepatitis C and HIV. Similarly, public injecting is also associated with significant costs to social work services, criminal justice and law enforcement, street cleaning, and local businesses.

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By reducing the harms of injecting drug use and improving the local environment, these services are therefore likely to have a range of economic benefits.

### Safer drug consumption facilities

Several studies from other countries have found that SDCFs are cost-saving overall: that is, they save more money for society than they require to set up and run. This is because they reduce ill-health among people who inject drugs, and therefore reduce their need for health and social care services. They are also likely to reduce costs to the public in other ways – for instance, by reducing the costs of clearing up drug-related litter.

### Heroin-assisted treatment

Although HAT is more expensive than existing opioid substitution therapies such as methadone, a number of studies have shown that it provides better value for money for society as a whole. This is because it reduces rates of crime and the use of public services like social work, as well as providing health benefits for individual patients.

## 7 How will these services help people to stop using drugs?

These proposals are targeted at a group of people who have long history of drug use and who find it difficult to stop using drugs completely, and for whom existing services have not been as effective as for others. These new services aim to increase opportunities for successful treatment and recovery from drug use by improving people's health and social circumstances, and enhancing their engagement with existing services.

Helping people stop using illegal drugs is an important goal of the services. By providing a co-located service, with both SDCF and HAT on the same site, people attending the SDCF will have rapid and convenient access to holistic drug treatment and recovery services. Although not everyone who attends the SDCF will be ready to start treatment, it will help reduce harms associated with drug use and support them to access services appropriate to their stage of the recovery journey.

Both the SDCF and HAT will also offer on-site access to:

- recovery-oriented services such as peer support and mutual aid
- other health services, such as primary care and treatment for blood-borne viruses like HIV
- services to help address adverse life circumstances, through advice and support on housing, welfare rights and other issues

They will be closely linked to the wider network of community addictions teams and health and social care services throughout the city.

## 8 For more information

More information on public injecting and the proposed services can be found at the following link:  
<http://www.nhsggc.org.uk/your-health/public-health/reports/health-needs-of-drug-injectors/>

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