

## Addressing Scotland's Drugs Crisis

Last year in Scotland, **1,187 people** tragically lost their lives to drug-related deaths - the largest number ever recorded and more than double the total in 2008.

Scotland's drug death rate per head of population is now nearly **three times that of the UK as a whole**, and is higher than that reported for any other EU country.

Alongside the increase in drug related deaths, **since 2015 we have witnessed the largest outbreak of HIV in the UK since the 1980s**, affecting a population of people who inject in Glasgow city centre. Since the outbreak began, there have been 157 new HIV diagnoses among this population, a significant increase on pre-outbreak levels.

People who use drugs are a vulnerable group, and the **single biggest driver of drug use is poverty and deprivation**<sup>1</sup>. The majority of policy areas for Scotland's drug-related harm response are devolved to the Scottish Parliament, and debate continues about how best to achieve the objectives outlined in the Scottish Government's drugs strategy, ***Rights, Respect and Recovery***. Much of this work will also be a focus for the forthcoming update to Scotland's ***Sexual Health and Blood Borne Virus Framework***, particularly in relation to reducing new HIV and hepatitis C infections.

However, drugs policy set by the UK Government continues to have a significant impact on Scotland's response. **In the build up to the forthcoming UK General Election**, we are therefore calling on Prospective Parliamentary Candidates for Scottish constituencies to commit to **urgent action to reduce both drug-related deaths, and HIV and hepatitis C transmission in Scotland**.

**We would appreciate your assurances that, as Prospective Parliamentary Candidates, you will call on the future UK Government to:**

- a) take a **public health, rather than criminal justice approach to drug policy**, acknowledging the underlying causes of drug use, including poverty, homelessness and inequality.
- b) work with the Scottish Government to implement **integrated, evidence-based approaches to drugs policy** that address these underlying causes.
- c) amend existing regulations attached to the Misuse of Drugs Act 1971 in such a way as to enable the operation of a **pilot Drug Consumption Room in Glasgow**, or to devolve the necessary power to the Scottish Parliament.
- d) consult on the issue of decriminalisation of **possession of small amounts of drugs for personal use** across the UK.
- e) promote appropriate and non-stigmatising language when discussing drugs, and challenge misrepresentation where it occurs to **improve public understanding of drug related issues**.

In making these calls we are mindful of recent reports from House of Commons committees on Scottish Affairs and Health and Social Care<sup>2</sup>, and agree with their view on the need to reframe drug use as a health rather than a criminal justice issue.

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<sup>1</sup> House of Commons Scottish Affairs Committee - *Problem Drug Use in Scotland*.  
<https://publications.parliament.uk/pa/cm201920/cmselect/cmsscota/44/44.pdf>

<sup>2</sup> House of Commons Health and Social Care Committee – *Drugs Policy*.  
<https://publications.parliament.uk/pa/cm201920/cmselect/cmhealth/143/143.pdf>



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## **Background:**

### **Scotland's 'Drugs Crisis'**

The House of Commons Scottish Affairs Committee recently characterised Scotland as being in the midst of a 'drugs crisis'<sup>1</sup>.

In 2018, there were 1,187 drug-related deaths in Scotland<sup>3</sup>. This represented a 27% increase on 2017 (934 deaths) and more than double than in 2008 (574).

The NHS Greater Glasgow and Clyde region accounted for a third (394) of all drug-related deaths in 2018. In the period 2014-18, the rate of drug-related deaths in NHS Greater Glasgow and Clyde has been 0.23 per 1,000 – 44% above the national average.

Alongside the Scottish Affairs Committee's report, the Health and Social Care Committee has also recently published its report on Drugs Policy<sup>2</sup>. Both reports call for a radical change in drugs policy from a criminal justice to a public health approach, as well as recommending consultation on the issue of decriminalisation of drug possession for personal use and support for a Drug Consumption Room pilot.

Together, these reports make a significant contribution to the debate on drugs policy, and their recommendations must to be carefully considered.

### **Glasgow's HIV Outbreak**

There are three main populations in Scotland that are most at-risk of HIV: gay and bisexual men, African populations and people who inject drugs (PWID).

In the five years to the end of 2014, injecting drug use was identified as the route of transmission in a relatively low 5.5% of new HIV infections in Scotland (99/1,794)<sup>4</sup>.

Since the start of 2015 however, that proportion has doubled to 10.8% (168/1,560 - data up to end of June 2019). This increase has primarily been linked to new infections among people who inject drugs in Glasgow city centre.

The outbreak in Glasgow has been linked to the particular drug-use patterns witnessed in the city, in particular an increase in people injecting cocaine, alongside opiates. Cocaine is typically injected more regularly, meaning increased opportunities for infection via shared equipment. It has also been linked to homelessness, indicating the high levels of vulnerability among those at risk.

### **What are Drug Consumption Rooms?**

Drug Consumption Rooms are clean, hygienic environments where people can consume drugs under the supervision of trained health professionals.

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<sup>3</sup> National Records of Scotland - *Drug Related Deaths in Scotland 2018*.

<https://www.nrscotland.gov.uk/files/statistics/drug-related-deaths/2018/drug-related-deaths-18-pub.pdf>

<sup>4</sup> Health Protection Scotland - *HIV diagnoses in Scotland - quarterly report to 30 June 2019*.

<https://www.hps.scot.nhs.uk/web-resources-container/hiv-diagnoses-in-scotland-quarterly-report-to-30-june-2019/>



The primary aim of Drug Consumption Rooms is to reduce the harms associated with injecting drug use, including the transmission of HIV and hepatitis C, and reducing accidental overdoses and deaths.

Typically, drug consumption facilities provide people with access to sterile injecting equipment; counselling services before, during and after drug consumption; emergency care in the event of overdose; and primary medical care and referral to appropriate health, social care and addiction treatment services.

91% of all cases of hepatitis C diagnosed in Scotland (where risk group was known) have been linked to people who inject drugs<sup>5</sup>. Drug Consumption Rooms therefore offer an opportunity for interventions that support people into hepatitis C testing and treatment, which will help to reduce drug-related deaths as a result of liver disease.

Drug Consumption Rooms can help to overcome barriers faced by people who often do not access existing services by making them easy to engage with in the community.

#### **Have there been attempts to establish a Drug Consumption Room in Glasgow already?**

Yes. The current HIV outbreak in Glasgow is the latest in a series of previous outbreaks of serious infectious disease among people who inject drugs in Glasgow, including botulism and anthrax.

In response to this, and persistent concern about rates of drug-related deaths, NHS Greater Glasgow and Clyde and Glasgow City Alcohol and Drugs Partnership undertook a detailed health needs assessment to review the health needs of people who inject drugs in public places<sup>6</sup>.

The assessment identified that this population have multiple and complex health needs, which are inextricably linked to their social circumstances. Among the recommendations was one for the introduction of a pilot Drug Consumption Room.

The Glasgow City Integrated Joint Board has been pursuing this outcome. Correspondence from the Lord Advocate confirms in broad terms what legal changes are required in order to make Drug Consumption Rooms legally compliant. Much of this relates to the Misuse of Drugs Act 1971, legislation, which is reserved to the UK Government<sup>7</sup>.

#### **What is the evidence?**

There is a large body of international research demonstrating the benefits of Drug Consumption Rooms<sup>8</sup>.

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<sup>5</sup> Health Protection Scotland – *Hepatitis C antibody positive cases in Scotland: results to 31 December 2017*. <https://www.hps.scot.nhs.uk/web-resources-container/hepatitis-c-antibody-positive-cases-in-scotland-results-to-31-december-2017/>

<sup>6</sup> NHS Greater Glasgow and Clyde - *Taking Away the Chaos* - <https://www.nhsggc.org.uk/your-health/public-health/reports/health-needs-of-drug-injectors/>

<sup>7</sup> The Lord Advocate's letter is summarised in a report presented at Glasgow City Joint Integration Board on 24 January 2018 - <https://glasgowcity.hscp.scot/sites/default/files/publications/ITEM%20No%2014%20-%20Safer%20Drug%20Consumption%20Facility%20and%20Heroin%20Assisted%20Treatment.pdf>

<sup>8</sup> See NHS Greater Glasgow and Clyde, *'Taking Away the Chaos'* for a detailed summary of the evidence around Safer Drug Consumption Facilities - <https://www.nhsggc.org.uk/your-health/public-health/reports/health-needs-of-drug-injectors/>



They have been recommended as an evidence-based approach to reducing drug-related harm by a range of organisations, including the UK Advisory Council on the Misuse of Drugs and the British Medical Association.

Drug Consumption Rooms have been shown to improve the health and recovery of individuals who use them and reduce the negative impact that public injecting has on local communities.

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, due to reductions in ill-health and healthcare 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.

In their recent reports, both the Health and Social Care Committee, and the Scottish Affairs Committee at Westminster highlighted the evidence in support of Drug Consumption Rooms<sup>1,2</sup>. As part of its inquiry, the Health and Social Care Committee visited Frankfurt, Germany to learn about the city's approach to Drug Consumption Rooms, and the benefits they have brought. In the report, the committee urges policy makers not to 'shy away from the lessons' from Frankfurt, and recommends the introduction of Drug Consumption Rooms on a pilot basis in areas of high need, accompanied by robust evaluation.

As part of proposals for a pilot facility in Glasgow, the Integrated Joint Board proposed evaluation by an independent group of academic researchers, to determine whether or not the benefits seen elsewhere in the world are achieved in Glasgow.

### **Where else are there Drug Consumption Rooms?**

There are now more than 90 Drug Consumption Rooms worldwide, in Europe, Canada, and Australia.

The first supervised Drug Consumption Room was opened in Berne, Switzerland in June 1986, and was followed by facilities in Germany, the Netherlands, Spain, Norway, Luxembourg, Denmark and Greece.

In January 2016, France approved a six-year trial of Drug Consumption Rooms, and the first French Supervised Injecting Facility opened in October 2016. Outside Europe there are two facilities in Sydney, Australia and one medically supervised injecting centre in Vancouver, Canada.