Appendix 3 - Update on Drug Consumption Room Feasibility Working Group

Health and Wellbeing Board. Tuesday June 10th 2014

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Purpose of paper

The purpose of this paper is to provide an update for the Health and Wellbeing Board on the progress made with the recommendation regarding the feasibility of establishing a local Drug Consumption Room (DCR).

Summary

The evidence suggests that a DCR could meet the needs of some injecting drug users in Brighton and Hove. However, at the present time the overall need of the local community, not just injecting drug users, is not considered to be sufficient by local organisations to agree to support establishing a DCR. This includes the lack of support for a local accord (regarding the implementation of the law) which would be required to allow the DCR to operate. The discussions and work continue but currently the conclusion is that it is not feasible to establish a DCR.

Membership of working group and way of working

The Substance Misuse Programme Board identified the leads for each recommendation in the Independent Drug Commission's report and formed the Independent Drug Commission Working Group. One of the recommendations was to establish a working group to consider the feasibility of developing a Drug Consumption Room (DCR). The membership of the Independent Drug Commission Working Group was supplemented with additional people with a specific interest in the possible development of a drug consumption room ((see appendix 1). A workshop was held in December 2013 (appendix 2).

Key issues

The working group considered the following key issues. The main points for each issue are summarised below;

1. *To consider the evidence of need for a drug consumption room within Brighton and Hove.*

- The elevated rates of problem drug misuse demonstrated the need but did not on their own make the case for establishing a DCR in Brighton. The improvement in the number of drug related deaths since 2009 suggested that the current strategies to reduce the number of drug related deaths are having an impact.
- The issue of wound infections and the high rates of hepatitis B and C demonstrated a high local need, but the question was asked whether

this need could be equally or better met through an alternative service rather than through establishing a DCR?
- Regarding drug litter and public injecting the data did not make a strong case for a DCR. However, it is felt that there is significant under- reporting. This is being investigated further.
- The findings from the service user consultation supported having a DCR. But the list of potential benefits again raised the issue whether resources would be better spent on meeting the needs of the local population through an alternative service rather than through a DCR?

2. To review the evidence for the potential benefits and harms to service users and the community from establishing a drug consumption room. A local review of the evidence has been undertaken. For the purposes of this paper the summary below is from the 2013 Supervised Injection Services Toolkit from the Toronto Drug Strategy. There is extensive, peer-reviewed research that supervised injection services are actively used by people who inject drugs, in particular people at higher risk of harm, and that demonstrates the following public health and community safety outcomes:

- reductions in overdose deaths;
- reductions in behaviours that cause HIV and hepatitis C infection – NB as distinct from reducing infection rates.
- increased use of "detox" and addiction treatment services;
- reductions of unsafe injection practices;
- reductions in public drug use;
- reductions in publically discarded needles; and,
- no increases in crime in the area surrounding the supervised injection service.

3. To identify the key legal issues which currently could prevent a drug consumption room from being established and what is required for a drug consumption room to operate within the law.

- In October 2013 the Home Office stated: "The Government has no plans to allow drug consumption rooms, which [would break] laws whereby possession of controlled drugs is illegal."
- The Association of Chief Police Officers (ACPO) is also clear on its position: "Recent evidence suggests that overall drug misuse in the UK is falling. Government policy on drugs enforcement is very clear and our job as police officers is to enforce the law. Drug Consumption Rooms or "Shooting Galleries" as they are often referred to as are illegal in the UK. Such facilities would have the potential to impact on local communities as a whole, attracting drug users to one area and also create a hotspot for associated criminality and anti-social behaviour."
- Sussex Police is currently in agreement with both the Home Office and ACPO positions and would not support a DCR where illicit drug use and supervision of drug use took place. Whilst the service supports officers to use their discretion when undertaking their duties, a principle equally applicable when considering how to reduce the harm caused by illegal drug use, there are a fundamental concerns around the

proposal and rationale for introducing DCRs. These include: DCRs are unlawful; there is not a clear evidence base from elsewhere in the UK setting out the benefits of introducing DCRs in Brighton and Hove; there is insufficient evidence of community/public support for the introduction of DCRs in Brighton and Hove; there is the potential for an increase in crime and disorder/anti social behaviour in areas where DCRs are introduced not only impacting local residents and businesses but the wider community as neighbourhood policing resources are diverted from other areas of the city

4. *To consider whether the drug consumption room should be a safe injection facility or should include provision for the smoking of drugs.*

- The law would need amending to accommodate smoking of cannabis or opium, but compliance with smoke-free regulations would be necessary for public safety, requiring most likely a heated unenclosed space. The working group agreed to focus on a safe injecting facility and not to consider a DCR for smoking drugs in the first instance.

5. *To propose potential operating models, costs and locations for the drug consumption room*

- The evidence suggests that most drug users, who use in public places, will use the drug within 500 metres of where they bought it. The model would be best placed within existing services. Options include hostels, day centres, or treatment settings.
- Local providers do not consider that any of the current settings from which drug treatment recovery services are delivered are appropriate for the co-location of a DCR. It is felt that a DCR would clearly conflict with the messages around recovery. Their preferred model would be a stand-alone porta-cabin piloted at different “hot-spot” locations around the city.
- A DCR with two staff (including at least one nurse) at any given time open 24 hours every day has an estimated cost of £500,000 per annum.
- Some of the uncertainty around the DCR can be limited by developing it from a smaller pilot or as a rigorously evaluated research study. This could either be as a DCR attached to another service or be a mobile pilot service. The latter would avoid planning concerns.

6. *To propose alternative services for the unmet needs of the street community?*

- Wider roll-out of Naloxone to hostels and other venues, rather than just to individuals.
- Resource a Recovery Mentor / Warrior Down service to build a circle of assertive engagement ‘friends’ around people who are known to be at high risk of overdose.
- Working with the police to adapt the Emergency Assessment Centres model to support the drug injecting street community into treatment services.
- Additional resource into further reduction of benzodiazepine prescribing and diversion.

- Robust root cause analysis research focused on in-depth analysis on people with a history of overdose. Intensive targeted interventions for those most at risk of overdose.
- Extra capacity for detoxification beds, including longer-term residential rehabilitation.
- It is acknowledged that some of these proposals should be developed regardless of whether a DCR were being established or not.

The current situation

Following the workshop further meetings were held to consider the possible models for a DCR and to develop alternative services. It is important to acknowledge that the police are not the only organisation which is not supportive of establishing a local DCR. The shift in focus for substance misuse services from a focus on harm reduction to recovery has put a greater emphasis on abstinence from drugs. Other organisations represented on the working group are unlikely to support a DCR for this reason.

Another issue is the source of funding for a DCR. In the present financial and political climate it is unlikely that statutory agencies would consider providing resources for a DCR unless there was very good evidence of potential benefits and associated cost savings. It has been suggested that certain charitable organisations, with a particular interest in substance misuse, may consider funding such a proposal. This has been explored, but it is limited at present by the theoretical nature of the application.

Conclusion

The evidence suggests that a DCR could meet the needs of some local injecting drug users. However, at the present time the overall need of the local community, not just injecting drug users, is not considered to be sufficient by local organisations to agree to support establishing a DCR. This includes the lack of support for a local accord (regarding the implementation of the law) which would be required to allow the DCR to operate. The discussions and work continue but currently the conclusion is that it is not feasible to establish a DCR.

APPENDIX ONE; **Membership of Independent Drug Commission Working Group and additional members of Drug Consumption Room Feasibility Working Group (*)**

Brighton and Hove City Council Linda Beanlands, Kerry Clarke Kathy Caley /David Brindley, Elizabeth Culbert*, Simon Ellery*, Cllr Rob Jarrett, Graham Stevens, Liz Tucker, Peter Wilkinson (Chair)

Brighton and Hove Clinical Commissioning Group Barbara Pawulska, Becky Jarvis, Linda Harrington

Brighton Housing Trust Nikki Homewood

CRi Micky Richards*/Kye Phoenix*

MIND Rick Cook

Oasis Jo-Anne Welsh*

Surrey and Sussex Probation Trust Leighe Rogers

Sussex Partnership Foundation Trust Charlie Freeman*, Michael Mergler /Jonathan West

Sussex Police Paul Betts, Julie Wakeford

APPENDIX TWO: WORKSHOP WEDNESDAY 11TH DECEMBER 2013

A workshop was held in December 2013 to review progress and to identify the barriers still to be addressed. The workshop was facilitated by Neil Hunt, an expert in DCRs.

The key points from the workshop were:

- Focus on safe injecting and not smoking at the present time.
- Need to look for external funding to assess the feasibility of bringing in funding as DCR won't be funded initially from local funds.
- What would be an acceptable pilot proposal for a DCR? Start small and build it onto an existing service or a mobile unit?
- Is the level of need great enough to support a DCR? Reasonable to conclude that a DCR would benefit some local injectors. However, at the present time the overall need for the local community, not just injectors, is not considered to be sufficient by some local organisations to agree to support establishing a DCR. At the present time, without a local accord we can't progress, so currently it is not feasible to establish a DCR.
- We need to be developing our outreach programmes to meet the needs of local people who would otherwise benefit from access to a DCR.