Drug Consumption Rooms and Heroin Assisted Treatment in Glasgow?

Addictions and Criminal Justice SASO Conference

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Overview

1. Background to Glasgow Proposals: '*Taking away the chaos*' report

2. Safer Drug Consumption Facilities (SDCF/SIFs/DCRs)

3. Heroin Assisted Treatment (HAT)

4. Current status

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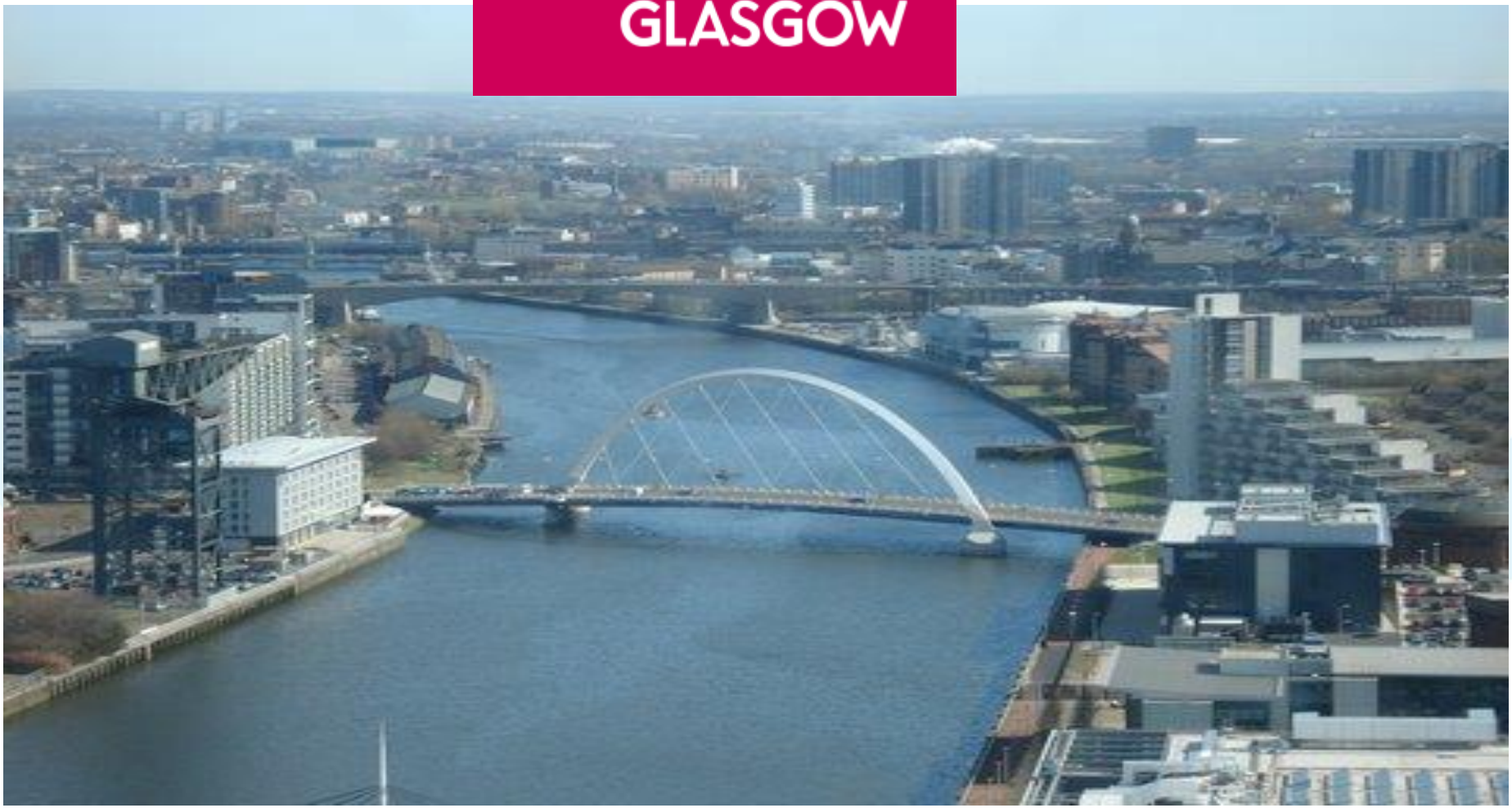
Health and Social Care Partnership

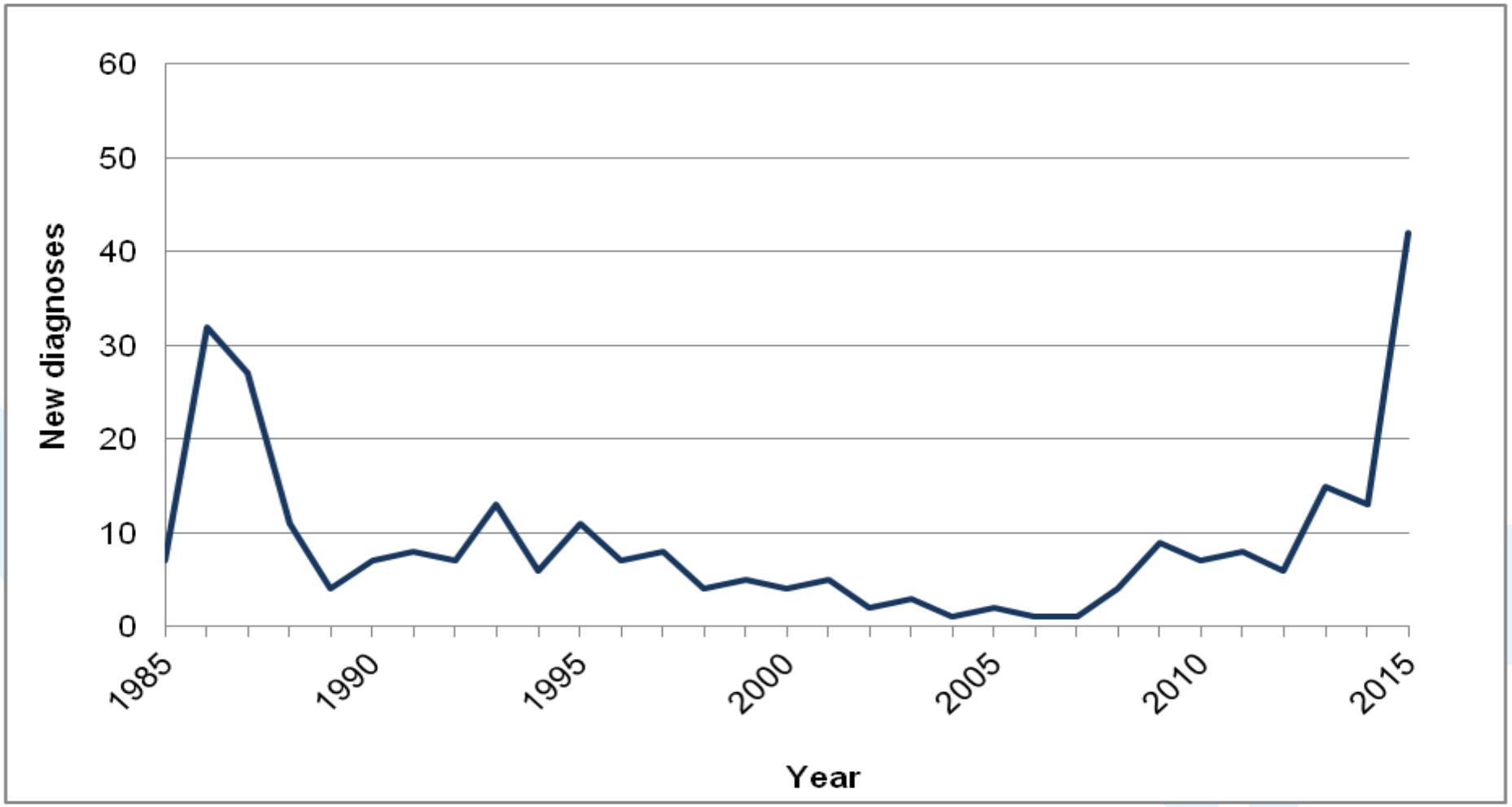
PEOPLE MAKE GLASGOW



Glasgow City

Partnership

HIV in PWID Glasgow City 1985-2015



Background

- HIV outbreak
- Other outbreaks
  - Botulism, 2014-15
  - Anthrax, 2009-10
  - Clostridium novyi, 2000
- Drug-related deaths
- Community/Business concerns

"Taking away the chaos"

The health needs of people who inject drugs in public places in Glasgow city centre

NHS Greater Glasgow and Clyde

Prevalence & demographics

Few reliable data on size of population but 400-500

Predominantly:

- Male
- Scottish origin
- Aged 30-50

Multiple and complex needs (SMD):

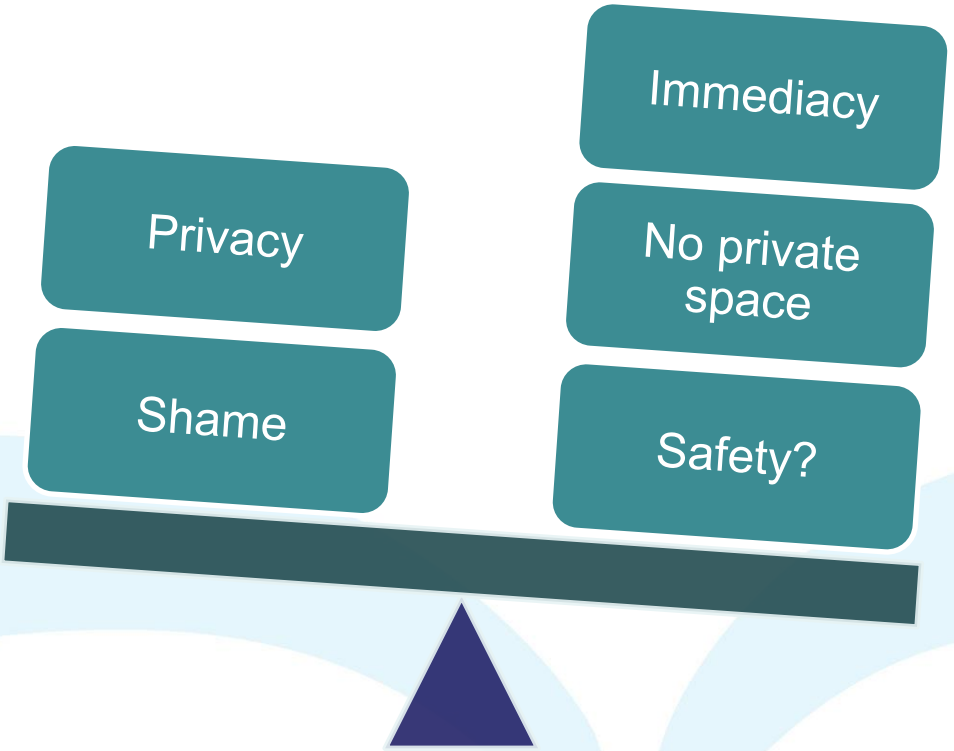
- Homelessness
- Recent incarceration
- Destitution

Why inject in public?

"If I was rattling [withdrawing] I'd go anywhere."

"Desperation."

"I had to go down below a bridge to inject with other using addicts, as a result of if I get caught doing it in the hostel, I would have been papped out."



Locations

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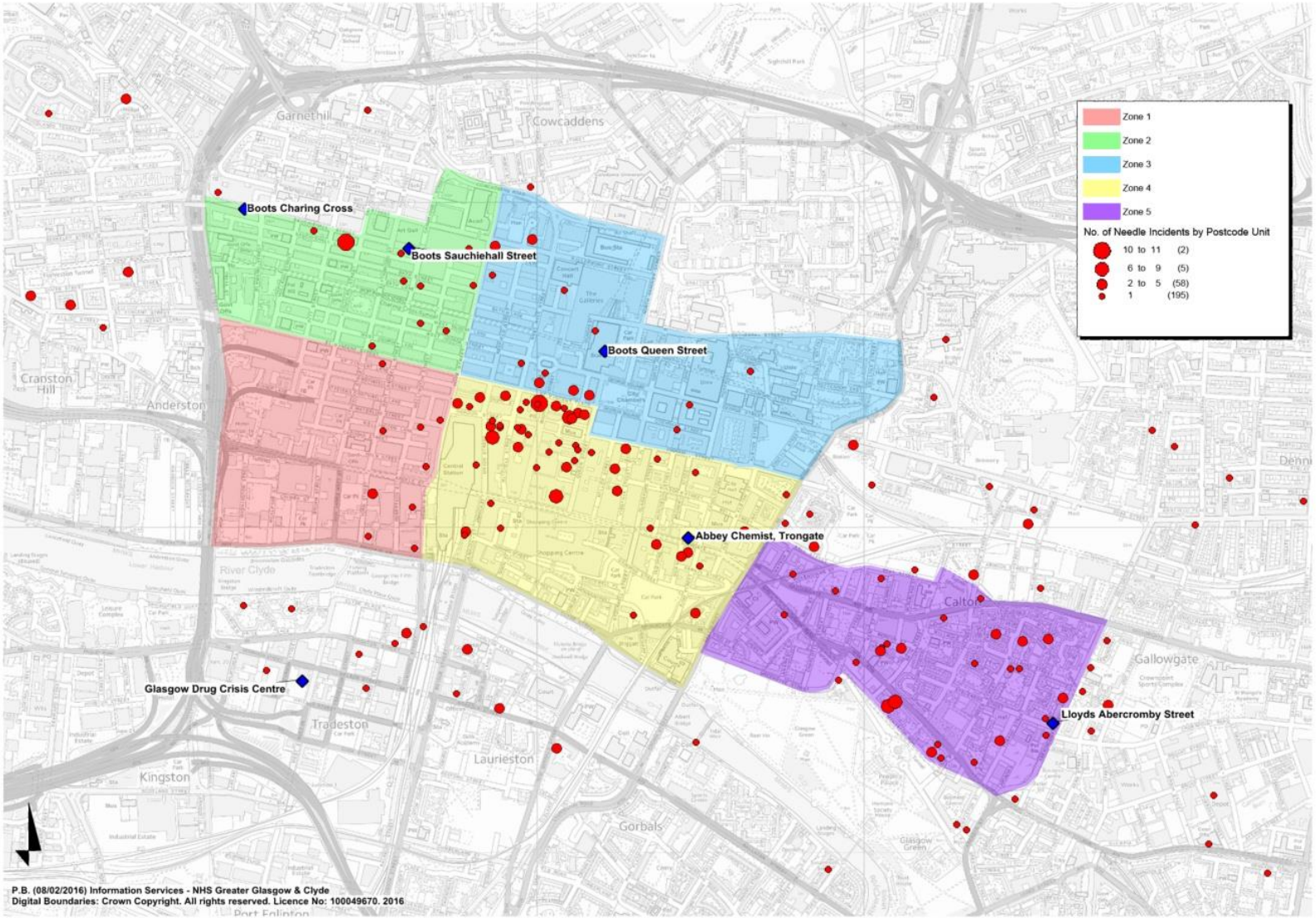
Reports of drug-related litter, GCC 2015



Report recommendations

Service development

1. Inter-sectoral co-ordination

2. Peer support network

3. Meeting the specific needs of this population

4. Injecting equipment provision

Report recommendations

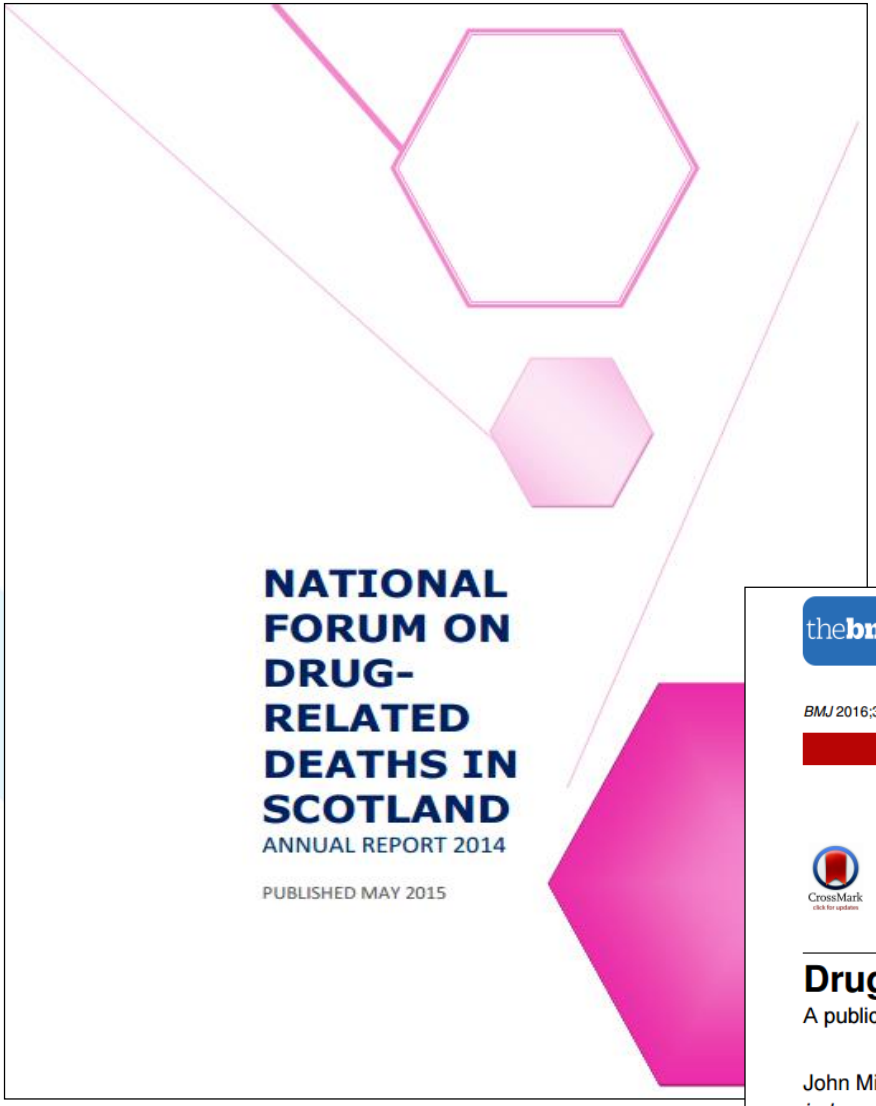
Service development

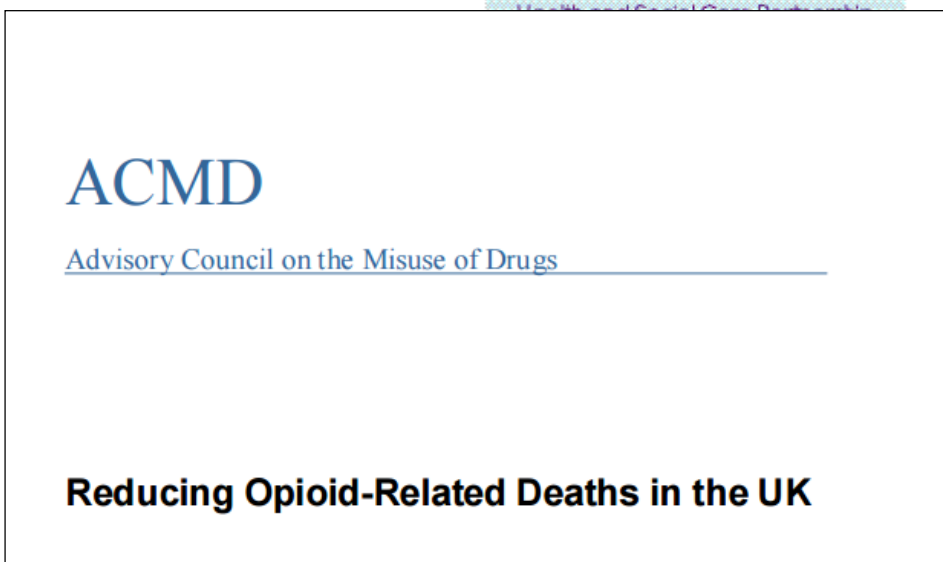
5. **Safer injecting facilities**

6. **Heroin-assisted treatment**

7. Improving data collection

Growing professional consensus

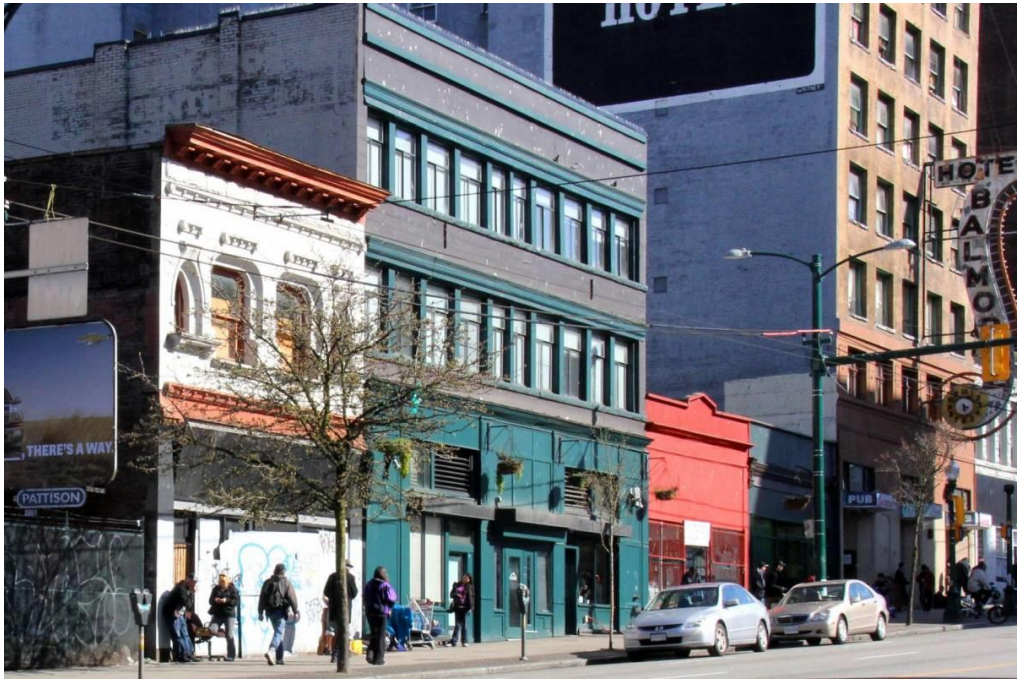




Safer consumption facilities

Hygienic environments where illicit drugs (purchased off the premises) can be consumed under clinical supervision

- Sterile injecting equipment
- Advice on injecting technique
- Overdose assistance
- On-site health & social services



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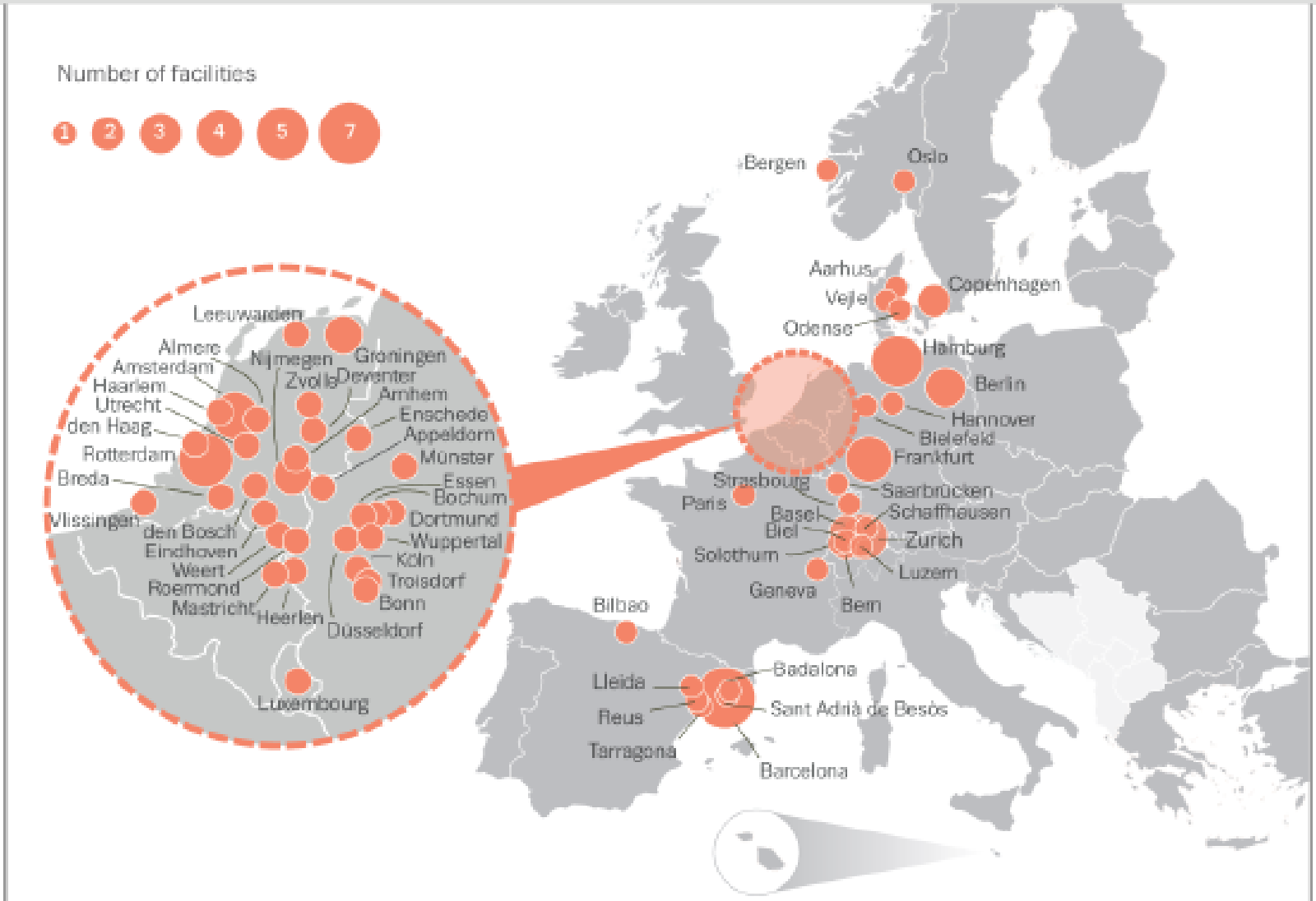
Vancouver ‘Insite’

geographical spread of DCRs in 8 countries



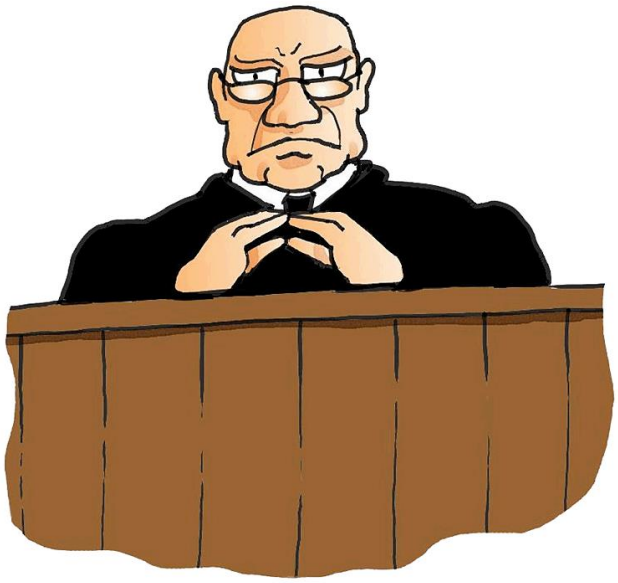
SIFs- evidence base:

- Engage target population
- Reduce sharing of injecting equipment
- Reduce public injecting
- Reduce drug-related litter
- Help people engage with addictions and other health services
- Reduce Drug related deaths
- Reduce BBV transmission
- Cost-savings in Australia and Canada

SIFs- evidence base:

- No impact on crime or disorder
- No “Honeypot” effect
- Public acceptability over time

Planning a SDCF:



Planning a SDCF:

- Location
- Hours
- Exclusion criteria?
- Models- large v small
  medical v non-clinical
  fixed site v mobile
  NHS v 3rd Sector

Planning a SDCF:

- Reception- drop in v registration
- DCR- SIF +/- Inhalation room
- Aftercare- recovery and Recovery
- Service + Police Accord
- Public engagement

Current status

- Operational Model
- Finance
- Evaluation
- Property
- Legal Framework?

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Heroin-assisted treatment

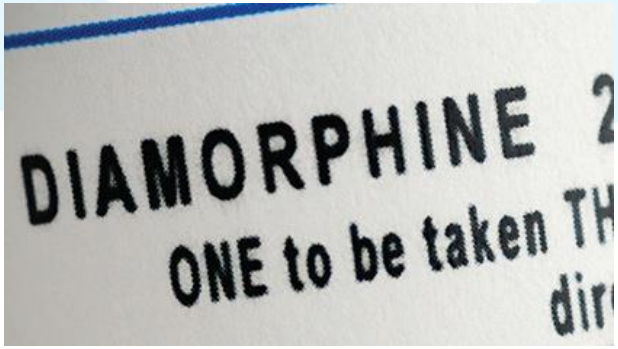
Prescribed pharmaceutical heroin as second-line option

Available in a number of European countries

UK – not currently widely used

Evidence from multiple randomised controlled trials:

- Health
- Community
- Costs

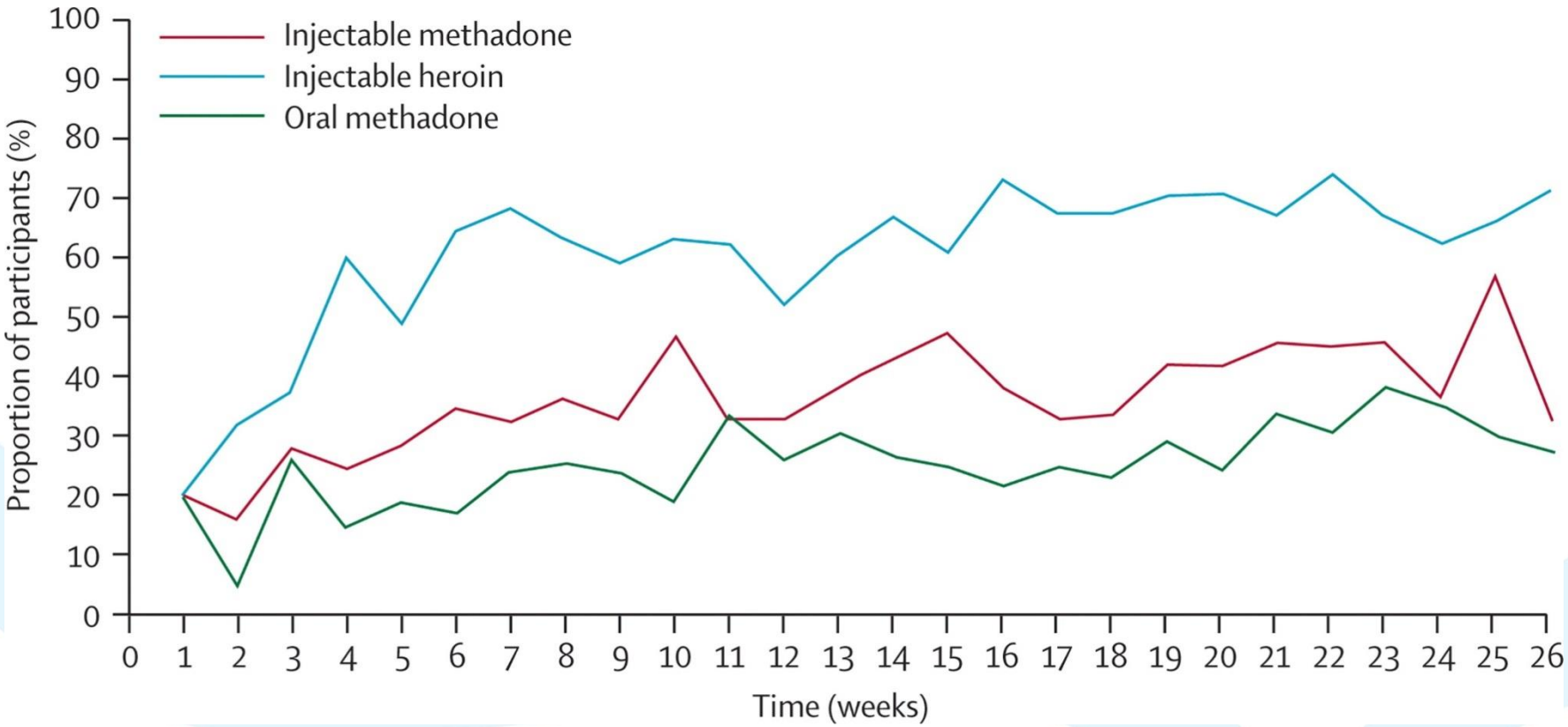


Heroin Assisted Treatment

Sir Humphrey Rolleston and “The British System”

HAT Evidence base

- Retention in treatment
- Use of illicit drugs reduces
- Physical and mental health improves
- Mortality rate
- Long-term follow-up
- Social effects specially criminality
- Cost-effectiveness



Proportion of participants abstinent from street heroin per week by data for urine drug screen (intention-to-treat sample)
RIOTT

HIV and Deaths

- There have been **13 deaths** over a 30 month period in a cohort of 119 HIV infected homeless PWIDs identified as part of the current outbreak, giving an **all cause mortality of 10.9% in this time period (5.3% per annum**) in this cohort.

- **Opiate replacement therapy (ORT)**
  - **10/13 (77%)** were on a current ORT prescription under addiction teams
  - **2/13 (15%)** were known to addictions teams but had disengaged from care
  - **1/13 (8%)** had never engaged in addictions services

Current Status:

The end