REPORT

Responding to the Edinburgh Safer Drug Consumption Facility Feasibility Study

Edinburgh Integration Joint Board

26 August 2025

Executive Summary	The Edinburgh Integration Joint Board Strategic Plan makes a commitment to the development of a business case for consideration by the Scottish Government for a Safer Drug Consumption Facility within the City of Edinburgh. An outline service model has been developed which will inform this business case, but full costings cannot be produced without a definitive location being identified. This will require a public consultation to enable Edinburgh's communities to express their views. Officers request permission to progress with the planning of a public consultation for launch in Early 2026.

Recommendations	It is recommended that the Edinburgh Integration Joint Board: 1. Note the work undertaken to date in preparation for the development of a business case for a Safer Drug Consumption Facility in Edinburgh. 2. Note that Scottish Government require a business case informed by a public consultation to determine if funding will be made available for a Safer Drug Consumption Facility in Edinburgh. 3. Agree for officers to produce a plan for a public consultation which includes the location for a Safer Drug Consumption Facility for consideration by the Strategic Planning Group in November 2025.

Directions

Direction to City of Edinburgh Council, NHS Lothian or both organisations	No direction required	✓
	Issue a direction to City of Edinburgh Council NHS Lothian	
	Issue a direction to NHS Lothian	
	Issue a direction to City of Edinburgh Council and NHS Lothian	

Background

1. The reduction of harm associated with the use of drugs is a strategic priority for the Scottish Government, the Edinburgh Alcohol and Drug Partnership (EADP) and the Edinburgh Integration Joint Board (EIJB).

2. There is a growing evidence base that Safer Drug Consumption Facilities (SDCF) can be effective in helping to achieve this.

3. With funding provided by the Scottish Government, Scotland's first SDCF opened in Glasgow in January 2025.

4. The Scottish Government has advised that they would consider a business case submitted by the EIJB, for the additional funding required to operate a SDCF within Edinburgh provided it was informed by a public consultation.

5. The EIJB's Strategic Plan made a commitment to the development of this business case.

Main Report

6. Incorporating learning from Glasgow's experience and the international research, officers from EHSCP have worked collaboratively with colleagues from NHS Lothian, City of Edinburgh Council, and people with lived and living experience to develop an outline for what a SDCF would look like in Edinburgh (Appendix 1).

7. This information would inform the development of the business case to be submitted to the Scottish Government.

8. To proceed to a business case and determine the full costings of a SDCF, it is first necessary to determine where it would be physically located.

9. This requires a public consultation to enable Edinburgh's communities to express their views.

10. Such a public consultation will attract substantial attention and raise both hopes and fears within different communities.

11. Officers propose to develop a plan for a public consultation on the opening of a SDCF within Edinburgh, including the physical location, for consideration by the Strategic Planning Group (SPG) in November 2025.

12. If approved, it is likely that a public consultation would open in early 2026.

13. Following the public consultation, officers will be able to proceed with the development of a full business case for the consideration of the Scottish Government.

Strategic Priorities

Strategic Priorities	✓	Key points within report that address strategic priorities
Prevention and Early Intervention		
Maximising independence		
Protecting our most vulnerable	✓	A Safer Drugs Consumption Facility would help to reduce harm in a marginalised community affected by substantial stigma. The primary aim of the facility would be to reduce drug related deaths.
Using our resources effectively		

National Health and Wellbeing Outcomes

Please note which national Health and Wellbeing Outcomes your report aligns to			✓
1. People are able to look after and improve their own health and wellbeing and live in good health for longer.		6. People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and well-being.	
2. People, including those with disabilities or long-term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.		7. People who use health and social care services are safe from harm.	✓
3. People who use health and social care services have positive experiences of those services, and have their dignity respected.	✓	8. People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care, and treatment they provide.	✓

4. Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.		9. Resources are used effectively and efficiently in the provision of health and social care services.	✓
5. Health and social care services contribute to reducing health inequalities.	✓	Not applicable	

Implications for Edinburgh Integration Joint Board

Financial

14. As noted in the report, the total cost of an SDCF is not yet confirmed but would be substantial.

15. The business case developed for a SDCF in Edinburgh will be submitted to the Scottish Government for consideration of funding, in line with what occurred in Glasgow.

Risk, legal, policy, compliance, governance, and community impact

16. See Section 5 within appendix 1. A number of legal risks and their mitigations are noted in the report – implementation of an SDCF would only occur if a Statement of Prosecution Policy were obtained from the Lord Advocate indicating that they did not consider it to be in the public interest to prosecute those delivering the service. Complying with the expected criteria which would be applied to considering a request for such a statement is a key element of the project.

17. Community impact of SDCF implementation is complex and, as noted under workstream 5 of the accompanying report, only some aspects of engagement with those in the involved communities have so far been possible. This engagement, with the most involved members of the local communities (those who would use the service) has indicated that they anticipate substantial positive impacts, but the views of the wider community have not yet been assessed and would require a public consultation to do so.

Equality and Poverty Impact

18. Drug use is both a cause and a consequence of deprivation and the users of the proposed service are subject to stark health and social inequalities.

19. Among dependant drug users, SDCF are disproportionately accessed by people who are homeless or living in temporary accommodation.

Environment, climate, and sustainability impacts

20. An aim of SDCF provision would be to minimise public litter and other environmental consequences of public drug use (e.g. blood spills) in the immediate vicinity of the location.

Quality of care

21. A SDCF would help reduce harms associated with the use of drugs.

Consultation

22. To proceed with the development of a business case, it is necessary to undertake a public consultation.

23. Officers propose to share a plan for a public consultation with the SPG in November with a view to launching a public consultation in early 2026.

24. This timescale is necessary because the consultation would need to be conducted in collaboration with the City of Edinburgh Council and NHS Lothian, each of which have their own governance processes to navigate before work could commence.

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Background reading / external references

Safer Drug Consumption Facilities – Evidence Paper (Scottish Government, 2021)
Edinburgh Safer Drug Consumption facility feasibility studies (Executive summary and full report)

Appendices

Appendix 1	Responding to the Edinburgh Safer Drug Consumption Facility Feasibility Study

Responding to the Edinburgh Safer Drug Consumption Facility Feasibility Study

Executive Summary

1. This paper updates on the response to Councillors' requests for reports on the feasibility of official trials of an Edinburgh Safer Drug Consumption Facility (SDCF). Following a further development project, it provides an outline of a potential service in terms of
    - The service offering
    - Staffing requirements
    - The areas in which it might be located
    - Information on potential benefits and the harms which it may address

2. It is informed by available data on local harms and consultation with lived and living experience and a wide range of professionals, international research and the (generously shared) experience of similar projects elsewhere. The paper does not address:
    - The potential for external funding
    - The detailed cost and the potential resources available locally to contribute to the project
    - The legal implications (which can only be resolved conclusively by submission of a completed proposal to the Lord Advocate)
    - Community perspectives on drug harms in the area under consideration or on the value of an SDCF
    - A final decision on specific location.

3. All of these would need to be addressed as part of a further project.

4. The proposal is to develop an SDCF for Edinburgh as part of a single harm reduction hub which offered open access, low threshold sessions providing:
    - A harm reduction service offering sterile equipment, specialised harm reduction assessment and risk reduction counselling, including Accuvein vein finders and WAND intervention (a standardised package of harm reduction interventions)
    - Wound care (including a clinic offering antibiotic prescribing and other interventions for more complex injecting related complications)
    - Blood-borne virus testing and advice throughout opening times (and treatment for Blood-borne viruses through onsite clinics)
    - Take home naloxone equipment and training
    - A Drug Checking service (enabling people to identify the composition of substances which they intend to take – this is currently under development)

- An SDCF with 7 booths

5. The SDCF itself would offer a three-phase approach in common with The Thistle in Glasgow and the Merchant's Quay facility in Dublin:
   - **Reception:** a welcoming area with staff offering an enhanced harm reduction service/ health improvement service to all those who attend – this would replicate the service offered in a specialist harm reduction centre.
   - **Drug consumption and recovery under clinical supervision:** in this case an area with 7 booths allowing up to 9 people at a time to use. Ideally this will include inhalation of drugs as well as injection. Clinical staff would lead this element of the service.
   - **Post use area:** a physically, socially and psychologically safe space for people to remain following consumption, where additional, opportunistic support can be provided, including snacks, showers, social contact, access to advocacy, and linkage to a range of treatment, rehabilitation, recovery and other services. People with lived/living experience will be crucial to shaping this aspect of the service.

6. A single team delivering this would be jointly managed alongside harm reduction outreach and some specialised nursing interventions. People would be able to access each of the other interventions without using the SDCF (i.e. it would offer a community facing harm reduction service). Depending on funding, the service would be open for 8 hours or 12 hours a day on 7 days of the week (extending the current access to harm reduction interventions as well as offering the SDCF).

7. A range of additional healthcare interventions would be offered on site, including clinics for wound care, sexual health, and infectious diseases and potentially for some chronic disease screening and management. The hub would potentially be co-located or extremely close to either:
   - A homeless day centre offering additional support with a range of basic needs
   - A treatment service providing access to opiate replacement treatment and a range of other recovery interventions

8. The service would be integrated with an outreach network based on existing teams which would have roles including reaching out to those at the highest risk; encouraging use of the service by those at risk and supporting users of the facility to access other help.

9. Seven day a week delivery is considered essential. The opening hours of the service would be prioritised on the basis of lived and living experience recommendations and the available data on times of overdose in the area (from the Scottish Ambulance Service)

10. The service would require a robust staff team, the exact size and cost depending on the opening hours, for example:
    - Monday – Sunday, 8 hours/ day (49 hours/ week) = 25.9 whole time equivalent staff
    - Monday – Sunday, 12 hours/ day (84hours/ week) = 44.6 whole time equivalent staff

11. It is expected to identify some of this resource through integration of existing HSCP services.

12. The service would need to be located in Edinburgh Old Town (Council Ward 11) which has the greatest concentration of harms related to public injecting and other high risk public drug use (use in car parks, public toilets, parks etc).
    - So far in 2025, approximately 10% of all the drug related deaths in Edinburgh have resulted from public injection in this area (7 suspected deaths between January and July 2025 out of 63 in total in the city were in public spaces in this area, the only locations of public drug related deaths in the period);
    - On average, there are 11-12 drug related deaths each year within 3/4 of a mile, (or 15-minute walking) radius of this area and 180 ambulance calls following overdoses.
    - In addition, large numbers of overdoses are responded to by services in the area, including the Access place, the staff of hostels, the homeless day service and outreach workers from Streetwork.

13. The international research, local data, professional views and lived experience perspectives all suggest that an SDCF would have the effect of reducing the drug related harm within this small area, with a primary outcome of **reducing the number of fatal overdoses** within the area around it and additional expected impacts of:
    - reduced ambulance call outs following overdose in this area
    - reduced use of unplanned care by the users of the service
    - minimised injecting related harms including blood-borne virus transmission and soft tissue injury
    - reduced public injecting harms, including injecting related litter in the area around it.

14. The service would be available to people from across the city (and beyond), but the impact would be expected to be primarily on the high levels of existing harm in the very local area.

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Background

Safer Drugs Consumption Facilities (SDCF)

1. Safer Drug Consumption Facilities (also termed Drug Consumption Rooms) are legally sanctioned (or tolerated) facilities where individuals can consume their own drugs, supervised by trained people who can intervene to prevent overdose. They also usually offer (or provide pathways to) other interventions to reduce harm.

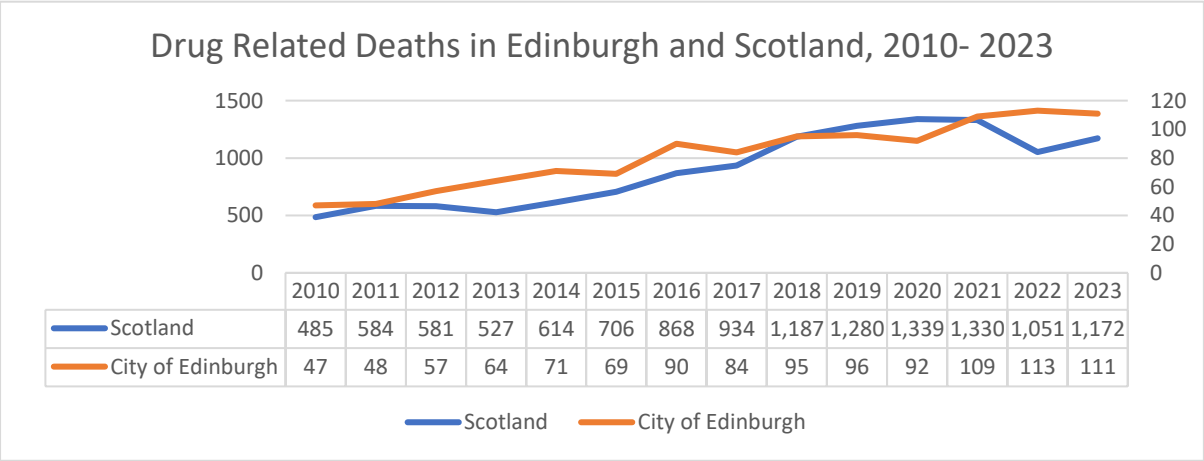
2. Development of SDCFs is explicitly supported by Scottish Government strategy and is recommended by the Drugs Deaths Task Force. Evidence of their impact is well established internationally (e.g. this review) and indicates that, where such facilities are easily accessible in areas of concentrated public injecting, rates of Drug Related Deaths fall.

3. SDCFs are available in countries across the world. Within the British Isles, the first two facilities opened in 2024-25, Merchant's Quay Medically supervised injecting facility opened in Dublin December 2024 and The Thistle in Glasgow opened in January 2025.

Development towards an Edinburgh SDCF

4. On 20 June 2022, the City of Edinburgh Council debated the prevention of drug deaths and agreed that it "*Calls on the Council to work with partners in health and criminal justice to provide a report to the Policy & Sustainability Committee in two cycles into the feasibility of supporting an official Overdose Prevention Centre trial in the City*."

5. This call was made in the context of Scottish and Edinburgh drug related deaths having risen sharply over recent years:



	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Scotland	485	584	581	527	614	706	868	934	1,187	1,280	1,339	1,330	1,051	1,172
City of Edinburgh	47	48	57	64	71	69	90	84	95	96	92	109	113	111

6. In Edinburgh, as in all Scottish local authority areas, the alcohol and drug partnerships (in Edinburgh the EADP) is responsible for developing the local strategy (EADP strategy 2025-28) for tackling problem alcohol and drug use and promoting recovery. They also direct commissioning services based on an assessment of local needs and report on

the implementation of the strategy to the Scottish Government. The partnership is co-ordinated by officers of the Council and NHS and membership includes:

- City of Edinburgh Council
- The Edinburgh Voluntary sector
- Police Scotland
- NHS Lothian
- Edinburgh HSCP
- Scottish Prison Service
- Representation of people directly affected by alcohol and drugs.

7. The councillors' call for an SDCF feasibility study is consistent with the EADP strategy and it was welcomed and supported by the EADP. A report was commissioned from a consortium of academics. This was completed and published in Nov 2023 (Feasibility Study) and discussed at the City of Edinburgh Council Policy and Sustainability Committee in March 2024. The key findings and recommendations of the report were:

Feasibility study
Key findings:

- There are significant levels of drug-related harm across the city, a number of which could be mitigated by SDCF provision
- Patterns of drug consumption and harm are dispersed across the city, but with identifiable hotspots in some areas
- Patterns of use in the city are varied and dynamic, with particularly high levels of cocaine injecting and benzodiazepine use
- There is a recognised risk of increased harms due to higher levels of synthetic opioids entering the drug supply
- There is strong support for SDCF provision among the people with lived / living experience, family members and professional stakeholders interviewed for the study
- While support for SDCF provision is strong among professional stakeholders, there are mixed views on prioritisation and levels of resource allocation in relation to other relevant services
- SDCF provision is widely viewed as valuable for more than overdose response. Safer injecting support, education, signposting to wider services and support into treatment and recovery are also viewed as key functions
- There is strong support for extensive service delivery by peers / people with lived experience and a degree of informality in service design
- There is also support for trained clinical expertise and clear operating procedures to protect safety and security on-site
- Strong links between SDCF provision and wider services are seen as critical

Recommendations

The City of Edinburgh Council and Alcohol and Drug Partnership should take steps to introduce SDCF provision in the city. Given the dispersed patterns of harm, this should ideally include more than one location. To this end, we recommend the following next steps:

Consultation

- Explore the feasibility of provision in identified hotspot areas in depth, including:
    - continuing engagement with potential service users, and others with lived and living experience, on preferences and needs
    - launching a community consultation in hotspot areas focusing on experiences of drug-related harm and the potential impacts of an SDCF
    - consultation with homelessness and drug services in hotspot areas to explore the option of embedded provision
    - establishing protocols to share relevant data at the lowest possible geographies to track patterns over time

Service development

- Develop service designs that include:
    - extensive levels of trained peer delivery
    - provision of spaces and support appropriate to a range of drug consumption including opioids, stimulants and benzodiazepines
    - creating an inviting and informal atmosphere with psychologically informed design
    - clear plans for education provision and wider harm reduction support, including injecting equipment provision, take-home naloxone, wound care, and BBV testing and support
    - clear plans for supporting people who use the service into treatment and recovery where appropriate
    - training to support staff to address a range of drug responses effectively and sensitively
    - operating procedures that ensure safety of staff and people using the service
    - clear plans for design coproduction, including people with lived and living experience.
    - clarity on clinical staffing requirements
- Engage with and learn from other sites for where SDCF are established or in development in Scotland and internationally.
- Develop an evaluation framework and begin the organised collation of baseline data at the earliest possible point to allow for robust evaluation of outcomes

Legal considerations

- Secure bespoke legal advice to ensure proposed operating procedures remain lawful

- Embark on early engagement with local police and the Crown Office and Procurator Fiscal Service to establish shared principles and work towards the development of shared agreements

Finance and costs

- Initiate discussions with local and national government decision makers to ascertain the potential financial envelope for service provision
- Liaise with potential providers to explore costs and feasibility of standalone and integrated provision

Communication

- Develop a communication plan to provide stakeholders and the public with information about SDCF provision, and the place of a potential service in the wider treatment, recovery, and harm reduction landscape in Edinburgh.

8. The 6 Workstreams of developing a SDCF are as follows and these will form the structure of the remainder of this report:
    - Workstream 1: Project governance
    - Workstream 2: Recommended location for one or more SDCF
    - Work stream 3: Model – an outline Operating Plan for recommended location(s)
    - Workstream 4: Communication and engagement processes:
    - Workstream 5: Independent Legal advice indicating expected compliance with Lord Advocate's requirements and policing plan
    - Workstream 6: Data and evaluation frameworks

Workstream 1: Project Governance

9. Terms of reference were completed as required and a structure of committees to take the project forward were established. This is outlined in Appendix 1.

10. A further implementation project based on the findings of this process would require the involvement of additional interested parties – potentially these would include teams working on Community Engagement and Empowerment; Communications; representatives of potential delivery partners; and those responsible for buildings which might potentially be used.

Workstream 2: Recommended location for one or more SDCF

11. A long list of potential locations in Edinburgh consisted of premises in the areas described in the needs assessment which offer drug and/or homelessness services in which an SDCF might potentially be embedded. The first process was a desk-based exercise to identify potential location(s) in Edinburgh which met

Criteria used by the Lord Advocate in her published statement of prosecution policy (in relation to the Thistle Project):

- operate in an area where public injecting is already a significant issue and is intended to engage with those in that area, whom health and support services find most difficult to reach.
- ...co-located with other services which, taken together, may be able to offer a range of support and assistance to those consuming drugs.
- …although…it is not the main aim...provide the necessary resources to assist recovery.

AND the requirements outlined in the Feasibility Study, most particularly:

- being accessible in the areas of highest need – Leith and the Old Town -
- having a significant element of peer delivery

12. Five potential types of locations were identified which met the criteria:
    - Edinburgh Access Place
    - The North-East Recovery Hub in Leith (an integrated treatment and recovery setting delivered jointly by EHSCP and a commissioned third sector partner)
    - Spittal Street Centre (a specialist harm reduction centre)
    - A city centre hostel
    - A homeless day service

13. Following this (and consultation with the managers of those premises) an appraisal of the suitability of each potential site was undertaken, using criteria including:
    - The strength and robustness of evidence of drug related harm in the local area (see workstream 6)
    - The cultural and service combinability of the existing service and practicality of delivery in the premises (these were explored through visits to potential locations and meeting with representatives of the organisations working in each – see appendix 2)
    - Evidence of acceptability to those who would use the service (reflecting lived and living experience perspectives – see work stream 4 below)
    - The local perception of the need for and acceptance of an SDCF (this remains to be done as a vital next step - a community engagement plan to inform the local community and gather and consider their views; at present the potential sites remain speculative – see workstream 5 below)
    - Expected cost to deliver safely in the setting

Excluded location options:

14. The result of this process was that the steering group considered, explored, and rejected a number of options:

    14.1 Hostel based service (open to non-residents). In principle (and in practice elsewhere in the world) a model could be developed offering an SDCF on the premises of a staffed hostel or other temporary accommodation setting but also allowing non-residents to access the facility. This option was explored with the staff of one hostel and an outline of how this might work was thought through. However, it was not clear the space available would allow for separation of the people coming into the building and the space that the residents are entitled to in their accommodation. Risks created would include escalating harm to vulnerable residents.

    14.2 Hostel based service (open only to residents) is excluded on the basis that the number of people potentially benefitting from the intervention would not be proportionate to the cost of a clinically staffed unit.

14.3 Co-location with specialist primary care (at the Access Place) - The option of embedding an SDCF on the site of the Access Practice was explored. However, co-locating with primary care for people who are homeless does not seem feasible. Although a significant number would benefit, a large proportion of the patients of the GP practice (c 700 of a c1000) are not drug users and it would be difficult to accommodate patients accessing general medical services and the SDCF. Separating the primary care functions for people with multiple and complex needs and delivering primary care functions alongside the SDCF is not considered feasible because a full practice would not be viable for a group this small.

15. The North-East Recovery Hub in Leith:

15.1 The steering group, along with the managers of the NE Recovery Hub, explored potential options of:

- embedding an SDCF within the building or
- developing a new location which offered the functions of the hub and those of an SDCF or
- offering two locations in the area – a recovery and treatment focussed hub and a purely harm reduction based facility.

16. As described in the Feasibly Study and in more detail in workstream 6 below, there is a substantial level of harm in the Leith area, including an average of 13 drug related deaths a year within a 3/4 mile, or 15-minute walking, radius of the location of the North-East Recovery Hub. However, a higher proportion of the overdoses in the area seem to result from drug use in accommodation, which is more difficult to address by an SDCF than drug use in public places.

17. The current North-East Recovery Hub building is not considered trauma informed and has a number of issues for its existing function. It could not accommodate current high activity level and the addition of an SDCF.

18. The potential cost advantages of co-location were not as great - most of the specifically harm reduction focussed interventions there are provided by social care staff.

19. Based on these factors, while it is recommended that a more suitable building be found for the North-East Recovery Hub, the evidence of harm and practical factors favour a city centre (Old Town) location for an SDCF if only one location can be funded in the city.

Preferred option: a single integrated harm reduction health hub in one of two areas of the Old Town:

20. In light of these rejected potential locations the recommended option is to develop a single harm reduction health and social care hub serving the city centre and incorporating the SDCF. This would be near to either Cowgate or Spittal Street. Data on the harm in the immediate area surrounding each is detailed in the section on Workstream 5, below.

21. The proposal is to develop an SDCF as part of a single harm reduction hub which offered open access, low threshold sessions providing a number of harm reduction interventions (see proposed model below). People would be able to access each of the other interventions WITHOUT having to use the SDCF (i.e. the facility would deliver these to a wider group than those accessing the SDCF and would take on the role of a specialist harm reduction service for the whole community).

22. Potentially a range of additional healthcare interventions would be offered on site, including clinics for wound care, sexual health and infectious diseases and chronic disease screening and management. The hub would potentially be co-located (in same building) or extremely close to either:
    - A homeless day centre offering additional support with a range of basic needs
    - A treatment service providing access to opiate replacement treatment and a range of other recovery interventions – this could not be in the same space as the SDCF or share a waiting area.

23. Whether or not it is based in the same building, it would be developed with both of these services and with others to offer an integrated pathway to the service and from it to other services to meet the needs of those using the service. The service would be associated with an outreach network which would have a role encouraging use of the service by those at risk and supporting access to other services out with the harm reduction hub.

24. This does not mean that the steering group is proposing the use of any specific premises at this stage, but that the services that might be jointly delivered with a SDCF would be those delivered in those locations and serving those areas of high public drug use. This may be achieved by reconfiguring and/ or relocating current services within an existing location, or potentially by securing new premises in one of those areas.

25. Factors that would need to be considered in identifying a final location would be:
    - The views of the very local communities in the vicinity of the proposed location

- Availability of a suitable building
- The perspectives of the potential users on the building proposed

Workstream 3: Operational model

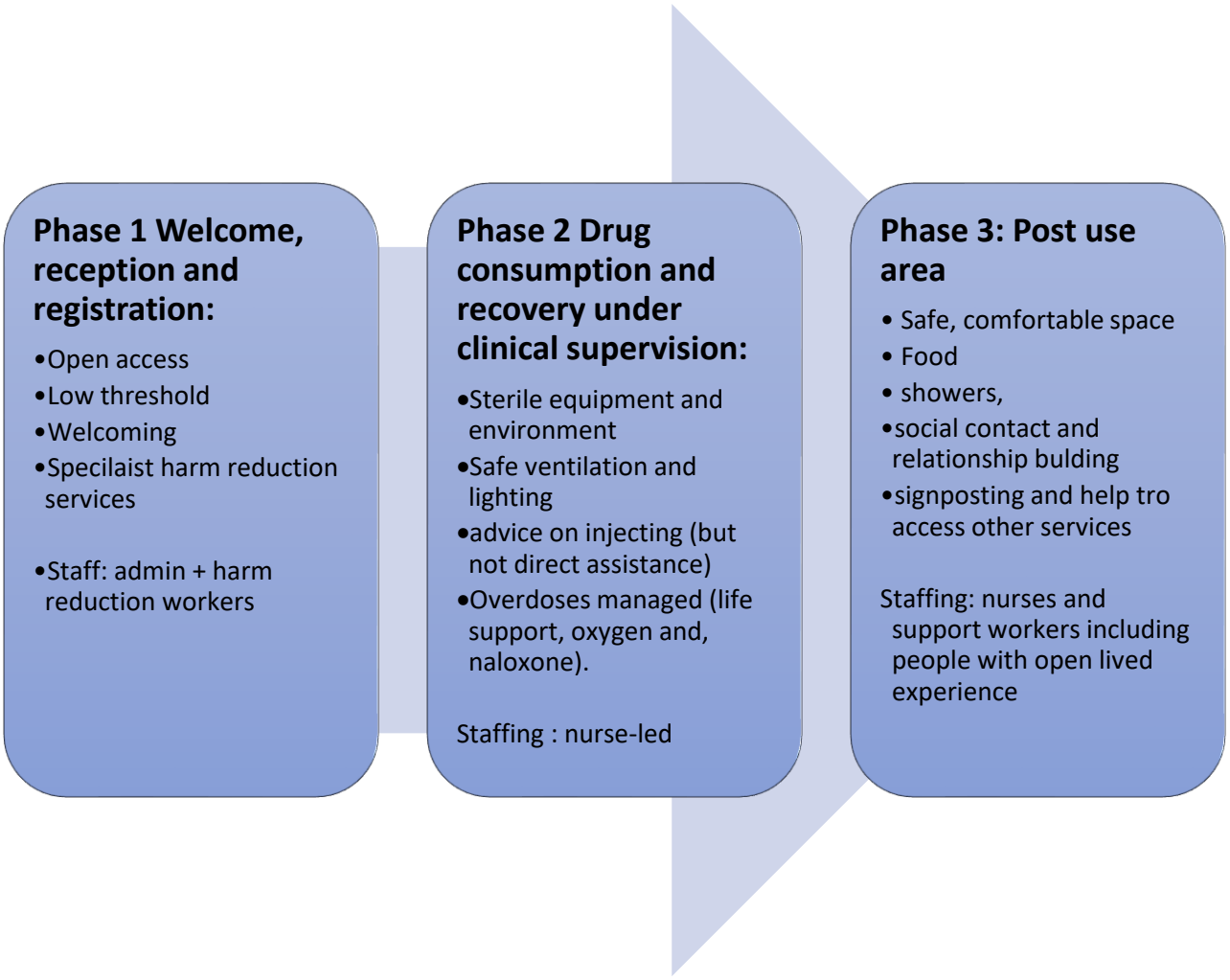
26. For reasons of healthcare governance and patient safety, the steering group and senior EHSCP management excluded using an exclusively non-clinical staff/ or an externally commissioned service employing healthcare staff.

27. A wide range of models of SDCF are highlighted in the Feasibility Study and the literature on SDCF, many of which do not rely on qualified clinicians and many of which are delivered by non-statutory services or through facilitated mutual aid (volunteers/ users supporting other users to remain safe). These have a strong record of safety where they have been researched.

28. However, for a service to be sanctioned legally and commissioned using public money by an accountable public body, a high level of assurance of safety for users and of professional accountability for the practitioners in it is required. The delivery of an intervention with this level of risk will need to sit within the governance of the NHS - without this, the standards of clinical care, safe staffing levels and similar considerations will not be assured in a way that will enable a good faith application to the Lord Advocate. At minimum, the core of the service (supervision of consumption and immediately post consumption when risk of overdose is highest) will have to be delivered by registered health professionals in the EHSCP.

29. This is not inconsistent with the recommendation of the feasibility study that the SDCF be embedded within a service offering a range of additional related interventions; nor that the service will contain a substantial element of lived experience intervention, but does exclude a number of models.

30. Within these parameters, the proposed model has been developed through a range of learning activities. It would offer a three phase approach in common with The Thistle in Glasgow and the Merchant's Quay facility in Dublin:



Phase 1 Welcome, reception and registration:

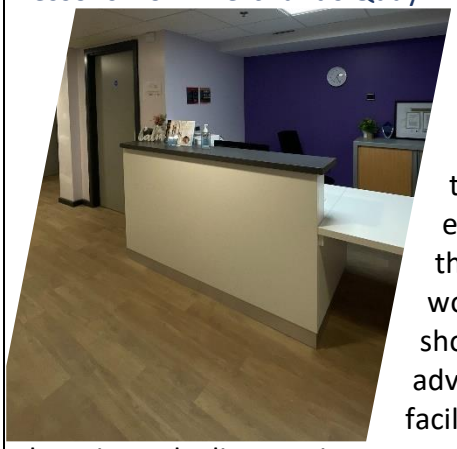
31. A welcoming area where skilled staff offered an enhanced harm reduction / health improvement service to all those who attend. These would include:
    - Injecting Equipment, assessment of risks and specialised harm reduction advice
    - Basic wound care
    - BBV testing
    - Take Home Naloxone and training in recognising and responding to overdose
    - Drug Checking (to provide people with information on the contents of substances)

32. In common with other harm reduction interventions, the service would take minimal information and maintain a high level of confidentiality (within limits of child and adult protection), including only sharing information with prescribers with consent. The use of the SDCF service would be recorded via NEO (the self-contained IT system for provision of injecting equipment and related interventions).

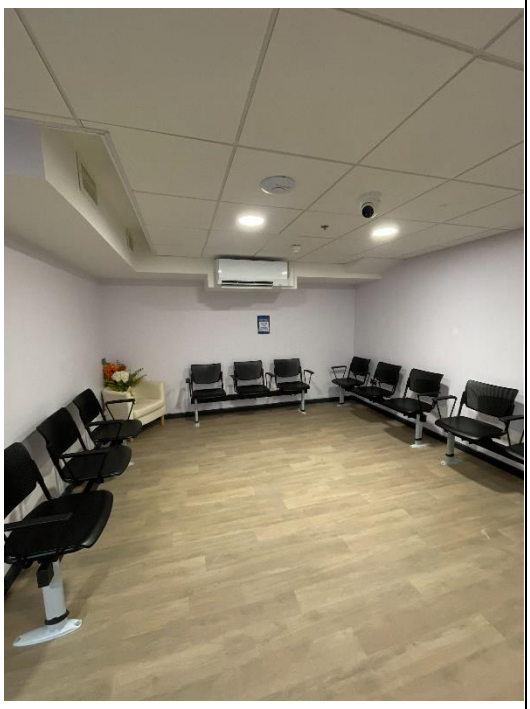
Lessons from Thistle project, Glasgow

The Thistle is entered through a dedicated front door and reception area. Minimal details are taken at this point and there is a strong emphasis on welcoming users. Waits are typically minimal. Access is oftern facilitated by outreach workers with lived experience who approach people who use drugs in the area and encourage and assist them to use the service.

Lessons from Merchant's Quay Medically Supervised Injecting Facility (SIF), Dublin:



'The MQ SIF facility is accessed from reception area that is shared by a number of services. Those presenting requesting to use the facility are escorted from there to the SIF by project workers. They must show their drugs in advance of entering the facility to ensure that there is no dealing on site. From the common reception area, users of the facility go to a waiting/ assessment area. Staff talk to them about their current situation and complete an induction process. Clients will also receive a basic health needs assessment, along with health promotion and harm reduction advice. Users complete a consent form for any clinical interventions required for overdose response and provide a little information but in keeping with the low threshold approach common to harm reduction interventions this is limited – confidentiality is paramount to enable access. There are sometimes waits (especially at opening times) but so far no significant management issues.



Phase 2 Drug consumption and recovery under clinical supervision:

33. This is the area in which drugs are prepared and consumed under observation, where users remain until they are no longer at risk of overdose and where staff will intervene in the event of overdose.

34. This would be an area with 7 booths. Ideally this will include inhalation of drugs as well as injection. Nursing staff would lead this element of the service. Only those using the facility would be allowed into this area. People would remain in this area under staff observation until staff assessed that they were safe to move onward.

35. Key features of the area would include:
    - Sterile equipment and surfaces
    - Safe ventilation
    - Staff would assist users to identify viable injecting site and advise on techniques to minimise health harm, but would not be involved directly in injecting. Potential overdoses would be managed by staff using life support, oxygen and, where needed, naloxone.

36. Injecting is an intimate, heavily stigmatised activity and the approach in this area would focus on the safety and dignity of the users.

Phase 2: Lessons from Thistle project, Glasgow

The Thistle project has 8 booths in a single, open area observed by at least 2 registered nurses at all times when it is open. Only one person can use each booth at a time. Drugs cannot be shared within the facility (for legal reasons).
The booths are in a line opposite a nursing station and contain mirrors enabling the nurses to observe those in all of the booths simultaneously without (as far as possible) intruding.
Nurses cannot physically intervene in the process of injecting (they cannot touch the drugs or equipment) but on request they can assist users to identify injecting sites using accuvien equipment and provide other detailed advice on injecting more safely. These interventions, along with provision of good lighting, sterile environment, and equipment, substantially reduce the medical harm caused by injecting (including venous and soft tissue injuries, deep vein thrombosis, blood-borne virus transmission). All equipment is safely disposed of on site and further equipment is provided for users to take away. Following injection, users can move to another part of the area where they remain under observation by nurses.

Overdose events are managed with airway support and oxygen or oxygen and naloxone. There were 35 overdose events or comparable clinical emergencies in the first 4 months of operation (out of 2,461 injecting episodes), all managed effectively by on site staff.
There are clinical rooms attached to the consumption area and the nursing team provide a range of health interventions to those using the facility, including care and treatment of injecting related wounds.

Lessons from Merchant's Quay Medically Supervised Injecting Facility, Dublin:

Merchant Quay's consumption area is similar to Thistle's (and to those in other SDCF internationally) but is slightly smaller and less heavily staffed.

It has 7 booths and allows 2 of them to be shared by multiple users meaning a maximum of 9 people injecting at any time). The minimum staffing directly in the area is one nurse and one non-registered project worker (with at least one other nurse in the adjacent room and a third on call in the facility). Overdoses are managed in an adjacent clinical room which is also used for health interventions and assessments (e.g. wound care). Note that the co-located service mean that a wide range of healthcare staff are available on site.
As with Thistle, overdose events are managed with oxygen or oxygen and naloxone. There were 108 overdoses in the first 7 months of operation, of which 52% were managed with oxygen alone and the remaining 47% with oxygen and naloxone. Ambulance call outs have reduced by 5/6 in the area since the opening of the facility.
The staff encourage people to move from the area in approximately 15 minutes to enable through put, but this

remains flexible. The next area of the facility also has nursing supervision (unlike the equivalent space in the Thistle).

Phase 3: Post use area

37. This would be a physically, socially, and psychologically safe and comfortable space for people to remain following consumption, where additional, opportunistic support could be provided, including snacks, showers, social contact, access to advocacy, signposting etc. People with open Lived experience are expected to be a driving aspect of this element of the service. Workers would have a role linking and escorting people from this space to other needed services

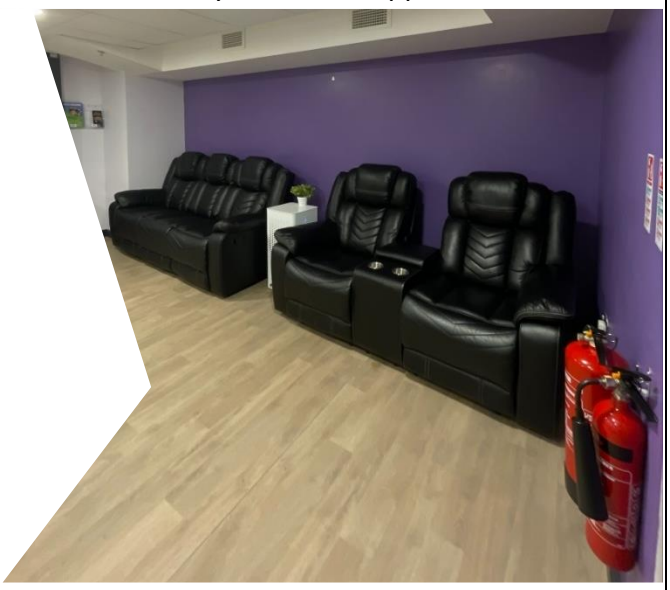
Lessons from Thistle project, Glasgow

The Thistle project offers a lounge area with a range of supports and facilities. This area is staffed largely by non-registered workers, many of whom have lived experience



Lessons from Merchant's Quay Medically Supervised Injecting Facility, Dublin:

The aftercare room/ recovery lounge is where clients stay, with the support of the team, until they are ready to leave. This is an important space and time to connect with staff and access information and advice about other health and social services, the conversations in this space are client led and based on a person-centred approach. Staffing in this area also includes a nurse continuing observation. The staff encourage people to move on from this area more actively than in Thistle (where people are welcome to remain throughout the opening times). The aim is for people to leave approximately 30 minutes after entering from the consumption area, but note that other parts of the same building offer other safe spaces.



Workstream 4: Communication and engagement

38. Three aspects of the communication plan were identified as being required:

- Project communication and engagement plan
- Consultation and engagement plan for areas surrounding each potential location
- Consultation and engagement plan for lived and living experience

39. **Local Community engagement:** Long term successful implementation will require local community support (or at least tolerance) of the facility. A necessary part of planning would be to ascertain the experiences and views of people in the areas under consideration. This lesson is strongly reinforced by the experience of those who set up the SDCFs in Dublin and Glasgow – the engagement with local communities, media and other stakeholders is a substantial investment in time and resource for the project work but is essential for delivery.

40. Having now identified two areas of the Old Town as the potential locations the Community Empowerment and Engagement team in the Council could be asked to develop a formal engagement plan in these areas, and they would be invited to join the steering group for any future project.

41. **Engagement with lived and living experience:** The Feasibility Study included gathering lived and living experience views which, on balance, favoured SDCF delivery. Several subsequent formal and informal ADP engagements with living experience groups had also touched on SDCF provision (it is often raised by people who use drugs), but only

one formal event was held near the close of the process. It brought together members of the steering group and 17 people who currently are or were engaged in high-risk public drug use.

42. The EADP and partners have established methods for work of this type and relationships with a number of interested groups; several community members already engaged have an interest in further contributing to the development.

Workstream 5: Policing and legal considerations

43. Police Scotland have established protocols in relation to the Thistle project and are developing national guidance based on these to be applied to future SDCF developments in Scotland. These are expected to broadly parallel their policing approach to other sites offering harm reduction interventions; police do not target enforcement or surveillance resources on sites where people access help and support for drug problems unless there is a specific incident. It is expected that any policing plan would be shaped by the shared priorities of Police Scotland and other partners and that it would be modelled on the approach taken to the Thistle. However, the policing plan cannot be advanced until the national guidance is available, and a specific plan is presented to the Lord Advocate.

44. Glasgow HSCP have, with Scottish Government and Public Health Scotland support, been provided with a "Statement on pilot safer drug consumption facility" from the Lord Advocate indicating that she "would be prepared to publish a statement of prosecution policy to the effect that it would not be in the public interest to prosecute users of [a pilot Glasgow SDCF]". This assurance is specific to that project and does not establish any wider precedent – Edinburgh would need to apply for a comparable statement independently.

45. Colleagues from Glasgow H-SCP and the Scottish Government are happy to support Edinburgh to make a similar application and to share their experience of the process and requirements.

46. The statement includes part of the reasoning that enabled the Lord Advocate to make the decision:

- I understand that the proposed facility would **operate in an area where public injecting is already a significant issue** and is intended to engage with those in that area, whom health and support services find most difficult to reach.
- Central to my consideration of the request has been the fact that the **proposed facility would be co-located with other services which, taken together, may be able to offer a range of support and assistance** to those consuming drugs. Further, although I am aware it is not the main aim of the proposed facility, my

understanding is that the facility could, over time and in some cases, provide the necessary resources to assist those using the facility into recovery.

47. Ensuring that the Edinburgh proposal would offer comparable advantages has, as noted above, informed the consideration of the location and model. Whether this is sufficient to attract a similar exemption can only be established by submitting a request on the basis of a completed proposal. Legal advice would be required at the time of making this application.

Workstream 6: Data and evaluation framework

48. The Feasibility Study identified a range of drug related harms concentrated in specific geographical areas of the city. A data subgroup for the project has been formed and is looking at evidence of health harm in the area surrounding each potential location.

Data considered:

49. The primary, though by no means the only, harms that SDCF are expected to ameliorate arise from high-risk consumption, especially injecting, especially in public areas, within walking distance of the location. The key harm metrics considered were therefore:

- Non-fatal overdoses within ¾ of a mile (a 15minute walk) of the location
    - The location of the incident (i.e. the location where the ambulance attended)
    - The residence of the deceased (where fixed and known)
- Drug related deaths within ¾ of a mile (a 15-minute walk) of the location
    - The location of the incident (i.e. the location where the consumption leading to the overdose occurred)
    - The residence of the deceased (where fixed and known)
- Non-fatal and fatal overdoses in temporary accommodation (to explore co-location of an SDCF in temp accommodation)
- Evidence of public injecting (injecting equipment finds in street or other public spaces, which are sought from CEC and from housing providers (who respond to these in common stairs etc)
- Information on suspected drug related deaths which specifically took place in public places

50. In addition, information on Injecting equipment provision, blood borne virus transmission, drug treatment uptake and addresses of those with drug related hospital admissions were examined as evidence of need.

51. These were examined for each of 3 areas where an SDCF might be based:
    - The Spittal Street area

- The Cowgate area (centred on Edinburgh Access Place, though this has been excluded as a potential location)
- Leith (centred on The North-East Recovery hub)

52. **Findings:** The immediate area (3/4 of a mile, or 15-minute walking radius) around each of these three locations each experiences high levels of drug related harms. In each case, an average of 10-12 drug related deaths occur each year in within a ten-minute walk. On average, the same two locations in the Old Town also witness approximately 180 ambulance call outs for non-fatal overdose (NFO) (Cf c90 in Leith).

	Leith	**The Cowgate**	**Spittal Street**
	3yr Total	**3yr Total**	**3yr Total**
DRD – Incident Location	39	34	36
DRD – Patient Residence	36	35	33
Ambulance call outs for NFO (Incident Location)	274	561	519
Ambulance call outs for NFO (Patient Residence)	255	257	306
Treatment Referrals – Patient Residence	145	139	142
BBV Tests – Patient Residence	86	93	89
Drug Liaison nurse interventions – Patient Residence	113	110	116

Injecting related litter:

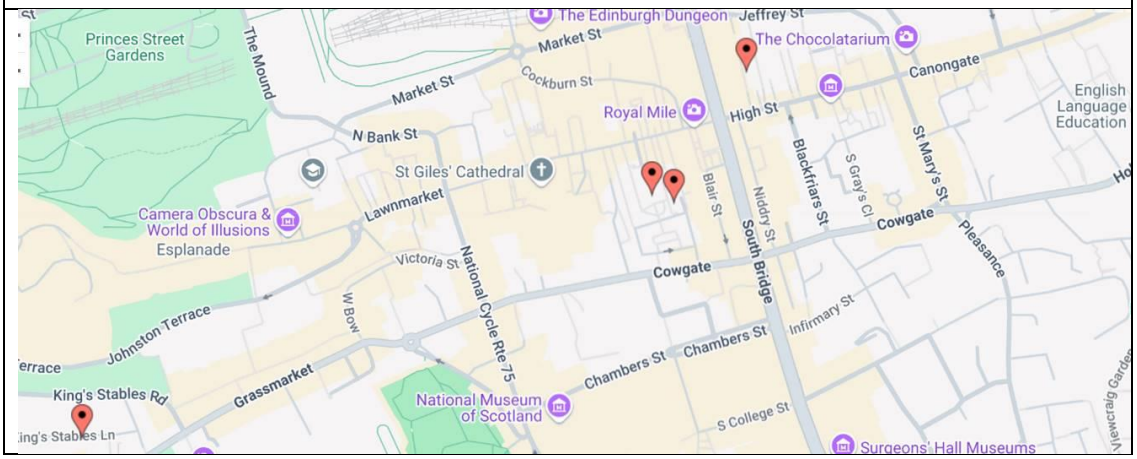
53. Reports and complaints about discarded injecting equipment found in public places are recorded by the City of Edinburgh Council. These reports exclude instances where organisations, the public or street cleaning teams respond to the find and the level of reporting may vary, but they give a strong indication that the city centre and adjacent areas are those most affected by public injecting.

Reports of discarded injecting equipment 2014-25 by council ward area (% of total number of reports, areas over 5% of total only)

Ward	**% of all reports**
11-City Centre	38.3%
12-Leith Walk	14.7%
15-Southside/Newington	8.6%
13-Leith	8.%
07-Sighthill/Gorgie	5.5%

54. Street cleaning teams clean up a large number of injecting sites routinely. In addition to incidents at varying locations, there are currently (July 2025) at least 5 locations in the Old Town area where there are daily or near-daily finds of discarded injecting equipment and other indications of public injecting (including blood) identified by the City of Edinburgh Council street cleansing teams.

Locations of sites with daily Injecting Equipment discards in the Old Town area (correct June- July 2025); source City of Edinburgh Council



55. Used Injecting Equipment can be safely disposed at all locations which distribute it and (for their residents) at a number of hostels. However, the urgency and challenging conditions of public injecting, and the associated risk of being disturbed or detected, decrease the likelihood of proper disposal. In an SDCF all equipment used on site is disposed of through clinical waste procedures. One of the aims of an SDCF is to "benefit the surrounding community by reducing drug-related litter and the visibility of public drug use" (Scottish government).

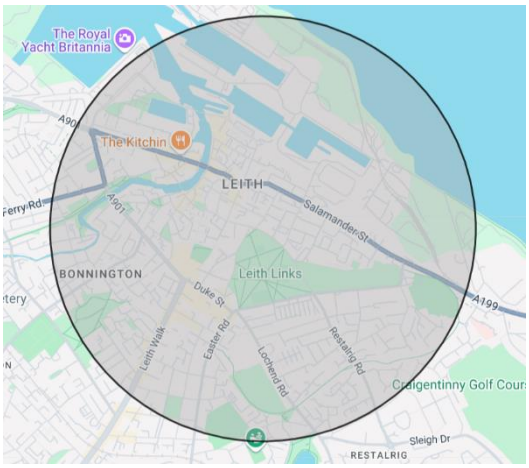
Suspected Drug related deaths in public places

56. Deaths as a result of high-risk public drug use (use in car parks, public toilets, parks etc) is not routinely distinguished in DRD data. So far in 2025, approximately 10% of all the drug related deaths in Edinburgh have resulted from public injection in the Old Town area (7 suspected deaths between January and July 2025 out of 63 in total were in public spaces in this area, the only locations of public suspected DRD)

Local Profiles in areas considered:

Potential Location – Leith

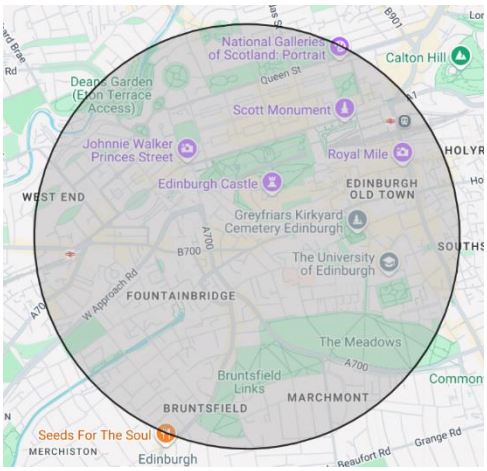
This area is to the north side of Leith Links, a 3/4 of a mile, or 15-minute walking radius centred on the North-East Recovery Hub.



Leith					
	2021	**2022**	**2023**	**2024**	**Total**
DRD – Incident Location	9	13	17		39
DRD – Patient Residence	11	11	14		36
NFO – Incident Location		101	114	59	274
NFO – Patient Residence		81	106	68	255
Treatment Referrals – Patient Residence		43	48	54	145
BBV Tests – Patient Residence		26	29	31	86
Drug liaison interventions – Patient Residence		33	41	39	113

Potential Location area: Spittal Street

This area is at the western end of the Old Town, a ¾ mile radius centred on the Spittal Street Centre

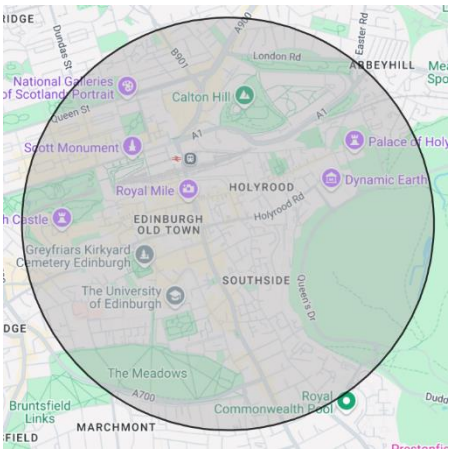


Spittal Street area (¾ mile radius centred on the Spittal Street Centre)					
	2021	**2022**	**2023**	**2024**	**Total**
DRD – Incident Location	13	11	12		36
DRD – Patient Residence	10	10	13		33
NFO – Incident Location		190	173	156	519

NFO – Patient Residence		110	103	93	306
Treatment Referrals – Patient Residence		37	55	50	142
BBV Tests – Patient Residence		28	25	36	89
Drug Liaison nurse interventions – Patient Residence		32	36	48	116

Potential Location area: Cowgate

This area is at the western end of the old town, a ¾ mile radius centred on the Cowgate. This area encompasses the majority of the City Centre services for homeless people.



The Cowgate					
	2021	**2022**	**2023**	**2024**	**Total**
DRD – Incident Location	10	18	6		34
DRD – Patient Residence	10	16	9		35
NFO – Incident Location		196	184	181	561
NFO – Patient Residence		89	81	87	257
Treatment Referrals – Patient Residence		36	55	48	139
BBV Tests – Patient Residence		28	26	39	93
Drug Liaison nurse interventions – Patient Residence		26	34	50	110

Conclusion:

57. Although there are locations in the city where a SDCF has the potential to reduce harm, the area with the highest apparent need is the Old Town. This area is the location of significant high risk public drug use resulting in overdoses (a proportion of them fatal), injecting related litter, and a number of other health harms. To be co-located or very close to other related services (as per the recommendations of the feasibility study) locations within ¾ of a mile of the cowgate and/ or Spittal Street have the greatest potential to reduce harm.

Aims and potential evaluation framework for a pilot SDCF in Edinburgh

58. In common with the Edinburgh feasibility study and numerous research studies The Scottish Government has identified a range of evidence-based aims for Safer Drug Consumption Facilities:

    a) Reduce drug-related overdose deaths
    b) Intervene to reduce the transmission of blood-borne diseases (BBV) such as HIV and hepatitis B and C
    c) Reduce infection-related wounds and infections
    d) Reach people who inject drugs and who might otherwise not engage with any type of service
    e) Benefit the surrounding community by reducing drug-related litter and the visibility of public drug use.
    f) Gain valuable insight into trends and patterns in drug use
    g) Engage with people who use drugs and connect them with addiction treatment services.

59. The key outcome for the Edinburgh facility would be ***the reduction of drug overdose deaths in the area surrounding the facility***. This is the public health crisis which it is intended to address.

60. The model of embedding the SDCF in one or more services which already offers interventions with some of these aims will make identifying positive changes attributable to the SDCF itself more challenging. However, activities within the facility and the wider service are expected to impact on each of the other aims:

    b) Reduce the transmission of blood-borne diseases (BBV) such as HIV and hepatitis B and C (measured by the number of people engaged and testing and treatment) And (c) Reduce infection-related wounds and infections

61. Both of these are expected to be positively impacted by the facility: The risk reduction advice (for injecting and other risk behaviours), clean environment, injecting equipment and improved injecting practice on site and equipment to take away are all expected to impact on the risks for those who use the facility.

62. Currently, diagnosis of BBV (through dried bloodspot testing) is offered at a number of locations in the Old Town area and treatment is offered at the Spittal Street Centre, the Access Place, and other medical settings (via clinics and appointments). The harm reduction hub would incorporate both and is expected to attract additional people at risk who will be offered testing and treatment.

d) Reach people who inject drugs and who might otherwise not engage with any type of service and (g) Engage with people who use drugs and connect them with addiction treatment services.

63. These are key interventions given the current patterns of drug related need in Edinburgh – decreasing availability of heroin and other opiates and increasing crack and other polydrug use mean that a key mechanism for engaging people in support and treatment (the offer of opiate replacement therapy) is reducing in effectiveness: despite improvements in services' responsiveness and quality, total numbers of people engaging with treatment for drug use have fallen even as drug related deaths have continued to rise (see Edinburgh and Lothians drug Related Deaths Annual Report 2023). The SDCF, especially if it included the offer of safe inhalation (potentially attracting non-injecting crack users) would be a potential point of connection between services and those who would benefit from them.

64. In the first instance, the aim of the SDCF would not be to convince people to enter treatment or to cease use – it is specifically and authentically intended to maximise safety of people who are using drugs without necessarily ending their use. However, offering an intervention which is not conditional on an abstinence goal, offering safety and compassion - meeting people where they currently are in their relationship with drug use – is fundamental to a harm reduction approach and is known to enable access to treatment and other recovery interventions.

65. Currently in Edinburgh, substantial resources are devoted in line with Medication Assisted Treatment standard 3 to reaching the highest risk drug users. They are identified largely by contact with emergency services following non-fatal overdose and then are contacted by outreach workers who offer to engage them with harm reduction, treatment, and other protective services. It is hoped that much of this work could be offered more effectively and efficiently by the support and relationships offered within the SDCF.

e) Benefit the surrounding community by reducing drug-related litter and the visibility of public drug use.

66. As noted in section 5, there are high levels of public injecting in the area and a proportion of this would be contained within the SDCF. There is strong international evidence that harm reduction interventions do not, as is sometimes feared, attract additional people to an area to use drugs or result in increased public drug related harms – they are targeted to locations with pre-existing harms. The presence of the SDCF would not alter policing in ways which would encourage increased public use and the SDCF would reduce the public high risk injecting in the area around it (evidenced by reductions in fatal and non-fatal overdoses; and drug related litter in the area).

f) Gain valuable insight into trends and patterns in drug use

67. The SDCF would be linked closely to the national (RADAR) and local early warning system and would be a source of extremely detailed intelligence on drug use trends and harms; and a valuable conduit for quickly disseminating information directly to users at high risk.

68. The Thistle project and others have developed models and metrics for evaluation and the steering group are confident that a full framework of evidence gathering could be established to monitor the effects of the SDCF.

Potential Next Steps

69. This paper identifies two potential areas of the city for development of an SDCF and an outline model. Potential next steps for each of the existing workstreams are summarised below:

Workstream 1: Project governance
• The commissioners and providers of current services which might be involved in delivery would be added to the Scrutiny Board and the steering group along with teams involved in community engagement and empowerment (who would lead workstream 4) • A detailed plan for the next phase of the project would be developed.
Workstream 2: Recommended location for one or more SDCF
• This paper identifies two areas for potential provision. Negotiations would be undertaken with the organisations whose buildings and services in those areas might be involved in delivery. These, negotiations, along with the results of workstream 4 would inform the final location to be proposed.
Work stream 3: Model – an outline Operating Plan for recommended location(s)
• This paper describes a model of embedding an SDCF in an integrated harm reduction hub. This would ideally be achieved by configuring existing services alongside the development as well as by adding new capacity. Negotiations with the organisations potentially affected would be the next step, leading to a detailed costing and model. These negotiations are challenging to conduct without indications that the project is likely to be implemented, since they would impact on legal and employment issues for individual employees.
Workstream 4: Communication and engagement processes:
The priorities in this workstream would be: • Engagement with local communities in the areas, focussing on the communities' current experience of drug related harm and views on the potential provision of an SDCF • Continued engagement with lived and living experience and professional groups to refine the model

Workstream 5: Independent Legal advice indicating expected compliance with Lord Advocate's requirements and policing plan
• The project would engage with national guidance from Police Scotland. • Independent legal advice would be sought, and a final project plan would be presented to the Lord Advocate with a request for a statement of prosecution policy.
Workstream 6: Data and evaluation frameworks
• Development of a final evaluation plan • Continued gathering of baseline data on the potential SDCF areas

70. Pursuing each of these workstreams through a continuation of this project will require additional investment of officer time and will raise both positive expectations and negative concerns. Scottish Government have advised that they will only be able to consider potential funding based on receiving a business case with indicative costings informed by public engagement.

Appendix 1

Governance of the project:

1. Three groups have been established to support the work of this project and another which has developed the Edinburgh Drug Checking Service:
    - **A Steering Group** who developed options and proposals, supported by the project manager
    - **A Scrutiny Board** who provided critical feedback on proposals (but who have no decision-making role)

2. **The EADP Stakeholder Reference group** which provides support and advice to the Steering Group. (though as noted in workstream 4, this group was less engaged with the project's work for much of the duration than had been hoped)

3. These groups have in turn reported, to date, to the EADP Executive, the Council Policy and Sustainability committee and the multi-agency Chief Officers' Group for Public Protection.

ESDCF/ EDCS Steering Group:

4. The Steering Group is a multi-organisational group leading the development of the Safer Drug Consumption Facility (SDCF) and Drug Checking Service (DCS) projects in Edinburgh. The group has an overview of the planning and implementation of the projects and has developed the reports and plans needed to achieve the projects' aims. It has passed reports and recommendations to the EADP Executive and directed the work of the project manager. It has consulted with the Stakeholder Group and submit reports to the Scrutiny board for their comment.

ESDCF/ EDCS Scrutiny Board

5. **Role and Remit:** The Scrutiny Board contributes to the development of the Safer Drug Consumption Facility (SDCF) and Drug Checking Service (DCS) projects in Edinburgh acting as a "critical friend" and ensuring that all aspects of the development have been informed by current legal, financial, regulatory, clinical, and governmental contexts. It is chaired by the Chief Officer of the IJB.

EADP Stakeholder group

6. **Role and Remit:** The Stakeholder group is comprised of representatives with knowledge and expertise in drug harm reduction and treatment service delivery;

policing; public health; communications; consultation with communities of interest and local communities. Its role is to comment on and contribute to plans developed by the Steering Group (as well as wider issues in implementation of the ADP strategy).