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Scrutiny Inquiry Panel - Reducing Drug Related Litter in Southampton

Thursday, 18th January, 2018
at 6.00 pm

PLEASE NOTE TIME OF MEETING

Committee Room 1 - Civic Centre

This meeting is open to the public

Members

Councillor McEwing (Chair)
Councillor Fuller (Vice-Chair)
Councillor Coombs
Councillor Fitzhenry
Councillor Noon
Councillor Vassiliou
Councillor Whitbread

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PUBLIC INFORMATION

Role of Scrutiny Panel Inquiry – Reducing Drug Related Litter in Southampton

The Overview and Scrutiny Management Committee have instructed the Scrutiny Panel to undertake an inquiry into Reducing Drug Related Litter in Southampton.

Purpose: To identify opportunities to reduce the incidence of drug related litter in Southampton.

Use of Social Media:- The Council supports the video or audio recording of meetings open to the public, for either live or subsequent broadcast. However, if, in the Chair's opinion, a person filming or recording a meeting or taking photographs is interrupting proceedings or causing a disturbance, under the Council's Standing Orders the person can be ordered to stop their activity, or to leave the meeting.
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Details of the Council's Guidance on the recording of meetings is available on the Council's website.

The Southampton City Council Strategy (2016-2020) is a key document and sets out the four key outcomes that make up our vision.

- Southampton has strong and sustainable economic growth
- Children and young people get a good start in life
- People in Southampton live safe, healthy, independent lives
- Southampton is an attractive modern City, where people are proud to live and work

Public Representations
At the discretion of the Chair, members of the public may address the meeting about any report on the agenda for the meeting in which they have a relevant interest.

Smoking policy – the Council operates a no-smoking policy in all civic buildings.

Mobile Telephones – please turn off your mobile telephone whilst in the meeting.

Fire Procedure – in the event of a fire or other emergency a continuous alarm will sound and you will be advised by Council officers what action to take.

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Dates of Meetings: Municipal Year

2017	2018
19 October	18 January
23 November	8 March

CONDUCT OF MEETING

TERMS OF REFERENCE
The general role and terms of reference of the Overview and Scrutiny Management Committee, together with those for all Scrutiny Panels, are set out in Part 2 (Article 6) of the Council's Constitution, and their particular roles are set out in Part 4 (Overview and Scrutiny Procedure Rules – paragraph 5) of the Constitution.

BUSINESS TO BE DISCUSSED
Only those items listed on the attached agenda may be considered at this meeting.

RULES OF PROCEDURE
The meeting is governed by the Council Procedure Rules and the Overview and Scrutiny Procedure Rules as set out in Part 4 of the Constitution.

QUORUM
The minimum number of appointed Members required to be in attendance to hold the meeting is 3.

DISCLOSURE OF INTERESTS

Members are required to disclose, in accordance with the Members' Code of Conduct, ***both*** the existence ***and*** nature of any "Disclosable Pecuniary Interest" or "Other Interest" they may have in relation to matters for consideration on this Agenda.

DISCLOSABLE PECUNIARY INTERESTS

A Member must regard himself or herself as having a Disclosable Pecuniary Interest in any matter that they or their spouse, partner, a person they are living with as husband or wife, or a person with whom they are living as if they were a civil partner in relation to:

(i) Any employment, office, trade, profession or vocation carried on for profit or gain.

(ii) Sponsorship:

Any payment or provision of any other financial benefit (other than from Southampton City Council) made or provided within the relevant period in respect of any expense incurred by you in carrying out duties as a member, or towards your election expenses. This includes any payment or financial benefit from a trade union within the meaning of the Trade Union and Labour Relations (Consolidation) Act 1992.

(iii) Any contract which is made between you / your spouse etc (or a body in which the you / your spouse etc has a beneficial interest) and Southampton City Council under which goods or services are to be provided or works are to be executed, and which has not been fully discharged.

(iv) Any beneficial interest in land which is within the area of Southampton.

(v) Any license (held alone or jointly with others) to occupy land in the area of Southampton for a month or longer.

(vi) Any tenancy where (to your knowledge) the landlord is Southampton City Council and the tenant is a body in which you / your spouse etc has a beneficial interests.

(vii) Any beneficial interest in securities of a body where that body (to your knowledge) has a place of business or land in the area of Southampton, and either:

a) the total nominal value for the securities exceeds £25,000 or one hundredth of the total issued share capital of that body, or

b) if the share capital of that body is of more than one class, the total nominal value of the shares of any one class in which you / your spouse etc has a beneficial interest that exceeds one hundredth of the total issued share capital of that class.

Other Interests

A Member must regard himself or herself as having an 'Other Interest' in any membership of, or occupation of a position of general control or management in:

Any body to which they have been appointed or nominated by Southampton City Council

Any public authority or body exercising functions of a public nature

Any body directed to charitable purposes

Any body whose principal purpose includes the influence of public opinion or policy

Principles of Decision Making

All decisions of the Council will be made in accordance with the following principles:-

- proportionality (i.e. the action must be proportionate to the desired outcome);
- due consultation and the taking of professional advice from officers;
- respect for human rights;
- a presumption in favour of openness, accountability and transparency;
- setting out what options have been considered;
- setting out reasons for the decision; and
- clarity of aims and desired outcomes.

In exercising discretion, the decision maker must:

- understand the law that regulates the decision making power and gives effect to it. The decision-maker must direct itself properly in law;
- take into account all relevant matters (those matters which the law requires the authority as a matter of legal obligation to take into account);
- leave out of account irrelevant considerations;
- act for a proper purpose, exercising its powers for the public good;
- not reach a decision which no authority acting reasonably could reach, (also known as the "rationality" or "taking leave of your senses" principle);
- comply with the rule that local government finance is to be conducted on an annual basis. Save to the extent authorised by Parliament, 'live now, pay later' and forward funding are unlawful; and
- act with procedural propriety in accordance with the rules of fairness.

AGENDA

1 APOLOGIES AND CHANGES IN PANEL MEMBERSHIP (IF ANY)

To note any changes in membership of the Panel made in accordance with Council Procedure Rule 4.3.

2 DISCLOSURE OF PERSONAL AND PECUNIARY INTERESTS

In accordance with the Localism Act 2011, and the Council's Code of Conduct, Members to disclose any personal or pecuniary interests in any matter included on the agenda for this meeting.

NOTE: Members are reminded that, where applicable, they must complete the appropriate form recording details of any such interests and hand it to the Democratic Support Officer.

3 DECLARATIONS OF SCRUTINY INTEREST

Members are invited to declare any prior participation in any decision taken by a Committee, Sub-Committee, or Panel of the Council on the agenda and being scrutinised at this meeting.

4 DECLARATION OF PARTY POLITICAL WHIP

Members are invited to declare the application of any party political whip on any matter on the agenda and being scrutinised at this meeting.

5 STATEMENT FROM THE CHAIR

6 MINUTES OF THE PREVIOUS MEETING (INCLUDING MATTERS ARISING) (Pages 1 - 2)

To approve and sign as a correct record the Minutes of the meetings held on 23 November 2017 and to deal with any matters arising.

7 DRUG RELATED LITTER IN SOUTHAMPTON - ALTERNATIVES TO PUBLIC INJECTING (Pages 3 - 18)

Report of the Service Director, Legal and Governance, recommending that the Panel consider the comments made by the invited guests and use the information provided as evidence in the review.

Wednesday, 10 January 2018 Service Director, Legal and Governance

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SCRUTINY INQUIRY PANEL - REDUCING DRUG RELATED LITTER IN SOUTHAMPTON

MINUTES OF THE MEETING HELD ON 23 NOVEMBER 2017

Present: Councillors Coombs, Fuller, McEwing, Noon and Vassiliou

Apologies: Councillors Fitzhenry and Whitbread

5. **APOLOGIES AND CHANGES IN PANEL MEMBERSHIP (IF ANY)**

The apologies of Councillor Fitzhenry and Councillor Whitbread were noted.

6. **MINUTES OF THE PREVIOUS MEETING (INCLUDING MATTERS ARISING)**

RESOLVED that the minutes for the meeting held on 19 October, 2017 be approved and signed as a correct record.

7. **DRUG RELATED LITTER IN SOUTHAMPTON - THE BARRIERS TO SAFE DISPOSAL AND BEST PRACTICE**

The Panel considered the report of the Service Director, Legal and Governance, regarding examples of good practice and barriers to safe disposal of drug related litter.

Charlotte Matthews, Public Health Consultant; Jackie Hall, Integrated Commissioning Unit; Councillor Shields, Cabinet Member for Health and Community Safety; DCI Ben Chivers, Hampshire Constabulary; Collin McAllister, Integrated Commissioning Unit; Carl Nightingale, Southampton Needle Exchange; Nigel Brunsdon, Injecting Advice were present and with the consent of the chair addressed the Panel.

Following discussions with invited representatives the Panel concluded that:

- Whilst recognising that drug related litter is an issue in Southampton the quantity of drug related litter observed compares favourably with many other cities.
- Southampton is dealing with drug related litter more effectively than many other cities. Credit to the street cleansing teams for their proactive and reactive services.
- The Needle Exchange provides a good service.
- To minimise drug litter and the risk of harm, a logical approach is to make it as easy as possible for users to do the right thing with their used needles. This includes installing public sharps bins near to locations where drug related litter is a consistent problem.
- It was recommended that an appropriate public sharps bin is installed near to the Needle Exchange as soon as possible for a trial period. The impact should be

monitored and outcomes discussed at the 18 January 2018 meeting of the Panel.

- That the potential for safe injecting facilities to reduce drug related litter, and address other drug related issues, be considered at the next meeting.

RESOLVED

(i) That the comments from Injecting Advice, outlining findings from a visit to services in the city and the effectiveness of Southampton's approach to reducing drug related litter, and from Southampton Needle Exchange providing unique insight into the challenges of dependent drug use and drug related litter be noted and used as evidence in the review.

(ii) That the presentation received from Injecting Advice outlining findings from a visit to services in the city, as well as the paper developed by Public Health and Southampton City Council summarising the findings from a review of research evidence relating to what works to minimise drug related litter, and the referenced 2005 report from DeFRA 'Tracking drug related litter' were also used as evidence in the review.

DECISION-MAKER:		SCRUTINY INQUIRY PANEL		
SUBJECT:		DRUG RELATED LITTER IN SOUTHAMPTON – ALTERNATIVES TO PUBLIC INJECTING		
DATE OF DECISION:		18 JANUARY 2018		
REPORT OF:		SERVICE DIRECTOR – LEGAL AND GOVERNANCE		
CONTACT DETAILS				
AUTHOR:	**Name:**	**Mark Pirnie**	**Tel:**	**023 8083 3886**
	E-mail:	**Mark.pirnie@southampton.gov.uk**		
Director	**Name:**	**Richard Ivory**	**Tel:**	**023 8083 2794**
	E-mail:	**Richard.ivory@southampton.gov.uk**		

STATEMENT OF CONFIDENTIALITY
None

BRIEF SUMMARY
In accordance with the inquiry plan, for the third meeting of the 'Reducing Drug Related Litter in Southampton Inquiry,' the Panel will be considering alternatives to public injecting.

RECOMMENDATIONS:		
	(i)	The Panel is recommended to consider the comments made by the invited guests and use the information provided as evidence in the review.

REASONS FOR REPORT RECOMMENDATIONS	
1.	To enable the Panel to compile a file of evidence in order to formulate findings and recommendations at the end of the review process.

ALTERNATIVE OPTIONS CONSIDERED AND REJECTED	
2.	None

DETAIL (Including consultation carried out)	
3.	At the inaugural meeting of the inquiry the Panel were informed of the position with regards to drug related litter in Southampton and the approaches employed in Southampton to reduce drug related litter.
4.	At the second meeting the Panel were provided with an insight into the barriers to safe disposal of drug litter and good practice was identified.
5.	At the final evidence gathering meeting the Panel will be considering alternatives to public injecting, particularly focussing on the issue of drug consumption rooms.
6.	To provide the Panel with an insight into drug consumption rooms, and, amongst other things, the potential of such facilities to reduce drug related litter, a presentation will be delivered by Dr Prun Bijral, Medical Director at change, grow, live (CGL). CGL is a leading charity that provides a range of services across the country, including drug and alcohol support services, and

	is a provider of substance misuse services in Southampton.	
7.	To help inform the discussion on drug consumption rooms, attached as Appendix 1 is a paper developed by the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA). It is one of the EU's decentralised agencies that exists to provide the EU and its Member States with a factual overview of European drug problems and a solid evidence base to support the drugs debate. In addition, the findings from a review of research evidence relating to what works to minimise drug related litter, produced by Public Health at Southampton City Council, and presented at the 23 November 2017 Panel meeting, is attached as Appendix 2.	
8.	Representatives from Hampshire Constabulary and Southampton City Council have been invited to the meeting to contribute to the discussions.	
9.	The guests invited to present information at the meeting will take questions from the Panel relating to the evidence provided. Copies of any presentations will be made available to the Panel.	
RESOURCE IMPLICATIONS		
Capital/Revenue		
10.	N/A	
Property/Other		
11.	N/A	
LEGAL IMPLICATIONS		
Statutory power to undertake proposals in the report:		
12.	The duty to undertake overview and scrutiny is set out in Part 1A Section 9 of the Local Government Act 2000.	
Other Legal Implications:		
13.	None	
RISK MANAGEMENT IMPLICATIONS		
14.	None	
POLICY FRAMEWORK IMPLICATIONS		
15.	None	
KEY DECISION	No	
WARDS/COMMUNITIES AFFECTED:		None directly as a result of this report

SUPPORTING DOCUMENTATION			
Appendices			
1.	Perspectives on drugs - Drug consumption rooms: an overview of provision and evidence - European Monitoring Centre for Drugs and Drug Addiction, June 2017		
2.	Drug Related Litter – Literature Review Summary		
Documents In Members' Rooms			
1.	None		
Equality Impact Assessment			
Do the implications/subject of the report require an Equality and Safety Impact Assessments (ESIA) to be carried out?			No
Privacy Impact Assessment			
Do the implications/subject of the report require a Privacy Impact Assessment (PIA) to be carried out?			No
Other Background Documents: Equality Impact Assessment and Other Background documents available for inspection at:			
Title of Background Paper(s)		Relevant Paragraph of the Access to Information Procedure Rules / Schedule 12A allowing document to be Exempt/Confidential (if applicable)	
1.	None		

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European Monitoring Centre
for Drugs and Drug Addiction

PERSPECTIVES ON DRUGS

Drug consumption rooms: an overview of provision and evidence

Supervised drug consumption facilities, where illicit drugs can be used under the supervision of trained staff, have been operating in Europe for the last three decades. These facilities primarily aim to reduce the acute risks of disease transmission through unhygienic injecting, prevent drug-related overdose deaths and connect high-risk drug users with addiction treatment and other health and social services.

Supervised drug consumption facilities, where illicit drugs can be used under the supervision of trained staff, have been operating in Europe for the last three decades. These facilities primarily aim to reduce the acute risks of disease transmission through unhygienic injecting, prevent drug-related overdose deaths and connect high-risk drug users with addiction treatment and other health and social services. They also seek to contribute to a reduction in drug use in public places and the presence of discarded needles and other related public order problems linked with open drug scenes. Typically, drug consumption rooms provide drug users with: 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 social healthcare and addiction treatment services.

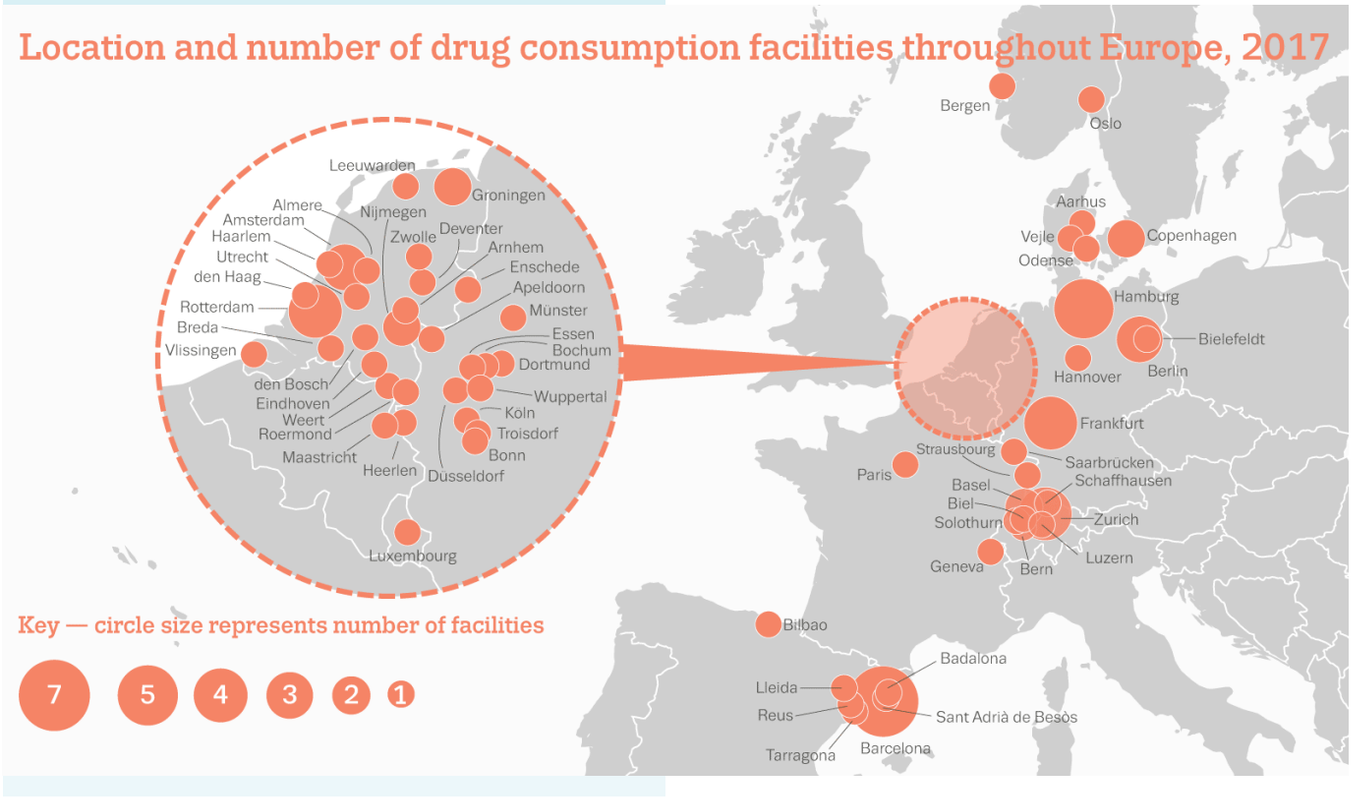
With the emergence and rapid spread of human immunodeficiency virus/acquired immune deficiency syndrome (HIV/AIDS) linked to epidemics of heroin use and drug injecting in the 1980s, a range of responses geared towards reducing the harms associated with drug injection and other high-risk forms of use were developed in Europe. These included services such as outreach, peer education, health promotion, the provision of clean injecting equipment and opioid substitution treatment. While harm reduction as a policy started to gain wider acceptance and expanded in Europe throughout the 1990s, one of the more controversial responses has been to make spaces available at local drugs facilities where drug users could consume drugs under supervision. Concerns have sometimes been expressed that consumption facilities might encourage drug use, delay

Full edition of this article with interactive features available online at

emcdda.europa.eu/topics/pods/drug-consumption-rooms

Facts and figures

Map with location and number of drug consumption room facilities throughout Europe:



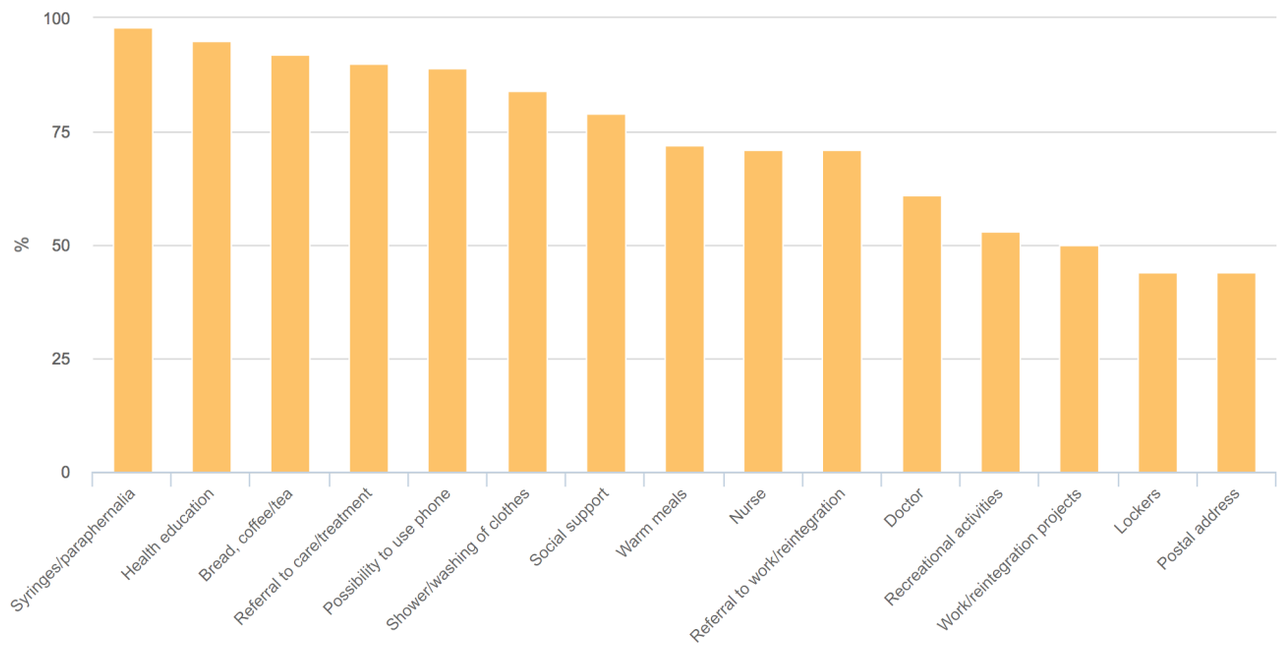
treatment entry or aggravate the problems of local drug markets, and initiatives to establish drug consumption rooms have in some cases been prevented by political intervention (Jauffret-Roustide et al., 2013). Nevertheless, as the debate about opening new drug consumption rooms remains high on the political agenda in a number of European countries, this analysis aims to provide an objective overview of their characteristics and current provision, and of the effectiveness of this intervention.

Drug consumption rooms are professionally supervised healthcare facilities where drug users can consume drugs in safer conditions. They seek to attract hard-to-reach populations of users, especially marginalised groups and those who use on the streets or in other risky and unhygienic conditions. One of their primary goals is to reduce morbidity and mortality by providing a safe environment for more hygienic use and by training clients in safer use. At the same time, they seek to reduce drug use in public and improve public amenity in areas surrounding urban drug markets. A further aim is to promote access to social, health and drug treatment facilities (see 'Service model').

Drug consumption rooms initially evolved as a response to health and public order problems linked to open drug scenes and drug markets in cities where a network of drug services already existed, but where difficulties were encountered in responding to these problems. As such they represent a 'local' response, closely linked to policy choices made by local stakeholders, based on an evaluation of local need and determined by municipal or regional options to proceed. Facilities for supervised drug consumption tend to be located in settings that are experiencing problems of public use and targeted at sub-populations of users with limited opportunities for hygienic injection (e.g. people who are homeless or living in insecure accommodation or shelters). In some cases clients who are more socially stable also use drug consumption rooms for a variety of reasons, for example because they live with non-using partners or families (Hedrich and Hartnoll, 2015).

In terms of the historical development of this intervention, the first supervised drug consumption room was opened in Berne, Switzerland in June 1986. Further facilities of this type were established in subsequent years in Germany, the Netherlands, Spain, Norway, Luxembourg, Denmark, Greece and France. A total of 78 official drug consumption facilities currently operate in seven EMCDDA reporting countries, following the opening of the first two drug consumption facilities in the framework of a 6-year trial in France in 2016. There are also 12 facilities in Switzerland (see 'Facts and figures').

Figure 1: Service range at drug consumption facilities



Source: Based on Table 6.1 in Woods, 2014.

Breaking this down further, as of February 2017 there are: 31 facilities in 25 cities in the Netherlands; 24 in 15 cities in Germany; five in four cities in Denmark 13 in seven cities in Spain; two in two cities in Norway; two in two cities in France; and one in Luxembourg (Luxembourg is preparing to open a second facility in 2018); and 12 in eight cities in Switzerland. In Slovenia following a change in the penal code that created an enabling environment for the opening of supervised consumption facilities, a planned pilot project is pending. Following HIV outbreaks among people who inject drugs, discussions about the introduction of supervised drug consumption facilities are ongoing in Glasgow (Scotland) and Dublin (Ireland). A study to explore the feasibility of drug consumption facilities in five major cities in Belgium (Ghent, Antwerp, Brussels, Liège and Charleroi) was launched in 2016. Outside Europe there are two facilities in Vancouver (Canada) and one medically supervised injecting centre in Sydney (Australia).

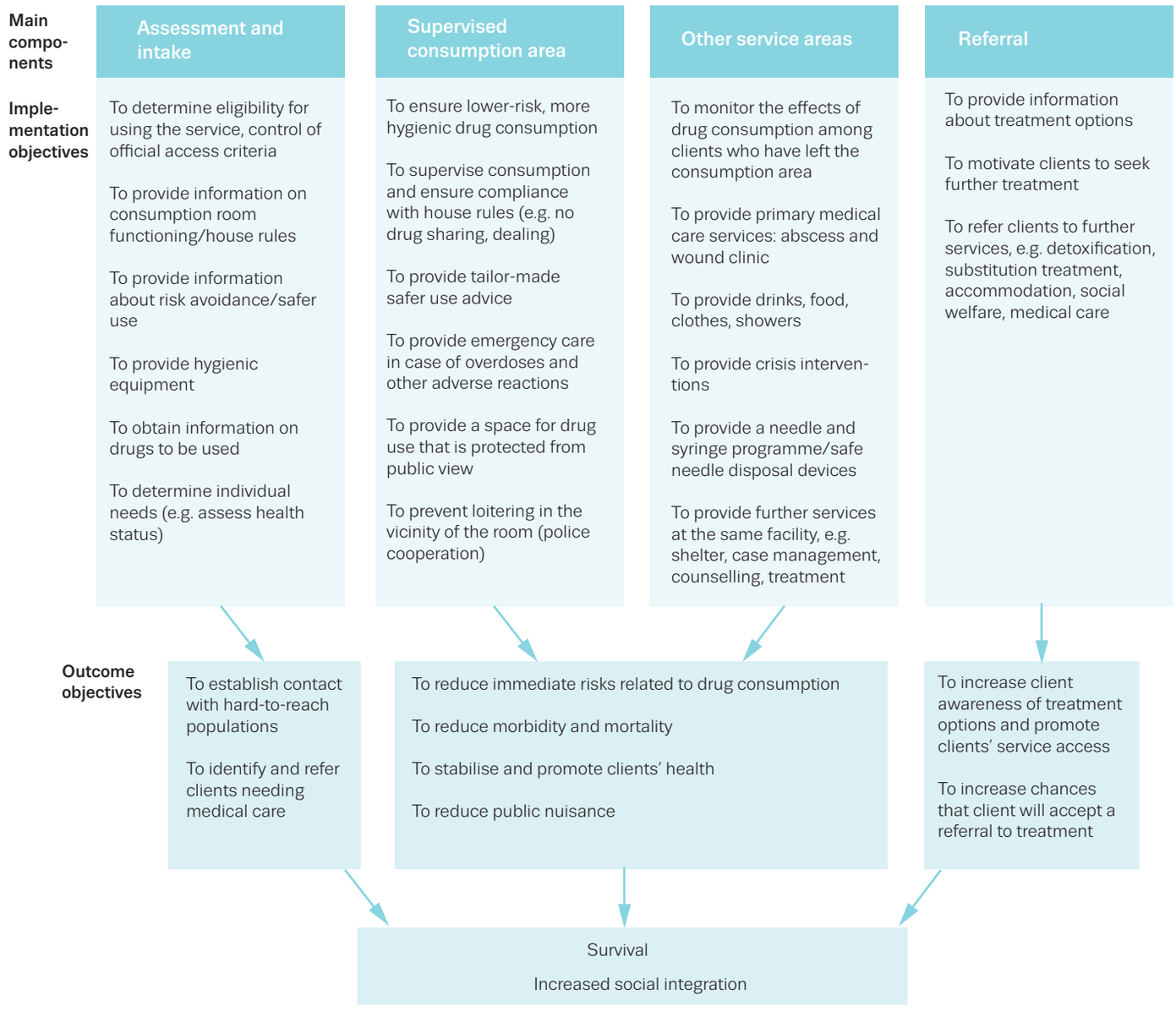
Characteristics

A number of features are common to the majority of drug consumption facilities, irrespective of where they are located. For example, access is typically restricted to registered service users, and certain conditions, for example minimum age and local residency, have to be met. They usually operate from separate areas attached to existing facilities for drug users or homeless people, while some are stand-alone units. Most target drug injectors, though they increasingly include users who smoke or inhale drugs.

Overall, three models of drug consumption rooms are operational in Europe: integrated, specialised and mobile facilities. The vast majority of drug consumption rooms are integrated in low-threshold facilities. Here, supervision of drug consumption is one of several survival-oriented services offered at the same premises, including provision of food, showers and clothing to those who live on the streets, prevention materials including condoms and sharps containers, and counselling and drug treatment. Specialised consumption rooms only offer the narrower range of services directly related to supervised consumption, which includes the provision of hygienic injecting materials, advice on health and safer drug use, intervention in case of emergencies and a space where drug users can remain under observation after drug consumption. Mobile facilities currently exist in Barcelona and Berlin; these provide a geographically flexible deployment of the service, but typically cater for a more limited number of clients than fixed premises (Schäffer et al., 2014).

A recently published organisational overview of 62 drug consumption facilities in seven European countries (Woods, 2014) shows that they deliver a wide range of auxiliary services. In addition to providing clean injecting equipment and health education advice, and referring clients to treatment and further care, 60–70 % of facilities offer access to primary healthcare by a nurse or physician (see Figure 1).

Service model for a supervised drug consumption facility



A survey of 33 consumption room managers ([1]) (Woods, 2014) showed that, on average, their facilities offer seven places for supervised injection (ranging between one and 13 slots) and four places for smoking/inhaling. Over half of the facilities provide the service on a daily basis, opening on average for eight hours a day. The number of daily visitors varied widely — between 20 and 400 — with six of the 33 facilities catering for more than 200 clients a day. Addiction treatment facilities and the police were identified as the main sources of referral.

Evidence of effectiveness

The first drug consumption rooms were set up in Swiss, German and Dutch cities in response to health and public order concerns linked to open drug scenes. Although set up and supported by a range of local stakeholders, the facilities were experimental in the beginning and sometimes controversial. Subsequently, local service providers, public health authorities and the police carefully monitored the situation before and after the opening of the facilities and documented whether intended changes were achieved.

([1]) Facilities in the Netherlands not included.

Outcomes were reported directly to local and sometimes national policymakers, but data were rarely published in the international literature. The results remained relatively inaccessible to the international research community until reviews in the English language were published (Kimber et al., 2003; EMCDDA, 2004). However, supervised injecting facilities established in Sydney and Vancouver as pilot projects, accompanied by well-funded university-based evaluation studies using elaborate designs (including cohort study) resulted in a substantial body of evidence (for an overview see www.sydneymsic.com and supervisedinjection.vch.ca).

The effectiveness of drug consumption facilities to reach and stay in contact with highly marginalised target populations has been widely documented (Hedrich et al., 2010; Potier et al., 2014). This contact has resulted in immediate improvements in hygiene and safer use for clients (e.g. Small et al., 2008, 2009; Lloyd-Smith et al., 2009), as well as wider health and public order benefits.

Research has also shown that the use of supervised drug consumption facilities is associated with self-reported reductions in injecting risk behaviour such as syringe sharing. This reduces behaviours that increase the risk of HIV transmission and overdose death (e.g. Stoltz et al., 2007; Milloy and Wood, 2009). Nevertheless, the impact of drug consumption rooms on the reduction of HIV or hepatitis C virus incidence among the wider population of injecting drug users remains unclear and hard to estimate (Hedrich et al., 2010; Kimber et al., 2010), due in part to the facilities' limited coverage of the target population and also to methodological problems with isolating their effect from other interventions.

Some evidence has been provided by ecological studies suggesting that, where coverage is adequate, drug consumption rooms may contribute to reducing drug-related deaths at city level (Poschadel et al., 2003; Marshall et al., 2011). A study in Sydney showed that there were fewer emergency service call-outs related to overdoses at the times the safe injecting site was open (Salmon et al., 2010).

In addition, the use of consumption facilities is associated with increased uptake both of detoxification and drug dependence treatment, including opioid substitution. For example, the Canadian cohort study documented that attendance at the Vancouver facility was associated with increased rates of referral to addiction care centres and increased rates of uptake of detoxification treatment and methadone maintenance (Wood et al., 2007; DeBeck et al., 2011).

Evaluation studies have found an overall positive impact on the communities where these facilities are located. However, as with needle and syringe programmes, consultation with local key actors is essential to minimise community resistance or counter-productive police responses. Drug treatment centres offering supervised consumption facilities have generally been accepted by local communities and businesses (Thein et al., 2005). Their establishment has been associated with a decrease in public injecting (e.g. Salmon et al., 2007) and a reduction in the number of syringes discarded in the vicinity (Wood et al., 2004). For example, in Barcelona, a fourfold reduction was reported in the number of unsafely disposed syringes being collected in the vicinity from a monthly average of over 13 000 in 2004 to around 3 000 in 2012 (Vecino et al., 2013).

Interactive element: video

Video on drug consumption rooms available on the EMCDDA website: www.emcdda.europa.eu/topics/pods/drug-consumption-rooms

The effect of the Sydney supervised injecting facility on drug-related property crime and violent crime in its local area was examined using time series analysis of police-recorded theft and robbery incidents (Freeman et al., 2005). No evidence was found that the existence of the facility led to either an increase or decrease in thefts or robberies around the facility. Similarly, a study by Wood and colleagues compared the monthly number of charges for drug trafficking, assaults and robbery — crimes that are commonly linked to drug use — in Vancouver's Downtown Eastside the year before versus the year after the local drug consumption room opened and found that the establishment of the facility was not associated with a marked increase in these crimes (Wood et al., 2006).

In areas reporting an increase in the use of inhalable drugs, such as crack cocaine smoking, drug consumption facilities that originally targeted only injectors have started to broaden their services to include supervised inhalation. Findings suggest that supervised inhalation facilities offer the potential to reduce street disorder and encounters with the police (DeBeck et al., 2011). This change in service provision is taking place in a context where there is a decrease in the prevalence of heroin injecting and an increase in access to opioid substitution treatment. In this context some facilities

have adapted service provision to the needs of inner city crack-using populations.

In summary, the benefits of providing supervised drug consumption facilities may include improvements in safe, hygienic drug use, especially among regular clients, increased access to health and social services, and reduced public drug use and associated nuisance. There is no evidence to suggest that the availability of safer injecting facilities increases drug use or frequency of injecting. These services facilitate rather than delay treatment entry and do not result in higher rates of local drug-related crime.

Conclusion

Drug consumption facilities have the ability to reach and maintain contact with high-risk drug users who are not ready or willing to quit drug use. In a number of European countries supervised consumption has become an integrated component of low-threshold services offered within drug treatment systems. In Switzerland and Spain some drug consumption rooms have been closed, primarily due to the reduction in injecting heroin use and a decline in the need for such services, but also sometimes due to cost considerations. In Greece the operation of the facility was suspended after the first nine months due to delays in establishing a legal basis, and the service provider is working with the Ministry of Health to prepare its re-opening. In the Netherlands cutbacks were made following a reduction in the number of visitors, linked to the success of another programme (Plan van Aanpak Maatschappelijke Opvang) that brought homeless people into (supervised) accommodation where the use of drugs is often allowed. Alcohol consumption rooms, which tend to be located in the same building but in separate rooms, are increasingly combined with drug consumption facilities in the Netherlands (Netherlands Reitox Focal Point, 2016).

The emergence of new forms of stimulant injection, including new psychoactive substances, has resulted in potentially increased risks for drug users. In this context, drug consumption rooms are currently the subject of political discussion in some European countries as calls for their implementation are debated. As frontline, low-threshold services, drug consumption rooms are often among the first to gain insights into new drug use patterns and thus they also have a role to play in the early identification of new and emerging trends among the high-risk populations using their services.

References

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EMCDDA, European Monitoring Centre for Drugs and Drug Addiction (2004), *European report on drug consumption rooms*, Thematic Paper, Office for Official Publications of the European Communities, Luxembourg (www.emcdda.europa.eu/attachements.cfm/att_2944_EN_consumption_rooms_report.pdf)

Freeman, K., Jones, C. G., Weatherburn, D. J., et al. (2005), 'The impact of the Sydney Medically Supervised Injecting Centre (MSIC) on crime', *Drug and Alcohol Review* March, 24(2), pp. 173–84.

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Drug-related litter: literature review summary

1. This summary outlines the research evidence for what works to minimise drug-related litter. It draws on 2 sources:
    a. Guidance from the Department for Environment, Food and Rural Affairs (DEFRA) published in 2005.
    b. A literature review by the Public Health team of the Council of research published since 2005, to see if any different or additional learning has emerged.

DEFRA (2005) Tackling drug related litter – guidance and good practice
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2. DEFRA make 14 recommendations. Many relate to effective partnership working to understand, respond to and prevent drug-related litter. The specific interventions which are recommended are:
    - Needle exchange services
    - A police protocol regarding the possession of used needles and other equipment. It includes a statement from Greater Manchester Police as an example:
      "unless there are other attendant circumstances, officers will not arrest a person who is attending a needle exchange scheme, for the purpose of exchanging a needle." (p7)
    - Prompt cleansing service response to finds
    - Sharps bins, with the type, siting and promotion to be determined locally. This could include sharps bins and/or drug litter chutes in public toilets.

3. The guidance also makes an additional recommendation that blue lighting should not be used in public toilets to deter drug use or litter as the harms outweigh the benefits.

4. The guidance does not quantify the benefits of these interventions or cost them.

Literature review, September 2017[1]

5. The review searched for scientific papers, published since 2005, which included drug litter as an outcome. The search was restricted to high income countries, so the results would be applicable to Southampton, and papers written in English.

6. The search identified 21 studies. Half of the papers focussed on Safer Injecting Facilities (SIFs) including two systematic reviews. Systematic reviews are the highest quality type of quantitative research if completed properly.

[1] The literature search took place in September. The report is being finalised.

7. The other papers looked at needle exchange, sharps bins and “safe city” enforcement programmes. Several papers noted that no single solution alone will address drug related litter and a combination of measures is advised.

What works to reduce drugs litter?

i) Safer Injection Facilities (SIFs)

8. Safer Injection Facilities are legally sanctioned facilities where people who inject drugs can do so under supervision. Facilities provide sterile injection equipment, information about reducing the harms of drugs, health care, refer people to treatment services. Some offer access to other services too. They are also referred to as supervised injection facilities, sites or rooms.

9. As of 2015 there were approximately 90 SIFS in 10 countries, including Australia, Canada, Switzerland, Germany, the Netherlands, Spain, Norway, Luxembourg, Denmark and Greece. One subsequently opened in France in 2016. Glasgow is the first city in the UK to plan a SIF.

10. It is very clear from the international literature that SIFs reduce drugs litter, among other benefits. In Vancouver, counts of syringes in the streets fell by half after the SIF opened; residents and business operators in Sydney reporting seeing fewer dropped syringes; and drug users in Vancouver and Copenhagen say that the SIF has changed how they dispose of their needles.

11. The 2005 DEFRA guidance does not mention SIFs.

ii) Needle-Exchange (NEPs)

12. Clear evidence from the United States demonstrates the effect of a NEP on drugs litter. San Francisco has NEPs and Miami does not. Comparing similar sized areas, just 11 discarded needles were found in San Francisco compared to 371 in Miami, even though San Francisco has twice the number of injecting drug users. Closure of the NEP service in Victoria, Canada led to a marked increase in drug litter and users reporting a high increase in needle sharing.

13. Drug users describe using NEPs and/or knowing a NEP service is the safest way to dispose of used needles. People who inject drugs often report a fear of carrying needles, even in places where it is legal as it is in the UK, as it might identify them as users or cause them to be searched further by the police. This can negate the benefits of NEPs on drugs-related litter if not accompanied by outreach and education to both users and police.

iii) Public Toilet Sharps Bins

14. Whilst this was only evidenced by a single study, the option of a 24-hour disposal site that is both publicly accessible but also ‘private’ is an ideal mentioned in other papers. Toilets are often used for injecting drug use and sharps bins located in these areas may encourage users to keep these areas clean and free of litter.

What doesn't work to reduce drugs litter?

i) Increased Police Enforcement

15. Only one paper focussed directly on the effects of increased police enforcement, which showed an increase in drugs litter following a sustained police campaign. But other studies included feedback from drug users that their fear of the police caused them to drop needles unsafely. Papers noted that publicised police enforcement campaigns can also increase stigma to this already highly stigmatised group. This, in turn, can mean users are less likely to seek out current NEPs or public sharps disposals as they will be labelled addicts or 'smackheads'.

ii) 'One-for-One' Needle Exchange

16. 'One-for-One' NEPs are where users are only given the same number of needles that they return. The policy does not decrease drugs litter. Furthermore, two-for-one or three-for-one policies do not increase drugs litter and decrease the harm to injecting drugs users. The more syringes a user has, the more likely they are to dispose of them properly.

iii) Very Public or Unlabelled Public Sharps Bins

17. So far there is a paucity of formal research into public sharps bins in places other than toilets, so no firm conclusions can be made. Papers note the potential for public bins, albeit that their positioning is sensitive. Users are unlikely to use bins which are too public, for fear of exposure or police entrapment. A communication plan is needed for users to find and use unlabelled bins. Bins need to be near where individuals use drugs and peer support may be helpful for encouraging their use.

Conclusion

18. The literature review supports the earlier recommendations from DEFRA, with needle exchanges having a particularly large effect on preventing drug-related litter. More recent evidence identifies significant reductions in litter from Safer Injecting Facilities too. Both interventions also bring a wider range of benefits to users and communities. The research evidence does not yet exist to say exactly how to make public sharps bins work if they are in places other than public toilets.

19. This review did not identify studies which costed the interventions or looked at cost-effectiveness. The literature only refers to the benefits to health services and injecting drug users of SIFs, NEPs and public sharps bins.

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Using the literature review of
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