

Briefing Paper for upcoming parliamentary debate: Drug Consumption Rooms

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[Release](#) is the UK’s centre of expertise on drugs and drugs law. We have been providing free and confidential specialist advice to the public, and campaigning for the reform of drug policy, since 1967.

<p><b>BENEFITS TO SOCIETY</b></p>	<p>Drug consumption rooms (DCRs):</p> <ul style="list-style-type: none"> <li>• <b>Make our streets safer</b> – DCRs “do not result in higher rates of local drug-related crime” and can actually reduce “street disorder and encounters with the police” (Source: <a href="#">EMCDDA</a>).</li> <li>• <b>Reduce drug-litter and needle-stick injuries</b> – DCRs also reduce “drug related litter” and the prevalence of “open drug scenes and public injecting” in surrounding areas (Source: <a href="#">Hunt et al.</a>). In Glasgow alone, an estimated <a href="#">500 people</a> publicly inject drugs between 2012 and 2013, with at least <a href="#">2,438 needles</a> being discarded on the streets.</li> <li>• <b>Reduce the spread of disease</b> – By reducing the risk of blood-borne virus infections among people who use drugs, we reduce this risk of infection for the wider population (as these infections can be acquired through sex or childbirth).</li> <li>• <b>Are cost-effective</b> – A DCR in Vancouver is estimated to have saved over \$18 million in healthcare costs over 10 years (Source: <a href="#">Bayoumi &amp; Zaric</a>).</li> </ul>
<p><b>HEALTH BENEFITS FOR PEOPLE WHO USE DRUGS</b></p>	<p>DCRs:</p> <ul style="list-style-type: none"> <li>• <b>Save lives</b> - No one has ever died of an overdose in a DCR, anywhere in the world. Drug-related deaths are at a record high across the UK (Sources: <a href="#">ONS</a>; <a href="#">Northern Ireland Statistics and Research Agency</a>; <a href="#">National Records of Scotland</a>) and accounted for 31% of all drug-induced deaths in Europe in 2015 – more than any other European country (Source: <a href="#">EMCDDA</a>). In particular, many of the 1,209 deaths registered in 2016 that were related to heroin and/or morphine (a 109% increase since the 579 registered in 2012) could be prevented if DCRs were introduced (Source: <a href="#">ONS</a>).</li> <li>• <b>Reduce the risk of blood-borne virus transmission</b> – DCRs provide sterile equipment for people who use drugs and are “associated with decreased syringe sharing” (Source: <a href="#">Potier et al.</a>). It is estimated that 2 in 5 people who inject drugs in the UK “are living with Hepatitis C” and “1 in 100” are living with HIV (Source: <a href="#">PHE</a>), although some areas are more affected than others. In response to the recent outbreak of HIV among people who inject drugs in Glasgow, NHS Greater Glasgow and Clyde recommended “a pilot safer injecting facility” (Source: <a href="#">NHS Greater Glasgow and Clyde</a>).</li> <li>• <b>Reduce harms</b> from unsafe injection practices.</li> <li>• <b>Do not “increase drug injecting”</b> (Source: <a href="#">Potier et al.</a>).</li> </ul>

	<ul style="list-style-type: none"> <li>• <b>Facilitate access to treatment and primary healthcare</b> for people who use drugs – DCRs are “associated with increased uptake of both detoxification and drug dependence treatment, including opioid substitution” (Source: <a href="#">EMCDDA</a>).</li> <li>• <b>Make contact with hard-to-reach and/or marginalised groups</b> that would otherwise not interact with health providers, e.g. homeless.</li> </ul>
<p><b>ALTERNATIVES TO THE CURRENT APPROACH</b></p>	<p>DCRs are already saving lives in 8 European countries, Canada, and Australia, and have been endorsed by the <a href="#">British Medical Association</a>.</p>
<p><b>THE LEGAL STATUS OF DRUG CONSUMPTION ROOMS</b></p>	<p>The establishment of a DCR engages a number of possible offences. For example, those accessing the DCR will be in possession of a controlled substance, and so be at risk of arrest and prosecution under section 5 of the Misuse of Drugs Act 1971. Equally, staff of a DCR may be at risk of prosecution under section 8 of the 1971 Act – this offence creates a risk of criminal liability for managers of premises in relation to specific drug-related activities such as supply of drugs, but not use of drugs other than cannabis (and opium).</p> <p>The risks above are not new – they are already managed by drug services through the provision of needle exchange programmes. It is hard to imagine that those accessing these programmes to obtain sterile equipment would not be in possession of the substance they intend to inject. Equally, policies will be in place to protect staff from prosecution under section 8 of the 1971 Act, such as taking action if there is dealing on the premises.</p> <p>A DCR could operate if there was agreement from local Police and Crime Commissioners and Chief Constables not to arrest and bring prosecutions for possession, in recognition of the public health outcomes. A similar situation exists for needle exchange programmes where national Crown Prosecution Service guidance states that it is not in the public interest to bring prosecutions for possession of controlled substances where a person has been accessing sterile injecting equipment provided by a drug treatment service.</p> <p>Ultimately, if the Government wants to properly tackle the crisis of drug related deaths they should reform the law to permit the establishment of DCRs.</p>

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