

Reducing Drug Related Litter in Southampton - Draft

Drug litter



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Contents

Contents	Page
Chair's Introduction	3
The Aim of the Inquiry	4
Introduction, Background and Findings	6
Conclusions and Recommendations	18
Appendices	
Appendix 1 – Terms of Reference	
Appendix 2 – Inquiry Plan	
Appendix 3 – Summary of Key Evidence	

Chair's Introduction

Councillor McEwing - Chair of the Reducing Drug Related Litter in Southampton Inquiry Panel (2017/18)

To be inserted

Reducing Drug Related Litter in Southampton

The Aim of the Inquiry

1. Since February 2016 the Community Safety team at Southampton City Council have been logging drug litter finds across Southampton. From April 2016 to March 2017 the total number of finds was 7,567 including 7,037 discarded needles.
2. Drug litter presents a health risk to the public and council employees, the discovery of which can cause fear, upset and anxiety for individuals and the wider community as well as potentially causing physical injury.
3. Reflecting concerns the recently approved Southampton Drugs Strategy includes, as a key outcome, 'to reduce the amount of drug related litter in the city'.
4. Given the scale of the problem, the linkages to outcomes within the Southampton Drugs Strategy, and the key role councils and partners can play in reducing incidence of drug related litter, the Overview and Scrutiny Management Committee recommended 'reducing drug related litter' as an appropriate subject for a scrutiny inquiry at the August 2017 meeting.
5. The set objectives of the inquiry were:
 - a. To understand the prevalence and impact of drug related litter in Southampton.
 - b. To understand the reasons for the prevalence of drug related litter.
 - c. To review progress being made in Southampton to tackle drug related litter.
 - d. To understand what is being done to reduce drug related litter elsewhere.
 - e. To identify what additional initiatives could work in the city to reduce drug related litter.
6. The full terms of reference for the inquiry, agreed by the Overview and Scrutiny Management Committee, are shown in Appendix 1.

How the inquiry was conducted

7. The Scrutiny Inquiry Panel undertook the inquiry over 3 evidence gathering meetings and received information from a wide variety of organisations. This included Hampshire Constabulary, health professionals, street cleansing managers, charitable and voluntary organisations, commissioners, experts in harm reduction and residents concerned about drug litter. A list of witnesses that provided evidence to the inquiry is detailed in Appendix 2.
8. A visit was also made to the Southampton Needle Exchange to develop the Panel's understanding of the services being provided in the city.
9. In undertaking this inquiry the Panel were made aware that the most sustainable way to reduce drug related litter was to reduce levels of rough sleeping and the prevalence of drug use in Southampton.

10. In recognition that these issues are the subject of significant cross agency working and developing strategies, the terms of reference, whilst reflecting these issues, and the need to understand the linkages between rough sleeping, drug use and drug related litter, focussed on the premise that people who are addicted to certain narcotics will continue to inject drugs. Therefore, there is a need to consider what more can be done, within reason, to ensure that the resulting drug litter is disposed of safely, thereby reducing the risks and impact of drug litter on all stakeholders.
11. The key findings, conclusions and recommendations from the inquiry are detailed succinctly later in this report.
12. Members of the Panel would like to thank all those who have assisted with the development of this review, in particular the following who have provided the Panel with invaluable advice throughout the inquiry:
 - Colin McAllister, Service Development Officer within the Integrated Commissioning Unit;
 - Charlotte Matthews, Public Health Consultant;
 - Mitch Sanders, Service Director for Transactions and Universal Services; and
 - DCI Ben Chivers, Hampshire Constabulary.

Introduction, Background and Findings

Drug related litter

13. Litter related to drug use can cover a range of materials including syringes, foils, swabs, spoons, plastic bottles and cans. It also includes inappropriately discarded prescription and over the counter medicines. The greatest concern is with injecting equipment, therefore the focus of the inquiry is on discarded injecting equipment – needles, syringes, swabs as well as ‘spoons’, vials of water and sachets of citric acid or vitamin C (used in the preparation of heroin for injection).

The position in Southampton

14. The Community Safety team at Southampton City Council have been logging drug litter finds in public places since 2016. Reports are sent in by various Council services including Cleansing; Parks and Open Spaces; Housing; Tree Team; and HMO Licensing.
15. In 2016/17 there were 7,567 pieces of injecting equipment found, including 7,037 needles. From April to August 2017 there had been a total of 3,312 finds, including 2,958 needles. The data does not clearly identify that drug litter is an increasing problem in Southampton.
16. Information presented to the Inquiry Panel identified that in excess of 90% of the drug litter finds are within the city centre. The largest finds are in the city centre car parks.

Where is the drug related litter in Southampton coming from?

17. In Southampton there are estimated to be 1483 opiate and/or crack users, including 636 who inject¹. Figures are not available for people who inject performance enhancing or other drugs however evidence indicates that drug litter usually relates to people who inject illicit drugs such as heroin, crack and amphetamines rather than those who inject performance and image enhancing drugs.
18. Primarily to reduce needle sharing and the transmission of blood borne viruses, Southampton, in accordance with identified best practice², has a needle exchange, that, as well as offering harm reduction advice and information, provides sterile injecting equipment. In addition 6 pharmacies across the city provide a needle exchange service and there is a limited needle exchange provision in two of Southampton’s homeless hostels.
19. In 2016/17 there were 775 unique clients of the Southampton Needle Exchange. In total 198,379 pieces of injecting equipment were provided by the needle exchange and an estimated 103,686 were returned (52%). This excludes returns to the pharmacy needle exchanges or returns to the hostels.
20. Evidence presented to the Inquiry Panel indicated that the majority of the drug litter found in Southampton in 2016/17 was originally distributed from the Southampton Needle Exchange.

¹ <https://www.gov.uk/government/publications/opiate-and-crack-cocaine-use-prevalence-estimates-for-local-populations>

² 2017 Drug Strategy, HM Government, July 2017, p32

Who is dropping the drug related litter in Southampton?

21. From personal experience Carl Nightingale, an employee at the Southampton Needle Exchange with a history of injecting drug use, informed the Panel that injecting drug users that have secure accommodation understandably, given the potentially unsafe and unhygienic injecting conditions associated with injecting in public places, tend to inject and store used equipment at home. This is not an option for rough sleepers and often for those in unsecure accommodation.
22. Most people who inject drugs return used equipment. However, within the group of people in the city who inject drugs, the people who are disposing of equipment in the community are likely to be those with the most chaotic lifestyles and who are also some of the most vulnerable.
23. This link between rough sleeping and substance misuse is reflected in the findings from a survey of people who are begging and /or rough sleeping in Southampton. The questionnaire, undertaken in November 2017, identified that 78% of all the people surveyed reported use of or dependence on drugs and or alcohol, and 31% reported drug dependence.
24. The connection between rough sleeping and drug litter is evidenced by the findings from the Community Safety reports. Over the last 2 years there has been a rise in the number of people sleeping rough and setting up encampments in car parks and open spaces. During 2016/17 257 notices were issued by the Council to rough sleepers / encampments in Council car parks and 53 notices were issued in open spaces.
25. During this time period the Community Safety reports make repeated references to drug litter being found close to encampments. Examples include 389 needles picked up in West Park Car Park in May 2016 associated with 9 tents forming an encampment, and 110 needles and spoons recovered from Mayflower Park in around 4 tents in July 2017.
26. Despite the relatively high levels of drug related litter removed in Southampton, feedback from employees at the Southampton Needle Exchange, who provide advice and information to people who inject drugs, and the Service Development Officer at the Integrated Commissioning Unit, estimated that the number of people thought to be irresponsibly disposing of their drug litter to be in the region of 20 individuals.



Bevois Ward - Southampton

The impact of drug related litter – Health risks

27. In his submission to the Panel Dr Anand Fernandes, Consultant in Communicable disease control at Public Health England, outlined the health risks associated with injuries sustained from needlesticks or ‘sharps’ and contact with potentially infectious body fluids.
28. The report identifies that needlestick injuries occur when a needle or other sharp instrument accidentally penetrates the skin (*percutaneous*). If the needle or sharp instrument is contaminated with blood or other body fluid, there is the potential for transmission of infection.
29. However, the submission concluded that there has been no evidence of a case of a blood borne virus being transmitted to a member of the public in Southampton through a needlestick injury, nationally, such transmissions occur very infrequently and that the main health risks from injury due to drug related litter is likely to be from stress and psychological trauma.
30. The people at greatest risk of transmission of blood borne viruses from drug litter are people who inject drugs, either through their exposure to such environments or the reuse of paraphernalia, and those involved in working with people who inject drugs and the clean-up of drug litter³.
31. Reflecting the above risks, needlestick injuries to cleansing operatives were recorded in 2015/16 (1) and in 2017/18 (1 to date) on the Council’s Health & Safety system.

The impact of drug related litter – Residents

32. Representatives from city centre residents’ associations and Friends of Town Quay Park were invited to provide the Panel with an insight into the impact that drug related litter has had on them and their communities.
33. At the meeting the representatives outlined the range of drug litter that they had encountered or that had been reported to them. This included syringes, needles, cannabis and legal high litter and nitrous oxide canisters.
34. Whilst no injuries were reported by the representatives they informed the Panel that the prevalence of drug litter was intimidating residents, creating fear, damaging the reputation of their estate and at times had resulted in children not going outdoors to play. These concerns reflected wider concerns within communities about drug use, associated behaviours and drug dealing.
35. The Panel were also informed that the cost to the Council’s Transactions and Universal Services Department associated with removing and recording drug litter was estimated to be approximately £135,000 per annum.



A nitrous oxide canister

³ [Health risks from needle stick injuries](#), (item 4) Written submission to the Reducing Drug Related Litter Inquiry, Dr Anand Fernandes, 18th October 2017

Action taken in Southampton to decrease the impact of drug related litter and to increase the level of returns to the Needle Exchange

36. The Council's Service Director for Transactions and Universal Services outlined a range of actions that were being undertaken to reduce the prevalence of drug litter and to ensure the swift removal of drug related litter found in public places. These included:
- Routine cleaning and response to reports from members of the public;
 - Civil Enforcement Officers patrol and serve notices;
 - Rolling programme - Community Safety, Police and Street Cleansing actively engage and remove rough sleepers;
 - Grosvenor Square Car Park locked down from 12.00am to 5.30am every night. Further car parks closures to follow;
 - Additional staff to clean our car parks;
 - New team of City Welfare Wardens introduced to engage with rough sleepers, remove unattended items and remove needles and drug litter. The Welfare Wardens will work closely with the homeless support services and outreach teams.
 - Opportunity to report drug litter through the Council's website, via Actionline and the emergency out of hours number.
37. The Panel were informed that it was too early to tell what impact the night time closure of City Council car parks might have on drug related litter and the potential that this action may displace the problem to other locations.
38. Residents' Association representatives in attendance at the meeting also raised a concern about the difficulty reporting drug litter to the Council, especially through the website (it can be found on the Council's website under report an environmental issue). This point was also made by the Southampton Needle Exchange:

"Colleagues and members of the public have commented on the difficulty to report incidence of DRL (drug related litter)."

Increasing returns to the Needle Exchange

39. Reiterating the point that most people who inject drugs return used equipment and are "horrified about drug litter", the Service Development Officer within the Council / CCG Integrated Commissioning Unit highlighted a range of initiatives that are employed, or are proposed, in Southampton to increase the return rate of used equipment. These include the following:
- Every person accessing the Southampton Needle Exchange is given a personal sharps box (various sizes to suit need);
 - Drug litter and safe disposal is discussed with every client;
 - 'Responsible users' are encouraged to speak to and support those that dispose of their equipment irresponsibly;
 - Photos of drug related litter are displayed to encourage conversations;
 - People who do not return equipment regularly are challenged;

- The Homeless and Vulnerable Adults Support Team (H-VAST) are now offering 'on street return opportunities;
 - Discussions have commenced with the Street Homeless Prevention Team (SHPT) and the Homeless Day Centre about the role they can play encouraging returns and safe disposal.
40. The Panel, whilst expressing concerns with the return rate of injecting equipment, recognised that the Southampton Needle Exchange is a cost effective harm reduction service that also provides an entry point to treatment and support.
41. The Panel also recognised that, given the drug dependence of many of the needle exchanges clients, the removal of the needle exchange services would not address the position relating to drug litter in Southampton but would increase the risks associated with people who inject drugs sharing needles:

“Reducing the provision of injecting and harm reduction equipment will not reduce the injecting that takes place but it will increase the prevalence of BBV (blood borne viruses)” – Feedback from the Needle Exchange.

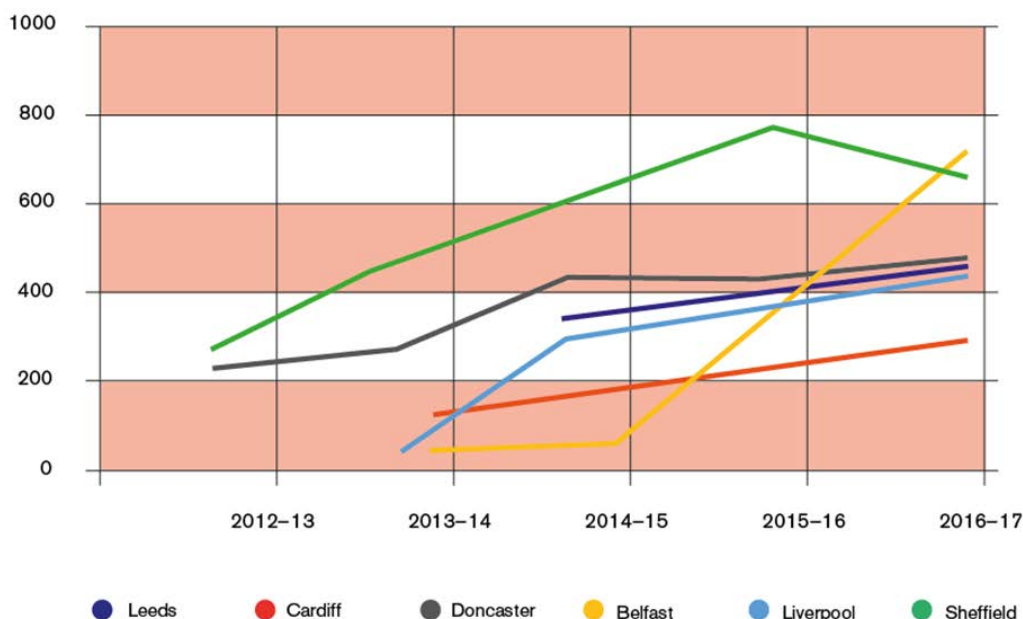
Rough sleeping, unsecure accommodation and illicit drug usage

42. Whilst recognising the importance of the initiatives designed to remove drug litter as soon as possible, and to encourage people who inject drugs to return used equipment to the needle exchange, the Panel, aware that the ability to reduce drug related litter in a sustainable way is linked to addressing rough sleeping in Southampton and the consumption of illicit drugs, were provided with an overview of some of the initiatives taking place across the city to improve outcomes relating to these complex issues.
43. Notwithstanding the various substance misuse services and housing support services that are available in Southampton the Panel were informed about the following key developments:
- The adoption of the Southampton Drugs Strategy 2017/2020. This strategy sets out how Southampton will seek to reduce the harm caused by illicit drugs - http://www.southampton.gov.uk/images/drug-strategy-2017-2020_tcm63-394492.pdf;
 - Homeless Vulnerable Adult Support Team (H-VAST) - Delivering the Government funded Rough Sleeper Initiative, through intensive support ensuring that, over the next two years, people who are homeless or at risk of returning to homelessness have access to substance misuse and mental health services;
 - Street-based Vulnerable Adults review – The Integrated Commissioning Unit has undertaken a 'Street based vulnerable adults review' as part of Prevention and Early Intervention – Phase 2.
 - Street Homeless Prevention Team (SHPT) - Provide outreach and a gateway into services and undertake joint outreach with drug services.

Drug related litter - How does Southampton compare to other areas?

44. Southampton City Council has only been using the current method for reporting drug related litter finds in the city since April 2016. Due to different collection methods and limited data it is not possible, at present, to objectively compare levels of drug litter across different areas.
45. Interestingly, evidence obtained from a Freedom of Information request, and presented to the Inquiry Panel, has indicated that call-outs for the removal of drug related litter have risen in urban areas over the past 5 years.⁴

Call Outs for the removal of Drug-Related Litter



46. To provide a local context the Panel were informed that the number of 'Sharps Reports by Public' in Southampton was as follows:

2015/16	2016/17	2017/18 (April to October)
297	375	229

47. Reiterating the point raised in the previous paragraph this is not a directly comparable statistic as, for example, the above figures also include reports of glass which therefore inflates the Southampton figure considerably.
48. To help provide a comparison with other areas the Inquiry Panel invited Nigel Brunson, member of the UK Harm Reduction Alliance and Deputy Chair of the National Needle Exchange Forum, to visit the city and provide a view of the drug litter problem and services in the city.
49. During his day in Southampton he accompanied a Street Cleansing Team as they undertook their early morning city centre cleansing duties; visited the Needle Exchange; and met with representatives from Community Safety. The following observations were made at his presentation to the Panel:

⁴ Back Yard, [An investigation into the feasibility of establishing drug consumption rooms](#), Volteface, 2017, Chapter on need

- No needles were found in car parks, but other drug litter was found;
- The worst area for drug litter was near Six Dials, in close proximity to the Needle Exchange. Litter found included needles and a number of barrels (without needles);



Drug litter found near Six Dials, photos courtesy of Nigel Brunson. Injecting Advice.com

- Some needles were found pushed into the ground, but visible, seemingly in an effort to reduce the risk of harm;
- The largest quantity of 'drug litter' found related to alcohol - the numerous empty cans of strong cider and lager;
- Quantities of drug related litter seen in Southampton compares favourably to 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; and
- The Needle Exchange provides a good service considering the available resources. The availability of different sized personal sharps bins to fit different clothing is innovative. Staff at the Needle Exchange are knowledgeable.

Best Practice – What more can be done to reduce drug related litter?

50. At the request of the Panel, a literature review of research evidence on best practice in reducing drug related litter was undertaken by Public Health Southampton.
51. The literature review identified a number of practices and initiatives that are already being delivered in Southampton. These include prompt cleansing service response to finds; needle exchange services; and, effective partnership working to understand, respond to and prevent drug related litter.
52. The literature review did however identify some approaches that are not utilised in Southampton that have been evidenced to reduce drug litter.

Public sharps bins

53. The Department for Environment, Food and Rural Affairs (Defra) published a good practice guide to tackling drug related litter in 2005.⁵ The Defra report identifies that whilst there may at times be local resistance to public sharps bins, it is clear from research that a significant barrier to disposal of drug litter is the lack of facilities, particularly outside the hours during which exchange schemes and other services operate.
54. This point was reaffirmed by Nigel Brunsdon during his presentation to the Inquiry Panel:

“While most litter in our society is just put in a bin anywhere in town, needle litter only has a small handful of places you can dispose of it, and those are not often open out of hours. So for a group that often doesn’t even feel able to carry their bedding around with them a used needle is just another thing to have to carry.”

55. Mr Brunsdon informed the Panel that good practice is to put public sharps bins near to locations where drug related litter is a consistent problem, preferably away from areas that are too public to reduce drug users fear of exposure. Some public sharps bins are very discrete and can be installed without the public being aware of them.



56. The Panel were informed that in Portsmouth, since 12 public sharps bins were installed in public toilets and public libraries, there has been no adverse publicity and the level of drug litter has reduced.
57. There are currently no public sharps bins in Southampton and needle exchange services are not operational 24 hours a day.
58. The Panel understand that, like the wider litter problem in society a small minority of people injecting drugs still won't use the sharps bins to dispose of drug litter safely. This is not acceptable behaviour. However, to minimise drug litter and the risk of harm, a sensible approach is to make it as easy as possible for users to do the right thing with their used needles.

⁵ Tackling drug related litter: Guidance and good practice, Defra, October 2005

59. Reflecting this viewpoint the Defra report from 2005 recommended the following for local authorities and Community Safety Partnerships:
*'Partnerships should fully explore the potential for sharps bins, liaising closely with drug users to ensure the siting and promotion of bins is as effective as possible.'*⁶

Drug Consumption Rooms

60. The European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) describes drug consumption rooms (alternatively know as Safe Injecting Facilities – SIFs) as “professionally supervised healthcare facilities where drug users can consume drugs in safer conditions.”⁷
61. They are not currently legal in the UK but have been operating in Europe, Australia and Canada for the past three decades. According to the EMCDDA, as of February 2017 there were 93 drug consumption rooms operating across 10 countries.
62. They can be in permanent clinics, mobile ambulance style units or temporary structures. They typically provide people who use drugs with:

- Sterile injecting equipment;
- A hygienic space to use drugs that they have bought illicitly under medical supervision;
- Primary medical care, and emergency care in the event of overdose;
- Counselling services and referral to social and health-care services;
- A gateway to drug treatment.



63. The EMCDDA report, based on a systematic literature review of 75 research articles, identifies that a number of features are common to the majority of drug consumption facilities, irrespective of where they are located. For example, access is usually restricted to registered service users, and certain conditions, for example minimum age and local residency, have to be met. Most target drug injectors, though they increasingly include users who smoke or inhale drugs.
64. Drug consumption rooms are designed to be available to vulnerable populations of users, especially marginalised groups and those who use on the streets or in other risky and unhygienic conditions.

⁶ Tackling drug related litter: Guidance and good practice, Defra, October 2005, p37

⁷ Drug consumption rooms: an overview of provision and evidence, European Monitoring Centre for Drugs and Drug Addiction (EMCDDA), June 2017

Drug Consumption Rooms – Impact on drug related litter

65. Australia, Canada and Spain have all collected data on drug related litter and have found that drug consumption rooms reduce public injecting and injection related litter in public spaces.
66. There were many concerns from the Canadian government on the opening of the InSite SIF in Vancouver in 2003. The legal exemption given to allow its opening was conditional on a rigorous scientific evaluation of its impact. The first part of the evaluation included examining the drug use patterns in the ten blocks around the SIF centre in the six weeks prior to its opening and the twelve weeks after its opening. The table below shows an immediate drop in both publicly discarded syringes and injection-related litter following the opening of the Vancouver SIF and the seasonally adjusted modelling shows a drop of almost 50% across all three measures:⁸

Measure	Predicted daily mean no. (95% CI)	
	Before the facility opened	After the facility opened
IDUs injecting in public	4.3 (3.5-5.4)	2.4 (1.9-3.0)
Publicly discarded syringes	11.5 (10.0-13.2)	5.4 (4.7-6.3)
Injection-related litter	601 (590-613)	310 (305-317)

67. Sydney, Australia did not have a formal scientific evaluation and focused more on public perceptions of their SIF. Three surveys were conducted to survey residents and business managers in the immediate area around Sydney's SIF in 2000, 2002, and 2005. Across the five-year period, a reduction in publically discarded needles was seen across both groups:

Percent of Residents/Business Operators that witnessed publically discarded needles in the previous month⁹

	2000	2002	2005	
Residents	67%	58%	40%	p < 0.001
Business Operators	72%	64%	57%	p = 0.01

68. In Barcelona the opening of a facility with a supervised drug consumption room in the inner city was associated with a huge reduction in the number of abandoned syringes in the city, while its number did not rise in the district where the facility was located. In Barcelona since the opening of drug consumption rooms they went from collecting a monthly average of over 13,000 syringes to around 3,000 a month in 2012.¹⁰

⁸ Wood, E., M. W. Tyndall, J. S. Montaner and T. Kerr (2006). "Summary of findings from the evaluation of a pilot medically supervised safer injecting facility." *Canadian Medical Association Journal* **175**(11): 1399-1404

⁹ Salmon, A. M., H. Thein, J. Kimber, J. M. Kaldor and L. Maher (2007). "Five years on: what are the community perceptions of drug-related public amenity following the establishment of the Sydney Medically Supervised Injecting Centre?" *International Journal of Drug Policy* **18**(1): 46-53

¹⁰ Vecino, C., Villalbí, J. R., Guitart, A., et al. (2013), [Safe injection rooms and police crackdowns in areas with heavy drug dealing: evaluation by counting discarded syringes collected from the public space] (in Spanish), *Addiciones* **25**(4), pp. 333–8

Drug consumption rooms – Additional benefits

69. In addition to reducing public drug use and the amount of publicly discarded injecting equipment, the review of evidence undertaken by the EMCDDA, and shared with the Panel by Dr Prun Bijral, Medical Director at CGL shows that drug consumption rooms are found to be effective in:
- Reducing self-reported injection risk behaviours, such as syringe sharing;
 - Reaching and staying in contact with highly marginalised target populations;
 - Reducing drug-related deaths at a city level, where coverage is adequate;
 - Increasing uptake of detoxification and drug dependence treatment, including opioid substitution;
 - Enhancing access to primary care;
 - Promoting safer injecting conditions.
70. The EMCDDA report also identified that there is no evidence that the availability of safer injecting facilities increases drug use, local crime rates or frequency of injecting.
71. Given the above it is understandable why the Advisory Council on the Misuse of Drugs (ACMD), official advisers to HM Government, recommended in its December 2016 report, ‘Reducing Opioid-Related Deaths in the UK, that:
- “Consideration is given – by the governments of each UK country and by local commissioners of drug treatment services – to the potential to reduce DRDs (drug related deaths) and other harms through the provision of medically-supervised drug consumption clinics in localities with a high concentration of injecting drug use”.*
- ### **Heroin Assisted Treatment**
72. When considering the issue of drug consumption rooms the Panel briefly discussed heroin assisted treatment (HAT). HAT refers to the prescribing of synthetic, injectable heroin, administered under strict controls, to people who do not benefit from, or cannot tolerate treatment, with one of the established drugs used in opiate replacement therapy like methadone or buprenorphine.
73. Heroin assisted treatment and drug consumption rooms both offer an injecting environment in a hygienic and medically supervised setting, the key difference between the two approaches is that the latter allows people to inject illicit drugs that they have purchased elsewhere.
74. Both the UK government and the ACMD actively support HAT, the ACMD from a health perspective and the UK Home Office from a crime reduction viewpoint as well.
75. The UK Government’s Modern Crime Prevention Strategy states:
- “For a small cohort of entrenched, long-term opiate users who have not achieved recovery through optimised oral substitution treatment, there is evidence that heroin assisted treatment (supervised injectable heroin) reduces crime.”*

76. HAT has been demonstrated¹¹ to successfully reduce the level of discarded drug litter; fatal overdoses and needle sharing that can lead to infections, including HIV and hepatitis; high risk street injecting; and sex-work, while increasing take-up and retention in treatment.

Drug consumption rooms – Demand in Southampton?

77. Reflecting the potential benefits of drug consumption rooms and the client group that the facility would be targeted towards, namely, marginalised groups and those who use on the streets or in other risky and unhygienic conditions, the following statistics provide some insight as to whether a drug consumption room, legislation permitting, could be of benefit to Southampton:

- In Southampton there are estimated to be 1483 opiate and/or crack users, including 636 who inject.¹²
- 2014-16 - 43 people died from drugs, using the Public Health England and ONS definition. The Rate of 6.2 per 100,000 people is higher (worse) than:
 - England 4.2 – difference statistically significant
 - Similar Local Authorities 5.7
 - Southampton 2013-15 where the rate was 5.1
- Local audit of drug related deaths for 2015 identified that deaths were mostly from heroin +/- another substance including alcohol.
- In 2016/17 there were 775 unique clients of the Needle Exchange.
- In 2016/17 there were 7,567 recorded drug litter finds in Southampton, including 7,037 needles. From April to August 2017 there had been a total of 3,312 finds, including 2,958 needles.

78. As the Panel were informed during the visit to the needle exchange, there exists in Southampton a juxtaposition whereby a number of clients collect sterile injecting equipment, leave the safe and secure environment provided by the needle exchange, and subsequently proceed to inject drugs in public places in unhygienic locations, increasing risk to users and the public.

79. Given the number of injecting drug users within Southampton and the recent increase in drug related deaths there is potential for a drug consumption room to provide significant benefits in relation to reducing drug related litter, saving lives as well as improving other outcomes. A key factor that could determine whether such a facility would be viable is whether there exists a high enough concentration of users in Southampton who inject in public.

80. Whilst recognising the potential benefits of drug consumption rooms and HAT, the Panel were keen to emphasise that any proposal should work in conjunction with, and not at the expense of existing services.

¹¹ European Monitoring Centre on Drugs and Drug Addiction (2012) New heroin-assisted treatment: Recent evidence and current practices of supervised injectable heroin treatment in Europe and beyond.

¹² <https://www.gov.uk/government/publications/opiate-and-crack-cocaine-use-prevalence-estimates-for-local-populations>

Conclusions and Recommendations

81. A summary of the key evidence presented at each of the inquiry meetings is attached as Appendix 3. Conclusions were drawn from each meeting and disseminated to the Panel. All of the reports, presentations and minutes from the inquiry meetings can be found here:

<http://www.southampton.gov.uk/modernGov/ieListMeetings.aspx?CId=668&Year=0>

Conclusions

- The inquiry has identified that drug related litter is an issue of concern in Southampton that, despite not appearing to be as pervasive as in some other cities, is creating an element of fear, damaging the reputation of certain communities, and presents a potential health risk, particularly to the people who inject drugs and those working with people who inject drugs and clean-up drug litter.
- The Panel understand that the position in Southampton compares favourably to some other cities partly due to the effective and proactive work of services delivered by the Council, and partners, to limit the impact and prevalence of drug litter. In particular the Panel recognise the essential role played by the City Council's cleaning staff clearing drug litter from public places.
- The Panel, when considering best practice, were re-assured that many of the recommended approaches to tackling drug related litter are already being implemented in Southampton, including needle exchange services, effectively sharing information with partners and the prompt cleansing service response to finds.
- New initiatives designed to improve outcomes relating to the number of people rough sleeping, living in unsecure accommodation, and consuming illicit drugs in the city were welcomed by the Panel. It is recognised that these initiatives, in conjunction with existing approaches, will help to contribute to a more sustainable environment to reduce levels of drug litter in Southampton moving forward.
- The Panel expressed concerns that, whilst understanding the decision to close Grosvenor Square Car Park overnight, this could, if not supported by additional measures, potentially lead to the displacement of drug litter to other locations in the city that do not benefit from such regular cleansing. This could therefore present a greater risk to the public.
- The Panel would therefore welcome further analysis of drug litter finds since the night time closure of Grosvenor Square Car Park to better understand the link between car park closure and the location of drug litter finds in the city. This should help to inform future decisions relating to the night time closure of additional city centre multi-storey car parks.
- Information was also presented to the Inquiry Panel by representatives from residents' associations and the Needle Exchange, raising concerns relating to the difficulty reporting incidence of drug related litter to the Council. The concerns primarily focussed on finding out how to report it through the

Council's website. Opportunities therefore exist to improve the reporting processes, making it easier and clearer for members of the public.

- When considering alternative evidence based approaches to reducing drug related litter the Panel consider that the installation of discrete public sharps bins, near to locations where drug litter is a consistent problem, would have a beneficial impact on levels of drug litter in Southampton.
- There are currently no public sharps bins in the city and needle exchange services are not open 24 hours a day. Whilst all Panel Members are in agreement that it is never acceptable to irresponsibly dispose of drug litter, people who inject drugs understandably, for a number of reasons, do not want to carry used needles around with them.
- A logical approach therefore is to make it as easy as possible for people who inject drugs to do the right thing with their used equipment by installing discrete public sharps bins in appropriate locations, and communicate their existence to users through the needle exchange services.
- The final initiative considered by the Inquiry Panel was the potential to establish a drug consumption room in Southampton. The Panel understand that drug consumption rooms have been evidenced to be effective at decreasing public injecting and reducing drug related litter, and, especially when accompanied by the provision of Heroin Assisted Treatment, can also provide additional benefits relating to, for example, reducing harm and engaging people who use drugs in support services.
- Drug consumption rooms are currently illegal in the UK. If they were permitted they could be a local intervention, working in conjunction with, and not at the expense of existing services, responding to the needs of the local drug-using population.
- Whilst the Panel in principle support the establishment of drug consumption rooms, and the positive impact it could have on drug related litter, the Panel recognise that any policy decision would need to be supported by a robust evaluation to fully assess the demand, benefits and value for money of such a facility in Southampton.
- This approach would also need to include working in partnership across local government, providers and with other partners to lobby the Government for a change in legislation relating to drug consumption rooms.

Recommendations

82. Reflecting the key findings and conclusions the following actions are recommended to reduce drug related litter, and the impact of drug related litter in Southampton:
1. **Displacement of drug litter** - Undertake analysis of drug litter finds since the night time closure of Grosvenor Square Car Park to better understand the link between car park closure and the location of drug litter finds in the city. This information should then be used to help inform future decisions relating to the night time closure of additional city centre multi-storey car parks.

2. **Make it clearer how to report drug related litter** - To encourage public reporting, review the location and content of information on the Council's website that explains how to report drug litter.
3. **Public sharps bins** – Following informed consideration of potential sites and designs, install discrete public sharps bins in locations where drug litter is a persistent problem. Information relating to the whereabouts of the public sharps bins should then be communicated to people who inject drugs through the needle exchange services.
4. **Drug consumption rooms** – Undertake a robust evaluation to fully assess the potential benefits a medically-supervised drug consumption room could bring to Southampton. The evaluation should include consideration of the potential impact on health and criminal justice outcomes, public finances and whether a facility would add value to current services. The provision of Heroin Assisted Treatment from a drug consumption room should also be factored into the analysis.
5. **Drug consumption rooms** – Working in partnership with local authorities, representative bodies, providers and other organisations that support the position, lobby the Government for a change in legislation relating to drug consumption rooms, enabling local commissioners of drug treatment services to commission the establishment of such facilities if local need is evidenced.

Appendices

Appendix 1 – Inquiry Terms of Reference

Appendix 2 – Inquiry Plan

Appendix 3 – Summary of Key Evidence

Appendix 1 – Terms of Reference

Reducing Drug Related Litter in Southampton Terms of Reference and Inquiry Plan

1. Scrutiny Panel membership:

- a. Councillor McEwing
- b. Councillor Coombs
- c. Councillor Fitzhenry
- d. Councillor Fuller
- e. Councillor Noon
- f. Councillor Vassiliou
- g. Councillor Whitbread

2. Purpose:

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

3. Background:

- Litter related to drug use can cover a range of materials – including syringes, foils, swabs, spoons, plastic bottles and cans.
- Drug litter presents a health risk to the public and council employees, the discovery of which can cause fear, upset and anxiety for individuals and the wider community as well as causing physical injury.
- Action has been taken in Southampton, involving a number of agencies, to reduce incidence of drug related litter.
- Since February 2016 Community Safety have been logging drug litter finds across Southampton. From April 2016 – March 2017 the total number of finds was 7,620 including 7,037 discarded needles.
- Reflecting concerns the recently approved Southampton Drugs Strategy includes, as a key outcome, '*to reduce the amount of drug related litter in the city*'.
- Alternative and innovative approaches exist to improve awareness, reduce the amount of drug litter being discarded, and to lessen the risks and impact on local communities and those employed to clean up the litter.

4. Objectives:

- a) To understand the prevalence and impact of drug related litter in Southampton.
- b) To understand the reasons for the prevalence of drug related litter.
- c) To review progress being made in Southampton to tackle drug related litter.
- d) To understand what is being done to reduce drug related litter elsewhere.
- e) To identify what additional initiatives could work in the city to reduce drug related litter.

5. Methodology:

- a) Benchmarking the current position against other cities
- b) Seek stakeholder views
- c) Undertake desktop research
- d) Identify best practice

6. Proposed Timetable:

Four meetings between October 2017 and March 2018.

7. Draft Inquiry Plan (subject to the availability of speakers)

Meeting 1: 19 October 2017

- Introduction, context and background
 - What is the current position regarding drug related litter in Southampton?
 - Number of finds / trends / comparisons
 - Worst affected areas in Southampton
 - Identification of the groups of people who are discarding the drug related litter
 - Prevalence of drug injecting in the city
 - Impact of drug related litter
- Overview of approaches employed in Southampton to reduce drug related litter
- To identify what is working well and what can be improved in Southampton in relation to approaches employed to reduce drug related litter.

To be invited:

- Cabinet Member
- Public Health / NHS Support Services / Voluntary orgs
- Representatives from City Services / Community Safety / Housing / Integrated Commissioning Unit
- Hampshire Constabulary
- Residents groups

Meeting 2: 23 November 2017

- Examples of good practice and innovation
 - Communicating / reporting
 - Co-ordination of partners
 - Design of public spaces
 - Use and placement of sharps bins
 - Raising awareness / liaising with people injecting drugs

To be invited:

- To be confirmed

Meeting 3: 18 January 2018

- Examples of good practice and innovation
 - Alternatives to public injecting

To be invited:

- To be confirmed

Meeting 4: 8th March 2018

To approve the final report of the inquiry and recommendations.

Appendix 2 - Inquiry Plan

DATE	MEETING THEME	TOPIC DETAIL	EVIDENCE PROVIDED BY
19/10/17	Agree Terms of Reference and introduction to the inquiry	<p>Introduction, context and background</p> <p>To develop an understanding of the current position in Southampton</p>	<ul style="list-style-type: none"> • Councillor Shields - Cabinet Member for Health and Community Safety • Ray Williams - Chair of the Chapel Residents Association • Lynda Walton - Holyrood Estate Block Representative • Roger Townsend - Friends of Town Quay Park • Dr Anand Fernandes - Consultant in Communicable disease control, Public Health England • Mitch Sanders - Service Director for Transactions and Universal Services, SCC • Ralph Walling – Street Cleansing Manager, SCC • Gavin Derrick - Regulatory Services Team Leader, Environmental Health and Community Safety, SCC • Colin McAllister - Service Development Officer, Integrated Commissioning Unit, SCC/CCG
23/11/17	The barriers to safe disposal and best practice	Examples of good practice and innovation	<ul style="list-style-type: none"> • Nigel Brunsdon – Injecting Advice.com, member of the UK Harm Reduction Alliance and Deputy Chair of the National Needle Exchange Forum • Carl Nightingale – Employee at the Southampton Needle Exchange with a history of injecting drug use

DATE	MEETING THEME	TOPIC DETAIL	EVIDENCE PROVIDED BY
			<ul style="list-style-type: none"> • Helen Matthews – Structured Intervention Team Leader, Southampton Drug and Alcohol Recovery Service • Charlotte Matthews – Public Health Consultant, SCC • Jackie Hall – Commissioner, Integrated Commissioning Unit, SCC/CCG
19/12/17	Visit to the Needle Exchange		
18/01/18	Alternatives to Public Injecting	Drug Consumption Rooms	<ul style="list-style-type: none"> • Dr Prun Bijral – Medical Director and Responsible Officer, Change Grow Live (CGL) • Charlotte Matthews – Public Health Consultant, SCC • Dr Jason Horsley - Director of Public Health, SCC • DCI Ben Chivers – Hampshire Constabulary
08/03/18	Agree final report	Approve report for submission to OSMC	N/A

The minutes for each meeting, the evidence submitted to the Scrutiny Inquiry Panel and presentations delivered at each meeting is available at: - <http://www.southampton.gov.uk/modernGov/ieListMeetings.aspx?CId=668&Year=0>

Appendix 3 – Summary of Key Evidence

Scrutiny Inquiry Panel – Reducing Drug Related Litter in Southampton

Inquiry Meeting – 19 October 2017

Introduction to the inquiry, context and background

Summary of information provided:

Cabinet Member for Health and Community Safety, SCC – Councillor Shields

- Welcomes the inquiry. Recognition that drug related litter is a problem in urban areas across the country.
- Southampton is proactive at tackling the issue both through reporting and cleaning as well as providing support for individuals with drug problems.
- Keen to understand the extent of the problem in Southampton and to learn about additional opportunities to protect the public and alternative approaches to prevention.

The impact of drug related litter – A residents' perspective

- Ray Williams, Chair of the Chapel Residents Association identified the following issues:
 - Drug Related Litter has increased in the Chapel area due to increased drug dealing in the vicinity, but not necessarily needles;
 - Children have been seen playing 'games' looking for drugs stashed in bushes;
 - Different drug litter depending on residential areas. Student areas more nitrous oxide canisters, cannabis and legal high litter.
 - Prevalence of drug litter is intimidating to residents, creating fear.
- Lynda Walton, Holyrood Estate Block Representative, identified the following issues:
 - Historically needles have been found in open private garages and drug litter has been found in a sandpit that has now been removed;
 - Drug litter is often found by the bin areas where rough sleepers stay. They remove the litter when asked to;
 - Drug litter has not got worse recently;
 - Drug litter impacts on the reputation of the estate and at times has resulted in children not going outdoors to play;
 - A problem that has been raised is the difficulty reporting drug related litter to the council. (It can be found on the Council's website under report an environmental issue)
- Roger Townsend, Friends of Town Quay Park, identified the following issues:
 - Only seen 1 needle in the 4 years he has volunteered as a gardener at Town Quay Park. However, other volunteers have reported finding drug related litter in the park;
 - High shrubbery has been cut down to deter rough sleeping;
 - Concerned as primary school children from the school across the park are encouraged to volunteer.

Dr Anand Fernandes, Consultant in Communicable disease control – Health risk from Needle stick injuries

- The Panel were provided with a [written submission](#) (item 8 – Additional Documents) from Dr Anand Fernandes, Consultant in Communicable disease control, South East Public Health England Centre, on the health risks from needle stick injuries.
- The main health risk from injury due to drug related litter is likely to be from stress and psychological trauma, rather than the transmission of disease.

Dealing with Drug Litter – Mitch Sanders, Service Director for Transactions and Universal Services

- A [presentation](#) (item 8 – Additional Documents) was delivered by Mitch Sanders providing an overview of the approach employed by the City Council to record and remove drug litter in Southampton. Mitch was supported by Gavin Derrick, Team Leader for Environmental Health and Community Safety and Ralph Walling, Street Cleansing Manager.
- The Council is making every effort to remove drug litter before it is encountered by residents and visitors.
- Following a 2015/16 incident SCC started to record drug related litter finds, co-ordinated by Community Safety. The Panel recognised this as a positive development enabling targeting of services and sharing of information.
- The figures reported to the Panel represent needles discarded in public places. Drug litter is a problem in privately owned sites but this is not reported to SCC.
- In 2016/17 the total number of finds recorded was 7,567. Needles are usually found in batches, often within the vicinity of rough sleeper encampments.
- 95% of finds are within the city centre. There is no discernible trend and the data does not clearly identify that drug litter is an increasing problem in Southampton.
- On occasions needles are placed in potentially dangerous locations - Since 2015 there have been two needle stick incidents reported by SCC staff.
- Staff are trained and equipped to deal with drug litter. The risk of harm does have a psychological impact on staff and there is a safe working procedure in place which deals with prevention as well as what to do in the event of injury.
- The Council has trialled closing Grosvenor Square Car Park from 12:00am to 5:30am every night. Further night time car park closures are to follow. It is too early to tell whether this will have an impact on drug related litter city wide.
- To help address drug related litter, and a number of rough sleeper related issues, the Council is in the process of establishing City Welfare Wardens. The wardens will engage with rough sleepers, remove and store unattended items, and remove used needles and drug litter. This follows a successful pilot in Weymouth.
- The City Welfare Wardens will work closely with the homeless support services and outreach teams.
- At the request of the Panel the cost to Transactions and Universal Services identified with removing and recording drug litter was estimated to be circa

£135k per annum. This includes circa £70k for the cost of the 2 City Welfare Wardens (including on-costs).

- The Panel recognised the essential role played by City Council cleaning staff and wanted to record on record their appreciation for the work they do clearing drug litter from public places.

Drug Use in Southampton / Support Services – Colin McAllister, Service Development Officer, Integrated Commissioning Unit

- A [presentation](#) (item 8 – Additional Documents) was delivered by Colin McAllister providing an overview of the needle exchange service in Southampton and the prevalence of drug injecting in the city. Colin was supported by Helen Matthews, Team Manager at the Society for St James (providers of the Needle Exchange Service) and D.C.I Ben Chivers, Hampshire Constabulary.
- The majority of people who inject drugs dispose of their litter responsibly and live in houses. The majority of drug related litter is generated by people sleeping rough or people coming from outside of Southampton. The rough estimate of users disposing of their drug litter irresponsibly in public places was thought to be somewhere between 20 and 50 in Southampton.
- Limited evidence that people injecting performance or image enhancing drugs are disposing of their drug litter irresponsibly in public places.
- The estimated return to the Needle Exchange is 52%. This figure does not factor in needles being returned to the Pharmacy Needle Exchanges or hostels. Needles are also being disposed within sharps bins and placed in domestic waste containers.
- The Needle Exchange is an effective way of engaging with users. Responsible users are encouraged to speak with, and to support, users that dispose of their litter irresponsibly.
- The DCLG funded Homeless Vulnerable Adults Support Team (H-VAST) is a key service in helping to engage with adults leading chaotic lifestyles. People need to care about themselves initially, then they will consider their impact on others and the environment.
- Hampshire Constabulary experience problems with drug users who have chaotic lifestyles. Most users who are stopped by the police declare if they are carrying 'sharps' but some do not because they know that if they are found with needles in their possession it is likely that they will be searched for drugs. This may be a barrier for disposing of drug litter responsibly.
- The potential benefits of supervised drug consumption rooms and heroin assisted therapy in reducing drug related litter were raised. The Panel requested that this be the subject of a meeting of the Inquiry.
- Colin identified the following strengths in the Southampton approach
 - The Needle Exchange Services
 - The work of the Street Homeless Prevention Team, H-VAST and the cleansing teams
 - Cross-agency working
- The following weaknesses were identified:
 - Resources

- Difficulty reporting incidence of drug related litter has been raised by members of the public and Needle Exchange staff.

Conclusions from meeting:

- Southampton has a proactive and largely effective approach to removing drug relating litter in public places. Litter is usually removed before it is found by the general public. It is hoped that the new City Welfare Wardens will further improve the position.
- The approach to recording and sharing data on drug related litter is positive and not followed by all local authorities.
- The impact of the night time closure of SCC car parks on drug related litter, and the potential to displace the problem is not known.
- An opportunity exists to reflect on the comments made about the difficulty reporting incidence of drug related litter to the Council.
- The main health risk from injury due to drug related litter is likely to be from stress and psychological trauma.
- The majority of drug related litter disposed of irresponsibly in public places is by rough sleepers and those not resident in the city who have chaotic lifestyles. The number of people thought to responsible for this drug related litter is between 20 and 50.
- The Needle Exchange service is a cost effective harm reduction service that provides an entry point to treatment and support.

Scrutiny Inquiry Panel – Reducing Drug Related Litter in Southampton

Inquiry Meeting – 23 November 2017

The barriers to safe disposal and best practice

Summary of information provided:

Nigel Brunsdon – Injecting Advice.com, member of the UK Harm Reduction Alliance and Deputy Chair of the National Needle Exchange Forum

- [A presentation](#) (item 7 – Presentation) was delivered by Nigel Brunsdon on reducing incidence of drug related litter and the risk of harm caused by drug related litter. Nigel's advice for Southampton was informed by his Thursday 23rd November visit to services in the city, including Street Cleansing, the Needle Exchange and Community Safety.
- No needles were found in the car parks, but other drug related litter was found.
- The worst area for drug litter was near Six Dials, in close proximity to the Needle Exchange. Litter found included needles and a number of barrels (without needles).
- Some needles were found pushed into the ground, but visible, seemingly in an effort to reduce the risk of harm.
- The biggest drug litter found was empty cans of strong cider and lager.

- Quantities of drug related litter seen in Southampton compares favourably to 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 considering the available resources. The availability of different sized personal sharps bins to fit different clothing is innovative. Staff at the Needle Exchange are knowledgeable.
- Needle Exchange services are not open 24 hours a day. People injecting drugs do not want to carry used needles around with them for a number of reasons.
- Good practice is to put public sharps bins (needle drop boxes) near to locations where drug related litter is a consistent problem. Some public sharps bins are very discrete and can be installed without the public being aware of them.
- Like the wider litter problem in society a small minority of people injecting drugs still won't use the sharps bins to dispose of drug litter safely. This is not acceptable behaviour. However, 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.
- It was recognised that installing public sharps bins is not always popular. However, in Portsmouth since 12 public sharps bins have been installed in public toilets and public libraries there has been no adverse publicity and the level of drug litter has reduced. There are no public sharps bins in Southampton.
- Safe consumption rooms (drug consumption room / safe injecting facility) may also help to reduce drug related litter, as well as helping to address a number of other issues relating to injecting drug use.

Carl Nightingale – Employee at the Southampton Needle Exchange with a history of injecting drug use

- The vast majority of people who inject drugs dispose of their drug litter responsibly. Expectation that only a handful of users are irresponsibly disposing of their needles. The community self-polices itself. Unsafe disposal of drug litter is not acceptable.
- Injecting drug users that have homes tend to store used needles at home. This is not an option for those who are homeless. People would use public sharps bins if located in the right places. They need to be very secure.
- Expectation that a lot of drug litter is going into litter bins on the street or into communal tower block bins.
- A safe consumption room is a good idea for injecting drug users that are homeless in the city. At the moment users are collecting sterile equipment from the Needle Exchange, that has access to Naloxone and a clean toilet, and are injecting drugs on the streets in unhygienic environments.
- Pictures of unacceptable disposal of drug litter is displayed in the Needle Exchange to outline what is not appropriate. Staff try to encourage responsible users to promote responsible usage by others.

- The location of the 6 needle exchange pharmacies in Southampton is signposted in the Needle Exchange.
- Whilst recognising the small number of people injecting drugs that are irresponsibly disposing their drug litter in Southampton it is possible that, with access to peer support declining, newer users are not being informed as readily about good practice with regards to disposing drug litter.

Charlotte Matthews – Public Health Consultant, SCC

- Charlotte provided an overview of research undertaken on reducing levels of drug related litter. The specific interventions which are recommended within the literature review include:
 - Needle exchange services
 - A police protocol regarding the possession of used needles and other equipment
 - Prompt cleansing service response to finds
 - Sharps bins, with the type, siting and promotion to be determined locally
 - Safe Injecting Facilities

Conclusions from meeting:

- Whilst recognising that drug related litter is an issue in Southampton the quantity of drug related litter observed compares favourably to 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.

Scrutiny Inquiry Panel – Reducing Drug Related Litter in Southampton

Inquiry Meeting – 18 January 2018

Alternatives to public injecting

Summary of information provided:

Dr Prun Bijral – Medical Director & Responsible Officer, Change Grow Live (CGL)

- [A presentation](#) (item 7 – Presentation 1) was delivered by Dr Prun Bijral on drug consumption rooms (DCRs). Drug consumption rooms are professionally supervised healthcare facilities where drug users can consume illicit drugs in safer conditions. They are not currently legal within the UK but have been operating in Europe, Australia and Canada for the past three decades.
- Dr Bijral outlined the range of services that can be provided from DCRs and the findings from the systematic [review of evidence](#) by the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA). The review (attached as Appendix 1 to the Inquiry Panel papers) identified a number of benefits associated with DCRs, including decreasing public injecting and reducing the number of syringes discarded in the vicinity of the facility.
- The evidence does not suggest that a DCR increases drug use or frequency of injecting in the surrounding environment, or increases drug dealing, drug trafficking or drug related crime in the surrounding environment.
- The possibility of providing Heroin Assisted Treatment (HAT) from a DCR was discussed. HAT refers to the prescribing of synthetic, injectable heroin, administered under strict controls, to people who do not benefit from, or cannot tolerate treatment, with one of the established drugs used in opiate replacement therapy like methadone or buprenorphine. The UK Government supports HAT from a health and crime reduction perspective.
- The potential for HAT to transform people's lives, deliver value for money and to reduce criminal activity was outlined to the Panel.
- DCRs and HAT could, if permitted, potentially form part of a strategic approach to reduce the harm caused by the misuse of drugs. It was recognised that DCRs /HAT should not be developed at the detriment of existing services and would need to be integrated into existing provision to maximise potential.
- CGL are developing their theoretical models of DCRs and HAT as a service which works across the country.

Case Study – Barcelona Drug Consumption Rooms

- At the meeting a video outlining the impact of drug consumption rooms in Barcelona was played - <https://www.youtube.com/watch?v=YhLoLbORzi0>.
- Since the DCRs opened in the city of Barcelona they have gone from collecting a monthly average of over 13,000 syringes in 2004 to around 3,000 a month in 2012.

Charlotte Matthews – Public Health Consultant, SCC

- [A presentation](#) (item 7 – Presentation 2) was delivered by Charlotte Matthews providing a Southampton perspective on the potential usage of a DCR in the city.
- It was understood that, if permitted, a DCR could be a local intervention that responds to the needs of the local drug-using population.
- Key Southampton statistics presented include:
 - 43 people died from drugs from 2014-16: Increasing drug related deaths, rate higher than England
 - Estimated 1483 opiate and/or crack users, including an estimated 636 who inject
 - 219 distinct people were recorded as using the needle exchange in quarter 2 of 2017/18. Estimated to be approximately 600 people who used the needle exchange in 2017. This excludes those that use the 6 pharmacies that operate needle exchanges.
- People who use drugs are unlikely to travel to a DCR. Therefore, any potential locality would need to demonstrate that there is a sufficiently concentrated drug-using population that would use the facility and provide a return on investment.
- Reflecting the fact that any new service would need to be integrated with existing services, the Panel were informed about a number of services currently being provided in Southampton to support people who use drugs, many of which lead chaotic lifestyles, including:
 - Treatment and harm minimisation services, including needle exchange
 - Homeless Vulnerable Adult Support Team (H-VAST) pilot
 - Street-based Vulnerable Adults review.

DCI Ben Chivers – Hampshire Constabulary

- DCI Chivers provided an initial response on behalf of Hampshire Constabulary to the potential of a DCR and HAT in Southampton.
- Hampshire Constabulary support exploring the evidence and benefits of drug consumption rooms as part of the Drugs Strategy and our commitment to dealing with this issue in partnership.
- Recognise that the potential benefits of both DCRs and HAT is greater than just reducing drug related litter and understand that Southampton would be an ideal area within Hampshire to explore such an approach.
- Any decision to formally support implementation would need to be taken at an executive level within the Constabulary, with legal advice and potentially National Police Chief Council awareness, as the first English or Welsh area to pursue the route. Director of Public Prosecution involvement would also be key, as would British Transport Police and Thames Valley Police who also provide operational Policing services within our area.
- We would also be keen to see any policy change supported by a fully funded, robust research evaluation, designed in advance, to fully assess the benefits across a wide area of society gains including health, public safety and cost.

Conclusions from meeting:

- Drug consumption rooms have been evidenced to be effective at decreasing public injecting and reducing drug related litter.
- DCRs, especially those providing Heroin Assisted Treatment (HAT), can also provide additional benefits relating to, for example, reducing harm and engaging people who use drugs in support services.
- DCRs are currently illegal in the UK. If they were permitted DCRs could be a local intervention, working in conjunction with existing services, which responds to the needs of the local drug-using population.
- DCRs /HAT should not be developed at the detriment of existing services.
- Any policy decision relating to DCRs in Southampton would need to be supported by a robust evaluation to fully assess the benefits and value for money.
- This approach would need to include working in partnership across local government, providers and with other partners to lobby the Government for a change in legislation relating to DCRs.