# Perceptions and attitudes of strategic decision-makers and affected families across Scotland towards Drug Consumption Rooms to prevent drug-related deaths

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Summary report

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# Executive Summary

## Background

Drug Consumption Rooms (DCRs) are low threshold settings which allow: supervised consumption of pre-obtained drugs; provision of clean injecting equipment; and immediate intervention by trained staff in the event of an overdose. Some service models also aim to engage those not in formal drug treatment and who may be particularly marginalised and who may not engage with services – for example, for people who are experiencing, or who are at risk of, homelessness. These models involve providing additional health and social support and onward referral to other support and services (e.g. housing, welfare support) as well as referral into structured drug treatment. There are over 100 formally sanctioned DCRs operating internationally, including in Europe, Canada, and Australia. Proposals to implement a DCR in Scotland are currently being discussed. To date, these have been unsupported by the UK government and approval remains a power reserved to Westminster, under The Misuse of Drugs Act 1971.

There is a developing Scottish and international evidence base which has explored views towards, and support for, DCRs from the perspective of members of the public and people who inject drugs. However, two groups have so far been overlooked in research: family members of people who use drugs; and strategic decision-makers with workforce responsibilities who would be involved in the development and implementation of DCRs.

## The study

This study involved semi-structured interviews with family members (n=13), and decision-makers (n=26) across Scotland (October 2020-April 2021). The aim of these interviews was to explore:

- perceptions of DCRs and what factors shape these understandings;
- whether these factors influence decision-making. For example, if family members would encourage loved ones to use a DCR, and if decision-makers would support implementation;
- barriers and facilitators to implementation;
- and for strategic decision-makers specifically, anticipated workforce needs/adjustments within organisations to ensure such factors are addressed in readiness for potential implementation.

## Findings

Both family members and decision-makers were supportive of DCR implementation. There were high levels of awareness of DCRs (in terms of existence, role and function) among both groups, with decision-makers on the whole more aware of DCR delivery models, but this also varied within those interviewed.

Both groups perceived DCRs to be an important intervention to prevent drug-related harm among people who use drugs. DCRs were viewed as a harm reduction intervention (decreasing the damage caused by problem drug use), and as part of a public health approach that frames problem drug use as a health and social issue, rather than a criminal justice issue, while understanding that this is not a straightforward ‘either/or’ distinction. For both groups, Scotland’s current drug deaths crisis brought into focus the importance of implementing DCRs.

Family members and decision-makers identified the stigma of problem drug use as a key barrier to implementation. This was often embedded within discussions over the terminology used, including whether or not 'Drug Consumption Room' was the most appropriate term. They expressed concern that other members of the public may have reservations about (or actively resist) DCRs. Scotland's unique political and legal context was also highlighted by both groups as constituting a barrier to implementation. Both expressed frustration that this legal and political context, alongside a sense of a lack of support, seemed to be delaying implementation. Some decision-makers felt that DCRs were being used as a 'political football' between devolved (Scottish) and central (UK) government. Participants believed that clarity was needed to resolve the uncertainty surrounding the legal framework required to implement DCRs in Scotland. In relation to the stigma associated with problem drug use, family members highlighted the importance of public education initiatives to raise awareness of DCRs and their potential role in reducing drug-related harm, and to challenge problematic and stigmatising perceptions of people who use drugs. Both family members and decision-makers emphasised the importance of community engagement, and decision-makers also commented that any DCR would need to be tailored to suit the community in which it was implemented. For instance, this could relate to location or adaptations to meet the needs of specific client groups (e.g. women who use drugs) if the local context indicated this would be particularly beneficial.

Finally, both groups highlighted the importance of DCRs being accessible and appealing to people who use drugs. Family members in particular emphasised that DCRs should be safe and welcoming spaces. Decision-makers and family members tended to have different ideas about potential models, although there were overlaps. For example, some decision-makers suggested that DCRs could be attached to existing health services (e.g. a GP surgery, or a heroin assisted treatment service). Family members tended to consider non-clinical settings as more appropriate: they believed that people who use drugs were often poorly engaged with healthcare services, and/or reported negative experiences when they did engage. Some decision-makers made similar suggestions. While the challenges of DCR implementation were acknowledged by both family members and decision-makers, these were not considered to be insurmountable. Both family members and decision-makers were clear that the conversation about DCRs needed to progress to implementation.