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Clare Haughey MSP
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Conveners of the Cross-Committee:
Tackling Drug Deaths and Drug Harm
Scottish Parliament

Dear Conveners,

I look forward to joining you at the cross-committee meeting on tackling drug deaths and drug harm, scheduled for 2 October.

I am writing to provide the written evidence requested in advance of the upcoming session. I have been asked to provide:

An update on the Scottish Government's position following the publication of the [Scottish Affairs Committee's report](#) on Problem Drug Use in Scotland Follow-up: Glasgow Safer Drug Consumption Facilities (SDCFs) on 16 September.

The Committee's report recognised the severity of Scotland's drugs crisis and calls for an evidence-based, public health response.

The report provides conclusions and recommendations for both the UK and Scottish Governments across six key themes. These conclusions and recommendations are set out below together with the Scottish Governments position.

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Approaches to Problem Drug Use and SDCF

- *The evidence provided by the independent evaluation panel should be determinative in discussions about the Thistle's future beyond the three-year pilot.*

We support this recommendation. The Thistle is undergoing a comprehensive, independent evaluation, funded by the National Institute for Health and Care Research (£3.1 million over four years). This evaluation, led by academics from a range of institutions, will assess health outcomes, community impact, cost-effectiveness, and the service's role in reducing substance-related harms. We agree that its findings should be determinative in shaping the future of the use of SDCFs in Scotland.

The Legal Position of the Thistle

- *Rather than having multiple facilities with individual prosecution policy arrangements, it would be more appropriate to operate on a clear, legal basis, common to all. This would require legislative action from the UK Government and UK Parliament*

We support this conclusion. Ministers have long been clear that the Misuse of Drugs Act 1971 is the key constraint to wider implementation. While the Lord Advocate's prosecutorial discretion has been pivotal in enabling the Thistle pilot, it is not a sustainable or scalable solution particularly as other cities seek to establish facilities in response to rising drug-related deaths. A clear, consistent legal framework is needed to provide certainty for operators, service users, and communities. We continue to call on the UK Government to deliver the necessary legislative changes to support the establishment and expansion of SDCFs across Scotland.

A Gold Standard Service

- *Consider a less sophisticated model of the facility could potentially offer corresponding harm reduction benefits, at a reduced cost.*

We acknowledge this conclusion that there are potential benefits of alternative models, including mobile facilities, as highlighted in the SAC report. The Scottish Government has committed £2.3 million per annum until March 2027 to support the Thistle pilot, which reflects our commitment to delivering high-impact harm reduction services. We are open to exploring more cost-effective models, where appropriate. However, our ability to implement such alternatives remains constrained by the Misuse of Drugs Act 1971 and the limits of what the Lord Advocate has indicated she can consider under her prosecutorial discretion. Given those constraints it isn't currently possible to deliver a less sophisticated model than the very clinical model operating in the Thistle.

Local Community

- *It is vital that key stakeholders of the Thistle be engaged to address concerns about the impact of the facility and continue to work with the local community on how to address any concerns raised.*

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We support this recommendation and welcome the committee's acknowledgement of the strong evidence base suggesting that SDCF's contribute to reducing levels of publicly discarded drug litter and antisocial behaviour. We also note the Thistle evaluation's commitment to closely monitor these issues.

We encourage Glasgow City Health and Social Care Partnership (HSCP) to continue with the Thistle Community Engagement Forum. This forum takes place every six weeks and provides an opportunity to gather input and feedback from residents, businesses, and stakeholders. This ongoing engagement ensures that community voices remain central to the development and delivery of the Thistle pilot and that concerns are actively addressed.

Expansion of Services

- *Given expert medical advice suggests that allowing the inhalation of drugs would increase opportunities for harm reduction, any future application for an inhalation room should be considered on its merits by the Lord Advocate and Scottish Government.*

We support this conclusion. We agree that any intervention expected to save lives and reduce harm should be considered. We will back any evidence-based life-saving proposal brought forward by the Thistle to the Lord Advocate, including the introduction of inhalation rooms and officials are already engaged with Glasgow HSCP colleagues to explore how an inhalation room could be established.

Furthermore, the provision of safer inhalation devices, via needle exchanges, is also of growing importance due to the changing drug trends. This is also currently prohibited under the Misuse of Drugs Act and is something we have raised with UK counterparts; we will continue to urge the UK Government to work with the Scottish Government to amend reserved legislation to allow for such evidence-based harm reduction initiatives.

- *If an application for exemptions from the Misuse of Drugs Act 1971 to enable the provision of medical equipment (such as tourniquets) at The Thistle were made by Glasgow City HSCP or the Scottish Government, the UK Government should consider such an application on its merits, as evidence suggests this could enable The Thistle to maximise its effectiveness.*

We support this recommendation. Were the Scottish Government to submit an application for exemptions under the Misuse of Drugs Act 1971 to enable the provision of medical equipment at the Thistle, the UK Government should consider it on its merits. Evidence suggests that such exemptions could significantly enhance the effectiveness of the facility in reducing harm and saving lives.

- *The Home Office should urgently complete its assessment of The Thistle for a drug checking licence and should ensure any necessary support is provided to ensure The Thistle is successful in its application.*

We support this recommendation. We support the principle of expanding harm reduction services, including drug checking. The Home Office has indicated it will issue a licence for the Glasgow

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point-of-care drug checking facility to allow individuals to have substances tested while receiving tailored harm reduction advice. We await further response from the Home Office on the other point of care sites. We remain committed to delivering drug checking facilities and continue to work with partners to implement these across all pilot sites.

The Future of SDCF's in Scotland

- *The UK Government must demonstrate that it has an evidence-based approach to policy making and will consider the independent evaluation of The Thistle. Any intervention found to be effective at saving lives and reducing harm should not be dismissed.*

We support this recommendation. An evidence-based approach is central to the Scottish Government's National Mission to reduce deaths and improve the lives of people impacted by drugs. We call on the UK Government to adopt the same commitment and give full weight to the findings of the independent evaluation of The Thistle. The UK as a whole, reports some of the highest rates of drug deaths in Europe and we have seen drug deaths in England and Wales continue to increase in recent years. It is essential that the UK Government avoids a pre-determined stance and engages constructively with the evaluation outcomes to inform future policy decisions.

Conclusion

The Scottish Government welcomes the Scottish Affairs Committee's report and shares its commitment to reducing drug-related harm through evidence-based, public health approaches. We are clear that the Thistle pilot represents a vital component of this response.

We remain committed to supporting robust evaluation, engaging with communities and exploring innovative models of service delivery. However, the current legal framework continues to limit what can be achieved. We therefore reiterate our call for the UK Government to work constructively with us to remove legislative barriers and enable the development of a sustainable, nationwide framework for SDCFs.

By acting on the Committee's recommendations, we can collectively take meaningful steps toward saving lives, reducing harm, and supporting recovery across Scotland.

I look forward to discussing these developments with you at the forthcoming committee meeting.

Yours sincerely,



MAREE TODD MSP

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