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**Minutes of the Advisory Panel on Substance Misuse (APoSM) Enhanced
Harm Reduction Centres (EHRCs) Sub-Group Meeting
Monday 6th March 2017 (09:00am – 11.00am)
Room 4.12, Cathays Park, Cardiff**

Attendees

Lead

Ifor Glyn (IG)

Members

Professor Simon Moore (SM)

Dr Julia Lewis (JL)

Andrew Wilson (AW)

Professor Katy Holloway (KH)

Observer

REDACTED (REDACTED)

Secretariat

REDACTED (REDACTED)

Apologies

Members

Josie Smith (JS)

Agenda Item 1 – Welcome, Introductions and Apologies

- 1.1 IG welcomed members to the meeting and thanked them for attending. All apologies were noted.
- 1.2 IG reminded members that the EHRC Sub-Group had been established in response to discussions that took place at the APoSM Away day on 25th October 2016 at which members agreed that this issue be included in APoSM's future work programme.
- 1.3 IG stated that the overall aim of the Sub-Group was to submit a report to the Minister for Social Services and Public Health providing a review of the evidence on the effectiveness of EHRCs. IG stated that the report did not need to be a lengthy report as there is already lots of literature and reviews that have been undertaken – this report would be more of a review of the reviews. IG advised members that the deadline for submitting the report to the Minister was December 2017.

Agenda Item 2 – Global EHRC Overview - presentation

- 2.1 IG provided members with a copy of the presentation on EHRCs which he had already given at meetings of the Gwent and Western Bay Area Planning Boards (APBs).

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- 2.2 IG informed members that globally there are over 92 EHRC facilities, with the majority in Europe, with a new centre opening later this year in Dublin. IG informed members that colleagues had undertaken a visit to the Kings Cross Centre in Sydney and that as an organisation, they had developed good links with the Ana Liffey Drugs Project in Dublin. IG also advised members that he had recently visited a facility in Barcelona. A number of the EHRC steering group members have also recently visited the centre in Copenhagen
- 2.3 IG stated that EHRCs are designed to be an overall approach to providing harm reduction services. IG stated that they also aim to reduce the health and public order problems associated with illegal injection drug use such as public drug taking and publicly discarded drug paraphernalia, the rise in drug related deaths and the increase in Hepatitis C and HIV. IG advised that the majority of EHRCs are integrated in low-threshold facilities such as specialist 'low threshold drugs services or homelessness services. However, mobile facilities exist in Spain, Germany and Denmark and offer a more flexible deployment of the service.
- 2.4 IG advised that whilst there are currently no such facilities in the UK, there is growing debate and they have become an issue which is on the political agenda with the likelihood of a centre opening in the near future in Glasgow. IG stated that should an EHRC be established in Wales, decisions on where that facility could be based should be made having considered the drug culture of the area and evidence of need. IG also advised members that in order to address the legal issues surrounding the establishment of an EHRC, a 'letter of comfort' would need to be drawn up with the police; IG stated that details on this issue would need to be included in the proposed report to the Minister.
- 2.5 IG stated that the Joseph Rowntree Foundation report on 'Drug Consumption Rooms' published back in 2006 was a good starting point in looking at the evidence. He also referred to the Advisory Council on the Misuse of Drugs (ACMD) report published in December 2016 entitled 'Reducing Opioid-Related Deaths in the UK' given that one of the recommendations of the report was 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 and other harms through the provision of medically-supervised drug consumption clinics in localities with a high concentration of injecting drug use'*.

Agenda Item 3 – EHRC Sub-Group purpose

- 3.1 IG informed members that it was important to identify a clear definition of roles between the APoSM EHRC Sub-Group and the Welsh EHRC Steering Group in order to avoid a duplication of work. IG stated that the purpose of the APoSM sub-group would be to carry out a review of

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the current research and evidence and identify the cost effectiveness and associated wider health cost savings.

- 3.2 REDACTED suggested that it may be worthwhile speaking to Professor Ceri Phillips who is a co-opted member on APoSM in his capacity as a 'Health Economist' - he may be able to assist the Sub-Group in relation to the work around looking at the cost effectiveness of EHRCs.

Agenda Item 4 – Welsh EHRC Steering Group

- 4.1 IG advised members that the Welsh EHRC steering group was established in July 2016 in order to consider this issue in Wales with representatives from various agencies including substance misuse agencies, homelessness service, University of South Wales, Release and Police and Crime Commissioners.
- 4.2 IG stated that the steering group had identified areas on which they will focus namely, models for a Wales-based centre, identifying need, sharing practice from European experience and service user consultation.

Agenda Item 5 – Identify scope of work / tasks required

- 5.1 KH agreed that she would speak with her colleague at the University of South Wales in relation to undertaking a review of the current research and evidence. It was agreed that the findings of this review would then be fed back at the next APoSM Main Panel meeting.
- 5.2 Given that EHRCs are designed to be an overall approach to providing harm reduction services, JL also agreed to look into data around wound management and how the establishment of an EHRC could impact on this issue.

Action Point 1	KH to speak with her colleague at the University of South Wales in relation to undertaking a review of the current research and evidence.
Action Point 2	JL to look into data around wound management and how the establishment of an EHRC could impact on this issue.

Agenda Item 6 – Agree dates for next six months

- 6.1 It was suggested that the EHRC Sub-Group should next meet on the morning of the next APoSM Main Panel meeting. REDACTED stated that there was a date of 24th April 2017 currently pencilled in for the next APoSM Main Panel meeting but that this was yet to be confirmed. REDACTED agreed to advise members once this date had been confirmed.

Action Point 3	REDACTED to confirm date of next APoSM Main Panel
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	meeting with members of the EHRC Sub-Group.
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Action Point Summary

No	Action Point	Responsible individual/s
1	KH to speak with her colleague at the University of South Wales in relation to undertaking a review of the current research and evidence.	KH
2	JL to look into data around wound management and how the establishment of an EHRC could impact on this issue.	JL
3	REDACTED to confirm date of next APoSM Main Panel meeting with members of the EHRC Sub-Group.	Secretariat