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**Minutes of the Advisory Panel on Substance Misuse (APoSM) Enhanced  
Harm Reduction Centres (EHRCs) Sub-Group Meeting  
Wednesday 2<sup>nd</sup> August 2017 (10:00am – 12.00pm)  
Room 2.26, Cathays Park 1, Cardiff**

**Attendees**

**Lead**

Ifor Glyn (IG)

**Members**

Professor Simon Moore (SM)

Dr Julia Lewis (JL)

Professor Katy Holloway (KH)

Rob Barker

Richard Ives

**Observer**

REDACTED (REDACTED)

**Secretariat**

REDACTED (REDACTED)

**Apologies**

**Members**

Josie Smith (JS)

Andrew Wilson (AW)

**Agenda Item 1 – Welcome, Introductions and Apologies**

- 1.1 IG noted apologies and welcomed members to the meeting and thanked them for attending.
- 1.2 IG provided background to members and explained that the EHRC Sub-Group had initially been established in response to discussions that took place at the APoSM Away day on 25th October 2016, and stated that the overall aim of the Sub-Group was to submit a report to the Minister for Social Services and Public Health by December 2017 which will provide a review of the evidence collated on the benefits and effectiveness of EHRCs.
- 1.3 IG provided the panel with a brief update and introduced KH and RB who have explored in detail a number of areas where they have contributed a considerable amount of time and effort to preparing a paper which details the Harm Reduction Strategy to support the Minister.

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### **Agenda Item 2 – Minutes and Matters Arising**

- 2.1 Panel members agreed that the minutes recorded from the previous meeting held on 6<sup>th</sup> March 2017 were a true and accurate record and agreed that all actions have been met.

### **Agenda Item 3 – Taking forward report prepared by Dr Tom May, Centre for Criminology University of South Wales**

- 3.1 KH updated panel and explained that as a result of the initial review, it is clear that nobody has completed a Meta analysis which is to evaluate the synthesised data. Therefore KH and Dr Tom May are currently in the process of undertaking a systematic review and have confirmed there are meetings in place to review potential outcomes.
- 3.2 KH stated that there are various papers available which mainly focus on the evaluation of needle exchange, drug related deaths, and user consumption, whilst exploring if ERHCs that are already established are successful. They will both continue to identify what outcomes the ERHCs have achieved so far and elaborate on this - KH explained that in order to strengthen the report, undertaking the analysis is a crucial part of the process.
- 3.3 SM explained that he has experience on how best to manage outcomes, KH suggested and agreed to consult with SM on how best to manage outcomes and also share good practice.
- 3.4 KH explained that Dr Tom May is currently working on data extraction and is studying this in fine detail. KH stated this work will likely take four to six weeks to complete.

<b>Action Point 1</b>	KH to consult with SM on how best to manage outcomes and sharing good practice.
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### **Agenda Item 4 – Identify further work to be undertaken by the group**

- 4.1 It was discussed and agreed by the panel that the work they are undertaking currently is reviewing the outcomes that consumption rooms can achieve by reviewing data such as numbers of drug related deaths, blood born viruses, drug litter etc. and collate a list of sources of data that can be reviewed to establish if consumption rooms can benefit the public and reduce harm.
- 4.2 IG explained that work is currently underway to specifically focus on Swansea, Cardiff, Newport and Wrexham as these areas have previously expressed an interest and provided evidence for the panel to highlight as priority areas in Wales. IG also stated that the panel are flexible with what geographical areas they study.

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- 4.3 IG explained to panel members to expect different needs analysis in different geographical areas, and no one model will fit every area.
- 4.4 KH explained that she and Dr Tom May are currently undertaking review work of different methods and assessing potential outcomes.
- 4.5 It was suggested that as Dr Tom May is involved, he should become a co opted member of the EHRC Sub Group. IG stated that he will formally invite him to become a member of the panel and attend future meetings.
- 4.5 JL stated that she is still looking at wound management room clinic and that there is an evaluation of this due to start.

<b>Action Point 2</b>	IG to invite Dr Tom May to become member of EHRC panel
<b>Action Point 3</b>	IG asked RB can he get operational guidelines on how they think this will come into force.

### **Agenda Item 5 – Welsh EHRC steering group update**

- 5.1 IG began by clarifying the roles of the two panels and the panel was in agreement that they will need to consult with the Welsh EHRC Steering Group and work collaboratively in order to submit paper to the Minister. KH agreed to chase timescales and receive update from the Welsh EHRC Steering Group.
- 5.2 It was suggested that the Sub Group explore options on a needs analysis and also a breakdown of geographical areas to be included in the report.
- 5.3 REDACTED reiterated that the Welsh EHRC Steering Group meeting was primarily established to work directly in the community and consult with providers and produce community based evidence such as needs analysis, exploring what needs to be changed and what should be addressed as priority. This will then input into the final paper as combined research to produce an overall picture of Wales detailing what is the expected impact and also contain the meter analysis on different models which contain how effective the different models are, what the cost implications will be, and establish weather mobile vans are effective.
- 5.4 RI suggested it would be a good idea to formally share minutes of future meetings to demonstrate a collaborative working ethic. IG agreed to formalise this with the Welsh EHRC Steering Group.
- 5.4 RI informed the panel that Mark Polin, Police and Crime Commissioner is in early stages of looking at EHRCS in Wrexham, and stated that it is down to providers to express concerns and raise arguments for drug

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related deaths, drug litter etc. in order to complete the needs analysis. By collating this evidence it makes it feasible in terms or legality of the situation if the Police are kept involved.

<b>Action Point 4</b>	KH agreed to chase timescales and receive update from the Welsh EHRC Steering Group
<b>Action Point 5</b>	IG to formally share notes with the Welsh EHRC Steering Group to ensure that all members are up to date with what the opposite groups are doing.
<b>Action Point 6</b>	IG to keep Mark Polin informed of developments of the EHRC panel

### **Agenda Item 6 - Presentation by Rob Barker (Drugaid) on recent Winston Churchill Fellowship funded visit to North America and Canada**

- 6.1 RB provided members with a copy of the presentation on EHRCs in North America and Canada and informed members that his objectives for the trip were as follows:
- Learn from established Medically Supervised Injecting Centres (MSIC) with regards to the process of setting up a facility.
  - To analyse the effectiveness of MSIC's in relation to reducing street drug use and minimizing harm to users, communities and the economy.
  - Discuss challenges posed in Wales and UK, and identify how the same or similar obstacles were overcome by established MSIC's.
  - Discuss and identify partnership development with key stakeholders that established MSIC's fostered in the development and current delivery of the facilities and transfer this knowledge to those partnerships needed in Wales and the UK.
  - To formulate a strategic plan within the MSIC steering group in Wales based upon the evidence gained from the Fellowship in accordance with the Welsh Government Delivery Plan 2016 -2018.
- 6.2 RB provided a brief overview of the places he visited in both countries and explained what methods and approaches they are taking to reduce drug related deaths and also reduce harm in the communities whilst also measuring benefits and impact this has had so far.
- 6.3 RB explained that after seeing first hand how the EHRC are successfully reducing the risk of harm in the communities, and as a result of learning about the trial and errors that these areas have already faced and continue to face, there have been a number of

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recommendations suggested for consideration which are contained in the presentation.

- 6.4 RB informed members that he will be undertaking another research trip in the near future focusing on areas between Copenhagen and Hamburg, and will again update members via a presentation at a Sub Group meeting.
- 6.5 IG encouraged discussion between members in regards to the presentation and it was discussed how to tackle the stigma around EHRCs as the public do not see it as being beneficial and effective but stated that the evidence of EHRCs success is there but on a small scale and would require more injection sites to become fully successful.
- 6.6 RB stated during his presentation that treatment such as detoxification is not advertised in the injecting centres as this will have a negative effect to the success of the centres, but support and information is available throughout the centres from staff along with basic care and advice on how best to reduce harm and stay safe.
- 6.7 After the above discussion took place, it was discussed and agreed by the panel that this realistic approach that North America and Canada have taken would benefit the British culture the most. Detailing services such as basic treatment encourage detoxification and continuing to reduce harm. This could be done in one location and design our centres to become a full package whilst taking into consideration the different needs in different places.
- 6.8 The option of prescribing heroin was discussed but members advised that this option was explored by the APoSM members previously and it was found that to prescribe heroin on the NHS is too expensive and is not realistically achievable.

### **Agenda Item 7 – Any other matters and date of next meeting**

- 7.1 There were no arising matters to discuss.
- 7.2 It was agreed that the EHRC Sub-Group will next meet on the 27<sup>th</sup> September 10:00am – 12:00pm at Welsh Government offices in Cathays Park.

### **Action Point Summary**

No	Action Point	Responsible
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		<b>individual/s</b>
<b>1</b>	KH to consult with SM on how best to manage outcomes and sharing good practice.	<b>Katy Holloway</b>
<b>2</b>	IG to invite Dr Tom May to become member of EHRC panel	<b>Ifor Glyn</b>
<b>3</b>	IG asked RB can he get operational guidelines on how they think this will come into force.	<b>Ifor Glyn</b>
<b>4</b>	KH agreed to chase timescales and receive update from the Welsh EHRC Steering Group	<b>Katy Holloway</b>
<b>5</b>	IG to formally share notes with the Welsh EHRC Steering Group to ensure that all members are up to date with what the opposite groups are doing.	<b>Ifor Glyn</b>
<b>6</b>	IG to keep Mark Polin informed of developments of the EHRC panel	<b>Ifor Glyn</b>
<b>7</b>	Secretariat to circulate details of the next meeting	<b>Secretariat</b>