

# Integrated Impact Assessment – Summary Report

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Each of the numbered sections below must be completed

## 1. Title of proposal

Draft communications and engagement plan: Proposed safer drug consumption facility (SDCF) for Edinburgh consultation

## 2. What will change as a result of this proposal?

The EHSCP will conduct a formal consultation on the proposal to develop a safer drug consumption facility in the Edinburgh Old Town area.

Note that this impact assessment is of the consultation process, not of the SDCF itself

## 3. Briefly describe public involvement in this proposal to date and planned

Public involvement has so far only consisted of talking with people with lived and living experience of problem drug use.

- The November 2023 [ESDCF Feasibility Study](#) included gathering lived and living experience views which, on balance, favoured SDCF delivery.
- A further lived experience involvement event was held in November 2025. It brought together members of the steering group and 17 people who currently are or were engaged in high-risk public drug use.

The proposal under consideration is the plan for further public involvement

## 5. Date of IIA

3 February 2026

## 6. Who was present at the IIA? Identify facilitator, lead officer, report writer and any employee representative present and main stakeholder (e.g. Council, NHS)

- David Williams – planning and commissioning manager, HSCP strategic planning
- Neil Stewart – planning and commissioning manager, HSCP strategic planning. Lead facilitator
- Olalekan Somefun Project Manager – HSCP Strategic Planning
- Ann Duff – CEC comms
- Patricia Burns (Edinburgh Health and Social Care Partnership | Substance Use Manager/ Chair of the ESDCF steering group) -apologies but has reviewed the plan
- Avril MacKay, NHL Public Health – apologies but has reviewed the plan

- No employee representative: the IIA does not have any direct implications for staffing since its focus is the consultation itself.
- The consultation plan itself and this IIA were discussed with 3 community engagement practitioners with lived experience of substance use (2 male, one female, from Scottish Drugs forum, Edinburgh Recovery communities and Change, Grow, Live). This group confirmed that the arrangements proposed would provide effective opportunities for key target groups to engage with the process (and that literacy, stigma, and other access barriers has been mitigated fully).

## 7. Evidence available at the time of the IIA

Evidence	Available – detail source	Comments: what does the evidence tell you with regard to different groups who may be affected and to the environmental impacts of your proposal
Data on populations in need	<p><a href="#">Edinburgh SDCF needs assessment and feasibility study (2023)- Executive Summary</a></p> <p><a href="#">Responding to the Edinburgh Safer Drug Consumption Feasibility Study (November 2025)</a></p> <p>Part 4 of : Informing Equalities “A Resource Document For All Agencies Working With Or For People Who Misuse Alcohol Or Drugs”</p> <p>Annual drug related death report?</p> <p><a href="https://services.nhslothian.scot/publichealth/wp-content/uploads/sites/105/2025/12/NHS-Lothian-Drug-Related-Deaths-Annual-Report-2024_FINAL.pdf">https://services.nhslothian.scot/publichealth/wp-content/uploads/sites/105/2025/12/NHS-Lothian-Drug-Related-Deaths-Annual-Report-2024_FINAL.pdf</a></p>	<p>Needs assessment of ongoing drug related harms in Edinburgh and evaluation that a Safer drugs consumption facility would extend existing services</p> <p>More information on the project, including development of the model and potential locations – this paper is the basis of the proposal which is being consulted on</p> <p>A number of protected characteristics have specific, known impacts of the prevalence of experience of substance use and of D&amp;A service use</p>

Evidence	Available – detail source	Comments: what does the evidence tell you with regard to different groups who may be affected and to the environmental impacts of your proposal
Data on service uptake/access	<p>Age profile of people accessing Drug and alcohol treatment 2022-23 (<a href="#">source: PHS Drug and Alcohol Information System</a>)</p> <p>19 and under- 3%  20-24 - 4%  25-29 - 7%  30-34 - 15%  35-39 - 16%  40-44 - 14%  45-49 - 13%  50-54 - 11%  55-59 - 8%  60-64 - 5%  65 and over- 4%</p> <p>Gender profile of people accessing Drug and alcohol treatment 2022-23 (<a href="#">source: PHS Drug and Alcohol Information System</a>)  Edinburgh: 67% M:33%F  Scotland: 68% M:32%F</p>	<p>The age and gender of people seeking drug and alcohol treatment in Edinburgh are approximately similar to those seeking treatment in Scotland as a whole.</p> <p>58% of those seeking treatment were aged between 30 and 50  15% under 30 and 28% over 50</p> <p>Problem use of drugs disproportionately affects men.</p>
Data on socio-economic disadvantage	<p><a href="#">Edinburgh SDCF needs assessment and feasibility study (2023)- Executive Summary</a></p>	<p>The people who would most benefit from an SDCF experience multiple disadvantages and barriers to participation</p>

Evidence	Available – detail source	Comments: what does the evidence tell you with regard to different groups who may be affected and to the environmental impacts of your proposal
	<a href="#">Drug-related deaths in Scotland, 2024 - National Records of Scotland (NRS)</a>	<p>In 2024, people in the most deprived areas of Scotland were 12 times as likely to have a drug related death compared to people in the least deprived areas. In contrast, for all causes of death, people in the most deprived areas are around twice as likely to die as those in the least deprived areas.</p>
Data on equality outcomes	<p><a href="#">JSNA-Health-Needs-of-Minority-Ethnic-Communities-Edinburgh-April-2018.pdf (edinburghhsc.scot)</a></p> <p><a href="#">Drug-related deaths in Scotland, 2024 - National Records of Scotland (NRS)</a></p>	<p>Provides data on demographics of minority ethnic communities</p> <p>Resource documents describing the relationships between equalities and substance use.</p> <p>In 2024, males were more than twice as likely to have a drug related death as females. Both male and female deaths decreased in the past year.</p>

Evidence	Available – detail source	Comments: what does the evidence tell you with regard to different groups who may be affected and to the environmental impacts of your proposal
Research/literature evidence	<a href="#">Edinburgh SDCF needs assessment and feasibility study (2023)- Executive Summary</a>	There is strong evidence for specific impacts of SDCF (localised reductions in Drug related deaths and other indicators of harm)
Public/patient/client experience information	NA	
Evidence of unmet need	<a href="#">Responding to the Edinburgh Safer Drug Consumption Feasibility Study (November 2025)</a>  IEP?? <a href="#">Injecting Equipment Provision in Scotland</a>  Annual drug related death report? <a href="https://services.nhslothian.scot/publichealth/wp-content/uploads/sites/105/2025/12/NHS-Lothian-Drug-Related-Deaths-Annual-Report-2024_FINAL.pdf">https://services.nhslothian.scot/publichealth/wp-content/uploads/sites/105/2025/12/NHS-Lothian-Drug-Related-Deaths-Annual-Report-2024_FINAL.pdf</a>	Edinburgh old town has high levels of public drug use and harm, which could potentially be reduced by an SDCF

Evidence	Available – detail source	Comments: what does the evidence tell you with regard to different groups who may be affected and to the environmental impacts of your proposal
Good practice guidelines	<p data-bbox="618 424 1487 491"><a href="#">Planning with People - Health and social care - Planning with People: community engagement and participation guidance</a></p> <p data-bbox="618 531 1581 715">Planning with People sets out the responsibilities NHS boards, local authorities and Integration Joint Boards have to community engagement when health and social care services are being planned, or when changes to services are being considered and supports them to involve people meaningfully.</p>	<p data-bbox="1619 424 2114 603">A wide range of stakeholders, many with protected characteristics, need to be actively considered, involved and included in consultation and engagement.</p> <p data-bbox="1619 643 2092 746">“An initial EQIA should be carried out to ensure an inclusive approach”</p>
Carbon emissions generated/reduced data	N/A	
Environmental data	N/A	
Risk from cumulative impacts		
Other (please specify)		
Additional evidence required		

## In summary, what impacts were identified and which groups will they affect?

Potential benefits of change	Affected populations
<b>Positive</b>	
The views and needs of people who use drugs are often not considered. The consultation will provide opportunities for these to be discussed and publicised, which may be empowering for them.	People who use drugs
The issue of drug related harm (for both drug users and other people in the Old Town) may be aired. Solutions may be found to a long-standing issue.	Geographical communities (specifically the old town)

Equality, Health and Wellbeing and Human Rights	Affected populations	Planned mitigations / adaptations
<b>Negative / risks</b>		
<p>People in Edinburgh who use drugs (especially injecting in public places) are a key group whose views are needed – they are expert on what the effect of an SDCF would be. They may have strong views (either way) informed by personal experience.</p> <p>However, they may be put off taking part in the consultation for a lot of reasons, such as:</p> <ul style="list-style-type: none"> <li>• lack of time</li> <li>• not hearing about it</li> <li>• not having IT equipment and skills</li> <li>• fear of being identified, judged or abused</li> <li>• stigma and shame</li> </ul>	People who use drugs	<ul style="list-style-type: none"> <li>• We will offer multiple ways for people to give their views, confidentiality and choice</li> <li>• We will offer at least one meeting for current drug users only to make a safe space for them to talk in (see plan)</li> <li>• We will use ground rules for events (see plan) to minimise the risk of participants experiencing abusive, stigmatising or re-traumatising treatment</li> <li>• We will promote the consultation to networks of substance use and homelessness services and organisations and offer to run focus groups in any which have a particular interest.</li> <li>• We will encourage all organisations (including treatment and recovery services) to capture the views</li> </ul>

Equality, Health and Wellbeing and Human Rights	Affected populations	Planned mitigations / adaptations
<ul style="list-style-type: none"> <li>worry about the memories or thoughts it might bring up</li> <li>not being sure that the consultation is for them</li> </ul>		<p>of their members and users and report them into the consultation</p> <ul style="list-style-type: none"> <li>The views of people who use high-risk drugs in Edinburgh (especially injecting, especially in public places) will be looked at separately – the report will identify their views.</li> </ul>
<p>People in Edinburgh who have previously used drugs (especially injecting in public places) are a key group whose views are needed – they are expert on what the effect of an SDCF would be. They may have strong views (either way) informed by personal experience.</p> <p>However, they may be put off taking part in the consultation for a lot of reasons, such as:</p> <ul style="list-style-type: none"> <li>fear of being identified, judged or abused</li> <li>stigma and shame</li> <li>worry about the memories or thoughts it might bring up</li> </ul>	<p>People in recovery from drug use</p>	<ul style="list-style-type: none"> <li>We will give multiple ways for people to give their views, offering confidentiality and choice</li> <li>We will offer at least two meetings in recovery community setting to make a safe space for them to talk in (see plan)</li> <li>We will use ground rules for events (see plan) to minimise the risk of participants experiencing abusive, stigmatising or re-traumatising treatment</li> <li>We will promote the consultation to the Edinburgh recovery community and offer to run focus groups with any groups which have a particular interest.</li> <li>We will encourage all organisations (including treatment and recovery services) to capture the views of their members and users and report them into the consultation</li> <li>The views of people who use high-risk drugs in Edinburgh (especially injecting, especially in public places) will be looked at separately – the report will</li> </ul>
<p>There is widely reported to be greater stigma around drug use for women than for men. There is the risk that women will be deterred from contributing fully to the consultation by fear of stigma.</p>	<p>Women and pregnancy</p>	<ul style="list-style-type: none"> <li>We will give multiple ways for people to give their views and offer confidentiality (including no recording) and choice.</li> <li>We will offer of safe spaces for individual groups and the use ground rules for events (see plan) to minimise</li> </ul>

Equality, Health and Wellbeing and Human Rights	Affected populations	Planned mitigations / adaptations
		<p>the risk of participants experiencing abusive, stigmatising or re-traumatising treatment. Facilitators will highlight the need for support and acknowledge the risk.</p> <ul style="list-style-type: none"> <li>• We will offer to run focus groups supportive in women-only spaces and services (Parental rights and advocacy, Willow project) to allow freer discussion and ensure that people have access to trusted relationships.</li> <li>• We will encourage all organisations (including those which focus on women) to capture the views of their members and users and to specifically (including ERA, Circle peer support group and others)</li> <li>• We will gather demographic information on respondents in real time so can adjust strategy at mid point if women appear to be underrepresented (expectation would be c 1:2 m:f)</li> </ul>
<p>There is widely reported to be greater stigma around drug use in some BME communities. There is the risk that people will be deterred from contributing fully to the consultation by fear of stigma.</p>	<p>BME communities</p>	<ul style="list-style-type: none"> <li>•</li> <li>• We will offer multiple ways for people to give their views, confidentiality and choice</li> <li>• We will offer of safe spaces for individual groups and the use ground rules for events (see plan) to minimise the risk of participants experiencing abusive, stigmatising or re-traumatising treatment</li> <li>• We will promote the consultation to networks of BME organisations and offer to run focus groups in any which have a particular interest.</li> </ul>

Equality, Health and Wellbeing and Human Rights	Affected populations	Planned mitigations / adaptations
		<ul style="list-style-type: none"> <li>• We will encourage all organisations (including those which focus on BME communities) to capture the views of their members and users</li> <li>• We will offer (on request) the materials and questions in other languages and formats</li> <li>• Demographic information on respondents will be gathered in all parts of the exercise.. At midpoint of process, engagement with BME groups will be checked against expectations</li> </ul>
<p>The views of those who have experience of drug use in their families are particularly important – an SDCF would change the care that was available for their family members in the future. They may have strong views, informed by personal experience.</p> <p>However, there is stigma associated with drug use of family members. It can also be also a cause of great distress.</p> <p>There is the risk that people will be deterred from contributing fully to the consultation by fear of stigma or of distress.</p>	Adult Carers	<ul style="list-style-type: none"> <li>• We will give multiple ways for people to give their views, offering confidentiality and choice</li> <li>• We will offer at least one meeting for family members only to make a safe space for them to talk in (see plan)</li> <li>• We will use ground rules for events (see plan) to minimise the risk of participants experiencing abusive, stigmatising or re-traumatising treatment</li> <li>• We will promote the consultation to networks of carer/ families affected by problem substance use (SFAAD, VOCAL, LEAP Families group) and offer to run focus groups in any which have a particular interest. This will enable people to give views in the context of familiar settings and trusted supportive relationships.</li> <li>• We will encourage all organisations (including those which focus on carers) to capture the views of their members and users</li> <li>• We will look at the views of people who have or have had family members who use drugs separately – the report will identify their views</li> </ul>

<b>Equality, Health and Wellbeing and Human Rights</b>	<b>Affected populations</b>	<b>Planned mitigations / adaptations</b>
		<ul style="list-style-type: none"> <li>• We will identify people with this background and ensure that they are represented in the responses.</li> </ul>
<p>A higher proportion than average of people who use drugs have literacy problems There is a risk that people will be put off contributing to the consultation if they can only do it in writing</p>	Those with low literacy	<ul style="list-style-type: none"> <li>• We will hold open access sessions and focus groups where people can hear the plans and speak their views</li> <li>• All of the questions and written information about the project will be written in plain English</li> </ul>
<p>People who live and work in the area where the SDCF would be, might affected in ways that other people wouldn't be – there is the risk that their views are not given the extra weight that</p> <p>People who don't live or work in Edinburgh would not be affected at all</p>	Geographical communities	<p>We will make sure that people in the local areas (the Cowgate and the Spittal street area) are aware of the consultation by</p> <ul style="list-style-type: none"> <li>• Working with local councillors, community groups and online networks.</li> <li>• We will look at doing mailshots/ posting flyers about the consultation to addresses very nearby</li> <li>• We will offer to hold meetings organised by neighbourhood groups (Dumbiedykes, Grassmarket and St Mary's Street residents' associations, the local Community Councils)</li> </ul> <p>We will look at the views of people who live and work in the Old Town s– the report will identify their views</p>
People with Learning Disabilities and difficulties may be expcueded from the materials	People with Learning Disabilities and difficulties	We will offer multiple routes to engage with the consultation and an easy read version of the background information and questions.

<b>Equality, Health and Wellbeing and Human Rights</b>	<b>Affected populations</b>	<b>Planned mitigations / adaptations</b>
People with physical access needs and sensory impairments may be unable to access the materials or locations		All promotion of focus groups and drops will include an offer to make adaptations.
There may be overlapping stigmas those who use drugs and are LGBT+. There is the risk that people will be deterred from contributing fully to the consultation by fear of stigma.	LGBT+ individuals	<ul style="list-style-type: none"> <li>• We will offer multiple ways for people to give their views, confidentiality and choice</li> <li>• We will offer of safe spaces for individual groups and the use ground rules for events (see plan) to minimise the risk of participants experiencing abusive, stigmatising or re-traumatising treatment</li> <li>• We will promote the consultation to networks of LGBT+ organisations and offer to run focus groups in any which have a particular interest.</li> <li>• We will encourage all organisations (including those which focus on BME communities) to capture the views of their members and users</li> <li>• We will offer (on request) the materials and questions in other languages and formats</li> <li>• Demographic information on respondents will be gathered in all parts of the exercise.. At midpoint of process, engagement with LGBT+ groups will be checked against expectations</li> </ul>

<b>Environment and Sustainability including climate change emissions and impacts</b>	<b>Affected populations</b>
<b>Positive</b>	
SDCFs are known to have a positive impact on the amount of drug related litter in the areas immediately around them	<b>All users of the Old Town</b>

- 9. Is any part of this policy/ service to be carried out wholly or partly by contractors and if so how will equality, human rights including children’s rights, environmental and sustainability issues be addressed?**

NA

- 10. Consider how you will communicate information about this policy/ service change to children and young people and those affected by sensory impairment, speech impairment, low level literacy or numeracy, learning difficulties or English as a second language? Please provide a summary of the communications plan.**

Easy read version of the consultation information and questions will be prepared and made available as required. Public survey will be conducted, supplemented by a series of focus groups, briefings and drop-in events.

- 11. Is the plan, programme, strategy or policy likely to result in significant environmental effects, either positive or negative? If yes, it is likely that a Strategic Environmental Assessment (SEA) will be required and the impacts identified in the IIA should be included in this. See section 2.10 in the Guidance for further information.**

No

- 12. Additional Information and Evidence Required**

For subsequent IIAs – a more detailed profile of the population in need (including gender breakdown and age

**Specific to this IIA only, what recommended actions have been, or will be, undertaken and by when?  
(these should be drawn from 7 – 11 above) Please complete:**

<b>Specific actions (as a result of the IIA which may include financial implications, mitigating actions and risks of cumulative impacts)</b>	<b>Who will take them forward (name and job title)</b>	<b>Deadline for progressing</b>	<b>Review date</b>
See project plan	Steering group	April 2026	Midpoint of project (

**14. Are there any negative impacts in section 8 for which there are no identified mitigating actions?**

No

**15. How will you monitor how this proposal affects different groups, including people with protected characteristics?**

See project plan

**16. Sign off by Service Director**

**Name: Andrew Hall, Service Director for Strategy**

**Date:**

## 17. Publication

Completed and signed IIAs should be sent to:

[integratedimpactassessments@edinburgh.gov.uk](mailto:integratedimpactassessments@edinburgh.gov.uk) to be published on the Council website  
[www.edinburgh.gov.uk/impactassessments](http://www.edinburgh.gov.uk/impactassessments)

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