



**Carla Denyer MP**  
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House of Commons, London SW1A 0AA

**Yvette Cooper MP**  
**Secretary of State for the Home Department**

**5 June 2025**

**Diana Johnson MP**  
**Minister for Policing, Fire & Crime Prevention**

**BY EMAIL**

Dear Yvette and Diana,

**Overdose Prevention Centres**

127 people died from drug poisoning in the average week in 2023 in England, Wales and Scotland – over three times as many [as died in road traffic](#) collisions. Deaths from drug overdose poisoning in England & Wales have [risen year on year since 2012](#), and show no signs of slowing.

I am aware that there is government hesitancy for what [experts](#) – including the [Advisory Council on the Misuse of Drugs](#) – are clear is a much-needed review and overhaul of Britain’s drug policy. However, independently of any overarching review, and regardless of your views on drug policy reform as a whole, there are tried and tested harm reduction measures that your government can take to bring the number of drug overdose deaths down right now. I am writing to ask for your support in introducing one of them in Bristol.

**Bristol’s Harm Reduction Background**

In 2016, Avon & Somerset Police was one of the first police forces to introduce [a drug diversion scheme](#), whereby people caught with a small amount of drugs for personal use can be “diverted” into a health or treatment intervention rather than face prosecution and a criminal record, fuelling stigma and undermining their life opportunities. The scheme was initially trialled in Bristol, but deemed to be so successful it was later rolled out across Avon and Somerset. Other forces around the country have since adopted similar schemes, and diversion is now a key element of the Home Office’s [Project ADDER](#).

Bristol later became home to [the UK’s first drug checking service](#): a Bristol City Council partnership service, building on compelling evidence from over 20 countries worldwide, enables people to hand in substances to be tested for their contents, potency and adulterants, while signposting users to other services to help them stop using. Results are given as part of a harm reduction intervention, including signposting to other health, support and recovery services. This is a pragmatic, evidence-based service

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that – like needle exchange programs – acknowledges that we cannot stop people from taking drugs, so we want to introduce measures to enable them to do so safely.

### **Meeting the Synthetic Opioid Crisis**

Bristol Drug Project, a charity which supports people towards independence from drugs including alcohol has said that *“With drug poisoning deaths growing year on year and now with the introduction of synthetic opioids into the UK market, we are witnessing first-hand the devastating impact of rising but preventable deaths in communities across our city. We know that there are health-led interventions, such as Overdose Prevention Centre (OPCs), that could have prevented these deaths.”*

The rapid penetration of deadly high potency synthetic opioids, like fentanyl and nitazenes, into the UK’s illicit drug supply now threatens to make the drug related death crisis dramatically worse. Two years ago, there was around one nitazene-related death a week; last year it was probably close to [one a day](#). We must act now to prevent the situation spiralling towards an overdose crisis on the scale of the US where synthetic opioids are responsible for over 70,000 deaths a year.

Bristol would like to take the next step in reducing overdose deaths.

The Council’s Public Health and Communities Committee has garnered cross-party support for an Overdose Prevention Centre (OPC) with Green, Labour and Liberal Democrat councillors all in favour of a legally sanctioned trial. This would be provided by a charity which supplies services and programmes for adults and young people who need support addressing their use of alcohol and other drugs, supported by an academic team [who have been collating data on the effectiveness of OPCs](#), helping to gather data on how effective such a centre would be in reducing drug-related health risks.

There are 200 OPCs around the world. In decades of service provision and millions of visits, no one has ever died from overdose when using one. They are one of the most effective – and cost-effective – measures to improve individual and community wellbeing and health, reduce death rates and bring users into contact with health and treatment services. [In Vancouver OPCs](#) 18% of users engaged in a detox programme, 57% engaged in an addiction treatment modality and 23% ceased injecting drugs altogether.

Bristol’s drug treatment agencies are also firmly in favour of this measure, and OPCs are also [supported by the Advisory Council on the Misuse of Drugs](#). Bristol’s former Police Commander said that he *“acknowledge[s] the harm reduction benefits that can be achieved through provision of an Overdose Prevention Centre, but current legislation does not allow for police to support one.”*

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In Glasgow, a similar facility was only introduced after the Lord Advocate [released a statement](#) which enabled the Scottish Government to allow it, without a change to the Misuse of Drugs Act (1971). I am writing to you to ask you to do the same for Bristol – and grant the police the permission they need for the city to be able to move forward with an OPC facility that has the potential to save many lives.

Yours sincerely,

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