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Drug Consumption Rooms in Europe: Evidence To-date and Factors Concerning Access and Operation in a Proposed New Setting

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What is a Drug Consumption Room?

- Professionally supervised health care facilities where drug users can use substances in safe, hygienic conditions
- A highly specialised drugs service within a wider network of services for drug users
- Usually operated from separate areas located in existing facilities for drug users or the homeless
- Drug Consumption Rooms are official services, funded from local or regional budgets or by voluntary organizations
- The rooms are supervised by social workers, nurses, doctors or other staff trained in emergency aid and social assistance to drug users



Where are Drug Consumption Rooms Operating?

| | | | |
|---------------|----|-------------------|------|
| • Switzerland | 12 | ... First one in: | 1986 |
| • Netherlands | 31 | | 1994 |
| • Germany | 24 | | 1994 |
| • Spain | 12 | | 2000 |
| • Norway | 1 | | 2005 |
| • Luxembourg | 1 | | 2005 |
| • *Denmark | 5 | | 2011 |
| • France | 2 | | 2016 |

- **DK: opening of unofficial facility in 2011; legal basis created in 2012*
- *Sources for EU: EMCDDA National Focal Points. Data for Switzerland : Correlation survey 2013;*
- *Greece: October 2013 to July 2014.*





EMCDDA 2004 Report

- EMCDDA (2004), *European Report on Drug Consumption Rooms*, Luxembourg: Office for Official Publications of the European Communities
http://www.emcdda.eu.int/responses/themes/consumption_rooms.cfm
- Provides a descriptive analysis of historical background, operational frameworks and outcomes of supervised drug consumption facilities
- Based on a review of the available literature, it aims to inform the current discussion and addresses the expected benefits and risks of such services





Where have Drug Consumption Rooms succeeded?

- Facilities attract target groups who stay in contact once the service has been accessed
- Reduce health risks, promote access to other services including detox and treatment
- Reduced morbidity and injecting related injuries, potentially even mortality
- Improved hygiene and safety, self reported reduction in risk behaviour (sharing, public use)
- Reduction in drug use and paraphernalia in public spaces
- No increase in drug-related crime and in local drug use
- Not enough evidence regarding reduction in HCV/HIV





How Should a DCR be implemented to be effective?

- Integrated into wider public policy framework as part of a network of services aiming to reduce individual and social harms arising from problem drug use
- Based on consensus, support and active cooperation among local key actors (health, police, local authorities, and consumers themselves)
- Seen for what they are: highly targeted services aiming to reduce problems of health and social harm involving high-risk drug use populations and addressing needs that other responses have failed to meet





Why Factors Concerning Access?

- Suitable for the local drug users through the appropriate type of DCR, awareness of the type and quality of drugs being used, and local legal precedents and common methods of use
- Ensure that the service will be manageable by staff and acceptable to the local community including local business owners and police
- Can potentially limit or allow access for certain vulnerable groups
- Misuse of Drugs (Supervised Injecting Facilities) Act 2017 Passed on May 10th, 2017
- Looking at Merchant's Quay Ireland as potential location



| DCR | Australia | Canada | Denmark | Germany |
|------------------------|---|----------------------------------|---------|--|
| No. of DCRs | 1 | 1 | 3 | 24 |
| Age Restrictions | 18+ | NES | NES | 18+, 16+ Berlin |
| Opening Hours | 8-12h per day | 18h per day | NES | 3.5-12h per day |
| Sharing & Dealing | No Dealing, Sharing if Present Together | NES | No | No |
| Registration | Anonymous, Given a User Code | Anonymous, Tracked on a Database | NES | User Cards, Evaluation, Contract (VPR) |
| Pregnancy | No | Yes | NES | NES |
| Children | No | No | NES | No |
| New Users | No | No | NES | No |
| Intoxicated | No | No | No | No |
| Types of Drugs | No Restrictions | Injecting | NES | NES |
| Methods of Use | Only Injecting | Only Injecting | NES | Smoking and Injecting |
| On OST | Yes | Yes | No | No, Except in Hamburg |
| Residency Restrictions | No | No | No | VPR |
| Assistance | No | No, Injecting Training | NES | No, Injecting Training |
| Time Limits | Only During Busy Times | Only During Busy Times | NES | 30m |

| DCR | Luxembourg | Netherlands | Norway | Spain | Switzerland |
|------------------------|---------------------|-----------------------------|-------------|-------------------------------|-----------------------------------|
| No. of DCRs | 1 | 31 | 1 | 12 | 12 |
| Age Restrictions | 18+ | 18+ | 18+ | 18+ | 18+/16+ |
| Opening Hours | 6h, 6dpw | up to 15h, 7 dpw | 6-10h, 6dpw | NES | 7h, 5dpw |
| Sharing & Dealing | No | No | No | No | No |
| Registration | Contract | Contracts, User Cards (VPR) | Contract | Contracts (VPR), Code Numbers | Local Residency, User Cards (VPR) |
| Pregnancy | No | NES | NES | NES | Yes, Special Counselling |
| Children | NES | No | NES | NES | NES |
| New Users | No | NES | No | No | No |
| Intoxicated | No | No | No | No | No |
| Types of Drugs | | No Restrictions | Heroin | NES | No Restrictions |
| Methods of Use | Smoking & Injecting | All Methods | Injecting | Injecting | All Methods (VPR) |
| On OST | No | Yes | Yes | NES | Yes |
| Residency Restrictions | No | Yes, Local Resident | No | No | Yes, Swiss National |
| Assistance | NES | NES | NES | Staff Assistance | Peer-to-Peer |
| Time Limits | NES | 20m-2h (VPR) | NES | 1h, Only During Busy Times | 1h |

Literature Review

- English-language literature predominantly addressing the DCRs in Sydney and Vancouver
- General acceptance by service users of rules and regulations
- Issues were regarding cultural practices that conflicted with cultural practices (sharing and assisted injecting, etc.)
- O'Shea, 2007 - addressed potential DCRs in Dublin to mixed reviews and concerns regarding public support

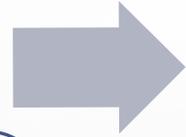
Question Guide

- Informed by the Literature Review
- Also informed by a review of the existing rules and regulations
- Aimed to address issues that each stakeholder group would encounter



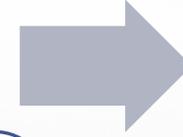
Service Users

- 6 Semi-Structured Interviews
- Current & Long-Term Drug Users
- Convenience Sampling



Staff Members

- 1 Focus Group
6 Participants
- Worked in MQI & Needle Exchange for 1 year
- Random Sampling



Key Informants

- 7 Semi-Structured Interviews
- Worked in Drug Policy/Services for 3 years, *visited a DCR*
- Purposive Sampling





Findings and Discussion

Thematic Analysis & Rule
Assessment

Comparison & Combination

Key Themes:

- Visibility
- Discontent
- Protection

Factors Concerning Access

- Supervision and Assistance
- Child Protection
- Age Restrictions and Inexperienced Users





Key Themes



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Visibility

- Overexposure
- Public Injecting
- Stigma
- Obvious solutions?

“...It would be great, you know, somewhere to come in and smoke heroin off the street, if you’ve nowhere to go, you know...” (Client)

“...People would like go about their business and not see any visible signs of drug use, and I think that we have to manage expectations around that, because they will still see people who are, you know, who are a bit out of it...” (Policy Maker)



Discontent

- Behaviour of Others
- Issues with Services
- Court of Public Opinion
- Better Understanding

“I’ve seen it, great bleeding staff members leaving because they didn’t feel they were getting the money that they should have done, and they are losing staff all the time, I do believe that, but I still think that it has to come from, safer injecting it has to come from a passion...” (Staff Member)

“...I think we do have a culture where every time someone dies there’s a public hoo-ha about it, and there has to be accountability and someone’s head has got to roll and so on, which is a bit unfortunate, because you know, these things happen, I think all you can do is try and reduce harm...” (Policy Maker)



Protection

- Overdose
- Protect the Stakeholders
- Protect the Service
- “No One Has Died”

“...people that’s intoxicated if they use, they are probably going to OD, so if they are going to use they might as well do it in the company of people that are there to help them if they can, do you know what I mean, but, as I says they’ll just go elsewhere and just use elsewhere you know?”
(Client)

“...your staff need to be really, really clear down to actual practicalities and nitty-gritty of what’s ok and what’s not, um so that you can be very clear that at all times you are upholding the law and not putting your service at risk...”
(Medical Professional)





Factors Concerning Access



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Existing Rules & Regulations

'Underage' Users Not Admitted

Opening Hours for the Service

Sharing and Dealing Not Permitted

Registration Required to Use the Service

Pregnant Users Not Admitted

New Users Not Admitted

Residency Restrictions

Indirect/Direct Assistance

Intoxicated clients are not admitted

Only Certain types of drugs allowed

Only certain methods of use are allowed

Children not allowed in the service

Time limits imposed

Attached to an existing service

Opioid Substitution

Supervision (In/Outside the DCR)



Supervision and Assistance

- Relationship between clients and staff in the DCR
- Key aspect of a DCR that is most attractive for clients
- Legal Issues
- Cultural Issues

“...I think that the way that people engage around injection practices is really important to learn, and that you know, and that you’re not the expert, the person is...”

(Medical Professional)

“...people learn injecting practices, you know, in just ordinary situations and it isn’t always good practices that they learn and misinformation perpetuates and things like that you know, so I think that it is important that staff are present for that, information is important as well you know, that people have the right information...” (Policy Maker)



Child Protection

- Effects of Witnessing Drug Use
- Child Protection Laws
- Protect the Most Vulnerable
- Lose-Lose Situation

“...so a woman that is at home with a child and doesn’t know how to inject safely and is stuck in her house, because she’s afraid to come in here [to get an exchange], because she will be reported to social services...” (Staff Member)

“...ideally children shouldn’t be exposed to parents using drugs, but I suppose the reality is they are, um, and it might be better for children to be in a relatively clinical kind of atmosphere than to be accompanying a parent who is up an alleyway or in a doorway injecting drugs, these are really difficult issues.” (Policy Maker)



Age Restrictions and Inexperienced Users

- Minimum Age 18
- Better Awareness of Younger Users
- Inexperienced Users not seen as an issue in theory

“...half of them now are only kids that are walking around, like I says when I started off on needles I was only fourteen, but I wouldn’t want to see a fourteen year old walking into a consumption room and using drugs...”
(Client)

“...you want to inject, you’ve never injected, and I’m giving you the needle so I need to make sure that I’m giving you all the information you need to prevent, again it’s that harm reduction, harm reduction, harm reduction...”
(Medical Professional)





Conclusions & Recommendations

- Thematic Findings – Addressing Cultural Issues & Approaches of Stakeholders
- Factors Findings – Attitudes in Line with Existing Research
- Further Research - Non-Service Perspective & Other Dublin Locations
 - Affect Social & Structural Relations Inside & Outside the Service
- Realistic and Flexible Aims & Expectations for a DCR
- Integration & Improvement of Existing Services
- Responsibility of Stakeholders – Clear and Evaluated Rules & Regulations





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- Additional references available on request.





Thank You

Questions & Comments – eatkinbr@tcd.ie



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