



# Trinity College Dublin

Coláiste na Tríonóide, Baile Átha Cliath

The University of Dublin

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

Emma Atkin-Brenninkmeyer, MA, MRes, MSc

Dr. Fiona Larkan

Professor Catherine Comiskey

# 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](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 10<sup>th</sup>, 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 (VP
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 Card: (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



Trinity College Dublin  
Coláiste na Tríonóide, Baile Átha Cliath  
The University of Dublin



# Key Themes



**Trinity College Dublin**  
Coláiste na Tríonóide, Baile Átha Cliath  
The University of Dublin

# 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



**Trinity College Dublin**  
Coláiste na Tríonóide, Baile Átha Cliath  
The University of Dublin

# 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)*



Trinity College Dublin  
Coláiste na Tríonóide, Baile Átha Cliath  
The University of Dublin

# 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



# References

- Anoro, M. Ilundain, E., & Santisteban, O. (2003) 'Barcelona's Safer Injection Facility – EVA: A Harm Reduction Program Lacking Official Support.' *The Journal of Drug Issues*, **33**:689-711.
- European Monitoring Committee for Drugs and Drug Addiction. (2015) *Perspectives on Drugs – Drug consumption rooms: an overview of provision and evidence*, EMCDDA, Lisbon.
- Fry, C.L. (2002) 'Injecting drug user attitudes towards rules for supervised injecting rooms: implications for uptake.' *International Journal of Drug Policy*, **13**: 471-476.
- Hedrich, D. (2004) *European Report on Drug Consumption Rooms*. EMCDDA, Lisbon.
- Hunt, N. (2006b) 'Paper B: The evaluation literature on drug consumption rooms.' *The Report of the Independent Working Group on Drug Consumption Rooms*, Joseph Rowntree Foundation.
- Hunt, N. (2006c) 'Paper C: An overview of models of delivery of drug consumption rooms.' *The Report of the Independent Working Group on Drug Consumption Rooms*, Joseph Rowntree Foundation.
- O'Shea, M. (2007) 'Introducing safer injecting facilities (SIFs) in the Republic of Ireland: 'Chipping away' at policy change.' *Drugs: Education, Prevention and Policy*, **14**(1):75-88.
- Schaffer, D., & Stover, H. (2014) 'Drug consumption rooms in Europe Models, best practice and challenges.' *European Harm Reduction Network*, 1-18.
- Schatz, E., & Nougler, M. (2012) 'Drug consumption rooms: Evidence and practice.' *International Drug Policy Briefing Paper*, International Drug Policy Consortium, 1-23.
- Woods, S. (2014) 'Drug Consumption Rooms in Europe: Organisational Overview.' *European Harm Reduction Network*, 1-44.
- Additional references available on request.





# Thank You

Questions & Comments – [eatkinbr@tcd.ie](mailto:eatkinbr@tcd.ie)



**Trinity College Dublin**  
Coláiste na Tríonóide, Baile Átha Cliath  
The University of Dublin