

Drug Consumption Rooms Worldwide

Eberhard Schatz

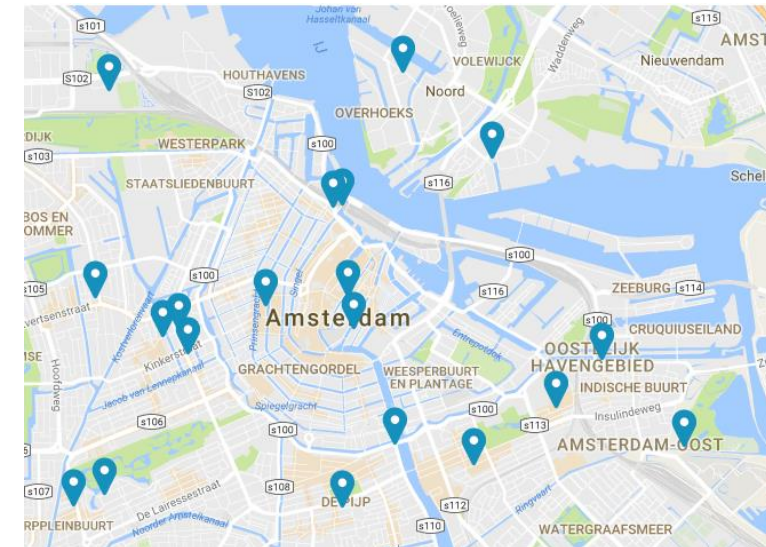
Correlation Network

International Network of Drug Consumption Rooms

Introduction

Overview of the current state of DCR's worldwide
Presentation of the INDCR Network

- 9 Drop-In centres
- 4 Drug consumption rooms > **was 6**
- 1 Alcohol consumption room (HR Programme)
>closed
- 2 Needle exchange programmes
- Psycho-social support
- Activation programmes and labor projects
- Buddy projects
- Volunteers
- International work





Correlation

European Network
Social Inclusion & Health

Improve access and quality of health and social services for marginalised groups

- European network since 2004
- More than 180 partners in all European countries
- Hepatitis C Initiative since 2014
- Host of the International Network of Drug Consumption Rooms

ORRELATION
EUROPEAN NETWORK
SOCIAL INCLUSION & HEALTH

Does it make sense? **SIT**
outreach on the internet

E-Health Policy Paper
Jaana Kauppinen, Pro tukiopiste

Greater Meaningful Involvement
of People Who Use Drugs
in 7 Key Principles and 13 Examples of Good Practice

ORRELATION
EUROPEAN NETWORK
SOCIAL INCLUSION & HEALTH

**POLICY BRIEF ON
HEPATITIS C INFECTION
AMONG
INJECTING DRUG USERS**

Xavier Hejbl, Catalunya Ministry of Health, Programme on Substana Abuse
Eberhard Schatz, Correlation Network
Dasha Osherev, Eurasian Harm Reduction Network

Editor: Jason Farrell, Harm Reduction Consulting Services, Inc.

ORRELATION
EUROPEAN NETWORK
SOCIAL INCLUSION & HEALTH

Meaningful peer involvement among marginalised groups

Correlation Policy Brief
Katrin Schiffer, Correlation Network

**ACT NOW!
-LIVER OR DIE**

A PEER TRAINING MANUAL
EMCDBA meeting

ORRELATION
EUROPEAN NETWORK
SOCIAL INCLUSION & HEALTH

Outreach and early intervention among young people at risk

Correlation Policy Brief
Anniken Sand, Competence Centre City of Oslo



EMCDDA meeting

International Network of Drug Consumption Rooms

Research to prove that injecting inside drug consumption rooms is safer than injecting elsewhere, is like needing to prove that jumping from a plane with a parachute is safer than jumping without one."

Joan Colom I Faran in Viral Hepatitis in Europe, 2014



**DCRs are
protected places
for the hygienic
consumption of drugs
in a non-judgemental
environment.**



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INDCR aims

The International Network of Drug Consumption Rooms is a platform where the latest information and scientific evidence can be shared, experiences can be discussed, advocacy initiatives can be supported, and the policies and field practices can be shared among professionals and organisations working in or around Drug Consumption Rooms.

What is a DCR

The majority of DCRs aim to reduce health problems caused by problematic drug use, improve access to social, therapeutic and health services for people who use drugs (PWUD).

[Read more](#)



Sharing

Sharing of best practices in the field of managing and maintaining a DCR from professional and user perspective. Assist in and contribute to evidence-based research, which is supporting the cause of DCRs.

[Read more](#)



Providing

Providing an overview on and access to existing literature in the field of harm reduction and DCR and therefore motivate the development of these resources.

[Read more](#)



Connecting

Exchange knowledge and information. Being able to organize visits and on-site trainings (running a DCR, health prevention in a DCR, cost effectiveness). Providing a 'how-to' information around the implementation process of a new DCR by getting in touch with our experts.

[Read more](#)



Monthly Highlight DCR:

Abrigado Luxembourg

Political Situation (Source: European Monitoring Centre

History of DCR's

- HIV/AIDS epidemic begin '80
- Harm Reduction
- Experiments in the Netherlands, Germany, Switzerland by the end of 1980
 - 1986 Switzerland, 1992 Germany 1998 the Netherlands
- Begin 2000 Canada, Australia, Norway, Luxemburg, Spain
- Lately Denmark, 2016 France
- Serious efforts in Greece, Slovenia,..., Italy, Portugal, Belgium
- Comming: USA, Ireland

Legal Aspects

- national legislation > pilot projects
- international legislation
 - United Nations
 - International Narcotics Control Board (INCB)
 - United Nations Office on Drugs and Crime (UNODC)
 - European Drug Strategy

Legal Aspects

National:

A DCR operates within the legal system of the particular country in which it has been established, either as an independent legal entity, as a unit of a healthcare facility, as a non-governmental organisation (NGO), which is very common, or as part of a local governmental or public health service. In most countries, it has been necessary to modify specific laws in order to decriminalise drug consumption in the DCRs.

International:

The International Narcotics Control Board (INCB), the UN body responsible for monitoring the implementation of the UN drug conventions has repeatedly expressed its concerns regarding the development of DCRs **but changed position in 2016.**

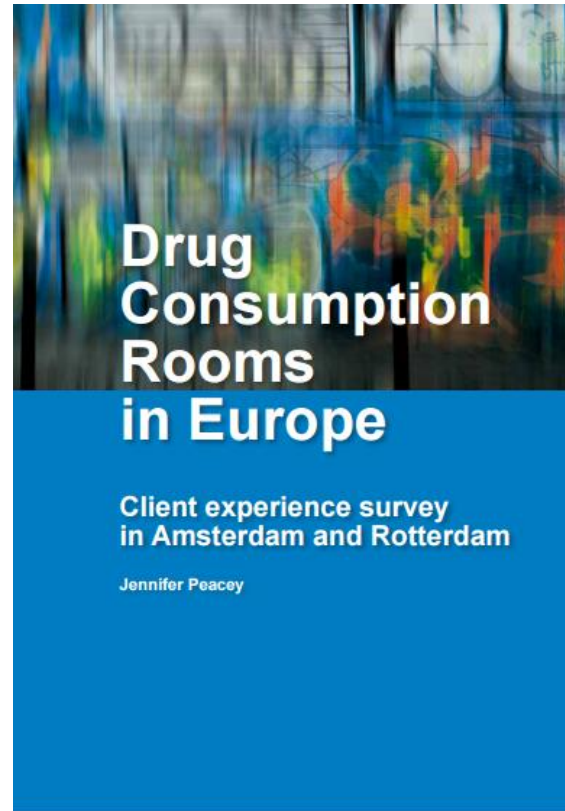
The United Nations Office on Drugs and Crime (UNODC) came to the conclusion in 2002 that many interventions, including DCRs, were not contrary to the conventions.

The European Drug Strategy, a not binding recommendation, expresses favor for a comprehensive, well balanced drug policy including measures like drug consumption rooms.

Methods

- **Integrated DCRs** are part of a wider network of services for people who use drugs. The drug consumption room provides an important additional component of services alongside services like OST, drop in centres and counselling.
- **Specialist DCRs** focus on protected places for hygienic consumption of drugs in a non-judgmental environment. They are usually set up close to other drugs services and located near open drug scenes. They can refer to other services.
- **Mobile DCRs** are specially fitted out vans with 1 – 3 injections booths inside. Mobile DCRs avoid the risk of making one building the focus of all activities and they can reach people where they are.
- DCRs for women/housing projects and shelters

Publications



DCRs

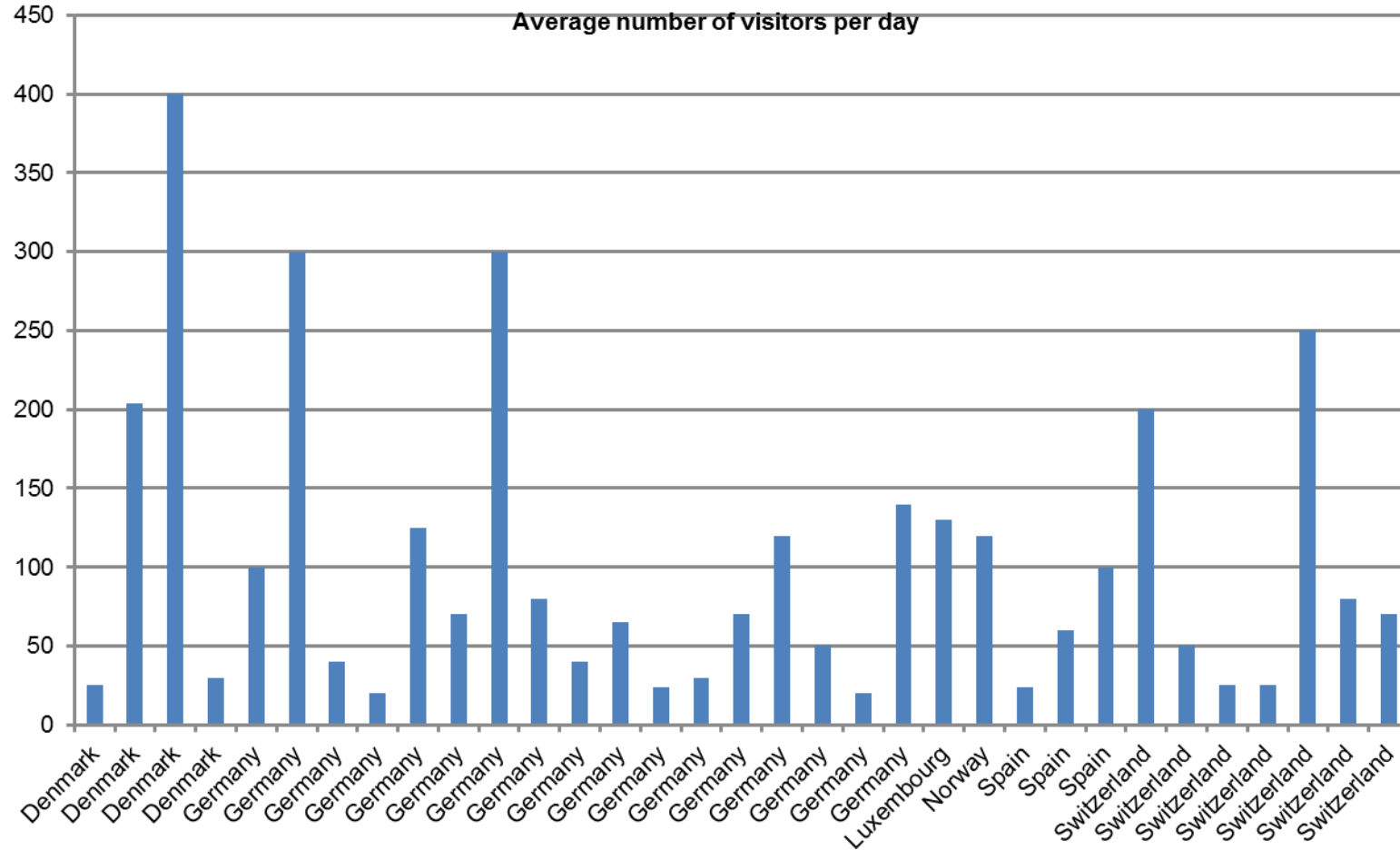
Country overview

Country	Total No. of DCRs	No. of cities with DCR	Surveyed DCRs
Denmark	5	3	4
Germany	24	15	16
Greece	1	1	0
Luxembourg	1	1	1
Netherlands	30	23	n.a.
Norway	1	1	1
Spain	13	6	5
Switzerland	13	8	12
Total	88	58	39

Social functions

What social functions does your DCR fulfil?		
Sweeper	22	64.7%
Safety net	32	94.1%
Spring board	31	91.2%
All of the above	20	58.8%

Visitors per day



DCR services

DCR SERVICES	Europe (2013)	Netherlands (2010)
Bread, coffee/tea	87.5%	97%
Warm meals	62.5%	83%
Needle exchange	100%	93%
Provision of drug paraphernalia	96.9%	100%
Personal care (e.g. shower and wash clothes)	78.1%	90%
Lockers	31.3%	57%
Postal address	46.9%	40%
Possibility to use phone	90.6%	87%
Support with financial and administrative affairs	81.3%	77%
Health education	100%	90%
Office hours physician	59.4%	63%
Office hours nurse	84.4%	57%
Referral to care/treatment facilities	87.5%	93%
Work/reintegration projects	28.1%	73%
Referral to work/reintegration projects elsewhere	65.6%	77%
Recreational activities	40.06%	67%

Online census of Drug Consumption Rooms (DCRs) as a setting to address HCV: current practice and future capacity

REPORT FROM ONLINE SURVEY

International Network of Drug Consumption Rooms

in collaboration with

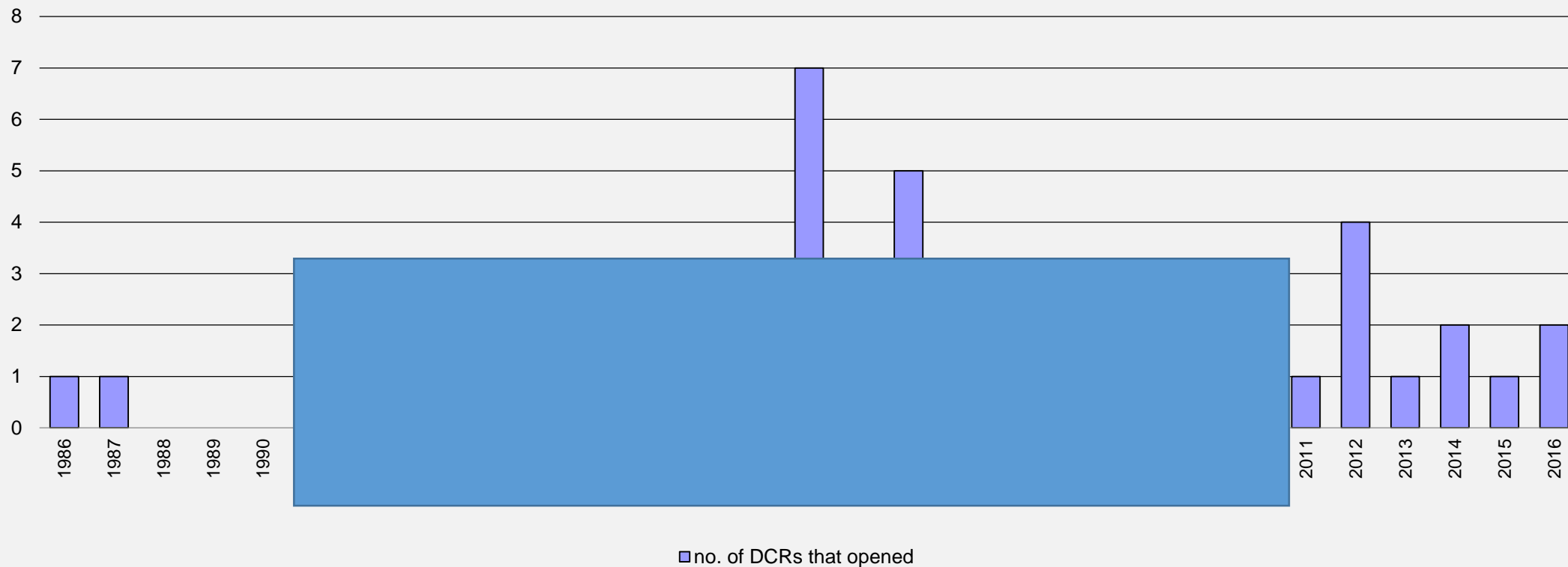
¹Uniting Sydney Medically Supervised Injecting Centre (MSIC), Cross, Sydney, Australia,

²CORRELATION network, Foundation De REGENBOOG GROEP, Amsterdam, the Netherlands

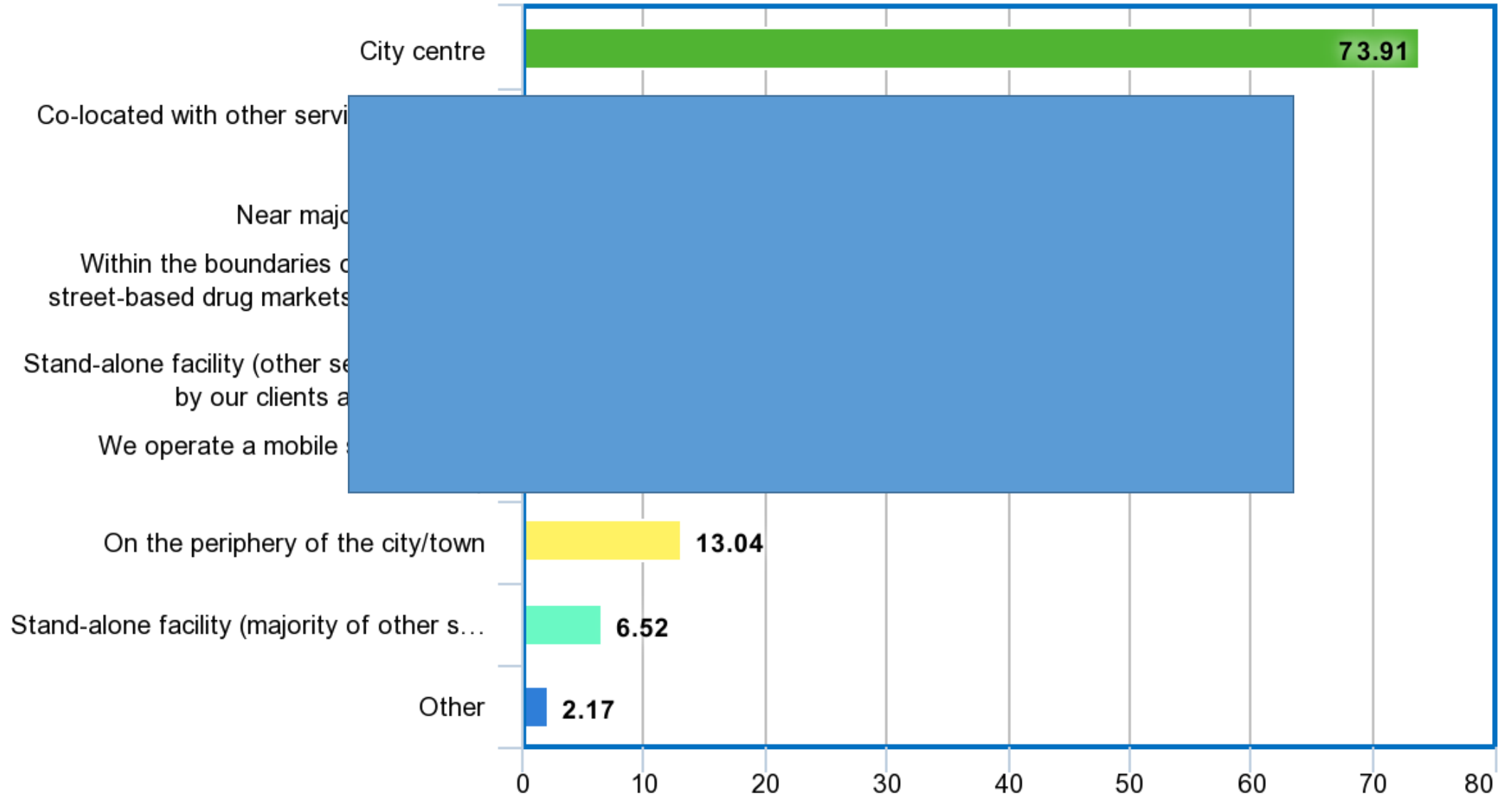
EDITORS:

Vendula Belackova¹, Allison Salmon¹, Eberhard Schatz², Marianne Jauncey¹

What year did the DCR open to users? [n=44]



LOCATION - where is your service located?



EMCDDA meeting N=46

Table 1: Data collected at DCRs/SIFs.

Does your DCR collect any of the following data about clients when they first attend [multiple response]?		
Answer Options	Yes	Response Count
Age (or date of birth)		42
Gender		41
Name (in full or initials)		35
Accommodation		30
History of injection		23
History of treatment		21
Years of injecting		18
Other (please specify)		8
History of drug use		4
Health / blood born disease status*	9%	4
Place of residence*	7%	3
None	4%	2
	<i>answered question</i>	45
	<i>skipped question</i>	6

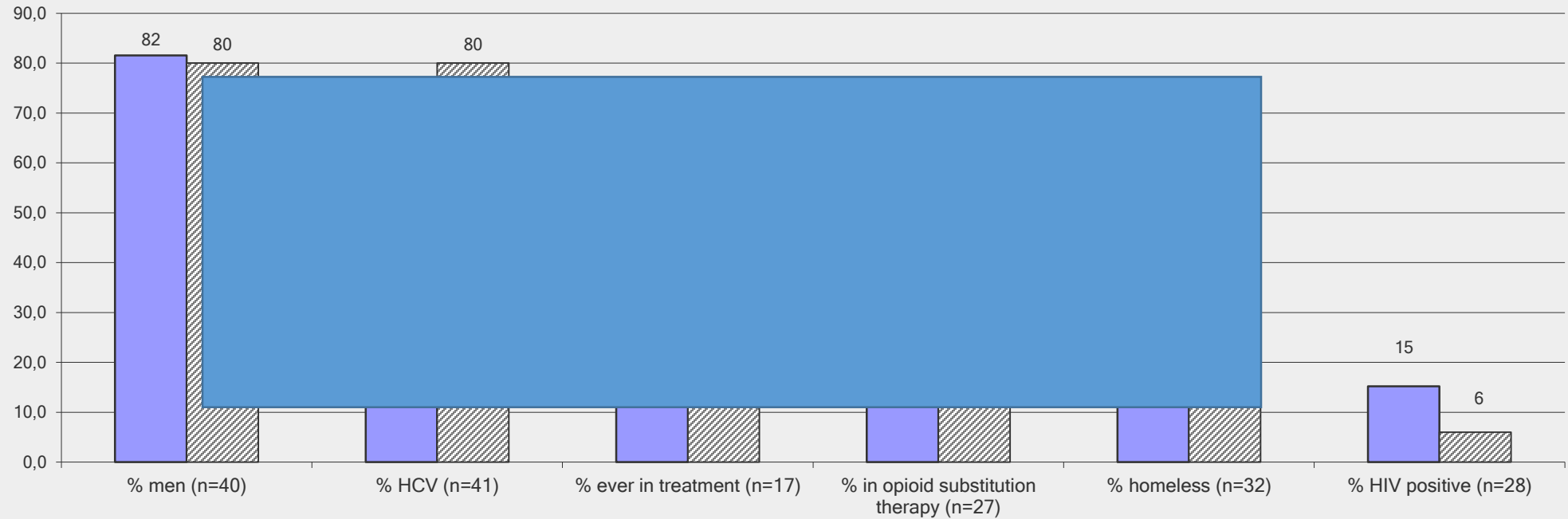
*The items under asterix were retrieved from

Does your DCR collect any of the following data about each visit to the service [multiple response]?

Answer Options	Yes	Response Count
If an overdose occurred	87%	39
What drug will be used		38
How an overdose was		35
Time the attendance		26
If help provided by s		23
Type of consumption		4
Other (please specify)		2
None	2%	1
	<i>answered question</i>	45
	<i>skipped question</i>	6

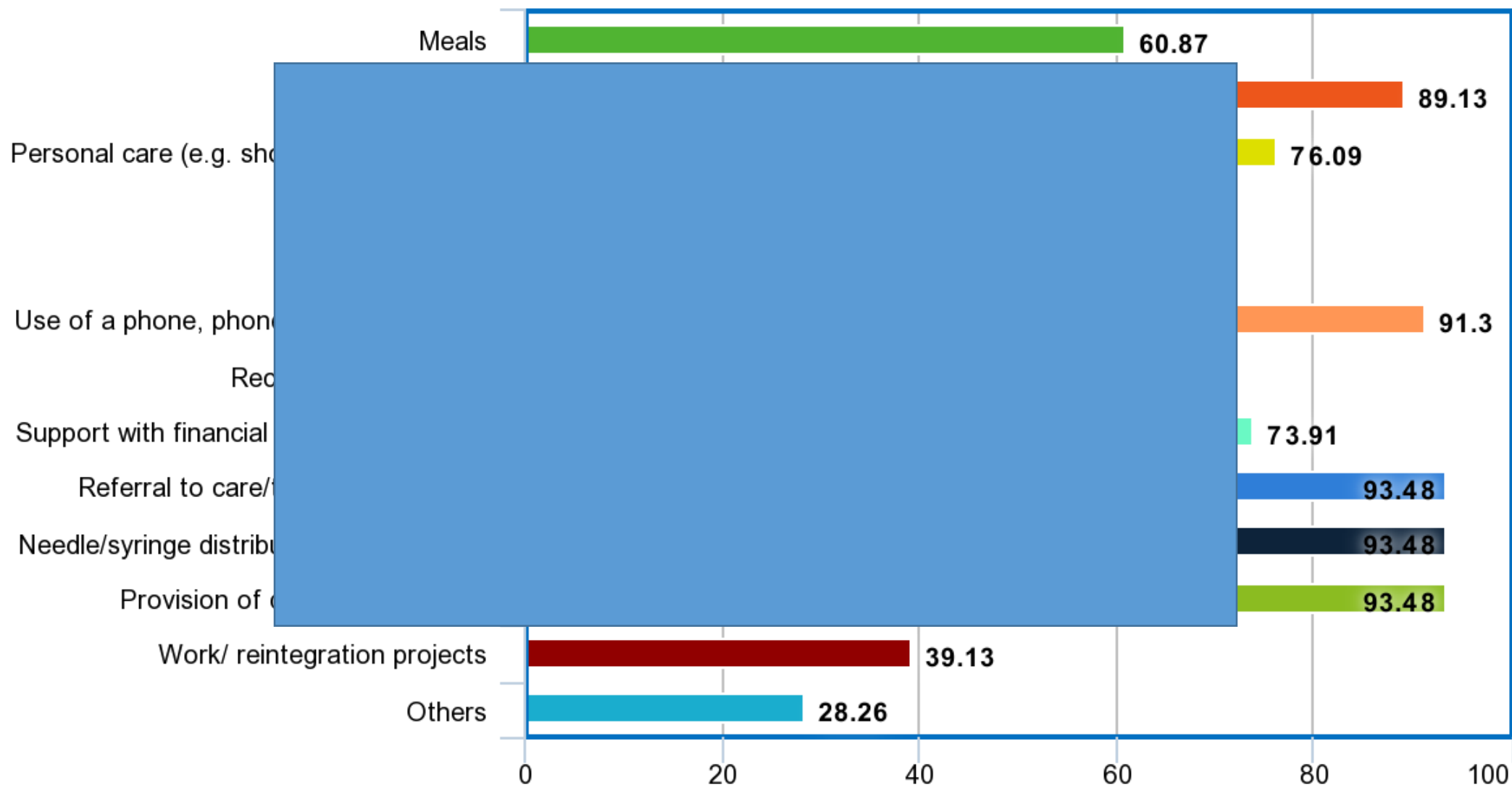
*The item(s) under asterix

Can you tell us about your clients and service data (e.g. 50% of men; 2% HIV positive etc)?



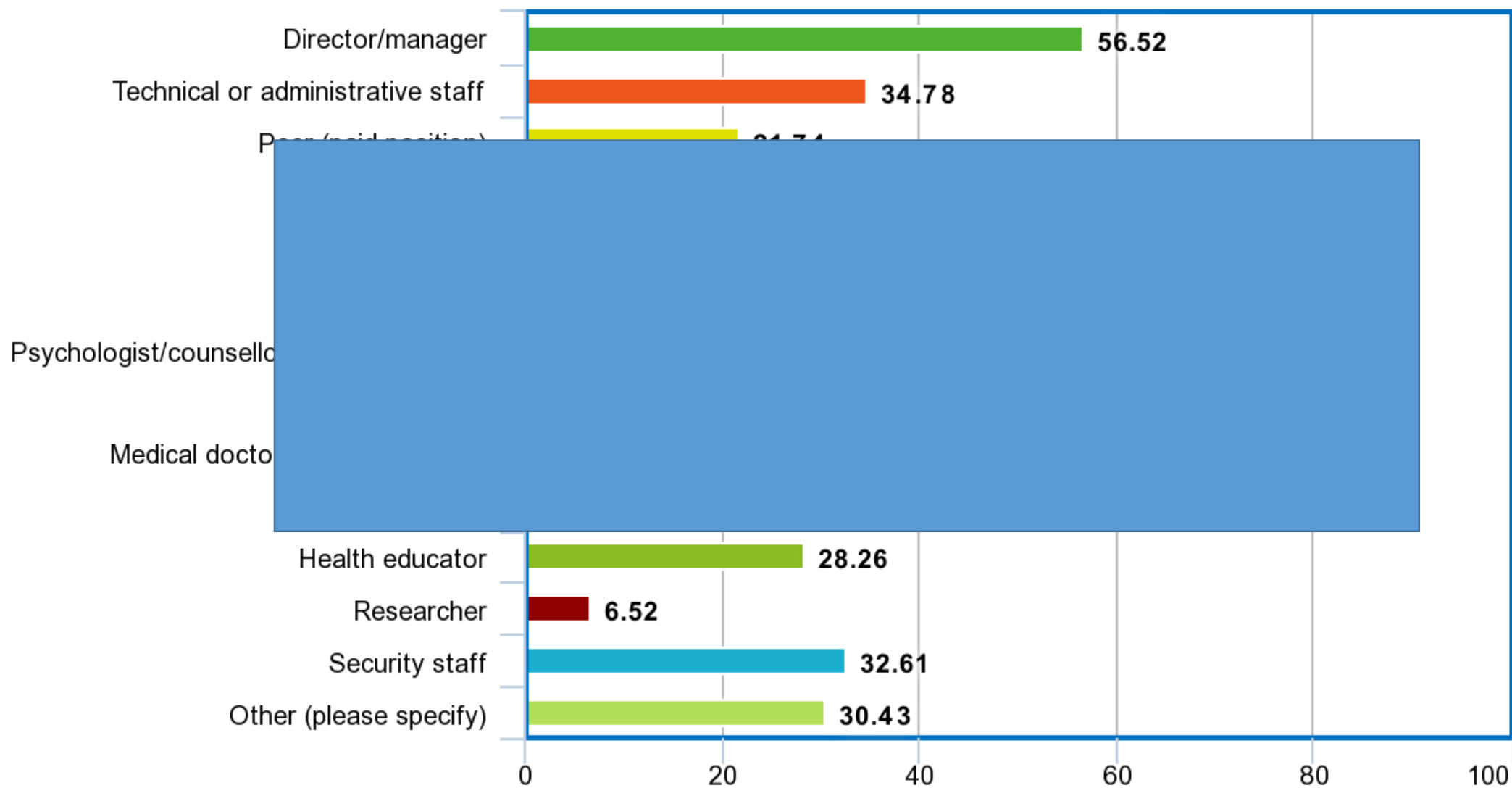
SERVICES - Which services/facilities are on offer for DCR users inside the building?

N=46

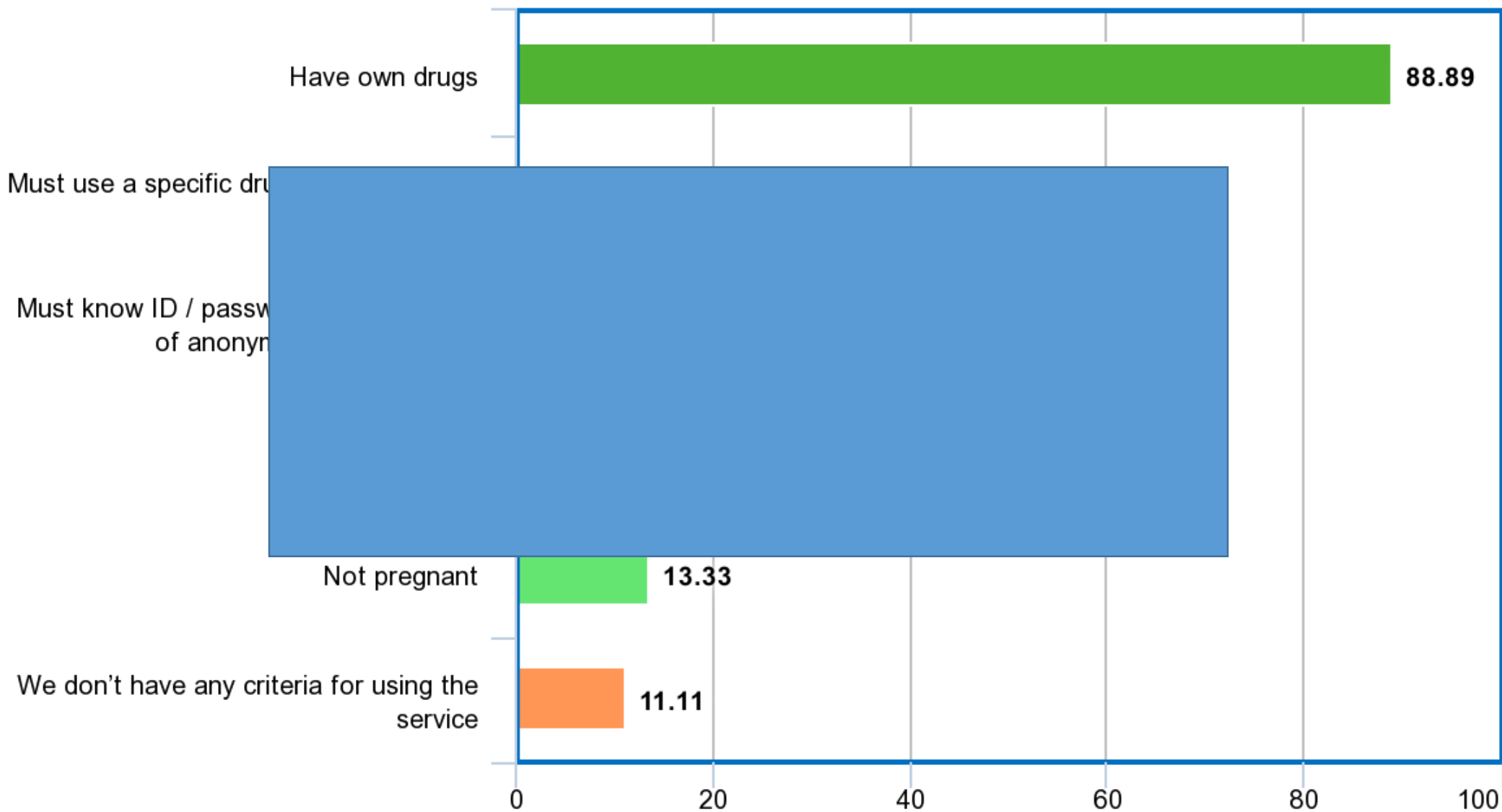


STAFF TEAM - Who is included in the DCR staff team?

N=46

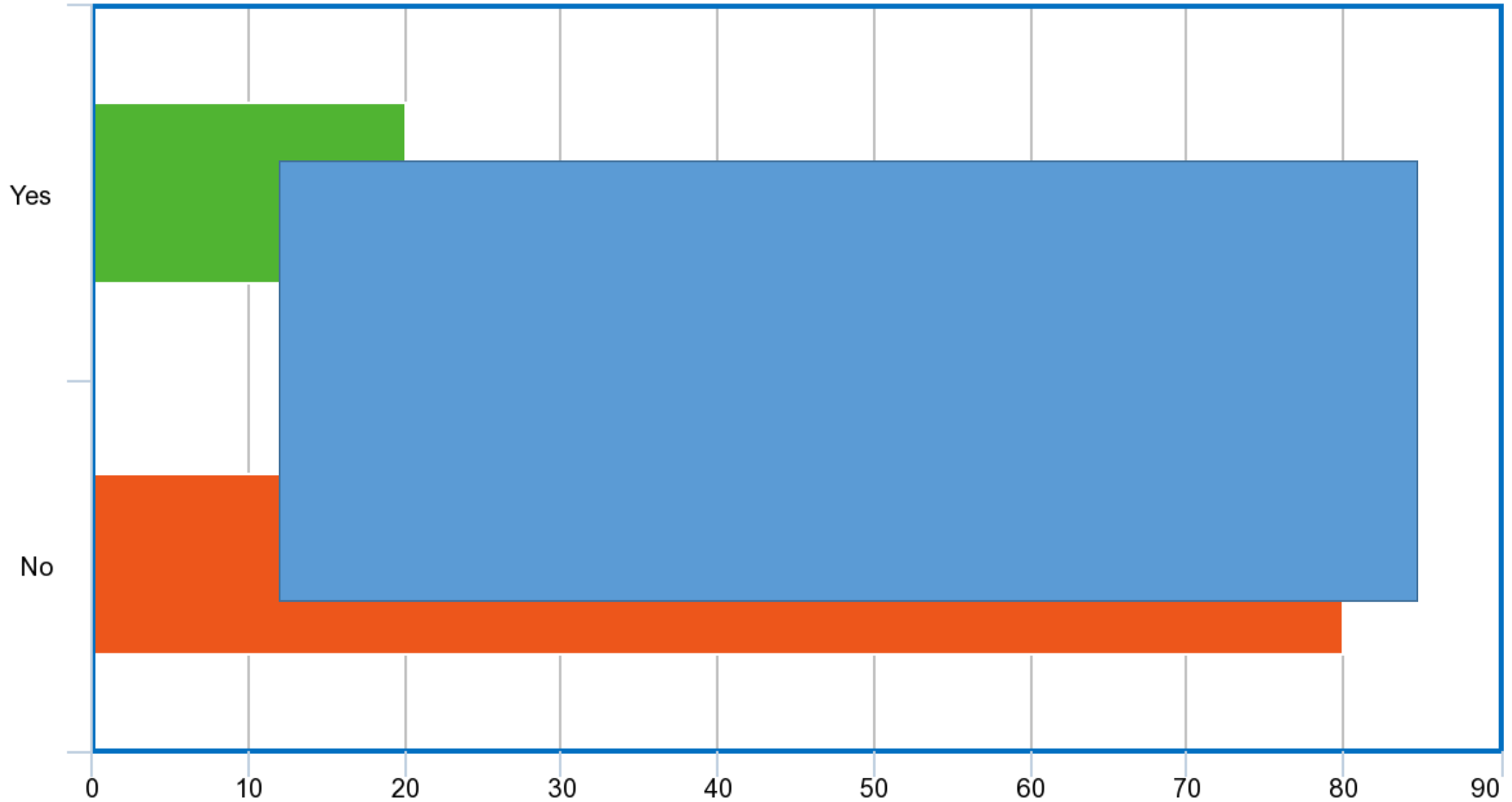


USE OF THE DCR - What are the criteria to use the service each time a client comes?

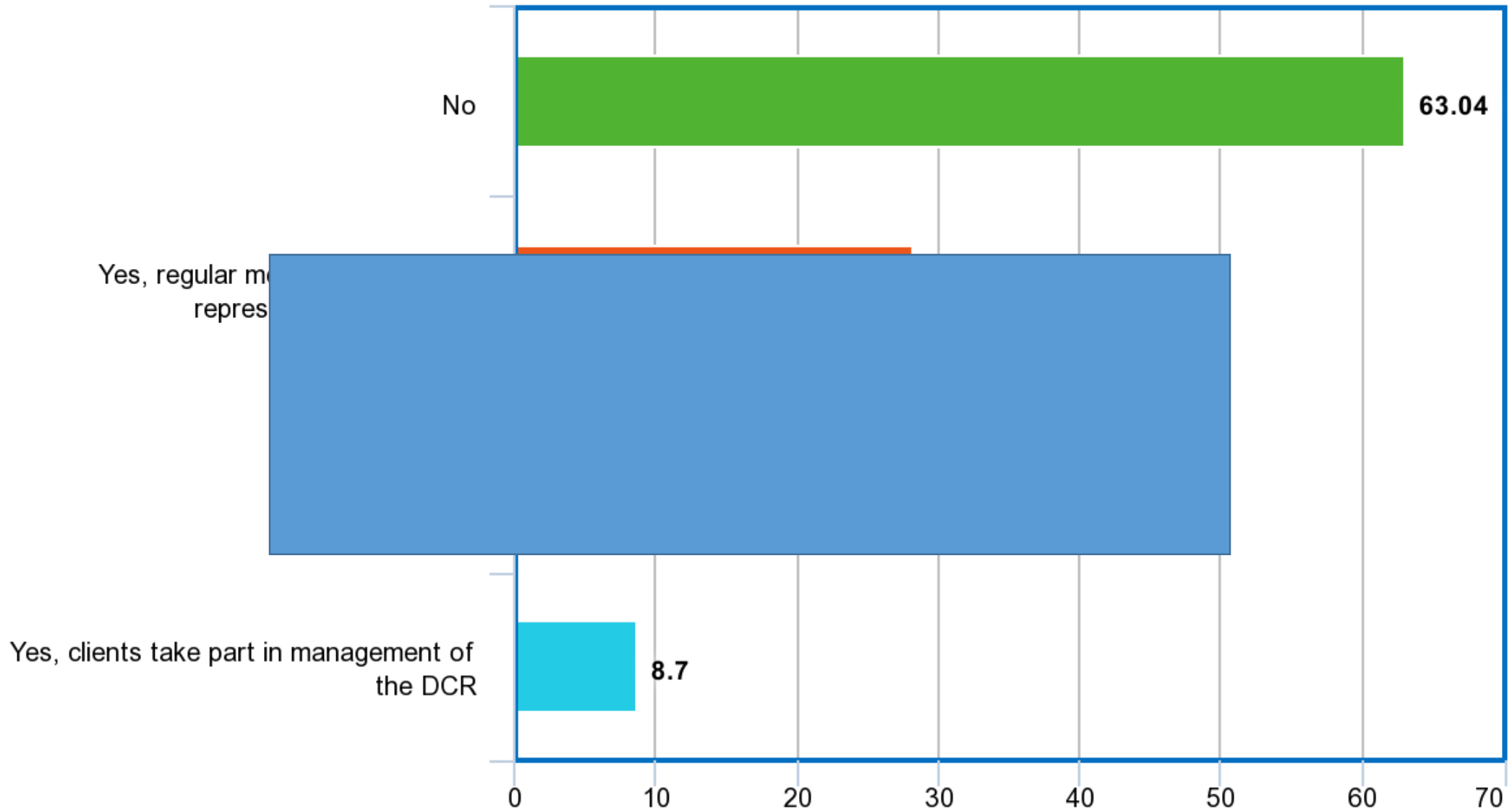


N=45
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Are staff permitted to inject clients at your DCR?

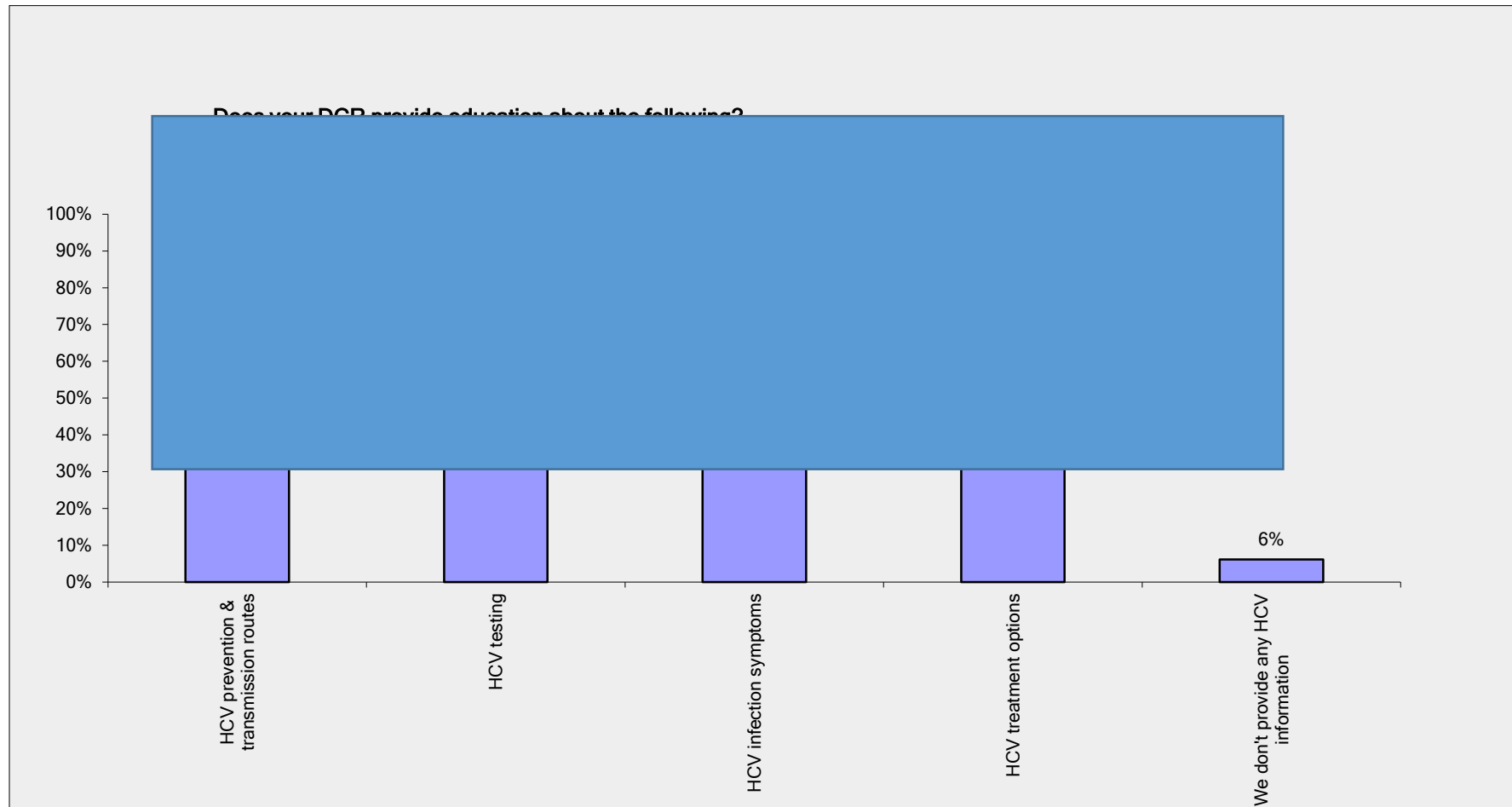


Do clients/users participate in the operation of your service?

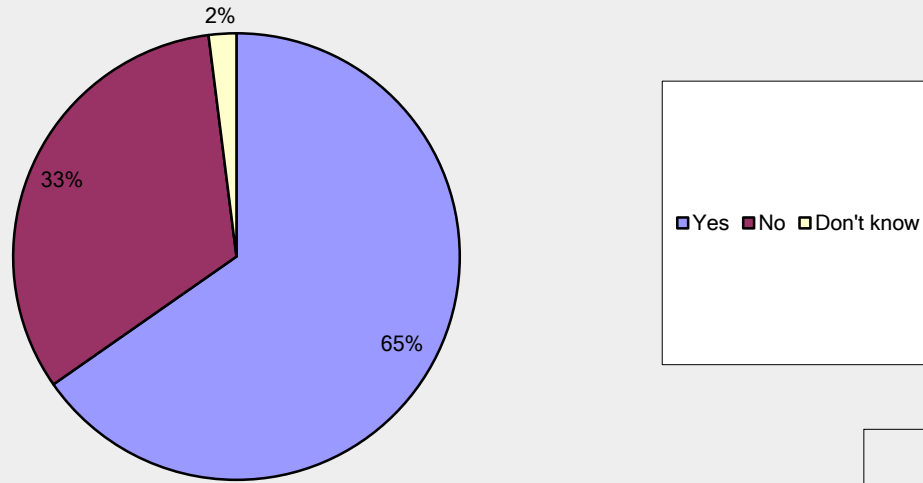


N=45
EMCDDA meeting

Questions in regard of HCV awareness



Does your DCR provide HCV testing ONSITE (by your staff or by external agency, n=49)?



Does your DCR provide HCV treatment ONSITE (by staff or by external agency, n=48)?

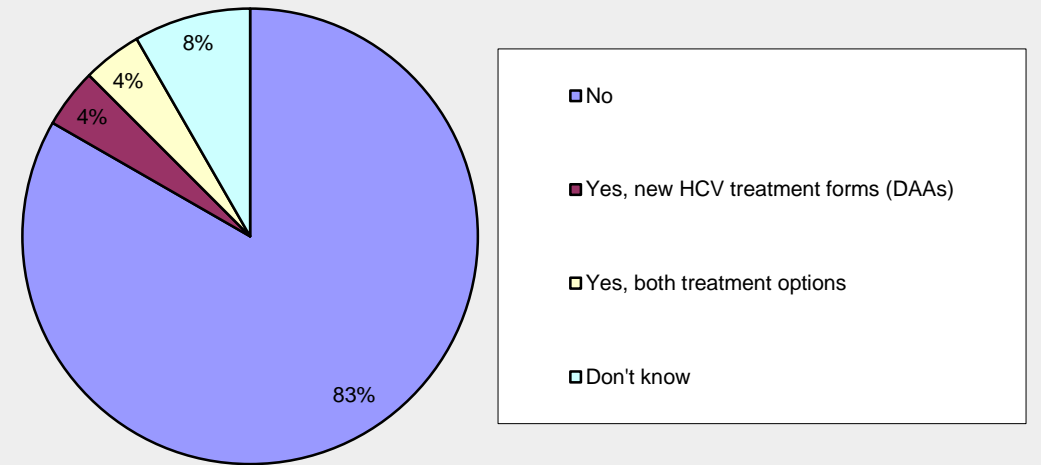
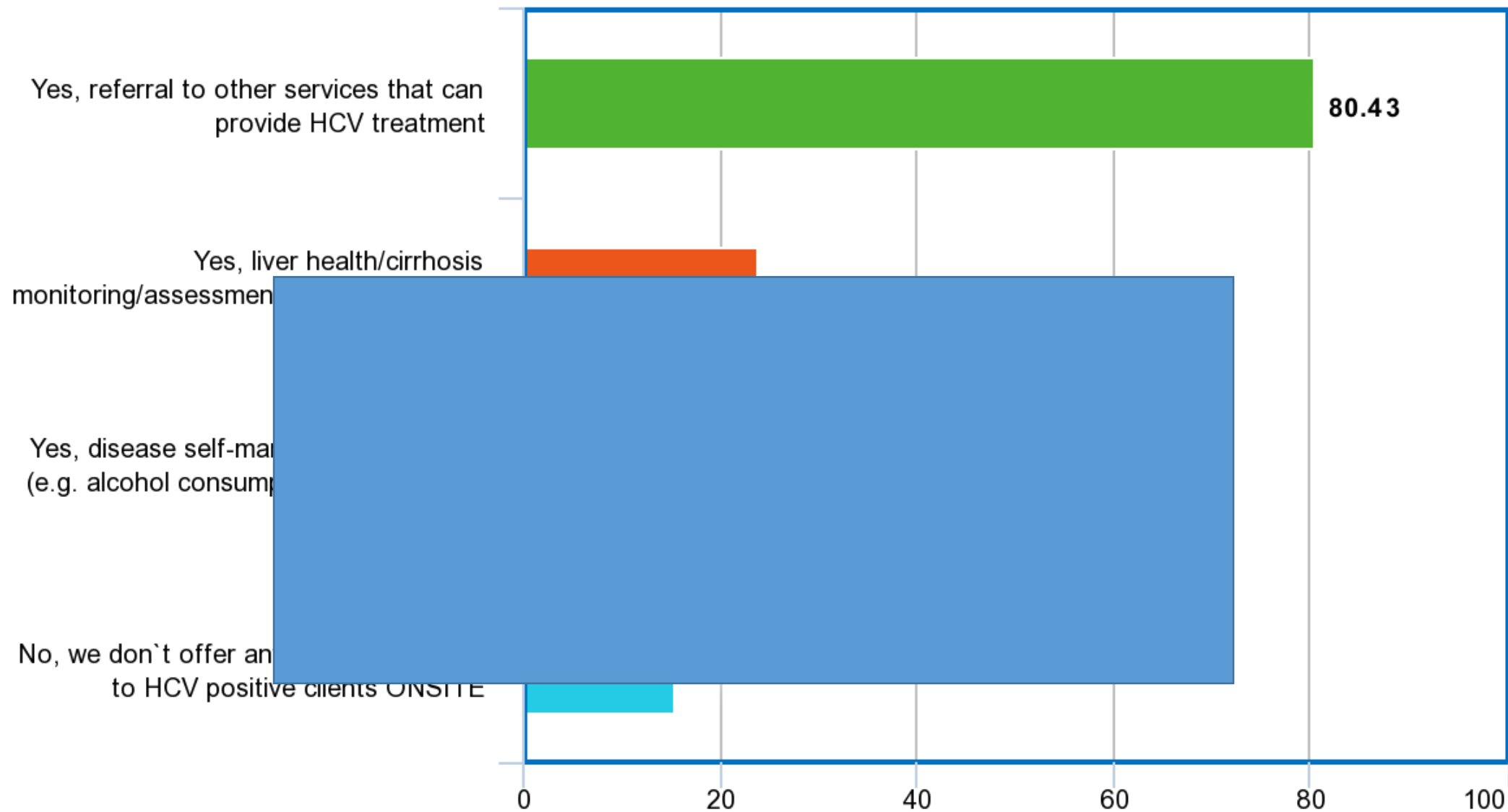


Table 1: Estimated ratio of DCR clients tested for HCV and HCV positive.

		What proportion (%) of your clients/visitors do you estimate have been tested for HCV?	What proportion (%) of your clients/visitors do you estimate are HCV positive?
No information available		n=6	n=4
Provided an estimate		n=41	n=41
MIN		[Redacted Data]	
MAX			
MEAN			
MEDIAN			
25 perc			
75 perc			

Support for HCV positive clients - Does your DCR provide support to HCV positive clients on-site?

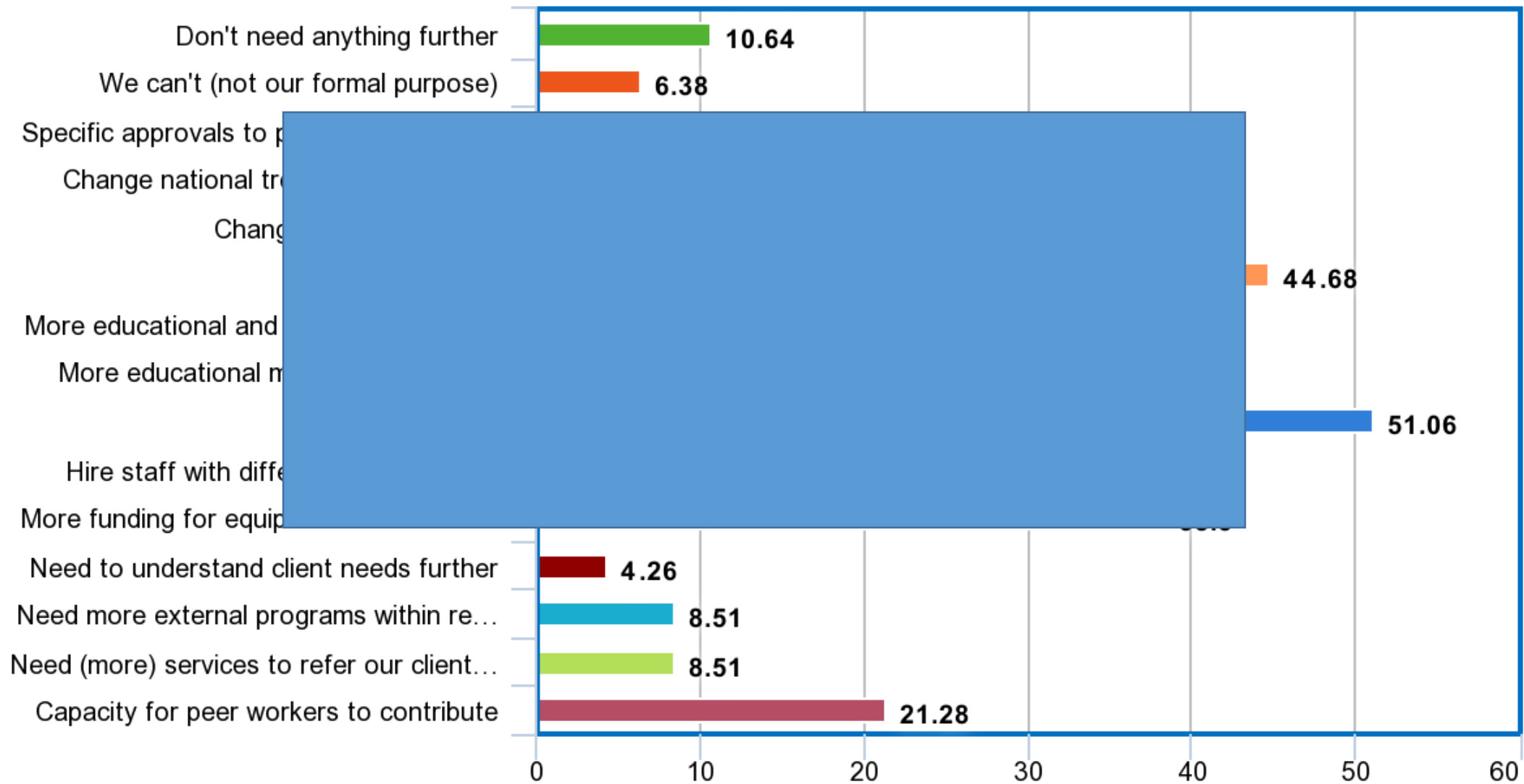


N=46

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What would your service need to allow you to provide MORE HCV services at your DCR?

N=47





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Is there evidence that DCR's are effective?

EMCDDA, PERSPECTIVES ON DRUGS Drug consumption rooms: an overview of provision and evidence 2016

“the benefits of providing supervised drug consumption facilities may include **improvements in safe, hygienic drug use**, especially among regular clients, increased access to health and social services, and **reduced public drug use and associated nuisance**. There is **no evidence** to suggest that the availability of safer injecting facilities **increases drug use** or frequency of injecting. These services facilitate rather than delay treatment entry and **do not result in higher rates of local drug-related crime.**”

Discussion

- evidence vs political and ideological priorities
- public nuisance and health protection
- cost effectiveness in times of crisis
- participation and user involvement