DRUG CONSUMPTION ROOMS

EUROPEAN EXPERIENCES – LESSONS LEARNED

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PRESENTATION OVERVIEW

- What is a DCR
- Goals and Objectives
- The Netherlands
- Dutch Drug Services
- DCRs in The Netherlands
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CORRELATION-EU HARM REDUCTION NETWORK

- Improve access and quality of health and social services for marginalized groups
- European network since 2004
- More than 220 partners in all European countries
- European HCV and Drug Use Initiative since 2014
- Host of the International Network of Drug Consumption Rooms
- www.correlation-net.org

EU HCV AND DRUG USE INITATIVE

- First European HCV and Drug Use Conference – Berlin 2015
- Europan HCV Community Summit – Amsterdam 2017/Lisbon 2018/Marseille 2019
- HCV National Action Plan Manifesto
- Community Testing Guidelines
- Community Testing Video – www.hcvcommunitytesting.info
- European HIV/HCV Testing Week
- www.hepatitis-c-initiative.eu

WHAT IS A DCR?

- Drug Consumption Rooms (DCRs) are also known as ‘medically supervised injecting centers’, ‘safe injecting facilities’, ‘safe injecting sites’ or 'drug injection rooms'.
- The majority of DCRs also provide places to smoke or snort drugs. There are even 'smoking only' consumption rooms.
- DCR’s are facilities where illicit drugs can be used under hygienic and safe conditions, and supervised by trained staff.
- 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) and the ‘nuisance’ or public amenity issues associated with drug use in public spaces.

DCR GOALS AND OBJECTIVES

- The aims of DCRs have multiple levels. Such as, **1) maintaining the survival of the individual and improve their health status,** which can be achieved by, 2) **providing a protected environment for safer drug use; 3) where one can promote education about the risks of drug use;** 4) **and improving access to social, health and therapeutic services.**
- This is in addition to 5) **reducing public nuisance** and 6) **reducing costs of health services related to drug use.**

THE NETHERLANDS

- We have a total population of 17.08 million
- Drug use in the Netherlands remains low compared to the US
- We do not have an opioid epidemic
- 2016 we reported 235 overdoses.
- One HIV infection related to injecting drug use
- Cannabis is mostly used by the Dutch adult general population 15-64 years, followed at a distance by MDMA/ecstasy and cocaine.
- The use of all illicit drugs is concentrated among young adults aged 15-34 years.

THE NETHERLANDS

- Overall, heroin users entering treatment are older than other treatment clients.
- Injecting drug use is rare among those entering treatment.
- HIV, HBV and hepatitis C virus (HCV) infections among people who inject drugs (PWID) has remained at very low levels in the Netherlands.
- In recent years however, MSM are increasingly a high-risk group to new HCV infections.
- Special concern exists about the risk of infection in MSM who inject chemsex drugs (slamming), although the size of this group is unclear.

THE NETHERLANDS

- There were 1,037 newly registered HIV-patients in care at HIV treatment centers
- In line with previous years, 68% of newly diagnosed HIV infections were found in MSM.
- However, of those, 615 were diagnosed in 2017 (778 in 2016)

THE NETHERLANDS

- The introduction of heroin-assisted treatment in Holland started in **2000** and has been a key ingredient in the decrease of public nuisance and criminality caused by hard-drug users.
- In **2008**, the ‘epidemic’ of heroin use, which had started in the early 1970s, was declared officially over.
- Of the estimated 30,000 heroin users in the Netherlands in the early 1980s, today about 14,000 are left. Their average age is 55.
- The vast majority of this group currently receive methadone on a daily basis.
- 600 people are in heroin-assisted treatment, which means they go to a clinic several times a day to use prescription heroin in a controlled setting.

EVOLUTION OF DRUG SERVICES

- In the **1970s** the Netherlands (like many other western countries) was shocked by a sudden wave of heroin use.
- In Dutch addiction treatment, during the **1980s and 1990s** the focus slowly shifted from achieving complete abstinence, towards a reluctant acceptance of relapse and chronic drug use.
- A new treatment goal was formulated called 'harm reduction' – minimizing the harm caused by an addiction, both to the individual and to society in general.
- In 1989 the Dutch civil servant Eddy Engelsman, employed at the Ministry of Welfare, Public Health and Culture, proudly stated that 'the Dutch being sober and pragmatic people, opt rather for a realistic and practical approach to the drug problem than for a moralistic or over dramatized one'.

EVOLUTION OF DRUG SERVICES

- From the **late 1990s** onwards, the **harm reduction paradigm** was supported by new research framing addiction as a chronically relapsing disease. Many Dutch addiction experts embraced this model of addiction.
- This change led to the development of new services for drug users among which the creation of DCRs
- **1998** the first **DRUG CONSUMPTION ROOM** opened in the Netherlands.
- DCRs are considered as one of the positive health services for drug users. DCRs are part of a wide range of policies based on Harm Reduction, Prevention and Therapy.

DCRS IN THE NETHERLANDS

- DCRs are an integral part of the harm reduction response in the Netherlands.
- There are two kinds of DCRs in the Netherlands: integrated and specialized.
- By 2010 only 10% of PWUD in the Netherlands are still injecting drugs
- In the last decade, the profile of people who use drugs has changed with an increase in smokers, cocaine users and alcohol consumption.
- This lead to an average of 14 smoking and 5 injecting places per facility in 2010 and several 'smoking only' DCRs in 2014.

DCRS IN THE NETHERLANDS

- Between 2012 and 2018, some DCRs transformed into housing facilities with a DCR and some into alcohol consumption rooms.
- Some closed because there was no longer a need, not enough visitors.
- Today 24 DCRs are currently operating.
- There has been a shift in the focus of public health policies – the approach towards drug use is now embedded in general healthcare provision and is multidisciplinary, taking into account the social, legal and health situation of each person.

DCR OUTCOMES

- Public disturbance related to drug use, such as dealing and using in the streets, decreased significantly.
- HIV and HCV infection rates continue to remain low
- Research shows the acceptance of DCRs by social and health care providers, the neighborhood and the police are very high in areas where DCRs are established (more than 80%)

DCR IN AMSTERDAM

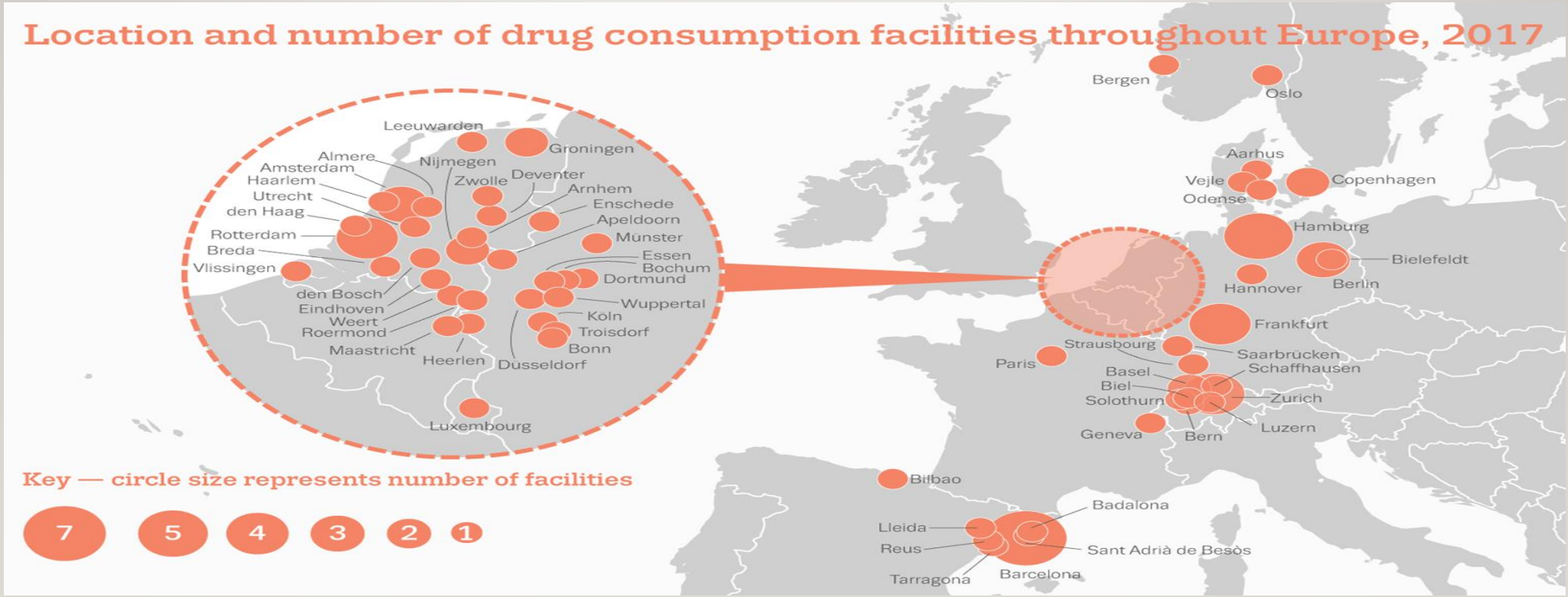
ACCESS TO A DCR

- **On-site intake**
- **Referral**
- Age Limit
- Legal Status
- History of Drug Use
- Frequency of Use
- Method of Use
- Drug of Choice
- Socio-medical Network
- Psycho-medical Situation
- Post Code

DCRS IN EUROPE

- Supervised DCRs have been operating in Europe, Australia and Canada over the last three decades.
- The first facility was legally established in Bern, Switzerland in 1986.
- After many years, France and Portugal opened its first DCR.
- Other countries such as Ireland, the United Kingdom, Belgium and Romania are considering DCRs as a national solution.

DCRS IN EUROPE



DCRS IN EUROPE

- Australia - 1
- Canada – 1
- Denmark – 6
- France – 2
- Germany – 24
- Luxemburg – 2
- The Netherlands – 24
- Norway – 1
- Portugal – 1
- Spain – 13
- Switzerland – 13

Correlation European Harm Reduction Network

DCR INTERNATIONAL NETWORK

DCR MODELS

- Integrated
- Specialized (stand alone)
- Mobile
- Housing with DCR

DCR MODEL – INTEGRATED

- Needle exchange
- Drop in/coffee/shower
- Food
- Internet/telephone
- Shelter
- Social worker
- Methadone
- HIV/HCV/STI testing

INTEGRATED MODEL – PROS & CONS

- All services on-site
- Comprehensive
- Large
- Drug users come for other services, not to use drugs

DCR MODEL – SPECIALIZED (STAND ALONE)

- Needle exchange
- Basic survival services
- Safety hygiene support
- Stress free environment
- Medical support
- HIV/HCV/STI testing

DCR MODEL – SPECIALIZED PROS & CONS

- Small unit in neighborhood
- Users are from local area
- Better attention
- Single purpose
- Adaptable to users needs
- Specific hours and days open
- Only for using

- Small
- Hours limited
- No medical support
- No case management

DCR MODEL - MOBILE

- Needle exchange
- Condom distribution
- Prevention materials/information
- Methadone
- First aid

DCR MODEL – MOBILE PROS & CONS

- Not in the neighborhood
- Temporary located
- Cover wider area
- Adaptable goes where needed
- No public nuisance
- Very small
- Limited hours and services

- Very Small
- Hours limited
- Drivers needed
- Limited services

DCR MODEL – HOUSING WITH DCR

- Housing
- DCR in common area
- Social and medical support

DCR MODEL – HOUSING PROS & CONS

- People live on-site
- Other social issues dealt with
- Loneliness
- Depression
- Stress
- Integration
- Connected to other services

- Only residents can use on-site
- Possibilities of injecting alone
- Age limitations 45+

OPENING A DCR

- Matching the goals of DCR with needs of drug users
- DCR goals
- Prevention of infections
- Prevention of overdoses
- Prevention/reduction of public nuisances
- Tackling loneliness and isolation of long term drug users

COMMUNITY INVOLVEMENT

- Perceived fears vs actual
- In countries where DCRs opened reports of drug dealing and drug use declined.
- In NYS we had the same outcomes when we opened the first NSP's
- When we developed NSP authorization protocol, and operational manuals we included community, and consumer advisory committees to deal with potential issues
- The same recommendations go for DCRs

ROLE OF STAKEHOLDERS AND COMMUNITY

- Information flow
- Potential conflict mediation
- Analysis collaboration DCR
- Community action plan
- Evaluation neighborhood quality of life

COMMUNITY INVOLVEMENT

- Street monitoring
  - Dealing, problematic behaviour, security
- Street cleaning
  - Regular and national days of neighborhood cleaning
- Street sweeping
  - Trash, needles, bottles
- Specific group activities
  - Sex worker consultations, AA/NA groups,
- Neighborhood hotline
  - First responder to DCR related situations

COMMUNITY INVOLVEMENT

- Volunteers
  - Recruit from local area
- Transparency
  - Organize open door events
- Information newsletter
  - Developments, changes, news, clothes, collaborations
- Neighborhood coffee time
  - Informal exchanges, take temperature, listen, de-escalation
- Pro-active approach
  - New initiatives, ;leadership in the community

COMMUNITY INVOLVEMENT

- WE
- As a community, not us against them, use inclusive terms when discussing neighborhood situations

EU STUDY

- European Commission funded a European wide study including 7 countries.
- Netherland, Belgium, France Germany, Portugal, Spain, and Slovenia
- The goal is to look at DCRs as a tool to improve city security and safety
- DCRs when part of an integrated social service system provide a comprehensive approach to effectively deal with drug use and co-morbidities related to drug use.
- Country audit meetings include city metro/transportation services, police, medical providers, drug treatment services like OST, and community representatives.

THANK YOU

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