

# Factsheet



## DRUG CONSUMPTION ROOMS

### Definition

Drug consumption rooms (DCRs), also called safe injecting facilities (SIF) and Supervised Drug Consumption Facilities (SDCF) amongst various other terms, are legally sanctioned and professionally supervised facilities that provide safe and hygienic conditions for people who use drugs (PWUD) to consume pre-obtained drugs in a non-judgemental environment.

### Goals

- Prevent death from drug overdose
- Reduce drug use and related nuisance in public spaces
- Prevent transmission, and enable testing, of communicable diseases (e.g. HIV, HCV, STIs, TB)
- Reach the most marginalised PWUD who do not access other services<sup>1</sup>
- Provide primary physical and mental health care
- Promote access to other voluntary health, housing, social, economic, and legal services, including evidence-based drug detoxification and treatment<sup>2,3</sup>
- Provide specialised support to women who use drugs
- Provide 'real-time' drug market monitoring data to alert PWUD and public health professionals of dangerous substances circulating in the community
- Promote voluntary behaviour change, including safer approaches to drug use

### Benefits

- Enables safe oversight of self-administration of street drugs by trained medical professionals
- Access to sterile equipment and related paraphernalia
- Reduces drug use and drug dealing in public spaces
- Prevents death due to drug overdose through immediate resuscitation by trained medical staff
- Provides primary medical and mental health care to the most marginalised PWUD, including women
- PWUD can learn of their HIV, HCV, STI and TB status through confidential on-site tests & referral for treatment
- Staff can guide and motivate PWUD on safer drug use practices and sexual health information and commodities, such as condoms and lubricant

- Staff can alert, motivate and support PWUD to access other support services through voluntary referral
- Provides 'real-time' drug market monitoring to identify trends in overdose outbreaks, drug types, and purity to inform community education & public health strategies
- Some DCRs provide drinks, food, clothes, showers, use of a phone, internet access and a safe space to relax

### Evidence<sup>4, 5, 6, 7</sup>

- **DCRs reduce drug overdose deaths** within their service areas<sup>8</sup> and their facilities, resulting in fewer emergency service call-outs to overdoses
- **DCRs reduce blood borne infections**, e.g. HIV & HCV
- **DCRs do not increase drug use** in the area, nor do they encourage people to initiate drug use
- **Needle-sharing is reduced or eliminated** among PWUD
- **Drugs are used in a safer manner**, including the cessation of injecting
- **DCRs reduce drug use** and impact on drug sales
- **DCRs reduce public injecting** and reduce the number of syringes discarded in the vicinity
- **Crime and public nuisance decreases in areas around DCRs** and substantially contributes to the effective management of open drug scenes
- **DCRs reduce noise complaints and public safety concerns** in the community without attracting young people or users from places outside the area
- **DCRs provide access to other health and support services** including opioid substitution therapy (OST), drug detoxification and treatment
- DCRs effectively reach, and stay in contact with, highly marginalised PWUD
- **DCRs result in substantial savings in health care costs** in the medium-to-long term<sup>9</sup>

### DCR models

DCR models include **integrated (I)**, **specialised / stand-alone (S)**, and **mobile (M)**, as outlined below:

Services Available	I	S	M
Comprehensive range of support services under a single roof / 'one-stop-shop'	✓	✗	✗
Services delivered in multiple locations	✗	✗	✓
Provides sterile equipment and related paraphernalia for safer drug use	✓	✓	✓
Space for safe drug consumption	✓	✓	✓
Emergency resuscitation services	✓	✓	✓
Provision of primary health care services	✓	✓	✓
Exchange and safe disposal of drug use equipment and related paraphernalia	✓	✓	✓
On-site testing for communicable diseases	✓	✗	✓
Provision of other health & social services	✓	✗	✗
Referral to other forms of support	✓	✓	✓
Provision of food, clothing, showers, etc.	✓	✗	✗
Activity programmes	✓	✗	✗

Less common DCR models include **Housing/Shelter Facility with DCR** which allows drugs to be used in designated parts of the living/housing facility; often age restricted; unsupervised drug use may still occur; provides the possibility of connecting with other services and in sharing experiences with residents. **Overdose Prevention Sites** are temporary supervised facilities that operate as 'lifeguard stations' for PWUD.

## Criteria<sup>10, 11</sup>

There are various criteria for establishing and operating DCRs that are based on the policies of local authorities and national legislation, as well as the specific setting and access to target groups.

To abide by relevant national legislation, drugs used in the DCR must be obtained prior to entry and explicit drug dealing or sharing is not allowed within the DCR, with staff required to cooperate with police when necessary<sup>12</sup>. DCR staff must not assist clients in administering their drug(s) and services for women who use drugs should be supervised by female staff.

## Countries with officially recognised DCRs<sup>13</sup>

**Australia:** since 2001; 2 sites in 2 cities  
**Belgium:** since 2019; 2 sites in 2 cities  
**Canada:** since 2003; 39 sites in 4 provinces  
**Denmark:** since 2012; 5 sites in 4 cities  
**France:** since 2016; 2 sites in 2 cities  
**Germany:** since 1994; 24 sites in 15 cities  
**Luxembourg:** since 2005; 1 site  
**Netherlands:** since 1990; 31 sites in 25 cities  
**Norway:** since 2005; 2 sites in 2 cities  
**Portugal:** since 2019; 3 sites in 1 city  
**Slovenia:** since 2015; 1 site in 1 city  
**Spain:** since 2000; 13 sites in 7 cities  
**Switzerland:** since 1986; 12 sites in 8 cities

Unofficial DCRs also operate in Mexico (1 fixed site), Scotland (1 mobile), and Ukraine (1 fixed site). Countries with concrete plans to open DCRs include Finland, Greece, Iceland, and Scotland. Increasing pressure is being put on the governments of the following countries to establish DCRs: Austria, England, Ireland, Romania, Sweden, and various States of the USA.

## References

1. Potier C, et al. Supervised injection services: What has been demonstrated? A systematic literature review. Drug and Alcohol Dependence, 145: 48-68, 2014. <https://doi.org/10.1016/j.drugalcdep.2014.10.012>
2. Kennedy MC, et al. Public Health and Public Order Outcomes Associated with Supervised Drug Consumption Facilities: a Systematic Review. Curr HIV/AIDS Rep. 2017 Oct;14(5):161-183. doi: [10.1007/s11904-017-0363-y](https://doi.org/10.1007/s11904-017-0363-y)
3. McNeil R, Small W. 'Safer Environment Interventions': A qualitative synthesis of the experiences and perceptions of people who inject drugs. Soc Sci Med. 2014 Apr;106:151-8. doi: [10.1016/j.socscimed.2014.01.051](https://doi.org/10.1016/j.socscimed.2014.01.051)
4. EMCDDA. Drug consumption rooms: an overview of provision and evidence. Lisbon; European Monitoring Centre for Drugs and Drug Addiction, 2018. [https://www.emcdda.europa.eu/system/files/publications/2734/POD\\_Drug%20consumption%20rooms.pdf](https://www.emcdda.europa.eu/system/files/publications/2734/POD_Drug%20consumption%20rooms.pdf)
5. Larson S, et al. Supervised Consumption Facilities – Review of the Evidence. Philadelphia, PA, USA; Lanckenau Institute for Medical Research, 2017. [https://dbhids.org/wp-content/uploads/2018/01/OTF\\_LarsonS\\_PHLReportOnSCF\\_Dec2017.pdf](https://dbhids.org/wp-content/uploads/2018/01/OTF_LarsonS_PHLReportOnSCF_Dec2017.pdf)
6. Harm Reduction Coalition. Alternatives To Public Injection. New York, NY, USA; Harm Reduction Coalition, 2016. [http://www.drugconsumptionroom-international.org/images/pdf/alternatives\\_to\\_public\\_injection\\_report.pdf](http://www.drugconsumptionroom-international.org/images/pdf/alternatives_to_public_injection_report.pdf)
7. Potier C, Ibid.
8. Marshall BD, et al., Reduction in overdose mortality after the opening of North America's first medically supervised safer injecting facility: a retrospective population-based study. Lancet, 2011. 377(9775): pp.1429-37, in, Larson, et al, Ibid.
9. The Insite DCR in Vancouver, BC, Canada, was estimated to have saved C\$14 million over 10 years in health care costs. [http://uhri.cfenet.ubc.ca/images/Documents/insite\\_report-eng.pdf](http://uhri.cfenet.ubc.ca/images/Documents/insite_report-eng.pdf)
10. Schäffer D, et al. Drug consumption rooms in Europe - Models, best practice and challenges. Amsterdam; Regenboog Groep, 2014. <http://files.server.idpc.net/library/drug-consumption-in-europe-final-2014-EN-GLISH.pdf>
11. EMCDDA, Ibid.
12. Some DCRs, such as in Switzerland, allow the discrete buying/selling of small quantities of drugs within the DCR as this helps avoid such transactions being undertaken in public spaces.
13. EMCDDA, Op.cit.

## Further Reading

<http://www.drugconsumptionroom-international.org>

<https://www.harmreduction.eu>



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