

Changing Landscapes

Current & future developments
in the field of Drug
Consumption Rooms in Europe

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At the 3rd International Symposium on Drug Consumption Rooms [DCRs], held at the Council of Europe in Strasbourg, international professionals from a wide field of expertise gathered to discuss the role of these services within a human-rights approach to drugs and drug use. This policy brief summarizes the day's discussions to inform policy-makers on key topics and current developments in the field.

WORKING TOGETHER ON EFFECTIVE SOLUTIONS

In the opening session, Christos Giakoumopoulos, the Director of Human Rights and Rule of Law at the Council, emphasized that drug consumption rooms are valuable tools in drug policies that prioritize human rights. However, the decision to use them or not ultimately rests with individual member states.

To advance this goal, the Council of Europe has made it a priority to promote a human rights-based approach to addressing drug use and addiction issues. They believe that policies should be grounded in scientifically-backed evidence from credible sources. There is substantial scientific evidence supporting the effectiveness of supervised consumption services in reducing various drug-related harms [1].

The European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) provides valuable data that can assist in developing evidence-based policies. EMCDDA's publications aim to support service providers, decision-makers, and politicians in shaping their drug policies [2].

Implementing drug consumption rooms is a way to prioritize human rights in drug intervention efforts. As Michel Hasseman (from Ithaque) aptly puts it, too often, people who use drugs are unfairly judged morally. What's most important is to respect their dignity and humanity, especially as they face addiction [3].

To promote the adoption of drug consumption rooms and a human rights-oriented approach to drug policy and intervention, it is essential to share experiences, exchange best practices, and establish collaborative networks.

DRUG CONSUMPTION ROOMS IN FRANCE

What are their assets and obstacles to their development?

Currently, France counts with two DCRs in the entire country, located in Paris and Strasbourg. The primary obstacle to establishing more is the country's prohibitionist approach to drug use, which emphasizes punishment and treatment as the main responses.

Anne Sourys, the deputy of the city of Paris, highlighted how this black-and-white perspective – where drug users are seen as outcasts from society – is ineffective and called for a cultural shift. In her intervention, she argued that to bring about change, there is a need for a clear political commitment at the national level [4].

Marseille and Bordeaux are examples of cities on the brink of opening DCRs, but political obstacles prevented their implementation. In Bordeaux, the municipal team and the Mayor now support the idea, but the main challenge lies with the local community. However, Sylvie Justome, the deputy of the city of Bordeaux, emphasizes the need for data demonstrating the positive impact of DCRs on neighbourhoods [5].

Strasbourg, on the other hand, presents a different scenario, with unanimous political agreement and widespread support for adapting the DCR model, including backing from the expert drug agency and the local community [6].

Currently, Paris faces a significant challenge in combating the spread of misinformation about DCRs through social media. Anne suggests countering this with easily accessible expert information through alternative channels outside traditional scientific circles [4].

Both Paris and Strasbourg prioritize offering DCRs alongside accommodation solutions for people who use drugs (PWUD). Paris provides 600 accommodation places for drug users, offering social and health support. Anne prefers smaller groups of people in different venues rather than a large concentration in one area [4]. In Strasbourg, accommodation is situated above the DCR, resulting in exceptional clinical outcomes for clients [6].

The deputy of the Grand Est region highlights the importance of a partnership network that spans healthcare, risk prevention, public safety, real estate, law enforcement, medical professionals, and pharmacies for needle exchange. This collaborative network enables collective solutions for individuals in need of access to care [7]. Anne Souyris, the deputy of the city of Paris, suggests that using the experiences of Paris and Strasbourg's DCRs as examples of successful interventions can inspire other cities to follow suit [4].

OTHER EUROPEAN EXPERIENCES

Lessons from their strengths and weaknesses

Ireland, Belgium, Scotland, Switzerland, and Greece all have Drug Consumption Rooms (DCRs), but their contexts and challenges differ significantly. Here are the lessons we can learn from each of them:

Ireland recently made changes to allow the implementation of DCRs, with a pilot DCR running in Dublin for 18 months. The Minister of State for Public Health, Wellbeing, and the National

Drugs Strategy stressed the importance of public acceptance and community support for opening DCRs [8].

In Athens, the DCR resulted from persistent advocacy efforts. Athanasios, the president of OKANA, explained that they engaged in daily pressure on politicians, used the media to showcase successful international examples, and conducted face-to-face discussions with local business owners. As a result, a new mobile DCR is planned for Thessaloniki, and Greece intends to open five more mobile DCRs in Athens [9].

In Charleroi, Belgium, “Le Comptoir” is actively working on a supervised facility (DCR). While other DCRs exist in Belgium, Charleroi lacks the space for a permanent facility, leading them to opt for a mobile unit. The local community is supportive, but ongoing efforts are necessary to achieve the goal of opening a DCR [10].

In Glasgow, the mobile DCR has only one stop, but another facility might be introduced this year. Peter Krykant, the fundraising lead of Cranstoun, emphasized the importance of ensuring accessibility for disabled individuals and the need for trust in the facility, so users can access it without fear of legal repercussions [11].

Bern, Switzerland, was home to the world’s first DCR, established in response to the heroin epidemic of the 1970s-1980s. Today, there are no syringes or drugs in public spaces in the city. However, Simone Schar, from the Fondation Aide Addiction, cautioned that the reduced visibility of drug users is a consequence of effective drug policies. She highlighted the importance of continued advocacy and communication to maintain these services and raise awareness among policymakers and the public [12].

In the words of Nadia Zourgui, the Deputy of the City of Strasbourg: *“What works today might not work tomorrow, so we need to stay vigilant and keep the flow of communication.”* [13]

EVALUATION OF DRUG CONSUMPTION ROOMS IN EUROPE

What are the needs and lessons learned from the field?

Veronique Berthole, the panel chair and Deputy of Strasbourg, commenced with a reflection on the critical role of evaluation in Drug Consumption Rooms (DCRs). She emphasized that evaluation provides meaning and value to our efforts, offering insights into what works and what doesn’t. It enables us to adapt services to meet the needs of both users and stakeholders [14].

Iciar Indave, representing EMCDDA, concurred, highlighting that comprehensive evaluation encompasses various aspects, including outcomes, processes, and impact. EMCDDA makes all its publications and reports accessible for consultation, including the invaluable resource “Evaluating Drug Policy,” which guides every stage of developing drug policies [15].

Marie Jaufrette-Roustide, the representative of INSERM, expressed a shift in focus from public order to indicators related to the quality of life, well-being, and social inclusion when evaluating DCRs. She emphasized the need for long-term indicators to assess the effectiveness of DCRs, as well as their impact on the neighborhood, residents’ attitudes within

and towards DCRs. INSERM underscores the significance of enhancing understanding among DCR neighbors as a crucial factor in gaining their acceptance.

Additionally, it is vital to comprehend the role and presence of evaluations within the media to effectively advocate for DCRs [15].

DRUG CONSUMPTION ROOMS BEYOND EUROPE

Breaking new ground

While the primary focus of the conference centered on the European context within drug policy, drug use, and harm reduction, valuable lessons can be gleaned from the unique dynamics of this field in other continents.

In the United States, Ronda B. Goldfein, the Executive Director of the AIDS Law Project of Pennsylvania in Philadelphia, has observed some resistance to accepting the evidence and data associated with European examples of Drug Consumption Rooms (DCRs). The AIDS Law Project sought to establish housing services for People Who Use Drugs (PWUD), allowing them to consume within those facilities. Although they faced legal challenges, they ultimately prevailed in court.

Their strategy was to frame their case around faith, invoking their belief in saving lives as a fundamental aspect of their faith. In Pennsylvania, individuals have the freedom to practice their faith without question, and they argued that saving lives was a central tenet of their faith. This approach proved successful in winning the case [16].

Australia currently hosts a single Drug Consumption Room in Sydney, and there is a desire within the organization to open more, smaller DCRs in areas with existing needle exchange programs. The rationale behind this approach is to minimize negative media attention and reduce the association between a specific community and drug use. However, legal regulations stipulate that these services can only operate in the designated building chosen to host the DCR, posing a significant obstacle to their expansion plans [17].

Both Ronda and a representative from Australia concur that there is a substantial opportunity for advocacy within the realm of faith-based discourse, potentially in collaboration with religious institutions, to convey a compelling narrative and address prevailing debates concerning right versus wrong [16, 17]. Ronda also underscores the importance of having a dedicated public relations role to effectively respond to information disseminated through social media channels [17].

MOVING TOWARDS ACCOMODATION FACILITIES

Drug Consumption Rooms (DCRs) have proven highly effective in reaching individuals who have no access to other facilities, as pointed out by Nicholas De Troyer from DCR Gate in Brussels [18]. Additionally, according to David Melique, the coordinator of Gaia accommodation facility in Paris, providing accommodation for these clients can positively impact their participation in hepatitis C treatment and other medical care [19].

Three different examples of accommodation solutions are provided by DCR Gate, Gaia, Ithaque, and JDH:

Gaia in Paris collaborates with four nearby hotels located close to areas with heavy drug use. These hotels offer accommodation for users, with Gaia's support in finding and maintaining this housing until a more permanent solution is secured. One challenge they encounter is assisting individuals who have experienced long-term homelessness in adjusting to compact living spaces. Gaia also trains users on naloxone administration to respond to potential overdoses in the hotels [19].

At Ithaque in Strasbourg, users gain access to accommodation facilities once their care program is discussed and outlined in a contract, typically lasting for three months with an option for renewal. During their stay, individuals are provided with 24/7 supervision. They are allowed to use drugs within the facilities, and if they choose, they can access substitution treatment. Furthermore, while accommodated at Ithaque, users receive preparation for their eventual reintegration into the broader community [20].

JDH in Luxembourg offers an alternative to emergency housing based on the Housing First project. Their "Les Niches" project rents flats to private parties, subletting them to drug users. Initially, the options provided are temporary, lasting for three months. However, this period is often extended to one year or longer to better address users' goals. The primary aim is to assist individuals in relearning how to manage independent living, encouraging active involvement in improving their circumstances [21].

DCR Gate also operates an emergency shelter with 22 beds, where the rules and living conditions are adaptable to the specific needs of users, taking into account factors like compulsive behaviours, particularly important for base cocaine users, as highlighted by Nicholas De Troyer [18].

DRUG CONSUMPTION ROOM STAKEHOLDERS

Neighbours & Users

Jean-Maxence Granier, representing ASUD, a community-led drug user organization in France, highlighted that drug users are well aware of the impact they have on their neighbourhoods. This impact can be effectively addressed with the right services and interventions [22]. Dominique Gamardar, a resident living near the Gaia Drug Consumption Room (DCR) in Paris, shared a similar experience. Her neighbourhood faced the unexpected arrival of a large group of drug users, around 300 in number, leading to an open drug scene.

In response, the neighbourhood decided to engage with the drug users, listen to their stories, and exchange perspectives. Through this dialogue, they discovered that the users understood and shared their concerns regarding drug use in an open setting. The neighbourhood began organizing regular demonstrations, including debates about the experiences and challenges faced by drug users.

Dominique Gamardar emphasized the importance of viewing the DCR as a community project, not just a facility. She stressed the need for all stakeholders to be involved from the outset. With the DCR now operational, many people who were previously on the streets have started using the DCR instead. Gaia's DCR provided a contact number to the neighbours, enabling them to report instances of street drug use or loitering in their area. This not only offers support to users but also helps prevent public disturbances and open drug use in the

neighbourhood [23]. The positive impact of the Drug Consumption Room was documented in the film “Ici je vais pas mourir,” created by another DCR neighbour, Cécile Dumas [24].

In Greece, it was essential to establish contact with approachable neighbours to gain their eventual support for opening a DCR. Public opinion plays a significant role in influencing both the opening and closing of Drug Consumption Rooms, as highlighted by Marios Atzemis from Positive Voice. To counter moral panics stirred up by journalists, he stressed the importance of active engagement on various social media platforms and peer-driven advocacy [25].

Jean-Maxence pointed out that drug users themselves can exert pressure and influence change. ASUD, for example, played a pivotal role in establishing the country’s first Drug Consumption Room. He emphasized that there is a whole social world around drug use that can be tapped into as a valuable resource, and drug users possess unique expertise in this area [22].

WORKSHOP OUTCOMES

What are the assessment needs for French-speaking DCRs?

Overall, the assessment needs are not the same among all DCRs, because they depend on their phase of implementation. The main aspect that needs to be kept in mind is “for whom is the assessment made”. It is not always possible to meet the political needs, to obtain the numbers and data of the DCRs, so sometimes methodology can be an issue. This also means that there might be a need for more inclusion of social residents and users in the assessment of needs. Indeed, there is a need to think of different evaluation methods, and include more qualitative methodologies and aspects that might be more invisible. New indicators related with mental health and social inclusion need to be created [25].

Gender in DCRs: an example of diversity

Women and people belonging to the LGBTQI+ community can experience specific forms of stigmatisation and marginalisation, often increased by the effects of migration, drug or sex work legislation. This is why there was a special focus on building safer places for them in Lisbon and Barcelona. These services were developed not only taking into account the needs of the users but also their desires, values and expectations, also to respond to the structural harms they experience. To this end, efforts are made to include people with lived and living experience in its set-up, implementation and evaluation.

DCRs are not always able to find support in shelters, or housing, even though DCRs are always the place where people refer to, which demonstrates a need for greater cooperation between gender services and harm reduction services [26].

What are the different models of DCRs in Europe?

The session focused on different models of DCRs in three different cities: Barcelona, Amsterdam and Lisbon. Still, all speakers mentioned the same barriers in their service provision, highlighting the need for more beds, more accessible services for people experiencing homelessness and migrants, for gender-specific services, and measures to prevent burnout among workers. They recommended making referral to other services an easier process promoting the interconnection of the services targeting gender-based violence and the development of trauma-sensitive approaches.

Additionally, the speakers talked about the benefits of respecting the human rights of people who need access to the services, decreasing the number of ODs, drug related diseases, and the creation of a safe space [27].

Substance analysis & health monitoring in DCRs

It is important to know what substances people are using. There are a lot of products in the market, and to be able to support people and reduce harm related to drug use, it is important to collect data on what is used. In Paris, for example, there is a good insight into what people are using (in terms of quantities, etc), so workers can understand rather well when people are walking towards ODs.

Drug checking in DCRs can be done both qualitatively and quantitatively, in the form of percentages (%). In Paris, the qualitative one can be done on-site, but the quantitative one needs to be sent to a partner organisation and takes more time. In Switzerland, the DCR was able to host an innovative technique that provides quantitative analysis of the substance directly. Some questions of needs analysis can be asked of the users. However, it is also important to take into account the willingness of people to collaborate with this data collection [28].

EUROPEAN NETWORK OF DRUG CONSUMPTION ROOMS

A range of resources to support you

Correlation - European Harm Reduction Network, looking through the perspective of civil society and community-based organizations, has been hosting the International Network of Drug Consumption Rooms for several years. To encourage collaboration on a European level and facilitate the development of high-quality Drug Consumption Rooms (DCRs), they established the European Network of Drug Consumption Rooms (ENDCR) at the start of 2023. The ENDCR is a membership-based platform within civil society that brings together organizations already operating DCRs or planning to implement them in Europe.

The ENDCR's primary goals are to promote mutual support and cooperation among its members, advance community-based harm reduction research and approaches, and advocate for drug policies that are evidence-based and respect human rights. Additionally, the network offers opportunities for harm reduction practitioners to enhance their skills. The ENDCR aims to achieve these objectives through activities such as specialized training tailored to the specific needs of individual DCRs and the recently launched DCR census, which aims to assess the status of DCRs in Europe [29].

For the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA), creating networks is a crucial endeavor. They are in the process of establishing a network of sentinel DCRs that can provide timely information on their latest activities, observations on emerging trends, and other pertinent data. The EMCDDA also seeks to facilitate supportive interactions between DCRs. Furthermore, by producing publications and reports on DCRs, the EMCDDA supports the delivery of DCR services and informs decision-makers with accurate information. Recognizing that DCR practitioners may find it easier to share their experiences in their native languages, the EMCDDA promotes the establishment of same-language networks of DCRs within individual countries, such as in the case of France [30].

The ENDCR and the EMCDDA are working collaboratively with plans that include jointly producing publications, creating networking opportunities, establishing a sentinel monitoring system, providing assistance in evaluating DCRs, and facilitating the exchange of information among European DCRs [29, 30].

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