DRUG CONSUMPTION ROOMS IN EUROPE: COMMON PRACTICES, CHALLENGES, AND SUCCESS FACTORS

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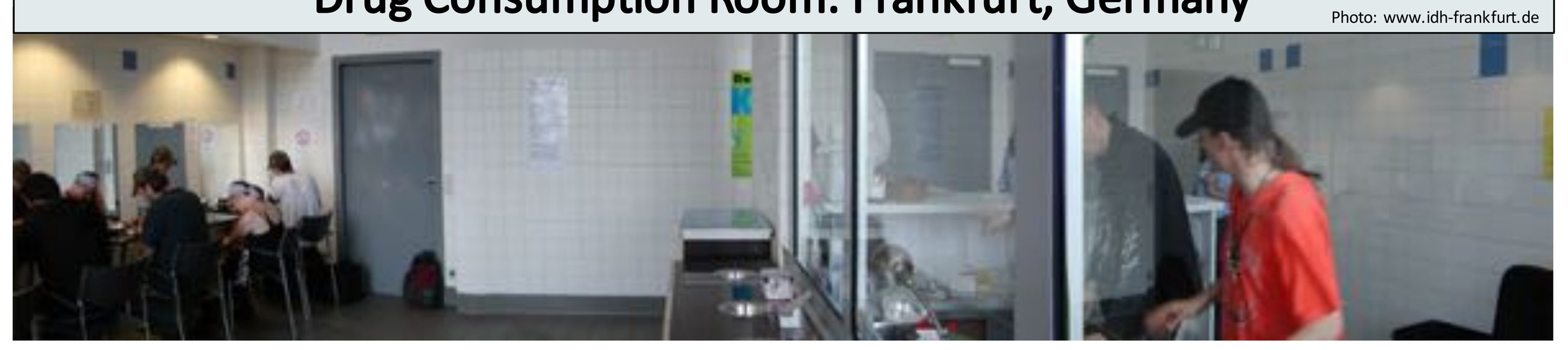
BACKGROUND

Drug consumption rooms (DCRs): A public health and safety measure where people can consume illicit substances while supervised by trained staff in a hygienic space, free of stigma and fear of criminal prosecution. Over 95 exist globally.

DCR Goals:

- Engage hard to reach, marginalized target populations; Bridge to services & treatment
- Prevent overdose deaths; Minimize harms associated with drug use; Promote health and wellbeing
- Reduce public order problems related to use in public

Drug Consumption Room: Frankfurt, Germany



PURPOSE

Inform planning and implementation of DCRs in the United States by:

1. Identifying key operational considerations, questions, and concerns
2. Identifying common practices, challenges, and success factors of European DCRs

Café and Lounge: Frankfurt, Germany

METHODS

- Key informant interviews with Seattle- King County Heroin and Prescription Opiate Addiction Task Force members
- Site visits of 10 DCRs: Germany (5), Netherlands (1), Denmark (3), Norway (1)
- Semi-structured interviews with managers and staff
- Observation of operations

Well prepared DCR visitor: Copenhagen, Denmark

Sterile supplies provided to visitors

Mobile DCR: Copenhagen, Denmark

Drug Smoking Room: Berlin, Germany

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FINDINGS

Common Practices

- Minimal restrictions on substance and route of administration
- Smoking space provided
- RN common, not universal
- Social workers universal
- OD protocol varies from [BLS + 911] to [Narcan, benzos, nitro, epi, AED]
- Registration: ID or Anon
  Visitor privacy is paramount
- Age 18+, 16+ in some cases

Challenges

- Barriers to access created by well-intentioned regulations
- Initial public push back when establishing DCR
- Ongoing relations with neighbors
- Hours limited by funding
- Staff burn-out
- Tension between priorities of law enforcement & DCR
- Note: Staff safety NOT a challenge

Success Factors

- Commitment to harm-reduction & self-efficacy
- No coaxing towards abstinence or treatment
- Visitors feel respected and a sense of ownership
- Transparency and frequent communication with neighbors
- Close cooperation with law enforcement and EMS
- Realistic expectations and acknowledging limitations

DCR with O2 for Overdose Response: Berlin, Germany

Drug Consumption Room: Amsterdam, Netherlands

LESSONS LEARNED

- Low-threshold and harm reduction principles should drive regulation
- Examples of barriers to access created by regulation:
  - No opiate substitution therapy clients per German law
  - IV heroin only per Norwegian law, despite promotion of smoking over IV
- Promotion of smoking over IV is a harm reduction intervention
- Most OD's require stimulation and oxygen only, naloxone administration is infrequent
- Inevitable conflict with neighbors requires active communication and transparency
- Set realistic expectations, goals do not include reduction in crime or drug use
- DCR milieu is dynamic and dependent on local drug culture, visitors, and staff. It is unlikely all eventualities will be predicted in planning. Management requires flexibility
- Visitors are respectful, regulate each other, and for many, DCR is a second (or only) home