IOTOD improving outcomes in the treatment of opioid dependence

Implementing drug consumption rooms in Europe: logistics, challenges and results

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Disclosures

- Received funding for participation in a working group for take-home naloxone organised by Mundipharma International in 2016

Learning objective

After this talk, participants should be able to:

- **Describe the growing evidence to support the positive impact of supervised drug consumption rooms for individuals and communities affected by injecting/overall drug use**

What are drug consumption rooms (DCRs)?

DCRs are protected facilities in which people who use drugs can consume pre-obtained drugs in a safe and hygienic environment, free of judgement under supervision of trained staff

Facilities can include:

- sterile injecting and smoking equipment
- counselling services
- emergency care in overdose situations
- primary medical care including HCV and HIV screening
- referral to appropriate social healthcare
- referral to addiction treatment services

V Belackova, et al. *Hepatol Med Policy*. 2018;3:9
EMCDDA. Drug consumption rooms: an overview or provision and evidence. http://www.emcdda.europa.eu/topics/pods/drug-consumption-rooms_en. [Accessed May 2019]
E Schatz and M Nougier. International Drug Policy Consortium. 2012. http://fileserver.idpc.net/library/IDPC-Briefing-Paper_Drug-consumption-rooms.pdf [Accessed May 2019]

Aims of DCRs

To connect high-risk and vulnerable drug users with addiction treatments and **healthcare/ social services**

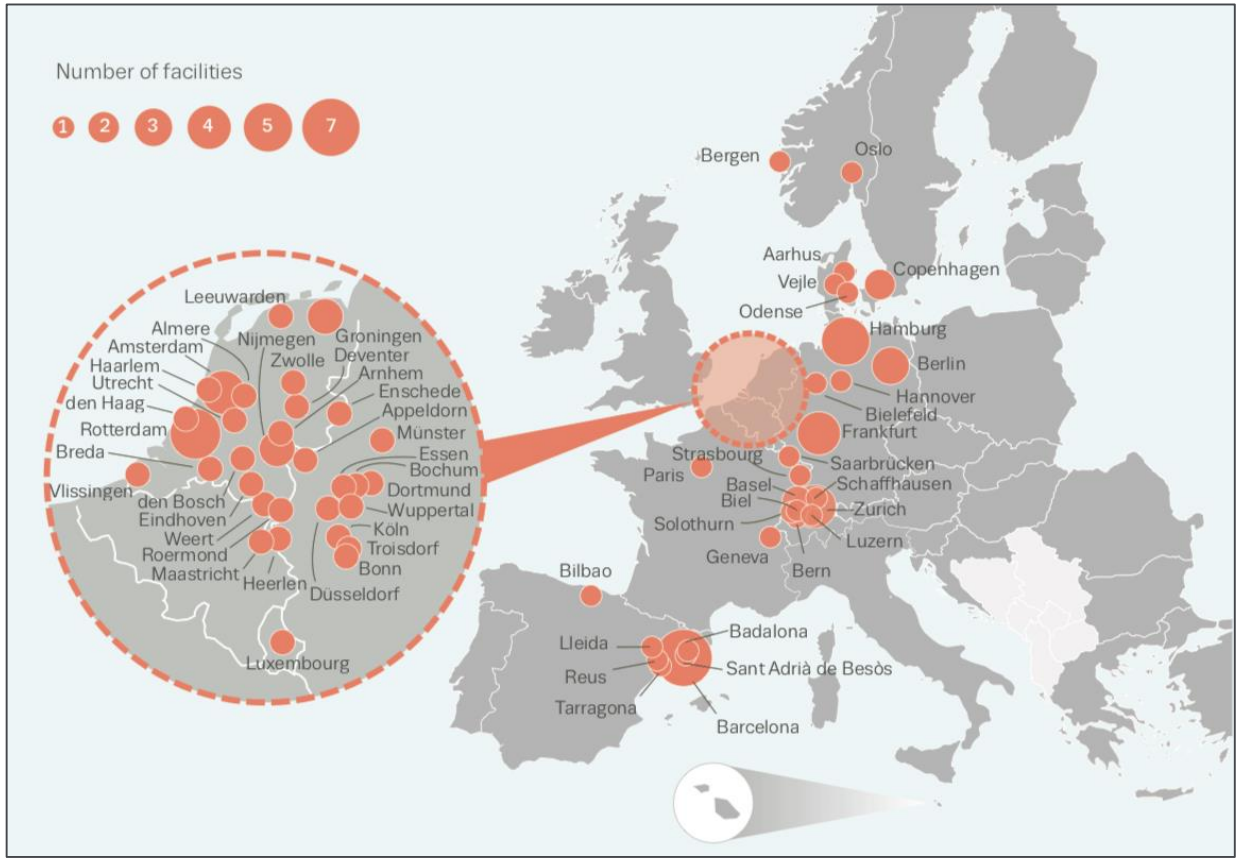
To prevent drug-related overdose **deaths**

To reduce the acute risks of **disease transmission** through non-sterile injecting

To contribute to the **safety of local communities** by reducing drug use in public places

E Schatz and M Nougier. International Drug Policy Consortium. 2012. http://fileserver.idpc.net/library/IDPC-Briefing-Paper_Drug-consumption-rooms.pdf [Accessed May 2019]

DCRs: landscape in Europe



Countries with established DCRs:

- Switzerland
- Germany
- The Netherlands
- Spain
- Norway
- Luxembourg
- Denmark
- France
- Belgium
- Portugal

= ~90 DCRs in Europe

Development in other countries:

- **Ireland:** passed laws to enable licensing and regulation of DCR facilities (2017)
- **Iceland**

Speaker insight

EMCDDA. Drug consumption rooms: an overview or provision and evidence. http://www.emcdda.europa.eu/topics/pods/drug-consumption-rooms_en [Accessed May 2019]

DCRs: characteristics and set-up

- **Common features to the majority of DCRs:**
  - Access is often restricted to registered service users
  - Operate within separate units associated with existing facilities for drug users or homeless people
  - Mostly aimed at drug injectors – however, drug smokers are also targeted, with the majority of DCRs in Europe offering smoking booths
- **In Europe, there are three DCR models in operation:**

1. Integrative facilities:
- Drug-use supervision is one of several survival-orientated services offered at premises, e.g. food provisions

2. Specialised facilities:
- Offer a narrower range of services specific to supervised consumption, e.g. advice on drug safety

3. Mobile facilities:
- Provide geographically flexible service offerings but catering to a limited number of clients

EMCDDA. Drug consumption rooms: an overview or provision and evidence. http://www.emcdda.europa.eu/topics/pods/drug-consumption-rooms_en [Accessed May 2019]

Effectiveness of DCRs (I)

DCRs have a positive impact on people who inject drugs (PWID)

- **Evaluation studies have shown that DCRs**:

Increase and maintain engagement with highly marginalised target populations, which leads to **improved hygiene and promotes safer injecting conditions**

Reduce injecting risk behaviour associated with HIV/HCV transmission

Are effective in **reducing the impact of overdose deaths and behaviours associated with overdose**

Are associated with **increased uptake in detoxification** and **drug dependence treatment**

Potier C, et al. *Drug Alcohol Depend*. 2014;145:48–68; Salmon AM, et al. *Addiction*. 2010;105:676–83; Hedrich D, et al. Chapter 10 in Rhodes, T. and Hedrich, D. (eds), EMCDDA Scientific Monograph. Harm reduction: evidence, impacts and challenges. 2010; Wood E, et al. *Addiction*. 2007;102:916–19; Stoltz JA, et al. *J Public Health*. 2007;29:35–9; Milloy MJ, et al. *Addiction*. 2009;104:620–1.

Effectiveness of DCRs (II)

Generally, studies show that DCRs reduce the impact of overdose deaths

Vancouver, Canada

9% overall city

DCR

35%

in the immediate vicinity of the DCR

Hamburg, Germany

2 or 3

drug-related emergency cases observed per week in 2 DCRs

No drug-related deaths have occurred since the opening of these facilities

Marshall BD, et al. *Lancet*. 2011;377:1429–37
Zurhold H, et al. *J Drug Issues*. 2003;33:663–88

Effectiveness of DCRs (III)

DCRs also have a positive impact on the community

- There is **no evidence to suggest that DCRs increase drug use or frequency of injecting near the facility**
- Furthermore, evaluation studies have shown that DCRs:

Reduce both the discarding of injecting equipment and injecting behaviour in public areas, despite the proportions of drugs available for purchase remaining unchanged

Do not increase drug-related crime, e.g. drug trafficking, robbery/assaults

Wood E, et al. *CMAJ*. 2004;171:731–4; Wood E, et al. *Subst Abuse Treat Prev Policy*. 2006;4:1–4
EMCDDA. Drug consumption rooms: an overview or provision and evidence. http://www.emcdda.europa.eu/topics/pods/drug-consumption-rooms_en [Accessed May 2019]

Feasibility of setting up DCRs

Funding

- Centralised funding? Contingency funding? Realigned resources from similar existing services?
- Can the locality justify the necessary resources for a relatively small cohort of people?
- Are there more affordable interventions available?
- Can it lead to substantial savings in other departments? How can the value be expanded?

Acceptability

- Engage with community residents surrounding proposal for DCR, addressing possible concerns
- Provide clear communication channels with the local authorities
- Seek media opportunities to educate on DCRs, e.g. radio interviews, press releases
- Invite politicians to get involved throughout the process of DCR implementation

Legal barriers

- Will DCRs put individuals at risk of prosecution under the country's law?
- Do laws need to be amended?
- The United Nations' drug control conventions – how to rationalise introduction of DCR in countries that have signed up to the United Nations' Conventions on drug control?

Back Yard. Volteface. http://volteface.me/app/uploads/2019/01/BACK_YARD_008_SINGLE.pdf [Accessed May 2019]

Case study: the Paris DCR

History

2009	Project was drafted and submitted to the Ministry of Health, and lobbying of politicians/elected representatives occurred
2010	**Aug**: Push-back from the Prime Minister who stated that DCRs are 'neither useful nor desirable'
2012	Proposal submitted by Gaïa-Paris and Doctors of the World France to the Ministry of Health. The Mayor of the 10th district declared himself in favour of opening a DCR in his district
2013	The Council of State stopped the process due to the current law not being adapted to the protection of establishing DCRs
2016	**Jan**: Adoption of the Modernisation of Public Health Law. Article 43 allows the experimentation for 6 years of drug consumption rooms in cities that apply for it
	Oct: Opening of the first DCR in Paris managed by the health and social structure Gaïa-Paris

Avril. Unpublished data.

Case study: the Paris DCR

Set-up of the DCR

- The DCR is open **7 days** a week from 1:30–8:30 PM
- The establishment has **one injection room with 12 booths** and **1 inhalation room with 4 booths**
- The team consists of: 1 general practitioner, 7 nurses, 13 social workers, security agents and peer workers

Inhalation room

Injection room

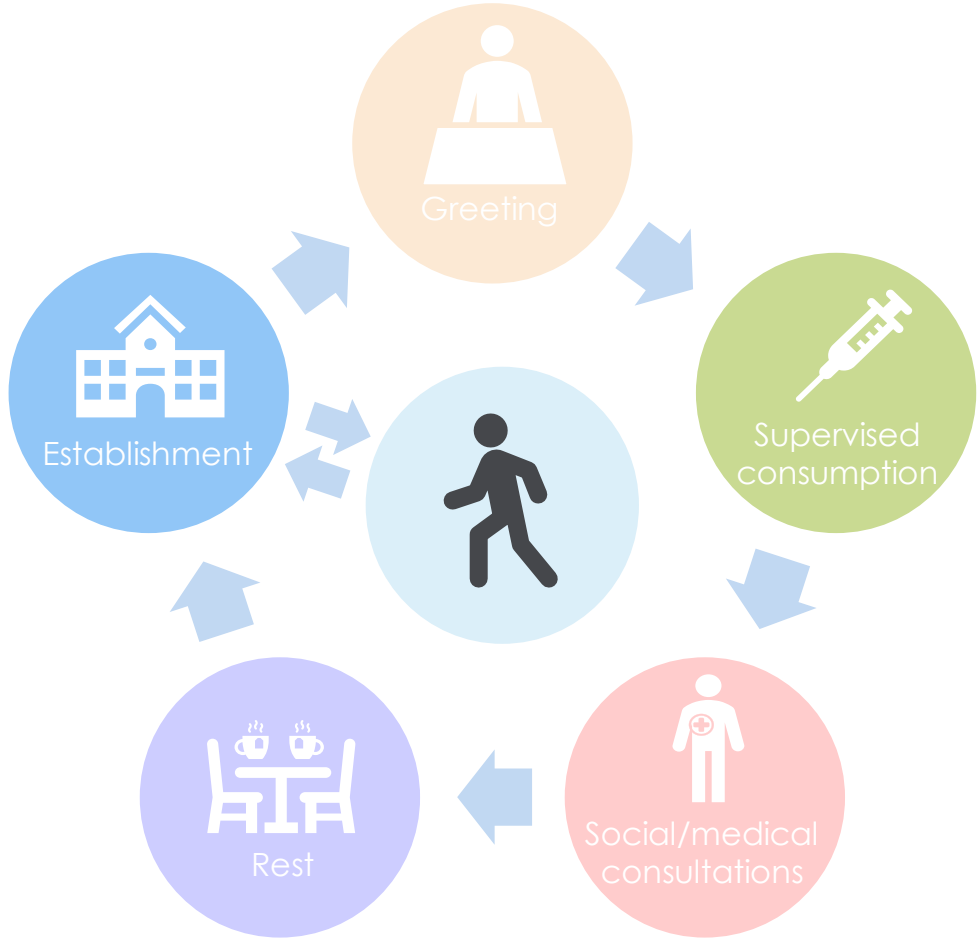
Rest room

Avril. Data and images

Case study: the Paris DCR

Operating rules

- For PWIDs over **18 years old**
- **Free** and **anonymous**
- First visit involves an interview, an assessment of the main difficulties and a signed agreement to the operational rules
- **20 minutes** for each consumption
- **No restriction** on products allowed
- **No limited time** in the resting area
- Services provided: social and medical consultations, referring to substitution treatment, blood-borne virus screening



Avril. Unpublished data.

Case study: the Paris DCR

Activity between October 2016–February 2019

1,271 PWIDs enrolled since opening

- **86%** male
- **21–69** (37.8) years old
- **42.5%** with HCV (40% with no access to care)
- **5.8%** HIV-positive
- **49%** clients: last screening >6 months
- **59%** homeless
- **41.8%** in contact with addiction centre
- **30%** with no health coverage
- **28%** no social or medical follow-up

In **2018**, there were **437** medical consultations for 178 users

In **2**
were **1383** social consultations for 408 users

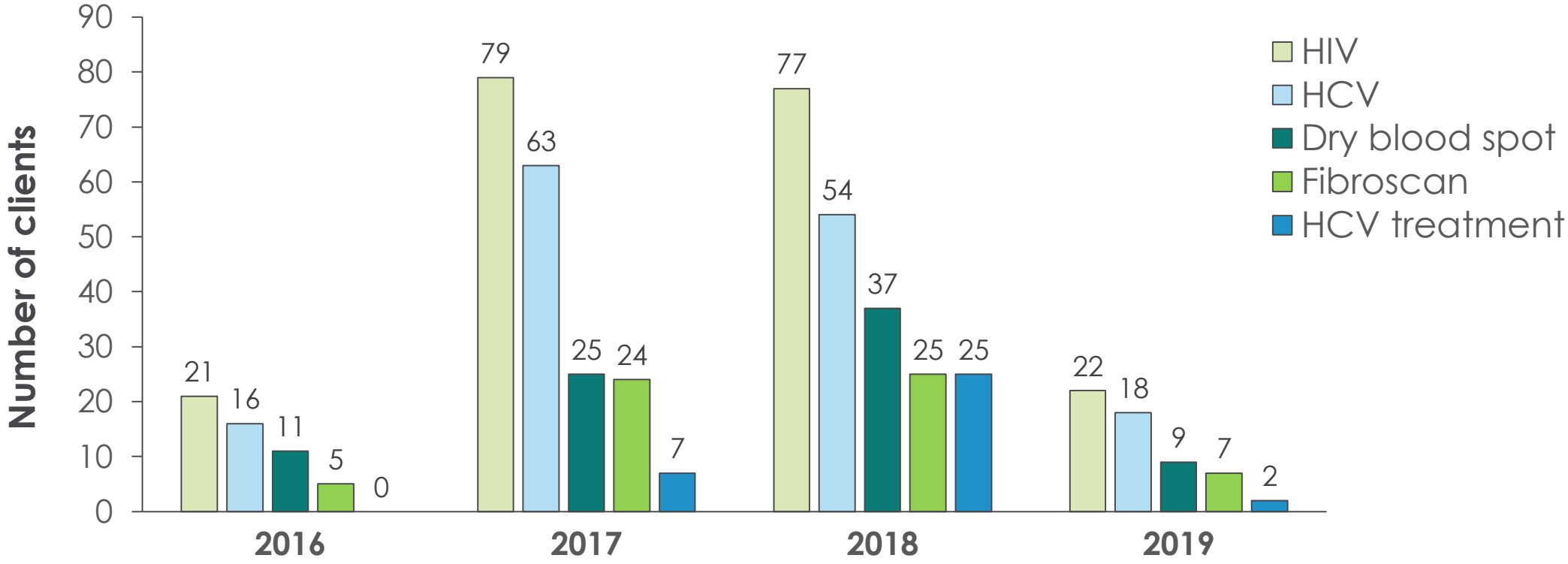
monitored after drug use but **no deaths** occurred

oxone administered **7** times

Avril. Unpublished data.

Case study: the Paris DCR

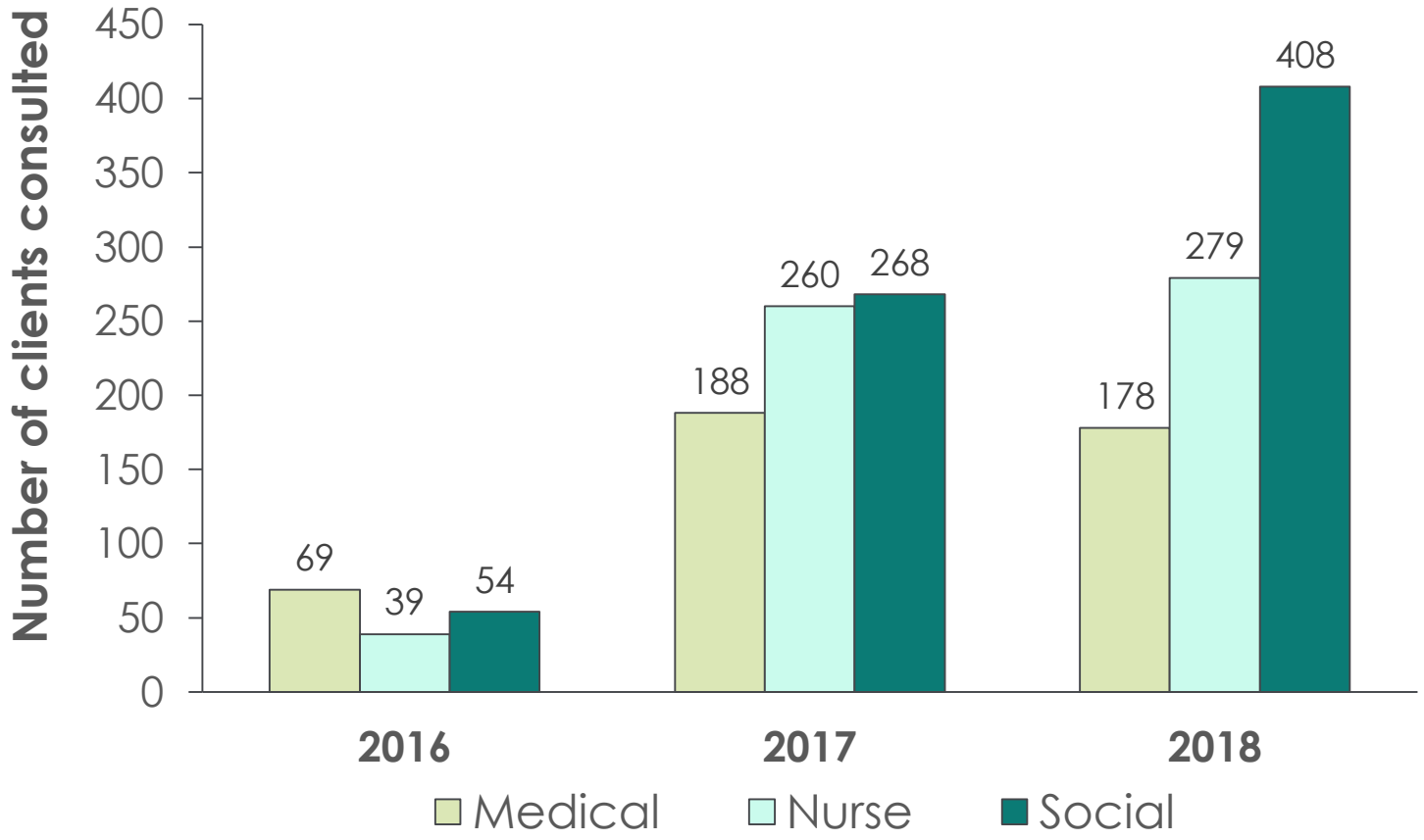
Screening HCV, HIV and onward care



Avril. Unpublished data.

Case study: the Paris DCR

Clients attending medical and social consultations



- **417 users** coming to the DCR have benefited from referrals to centres offering opioid substitution therapy
- **136 physical accompaniment** to external consultations, to in-patient clinics or any other medical appointments

Avril. Unpublished data.

Case study: the Paris DCR

Challenges

- It is **difficult to increase the impact of DCRs** by increasing visitors due to no other DCRs being open in the Ile de France region (which includes Paris)
- The number of **crack cocaine users** is growing – there are no available services which allows them to consume on site
- Growing concerns of **managing mental health** among unstable PWUDs

Prospects

- **Open more DCRs** in Ile de France, with one **meeting the needs of crack smoking**
- Keep a **strong collaboration with the community**, e.g. city hall, state services, police, night and day shelters
- Re-organise the harm reduction strategy (and services offered) in the region so that there is **equal access** to all PWUD

Avril. Unpublished data.

Conclusion

- DCRs have been implemented in various European countries – predominantly in Switzerland, Spain, Germany and the Netherlands
- New DCRs are opening every year – for example, last year a DCR opened in Belgium and a new DCR will be opening in Portugal this year
- Real-world evidence shows that DCRs are beneficial to both PWUDs and the community
- Funding, acceptance from the wider community and the law are key elements that need to be considered when establishing DCRs