Drug Consumption Rooms: Saving lives, making communities safer

“Insite (Vancouver DCR) saves lives. Its benefits have been proven.” Supreme Court of Canada, 2011

UK drug related death rates are among the highest in Europe, and are increasing dramatically - reaching record levels for four years in a row.1,2 Drug Consumption Rooms (DCRs) significantly reduce: fatal overdoses and needle sharing that can lead to infections, including HIV and hepatitis; high risk public injecting; and discarded needles, while increasing numbers entering treatment.3

What is a Drug Consumption Room?

DCRs (or supervised injection facilities) are legally sanctioned facilities where people can inject their own pre-obtained drugs, under medical supervision. Many also allow smoking of drugs (including heroin and crack cocaine), and so are called ‘drug consumption rooms’. They can be in permanent clinics, mobile ambulance style units or temporary structures. They typically provide people who use drugs with:

- sterile injecting equipment
- a hygienic space to use drugs under medical supervision that they have bought illicitly
- primary medical care, and emergency care in the event of overdose
- counselling services and referral to social and health-care services
- DCRs complement and offer a gateway to drug treatment

The UK government’s official advisers - the Advisory Council on the Misuse of Drugs (ACMD) - supports the setting up of drug consumption rooms.4

Where are DCRs in operation?

The first professionally staffed service where drug injection was accepted was in the Netherlands in the early 1970s. Now there are more than 100 DCRs operating in at least 66 cities around the world, in 10 countries - Switzerland, Germany, the Netherlands, Norway, France, Luxembourg, Spain, Denmark, Australia and Canada.5 There are government funded plans to open a DCR in Dublin, in 2018,6 and similar plans are in train in Glasgow7 – destined to become the first in the UK if legal difficulties can be resolved. Some US cities are also exploring this option.

Are DCRs Effective?

The evidence is clear: DCRs reduce needle sharing that can lead to transmission of HIV and hepatitis, e.g. research predicts Insite in Canada will prevent between 1191-1517 HIV infections over a 10 year period;8 prevent overdose deaths9 - in the area where Insite is located these fell 35% vs 9% in the rest of Vancouver after it opened;10; reduce street injecting and discarded syringes. Drug consumption rooms can also reduce street disorder and encounters with the police. They also increase the number of people accessing primary health care and drug treatment, especially among the hard to reach homeless populations most likely to be street injecting. Evaluation studies have found an overall positive impact on the communities where these facilities are located.11
Are there downsides?

Although they can require significant funds to set up and run (depending on what form they take, hours of operation etc), numerous cost benefit analyses have shown they are very good value for money compared to other measures. In particular, given the high life-time cost of treating diseases like HIV (about £360,000 per person) and hepatitis, avoiding even a small number of infections from needle sharing can mean a DCR pays for itself rapidly.

A recent assessment for a proposed DCR in San Francisco suggested savings of $2.33 for every $1 spent. In 2017, following 75 HIV infections from needle-sharing in 18 months the Glasgow NHS conducted a business case for drug consumption rooms combined with some Heroin Assisted Treatment stating:

“Our proposals...would help to address a wide range of issues and so relieve considerable pressure on services elsewhere in the system. The evidence clearly shows the potential for these proposals to create long-term savings and so the economics of this issue are also compelling.”

Concerns that DCRs may encourage drug use or increase crime have proven unfounded. Use is restricted to existing dependent users, and a review by the European Monitoring Centre for Drugs & Drug Addiction (EMCDDA) concluded:

“There is no evidence to suggest that the availability of safer injecting facilities increases drug use or frequency of injecting. These services facilitate rather than delay treatment entry and do not result in higher rates of local drug-related crime.”

To be effective, DCRs have to be sited where a street injecting problem already exists. And where they have been established, they have soon won support from the public and authorities.

References

7. 'reater Glasgow and Clyde, Safer consumption facility could provide substantial financial gain for services', http://www.banghie.org.uk/about-us/media-centre/news/2017/02/safer-consumption-facility-could-provide-substantial-financial-gain

Transform Drug Policy Foundation is a charitable think tank that campaigns for the legal regulation of drugs both in the UK and internationally.

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