

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



The H17 supervised drug consumption venue, Copenhagen

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 period⁸; prevent overdose deaths⁹ - in the area where Insite is located these fell 35% vs 9% in the rest of Vancouver after it opened¹⁰; 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



Mobile drug consumption room in Copenhagen, Denmark

Opiate overdose is easily reversed if attended to quickly, only becoming deadly if people don't have rapid access to emergency care.

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.

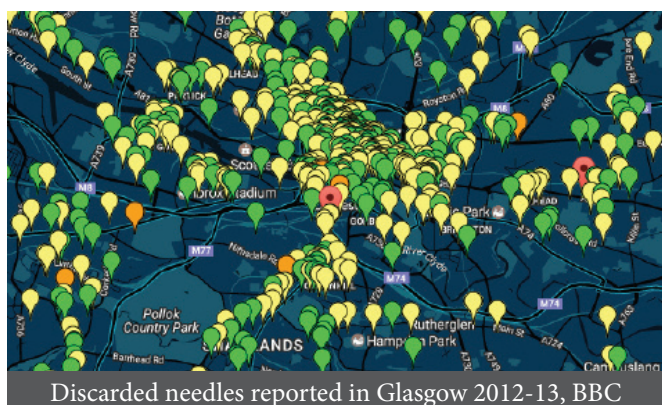
A recent assessment for a proposed DCR in San Francisco suggested savings of \$2.33 for every \$1 spent.¹² In 2017, following 75 HIV infections from needle-sharing in 18 months the Glasgow NHS conducted a business case for drug consumption rooms combined with some Heroin Assisted Treatment stating:

“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.”¹³

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.”¹⁴

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.



Number of people who died as a result of illicit heroin use in UK in 2018

1897

Number of people who have died in a drug consumption room, at any time, anywhere in the world

0

Further reading

We recommend the below for an in depth look at the issues and literature around DCRs. Or contact Transform for more details.

European Monitoring Centre on Drugs and Drug Addiction, “Drug consumption rooms: an overview of provision and evidence”, <http://www.emcdda.europa.eu/topics/pods/drug-consumption-rooms>

References

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5. European Monitoring Centre on Drugs and Drug Addiction, ‘Drug consumption rooms: an overview of provision and evidence’ <http://www.emcdda.europa.eu/topics/pods/drug-consumption-rooms>
6. Irish Government Press Release, ‘Ireland’s first Supervised Injecting Facility to provide safe harbour and medical help for chronic drug users’ <http://health.gov.ie/blog/press-release/irelands-first-supervised-injecting-facility-to-provide-safe-harbour-and-medical-help-for-chronic-drug-users/>
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9. For a good review of the evidence see <http://www.thejournal.ie/medically-supervised-injection-centres-facilities-deaths-fact-check-3245282-Feb2017/>
10. Marshall BD et al Lancet. 2011 Apr 23, ‘Reduction in overdose mortality after the opening of North America’s first medically supervised safer injecting facility: a retrospective population-based study’ <https://www.ncbi.nlm.nih.gov/pubmed/21497898>
11. European Monitoring Centre on Drugs and Drug Addiction, ‘Drug consumption rooms: an overview of provision and evidence’ <http://www.emcdda.europa.eu/topics/pods/drug-consumption-rooms>
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13. Susanne Millar, Glasgow Health and Social Care Partnership <http://www.nhsggc.org.uk/about-us/media-centre/news/2017/02/safer-consumption-facility-could-provide-substantial-financial-gain/>
14. European Monitoring Centre on Drugs and Drug Addiction, ‘Drug consumption rooms: an overview of provision and evidence’ <http://www.emcdda.europa.eu/topics/pods/drug-consumption-rooms>

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