

New report presents latest overview on drug consumption rooms in Europe



The EMCDDA and the Correlation – European Harm Reduction Network ([C-EHRN](#)) have published today the latest [overview on drug consumption rooms \(DCRs\) in Europe](#). The purpose of the report is to inform discussions on these facilities by examining the available evidence and reviewing the various models adopted.

DCRs are a health and social response to drug-related problems. They are fixed or mobile spaces where people who use drugs are provided with sterile drug use equipment and can use illicit drugs under the supervision of trained staff. They are usually located in areas where there is an open drug scene and where injecting in public places is common. The primary target group for DCR services are people who engage in risky drug use.

According to the report, the geographical distribution of DCRs is uneven, both at the international and regional levels. In 2022, there were over 100 DCRs operating globally, with services in Belgium, Denmark, France, Germany, Greece, Luxembourg, the Netherlands, Norway, Portugal and Spain, as well as in Switzerland, Australia, Canada, Mexico and the USA (¹).

Primarily, DCRs aim to prevent drug-related overdose deaths, reduce the acute risks of disease transmission through unhygienic injecting, and connect people who use drugs with addiction treatment and other health and social services. They can also aim to minimise public nuisance.

The report identifies two main operational models of DCRs in Europe: integrated DCRs, operating within low-threshold facilities, where the supervision of drug use is just one of the services offered; and specialised DCRs, offering a narrower range of services directly related to supervised consumption.

As frontline, low-threshold services, DCRs can have a role to play in the early identification of new and emerging trends among high-risk populations using their services. In Europe, heroin injection has decreased in recent years, superseded by the misuse of synthetic opioids and stimulants in some countries. Over the years, in the context of a dynamic drug phenomenon, many drug services, including DCRs, have adapted to local client needs and drug market trends. This has included providing services for smoking as well as injecting and allowing the consumption of a wider range of substances within the facility.

As services, DCRs are particularly challenging to evaluate. This means generalising from the research evidence that exists in this area is difficult. Currently available evidence suggests that DCRs may have a beneficial impact on the level of access to healthcare and harm reduction services among hard-to-reach target groups; do not increase crime in the surrounding area; and may contribute to decreasing drug use in public spaces as well as reducing overall public nuisance. There is also some evidence indicating that drug consumption rooms can reduce drug-related deaths.

In addition, an expert panel recently concluded that DCRs may contribute to reducing injecting-related risk behaviour and therefore potentially contribute to efforts to reduce the transmission of viral infections among people who inject drugs ⁽²⁾.

The report concludes that, despite the difficulties of conducting research in this setting, more studies are needed to improve the evidence on the extent to which DCRs may contribute to reducing both individual and community harms, both in terms of outcomes associated with drug injecting and non-injecting routes of administration.

Among other measures to reduce cases of fatal and non-fatal overdose, the [EU Drugs Action Plan 2021–2025](#) calls for DCRs to be introduced, maintained or enhanced 'where appropriate and in accordance with national legislation'.