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# European Report on Drug Consumption Rooms – Executive Summary

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## Introduction

The European Report on Drug Consumption Rooms provides a descriptive analysis of historical background, operational frameworks and outcomes of supervised drug consumption facilities. Based on a review of the available literature, it aims to inform the current discussion and addresses the expected benefits and risks of such services. Published in March 2004 by the European Monitoring Centre for Drugs and Drug Addiction, it can be downloaded from the EMCDDA website (<sup>1 2</sup>).

The background to the EMCDDA's review of evidence of the work of consumption rooms is the Centre's task to monitor drug use-related health consequences and efforts to reduce these, guided by the target of the European Union Drugs Strategy 2000–04 to substantially reduce the incidence of infectious diseases and the number of drug-related deaths.

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<sup>1</sup> EMCDDA (2004), *European Report on Drug Consumption Rooms*, Luxembourg: Office for Official Publications of the European Communities.

[http://www.emcdda.eu.int/responses/themes/consumption\\_rooms.cfm](http://www.emcdda.eu.int/responses/themes/consumption_rooms.cfm)

<sup>2</sup> Parts of this text are based on a summary produced by Jean Long, Irish National Focal Point.



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## **Definition**

Consumption rooms are professionally supervised health care facilities where drug users can use drugs in safe, hygienic conditions. They comprise a highly specialised drugs service within a wider network of services for drug users and usually operate from separate areas located in existing facilities for drug users or the homeless.

Consumption rooms are official services, funded from local or regional budgets or by voluntary organizations. The rooms are supervised by social workers, nurses, doctors or other staff trained in emergency aid and social assistance to drug users. They are distinct from illegal 'shooting galleries', which are run for profit by drug dealers, as well as from consumption facilities provided within the framework of drug prescription programmes, where drugs are supplied to users.

## **Rationale and objective**

The overall rationale for consumption rooms is to reach and address the problems of specific, high-risk populations of drug users, especially injectors and those who consume in public. These groups have important health care needs, which are often not met by other services, and pose problems for local communities that have not been solved through other responses by drug services, social services or law enforcement.

The *specific objectives* of consumption rooms are to:

- establish contact with difficult to reach populations of drug users;
- provide a safe and hygienic environment for drug consumption, in particular, injecting drug use;
- reduce mortality and morbidity associated with drug use, as a result of overdose, transmission of HIV and hepatitis, and bacterial infections;
- promote access to other social, health and drug treatment services;
- reduce public drug use and associated nuisance.



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## **Availability, legislation and house rules**

In Europe there are 72 consumption rooms located in 39 cities in four countries namely, Switzerland, the Netherlands, Germany and Spain <sup>(3)</sup>. The first consumption room was opened in Bern, Switzerland in 1986. In the early nineties, the Netherlands and Germany opened their first consumption rooms, and in 2000 Spain followed. Luxembourg and Norway are preparing the establishment of such services.

In the Netherlands and Spain, the operation of supervised consumption rooms is based on municipal regulations, in Germany on an amendment to the national drugs law that enables federal states to regulate implementation, and in Switzerland on a decision of the Public Prosecutor supported by assessments of Swiss and international law.

In a consumption room, the use of drugs is supervised by staff, who also give advice on risks, educate clients about safer drug use techniques and provide emergency help in case of overdose or other adverse reactions.

General admission criteria are that clients are regular or dependent users of heroin or cocaine and over 18 years old. Occasional or first-time users are excluded. Access controls to consumption rooms are strict, and in many services personalised access cards are issued after formal registration. In some cases, the number of cards is limited to prevent overcrowding. Use of a facility is sometimes restricted to local residents to limit the influx of drug users from other cities.

House rules prohibit drug dealing and specify basic hygiene requirements and safety procedures. Consumption rooms do not advertise, and staff do not help clients inject.

Front-desk staff check that potential service users meet the admission criteria and make them familiar with house rules. After receiving sterile equipment, clients can use the facility, usually for about 30 minutes (this period applies to facilities that are predominantly used by heroin injectors; cocaine injectors usually require less time). Inside the supervised consumption area, a staff member makes clients aware of health risks and dangerous modes of consumption, observes during consumption and provides safer use advice, for example, on injecting techniques. Other staff are available to provide immediate help in case of an emergency. As most consumption rooms are integrated into wider drugs services, many clients also use other services available on site.

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<sup>3</sup> An 2003 update of the total number of consumption rooms in the Netherlands has been made according to a survey by Bransen E, van't Land H and Wolf J (2004) *Gebruikersruimten in Nederland. Trends and ontwikkelingen 2001 – 2003*, Utrecht: Trimbos.



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## **Risks and benefits**

The report discusses the following benefits that might be expected from the work of consumption rooms:

- decreases in high-risk drug use;
- decreases in morbidity and mortality among the target population;
- increased uptake of health and social care including drug treatment;
- reductions in public drug use and neighbourhood nuisance.

Because consumption rooms target those who are not ready for treatment, a major function is to offer other survival-oriented services, including basic medical care, food, drinks, clothes and shelter. The rationale underlying this function is that drug users should, as long as they cannot or do not want to stop drug use, be enabled to survive in the hope that they may at some later stage be able to give up drug use.

The report also addresses the perceived risks of these facilities, which are that their presence might:

- encourage increased drug use or even initiate new users;
- make drug use more acceptable and comfortable, thus delaying initiation to treatment;
- increase public order problems by attracting drug users and drug dealers from other areas.

## **Effectiveness**

The review identified a large number of studies that describe the outcome of consumption rooms or discuss their relevance in the context of a local harm reduction strategy. Since 2000, about fifteen new research studies had been published that examined one or more of the above described expected benefits and risks.

The results about the effectiveness of consumption rooms are summarised below with regard to the specific objectives.

- ***Ability to attract difficult to reach drug users***

Consumption rooms reach their defined target population, including street users and older, long-term users who have never been in treatment. There is no evidence that they recruit drug users into injecting.



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To achieve adequate coverage and high rates of regular use it is necessary to provide sufficient capacity relative to the estimated size of the target population, to locate rooms on sites that are easily accessible and to ensure that opening hours are long enough to meet demand, especially in the evening. Rooms targeting drug-using sex workers also need to be appropriately situated and remain open in the evening and night.

Given the nature of the target population, it is vital that the 'house style' encourages rather than deters potential clients. This implies that staff need to be sympathetic and non-judgemental towards problematic, marginalised and sometimes difficult clients, yet at same time be clear and consistent about admission criteria and house rules.

- ***Provide a safer injecting environment***

Consumption rooms achieve the immediate objective of providing a safe place for lower risk, more hygienic drug consumption without increasing the levels of drug use or risky patterns of consumption.

Health education at consumption rooms encourages sustainable changes in risk-taking behaviour by some clients and contributes to reducing drug-related health damage among a difficult to reach target group.

- ***Decrease the incidence of infection associated with drug use***

A lack of studies combined with methodological problems associated with isolating the effect of consumption rooms mean that no conclusions can be drawn about the direct impact on infectious disease incidence.

- ***Decrease incidence of drug-related deaths***

Where coverage is sufficient and access and opening hours are appropriate, consumption rooms may contribute to reducing drug-related deaths at a city level.

- ***Increase access to social, health and drug treatment services***

Consumption rooms increase access to drug services and health and social care. In so doing, they promote the social inclusion of a group of extremely marginalised problem drug users.

Besides supervision of drug consumption, other services are usually delivered on site. Low-threshold medical care and psychosocial counselling services are especially well used and contribute to stabilisation of and improvement in the physical and psychological health of service users.



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Consumption rooms make referrals to further services, including drug treatment. For frequent attendees in particular, the rooms act as a link to the wider system of care. Only a small proportion of clients use the facilities solely for drug consumption. The majority, at some point, make use of other medical, counselling and treatment services.

Older clients, in particular, can be characterized by a high degree of service dependency, due to unemployment, long-term homelessness and serious health problems. This is a fairly common observation in many services dealing with marginalised and problematic client groups. There is, however, little evidence to suggest that consumption rooms delay treatment seeking for problem drug use by clients through making drug use more 'comfortable'.

The question of whether consumption rooms conflict with treatment goals, in particular whether they should allow clients in oral methadone treatment to use the rooms for injection, is dealt with in different ways. In some countries, for example Germany, methadone clients are excluded from most consumption rooms. Other countries, for example Switzerland, take the pragmatic view that if methadone clients are going to inject anyway, it is better that they do so in safe and hygienic circumstances.

- ***Reduce public drug use and associated nuisance***

Consumption rooms can reduce the level of drug use in public. The extent to which this is achieved depends on their accessibility, opening hours and capacity to accommodate drug consumption that would otherwise occur in public.

The location of consumption rooms must be compatible with the needs of drug users while also taking account of the needs and expectations of local residents. A reduction in the number of public consumptions can contribute to improvements in the neighbourhood by helping to reduce public nuisance associated with open drug scenes. However, facilities near illicit drug markets are not able to solve wider nuisance problems that result from these markets.

Police actions against drug scenes in other neighbourhoods may increase public order problems near consumption rooms, especially if space is not sufficient to meet the increased demand by a new group of drug users. If rooms are to contribute to reducing public nuisance rather than be blamed for aggravating it, there needs to be sufficient capacity as well as consultation with local residents but also with police, so that action to discourage open drug scenes does not at the same time produce further nuisance in other areas.

Consumption rooms have greater impact where there is a political consensus that they are part of a comprehensive local strategy to respond to drug use-related problems that acknowledges public and individual health objectives as well as the need to maintain an acceptable situation with regard to order and safety in the community.



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There is no evidence that the operation of consumption rooms leads to more acquisitive crime.

There is small-scale drug dealing in the vicinity of many services, which is not surprising given their location.

## **Conclusions**

According to available research, the evidence suggests that the benefits of consumption rooms can outweigh the risks, but it is important to set this in the wider context of problem drug use and of responses to it, and to be modest in claiming what consumption rooms can or cannot achieve. In particular, it is unrealistic to expect that they can:

- prevent all public drug use;
- persuade all clients to reduce risky drug use or enter treatment;
- in themselves be the major factor in reducing morbidity and mortality;
- solve wider problems of drug markets and drug dealing.

The evidence suggests that consumption rooms only make sense and can only be effective, if they are:

- established within the wider framework of a public policy and network of services that aim to reduce individual and social harm arising from problem drug use;
- based on consensus and active cooperation between key local actors, especially health workers, police, local authorities and local communities;
- seen for what they are – specific services aiming to reduce problems of health and social harm involving specific high-risk populations of problematic drug users and addressing needs that other responses have failed to meet.