Research data on DCR users in Europe

Louis Favril, Ghent University

EMCDDA technical meeting: *Drug consumption rooms as a source of information on the drug situation at local, national, and European level*

Lisbon, 4-5 June 2018
Published literature

Much scientific research over the past 30 years
Recent systematic review (October 2017)

- Of the 47 included studies, 80% were conducted outside Europe
  - 28 in Vancouver, Canada
  - 10 in Sydney, Australia
  - 9 in European countries
    - Germany (4), Denmark, (2), Spain (2), the Netherlands (1)
Research data

Canada and Australia vs. Europe

- Evaluations conducted outside EU dominate the published literature

- As scientific pilot projects, these DCRs have been the subject of large-scale evaluation studies using elaborate designs, resulting in a large body of outcome data published in peer-reviewed journals

- The use of monitoring data collected at the EU facilities remains limited to internal evaluations or publications in grey literature
Evidence of effectiveness

DCRs are effectively meeting their objectives

- Mitigate overdose-related harms and unsafe drug use behaviours
- Facilitate uptake of addiction treatment and other services (on-site)
- Improvements in public order without increasing drug-related crime
- Cost-effective
- Methodological challenges impede efforts to examine the impact of DCRs on the incidence of infectious diseases (eg, HIV and HCV).

- DCR’s success (effectiveness) depends to a large extent on their ability to attract and engage with their target population
DCR goals

Reach and maintain contact with target group

- Depends on the local context and admission criteria (eg, OST)

- Generally hard-to-reach PWUD
  - Socially marginalized
  - At high risk of HIV infection and overdose
  - Likely to use/inject drugs in public

- Establish contact with this vulnerable group of drug users
  → to improve their health and wellbeing, and to benefit public order
Data on DCR users

Do DCRs reach their target group?

- Potier et al. (2014): SR of 14 studies (of which 12 non-EU)
  - Majority male, 30–35 years of age
  - Frequent housing insecurity and unemployment
  - Previous history of incarceration
  - 10–39% resorting in prostitution
  - Heroin < cocaine < opiates < amphetamines
  - HCV and HIV
  - More frequency and risk IDU compared to other PWID
Hedrich (2004)

- Data from client surveys (11 EU studies, 1995–2003)
- Age, sex, drug use profile, housing, income, imprisonment, place of residence, prior treatment experience, contact with drugs services

### Table A: Characteristics of consumption room users (data from client surveys)

<table>
<thead>
<tr>
<th>Reference</th>
<th>n</th>
<th>Type of study</th>
<th>Average age</th>
<th>Drug use history &amp; current use patterns</th>
<th>Treatment experience Current contact other services</th>
<th>Other characteristics</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reyes Fuentes (2003)</td>
<td>147</td>
<td>Full client survey at Fixerstulip CR Berne during four weeks in 2001.</td>
<td>33 years</td>
<td>Life-time prevalence: 99% heroin, 97% cocaine, 92% methadone.</td>
<td>31% contact low-threshold service &gt; 3 times/week</td>
<td>33.3% no own accommodation/apartment</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Self-administered, anonymous questionnaire</td>
<td>15% younger than 25 years</td>
<td>Last week prevalence: 93% heroin, 74% cocaine, 56% methadone</td>
<td></td>
<td>74.7% ever imprisoned</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>68% male</td>
<td></td>
<td></td>
<td>Main source of income: 32.8% social security, 18.8% regular employment, 14.8% receive invalidity pension</td>
</tr>
<tr>
<td>Minder Nejedly &amp; Buerki (1999); Reyes Fuentes (2003)</td>
<td>155</td>
<td>Full client survey at CR Berne during one week in 1995, response rate &gt; 90%.</td>
<td>30 years</td>
<td></td>
<td></td>
<td>32% contact low-threshold service &gt; 3 times/week</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Self-administered, anonymous questionnaire</td>
<td>17% younger than 25 years</td>
<td>Average age first heroin use 15 years;</td>
<td></td>
<td>12.2% no own accommodation/apartment</td>
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<td></td>
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<td></td>
<td>71% male</td>
<td>Life-time prevalence: 99% heroin, 97% cocaine, 84% methadone</td>
<td></td>
<td>73% ever imprisoned</td>
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<tr>
<td></td>
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<td></td>
<td>Last week prevalence (current use): 91% heroin, 77% cocaine, 47% methadone</td>
<td></td>
<td>Sources of income: 27% permanent employment, 13% temporary employment, 49% social services (incl. 3.9% invalidity pension)</td>
</tr>
</tbody>
</table>
Hedrich (2004)

- Data from DCR monitoring systems (3 EU studies, 2000–2003)

<table>
<thead>
<tr>
<th>Reference</th>
<th>n</th>
<th>Monitoring period</th>
<th>Average age</th>
<th>Drug use history &amp; current drug use, upon registration at CR</th>
<th>Treatment experience upon registration at CR</th>
<th>Other characteristics</th>
</tr>
</thead>
<tbody>
<tr>
<td>MSIC Evaluation Committee, 2003</td>
<td>3,810</td>
<td>All drug users who registered at MSIC (Sydney) during 18-months trial phase</td>
<td>31 years Age range: 18-67 years 73% male</td>
<td>Average age first injecting use: 19 years 42% daily injectors (month prior to registration); 44% ever overdosed</td>
<td>66% ever in drug addiction treatment; 26% entered treatment during past 12 months; 41% currently clients of drugs service in vicinity</td>
<td>57% social security as main income; 21% full time employment; 11% unstable accommodation; 26% imprisoned in year prior registration; Month prior to registration: 39% injected in public places; sex work: Male = 3%, Female = 29%</td>
</tr>
<tr>
<td>Agencia Antidroga, 2000</td>
<td>1,499</td>
<td>Drug users registered at CR DAVE (Madrid) during the first six months of operation</td>
<td>68% of clients are 31 years or older 85% male</td>
<td>80% first injecting drug use between 17 and 20 years of age</td>
<td>50% ever in addiction treatment</td>
<td>38% ever imprisoned; 42% homeless; 65% unemployed</td>
</tr>
<tr>
<td>Benninghoff &amp; Dubois-Arber, 2002</td>
<td>441</td>
<td>Drug users registered at CR Biel during first nine months of operation</td>
<td>32 years Age range: 18-55 years 75% male</td>
<td>Average age first drug use: 21.5 years On average 1.3 drug consumptions during previous 24 hours</td>
<td>No information</td>
<td>93% residents of city of Biel or surrounding area</td>
</tr>
<tr>
<td>Benninghoff et al., 2003</td>
<td>736</td>
<td>Drug users registered at CR Geneva during first year of operation</td>
<td>33 years Age range: 18-62 years incl 12 clients younger than 20; 73% male</td>
<td>On average 1.8 injections during previous 24 hours 20% made last injection in public place</td>
<td>59% currently in substitution treatment (of which 17% report regular heroin consumption, compared to 44% of clients not in treatment)</td>
<td>12% HIV+ (95% tested); 53% HepC+ (90% tested) Month prior to registration: 16% without fixed abode; 81% residents Geneva and canton Vaud; 33% income from regular employment; 60% social welfare payments</td>
</tr>
</tbody>
</table>
Switzerland

Dubois-Arber et al. (2008)

- 509 PWID of DCR in Geneva (no control group)
- 28% women, mean age 33 years
- Four types
  - 1-day client (visitors)
  - Standard clients (cocaine)
  - Heroin-oriented clients
  - High cocaine consumption clients
Scherbaum et al. (2009)

- Self-report data by 129 DCR clients in Essen (no control group)
  - Past-month public injecting (53%) and needle sharing (22%)
  - Unstable housing
  - Low educational attainment
  - Histories of incarceration
  - 12% history of sex work (47% of the females)
  - 63% HIV infection
  - 90% prior treatment for drug dependence
Bravo et al. (2009)

- ITINERE cohort, Madrid and Barcelona (N = 249)
- Factors associated with DCR use (39% of subjects)
  - Male sex
  - Source of illegal income
  - Higher-risk drug use patterns
  - HCV+
  - Not borrowing used syringes

- DCRs attract highly disadvantaged, socially marginalized PWUD
Kinnard et al. (2014)

- 41 IDU clients at the Copenhagen DCR (no control group)
ACCESS and VIDUS prospective cohorts

- Blood sample + interview-based questionnaire every six months
- Monitor drug use patterns, health status, and access to services
- Identify how various policies or programs affect outcomes

- Extremely valuable information gained through ACCESS and VIDUS
- Performs an important public health function by providing regular HIV and HCV testing to PWUD, and connects participants with services
Australia

FINAL REPORT OF THE EVALUATION OF THE SYDNEY MEDICALLY SUPERVISED INJECTING CENTRE

MSIC Evaluation Committee

Sydney Medically Supervised Injecting Centre
Evaluation Report No. 4:
Evaluation of service operation and overdose-related events

A report for the NSW Department of Health
by the National Centre in HIV Epidemiology and Clinical Research
June 2007

The National Centre in HIV Epidemiology and Clinical Research is funded by the Australian Government Department of Health and Ageing, and is affiliated with the Faculty of Medicine, University of New South Wales.
Australia

MSIC client demographics 2001–2010

- Increasing age of new registrants (31–34y)
- 75% males
- 87% heterosexual
- 10% ECM
- Average age of first IDU: 19y
- 60–70% government benefits as main source of income
- Heroin predominates
- Mental health disorders + suicide attempts (Goodhew et al., 2016)

- The demographic profile of MSIC clients is relatively stable
In summary

Based on the available evidence,

- PWID using DCRs globally exhibit a similar profile of social precariousness and poor life conditions, which suggests that DCRs are successful in attracting the most marginalized fringes of PWID.

But…

- EU studies underrepresented
- Little data available on specific subpopulations
Vulnerable and underserved subpopulations

Youth and minors
- Most DCRs officially exclude PWUD < 18 years old

Refugees, ethnic-cultural minorities
- In case of local residency criterion

(Pregnant) drug-using women
- Female-only DCRs (Germany)

Those requiring assistance with injection
- Only DCRs operating in Barcelona and Geneva, officially

Non-injecting PWUD
- Smoking facilities have not been rigorously evaluated to date
Monitoring and evaluation

Evidence base that justifies its implementation

- DCRs remain controversial measures in the drug policy framework
- Detailed process and outcome evaluation for new DCRs
  - Baseline measure
  - Data of DCR users → registration data + surveys
  - Surveys of local residents and businesses
  - Data on drug treatment, litter counts, arrests, ambulance/hospital
- Outcome measures should be adapted to the specific local context and locally determined objectives
Conclusion

Data on DCR users

- Important information for (drug) policy
- Permits accurate monitoring and evaluation
- Identification of service gaps and unmet needs
- Importance of (common) registration practices

EU data from recently (Paris, Strasbourg) or to-be (Lisbon, Dublin) implemented DCRs?

Standardized, EU-wide methodology for data collection and monitoring?
Meanwhile, in Belgium...

Feasibility study on DCRs

Full report available at:
https://biblio.ugent.be/publication/8546539
The current situation in Liège

Luik investeert miljoen euro in gebruikersruimte voor drugs

29/05/2018 om 07:10 door km | Bron: BELGA

De Luikse gemeenteraad heeft maandagavond privéstichting Tadam aangeduid om een gebruikersruimte voor drugs in Luik in te richten, uit te baten en te omkaderen.