



Creating Safer Consumption Spaces in Europe: Evolving Contexts and Implications for Policy

Policy & Advocacy Brief

Correlation

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Creating Safer Consumption Spaces in Europe: Evolving Contexts and Implications for Policy. Policy & Advocacy Brief

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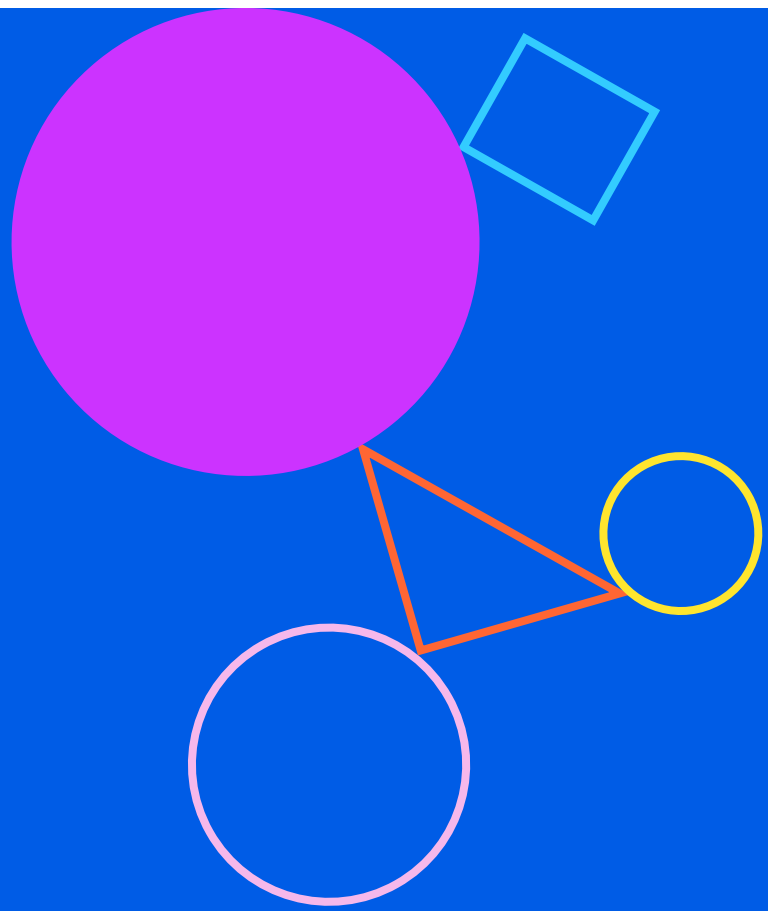


Contents

Acronyms	05
1. Executive Summary & Introduction	06
2. Background	08
The What & Why of Drug Consumption Rooms	09
Geographic distribution	10
Legal and Administrative Landscape	12
Developments in the field	12
3. Challenges & Needs for Drug Consumption Rooms in Europe	14
Legal Challenges	15
Financial Sustainability	15
Local Opposition and Gentrification	16
Political & Media Support	16
Operational challenges	17
Accessibility & quality of services	17
4. Recommendations: support DCRs as a policymaker	19
Sources	23

Acronyms

BELSPO	Belgian Science Policy Office
C-EHRN	Correlation - European Harm Reduction Network
DCR	Drug Consumption Room
EMCDDA	European Monitoring Centre for Drugs and Drug Addiction
ENDCR	European Network of Drug Consumption Rooms
GHB	Gamma Hydroxybutyrate
HCV	Hepatitis C Virus
HBV	Hepatitis B Virus
HIV	Human Immunodeficiency Virus
INHSU	International Network on Health and Hepatitis in Substance Users
INSERM	Institut National de la Santé et de la Recherche Médicale
LGBTQI+	Lesbian, Gay, Bisexual, Transgender, Queer or Questioning, Intersex
NIMBY	Not In My Back Yard
NPS	New Psychoactive Substance
OAT	Opioid Agonist Treatment
SOGIESC	Sexual Orientation, Gender Identity & Expression, and Sex Characteristics



1

Executive Summary & Introduction

Executive summary

This Policy Brief provides an overview of the state of the art regarding Drug Consumption Rooms (DCRs), exploring developments, challenges and needs in their work, as well as an overview of recommendations and examples of good practices for policymakers that wish to support these harm reduction interventions. The paper draws from the activities of the European Network of Drug Consumption Rooms [ENDCR] and, in particular, from the DCR Technical Meetings organised by the ENDCR and the European Monitoring Centre for Drugs and Drug Addiction [EMCDDA] in 2023 and 2024, respectively, in Lisbon and Athens. These meetings gathered DCR representatives from all over Europe to discuss key updates, monitoring, capacity building and advocacy needs and plans.

Introduction

— C-EHRN

C-EHRN is a European civil society network and centre of expertise in the field of drug use, harm reduction and social inclusion. C-EHRN is hosted by Foundation De Regenboog Groep (FRG) – a non-governmental, low-threshold service organisation in Amsterdam, providing harm reduction services

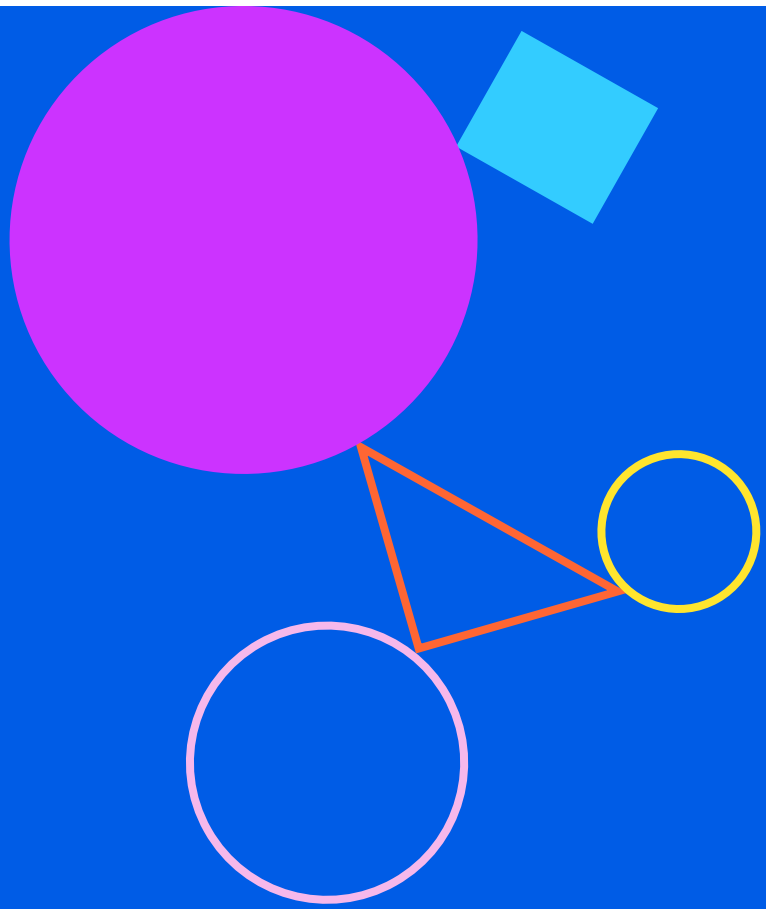
to people who use drugs and other marginalised individuals and communities disproportionately affected by health inequalities and social exclusion. The network unites a wide variety of actors in the field of drug use and harm reduction, from grassroots and community-based organisations, drugs and health service providers, and organisations of people who use drugs to research institutes and policymakers. The overall objective of C-EHRN is to create spaces for dialogue and action to reduce social and health inequalities in Europe. By bringing together the harm reduction movement in Europe, C-EHRN serves as an agent of change by promoting and supporting rights-based and evidence-informed policies, services and practices that improve the well-being of people who use drugs and other communities disproportionately affected by stigma, discrimination, health inequalities and harmful (drug) policies.

— ENDCR

The European Network of Drug Consumption Rooms (ENDCR) is a civil society initiative bringing together a variety of DCRs in Europe, representing different geographic areas and service models. The ENDCR aims to increase the availability, access to and quality of DCRs. To achieve its goals, the Network supports and facilitates networking and cooperation among different stakeholders; contributes to and supports research and data and information collection; increases the effectiveness of DCRs through capacity-building activities, promotion of good practice and knowledge exchange; and supports advocacy and dissemination activities at local, national and European level.

2

Background



The What & Why of Drug Consumption Rooms

Drug Consumption Rooms are commonly defined as services where people can use pre-obtained drugs under hygienic conditions, with professional support, and in a safe environment without fear of violence, arrest or legal repercussions. As part of these services, trained staff intervene in the event of a drug-related overdose or other medical complications and provide education on safer use practices. DCRs also supply equipment for drug use and a wide range of other services, including social, medical and mental health care and support, either onsite or through a referral system¹.

The primary concern and goal of DCRs is that of supporting the **health** and well-being of people who use drugs; for instance, by preventing overdose mortality, providing primary physical and mental healthcare, reducing transmission of communicable diseases and enabling testing. Not only are DCRs successful health interventions, but they also have a positive impact on wider

healthcare by decreasing the strain on ambulance services and in reducing long-term health consequences and costs². DCRs **minimise risks and harms** resulting from the 'risk environments' that people who use drugs experience as a consequence of physical, social, economic and policy factors while additionally **reducing drug use in public spaces** and perceived public nuisance.

While these aims are fundamental, the harm reduction potential of DCRs is not only limited to offering a space to safely use drugs and to reduce drug use in public. Low-threshold DCRs also promote voluntary access to other types of support (health, housing, social, economic, and legal services) which might otherwise be too high-threshold for their clients to access.

The active engagement of all relevant communities in the design and operation of a DCR service can also **foster social cohesion**. Eventually, they can contribute to strengthening a neighbourhood's social fabric while promoting a sense of community and acceptance among clients, residents, and local business owners and countering stigma against people who use drugs³.

On the other hand, DCRs notably contribute to **real-time drug market monitoring** and researching of the drug market by employing drug-checking

1. Fuertes, R., & Perez Gayo, R. (2022). Safer Consumption Spaces. Guidance and resources for the implementation, operation and improvement of Drug Consumption Rooms. Amsterdam; Correlation – European Harm Reduction Network (C-EHRN). <https://www.correlation-net.org/wp-content/uploads/2023/08/D9.-DCR-Manual-Final.pdf>
2. Hedrich, D., Perez Gayo, R., Schiffer, K., Indave, I., Hasselberg, I., Ferri, M., Mounteney, J., & Griffiths, P. (2023). Joint Report by the EMCDDA and C-EHRN. Drug Consumption Rooms. Luxembourg; European Monitoring Centre for Drugs and Drug Addiction, Correlation – European Harm Reduction Network. <https://data.europa.eu/doi/10.2810/2574>
3. See, for instance, the cases of the Metzineres DCR in Barcelona and of the DCR 'Contact Esch' in Esch-sur-Alzette: Molina, C. (Director). (2020). Metzineres Support Don't Punish 2020 / English version. <https://www.youtube.com/watch?v=NNNyLS48EWU&t=17s>; Pomfret, A. (2024). City Report – Esch-sur-Alzette. Establishing a drug consumption room in a small-scale city. Amsterdam; Correlation – European Harm Reduction Network. https://correlation-net.org/wp-content/uploads/2024/04/2023_CEHRN-Monitoring_City-Report-Esch-sur-Alzette_Eng.pdf.

technologies or through gathering information from clients on potentially dangerous batches circulating in the community. This makes it possible to identify highly potent or adulterated batches of drugs, alert communities that could be negatively affected, and provide harm reduction service providers, public health professionals, academic researchers, and law enforcement with insight into new drug trends. This is crucial in order to shape effective responses to upcoming health challenges, especially as drug markets keep shifting rapidly.

Additionally, by monitoring their own work and impact, DCRs **generate evidence** that can greatly aid advocacy efforts for newer DCRs. Assessments of existing DCRs that showcase their effectiveness as public health measures are particularly valuable in supporting organisations pushing for the creation of harm reduction services in new locations⁴.

Geographic distribution

In several countries, DCRs are a well-established and integrated component in responses to drug-related problems. Legally sanctioned DCRs are present in **14 countries across Europe**⁵. The majority of them are concentrated throughout Germany, the Netherlands, Spain and Switzerland where they have been employed as health responses the longest. Yet, their scale of implementation still varies considerably, not only across Europe but also at a national level.

DCRs are **not equally distributed across Europe**, as in several countries they are highly contested by public opinion. Political and public support for DCRs is crucial for their establishment. However, abstinence-based approaches are oftentimes favoured over harm reduction, making the presence of DCRs in a country highly dependent on its political stance. At the same time, DCRs are also **unequally distributed at the national level**, with the majority of them being established in urban areas⁶. This is partly due to the higher

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4. Rogjalli, A., Jeziorska, I., Schiffer, K., & Vas, B. (2024). Harm Reduction Advocacy in Europe: Needs, Current Challenges and Lessons Learnt. Policy and Advocacy Report. Amsterdam; Correlation - European Harm Reduction Network. https://correlation-net.org/wp-content/uploads/2024/02/240229_Policy-and-Advocacy-Report_Final.pdf; Salles de Consommation à Moindre Risque en France: Rapport Scientifique (2021). Institut national de la santé et de la recherche médicale (INSERM). <https://www.inserm.fr/wp-content/uploads/2021-05/inserm-rapportsalleconsomoindeurisque-mai2021.pdf>; Pinto, M. (2024). Porto Seguro: Monitoring And Evaluation. The First 12 Months Of Life. Presentation at the 2024 DCR Technical Meeting, Athens, Greece.
 5. Belgium, Czechia, Denmark, France, Germany, Greece, Iceland, Ireland, Luxembourg, the Netherlands, Norway, Portugal, Spain and Switzerland. Source: Drug Consumption Rooms in Europe. (2024). Amsterdam; Correlation - European Harm Reduction Network, European Network of Drug Consumption Rooms (ENDCR). https://correlation-net.org/wp-content/uploads/2024/05/240306_DCR-Europe-Data.pdf
 6. Drug Consumption Rooms in Europe (2024), Ibid. Hedrich, D., et al (2023), Ibid.
 7. See, for instance, the case of the DCR Contact Esch, established in a small-scale city in Luxembourg: Pomfret, A. (2024), Ibid.

concentration of open drug scenes in larger cities and the consequent heightened visibility of drug use in public. However, successful instances of DCRs being established in rural areas exist⁷. The presence of DCRs in both **urban and rural areas** helps to address different challenges and ensures that all communities have access to the services they need. While urban DCRs face challenges

related to large open drug scenes, rural facilities help to close service gaps, reach individuals who may not have the means to travel long distances and prevent overcrowding in facilities in larger cities. Some DCRs are housed in mobile vehicles, such as repurposed ambulances or vans, allowing them to serve multiple locations.

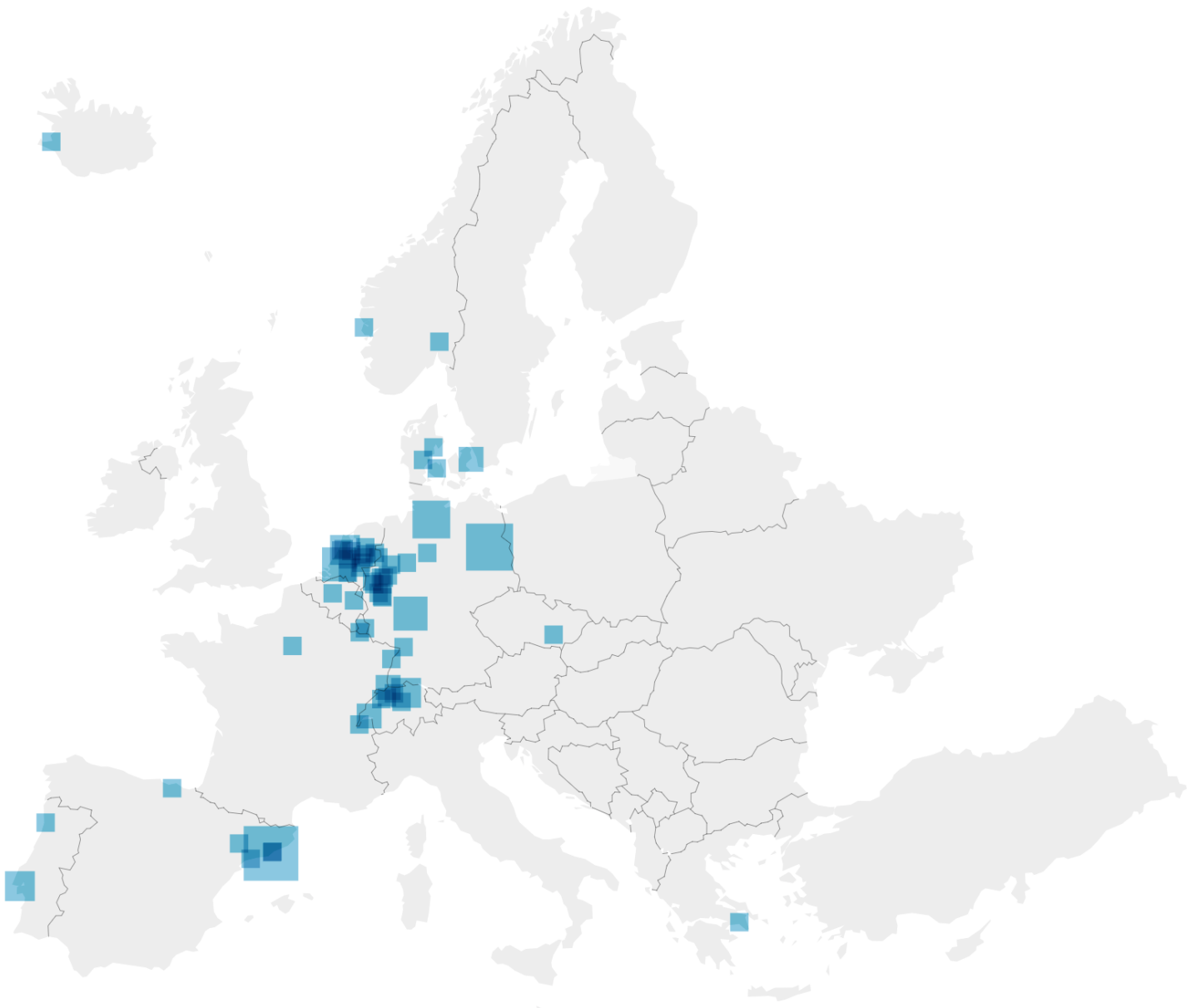


Table 1: 'Drug Consumption Rooms in Europe'. Amsterdam: Correlation - European Harm Reduction Network, European Network of Drug Consumption Rooms (ENDCR), 2024.

Legal and Administrative Landscape

Legal endorsement is among the most essential preconditions for establishing and operating a DCR. This has a crucial impact on the very existence of the service and its capacity to secure funding.

The process of obtaining legal endorsement for DCRs varies significantly based on the legal context of each country and sub-national region. Generally, agreements allowing for DCRs to exist are achieved through explicit exemptions of (sub-)national laws; changes in primary or secondary legislation; formulation of guidelines or legal interpretations by experts; development of local public health regulations; or provisional permissions through pilot programmes⁸. Additional legislative aspects bear relevance to the operation of DCRs. For example, the liability of staff and authorities in the case of an overdose or the possibility of dispensing clients with medication, such as Naloxone.

In countries and locations where no DCRs are yet established, it is usually not due to a lack of demand for such facilities. The primary reasons for the gaps in DCR service provision in Europe are an ambiguous or unfavourable legal framework, a lack of political support, and insufficient funding.

Developments in the field

Since their establishment in Europe, DCRs have emerged as a localised response, tailored to the needs of their local communities. In recent years, an increased effort has been dedicated to adaptation to ever-shifting drug markets, contexts, and needs, improving community safety and involvement, and providing a more comprehensive spectrum of support to clients.

Synergy & Integration among different services

The needs of people who access DCRs are diverse and often are not limited to having access to a safer consumption space. For instance, people might benefit from additional support in accessing healthcare (treatment, such as opioid agonist therapy (OAT); testing for communicable diseases, etc.); shelter and housing; basic care (food, clothing, etc.); employment and income generation programmes; mental health care; and legal and social support. DCRs and outreach services (such as needle distribution and exchange programmes)

8. Hedrich, D., et al. (2023), Op.cit.; Vander Laenen, F., Nicaise, P., Decorte, T., De Maeyer, J., De Ruyver, B., van Puyenbroeck, L., & Favril, L. (2018). Feasibility Study on Drug Consumption Rooms in Belgium. Brussels; Belgian Science Policy Office (BELSPO). <https://www.sciensano.be/nl/biblio/feasibility-study-drug-consumption-rooms-belgium>.

which are very low-threshold often represent a primary point of contact with communities that are often not reached enough by higher-threshold services. However, to properly support the communities that access them, DCRs should be part of a broader continuum of care.

— Housing First

Evidence⁹ indicates that access to stable housing is essential for supporting people who use drugs and experience homelessness. Many housing support services require abstinence as a precondition for access, which excludes many people who use drugs. Several European DCRs have adopted solutions that include accommodation as part of their service provision. They have achieved this through different strategies, such as collaborating with local hotels, assisting clients in securing more stable housing, providing supervised accommodation facilities, apartments or emergency shelters, together with training on overdose response and social reintegration support.

— Peer involvement

Involving people with lived or living experiences of drug use, commonly known as peers, as paid staff in the design and operation of drug use services offers several benefits. In the experience of European DCRs, this has contributed

to enhancing the accessibility of the service; generating employment opportunities for service users; promoting peer empowerment; and enhancing integration between the service and the community¹⁰.

— Drug Checking & Drug Market Monitoring

DCRs sometimes provide drug-checking in-house or by working with local services to have substances used by clients examined for purity and adulteration. This practice primarily aims to support the health of clients by enabling them to make informed decisions about the substances they use and the potential health risks they might encounter. Additionally, drug checking can contribute to broader efforts to monitor the drug market and enhance preparedness for new drug trends and health challenges.

9. Moura, J., & Perez Gayo, R. (2023). Changing landscapes: Current and future developments in the field of Drug Consumption Rooms in Europe. Amsterdam; Correlation - European Harm Reduction Network. https://www.correlation-net.org/wp-content/uploads/2024/02/240131_DCR-Policy-Paper_Changing-Landscapes.pdf

10. Mandler, T. & Perez Gayo, R. (2023). Becoming Peer. Amsterdam; Correlation - European Harm Reduction Network. https://correlation-net.org/wp-content/uploads/2024/01/2023_CEHN_Becoming-Peercorrected-1.pdf



3

Challenges & Needs

for Drug Consumption
Rooms in Europe

Legal Challenges

Legal endorsement is crucial for the establishment and operation of DCRs, impacting their availability and ability to secure funding. Harm reduction activists in several countries across Europe are still advocating for changes in legislation that would allow the establishment of DCRs in their countries. Whilst these efforts have brought about change in several cases, these oftentimes come as the result of lengthy processes lasting years.

In some countries, DCRs have been first established as pilot projects, consequently becoming integrated into local legislation and opening the doors for the establishment of more facilities. However, in the experience of service providers, it is common for pilots to be lengthy, eventually stalling the process of opening more facilities. Harm reduction service providers recommend more responsive evaluations, where upcoming issues can be fixed in a timely manner and solutions implemented whilst DCRs are operating, rather than longer evaluations that hinder the establishment of other services¹¹.

Financial Sustainability

Funding for harm reduction is scarce and is still being drastically reduced throughout Europe, particularly in countries with adverse political environments. The availability, quality and accessibility of harm reduction services are all negatively impacted by this.

When it comes to public spending, policymakers frequently favour social and health measures that are less contentious than harm reduction and, unless there is direct pressure, public administrations can overlook these services when allocating funds. When drug use in public is more visible, as in the case of an open drug scene, it becomes more prominent on the public health agenda. Once the situation appears to be 'under control', as a result of increased harm reduction service provision, this funding is often discontinued. Continuous funding for harm reduction services is essential to sustainably tackling and preventing public health emergencies¹².

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11. From the online consultations with civil society experts in harm reduction, addressing advocacy issues related to drug consumption rooms, organised by C-EHRN, in collaboration with UNITE, Parliamentarians Network for Global Health, on October 9th, 2023. These consultation served part of the basis for the report by Rogialli, A., et al. (2024), Ibid.
 12. Rogialli, A., et al. (2024), Op.cit.

Local Opposition and Gentrification

The establishment and operation of DCRs are often obstructed by local opposition, often driven by a 'not in my back yard' (NIMBY) mentality and stigma against people who use drugs. It can sometimes lead to vigilantism and protests against both the services and marginalised communities, possibly discouraging public administrations from investing in such services.

Some DCR service providers encounter challenges in securing facilities for their operations, particularly struggling to secure rental spaces¹³, especially in increasingly gentrified areas where local residents are more prone to opposing new harm reduction services. Additionally, gentrification processes frequently result in the routine displacement of people who use drugs (and often are experiencing homelessness), from their place of residence or communities, further complicating the functioning of DCR services.

Political & Media Support

Harm reduction interventions are over-politicised across the continent and are often portrayed by the media in overly sensationalistic ways, without the necessary nuance and context. Political ideas that oppose the rights of people who use drugs thrive on dangerous moral panic rhetoric, and the growth of far-right politicians and ideologies across the continent has severely limited the space for advocating initiatives supporting people who use drugs and other marginalised populations. The work of DCRs is often over-scrutinised by the media and public opinion. Service providers are sometimes under unrealistic public expectations and blamed by the media for not having a definitive impact on local drug-related matters. This is despite being only able to provide limited services due to insufficient funding and support from local authorities¹⁴.

The success of harm reduction services relies heavily on political support and accountability across various levels of government, including local, regional, and national. However, service providers seeking support are often redirected between different governmental institutions. This issue is exacerbated in highly decentralised governance systems, where cities, regions, and

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13. This was highlighted by one of the organisations involved in the preparation process for the DCR Training in Slovenia, which took place in September, 2023; Perez Gayo, R., & Rogialli, A. (2023). Innovation, mutual learning and empowerment. A pilot training initiative on community-based Drug Consumption Rooms in Europe. Amsterdam; Correlation - European Harm Reduction Network. https://correlation-net.org/wp-content/uploads/2024/03/240219_DCR-Training-Report_FINAL.pdf
14. Perez Gayo, R., & Rogialli, A. (2023), Ibid.; Rogialli, A., et al. (2024), Op.cit.

federal governments have varying degrees of authority and discretion in policy implementation, possibly impacting decisions previously approved by higher levels of government, sometimes resulting in the halt or delay of service implementation¹⁵.

Operational challenges

Lack of political support and limited funding allocation create severe challenges for DCRs to operate sustainably, much less being able to expand and upscale their services. Due to limited financial resources, DCR staff are often in the position of being dissatisfied with their salaries, dealing with job insecurity and limited opportunities. This, in turn, makes it difficult to recruit sufficient staff, especially for more senior positions, creating a high turnover and leaving teams understaffed and likely to face burnout and an unhealthy work-life balance. Mental health challenges faced by harm reduction staff are widespread due to these factors, combined with the emotionally intense nature of the work¹⁶.

Funding affects the overall capacity of a service, the possibility of securing adequate spaces, and hiring enough staff to cover the opening hours needed to successfully deal with the number of

clients accessing it. Moreover, financial resources are needed to adapt harm reduction to new circumstances and needs, making them more effective and accessible. These can, for instance, allow a DCR to provide services for different routes of substance administration, or in providing training for staff to improve their service delivery and accessibility.

Accessibility & quality of services

While the availability of DCRs is important, services also have to adapt to become accessible to all the communities that they wish to support.

For instance, people who experience specific forms of stigmatisation and marginalisation, such as people who use drugs who are also experiencing homelessness, who have a (recent) migration background, who are women and/or marginalised on the basis of SOGIESC¹⁷ have specific needs that are contingent on their positionality. In recent years, European DCRs have tailored their services to ensure accessibility for these communities. This includes establishing services exclusively for women and LGBTQI+ individuals, hiring staff with relevant language skills, providing care that is trauma-informed and culturally sensitive and cooperating with migration and gender services¹⁸.

15. Perez Gayo, R., & Rogialli, A. (2023), Op.cit.; Rogialli, A., et al. (2024), Op.cit.

16. Darragh, L., Jeziorska, I., Rigoni, R., & Schiffer, K. (2023). The Mental Health Challenges Faced by Harm Reduction Staff. In Civil Society Monitoring of Harm Reduction in Europe. Amsterdam; Correlation - European Harm Reduction Network. https://correlation-net.org/wp-content/uploads/2024/02/2023_C-EHRN-Monitoring_Mental-Health.pdf

17. Sexual Orientation, Gender Identity and Expression, and Sex Characteristics.

18. Moura, J., et al. (2023), Ibid.

Allowing for a diverse range of substance use is an important aspect when it comes to discussing accessibility in DCRs. Whilst most DCRs allow injecting drug use, fewer offer facilities that allow for smoking. Installing the necessary infrastructure for people to smoke indoors while ensuring safe working conditions for staff can be financially and technically challenging. Additionally, special attention needs to be given to the use of substances such as stimulants, which pose different challenges than opioids. Stimulants have different effects and routes of administration compared to opioids, a fact which may require a DCR to have a different spatial layout, different rules regarding the time allocated for use, and a different approach in regulating the social environment of the DCR. There is a recognised need for more facilities that provide a safe space for GHB use, too. However, many DCRs currently do not permit it. This has sparked a growing discussion about whether GHB should be allowed in DCRs and how these services can better support individuals using GHB¹⁹.

Rules and restrictions that are sometimes employed in DCRs to adhere to local legislation can also hinder their accessibility. Rules that forbid common practices such as splitting substances or assisted injection are oftentimes in place to protect service providers from potential legal litigation. However, they also disproportionately exclude specific individuals from accessing the service, such as women or people with disabilities²⁰.

19. Hedrich, D., et al. (2023), Op.cit.

20. Fuertes, R., et al. (2022), Ibid.



4

Recommendations
support DCRs as a
policymaker

Increase availability of DCRs

Advocate and deliberate in favour of amendments to, or adaptation of, national and/or local legislative and administrative frameworks to create possibilities to establish (pilot) DCRs.

In cases where DCRs are already established in a country, local legislative and administrative frameworks should allow and ensure the continuity and sustainability of existing projects or the establishment of additional services.



Slovenian NGOs Stigma and ŠENT are nearing the opening of the country's first DCRs. A 2008 amendment to the Criminal Code allowed for controlled consumption spaces under certain conditions, paving the way for these DCRs to be established. However, interpreting and adhering to legislative requirements remains challenging. To address this, Stigma and ŠENT are forming a group of experts to provide the necessary supervision as required by law²¹.

Oftentimes, DCRs are first established in a country as a pilot project. When designing those pilots, it is crucial to ensure the evaluation process is adaptive and responsive, enabling timely adjustments to service provision to address emerging challenges. This approach prevents delays and allows other organisations to start their own pilot projects without unnecessary hindrance.

DCRs often face intense political opposition and backlash from residents of the areas where they are established. As a policymaker, your support for local DCRs can, for example, be articulated through participating in organised working groups or roundtables that include residents and other relevant stakeholders. It is essential to co-design these strategies with local DCRs, as they have the most comprehensive understanding of their own challenges and the types of support they need.



In the case of the DCR AMOC, operated by the De Regenboog Groep in Amsterdam, the DCR is part of the local neighbourhood commission. This group brings together neighbours' representatives, members of the police and mediators from the municipality, greatly supporting cooperation between stakeholders and helping to overcome NIMBYism among residents.

21. Perez Gayo, R., et al. (2023), Op.cit.

Increase quality of DCRs

Ensure sufficient funding is allocated to organisations operating DCRs and harm reduction services to support their operations and expansion. Provide resources and support to enable harm reduction services to expand their capacity and upscale their provision.

In locations where communities accessing DCRs are highly marginalised, DCRs should have the capacity to upscale and integrate other support services within their provision, including shelter and housing programmes, basic care (food, clothing, etc.), employment and income generation programmes, mental health care, legal and social support, testing and care for communicable diseases.

The Lotus Residential Integral Center in Barcelona, run by the ABD Group, provides shelter for people who use drugs and who also experience homelessness, with a focus on gender-sensitive care for women and LGBTQI people. The centre prioritises those aged over 45 with health complications, offering housing, hygiene, food, healthcare, and support for social reintegration. Residential facilities are becoming increasingly integrated into the work of European DCRs, with successful examples in Paris, Strasbourg, Luxembourg and Brussels.

Drug checking is an essential service that, if available within a DCR, can support the empowerment of people who use drugs and allow them to make more informed decisions about their health, while also supporting drug market monitoring²². However, machinery to carry out drug checking oftentimes comes at high cost and many DCRs would need increased access to funding to be able to implement it.



In Switzerland and Denmark, pilot projects for drug checking in Drug Consumption Rooms (DCRs) were launched in 2018 and 2017, respectively. In Zürich and Basel, DCRs allowed clients to submit substance samples for testing. Additionally, portable tools using Near-Infrared (NIR) Spectroscopy with advanced machine learning have been tested in other Swiss areas²³. In Copenhagen, the DCR SKYEN conducted a pilot, anonymous drug-checking service to gain insight into the local drug market²⁴. Both pilots were successful and have become integrated into regular service provision in Zürich and Copenhagen.

22. Rigoni, R., et al. (2023). Civil Society Monitoring of Harm Reduction in Europe 2023. Executive Summary. Amsterdam; Correlation – European Harm Reduction Network. https://www.correlation-net.org/wp-content/uploads/2024/05/2023_CEHRN_Monitoring_Executive-Summary_EN.pdf
23. Meyer, F. & Esseiva, P. (2022). Drug checking in DCRs in Switzerland: a new harm reduction tool? Presentation at the 2022 edition of the Lisbon Addictions conference, Portugal. <https://www.lisbonaddictions.eu/lisbon-addictions-2022/presentations/3-drug-checking-dcrs-switzerland-new-harm-reduction-tool>
24. Hedrich, D., et al. (2023), Op.cit.

Increase accessibility of DCRs

Ensure comprehensive service coverage across your geographic area of jurisdiction by supporting the establishment of several, smaller-scale DCRs in both urban and rural areas. This is necessary to ensure that there are no large gaps in service coverage and to reach all communities that could benefit from the services, as well as prevent overcrowding in larger facilities located in cities²⁵.



The DCR 'Contact Esch' was recently established in a small-scale city in Luxembourg, Esch-sur-Alzette. Fostering a culture of cooperation by holding regular meetings with neighbours and other local stakeholders and careful planning of the service and its location all contributed to the success of Contact Esch. The response of service clients and local stakeholders to the opening of this newer DCR has been extremely positive²⁶.

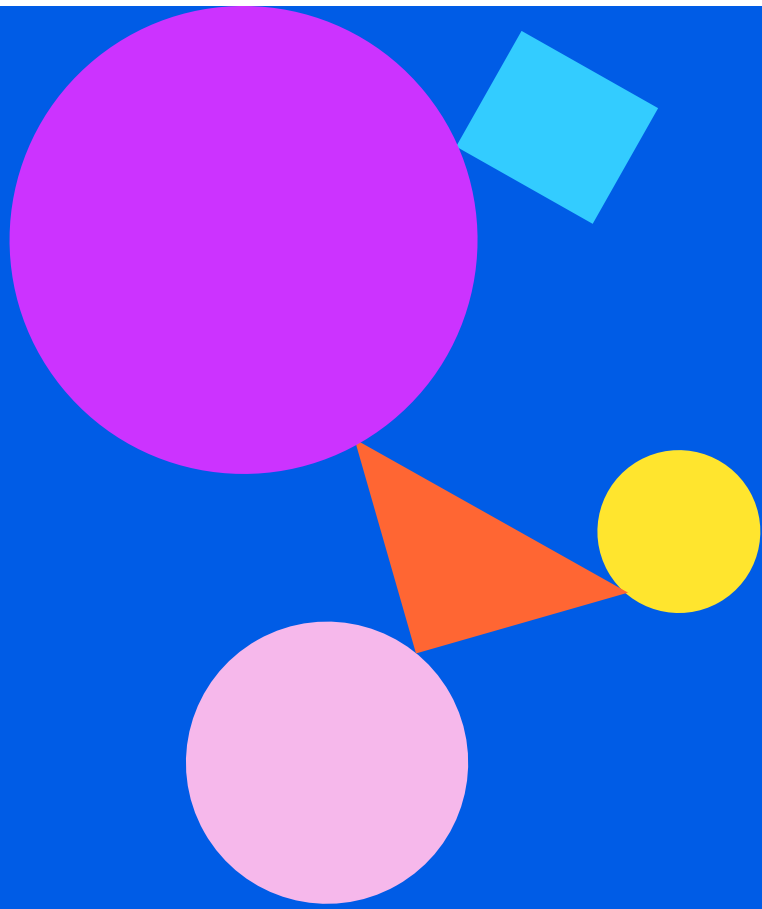
Communities of people using drugs who are also marginalised for different reasons (having a migration background; women; LGBTQI+ people; sex workers, etc.) need services that are tailored to their specific needs to be able to access them. For instance, people might need support with childcare, a gender-specific space, or the availability of translation services. As a policymaker, recognise the work of organisations integrating support for different communities in their services and support them in receiving compensation and support for capacity expansion from funding bodies.



The DCR Metzineres, located in Barcelona, is a space dedicated to women and non-binary people. Metzineres adopts a person-centred, trauma-informed and non-punitive approach and is committed to fostering individual agency, empowerment and reducing barriers to access harm reduction services, working in close cooperation with clients and fostering neighbourhood social cohesion.

25. Pomfret, A. (2024), Op.cit.

26. Pomfret, A. (2024), Op.cit.



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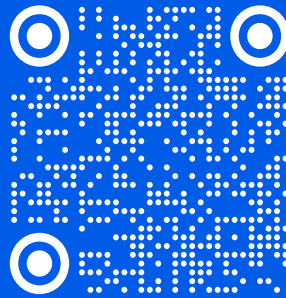
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