

FEDERAL RESEARCH PROGRAMME ON DRUGS

Rev-DRoom

Rebuilding Evidence on Drug Rooms

Second intermediate report

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INTRODUCTION

Drug consumption rooms (DCRs) are public health facilities that provide a hygienic and non-judgemental environment where people who use drugs (PWUD) can consume pre-obtained drugs and under the supervision of care professionals⁽¹⁾. Across the literature, they receive different names, which sometimes underscore slight variations in their objectives and organisation, such as (Medically) Supervised Injection Sites (SIS), Overdose Prevention Centres (OPC), and Safe Injection Sites (or Rooms). In this study, we will refer to DCRs (*Salles de Consommation à Moindre Risque* in French, *Druggebruiksruimtes* in Dutch), mainly as it is the terminology used in previous studies⁽²⁾, and as the DCRs that now exist in Belgium are not mainly injecting sites nor do they prioritise overdose prevention. Instead, they constitute highly specialised services oriented towards harm reduction as well as the social reintegration of highly deprived and at-risk PWUDs⁽³⁾.

In the almost 40 years of international Drug Consumption Room (DCR) existence, much evidence has been accumulated about their effects, particularly in four domains that were consistently explored. First, many studies indicated that DCRs were associated with a decrease of mortality and morbidity rates in the population of PWUDs, e.g. a decrease of overdose incidents in Vancouver⁽⁴⁾ and Germany^(1, 3-5), decrease of emergency visits related to opioid intoxication in Sydney⁽⁶⁾, and lower rates of HIV positivity in frequent DCR users⁽⁷⁾. A recent study still indicated a significant decrease of overdose mortality in the neighbourhoods of implemented DCRs compared to other neighbourhoods as well as compared to the period before DCR installation⁽⁸⁾. Second, the most notable association measured was related to risky consumption behaviours, such as injection, syringe sharing, syringe reuse, and consumption in public places. For instance, in their meta-analysis based on studies held in Sydney and Vancouver, Potier and colleagues indicated higher adjusted odds ratios for syringe sharing in DCR users against non-users (aOR=0.30), and for less often reusing syringes for regular DCR users against non-regular users (aOR=2.04)^(3, 9, 10).

Third, environmental effects of DCRs on their neighbourhood were investigated, including public safety, the reduction of the drug scene, i.e. drug consumption in public places, public nuisances (e.g. the decrease of discarded material), and the decrease of local criminality. For instance, the establishment of DCRs in Vancouver, Sydney, and Barcelona were all associated with a decrease of discarded material in their surroundings⁽⁵⁾. Fourth, the characteristics of the population of DCR users and the capacity of DCR to contribute to recovery and rehabilitation of these PWUD, including access to other social and care services, was also explored^(5, 9, 11). It is, therefore, established that DCRs are addressing a highly deprived population of users who tend to consume in public places, tend to have risky consumption behaviours such as injection material sharing and reuse, and usually combine multiple and complex care needs.

In other respects, most commonly unwanted outcomes, such as increase of drug use, increase of acquisitive criminality, or an attraction of PWUD in the vicinity of DCRs, were not shown.

However, two important caveats were raised. On the one hand, despite the quantity of evidence indicating positive outcomes and the absence of undesired effects associated with DCRs, the quality of evidence was moderate⁽¹¹⁻¹³⁾. Although it is understandable that an experimental design is hardly feasible in order to evaluate such type of setting, most evidence resulted from observational and cross-sectional studies. Only a few studies were prospective, cohort studies, and only four facilities in three cities (in Sydney, Vancouver, and Barcelona) were evaluated against comparative cases. The existing quasi-experimental studies covered overdose incidents, accessibility to consumption

material, and crime. A recent study in France also assessed risky consumption practices⁽¹⁴⁾. There are, however, no quasi-experimental studies available regarding other health outcomes and treatment uptake. In addition, a considerable part of the evidence was produced using overlapping methods and data. It is a paradox that the oldest DCRs and the vast majority of them are established in Europe, but most studies examined the facilities that are established outside Europe. On the other hand, the intervention still generates moral and ideological reluctance from the part of those who consider that the only objective of drug-addiction care should be withdrawal and abstinence, and therefore, disregarding the potential of DCRs in supporting the personal recovery of users. In Belgium as in some other territories, the process that led to the establishment of two DCRs (“*Sâf Ti*” in Liège in 2018 and “*Gate*” in Brussels in 2022) was long and controversial, raising much ideological reluctance despite existing evidence⁽¹⁵⁾. There is an opportunity, therefore, to conduct a natural experiment, longitudinal comparative study on the users of these two established DCRs, we aim to provide additional robust evidence quality, as well on indicators examined elsewhere as on indicators of users’ personal recovery.

Considering this context, **Reve-Droom** aims to strengthen the international knowledge base on DCRs while evaluating the two Belgian DCRs. The research includes a main study component, which is a natural experiment with a longitudinal assessment of users in each site and a comparative study of both sites, including control sites where no DCR is established (WP1). It also includes several complementary work packages: (WP2) an environmental study of the DCR sites’ neighbourhood and control sites, namely the urban areas around MSOCs in Antwerp and Ghent; (WP3) a community-based participatory research with peers about recovery pathways of at-risk hidden PWUDs, in order to understand their potential pathway to care and use of the DCRs; (WP4) a cost-benefit analysis of the DCRs based on an examination of the costs and benefits associated to DCRs compared to costs and benefits associated to other harm reduction settings; and (WP5) an examination of the legal framework and local agreements with law and enforcement actors and protocols/actions taken in order to protect legally the two existing facilities and staff.

The study particularly aims to reconsider existing evidence on DCRs by examining not only their contribution to the decrease of untoward consequences of drug use, but also their contribution to the personal recovery of PWUDs and to urban development. Indeed, we hypothesise that the contribution of DCRs cannot be limited to the decrease of untoward effects of drug use, but should also encompass possible positive effects in terms of support to the personal recovery of PWUDs and increase of the quality of life for the whole population in their neighbourhood. In this logic, the project aims to provide national, regional, and local authorities as well as stakeholders involved in DCR management with an evaluation that allows strengthening the future development of these initiatives and, if need be, consolidating the knowledge base for the establishment of additional DCRs in Belgium. Another key objective of the study is to establish a set of new indicators that may contribute to evaluate the role of DCRs towards a personal recovery, strengths-based approach of care for highly deprived PWUDs⁽¹⁶⁻¹⁹⁾. With the dissemination of new DCRs (several new facilities have been implemented in recent years, e.g. in Portugal, Greece, Luxemburg, Iceland, the EMCDDA reported (https://www.emcdda.europa.eu/media-library/infographic-location-and-number-drug-consumption-room-facilities-throughout-europe_en), service types, substances used, and interventions are diversifying, and there is a need for indicators that can be adapted to local needs while allowing for long-term monitoring. In this context, **Reve-Droom** aims to collaborate with national and international institutions dedicated to monitoring (e.g. Sciensano, EMCDDA) in order to

contribute establishing indicators about the recovery journey of DCR users that could be used across sites. The project is, therefore, expected to provide recommendations to authorities and stakeholders about how to set and optimise DCRs effects.

The present document is the second intermediary report of the project. In the following pages, we present the state of art and preliminary findings from the different WPs. At this stage, only the WP2 (environmental study) is about to conclude, all the remaining WPs started, but most are in an early stage. Therefore, in this report, there are extensive results presented for WP2.