

DRUG CONSUMPTION ROOMS IN EUROPE

ORGANISATIONAL OVERVIEW



De Regenboog



Groep

EURO

European Harm Reduction Network

HRN

- Building upon Hedrich *et al* (2010), Schatz et Nougier (2010) & our client experience survey
- Havinga & Van der Poel (2011) In the Netherlands:

GOALS

ORGANISATION, STRUCTURE AND ENVIRONMENT

TARGET GROUP AND ADMISSION

FACILITIES

HOUSE RULES

STAFF

STATEMENTS

What did we do?

Country	Total No. of DCRs	No. of cities with DCR	Surveyed DCRs
Denmark	5	3	4
Germany	24	15	16
Greece	1	1	0
Luxembourg	1	1	1
Netherlands	30	23	n.a.
Norway	1	1	1
Spain	13	6	5
Switzerland	13	8	12
Total	88	58	39

Who did we reach?

What social functions does your DCR fulfil?

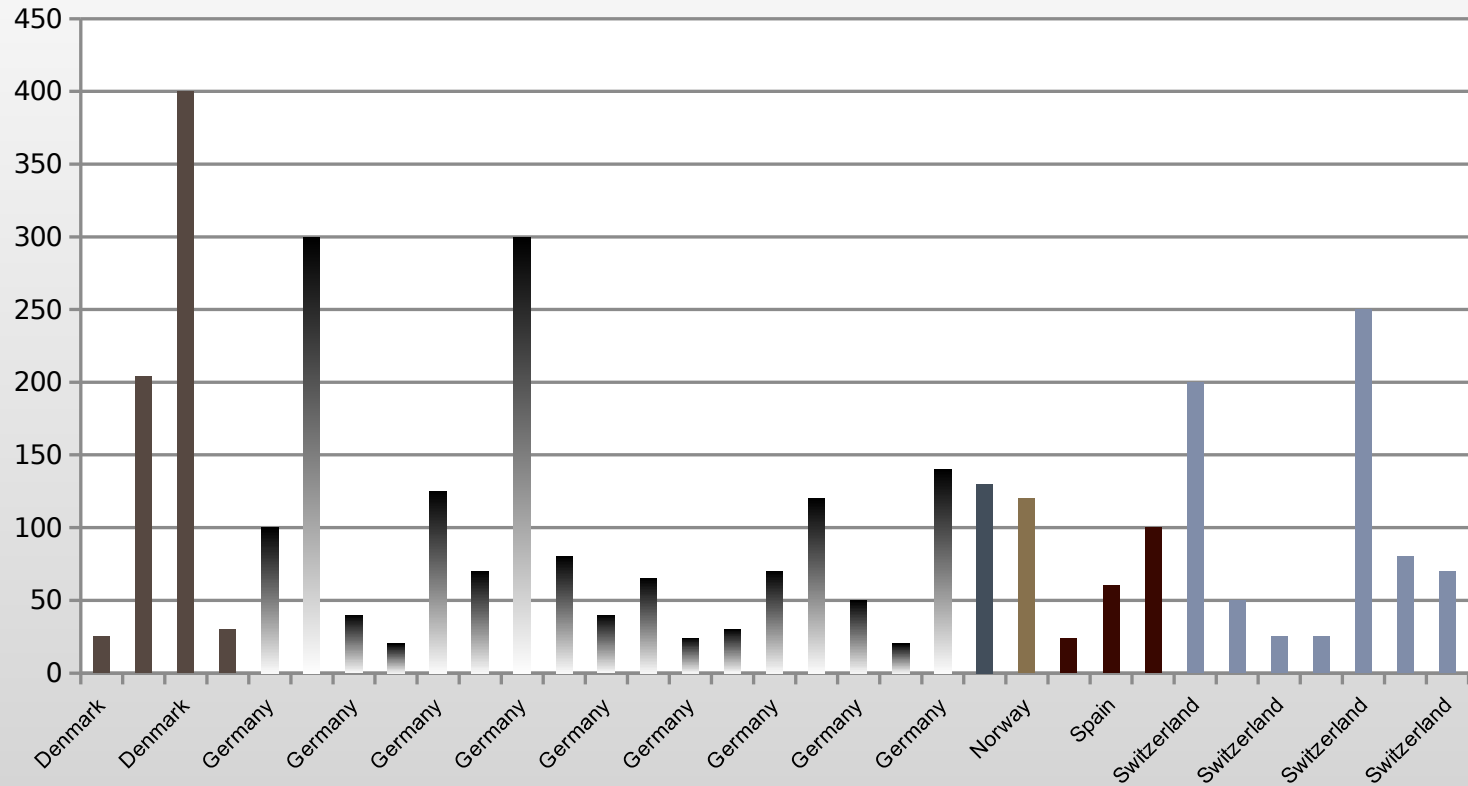
Sweeper	22	64.7%
Safety net	32	94.1%
Spring board	31	91.2%
All of the above	20	58.8%

Most important:
Safety net (82.4%)

Spring board (14.7%)

Social functions

Average number of visitors per day



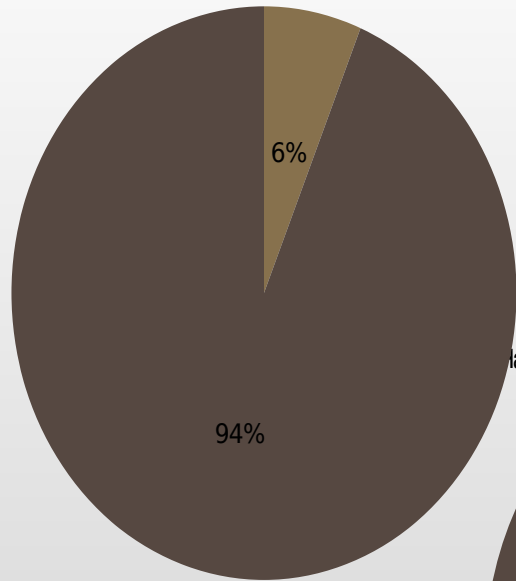
DCR differences

- Around 2/3 is open on Saturday and/or Sunday, and 1/3 is closed in the weekend
- 87.1% has a maximum duration policy in the smoking room and 69.7% in the injecting room.
- 75.8% prohibits alcohol and 39.4% prohibits tobacco

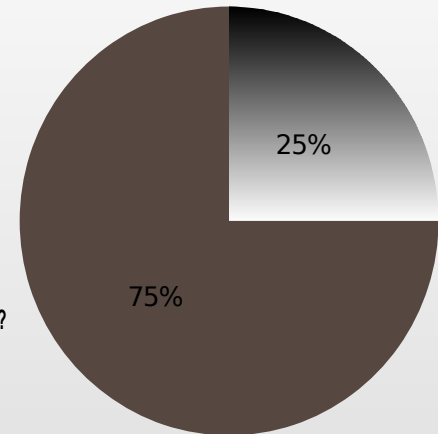
DCR differences

DCR SERVICES	Europe (2013)	Netherlands (2010)
Bread, coffee/tea	87.5%	97%
Warm meals	62.5%	83%
Needle exchange	100%	93%
Provision of drug paraphernalia	96.9%	100%
Personal care (e.g. shower and wash clothes)	78.1%	90%
Lockers	31.3%	57%
Postal address	46.9%	40%
Possibility to use phone	90.6%	87%
Support with financial and administrative affairs	81.3%	77%
Health education	100%	90%
Office hour physician	59.4%	63%
Office hour nurse	84.4%	57%
Referral to care/treatment facilities	87.5%	93%
Work/reintegration projects	28.1%	73%
Referral to work/reintegration projects elsewhere	65.6%	77%
Recreational activities	40.6%	67%

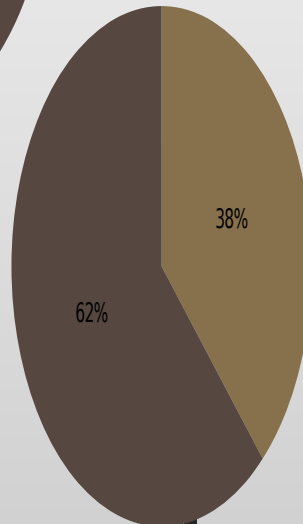
Are visitors included in the formulation of house rules?



Do you also employ (former) drug users?



Have the DCR's goals been formulated in dialogue with visitors of your facility?



Peer involvement

If I were responsible for the establishment of a new DCR, I would consider the following points of importance:

1. Guarantee a comprehensive set of competences, skills and life experiences, while compiling a staff team.
2. Establish clear agreement with the police to protect the visitors, to normalise the contact between visitors and police and to gain local support.
3. To compile the assortment of drug paraphernalia based on a harm reduction perspective.

Statements

- Very diverse populations, numbers, criteria, between and within countries
- Building upon different policy bases
- Learn from each others differences?
- Commonalities as minimum quality standards for future and existing DCRs?

Conclusions
