

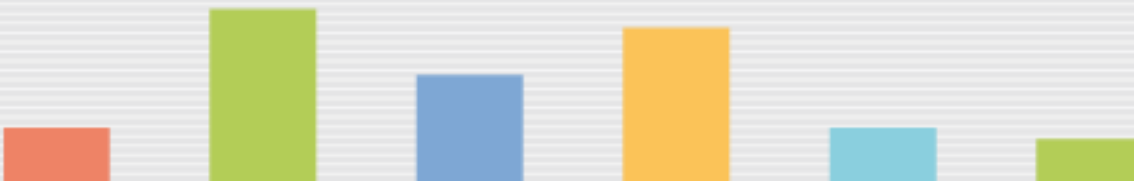


European Monitoring Centre  
for Drugs and Drug Addiction

# **Discussion:** synergies and challenges each region faces in relation to the model/s within which DCRs operate

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LX Addictions November 23<sup>rd</sup> 2022 3pm | 3



# Disclosures of interest

**Nothing to declare**

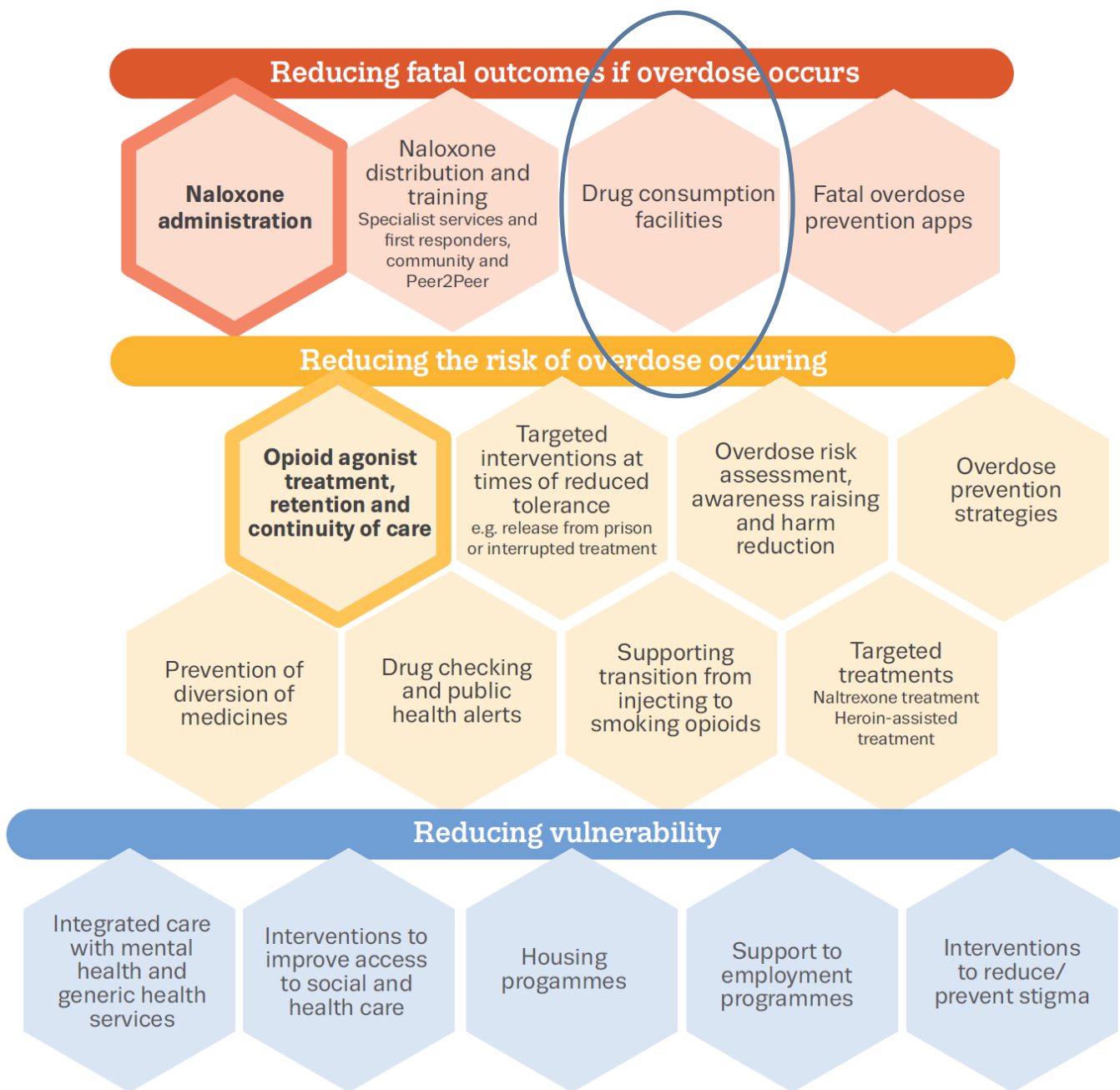


# **Few reflections on DCR services from an EU perspective**

## **Observations and questions for panel members**



# Interventions to prevent opioid-related death by intended aim and evidence of benefit



# Availability of selected interventions to reduce opioid-related deaths in 29 European countries

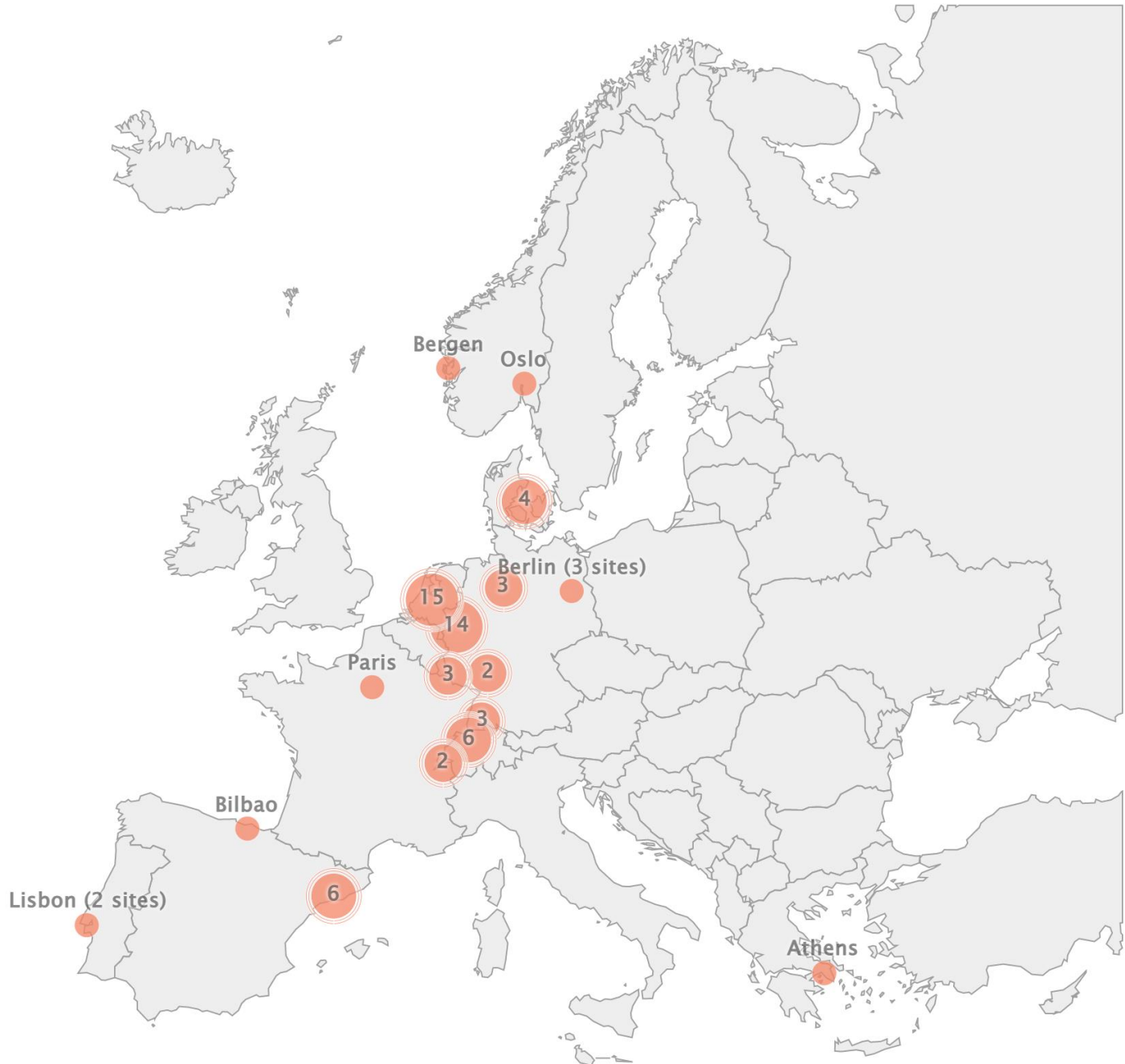


*Year of official introduction and number of DCRs in 16 countries (Status April 2022)*

Country	Cities with DCRs	Fixed DCRs operating	Mobile DCRs operating	Year first facility established
Switzerland	10	14	0	1986
Netherlands	21	26	0	1994
Germany	17	27	2	1994
Spain	6	14	2	2000
Australia	2	2	0	2001
Canada	18	36	2	2003
Norway	2	2	0	2005
Luxembourg	2	2	0	2005
Denmark	4	5	2	2011
France	2	2	0	2016
Belgium	1	1	0	2018
Mexico	1	1	0	2018
Portugal	1	1	1	2019
USA	2	3	0	2021
Iceland	1	0	1	2022
Greece*	1	1	0	2022
	91	137	10	



# Drug consumption facilities in Europe



# Drug consumption facilities in Europe





# What were the key factors that allowed the DCR to start up in the first place?

**Start up experiences.. usually against the odds**

- **Overdose deaths crisis**
- **Policy window**
- **Pragmatism**
- **Public or political support – reduced resistance**
- **Committed individual(s)**
- **Legislative opportunity**



# What is in a name?

- Drug consumption room
- Supervised injection site
- Supervised consumption site
- Observed consumption site
- Overdose prevention service
- Safe injection room
- Safe injection facility
- Medical supervised injection centre

**How important is the name you choose for your service, and why does it matter?**



# Range of services models

- **Health service or NGO or peer led**
  - Mixed peer and clinical models
- **Fixed or mobile facilities**
- **Trial or feasibility project or established service**
- **Sanctioned or unsanctioned**
- **Integrated services, just one part of other health or low threshold services**
- **Specialised services, safe consumption the main offer**
- **Supporting injection, smoking, inhaling..**

Reflecting on the type of model chosen for your service - and with everything you now know – would you set it up differently next time?  
What would be your advice on model to someone considering setting up a new DCR in their city?

