

# **Drug consumption rooms: an overview of provision and evidence**

## **Salas de consumo supervisado de droga: una visión general de los servicios prestados y los datos disponibles**

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European Monitoring Center for Drugs and Drug Addiction. *Perspectives on drugs. Supervised drug consumption rooms: an overview of services provided and data available*. 2018. p. 9. [https://www.emcdda.europa.eu/system/files/publications/2734/POD\\_Drug%20consumption%20rooms.pdf](https://www.emcdda.europa.eu/system/files/publications/2734/POD_Drug%20consumption%20rooms.pdf)

The European Monitoring Centre for Drugs and Drug Addiction, or EMCDDA, is considered the leading agency for the study and monitoring of illicit drugs in the European Union. This agency is based in Lisbon and constantly promotes the creation of popular science texts, in which various aspects related to the issue of illegal drugs are addressed, since they represent a threat to society.

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Likewise, the work carried out by this agency greatly influences the international policies of the European Union in order to protect European citizens from the harmful effects of drugs (1).

Currently, one of the goals of this institution is to provide documented and substantiated information on drugs. It is in this context that in 2018 the EMCDDA published the article “Supervised drug consumption rooms: an overview of the services provided and available data”; this document turns out to be an object of interest, since, as referred to in the title; it presents a “general vision” of the places of illicit drug consumption.

Initially, the reader is presented with an overview of the emergence of these rooms, which dates to 1986 in Bern, Switzerland, and later expanded, to the Netherlands, Germany, Spain, Norway, Luxembourg, Ireland, Denmark, Greece, France, among others, currently reporting 78 official consumption rooms.

Subsequently, the justification for the operation of these facilities is addressed based on their objectives and goals, such as: reducing the risks related to the transmission of pathogens associated with contaminated instruments, which are used to consume illegal drugs; prevent diseases associated with the use of non-sterile syringes; reduce social problems and improper disposal of contaminated instruments (2).

Particularly, one of the commonly contaminated materials are syringes, which are related to the use of injectable drugs, which are considered a dynamic phenomenon conditioned by various individual, social and environmental factors, whose consumption pattern oscillates over time. For example, statistics reported in 30 European countries (28 EU member states, plus Norway and Turkey), indicate that injecting drug use has decreased, i.e., among the first admissions to treatment, the prevalence rate in 2005 was 4.03 per hundred thousand inhabitants decreasing to 2.74 per hundred thousand inhabitants, in 2011 (3).

On the other hand, there are diseases that are more frequently related to intravenous drug use. For example, the HIV/AIDS epidem-

ic associated with heroin use in 1980 (2); furthermore, in the UK approximately 50% of individuals are positive for the Hepatitis C virus; whereas, in 2009, around 28% of the drug-using population had soft tissue infections complicated by necrotizing fasciitis and sepsis.

Similarly, drug users are at risk of contracting infections such as pneumonia (10 times higher in drug users), endocarditis, and injection sites may also be contaminated with bacteria such as *Clostridium botulinium* or *Clostridium novi*, which were identified more frequently in heroin users (4). In addition to the aforementioned diseases, another reason why the opening of consumption rooms was promoted was the increase in overdose mortality in Europe.

These three factors; diseases, overdose and mortality, led to consider as a priority that the staff in the consumption rooms should be composed of health professionals such as: nurses, social workers, director, non-psychiatric physicians, psychiatrists, psychologists, rescue assistants, security elements, administrative staff, employees in training and researchers. In conclusion, the role of health personnel is fundamental in the operation, since when they detect users with risk factors, they carry out preventive actions to persuade them to stop taking drugs or in the case of overdose, medical personnel prescribe drugs to reverse the effect (5).

Based on the needs addressed up to this point, the rooms operating in Europe are regulated by the EMCDDA and are based on a structured service model focused on users who consume illicit drugs. In addition, information is obtained on the drugs consumed and the individual's needs are determined in order to assess his or her health status in depth.

In the facilities, there are supervised consumption areas that are adapted to the needs of each person. In addition they are protected from public view, in the same way there are spaces assigned to provide medical attention such as the wound clinic, special sites are also established for; the disposal of contaminated instruments, personal

hygiene, case management and counseling and treatment areas, as well as food, clothing and places for personal hygiene.

It is pertinent to emphasize that there is a special area that focuses on the referral of individuals who wish to be rehabilitated, where information about treatment options is given and they are motivated to seek detoxification, social accommodation and medical support (2).

It is evident the difficulties that arise within the consumption rooms for both staff and patients, in addition, there are challenges in the social context quite complex such as; the criticism inherent in this type of rooms, the rules within the facilities, as well as the interaction and treatment between users.

Up to this point in the article reviewed, the author has emphasized the effectiveness of these centers, additionally, in the same document links are provided to a website, which includes interactive visual material that allows analyzing and seeing the operation of these institutions. Reference is also made to successful cases, such as the reduction of the risk of using contaminated syringes in cities such as Sydney, where a significant reduction in mortality associated with overdose was detected, while in Vancouver there was a particular interest of users in treatment and rehabilitation.

However, I consider that in the general vision addressed in the reviewed article, it is pertinent and highly recommendable to carry out a research focused on documenting and quantifying with solid evidence; the exact number in the reduction of disease cases; studying and analyzing the direct effect on the specific population involved (2).

It is convenient that, in subsequent works related to this topic, the social critique of these “controlled spaces of consumption” be considered and addressed, since no analysis is made from this perspective. Likewise, the position of health personnel is not known at all, despite the difficulty in dealing with this particular topic and its different social, ethical and moral implications.

It is feasible to conclude in the context reviewed, that there is no multidisciplinary approach to the subject, so that the reader obviously questions the credibility, operability, as well as the advantages of these rooms. It is necessary to emphasize that the aspect of medical ethics based on patient consent and the relationship of alliance between them is not discussed at all, another relevant point not considered is the financing and legality of these centers, since the entire infrastructure and personnel is costly, causing a social discrepancy in the countries where this expense is incurred.

It is important to emphasize that the article, in addition to presenting the advantages and explicit benefits, should be complemented with objective figures, different perspectives and the disadvantages related to the environmental, social and economic problems that these centers represent for the countries where they have been implemented. This to allow other countries considering the use of these rooms to have a solid and reliable database based on the best available evidence within a consensual legal, medical and social framework.

It is true that there are many challenges regarding the operation of the consumption rooms. So it is essential to go deeper into the opinion of the population, to capture the results of large-scale surveys and measures that allow us to have a better notion of the impact on the general population, as well as the staff that works there and not only the users.

Finally, this article is a good background to provide general information for those unfamiliar with these rooms; however, there are areas of opportunity to cover more aspects that will allow the reader to develop an informed, sensible, and critical opinion.

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