

Feasibility study on drug consumption rooms in Belgium (DRUGROOM)

Summary

CONTEXT

Worldwide, harm reduction strategies are regarded an essential component of a comprehensive and integral drug policy (Cook *et al.*, 2010; Csete *et al.*, 2016; Strang *et al.*, 2012). European countries have been converging on a core of drug policy options aimed at reducing harms for many years; among the central features of harm reduction programmes that have spread among European cities is the provision of opioid substitution treatment and access to needle and syringe exchange programmes (EMCDDA, 2015; Rhodes & Hedrich, 2010). In several European countries (Switzerland, Germany, the Netherlands, Spain, Norway, Luxembourg, Denmark, and most recently France), *drug consumption rooms* (DCR) have been implemented and became an integrated component of low-threshold services offered within drug treatment systems. Despite their well-documented effectiveness in addressing drug-related harms—these services allow safer injection, are associated with decreased morbidity and mortality (overdoses), facilitate referrals for drug treatment, and benefit public order (EMCDDA, 2017; Potier *et al.*, 2014)—DCRs remain controversial. Nonetheless, calls for first implementation (e.g., USA, Scotland and Ireland) or scale-up are increasing worldwide (Bayoumi & Strike, 2016; Kennedy & Kerr, 2017; Kerr *et al.*, 2008). To date, Belgium does not provide these facilities to its drug using population, and research on this topic is limited in Belgium (Barendregt & Rodenburg, 2004; Favril *et al.*, 2015). To this end, in order to fill this gap, the current study on DCRs in Belgium aims to explore its feasibility.

THE « DRUGROOM » STUDY

The primary aim of the current study is to explore the feasibility of a DCR in Belgium, and this feasibility study should provide hands-on information on: (1) What are the legal implications of these facilities, explicitly analysing the (medical) accountability of the state and the care givers; and (2) What are the basic (pre)conditions for the implementation of these DCRs. The DRUGROOM project consists of four phases or work packages (WP). During all phases of the research, a comprehensive and diverse variety of perspectives and input from stakeholders from different arenas will be a primordial component, as each of them hold key information necessary for a locally informed and responsive assessment of the feasibility and specific considerations necessary for a possible DCR initiative. Multidisciplinary input throughout the project will be guaranteed by engaging both

national and international experts, by involving local drug coordinators, and installing a multi-agency follow-up committee.

1. Legal study: analysis of the legal framework of DCRs (April – June 2017)

WP1 will focus on the legal framework of DCRs. Here, the position of DCRs in respect of international drug control treaties will be explored; i.e., an analysis of the legality of state-controlled public injecting rooms under public international law, and more particularly under the three relevant international drug control treaties and the relation with the International Narcotics Control Board (INCB). Second, reforms in federal legislation will be explored in Belgium's neighbouring countries that already implemented a DCR (France, Germany, the Netherlands, Luxembourg), in light of the Belgian Drug Law of 1921. In this respect, a primordial aspect of this WP is to explicitly analyse the issue of (medical) accountability of the state and the care givers working in a DCR.

2. Identifying scenarios from national DCRs (April – June 2017)

The second phase will focus on practical and organisational aspects of already implemented DCRs by (1) a review of the scientific literature, (2) conducting on-site visits in France, Germany, the Netherlands and Luxembourg, and (3) interviews with stakeholders in these aforementioned European countries. This second phase will permit a demarcation of several scenarios (different models) for the implementation of one or more DCRs in Belgium. Solid insights concerning the organizational and practical preparations and essential preconditions will be thus gathered, leading to several possible scenarios for Belgium.

3. Feasibility in Belgium (July – September 2017)

In this WP, the scenarios from WP2 will be presented to a multidisciplinary range of stakeholders from 5 Belgian cities (Ghent, Antwerp, Brussels, Liège and Charleroi). During the interviews with key stakeholders from each city (to ensure that the diversity of professional actors is covered), the feasibility of several models and scenarios will be discussed, as well as the conditions for the implementation of a DCR, taking into account the specific local context of the city. Key stakeholders will be recruited from a range of relevant sectors, including (1) drug treatment services; (2) low-threshold harm reduction services; (3) outreach services; (4) police; (5) Public Prosecution; (6) court; (7) local politics; (8) local drug coordinators; and (9) emergency services. Additionally, in order to engage the target population of DCRs, drug users will be involved in this WP (Lancaster *et al.*, 2013; Ti *et al.*, 2012; Vander Laenen, Favril, & Decorte, 2016) by means of a focus group in each of the 5 cities.

4. Formulation of hands-on policy recommendations (October – December 2017)

In the final WP, a comprehensive synthesis will be conducted of all previous WPs, in order to formulate hands-on policy and practice recommendations, specifically tailored to the Belgian and local context. These recommendations will be practice oriented, ready to use, and consisting of a manual.

SCHEMATIC OUTLINE OF THE DRUGROOM STUDY

Timeline

2017	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
WP1									
WP2									
WP3									
WP4									

Methodology

	Literature review		Qualitative methods	
	Legal analysis	Scientific publications	Interviews	Focus groups
WP1	X			
WP2		X	X	
WP3			X	X
WP4	<i>(synthesis and integration)</i>			

PROMOTORS

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- prof. dr. Brice De Ruyver (UGent), WP1
- prof. dr. Tom Decorte (UGent), WP2
- dr. Jessica De Maeyer (HoGent), WP3
- dr. Pablo Nicaise (UCLouvain), WP3

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