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# **Drug consumption rooms (DCR)**

# More than a place to use drugs

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## **DCR** - overview Germany

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- 22 DCR (2 further in 2019 Berlin/Karlsruhe)
- 2 mobile DCR (Berlin)
- unique DCR for female drug users in Hamburg
- In the second states of the
- cities with high prevalence of PWUD & DRD (Munich, Nuremburg, Stuttgart) does not offer DCR



### DCR - the sensible triangle of goals

#### **Health goals**

- prevention of HIV, HCV and drug-related diseases such as abscesses.
- prevention of OD and DRD
- Changing of drug use behavior (inhaling instead of injecting)

#### **Regulatory Goals**

Invisibility of drug use and of users in the public

#### **Drug treatment goals**

change the current situation (transfer to OST)

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## **Concepts and service provision**

 DCRs in germany are integrated in harm reduction facilities

(OST, counselling, café area, provision of paraphernalia, etc)

- Opening hours between 3,5 and 23 hours a day and a capacity of 3 to 20 places/seats.
- Most DCR include people in OST (new laws)
- Most of them provide rooms for different forms of application (snorting, injecting, inhaling)



# DCR - the effects

- DCR offer every day thousands of PWUD access to low threshold services
- DCR reduced the number of PWUD in public settings
- but.....
- 35% increase of DRD since 2012 (also higher numbers in DCR cities)
- No evidence that DCR reduce the number of HIV/HCV infec.
- The german drug service system and the medical system were strictly separated (only wound care in DCR)

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Due to the fact that testing rates and ARV Rates were low we initiated processes to include medical services in DCR and low threshold services

Today we have a few DCR and LT services which have HIV/HCV counselling and testing services.





## DCR - a setting to address HCV ?

- Online survey 2016; 91 DCR / 54% response
- HCV prevalence among DCR clients rather high:
  63 % in Germany or 43 % in Spain
- 2/3 (65 %, n=31) DCRs offered HCV testing onsite, as well as pre- and post-test counselling
- German DCR need to step up their efforts in counseling, Testing and Treatment. Pilots like "TEST IT" have shown that DCR can be a important factor



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#### **Conclusions**

- DCRs can be a low-threshold HCV treatment provider for PWID
- We have to train/qualify staff
- We need doctors who are willing to work in low threshold settings
- DCR need money for the implementation of HIV/HCV counselling and testing services with the possibility to start a treatment.
- Low threshold and DCR are very important factors to reach these PWUD we have not reached so far.













Drug use with or without DCR

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