European Forum *for* Urban Security

SOLIDIFY
Reinforcing Harm Reduction Strategies at the Local Level – *the Role of Supervised Drug Consumption Facilities*

Published by the European Forum for Urban Security (Efus), this document is the result of the SOLIDIFY (Supervised Drug Consumption Facilities to Instill Harm Reduction and Social Cohesion at Local Levels) project, carried out between 2018 and 2020. It has been written by Moritz Konradi (Programme Manager) and Carla Napolano (Deputy Director), with the help of Pauline Lesch (intern), and produced under the supervision of Elizabeth Johnston (Executive Director), with contributions from project partners. Part 3 was drafted by Matej Košir.

Use and reproduction are royalty free if the purpose is non-commercial and the source is acknowledged.

Revision: Nickolas Woods/David Wile
Layout: Marie Aumont
Printing: Technicom, Boulogne-Billancourt
Printed in March 2020
Legal deposit: March 2020
ISBN: 978-2-9131-8179-3

European Forum for Urban Security
10, rue des Montiboeufs 75020 Paris - France
Tel: + 33 (0)1 40 64 49 00
contact@efus.eu - www.efus.eu

This publication was funded by the European Union's Justice Programme Drugs Policy Initiatives. It represents the views of the author only and is their sole responsibility. The European Commission does not accept any responsibility for use that may be made of the information it contains.

European Forum *for* Urban Security

SOLIDIFY
Reinforcing Harm Reduction Strategies at the Local Level – *the Role of Supervised Drug Consumption Facilities*

Acknowledgements

The SOLIDIFY project was carried out with the commitment and engagement of partners and associate experts who contributed to the different components of the project and the drafting of this guidebook. We would like to thank them for their generosity in sharing their knowledge, experience and expertise, and thereby supporting the success of the project.

We would also like to thank all those who contributed to the numerous events, audits, study visits, meetings and discussions organised within the framework of the project. Their tireless work to reduce drug-related harm and improve the services supporting those affected is a true social asset and source of inspiration.

A particular thank you is due to the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA), in particular Alexis Goosdeel and Dagmar Hedrich, for providing continued support for SOLIDIFY and for co-hosting its final event.

Finally, we would like to thank the European Commission for its financial support, without which this project and publication would not have been possible.

Project partners

The SOLIDIFY project came into being thanks to the interest shown by political decision-makers in the partner cities to take supervised drug consumption facilities into account in their local security, health and social cohesion policies. Our thanks go to the local elected representatives concerned, their teams, local associations and all local partners.

Concrete actions would not have been possible without the enthusiasm of the people who committed themselves to carrying out this project at the level of each city, namely:

City of The Hague (Henri van der Heijden, Rombout Alkema, Nazli Tuzer, Sander Jongenburger); City of Lisbon (Paulo Santos, Manuel Grilo, Ricardo Fuertes, Adriana Curado, Monica Diniz, Joaquim Gordicho, Nuno Veludo); City of Liège (Willy Demeyer, Gregor Stangherlin, Juan Cortes Leclou, Cécile Magoga, Manon Reynders, Dominique Delhauteur, Catherine Schlitz); Institute for Research and Development/Utrip (Matej Košir, Borut Bah, Vladka Tonica); Brussels Prevention & Security (Frédéric Foubert, Christine Rouffin, Laurent Maisse, Bruno Valkeneers); City of Augsburg (Dirk Wurm, Janina Hentschel, Carina Huber, Diana Schubert); City of Essen (Christian Kromberg, Ludger Klink, Frank Langer, Matthias Blackert); Association for Wellbeing and Development/ABD (Noelia Girona, Josep Guardiola); City of Mannheim (Ulrike Freundlieb, Christian Specht, Kathrin Heinrich, Hans-Georg Schuhmacher, Klaus Eberle); Barcelona Public Health Agency (Carme Borrell, Oleguer Pares, Gabriela Barbaglia); City of Paris (Anne Souyris, Colombe Brossel, Stephane Bribard, Carmen Bach, Elisabeth Avril); and City of Strasbourg (Alexandre Feltz, Jean-Marc Pennetier, Danièle Bader, Cécilia Jagou).

Associated experts and NGO partners

Correlation Network (Cedric Charvet, Katrin Schiffer, Jason Farrell), University of Applied Sciences Frankfurt (Heino Stöver, Maike O'Reilly).

Other contributors

Marie Jauffret-Roustide (INSERM), André Lemaître (University of Liège).

Table of Contents

Foreword ..... p. 8

Introduction ..... p. 11

Part 1: SDCFs in the Context of European Drug Policy – the Urban Security Perspective ..... p. 19

Part 2: Establishing and Running SDCFs in European Municipalities – Examples of Practice ..... p. 31

Part 3: Assessing the Security and Health-Related Aspects and Effects of SDCFs ..... p. 68

Part 4: Arguments and Recommendations for Local Authorities ..... p. 85

Conclusions ..... p. 106

Resource Guide ..... p. 109

Foreword

Drug use and its potential detrimental effects on public health, urban security and social cohesion is a key topic for cities across Europe: a continued presence of opioid use with high health-related risks such as the transmission of blood-borne viruses; a growing cocaine market; significant production and trade of synthetic drugs; and controversial political debates about cannabis and its therapeutic use are only some of the current developments that policymakers and practitioners are facing at the European level. At the local level, further issues such as the concentration of vulnerable groups and public addictive behaviours in poor urban areas, the impact of technological developments on local drug traffic, and the conflict and polarisation around local drug phenomena fuelled by stigma, fear and polarisation mark our moment in history.

Since its foundation in 1987, Efus has provided local elected officials and practitioners from municipal security and health departments with a forum to discuss drug policies as a key urban-security concern with their peers from across Europe. Faced with the consumption of illegal and licit products that entail significant risks especially for youth and children, local authorities are seeing drug markets evolve and they are facing new challenges in terms of repression and the fight against the trafficking of these drugs. Local authorities are also increasingly recognizing the need to find strategies that go beyond supply reduction and focus on the demand side. There are many ways to reduce drug-related harm and local authorities are well placed to develop multi-faceted strategies to tackle the risks and the challenges drug consumption poses to social cohesion and urban security. Drug policies must be pragmatic and seek to reduce the harm that drug use causes to the health, social wellbeing and security of individuals, communities and society. They must be designed taking the needs on the ground into account, in each specific city or region, and they must be able to adapt to rapidly changing policy contexts and the extremely volatile phenomenology of drug issues.

For many cities in our network, supervised drug consumption facilities (SDCFs) have shown to be efficient tools for improving public health and security locally. They help prevent drug-related deaths, reduce risks that lead to the transmission of blood-borne viruses such as HIV and hepatitis C, and reduce public nuisance. They are an effective means of reaching and staying in contact with highly marginalised populations, supporting their access to care and drug treatment. They do not encourage drug use but make an effective positive contribution to the lives both of users and other inhabitants of our cities, thus playing a key role in the complex tissue of a comprehensive local harm reduction strategy.

But SDCFs are not easy to establish and manage: in many countries, national drug law forbids or significantly complicates the opening and management of such facilities. Many municipalities have struggled to find adequate sites for them and have faced opposition and NIMBY ('not in my backyard') reactions against their establishment from local communities of neighbours or business owners. Professional harm reduction services are cost-effective in the long run, but in the short term may seem costly and investment intensive at a time when resources are scarce for local and regional authorities.

Local authorities have a key role to play in supporting SDCFs and ensuring effective management of them and their acceptance in the local community. Working together with civil society, organisations and initiatives of people who use drugs, research institutions, governments and national and European agencies, they can create synergies that strengthen their efforts and increase their impact. A great deal of research and knowledge is needed to understand the specific needs of each local community and find the most suitable model and set-up for a local SDCF. And finally, a key aspect is the ability to present a convincing argument in favour of these services to ensure understanding and acceptance among our cities' inhabitants.

Through the SOLIDIFY project, Efus and its partners have taken up these challenges, highlighting the fact that local authorities are particularly well placed to coordinate and lead the co-production of policies. The experience of supervised drug consumption facilities must be continued and assessed in order to guarantee their success

and sustainability. Cities that host such facilities must support the organisations that manage them, and must themselves be supported by policymakers at national and international levels of government, as better harm reduction services on the ground are in our shared interest.

I would like to thank the partners and many supporters of the SOLIDIFY project for their important work. It takes courage and commitment to engage in this process of exchanging experiences, acquire knowledge and gaps that need filling, and analyse past successes and difficulties in order to pave the way for future action. This publication is a reflection of these common efforts and an invitation to cities throughout Europe to join a common effort to build even more balanced, effective and comprehensive local drug policies that live up to the demands of those most in need.

Elizabeth Johnston
Executive Director of Efus

Introduction

SOLIDIFY in the context of Efus' engagement in drug policy

The SOLIDIFY project was conceived in 2016 and proposed to the European Commission for co-funding in response to the Justice Programme action grant entitled 'Supporting Initiatives in the Field of Drug Policy'. The proposal was approved for funding in May 2017 and the project began in January 2018.

SOLIDIFY reflects Efus' long-term engagement in the field of drug policy, which is expressed in a number of initiatives, projects and publications on the issue. These activities are rooted in a positioning on drug policy that has been developed over a number of years.

The use of psychoactive substances is a phenomenon in our cities' public spaces that threatens health and social stability. These substances may be legal (alcohol, tobacco) or illegal. The issues they pose for cities include crimes such as drug trafficking and vandalism, road safety, illness (i.e. addiction, hepatitis, HIV and AIDS) and reduced social cohesion.

People who use drugs (PWUD) often suffer from stigma, prejudice, discrimination and violence and are thus marginalised from society, which can escalate their drug consumption and related risk and harm.

Efus has set out its position in various publications, such as the Zaragoza Manifesto[1] and the Vienna Resolution[2]. Efus defends the importance of the city and local authorities as key partners to intervening in this issue. Its strategy consists on the one hand of gathering local stakeholders together in order to unite efforts to prevent drug abuse, and on the other hand of promoting the exchange of experiences and

1. Efus, Security, Democracy and Cities, the Zaragoza Manifesto, 2006.
2. Efus 2011, Democracy, Cities and Drugs resolution, adopted at the final conference of the Democracy, Cities and Drugs project on 25 February 2011 in Vienna.

good practices between European cities. Efus believes any strategy should be based on the analysis of facts and scientific evidence, rather than on ideology.

Emphasis is placed on the importance of meeting the needs of the local population as well as of PWUDs themselves. Local policies should be part of national and international frameworks, whilst adapted to each specific location. Partnerships and cooperation should be reinforced between authorities, communities and PWUDs. Furthermore, countries and regions must develop regulations and financing mechanisms favouring local intersectoral cooperation, and the division of public expenditures in the area of drugs must be balanced between the reduction of supply, demand and drug-related harm.

Efus affirms that repressive policies towards PWUDs turn out to be unsuitable since they accentuate stigmatisation that undermines PWUDs' civil rights (human rights including the right to health, education, respect, etc.)

To bring these positions to life, Efus has led a number of European cooperation projects in this thematic field, among which are the Democracy, Cities and Drugs (DC&D) projects from 2005 to 2011. Forming strong partnerships made up of municipalities and regions as well as research institutions and civil society organisations from across Europe, these projects supported European cities in the development and implementation of drug policies based on local partnerships and involving all relevant actors. They promoted a coordinated, participative, targeted and thus resource-effective approach, and offered specific tools, proven good practices and first-hand expert knowledge and advice to local authorities involved in drug enforcement. Their particular focus was the inception and fostering of local multi-agency partnerships, consisting of local authorities, health services, criminal justice services and law enforcement agencies, local communities including visible minorities, civil society organisations and neighbourhood initiatives, and PWUDs.

Following the DC&D projects, the Safer Drinking Scenes Project was led by Efus and its French branch FFSU from 2011 to 2013. This project, focusing on alcohol abuse among young people in public spaces, brought together a consortium of cities and an expert committee to pool knowledge and best practices, and foster the exchange of information, ideas and experience through a series of visits to cities. It produced a toolkit containing shareable prevention measures, a multilingual website and a publication[3] presenting European initiatives on safer public spaces and responsible drinking practices, as well as recommendations to prevent binge drinking tailored to local and regional authorities.

In addition to coordinating EU-wide projects, Efus has been an active member of the Civil Society Forum on Drugs in the EU (CSFD) since its inception. The CSFD is an expert group of the European Commission that was created in 2007 on the basis of the Commission Green Paper on the role of civil society in drugs policy in the EU. Its purpose is to provide a broad platform for a structured dialogue between the Commission and the European civil society in support of drug policy formulation and implementation through practical advice. The CSFD is consistent with the EU Strategy on Drugs 2013-2020 and the new Action Plan on Drugs 2017-2020, both of which require the active and meaningful participation and involvement of civil society organisations (CSOs) in the development and implementation of drug policies at the national, EU and international level. Its membership comprises 45 NGOs from across Europe and represents a variety of fields of drug policy and a variety of stances within those fields.

A thematic focus on harm reduction and the installation of supervised drug consumption facilities (SDCFs)[4] as a specific measure

During this long theme-based focus on local drug policies, drug demand reduction and particularly harm reduction strategies have been identified as approaches that are particularly promising and effective at the local level. The stronger investment in harm reduction

3. Efus, Safer Drinking Scenes. Alcohol, City and Nightlife, 2013.
4. In this publication, we use the term 'supervised drug consumption facility', abbreviated as SDCF, to name establishments that provide drug users with a space for the safe consumption of illicit drugs in a sterile environment. Alternative terms such as 'drug consumption rooms' or 'overdose prevention sites' may be used as well. We chose the term SDCF as it seemed to be the most appropriate and encompassing way to describe the facilities covered by the SOLIDIFY project.

measures is underpinned by a set of convictions that Efus has developed, notably in its regularly updated manifesto as well as in topical publications:

- Efus members consider that drug consumption is part of the social reality in our cities, and that this reality is not destined to fade anytime soon: "Members of our society consume psychoactive substances, both legal and illegal; this consumption should be supervised to prevent substance abuse that is both detrimental to the health of users and to social cohesion."[5] In light of this reality, local drug policies should not focus too heavily on repression or even partake in a 'war on drugs', but take a balanced approach that is based on scientific evidence: "The approach taken towards drugs and addiction should be based not on ideology or morals, but on the reality of drug consumption and on factual analyses, in particular on the results of the scientific assessment carried out by European Commission through the European Monitoring Centre for Drugs and Drug Addictions (EMCDDA). The right balance must be struck between care, prevention, integration, risk reduction and the prevention of trafficking."[6]
- While drug demand reduction and harm reduction are well established approaches that are firmly rooted in scientific evidence, Efus members highlight the fact that the availability and quality of such services at the local level need to be enhanced: "Cooperation at the local level should be strengthened, both with institutions and civil society, notably user associations and specialised schemes, in order to improve the setting up of risk-reduction programmes and make them more accessible. Risk-reduction programmes for drug users must be widespread and sustainable. (…) We aim to achieve minimum quality standards for interventions on reducing drug demand as recommended by the European Monitoring Centre for Drugs and Drug Addiction, and aim to invest in evaluation."[7]

5. Efus, Security, Democracy and Cities: the Manifesto of Aubervilliers and Saint-Denis, 2012, p.34.
6. ibid.
7. Efus, Security, Democracy and Cities: Co-producing Urban Security Policies. Manifesto adopted in 2017 during the International Conference of the European Forum for Urban Security, co-organised with the City of Barcelona and the Government of Catalonia, 2017, p.22.

- Moreover, Efus members have clearly identified SDCFs as promising and effective measures in drug demand and harm reduction, and are calling for further experimentation with these establishments and reinforcement of them within the framework of local drug strategies: "The experience of supervised drug consumption facilities must be continued and assessed in order to guarantee their success and sustainability. Cities that host such facilities must support the organisations that manage the facilities, ensuring that they consult with all the partners including local residents and businesses. Support from all these local actors will ensure public peace and allow local resident associations to take part in evaluating the local impact."[8] Represented by its executive committee, the European local and regional authorities that are part of Efus highlight these positive effects and demand that national policy frameworks be adapted where necessary to further enable municipalities to establish SDCFs under favourable conditions: "Numerous local authorities, member[s] of Efus and beyond, observe that supervised drug consumption facilities (SDCFs) have proved to be efficient tools to improve public health and security locally. (…) National legislations should, where necessary, be adapted so as to allow local governments to design the strategy that fits the needs and conditions in their territory and include all available evidence-based tools."[9]

In order to foster these convictions and gain further insights, Efus designed and developed the SOLIDIFY project, which gathered together a group of municipalities and regions particularly engaged in the topic for a two-year European cooperation project on the establishment and management of SDCFs at the local level.

SOLIDIFY – the project and its methodology

Specifically, SOLIDIFY aimed to better equip cities that have drug consumption rooms, or are planning to open them, in order to help them support and facilitate the installation of structures offering this

8. ibid. p.23.
9. Efus executive committee, Resolution on a Local Drug Policy based on the Principles of Harm Reduction and Non-Discrimination, and in line with the EU Drugs Strategy, 2018.

scheme in any given territory, and to evaluate the facilities' impacts in terms of localised nuisance reduction.

The project conducted a collective cross-analysis of the installation and evaluation process of a drug consumption room and thereby equipped local authorities to promote the installation of health facilities that provide these schemes. As part of this process, indicators for assessing short, medium and long-term impacts on the territory were identified and assembled in an assessment tool that is included and shared as part of this guidebook (see part 3).

Furthermore, the project enabled the sharing of practices between a first group of experienced partner cities that had already tested and implemented drug consumption facilities and a second group of partner cities that were considering and/or going through the process of installing this type of scheme during the time the SOLIDIFY project was active. This allowed all partners to benefit from the recommendations and critiques of their peers, and for partnerships and coalitions at the local level, between local authorities and civil society organisations, to be strengthened.

A shared methodological foundation was designed in order to promote analysis and the contextualisation of specific local circumstances. This enabled the presentation of varied experiences and facilitated the evaluation of drug consumption rooms and their impacts on the territories in which they are already established (issues involving security and delinquency in proximity to the site, feelings of insecurity, improving cleanliness, dialogue and acceptance of the scheme by residents, shopkeepers, public authorities, etc.) The methodological tools were filled out by the cities prior to each visit and then completed with field observations from peers and experts during their time on the ground.

Study visits and audits were conducted by all project partners between May 2018 and June 2019. The study visits mobilised the whole consortium and were an opportunity for all partners to learn about the strategy of the respective municipality, meet professionals and visit the actual facilities. The audits were conducted by the hosting municipality and SOLIDIFY's expert group, and served to assess the local needs in cooperation with many local decision makers and stakeholders.

- Audits were conducted in Liège (15/16 May 2018), Brussels (17/18 May 2018), Augsburg (10/11 December 2018), Mannheim (12/13 December 2018), Lisbon (14/15 February 2019), and Ljubljana (18/19 April 2019).
- Study visits took place in Barcelona (21/22 June 2018), The Hague (18/19 October 2018), Essen (14/15 January 2019), Strasbourg (3/4 April 2019), and Paris (17/18 June 2019).

Each of these project activities were documented and reports were shared with all partners via the project platform on the 'Efus Network' members area.

A guidebook to support local and regional authorities across Europe

This guidebook essentially seeks to share the results of the two-year cooperation project with a wider audience. While it was impossible to condense all the results of the project's exchanges and activities into this guidebook, the authors have aimed to assemble crucial pieces of knowledge and information in order to provide practical guidance for local practitioners in health and security departments and at other organisations.

The guidebook is organised in four parts:

Part 1: *SDCFs in the Context of European Drug Policy – the Urban Security Perspective*

This part gives an introduction to supervised drug consumption facilities (SDCFs) and the state of research on the topic. It provides a brief overview of the European Drugs Strategy, the concept of harm reduction and the history and components of SDCFs. It focuses on the urban security perspective in harm reduction strategies and SDCFs, and asks: why is this perspective important and what benefit is there in having a better understanding of the security-related aspects of such policies? What gaps exist in research and policymaking and how did SOLIDIFY address them?

Part 2: *Establishing and Running SDCFs in European Municipalities – Examples of Practice*

This section gathers the knowledge and experience garnered through the audits and study visits conducted within the framework of SOLIDIFY. It condenses key information from the extensive documentation of the activities that were prepared by Efus and the partners and are available via the project platform on the Efus Network. Through this kaleidoscope of European practices and experiences, it becomes clear that every municipality has its own distinct path towards the establishment of an SDCF, and that designing such measures in accordance with the needs and resources of the territory and its inhabitants are of key importance.

Part 3: *Assessing the Security and Health-Related Aspects and Effects of SDCFs*

This section offers key insights from the work that SOLIDIFY has conducted on the assessment of security and health-related aspects of SDCFs. Led by the research partner UTRIP, this project component organised a common work process to identify key indicators and items for an assessment questionnaire and ran a test survey with the municipalities represented in the project. This section also presents the project's assessment tool, lessons learnt from the common work process, as well as findings from the test survey.

Part 4: *Arguments and Recommendations for Local Authorities*

This section gathers topical recommendations for the establishment and running of SDCFs, focusing on how local authorities can support the process and create a multi-agency network of stakeholders supporting the process at the local level. Reflecting the complexity of such processes, it includes a number of sub-sections ranging from the importance of a careful needs assessment to the development of communication strategies or the setting up of cooperation mechanisms, including with law enforcement agencies.

A Conclusions section sums up the findings and a Resource Guide introduces key documents and literature for further reading.

Part 1

SDCFs in the Context of European Drug Policy – the Urban Security Perspective

Key aspects of European drug policy

Framework

The European Union's approach to developing a sustainable drug policy is outlined in two key documents: the EU Drugs Strategy 2013-2020 and the 2017-2020 Action Plan, which builds on the previous four-year plan (2013-2016). The key priorities identified in the (non-binding) strategy and the principles of "an integrated, balanced and evidence-based approach"[10] guide the elaboration of many national drug policies and the development of tasks and projects by other EU agencies.

The EU Drugs Strategy is rooted in two main policy strands – drug demand reduction and drug supply reduction – and three cross-cutting themes: coordination; international cooperation; and research, information, monitoring and evaluation.

Drug demand reduction: "Drug demand reduction consists of a range of equally important and mutually reinforcing measures including prevention (environmental, universal, selective and indicated), early detection and intervention, risk and harm reduction, treatment, rehabilitation, social reintegration and recovery."[11]

The priorities identified by the EU range from improving the availability and accessibility of drug demand reduction measures, notably prevention programs (19.1 and 19.2), via the development of such measures in prison settings (19.6) to the expansion of integrated care models that include, among other things, aspects related to mental health and social reintegration (19.7).

Drug supply reduction: "Drug supply reduction includes prevention and dissuasion and disruption of drug-related, in particular organised, crime through judicial and law enforcement cooperation, interdiction, confiscation of criminal assets, investigations and border management."[12]

Supporting bodies and guiding principles

The European Monitoring Centre for Drugs and Drug Addiction (EMCDDA), in collaboration with the European Union Agency for Law Enforcement Cooperation (Europol), gathers data on drugs in European countries and produces annual European Drug Reports and other publications to ensure that the EU drug policy continues to be evidence based. The Civil Society Forum on Drugs (CSFD), a consultative body created and chaired by the European Commission, is composed of 45 members that are active in the field of drug policy. The Forum's work reinforces the involvement of civil society and NGOs in the elaboration and implementation of the EU's drugs policy. The CSFD lobbies, among other things, for an increase in harm reduction interventions.

Harm reduction

The EMCDDA defines harm reduction as *"interventions, programmes and policies that seek to reduce the health, social and economic harms of drug use to individuals, communities and societies"*[13]. One key aspect of harm reduction strategies is the recognition that not all individuals who use drugs will be able or willing to stop doing so. It is thus important to offer low-threshold services in order to minimise harm.

Responses include both health and social services, as outlined by the following non-exhaustive list:

- Information centres focused on existing services and safe drug use.
- Alcohol tolerant meeting places for people who use drugs.

10. European Monitoring Centre for Drugs and Drug Addiction, The EU drugs strategy: a model for common action, 2019.
11. EU Drugs Strategy (2013-20)
12. ibid. p.5.
13. European Monitoring Centre for Drugs and Drugs Addiction, Harm reduction topics page, 2020.

- Syringe exchange programmes and drug testing.
- Supervised drug or alcohol consumption rooms.
- Overdose prevention training and provision of take-home naloxone.
- Low-threshold housing and shelter.
- Referral systems to other social and health services.
- Social and professional reintegration workshops.
- Psychological support for users and their families.

The range of harm reduction services is extensive and, as outlined by Harm Reduction International (HRI), focuses on positive change, without judging or discriminating against people who use drugs.[14] HRI suggests a number of harm reduction principles that relate to the protection of human rights, an evidence-based approach, collaboration with PWUDs and the rejection of stigmatising language.[15] The goals of harm reduction are anchored in the belief that practitioners should 'meet people where they are' and ensure that they have access to health and social services through the provision of non-discriminatory offers.

Harm reduction has been on the EU's agenda since the early 2000s. The Commission of the European Communities included the prevention and reduction of drug-related harm as a health objective in 2007. Harm reduction is an integral part of one of the drug demand reduction policy strands in the current European Drug Strategy. In a review of the 2013-2020 European Drug Strategy, the EMCDDA points out that harm reduction is mentioned five times in the current strategic document, as opposed to a single mention in the previous strategy.[16] The growing emphasis on harm reduction goes hand-in-hand with the goal of increasing the involvement of civil society at multiple policy-making and decision-making levels.

14. Harm Reduction International, What is harm reduction?, 2020.
15. ibid.
16. EMCDDA, The EU drugs strategy: a model for common action, 2019.

Supervised drug consumption facilities

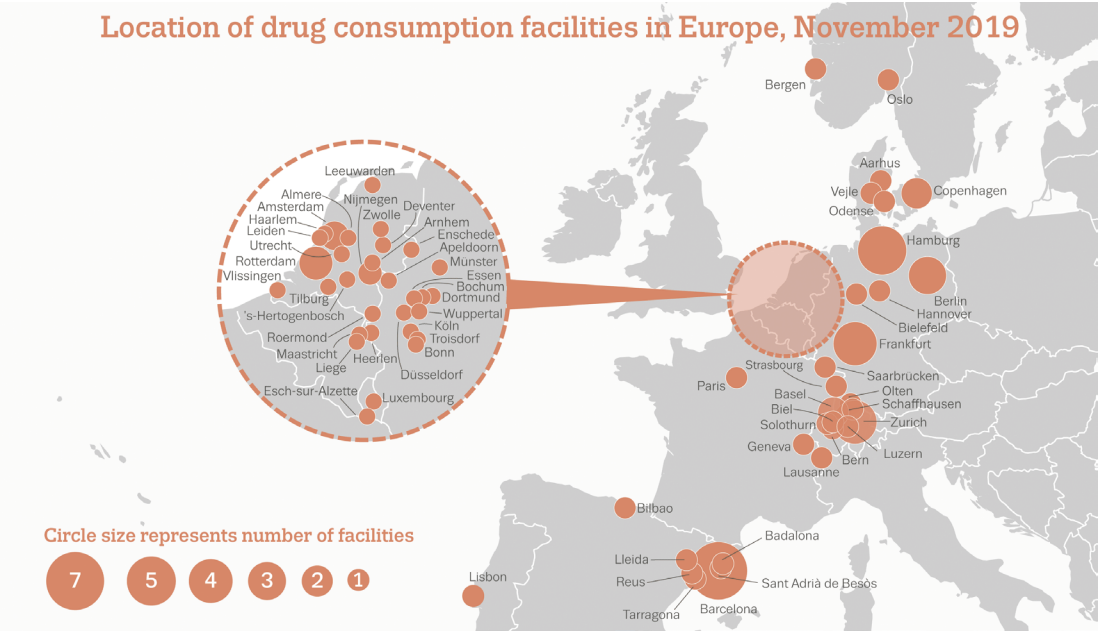
The supervised drug consumption facility, or SDCF, is one manifestation of the harm reduction approach. These facilities provide drug users with a space for the safe consumption of illicit drugs in a sterile environment. The underlying idea is to facilitate access to health and social care for the most vulnerable drug users – a population that is often outside the reach of drug help facilities focusing on prevention or treatment. This is one of the reasons why first-time or occasional drug users may be refused access.[17] Each SDCF has its own eligibility criteria that most commonly include an age limit, provision of information of living situations, history, frequency and method of drug use, drug of choice, and psycho-medical situation.

The first SDCF opened in Bern, Switzerland, in 1986 and since then many European, Canadian and Australian cities have implemented their own consumption facilities. One of the reasons for the success of these facilities is the fact that they offer a win-win situation for municipalities: on the one hand, they provide effective healthcare services to PWUDs, particularly when it comes to the decrease of drug-related deaths and overdose emergencies, and on the other hand they contribute substantially to the management of open drug scenes and the public nuisance they engender. This dual strategy of providing healthcare to marginalised populations and contributing to public order and urban security issues has guided the implementation of SDCFs throughout a growing number of European cities.

In the 1980s and 1990s, many European countries were faced with the implications of a heroin epidemic that triggered the emergence of open drug scenes where large numbers of users congregated in parks or other public spaces. While some countries saw the implementation of SDCFs as a fitting response to this problem, others rejected recommendations to follow suit, citing a lack of evidence and legal conundrums. Negative press coverage often amplified the reluctance of cities to establish consumption facilities. However, over the past few years, the number of countries and cities implementing SDCFs has increased

17. Pardo, Caulkins and Kilmer, Assessing the Evidence on Supervised Drug Consumption Sites, Rand Health Care and Rand Social and Economic Wellbeing, December 2018.

substantially in Europe, Australia and Canada, and there are now more than 100 SDCFs worldwide.



Source: EMCDDA[18]

Components and objectives of SDCFs[19]

The 2004 report on drug consumption rooms by the EMCDDA outlines the components, implementation and outcome objectives of an SDCF. This theoretical model operates in a public health and public order framework and aims to increase not only survival rates but also social reintegration. While the aspect of urban security is not specifically mentioned, it is a notion that is tacitly present throughout the model, notably in its emphasis on reducing public nuisance.

18. This map dates from November 2019 and thus includes the SDCFs opened in Liège in 2018 and Lisbon in 2019. However, it does not yet include the facility opened in Karlsruhe in December 2019.
19. As outlined in a model developed by Dagmar Hedrich/EMCDDA in European report on drug consumption rooms, 2004, p.14. It should be noted that this is a logic model.

The first component is the assessment and intake of drug users. SDCF staff must determine access criteria and eligibility, draw up a set of rules and ensure the provision of information on risk avoidance as well as hygienic equipment. SDCFs can obtain important information on the drugs used while at the same time determining individual needs. SDCFs are focused on the intake of hard-to-reach populations and aim to identify and refer clients who need medical care.

The second component of the SDCF is the supervised consumption area, the implementation of which has the following objectives: ensuring a hygienic, low-risk consumption; supervising consumption and ensuring compliance with rules; providing individualised safer use advice; providing emergency care in case of overdoses; providing a space that is protected from public view; and preventing loitering in the vicinity of the room. This latter objective can only be achieved if law enforcement agencies cooperate with the SDCF.

The third component outlines the objectives of the SDCF's other services. They can monitor the effects of drug consumption among clients who have left the consumption area; provide primary medical care, drinks, food, clothes and showers, and crisis interventions; offer syringe exchange programmes and disposal devices; and provide further services, such as shelter, case management, counselling and treatment. Both the implementation of the consumption room and of the other service areas aim to reduce the immediate risks related to drug consumption, morbidity and mortality; to stabilise and promote clients' health; and to reduce public nuisance.

The fourth component of a drug consumption facility is its referral system. This refers to the provision of information about treatment options, motivating clients to seek further treatments and referring them to other services. The objective of the referral service is to increase the clients' awareness of treatment options and increase the chances that they will accept this referral.

Drug consumption facility models

There is no one-size-fits-all model for SDCFs. Cities that have implemented one or more such establishments have tailored them to respond to local needs, i.e. the number of potential clients, the specifics of the local healthcare system, local specificities of public drug use, infrastructural concerns, etc. While no two SDCFs are the same and there is a great variety of practices in the field, the following general models can be distinguished:

- **The stand-alone/specialised model:** SDCFs characterised as stand-alone or specialised typically limit their offer to a narrow range of services directly related to supervised consumption, i.e. providing a safe and clean space to inject and/or smoke. While this form of SDCF might face less local opposition due to its small size and single purpose, its hours are limited and there is no possibility for users to benefit from medical support or case management.
- **The integrated model:** This model is characterised by its comprehensive range of support services offered under a single roof. In addition to providing a safe space for drug consumption, the integrated model offers additional survival-related services, such as the provision of food, clothing and showers, needle exchange, and various forms of counselling and activity programmes. It may be located in a hospital building and operate as part of, or in close cooperation with, a hospital or other healthcare institution.
- **The mobile model:** The mobile model, typically a caravan-style vehicle, offers a flexible and peripatetic deployment of the SDCF service, i.e. it goes where the users are. While the mobility of this device is a great advantage, and enables staff to reach the most vulnerable users in remote areas, its downside is that only a very limited number of people can be assisted due to limited space inside the vehicle.
- **The fixed model:** The fixed model offers SDCF services in a specially adapted building. Safe and supervised consumption spots are offered either in individual rooms or dedicated communal areas.

While not a supervised drug consumption facility as such, there is an additional form of drug consumption space that is referred to as the **shelter model**. This includes housing facilities for users who live on a site where they are allowed to use (inject or smoke) illicit drugs in parts of the facility – either in their private rooms or a dedicated communal area. These facilities are often age restricted and the users there might still use drugs in an unsupervised setting. On the other hand, it is an integrated approach that offers users the possibility of connecting with other services and sharing their experiences with other residents.

Most facilities – except for the mobile model, due to the lack of space – share a common spatial organisation: a reception room where users sign in and may have a first conversation with a staff member; the consumption room itself, which provides sterile equipment; and a rest area. Some SDCFs also offer spaces where other health or social services, such as counselling, are available.

The role of local and regional authorities in the development of European drug policies

The EU Drugs Strategy influences the elaboration and implementation of many national drug policies and, as such, also those of local authorities. The latter are often guided and/or restricted by national policies. Sometimes local authorities look beyond national guidelines and use international or transnational policies as reference points. As a main implementer of drug policies – whether local, regional, national or international – local authorities wield considerable power in how they are put into operation on the ground.

Local stakeholders have hands-on experience and can accumulate considerable expertise. The shift towards an increasing emphasis on harm reduction strategies benefits from such local stakeholder input. Local stakeholders also have the ability to create legitimate communi-

cation strategies that are tailored to respond to commonly voiced doubts and criticisms.

Local authorities are in a favourable position to coordinate the various stakeholders and to use their expertise as a resource in the creation of drug demand reduction policies that are tailored to their city's needs. They can also function as interlocutors on a transnational level, exchanging and cooperating with other cities involved in harm reduction activities.

The implementation of harm reduction strategies, in particular supervised drug consumption facilities, benefits enormously from the support of local authorities. This support can take on a political character and lend legitimacy to initiatives that are national and international in scope. It can also take on the form of logistic and coordination support through the creation and management of a participative network that is open to all local stakeholders, including PWUDs.

Ultimately, support for harm reduction strategies must come from multiple levels: from the national and international level in the form of legislative change, and from the local level in terms of supportive implementation strategies and politically favourable frameworks for horizontal and vertical stakeholder cooperation that allow for innovation and experimentation in the field of harm reduction.

SDCFs as a tool to foster urban security and social cohesion at the local level

While numerous studies have shown the benefits of SDCFs for public health, reports on the impacts of SDCFs on public order and urban security have not yet been as clear or conclusive. The SOLIDIFY project thus focused on these aspects and worked towards clarifying these positive impacts for urban security and social cohesion, and how they can be fostered by local and regional authorities, as well as the networks of stakeholders they coordinate at the local level.

Municipalities and regions have long defended a balanced and participative approach to urban security, founded on the principles of respect for fundamental rights, social cohesion and co-production:

"Cities must support a holistic approach, which entails adapting institutions, including the police and justice system, and training stakeholders to deliver this kind of co-production of urban security. This means in particular adapting working methods in order to further the sharing and exchange of information, and efforts to reinforce transparency and accountability. Such an approach must also prioritise mediation over confrontation or over-judicialisation."[20]

While drug problems pose a great risk to urban security, the responses we find to tackle these challenges, including harm reduction strategies and SDCFs, offer great potential for the development of innovative security strategies:

- They allow for the reduction of drug use in public, especially injection, and nuisance in neighbourhoods with visible drug scenes.
- They are a means to prevent drug trafficking and other forms of crime and incivility associated with open drug scenes.
- They can improve the feeling of security among the residents of affected neighbourhoods, since they can see that local authorities are finding responses to pressing drug problems.
- They are an opportunity to foster co-production at the local level, i.e. the creation of local partnerships to support the establishment and good management of SDCFs, and involving a wide range of stakeholders and increasing their participation in and ownership of local security policy.
- They allow for the inclusion of PWUDs as active contributors to local security policy, thereby fostering their feeling of belonging to society and trust in local government institutions.

20. Efus, Security, Democracy and Cities: Co-producing Urban Security Policies. Manifesto adopted in 2017 during the International Conference of the European Forum for Urban Security, co-organised with the City of Barcelona and the Government of Catalonia 2017, p.11.

The following sections flesh out this nexus, presenting how European municipalities are currently putting SDCFs and related harm reduction measures in place as a response to urban security challenges, a strategy and tool to improve the assessment of these measures and their impacts, and a set of arguments and recommendations for their further establishment.

Part 2

Establishing and Running SDCFs in European Municipalities – Examples of Practice

This chapter looks at the experiences gathered by the project's partner cities throughout the local audit and implementation phases. A first set of cities – Barcelona, The Hague, Essen, Strasbourg and Paris – had already implemented drug consumption facilities, while a second set of cities – Liège, Lisbon, Mannheim, Brussels, Augsburg and Ljubljana – were either considering or starting to design and implement SDCFs. Liège and Lisbon opened SDCFs, the first ones in Belgium and Portugal, in the course of the SOLIDIFY project. The diversity of cities allowed both for comparative evaluations of contexts and strategies and for the exchange of recommendations and experiences among peers.

Barcelona: a city-wide network of drug consumption rooms under an umbrella of medical services

Lead partners: The Barcelona Public Health Agency with financial help from the Barcelona City Council and the Catalan Regional Government. The SDCFs are managed by NGOs and social entities and financed through public tenders every four years. Three of the centres are run by public hospitals.

Calendar: The first SDCF opened in 2004 and seven more were created throughout the city since this date. The newest centre opened its doors in 2017.

Target group: Drug users and in particular homeless users, with a potential future focus on female users.

Website: https://www.aspb.cat/arees/drogodependencies/centres-datencio-seguiment-barcelona/

Background – four decades of harm reduction strategies in a supportive political framework

Barcelona has been at the forefront of SDCFs since it faced a heroin epidemic in the 1980s that took over a large number of public spaces. Three specialised addiction treatment centres opened in that same decade and further reduction strategies have been implemented over the years, including syringe exchange programmes, SDCFs and take-home naloxone. The opening of multiple consumption rooms throughout the city increased the accessibility of harm and risk reduction services to a larger public.

Barcelona's drug strategy is guided by the city's Drug Action Plan. The first version was elaborated in 1988 and is updated and approved every four years by the city council. Barcelona's Public Health Agency is the lead implementer of the plan.

Objectives – setting the scene for comprehensive care provision

The latest Drug Action Plan (2017-2020) identifies four guiding principles. They are linked to the larger objectives of offering assistance at the first opportunity and providing a seamless continuum of care to drug users, ranging from low-threshold services to integration into society and the workforce:

- Removal of the stigma associated with addiction.
- Reduction of the morbidity and mortality associated with psychoactive drug use.
- Prevention of situations of social exclusion in people who use drugs (PWUDs) and their environment.
- Avoidance of violation of, and non-compliance with, the current legislation.

Strategy and activities – multiple drug consumption rooms and efficient local cooperation

Barcelona has 15 drug addiction centres (CAS), eight of which offer

harm reduction and treatment services. These eight centres offer SDCFs for injection with one to five booths each, and one has an additional consumption room for inhaled drug use. The city also has a mobile SDCF.

The efficient functioning of the SDCFs in Barcelona relies on strong partnerships between different local and municipal stakeholders. The Barcelona Drug Action Plan is led by the city council and is drawn up in cooperation with its different departments (health, security and cleaning services), NGOs and neighbourhood associations. Drug addiction centres are part of the health network and as such have strong ties with social services. Suffering from a high rate of drug trafficking and homelessness, Barcelona's historic district brings together district officials, representatives of the drug addiction centres, security officials and social service technicians, for example, at monthly meetings. These meetings, which take place on a weekly basis during the summer period, allow stakeholders to discuss situations and joint interventions.

Results and challenges – considerable improvements in risk reduction and continuous innovation

In total, the city's SDCFs receive around 40,000 annual visits. Since the opening of the first consumption room in 2004, different city indicators on drug use and public nuisance have pointed to important changes: the number of needles collected in public spaces has dropped from a monthly mean of 13,000 needles in 2004 to less than 2,000 in 2017. The number of overdose deaths has dropped from 160 in 1992 to 54 in 2016. The number of HIV infections has decreased and the number of opioid addiction treatment demands has been stable since 2014, stagnating at around 700 a year.

Two challenges continue to be prevalent: the lack of housing for homeless people who are active drug users and the increase of 'drug flats' ('narcopisos') since 2015. The latter engender a number of security-related challenges, such as drug trafficking-related violence and neighbourhood insecurity.

Next steps – a focus on homelessness and gender aspects

In terms of homelessness, the City of Barcelona plans to build a shelter for people who are active consumers, but has not yet set a date for the start of construction. In order to tackle the issue of drug flats, Barcelona has allocated a budget for joint interventions that include health professionals, security officers, social service technicians and cleaning agents. A community team is in charge of implementing the interventions, linking PWUDs with harm reduction services and establishing contact with residents.

Additional future projects are aimed at women who use drugs and 'chemsex' clients, or people who use psychoactive substances to enhance sexual experiences. Barcelona also supports the elaboration of Europe-wide common indicators to compare experiences and improve the quality of existing harm and risk reduction strategies.

Essen: a consumption site to confine a central open drug scene

Lead partners: City of Essen. Coordination and implementation is ensured by the City Council's Office for Social Affairs and Housing. Care services are provided by Suchthilfe direkt Essen, a local assistance provider, and financed through multiple sources, including public funds from the City of Essen and State of North Rhine-Westphalia, health insurance and pension benefits, and revenues from training activities.

Calendar: The SDCF opened in 2001.

Target group: Drug users in the inner-city area.

Websites: https://www.essen.de/rathaus/organisationseinheiten/organisationseinheit_1188889.de.html

https://www.suchthilfe-direkt.de/

Background – responding to a deteriorating public space

In the 1990s, the City of Essen witnessed the development of an open drug scene surrounding the central train station that was saturated with drug users, homeless people, alcohol abusers and sex workers. The consumption of drugs took place in the public space, public toilets, building entrances and other places within the city centre. It engendered a heightened risk of injuries and overdoses, and increased the spread of HIV and hepatitis. Drug-related crime increased, notably personal injuries, robbery and prostitution. In parallel with the hardship endured by drug users, the general population suffered from the degradation of the public space and growing public discontent was registered.

Objectives – combining the reduction of public consumption with increased service provision

The city's drug policy is based on the recognition of drug addiction as an illness. In order to reduce the drug consumption scene in a sustainable manner, the dissolution of consumption in the public space must go hand in hand with the creation of efficient care provision. Further key objectives are the prevention of secondary consequences, such as drug-related crime, social stability and the creation of life perspectives for drug users. The interests of the general public and the minimisation of their burden is equally important.

Strategies and activities – common goals and sustained cooperation between stakeholders

It quickly became clear that the strategy has to integrate preventive, repressive and care components in order to sustain success. Keeping this in mind, the city consulted not only with law enforcement agencies but also care providers, transit services and economic actors. Together they identified multiple common goals:

- A significant and sustainable reduction of the open drug scene at the central train station.
- Prevention of an open drug scene in new locations.
- Increase in the subjective feeling of security for commuters and passers-by.
- Decrease in criminality in the city centre.
- Expansion and/or creation of efficient care offers for drug users.

Multiple measures were put in place in order to achieve these goals. As a first step, the city council ensured political consensus by passing a resolution. The political support, the elaboration of common goals and the cooperation between stakeholders were pivotal in the implementation of the strategy.

During the preparation phase of the project, a comprehensive media communication strategy kept the population informed. The next step concerned informing drug users about the goals and the upcoming measures, in particular the cessation of existing service points at the central station, and the creation and expansion of service provision at the city's drug help centre. Targeted police interventions and increased streetwork initiatives during the following weeks enforced the relocation of drug users to the drug help centre.

The opening of the SDCF played an important role in the reduction of public drug use. Additional care provisions included four substitution outpatient clinics, an emergency shelter for drug users and the creation of a low-threshold drop-in centre.

Cooperation among various stakeholders – municipal social welfare, public order and health offices, municipal and federal police, the public prosecution office and care providers – is guaranteed via contractual arrangements and sustained via regular meetings and councils.

Results – a diverse range of care services offered under a single roof

The creation of the SDCF had an important impact on the area surrounding the central train station by removing consumption from public space. The drug help centre offers a diverse range of care provision, including emergency shelter, a drug consumption room, a drop-in centre, substitution, and consultation and referral services. The

number of drug-related deaths has been reduced considerably and there are fewer public complaints.

In parallel with the implementation of the consumption room, the city also fosters the creation of networks of various institutions. This cooperation ensures that no new drug consumption scene is established and guarantees swift and appropriate reactions to new problems.

Next steps – staying aware of changing trends

The City of Essen continues to adapt its drug policies to the evolving needs of drug users. Changing demographic trends and higher life expectancy among the latter will be monitored while also taking into account the needs of the city's refugee population. An additional focus point will be the monitoring of emerging substances and changes in trafficking dynamics.

The Hague: going beyond consumption rooms with shelters and 'housing first'

Lead partners: The municipality of the Hague and the public health service are the lead partners in terms of policy direction, coordination and funding. A number of private social care and mental healthcare institutions contribute to the housing offer, while the Housing First service is provided by three social housing organisations (Vestia, Staedion and Haag Wonen). The police are in charge of public order.

Calendar: An SDCF opened in The Hague in 2006 and closed in 2011, as large parts of its clientele were covered by shelters with addiction care components.

Target group: The homeless population and drug users.

Website: https://www.denhaag.nl/en.htm

Background – shifting drug policy towards a 'housing first' approach

Two of the Netherlands' 37 SDCFs are located in The Hague, and while their establishment was initially met with resistance, they have now become socially accepted. Over time, the number of clients decreased and The Hague started to shift its harm reduction policy towards a focus on housing as a starting point for addiction care.

The basis for this policy change was a national plan launched in 2006. This plan contains a long-term strategy to combat homelessness at the national and local level. This national plan was implemented locally through the policy paper The Hague Shelter. Policy shifted towards a 'housing first' approach that involves helping homeless people move into housing accommodation as quickly as possible, as a starting point for the provision of appropriate services.

Several pilot projects show that this approach has positive effects on addiction care. Emerging safety problems linked to the large number of people living on the streets gave additional impetus to the plan.

Objectives – social rehabilitation and integration through housing

The main objective of this policy shift is the rehabilitation and reintegration of homeless people by assisting their move into housing accommodation. This is considered to be the starting point in the provision of appropriate follow-up services, such as healthcare, addiction care and income stability.

Strategy and activities – individualised help and a cooperative approach

The Hague's action plan is informed by two central pillars: a client-centric approach and seamless cooperation among all stakeholders.

The client-centric approach allows each homeless person to receive a personal plan that includes services such as healthcare, housing, income, labour and so on. The first step is an intake at the Central

Coordination Centre, which is run jointly by welfare and health services. Once a person qualifies for a personal social care plan, a client manager is appointed to develop the plan and monitor its execution.

Every client registered at the Central Coordination Centre is granted a pass that entitles them to use the night shelter – the bare minimum offered to each client. The pass is valid for two months, during which time efforts are made to move people into a housing facility. Such housing can also consist of hospitalisation in a clinic for addiction care. In this case, the addiction care has more of a mandatory character.

In addition, The Hague has several institutions that provide 24/7 residential care ('pass-through accommodation'). They offer effective support, care and daily occupations. The objective is that, after one or two years, people can then move to more independent housing facilities (±200 places). One option for more independent housing is offered by the Housing First programme. This cooperation between the municipality and social housing organisations provides professional outpatient healthcare and financial care. If this trajectory is successful, the house can be taken over by that person (200 houses).

There will always be a group of addicted people with little prospect of a successful care trajectory and reintegration, based on earlier failed attempts. For this particular target group, there are more permanent assisted living facilities that offer step-by-step support to improve their situation (±148 places).

Results and challenges – small-scale facilities to foster acceptability

The main challenges were to create sufficient housing facilities and to avoid the remaining users of the SDCFs returning to the streets and causing a public nuisance. A large investment in creating the right number of facilities prevented this from happening. The facilities that house larger numbers of drug users faced resistance from the surrounding neighbourhoods. Close cooperation with the police and a very open approach from the facilities towards local residents improved the situation. The prevailing opinion is that small-scale facilities are the most conducive to social acceptance of the housing facilities.

Next steps – learning from, and exchanging with, other cities

In order to draw up the most effective and accepted way of reducing drug-related problems, policymakers have to take account of socio-political factors such as public opinion, changing drug scenes and the prevailing political climate.

The Hague is not only interested in how other cities meet these challenges during the establishment of SDCFs, but also with regard to other drug-related problems. The SOLIDIFY project has provided interesting insights here, as comparing experiences as they unfold facilitates the development of more effective long-term drug policies.

Strasbourg: a consumption room as part of an integrated harm reduction strategy

Lead partners: Co-financed by the City of Strasbourg, the University Hospital of Strasbourg, the regional health agency and the Franco-German Eurodistrict. Managed and operated by Ithaque, an association that specialises in prevention and harm reduction in the field of addictions.

Calendar: The opening of an SDCF called ARGOS in 2016 and a shelter space in the same facility in 2020.

Target group: Most vulnerable people who use drugs (PWUDs).

Websites: http://www.ithaque-asso.fr/

http://www.ithaque-asso.fr/reduction-des-risques/scmr-argos

https://www.strasbourg.eu/

Background – a favourable setting for France's second SDCF

Strasbourg has been engaged in a harm reduction policy since the 1990s and has since supported multiple initiatives, including the Doctors of the World's 'Mission SIDA – Toxicomanie' in 1993, the creation of an information and HIV testing centre in 1994, and the implementation of the first automatic syringe exchange machine in 1996. In 2012, Strasbourg started working on the elaboration of an SDCF, and ARGOS was eventually inaugurated four years later, in 2016. It is one of only two such facilities in France.

While Strasbourg did not have any specific open drug scenes, the city's most vulnerable drug users would use in squats or public toilets. The large majority of this population did not have any contact with socio-medical structures.

ARGOS opened in a relatively conflict-free context, notably because of its location on the site of the University Hospital of Strasbourg, which is quite removed from residential areas. 90% of the municipal council's members voted in favour of the consumption room, which allowed the public debate to unfold in a serene setting.

Objectives – expanding the current offer

The main objective of the SDCF is to reach out to the most vulnerable people who use drugs, facilitate their access to healthcare and thus ensure their fundamental rights.

In 2020, the consumption room will be complemented by the opening of a shelter space on the first floor of the facility that will cater to the needs of the most precarious users who need adapted care systems. The objective is to ensure a comprehensive response to the health problems faced by users who cannot be accommodated by other social facilities in the city. This will restrict constant interruptions in the care-seeking process of people and also offer them social support.

Strategy and activities – creating new synergies between health and social care

The SDCF is located in an unused building on the premises of the University Hospital of Strasbourg and is composed of Ithaque's multidisciplinary team. The centre is organised in four different spaces: a reception room, a consumption room, a resting area, and a support and listening space. It also offers a syringe exchange programme and screening tests. The users themselves are in charge of keeping the space safe and cleaning up used syringes.

The facility is managed by Ithaque and supported by the City of Strasbourg and the regional health agency. In the field of harm reduction, the city collaborates with the Association de Lutte contre la Toxicomanie, the regional information centre on drugs and addiction (CIRDD), Les Amis de la santé du Bas-Rhin, AIDES, SOS Hépatites, and the Association Pénélope.

The city works in close collaboration with state services, the justice department, the regional health agency and the University Hospital of Strasbourg. The public security observatory, put in place by the city, is in charge of studying the impacts of the SDCF on public tranquillity. The city has developed a communication and information strategy to keep inhabitants and residents informed on a regular basis.

Results and challenges

By the end of 2019, three years after the SDCF's opening, 899 people had been welcomed by ARGOS and 667 had used the consumption space. The centre counts 60 to 80 visits a day. The average user is 38 years old and 23.1% of them are women. Since the opening of the room, there are now 43% more screenings, 16% more vaccinations, and an increased access to rights (+57%) among the users.

The syringe exchange programme allows users to have access to a wealth of prevention and harm reduction material, such as syringes, kits, septoboxes, steri-cups, steri-filters, condoms, and much more besides.

Due to the SDCF's location within the perimeter of the hospital, helpful links have been created between Ithaque staff and hospital services, and thus further consolidating access to effective healthcare.

Next steps

The emergency shelter space, set to open in 2020, is financed by the city, the regional health agency, and the University Hospital of Strasbourg. The space will be 300 square metres in size and allow the provision of emergency beds and temporary shelter, and later the possible implementation of a living space with reinsertion workshops.

Participating in the SOLIDIFY project allowed the City of Strasbourg to share experience and expertise with various member cities. A conference on supervised drug consumption rooms, earmarked to be held at the European Council in Strasbourg in 2021, is currently under consideration.

Paris: a single experimental SDCF for France's largest metropolis

Lead partners: The SDCF is financed by Assurance Maladie, supported by the City of Paris, and managed by Gaia, an association that has been active in the field of risk and harm reduction since 2006.

Calendar: Opening of the supervised drug consumption room in 2016 and introduction of a new crack consumption plan in 2018.

Target group: Drug users in the north-eastern parts of the city and the inflow of visiting users due to its proximity to a major transportation hub (the Gare du Nord train station).

Websites: https://gaia-paris.fr/salle-de-consommation-a-moindre-risque/

https://www.paris.fr/pages/lutte-contre-le-crack-un-plan-d-actions-2019-2021-6843

Background – Paris' first supervised drug consumption room

With approximately 7,000 PWUDs using in the public space, the Ile de France department is one of the regions in France that is most affected by drug consumption. The location of multiple major transportation nodes in Paris makes the capital an attractive destination for users from other countries. The City of Paris has long supported risk reduction strategies. Under the umbrella initiative Mission Métropolitaine de Prévention des Conduites à Risques, the city supports multiple projects, finances innovations and coordinates stakeholders in partnership with the state, the prefecture and the regional health agency (ARS).

In recent years, the north-eastern part of the city has witnessed a considerable increase in drug consumption and traffic. The opening of the city's first SDCF in 2016 was preceded by a long political and technical process that began in 2009. The room is open all week and is a response to the opioid consumption taking place around the train station. The city, the state and the ARS have come together in a steering structure to support Gaia, the SDCF's managing association.

Objectives – combining health and public order

Paris' risk reduction objectives include health and public order components. The former is composed of the following:

- In the short term: provide an environment that conforms to fundamental hygienic standards and offers a minimal risk drug use.
- In the medium term: reduce mortality and morbidity within the target population.
- In the long term: stabilise drug users and promote an appropriate health service to them.

In terms of public order, the objectives are:

- To reduce public drug use and the issues linked to it.
- To contain criminality in and around spaces of consumption.
- To improve the life of neighbourhood residents and foster acceptance and social diversity.

Strategy and activities – going beyond the SDCF with a new comprehensive plan

The opening of the SDCF at the Gare du Nord in 2016 complemented a larger socio-medical offer that encompasses 18 care, support and prevention centres (Centre de soins, d'accompagnement et de prévention en addictologie – CSAPA) and nine harm reduction centres (Centre d'accueil et d'accompagnement à la réduction des risques pour usager de drogues – CAARUD).

In 2018, the prefecture of Paris and Ile de France introduced a plan to tackle the issue of crack consumption. The plan is supported by the City of Paris, the ARS and MILDECA (the Interministerial Mission for Combating Drugs and Addiction), and encompasses about 30 different initiatives in the field of risk reduction. These include, among others, the implementation and expansion of socio-medical services targeting street users and the creation of resting areas for crack users; the creation of specialised accommodation units; and cooperation with associations that are active in the field of risk reduction.

Both the SDCF and the new projects outlined in the 2018 plan necessitate an active collaboration with state, municipal and civic partners. The work is led by the ARS, the City Hall, the relevant arrondissement, MILDECA, the prefecture, the judicial sector and the partner associations of the various projects.

The SDCF is managed by Gaia and its partners meet in various committees: the Parisian steering committee meets once a year, the monitoring committee meets every two months and the neighbourhood committee gathers together residents' associations every three to four months.

Results and challenges – the positive impact of an SDCF

Since its opening, the SDCF has signed in 1,352 users and welcomes around 300 visitors each day. The facility also offers various drug tests, hepatitis C consultations and treatments, and an overdose prevention training course with the distribution of naloxone. The use of drugs in public spaces and car parks has decreased considerably, as has the amount of injection material found on the street.

The city identified a number of lessons learned that define the implementation of the SDCF and continue to guide the elaboration of new initiatives:

- The importance of political and institutional support and engagement in order to remain flexible to an ever-evolving issue.
- The necessary mobilisation of diverse actors from socio-medical, health, security and sanitation sectors.
- The initial underestimation of necessary resources led to a number of adjustments and crisis situations.
- The impact that the opening of the SDCF had on the partner structures.
- The opening of the SDCF presupposes a comprehensive response and implicates the investment of all risk reduction partners and social and public sector stakeholders.

Next steps – implementing a regional risk reduction strategy

The City of Paris is hoping to open additional SDCFs in the city. The main remaining challenge is the drawing up of a regional risk reduction strategy that looks beyond Paris to also include the suburbs. It is also necessary to elaborate a comprehensive support strategy, including initial interventions, somatic and psychiatric care, housing, and social and professional reinsertion. It remains crucial to foster public acceptability and overcome the controversies nurtured by fear and negative representations of harm reduction structures.

Augsburg: a supervised alcohol consumption site as a means to mitigate conflicting use of public space

Lead partners: The City of Augsburg is the leading partner of the project and receives financial help from the Swabian Government. beTreff is maintained by the Catholic Association for Social Services (SKM) and the Swabian drug support association (Drogenhilfe Schwaben).

Calendar: A two-year pilot phase started in 2018 and was extended in 2019 in order to ensure the continuation of the project until 2022.

Target group: Drug and alcohol users, as well as the general public frequenting Helmut Haller Square.

Website: https://www.augsburg.de/umwelt-soziales/soziales/helmut-haller-platz

Background – transforming public perception

Helmut Haller Square has long been a meeting point for drug and alcohol users. A knife attack in 2015 consolidated lingering perceptions of unsafety and led to a general avoidance of the square. The City of Augsburg decided to tackle these challenges through the implementation of a holistic regeneration plan that aims to diversify the uses of the square and make it more attractive to the general public. The social component of this plan includes the creation of a support space for drug and alcohol consumers: the supervised alcohol consumption site beTreff.[21]

21. beTreff does not allow for the consumption of illicit drugs, which is in line with Bavarian drug law.

Objectives – a welcoming public space and the necessary support for alcohol and drug users

The objectives of the larger regeneration plan emphasise the transformation of Helmut Haller Square into a welcoming and accessible public space. The diversification of uses, including the organisation of cultural and sports events, leads to an eventual shift away from the negative perception of the square. The opening of a support space for drug and alcohol users goes hand-in-hand with the reduction of large clusters of users in the public sphere. It allows for a space in which counselling can be offered to some of the most vulnerable individuals, to help them improve their situation.

Strategy and activities (a focus on acceptability and cooperation)

The implementation of beTreff is embedded in the larger strategy of the regeneration plan, which includes multiple components:

- Social aspect: the creation of beTreff and the organisation of cultural and sports events.
- Construction and design: spatial development considerations to create a more welcoming space.
- Order and safety: cooperation and coordination with law enforcement agencies and other relevant security actors.
- Place management: maintenance and cleanliness of the public space through an efficient management model.
- Networking: cooperation between the city, local stakeholders, experts, users, inhabitants and citizens.

In order to create a framework conducive to public sensitisation and acceptability, the city organised a public debate around the implementation of beTreff, which brought multiple stakeholders to the table: local police, social actors, schools, the parish and inhabitants.

Results and challenges – a comprehensive approach to risk reduction

On average, 90 people use beTreff each day, a number that is higher than the city initially anticipated. There are considerably fewer drug and alcohol users in the public space during the opening hours of the consumption room. The objective of temporarily reducing the number of large groups of users at Helmut Haller Square has thus been reached. The high demand for support services incentivised the consumption room to enlarge its offer. While it continues to provide various forms of consultations, beTreff also cooperates with multiple specialist units. The consumption room is now able to refer its clients to other support groups and offer them more specialised and individually adapted help.

Next steps – towards reworking the city's drug policies

One year after its inauguration, the City of Augsburg presented the first evaluation of the supervised alcohol consumption space. The larger regeneration plan of Helmut Halle Square entered a new phase in the summer of 2019. Under the name BauKulturCamp, the city started a broad participation process in the form of a participative construction site. Both the evaluation of the consumption room and the evolution of the participatory construction project will influence future city policies on public health and safety.

The city is also considering increasing the opening hours of the consumption room and is planning to continue supporting localised projects and strengthening coordination networks in order to integrate a comprehensive approach into an updated, city-wide drug policy.

Liège: taking the initiative towards Belgium's first drug consumption room

Lead partners: The City of Liège, financed by its 2014-2019 social cohesion plan and the Relais Social du Pays de Liège, a social service association.

Calendar: The SDCF opened in September 2018.

Target group: People who use drugs in the public space.

Website: https://www.liege.be/fr/actualites/une-salle-de-consommation-a-moindre-risque-ouvre-a-liege

Background – a conducive context for the country's first supervised consumption room

Despite two decades of risk reduction work, the City of Liège faces multiple drug-related challenges: the prevalence of hepatitis, the poor social situation of drug users, poly-consumption, public nuisance and fatal overdoses. In 2007, the TADAM project (Traitement Assisté par Diacétylmorphine) estimated the number of heroin users to be between 1,600 and 2,100, of which about 300 use in the street. In 2017, 450 users exchanged 140,000 syringes at the city's exchange centre. The centre opened in 1994-95 and was the first one of its kind in Belgium. The TADAM pilot project, operating from January 2011 to December 2013, was the first assisted heroin treatment initiative in the country. In 2013, Liège's mayor submitted two law proposals aimed at modifying a restrictive 1921 law on drugs in order to allow assisted heroin treatments and provide a legal framework for SDCFs.

Despite the positive results of the project, the federal legal framework did not evolve and TADAM was not renewed. The legal framework, as outlined in the above-mentioned 1921 law, does not allow the creation of an SDCF. Liège was able to circumnavigate this legal stalemate through the political support of the city's mayor, a motion from the

Walloon Parliament, and the approval of the judicial authorities. The consumption room Saf'ti opened on 5 September 2018.

Objectives – limiting public nuisance by diversifying health and care services

The city's framework of intervention is elaborated by the Acute Distress Division of the city's Prevention Plan and is anchored in the Ministry of the Interior's 2018–2019 Strategic Security and Prevention Plan. The general objective is concerned with the prevention, detection and limitation of public nuisance linked to drug use. Five strategic objectives complement this: decrease of risky behaviour, action plan on criminal circumstances and environment, promotion of a comprehensive approach, diminution of negative effects linked to victimisation, and the resocialisation of drug users.

The six key objectives of the SDCF are:

- Reach the most vulnerable drug users.
- Provide a safe and healthy environment.
- Reduce morbidity and mortality.
- Stabilise and improve the health of users.
- Reduce public drug use.
- Prevent criminality.

Strategy and activities – a focus on partnerships and cooperation

The city's strategy is anchored in multiple documents and partnerships:

- The municipal urban insecurity prevention and social cohesion plan ensures cooperation between local operators and outlines the financing of the initiatives and the preventive actions in partnership with the city's addiction network RéLiA (Réseau Liégeois des Assuétudes).
- The Intercommunal structure for specialised care of Liege (ISoSL) is in charge of supporting 'heavy' drug users and the provision of low-threshold services.
- ALFA, a mental health service centre that offers services to users and their families, is concerned with informing drug users – in particular those who inject – about sanitary risks. It also offers introductory consultations and guides clients towards partner services such as hospitals or specialised addiction centres.
- Cap-fly, an organisation that supports incarcerated users in particular, and families of drug users in general, offers social support in the form of reinsertion plans, maintenance of social and family links and the integration of families in the therapeutic follow-up of patients.
- The Relais Social du Pays de Liège coordinates the activities of street educators and works with a Housing First initiative that supports 25 people.

Other partners of the city are the social Public Action Centre of Liège (CPAS), the police and TADAM. The collaboration between these stakeholders is defined by action plans, partnership conventions, regular consultation meetings and the financial support from federal, regional and municipal authorities.

Results – a successful first SDCF

Surpassing its initial goal of welcoming 300 of the most marginalised drug users, Saf'ti counts 350 users today. In the first six months, the consumption room saw 6,292 visits, with an average of 40 per day.

Next steps – allowing for a solid legal framework

Liège's working group on mental health and public tranquillity, put into place in 2017, identifies six action points: the maintenance of a technical group to follow the most problematic users in the public space; the creation of a socio-sanitary day centre; a reinforcement of shelter facilities; the establishment of a case management procedure;

the implementation of short-term resting facilities; and the search for alternative financial means.

The plan to increase the consumption room's opening hours and to create an integrated low-threshold structure goes hand-in-hand with the hope to legalise the SDCF and the TADAM project.

Lisbon: a community-led approach in a progressive national policy context

Lead partners: Operated by Grupo de Ativistas em Tratamentos (GAT) and Médicos do Mundo, and funded by the City Council of Lisbon (CML).

CML, SICAD (National Drugs Agency), ARSLVT (Regional Health Authorities) and EMCCDA created a working group to monitor the implementation of SDCFs in the city. Local communities, districts and the Consumidores Associados Sobrevivem Organizados (CASO), an association of people who use drugs, are also part of the discussion.

Calendar: The first mobile drug consumption facility (MDCF) opened in April 2019. The opening of two stationary facilities is planned for 2020. The MDCF operates within a 'one+one year' pilot framework.

Target group: Most marginalised people who use drugs (PWUDs).

Websites: https://www.lisboa.pt/

https://www.gatportugal.org/servicos/programa-de-consumo-vigiado-movel_16

https://www.medicosdomundo.pt/projecto/programa-de-consumo-vigiado

Background – complementing an existing harm reduction offer with an MDCF

The 1999 overhaul of Portugal's National Drug Strategy paved the way for a less repressive approach to the issue of drug consumption that highlighted the importance of prevention, treatment, harm reduction and integration in tackling the issue. This was complemented by the decriminalisation of drug use and small quantity possession in 2001. The 2001 legislation outlines different forms of harm reduction services such as shelters, outreach work, needle and syringe programmes, methadone units and MDCFs. A 2015 report from the Regional Health Authorities further highlights the relevance of the latter. In 2018, the City of Lisbon included the implementation of one MDCF and two stationary consumption facilities in its 2018-2021 local government programme.

The city is already home to multiple harm reduction facilities and services, such as low-threshold mobile methadone units, needle and syringe programmes, street teams, drug checking, and referrals to health and social services. Although the harm reduction offer was already relatively advanced, there were still no spaces for safe consumption – a gap that could be corrected through the establishment of SDCFs. Portugal's first MDCF opened in April 2019 and is based in two different locations in the city. It is operated by GAT and Médicos do Mundo and its team comprises a social worker, a psychologist, a nurse, a medical doctor and two peer workers.

Objectives – expanding access to care services

The MDCF complements existing harm reduction facilities by offering a safe space for drug consumption. The country's first mobile consumption facility dovetails with a national drug strategy guided by the principles of humanism and pragmatism.

The opening of the MDCF was preceded by an audit on local needs that aimed to gather data on the city's drug consumption landscape and understand the peculiarities of the situation.

Strategy and activities – understanding the territory and involving the target population

The city's implementation strategy was composed of multiple steps. From September 2017 to January 2018, four NGOs carried out a community needs assessment (CNA). This included the mapping of drug territories, consultations with PWUDs and other stakeholders, the creation of local partnerships, capacity building and training activities. The mapping of territories incorporated the definition of methodological and data collection tools, the identification of areas of intervention, and a survey among drug users that gathered information on socio-economic characteristics, consumption patterns and the acceptability of the project. The surveys were led by peer workers – former or current PWUDs – who were in contact with community members throughout the field work.

The NGOs produced three final reports on their findings and presented them in April 2018. The city implemented a communication strategy that focused on information concerning the number of potential clients, their health and social needs, and the impact on the community. This period was followed by reduced media attention and eventually led to the signing of a collaboration agreement between the city council, the national drugs agency and the regional health authorities in November 2018. Concrete preparations for the opening of the MDCF began in December 2018 and included, among other things, the training of staff, the definition of procedures and the elaboration of the monitoring and evaluation plan.

Results – high demand for the MDCF

The survey carried out in 2017/2018 offered key insights into the characteristics of potential MDCF clients, their consumption patterns and the acceptability of the project: there is a high level of willingness to use the MDCF on a daily or regular basis. A lot of participants suffer from social marginalisation and an unstable housing situation. Their unsafe consumption patterns engender high levels of hepatitis and HIV as well as limited access to healthcare services. The anticipated outcomes of the MDCF include considerable health improvements – i.e. the provision of a hygienic injection environment and a reduction of morbidity and mortality – as well as a smoother referral process to other health and social services.

The City of Lisbon has identified a number of key factors in the successful implementation of the MDCF: the importance of political consensus and support, the efficiency of peer-led participation and project development, and the centrality of local support, both political and societal.

Next steps

It is important to keep in mind the changing demographic tendencies of PWUDs and their consumption patterns, especially the ageing of the population.

Implementing fixed drug consumption rooms (DCRs) involves additional challenges related to the specificities of local communities and local realities.

The challenges that accompany the creation of new and innovative responses can be mitigated with international support and projects such as SOLIDIFY.

Mannheim: a changing legal framework for an expanding risk reduction strategy

Lead partners: Through its health department, the City of Mannheim financially supports the four addiction advice centres that coordinate drug assistance services.

Calendar: Opening of an alcohol tolerant day room in 2020.

Target group: Population of drug users not reached by existing service facilities.

Websites: https://www.mannheim.de/de/stadt-gestalten/verwaltung/aemter-fachbereiche-eigenbetriebe/jugendamt-und-gesundheitsamt-0

https://www.mannheim.de/de/stadt-gestalten/verwaltung/aemter-fachbereiche-eigenbetriebe/sicherheit-und-ordnung

https://drogenverein-mannheim.de/ueberuns/team.html

Background – towards a new form of risk reduction

Since the 1990s, Mannheim has been employing a balanced drug policy – including health, socio-political and regulatory components – to face the challenge of public nuisance linked to drug consumption. The city's strategy includes a number of low-threshold services: a drop-in centre, streetwork offers, a pick-up service and substitution services. These curative measures are accompanied by regulatory interventions.

In the past few years, the City of Mannheim has faced the challenge of drug use in the public space. The situation is compounded by the growing presence of alcohol consumers and homeless people. The behaviour of this vulnerable group engenders a growing subjective fear of criminality within the general population. The issue is most notable in the city centre and its surroundings. In order to counter this development, Mannheim has approved the creation of an alcohol tolerant day room, set to open in 2020. In 2019, the passing of a legislative decree in Baden-Württemberg set the path for the creation of an SDCF. This possibility is currently being explored in an audit performed by the relevant city and police authorities.

Objectives – learning from SOLIDIFY partner cities

The creation of the alcohol tolerant day room is guided by the dual objectives to diminish the presence of alcohol and drug users in public spaces and alleviate the general public's subjective fear of criminality on the one hand, while also improving the lives of the most marginalised groups of the drug scene on the other.

The public authorities and the city population have high expectations and hopes for the opening of the alcohol tolerant day room. The information and inspiration drawn from other partner cities of the SOLIDIFY project have influenced the conception of the facility.

Strategy and activities – a drug policy anchored in repression and assistance services

Mannheim's drug policy is characterised by a framework of repression and help. In order to reduce drug and alcohol consumption in the public space, the city administration works with the addiction assistance centre, health facilities and law enforcement. In terms of addiction assistance services, the city cooperates with Caritasverband Mannheim e.V. (alcohol users) and the Drogenverein Mannheim e.V. (drug users).

The main components of the measures include care assistance, regulatory interventions, alternative space offers, streetwork and outreach. The establishment of a daycare centre has been an important step towards the creation of alternative spaces, but its no-alcohol policies exclude a large number of potential clients. The city offers addiction assistance services and regulatory measures. The former include the following elements:

- A low-threshold drop-in centre.
- A large offer of streetwork services. This outreach approach allows street workers to reach people that might not visit existing stationary or mobile assistance services.
- In the framework of the Pick Up Project, former users who are now receiving substitution treatment are in charge of cleaning up drug utensils that have been left in the public space.
- Mannheim has a total of 700 substitution spaces.

In terms of regulatory interventions, Mannheim performs the following measures:

- The police and the municipal special security service (BOD) increase

their presence in the affected areas, control the target groups and expel drug users where the legal framework allows it.

- In November 2018, video cameras were installed in a number of crime hotspots in the city centre but it is not yet clear if this measure has had any effect.

Results and challenges – improving a flawed communication strategy

Execution of the municipal council's decision to create an alcohol tolerant day room proved difficult due to the difficult strategic positions of the local political parties that to some extent ran contrary to the recommendations of local experts. The main issue was the location of the facility. Based on the difficulties encountered during this process, it is possible that the potential creation of an SDCF will face similar implementation challenges. The best practices compiled by the SOLIDIFY project can counter these difficulties.

The city is currently awaiting the first evaluation results of the alcohol tolerant day room, measured during the first six months since its opening, and hopes to register positive outcomes that are similar to the success experienced in Augsburg.

Next steps – consolidate tolerance

A pivotal aspect of regulating drug use, minimising nuisance around facilities and providing services to drug users is the communication of problem landscapes and alternative solutions. The assessment tool developed by SOLIDIFY must include a specific communication approach within the framework of urban politics and society in order to antagonise the NIMBY ('not in my backyard') syndrome.

It is particularly important to consolidate the fundamental understanding that the affected population is not composed of criminal perpetrators but of people with a medical condition.

Brussels: towards an integrated service centre for drug users

Lead partners: Brussels Capital Region, Transit association.

Calendar: Among the 19 municipalities of the Brussels Capital Region, three have included a specific point on SDCFs in their 2019-2024 majority political agreement. The first SDCF is due to be launched in the territory of the City of Brussels at the end of 2020.

Target group: General population of drug users and in particular those that currently don't have access to existing services.

Websites: www.bps-bpv.brussels

http://fr.transitasbl.be/

Background – a wish to expand existing services

The Brussels Capital Region is confronted with the multiple consequences of individual and collective drug use. Different types of drug use take place side-by-side and the products are as diverse as the consumption methods. The most vulnerable users are found in public spaces and social exclusion patterns are worrisome. In 2018, estimates count between 3,394 and 5,430 opioid users n the regional territory of Brussels, 2,234 people benefitted from substitution treatment, and 150,045 syringes and 5,137 crack kits were distributed.

The region's harm reduction strategy offers multiple services to drug consumers and has developed a number of intervention formats, including outreach, ambulatory, residential and specialised help, and after-care services. These existing initiatives are both public and private in nature and led by various local, communal, regional or federal authorities. Nevertheless, a large number of drug users, most notably those who inject, are not reached by these services, which is why the implementation of SDCFs is so important. The creation of SDCFs faces difficulties in the form of a legal stalemate: a 1921 federal law prohibits

any initiative that facilitates drug use. Federal ministers in the last government (2014-2019) have stated that they will neither initiate nor support any legal modification that could pave the way for the installation of a consumption room.

Objectives – capitalising on existing partnerships to circumnavigate legal complications

The main objective of the Brussels Capital Region is to diminish the negative effects of drug consumption on everyone, both the general public and drug users. They want to facilitate the provision of services for the most vulnerable of the latter, those that are currently unable to seek or receive the help they need. This includes the combination of psychological, medical and social services in order to improve drug users' day-to-day safety and lifestyle. Health professionals emphasise the importance of SDCFs in achieving this goal. Current reflections must further include the issue of new psychoactive substances, the risk of an opioid crisis, and the rise of alcohol consumption.

Strategy and activities – consolidating existing initiatives and learning from other cities

In line with the objective to establish a comprehensive harm and risk reduction strategy, it is important to integrate existing initiatives into the design of future developments. Some of the current focus areas are:

- Prevention: develop actions related to emerging issues; continue promoting health policies.
- Harm reduction: outreach to specific audiences and different living spaces; reinforce existing strategies; develop new projects with a particular focus on SDCFs, improved access to naloxone and the introduction of community-based orientation tests and hepatitis C screenings.
- Low-threshold strategies: offer innovative treatments; facilitate access to housing; expand accessibility to existing structures.
- Care services: maintain existing services; enlarge substitution services; implement drug testing services.
- Prison: consideration of care services in prison.
- Social insertion: implementation of a socio-professional rehabilitation programme.

In order to realise this objective, the Brussels Capital Region highlights the importance of capitalising on existing working relations between regional, communal and private stakeholders: the Plan Global de Sécurité et de Prévention Régional reaffirms and consolidates this intersectional approach. The exchange of evidence-based best practices with cities that face similar challenges and have already implemented action plans is an important strategy in the consolidation of existing initiatives and the development of new projects. Particular consideration could be directed towards participatory projects and peer assistance.

Remaining challenges and potential solutions

The main challenge continues to be the restrictive legal framework at the federal level. The gap between field expertise and political decisions remains wide. A potential solution to the federal restrictions is linked with the municipalities' ability to claim that SDCFs are necessary components of their public health strategy. This gives them the possibility to sidestep federal jurisdiction and implement the rooms in their territory. Whatever the process of implementation will be, collaboration with the receiving municipalities and law enforcement remains a key component.

Next steps

It is important to highlight the favourable political framework created by the Plan global de Sécurité et de Prévention and the new legal framework passed by Brussel's francophone parliament: the implementation of StériBornes – automated syringe exchange machines – and the creation of SDCFs. Nevertheless, it remains pivotal to lobby for

an amended legal framework at the federal level in order to be able to achieve these public health goals. It is also important to minimise the liability of the SDCF and its staff.

There is interest in creating an integrated low-threshold centre close to a public consumption scene in order to facilitate accessibility to care services.

Ljubljana: civil society pushing for a local harm reduction policy

Lead partners: Financed by the Ministry of Health, operated by the harm reduction NGO Stigma and supported by a network of associations in the field of drug demand reduction.

Calendar: The second phase of a harm reduction pilot project – the planned opening of an SDCF in 2015/2016 – didn't materialise.

Target group: People who use drugs (PWUDs) in Ljubljana.

Website: www.drustvo-stigma.si

Background – persistent advocacy and a slow legal reform

Ljubljana has a number of open drug consumption sites within about 10 critical areas in the city centre. Some of the sites are close to existing substitution treatment and drop-in centres. The largest site is at Metelkova Street, the former location of some abandoned military barracks that were torn down in 2016 and forced drug users onto the streets. The city has a number of social rehabilitation programmes, counselling offers for users and their families, syringe exchange programmes and outreach initiatives.

There are three daily centres for PWUDs in Ljubljana, but efforts to open a consumption room have not materialised so far. The first initiative dates back to the 1990s and the NGO Stigma started taking steps towards improving the restrictive legal framework in the early 2000s. While a 2004 application filed with the Government Office of Drugs didn't lead to a shift in the legal position, a 2012 amendment to criminal law – also initiated by Stigma (and supported by network of associations) – introduced a change: the Penal Code stated that while providing a space for drug use is still considered a criminal offence, the provision of a treatment programme or controlled place for drug use is lawful if the individual follows a treatment programme for addiction or controlled drug use that is legally approved and carried out within or under the control of the public health service.

This document paved the way for the country's first SDCF in Ljubljana. The pilot project was initiated in 2015, to be operated by Stigma and financed by the Ministry of Health for a period of 18 months. Unfortunately, the project encountered a number of bureaucratic hurdles in its second phase and the consumption room never opened. While the City of Ljubljana supports and co-finances a number of social and health programs for PWUDs, the activity of an SDCF is seen to fall within the sphere of public health and under the jurisdiction of the Ministry of Health.

Objectives – a response to public drug use

Ljubljana's SDCF pilot project was set to operate in two phases. In a first step, prior to the opening of the centre, Stigma researched the needs and consumption patterns of current drop-in centre clients and potential consumption room clients. The research on potential SDCF clients carried out by Stigma found that PWUDs use in various public spaces: public toilets, cars, parks, garages and bus stops.

The second phase of the project was to be the preparation of an evaluation tool six months into the opening of the SDCF, monitoring changes in drug users' behaviour and health status as well as the impact on the local community.

Strategy and activities – plans and partnerships at an advanced stage

Stigma had planned to integrate the SDCF into its existing drop-in centre and had anticipated around 50 to 60 visitors a day. The NGO had envisioned hiring one full-time medical employee but at the same time consolidating support from a network of associations and institutions. The University Medical Centre in Ljubljana and its Emergency Unit and Centre for Clinical Toxicology and Pharmacology had agreed to be part of the project.

Results and challenges – high level of acceptance but insurmountable hurdles

The opening of the SDCF encountered a number of hurdles that eventually impeded the realisation of the pilot project. The first problem was linked to the inability to find a location for the facility. No rental contract for a suitable facility could be signed with private or public landlords.

When Stigma finally found a location, they faced bureaucratic complications. The Ministry of Health – which was due to finance the project – requested that the project be evaluated by its internal National Medical Ethics Committee. The committee's decision stated that while it didn't object to the opening of the SDCF, it was concerned with the fact that the drugs to be used there were obtained illegally and without quality control. A second complication arose with the inability to find a supervisory institution, a necessary condition laid out in the Penal Code.

Stigma registered a number of fears linked to the SDCF Pilot project:

- A potential increase of drug users.
- A growing acceptance of drug use.
- An increase in public order infractions in and around the location of the SDCF.
- An increase in police activities in and around the location of the SDCF.

At the same time Stigma, believes that there is a general acceptance of the SDCF programme, manifested in the support of drug treatment experts, NGOs that work in the field, and by inhabitants living in neighbourhoods with an open drug scene.

Next steps – continued advocacy and a growing partnership

The establishment of a mobile or or stationary SDCF continues to be the main objective of all stakeholders. The SOLIDIFY project audit conducted in Ljubljana, which included meetings with policymakers and civil society as well as a public conference co-hosted with the University of Ljubljana's Faculty of Social Work, confirmed the continued interest in the project, the ministerial support for it, and the expertise of the lead NGOs.

Part 3
Assessing the Security and Health-Related Aspects and Effects of SDCFs

The general objective of this project is to better equip cities that have drug consumption rooms, both in order to help them accompany and facilitate the installation of structures offering this scheme in any given territory, and to evaluate the rooms' impacts in terms of localised nuisance reduction. In line with this aim, the project conducted a common work process aiming to develop a methodological framework to facilitate a cross-analysis of the 11 project sites (Augsburg, Barcelona, Brussels, Essen, The Hague, Liège, Lisbon, Ljubljana, Mannheim, Paris and Strasbourg).

This process included the development of an assessment framework and corresponding tools, notably two online self-assessment questionnaires with an automatic feedback system. The latter gathers indicators that enable the evaluation of the impacts of a supervised consumption facility in a municipality with regard to safety, feeling of insecurity, cleanliness, nuisances, social cohesion, cost-benefit ratio and other relevant topics. In addition to indicators pertaining to public safety/security, the assessment framework and tools also cover questions of public health, an important issue for the cities with regard to supervised drug consumption facilities. Separate assessment tools have been developed for the municipalities with existing SDCFs and those planning to establish SDCFs in the future. Both tools have been developed based on existing scientific evidence that clearly shows the effectiveness and other benefits of such facilities, and their positive impact on both public security and public health. The tools are also based on existing minimum quality standards (e.g. EQUS and Council conclusions).

What does existing evidence say about SDCFs?

SDCFs have increasingly been implemented in response to public security and public health concerns associated with illicit drug use and street-based drug scenes. Moreover, they also serve to promote safer

drug injection and inhaling practices, enhance health-related behaviours among people who inject or inhale drugs, and facilitate users' access to further health and social services.[22]

SDCFs have been associated with improvements in public security by reducing public disorders associated with illicit drug use, such as people injecting or inhaling drugs in public spaces, publicly discarded syringes or litter relating to drug injection or inhalation. The existing evidence does not show any change (e.g. increase) in drug-related offences, such as drug dealing, thefts or robbery incidents, or illegal drug possession within the area of the SDCFs, which is often of great concern to communities and neighbourhoods when discussing the potential establishment of SDCFs in their areas.[23] Furthermore, consistent evidence demonstrates that SDCFs reduce unsafe drug use behaviours, including risky injecting behaviours such as syringe sharing and syringe exchange, and overdose-related harms.[24] SDCFs also facilitate the access and uptake of healthcare services, for example addiction treatment services, among PWUDs; reach the most marginalised and problematic injecting/inhaling users; provide refuge from street-based drug scenes; enable safer injecting/inhaling by reshaping social and environmental contexts; and mediate access to resources and healthcare services[25]. Some other relevant studies and reviews also demonstrate a reduction in deaths from overdose, injection cessation, reduction of infections such as HIV, hepatitis C and soft skin tissue infection, and a reduction in crime and neighbourhood disorder, etc.[26] SDCFs have also been shown to be cost-effective.

22. Chloé Potier et al., Supervised injection services: what has been demonstrated? A systematic literature review, in: Drug and Alcohol Dependence 145: 48-68, 2014.
23. Mary Clare Kennedy, Mohammad Karamouzian and Thomas Kerr, Public Health and Public Order Outcomes Associated with Supervised Drug Consumption Facilities: a Systematic Review, in: Current HIV/AIDS Reports, September 2017.
24. ibid. and Georgina MacArthur et al., Interventions to prevent HIV and Hepatitis C in people who inject drugs: A review of reviews to assess evidence of effectiveness, in: International Journal of Drug Policy 25: 34-52, 2014.
25. Ryan McNeil and Will Small, 'Safer Environment Interventions': A qualitative synthesis of the experiences and perceptions of people who inject drugs, in: Soc Sci Med, 106: 151-8, 2014.
26. Sharon Larson et al., Supervised Consumption Facilities – Review of the Evidence, 2017.

Minimum quality standards relating to SDCFs

EU Minimum Quality Standards in Drug Demand Reduction (EQUS)

The EU Action Plan on Drugs (2009-2012) requested that the European Commission propose an EU consensus of minimum quality standards in the field of drug demand reduction. The contracted Research Institute for Public Health and Addiction (ISGF) at the University of Zurich (Switzerland) published the final report in December 2011.[27] The documentation includes a list of proposed quality standards for the areas of prevention, treatment and rehabilitation, and harm reduction (known as the 'EQUS standards'). The EQUS list is divided into structural, process and outcome standards. With regard to supervised drug consumption facilities, only harm reduction standards are relevant and presented below.

Structural standards of harm reduction interventions include the following components:

- Accessibility, such as location and opening hours: services have to match the needs of their clients and costs should never be a barrier to a service.
- Staff qualification: staff have to be qualified and qualifications have to be made transparent.
- Age limits: services have to be age appropriate and staff have to be trained to meet age-appropriate clients' needs; there should be no age limits in harm reduction services.

Process standards of harm reduction interventions include:

- Assessment of a client's risk behaviour.
- Complete needs assessment and prioritisation.

27. Ambros Uchtenhagen and Michael Schaub, Minimum Quality Standards in Drug Demand Reduction EQUS, 2011.

- Assessment of a client's health status.
- Informed consent: clients must receive information on available service options and agree with a proposed regime or plan before starting an intervention. Interventions should be based on transparent information about all the offers provided by a service.
- Confidentiality of client data: client records are exclusively accessible to the staff involved in a client's intervention or regime.
- Individualised planning: intervention plans, if applicable, are tailored individually to the needs of the client.
- Routine cooperation with other agencies: whenever a service is not equipped to deal with all the needs of a given client, an appropriate other service is at hand for referral.
- Continued staff training: staff are regularly updated on relevant new knowledge in their field of activity.
- Neighbourhood and community consultation is important to avoid nuisance and conflict with residents.

Outcome standards of harm reduction interventions at the system level include:

- Reduced risk behaviour: reducing unsafe injections, unsafe drug use and unprotected sex.
- The creation of a robust system of referrals: services must be prepared to refer clients to other health/social/treatment/legal services if needed and agreed upon.
- SDCFs must regularly perform an internal evaluation of their activities and outcomes.
- SDCFs must regularly allow an evaluation of their activities and outcomes by an independent external assessor.

Council conclusions on the implementation of the EU Action Plan on Drugs 2013-2016 regarding minimum quality standards in drug demand reduction in the European Union

In September 2015, the Council of the European Union adopted a policy document on minimum quality standards in drug demand reduction (based on EQUS standards as an EU consensus on minimum quality standards). It includes 16 standards in different areas of work (prevention, risk and harm reduction, and treatment, reintegration and social rehabilitation).[28]

With regard to SDCFs, only risk and harm reduction standards are relevant:

- Risk and harm reduction measures, including but not limited to measures relating to infectious diseases and drug-related deaths, are realistic in their goals, are widely accessible, and are tailored to the needs of the target populations.
- Appropriate interventions, information and referrals are offered according to the characteristics and needs of the service users, irrespective of their treatment status.
- Interventions are available to all in need, including in higher risk situations and settings.
- Interventions are based on available scientific evidence and experience, and provided by qualified and/or trained staff (including volunteers) who engage in continuing professional development.

Since the adoption of Council conclusions, the EU Civil Society Forum on Drugs (CSFD) and its working group on minimum quality standards have initiated many discussions on the future assessment and implementation of these standards. The standards are defined and described very generally, so there is a challenge with regard to monitoring and assessing their implementation in practice. In the last couple of years, the CSFD has developed a complex assessment tool (including a feasibility study) that will allow civil society organisations (CSOs) to monitor and assess the implementation of minimum quality standards in their own countries and organisations.

28. Council of the European Union, Council conclusions on the implementation of the EU Action Plan on Drugs 2013-2016 regarding minimum quality standards in drug demand reduction in the European Union, 2015.

The initial 16 standards have since been broken down into 52 sub-standards, 82 questions and 255 assessment indicators. The feasibility study, which is part of the assessment tool, includes an additional 54 questions and 186 feasibility indicators, thus all together 441 indicators. The tool is (technically) developed in a way that allows countries, regions, local communities and other institutions in the field of drug demand reduction to adapt it for their own monitoring and assessment purposes, and also allows adaptation and further development to monitor and assess some other contexts and settings (including SDCFs). The CSFD assessment tool has been fully available and accessible since autumn 2019, so these standards have been excluded from the SOLIDIFY assessment framework and tools to avoid duplication. However, the methodology and automatic feedback system, including the traffic light system ratings developed for the CSFD assessment tool, were taken up for SOLIDIFY.

Assessment tools (checklists) developed specially for SDCFs

The SOLIDIFY assessment framework (Table 3.1) was developed based on the above-mentioned scientific insights and EQUS standards, and established a baseline for the further development of two separate checklists: one for municipalities with SDCFs and another one for municipalities without SDCFs.

In the spring of 2019, a pilot assessment of compliance with selected quality standards in the field of SDCFs was conducted in all SOLIDIFY partner cities, those with SDCFs (Barcelona, Essen, The Hague, Paris and Strasbourg) and those without (Augsburg, Brussels, Liège, Lisbon, Ljubljana and Mannheim). The purpose of the assessment was to examine the reality of compliance with selected quality standards regarding SDCFs both in local communities with existing SDCFs and those communities intending to establish SDCFs in the future. The assessment also aimed to develop, sustain and improve SDCFs, as well as other services related either directly or indirectly to SDCFs.

Both assessment tools (online checklists) can be accessed via the SOLIDIFY project web page.

The results of the pilot assessment in participating cities showed very clearly that most of the standards were significantly better implemented in the cities where SDCFs already existed, especially regarding safety and security. Both groups of cities had good information available regarding safety (e.g. drug-related and other crime), but at the same time struggled to provide relevant information on the perception of safety and security (e.g. drug dealing and trafficking and other drug-related crime, drug-related thefts and robberies, drug possession), cleanliness (e.g. publicly discarded syringes and injection or inhaling-related litter, street-based drug scenes) and nuisance at the local level. This is especially important in order to develop proper communication and advocacy strategies and actions aimed at local stakeholders and the neighbourhoods concerned. In addition, cities with existing SDCFs had established better and regular contact with inhabitants (e.g. face-to-face contact, open days and telephone lines), which could significantly help in developing and maintaining local support for different risk and harm reduction services (such as SDCFs) in the neighbourhoods concerned.

Regarding the standards in the field of public health, both groups of cities showed either good or promising results, especially regarding the availability of information or data on injecting, inhaling and other risk behaviours (e.g. sharing syringes and inhaling equipment, emergency cases, overdose deaths, infections, unprotected sex, etc.) and on the access and uptake of healthcare and risk and harm reduction services, such as needle and syringe programmes (NSPs), outreach work with PWUDs, opioid substitution treatment (OST), etc. This clearly indicates that municipalities with relatively well-established networks of risk and harm reduction services are in a good position when planning to open SDCFs as a complement to existing offers. Both groups of cities reported having difficulties reaching the most marginalised injecting or inhaling users, such as underage users, refugee populations or pregnant women, which is proof of the necessity to invest further in

outreach services. Both groups of cities are doing well regarding the provision of interventions that offer refuge from street-based drug scenes (other than SDCFs).

With regard to the policy or legislation-related standards, the results showed that the cities with existing SDCFs did not have a significantly better legal and political framework for establishing such services (except in particular cities, such as Brussels and Liège in Belgium, for example). This indicates that, rather than the respective policy and legal framework, it is more the level of acceptability among policy and decision makers, opinion leaders, representatives of the neighbourhoods concerned, and the local media that plays the key role in most of the cities. In both groups of cities, the level of acceptability of SDCFs among police officers and health and social workers is rather high.

Finally, with regard to some other standards that are relevant only to the cities with existing SDCFs, the results indicate a healthy situation, especially in relation to accessibility of SDCFs, staff qualification, assessment procedure (regarding the particular characteristics and conditions of services), and informed consent as a regular procedure. The cities with existing SDCFs should only consider the issue of age limits (e.g. some SDCFs are not available for underage PWUDs) and increased investment in the outcome evaluations of the services provided.

The following assessment tool* is organized into three different policy fields: public security and safety, public health, and legislation. An additional section looks at the EU Minimum Quality Standards (EQUS). Each policy field is divided into categories (e.g. cleanliness for public security) which are comprised of multiple assessment items (e.g. number of improperly discarded syringes for cleanliness). These items are measured with the help of indicators that are tailored to cities with and cities without supervised drug consumption facilities.

Policy field	Category	Assessment items and references	Indicators for cities without SDCFs	Indicators for cities with SDCFs
Public security/ safety (original SOLIDIFY indicators)	Safety	Impact on crime and neighbourhood disorder (Larson et al., 2017); no change in drug-related offences (drug dealing, thefts or robbery incidents, drug possession) within the area of the SDCFs (Kennedy et al., 2017)	Police and justice statistics (analysis of the situation at the local level)	Police and justice statistics (analysis of the situation at the local level; pre and post-test)
	Feeling of insecurity	Impact on crime and neighbourhood disorder (Larson et al., 2017); no change in drug-related offences (drug dealing, thefts or robbery incidents, drug possession) within the area of the SDCFs (Kennedy et al., 2017)	Perception of safety/security (pre-test), potential influence of external factors (not related to drug-related crime), regular direct contact made with local people by authorities and harm reduction services, e.g. open days, telephone line, etc.	Perception of safety/security (pre and post-test), potential influence of external factors (not related to drug-related crime), regular direct contact made with local people by authorities and harm reduction services (including SDCFs), e.g. open days, telephone line, etc.
	Cleanliness	Impact on public disorders associated with illicit drug use (people injecting drugs in public, publicly discarded syringes and injection-related litter) (Kennedy et al., 2017)	Perception of cleanliness among stakeholders, citizens, service providers, etc.	Data on collected and exchanged syringes and injection-related litter

Public security/ safety (original SOLIDIFY indicators)	Nuisance	Impact on crime and neighbourhood disorder (Larson et al., 2017)	Perceptions of nuisance in the local communities and neighbourhoods, police and justice statistics (analysis of situation at the local level, such as police reports, complaints, etc.)	Perceptions of nuisance in the local communities and neighbourhoods, police and justice statistics (analysis of situation at the local level, such as police reports, complaints, etc.)
	Social cohesion	Potential impact on reduction of harms of drug use for individuals, families and communities, and society and public safety. Paper suggests harm reduction as an alternative approach (e.g. improving drug treatment and outcomes, may also apply to SDCFs) (Pelan, 2015); measuring and validating social cohesion: a bottom-up approach (Acket et al., 2011)	Measuring indicators (data) for local authorities (Bernard, 1999): insertion/ exclusion, legitimacy/ illegitimacy, recognition/ rejection, equality/ inequality, participation/ passivity and affiliation/ isolation in relation to drug use situation at the local level	Measuring indicators (data) for local authorities (Bernard, 1999): insertion/ exclusion, legitimacy/ illegitimacy, recognition/ rejection, equality/ inequality, participation/ passivity and affiliation/ isolation in relation to existing SDCFs and drug use situation at the local level
	Cost benefit	Reduction of costs for law enforcement, health and social services, health insurance, local authorities (e.g. vandalism), etc.	Data on costs for law enforcement, health and social services, health insurance, vandalism, etc.	Data on costs for law enforcement, health and social services, health insurance, vandalism, etc.

Public health (scientific literature)	Risky injecting/ inhaling behaviours	Reducing risk behaviours (syringe sharing, syringe exchange and safer practices) (Kennedy et al., 2017, MacArthur et al., 2014 & Potier et al., 2014); reduction in deaths from overdose, injection cessation, reduction of infections (incl. HIV, hep C & soft skin tissue infection) (Larson et al., 2017)	Data on syringe sharing, syringe exchange and unsafe practices, emergency cases, deaths from overdose, injecting/ inhaling drug users, infections, etc.	Data on syringe sharing, syringe exchange and safer practices, emergency cases (e.g. around SDCFs), deaths from overdose, injecting/inhaling drug users, injection/inhaling cessation, infections, etc.
	Access and uptake of healthcare services	Facilitating access and uptake of healthcare services, both addiction services and other health or social services (Kennedy et al., 2017); mediating access to resources and healthcare services (McNeil et al., 2014)	Accessibility and uptake of healthcare and harm reduction services other than SDCFs (e.g. drop-in centres, needle exchange programmes, outreach work, etc.)	Accessibility and uptake of healthcare services, SDCFs (e.g. integrated or stand-alone approach) and other harm reduction services (e.g. drop-in centres, needle exchange programmes, outreach work, etc.)
	Access to the most marginalised and problematic injecting/ inhaling users (related also to security/safety)	Reaching the most marginalised and problematic injecting users (Potier et al., 2014)	Analysis of situation regarding marginalised, problematic injecting/ inhaling users	Analysis of situation regarding marginalised, problematic injecting/inhaling users (e.g. potential improvements due to existence of SDCFs)

Public health (scientific literature)	Size of street-based drug scenes (related also to security/safety)	Providing refuge from street-based drug scenes (McNeil et al., 2014)	Data on street-based drug scenes and interventions to offer refuge from street-based drug scenes (other than DCRs, e.g. homeless shelters)	Data on street-based drug scenes and interventions to offer refuge from street-based drug scenes (incl. DCRs)
	(Re)shaping social and environmental contexts	Enabling safer injecting by reshaping social and environmental contexts (McNeil et al., 2014)	Analysis of social and environmental context regarding drug use, injecting/ inhaling drugs, etc.	Analysis of social and environmental context regarding drug use, injecting/ inhaling drugs etc. (e.g. potential improvements due to existence of SDCFs)
Policy/ legislation	Legal framework	EMCDDA Legal Correspondents (ELDD)	Regulation analysis (e.g. legislation that allows/does not allow SDCFs, to what extent they are allowed, the conditions/ criteria they have to meet)	Regulation analysis (e.g. legislation that allows/does not allow SDCFs, to what extent they are allowed, the conditions/ criteria they have to meet)
	Political framework	Local stakeholder analysis conducted by local partners	Stakeholder analysis (e.g. who are the opinion leaders and key stakeholders in the local community?)	Stakeholder analysis (e.g. who are the opinion leaders and key stakeholders in the local community?)

Policy/ legislation	Level of acceptability	Surveys, public opinion polls, focus groups, etc.	Assessment of acceptability among politicians, local authorities, neighbour-hoods, police, health/social services, NIMBY phenomenon, etc.	Assessment of acceptability among politicians, local authorities, neighbourhoods, police, health/ social services, NIMBY phenomenon, etc.
EQUS: Structural Standards of Interventions	Accessibility	Study on the development of an EU framework for minimum quality standards and benchmarks in drug demand reduction (EQUS standards)	Not applicable	Data on location and opening hours: services have to match the needs of their clients; costs should never be a barrier to a service
	Staff qualification	Study on the development of an EU framework for minimum quality standards and benchmarks in drug demand reduction (EQUS standards)		Data on (minimal) qualification: staff have to be qualified and staff qualifications have to be made transparent, e.g. among the trained peers involved in the service, two have a diploma in social work and two have a diploma in nursing
	Age limits	Study on the development of an EU framework for minimum quality standards and benchmarks in drug demand reduction (EQUS standards)		Services have to be age appropriate and staff have to be trained to meet clients' age-appropriate needs; there should be no age limits in harm reduction services

EQUS: Process Standards of Interventions	Assessment procedures	Study on the development of an EU framework for minimum quality standards and benchmarks in drug demand reduction (EQUS standards)	Not applicable	Risk behaviour assessment (client's/patient's risk behaviour is assessed); complete needs assessment and prioritisation (e.g. intravenous drug use and reduction of used syringes in public spaces, etc.); client/ patient status (the client's/patient's health status is assessed)
	Informed consent	Study on the development of an EU framework for minimum quality standards and benchmarks in drug demand reduction (EQUS standards)		Clients/patients must receive information on available service options and agree with a proposed regime or plan before starting an intervention; interventions should not be based on written informed consent but rather on transparent information about all the offers provided by a service
	Confidentiality of client data	Study on the development of an EU framework for minimum quality standards and benchmarks in drug demand reduction (EQUS standards)		Client/patient records are confidential and only accessible to staff involved in a client's/patient's intervention or regime
EQUS: Outcome Standards at the System Level	Internal evaluation	Study on the development of an EU framework for minimum quality standards and benchmarks in drug demand reduction (EQUS standards)	Not applicable	Assessment of services via regular internal evaluation of activities and outcomes
	External evaluation	Study on the development of an EU framework for minimum quality standards and benchmarks in drug demand reduction (EQUS standards)		Assessment of services via regular external evaluation of activities and outcomes by an independent assessor**

*This tool was presented, discussed and tested by the project partners at several moments during the SOLIDIFY project. The consortium wishes for it to be understood as a proposition, which can be reworked, adapted and improved in the future.

**External evaluations are often not feasible due to insufficient funding.

References

Sylvain Acket et al., Measuring and validating social cohesion: a bottom-up approach, in: CEPS Instead Working Paper No. 2011-08, 2011.

Council of the European Union, Council conclusions on the implementation of the EU Action Plan on Drugs 2013-2016 regarding minimum quality standards in drug demand reduction in the European Union, 2015.

Mary Clare Kennedy, Mohammad Karamouzian and Thomas Kerr, Public Health and Public Order Outcomes Associated with Supervised Drug Consumption Facilities: a Systematic Review, in: Current HIV/AIDS Reports, September 2017.

Sharon Larson et al., Supervised Consumption Facilities – Review of the Evidence, 2017.

Georgina MacArthur et al., Interventions to prevent HIV and Hepatitis C in people who inject drugs: A review of reviews to assess evidence of effectiveness, in: International Journal of Drug Policy 25: 34-52, 2014.

Ryan McNeil and Will Small, 'Safer Environment Interventions': A qualitative synthesis of the experiences and perceptions of people who inject drugs, in: Soc Sci Med, 106: 151-8, 2014.

Michelle Pelan, Re-visioning Drug Use: A Shift Away From Criminal Justice and Abstinence-based Approaches, in: Social Work and Society International Online Journal, 13(2), 2015.

Chloé Potier et al., Supervised injection services: What has been demonstrated? A systematic literature review, in: Drug and Alcohol Dependence, 145: 48-68, 2014.

Ambros Uchtenhagen and Michael Schaub, Minimum Quality Standards in Drug Demand Reduction EQUS, 2011.

Part 4
Arguments and Recommendations for Local Authorities

The city as a facilitator, coordinator and promoter of SDCFs

This part gathers together relevant recommendations on the establishment and running of SDCFs, focusing on how local authorities can steer the process and create a multi-agency support network at the local level. Local and regional authorities are key stakeholders in the provision of services relating to urban security as well as public health. As the level of government closest to citizens and residents, municipal and regional administrations are confronted with high expectations concerning the provision of services that are key to everyday life in our cities.

It is common practice for both national and municipal governments to share responsibility for drug, health and community safety policies. The state might be responsible for tackling drug dealers while locally elected officials might be in charge of everyday issues related to community safety. Harm reduction and prevention often fall under the competence of municipalities, while treatment and/or law enforcement might fall under national jurisdiction.

The following recommendations have emerged from the many events, exchanges and discussions that were organised during the SOLIDIFY project. These events were organised by the project partners but also included a much broader range of stakeholders who contributed their perspectives and knowledge: mayors, local civil society organisations, government institutions from the local, regional and national level, public and private research institutions, PWUD community organisations, EU agencies, hospitals and other healthcare providers, law enforcement agencies and journalists.

While covering a wide range of aspects that are relevant to the establishment of such services and facilities, the following list of recommendations is not exhaustive. Neither will all of the recommendations be equally suitable for all local and regional contexts: the realities of public drug use and the legal and administrative regulations that provide the framework for local drug policies in general and harm reduction in particular are so manifold that frequent adaptations and revisions of these recommendations will be necessary.

Nevertheless, in gathering the experiences of the participating cities throughout the project's lifespan, multiple themes and problematics have taken on a recurring role. Some are linked to the importance of coordination, both horizontally across professional sectors and public, private and civic stakeholders, as well as vertically between multiple levels of governance. Others are linked to recurring issues such as changing demographic trends, a shift towards new substances or an increased focus on integrated strategies that include the question of homelessness amongst the most vulnerable PWUDs. These aspects are reflected and treated in the following recommendations, notably in the emphasis on multi-agency partnerships, the importance of local needs assessments to produce strategies that respond to new local trends, and the cooperation with law enforcement strategies in order to integrate public health and urban security aspects.

Efus is looking forward to seeing these recommendations discussed and adapted, and to engaging in debates with authorities and all other stakeholders who are ready to further develop local drug policies and balanced responses to public drug use in our cities, including supervised drug consumption facilities.

Political commitment and leadership

The roles and responsibilities of local elected officials differ significantly from country to country in Europe. Even though they may not be responsible for local drug policy or for drugs services, elected officials are responsible for community safety and the wellbeing of the people they represent. Problems such as drug trafficking, violence, delinquency, marginalisation and social exclusion, infectious diseases, risk behaviour in young people and family breakdown all threaten social

relations in people's daily lives. Elected officials have to look for ways of improving quality of life, promoting community safety and protecting the health and wellbeing of local inhabitants.[29]

Functional, effective and sufficiently funded local networks of services and support offers to those affected by drug use and addictions are key to fostering community safety and social cohesion. To be effective, these schemes have to be specific to the local context. It is imperative to involve elected officials because they have close contact with the public as well as an understanding of local issues, how services work, and what the relations are between different agencies. For these reasons, they are in a good position to evaluate the quality of services being offered.

To ensure that these services can work in the best conditions and be understood and accepted by the public, the backing of local elected officials is an important asset. Specifically:

- Local elected officials have first-hand knowledge of local stakeholders and their networks and are best positioned to pilot and coordinate local multi-agency strategies.
- Drug policies and harm reduction require an interdisciplinary approach and the involvement of professionals from different departments of local administrations, i.e. health, security, social affairs, housing/urbanism, nightlife, public order/tranquillity and others. Mayors and their deputies in charge of the different topics are ideally positioned to understand the interlinkages between these topics and to identify common goals, forms of cooperation and synergies.
- In order to create acceptance for, and understanding of, SDCFs and other harm reduction services, positive communication by elected officials is key. Such communication should provide transparent information and highlight the multi-stakeholder cooperation established around such facilities. It is pivotal that this communication avoids further stigmatisation of PWUDs and emphasises humanist values and the respect for fundamental rights.

29. See Efus, Drug use, front line services and local policies. Guidelines for elected officials at the local level, 2008, p.13ff for a more general discussion of the role of local elected officials with regard to drug policy. The recommendations outlined here with regard to harm reduction services and SDCFs are in line with these more general propositions.

Cooperation with the regional and national levels of government

While public drug use and the fears, tensions and conflicts that evolve around it are predominantly local issues and concern local communities and governments, the jurisdiction is often split between local, regional and national levels of government.

With regard to problems and conflicts relating to public drug consumption, cities and urban centres are frequently the most concerned. When residents demand responses and improvements in the local situation, they will often address themselves to local administrations or elected officials. While often at the frontline of responses to local drug problems, municipalities are not free to design responses as they see fit but have to navigate legal frameworks determined at the national or regional level. With regard to SDCFs, these legal frameworks may pose considerable limitations and render such establishments impossible in many countries and regions across Europe.

- As the local level is where drug problems typically play out and impact the lives of residents, the perspectives of municipalities should be taken into account for drug policy planning at the regional and national level. Where legislation is within regional or national competency, legislators should make sure to include the local perspective in their considerations. SDCFs and the legal frameworks regulating their operation are one topic where such cooperation can be particularly productive.
- The involvement of, and cooperation with, law enforcement agencies has been identified as a key asset for the local integration and acceptability of SDCFs at several points during the project. Law

enforcement is mostly a competence of the regional and/or national level of government, and the penal and police codes regulating their modes of operation are equally legislated at these levels. The policing vector is thus a crucial issue for meaningful cooperation between local, regional and national levels of government.

Fostering a multi-agency partnership

SDCFs should be implemented on a consensus basis at a municipal level. Only a common understanding of the drug problem, the health and social needs of PWUDs, and the requirements of residents for order and municipal functioning can lead to commonly identified solutions. A multi-agency approach can help gather all available information and expertise and share insights widely. Moreover, it helps to form targeted and effective responses that incorporate the different expertise, approaches to and perspectives on the problem, and it allows for a swift coordination of the different roles played by the groups involved in local drug policy.[30]

Given a political will to implement an SDCF, all this data may be bundled and presented to all stakeholders in order to achieve a solid basis for the process of implementation. Close cooperation between the administrative municipal level, police, healthcare providers, NGOs, residents and PWUDs is needed to substantiate the implementation process with expertise and long-standing experience. Key persons from municipal administration, the police and NGOs need to be identified in order to have a core group to support and implement an SDCF.

Common understanding and consensus are the results of a participation process involving target groups and key stakeholders, and can be achieved through various organisational and political means.

30. For an excellent earlier discussion of multi-agency cooperation in local drug policy see European Cities on Drug Policy/Susanne Schardt, Co-operation and Community Consensus – The Multi-Agency Approach to Effective Local Drug Policies, 2001.

- A steady working group (consisting of people from local health and social administration, the police, the department of public prosecution, NGOs working in the field, neighbours, drug users, etc.) should take the lead in implementing an SDCF. Transparency can be achieved by publishing the minutes and results of the meetings. The working group taking the lead should also continue its work during the first phase of implementation in order to support citizens, the police, the department of public prosecution, drug services and drug users.
- A concrete example of how to organise multi-stakeholder cooperation around SDCFs and promote their acceptance are so-called Community Advisory Committees (CACs), which are composed of neighbours, PWUDs, key stakeholders, shop owners, etc. in the neighbourhoods around SDCFs. In these CACs, day-to-day problems and solutions can be discussed in a transparent way on a participatory level.
- Whichever concrete form the multi-agency partnership takes, and this may differ from one municipality to another, trust will be an important issue. Concrete measures should be taken to create trustful relations between the different stakeholders, e.g. defining common rules for cooperation and providing sufficient space to discuss fears or worries as and when they arise.

Cooperation, communication and coordination with law enforcement agencies

The cooperation between supervised drug consumption rooms and law enforcement agencies merits particular scrutiny. While SDCFs serve clear aims and purposes with regard to public health, order, safety and tranquillity, their functioning may sometimes seem to be in conflict with the way police enforce relevant drug laws. For example, if law enforcement agencies perform a high number of stop-and-search oper-

ations in the vicinity of such establishments, this will likely deter PWUDs from using them and may create tensions with the local community. Other specific questions may arise as well: how to handle criminal offences committed inside the SDCFs? How to proceed in the event a person who is being sought by the police attends an SDCF and the police know about their presence in the facility?

In the face of such questions, there needs to be a basic consensus that both SDCFs and the police follow legitimate and legal aims, which need to be properly weighed against each other. Moreover, in order to ensure both actors can do their work, there needs to be mutual understanding between the different stakeholders and concrete agreements and procedures must be found.

In order to ensure that police actions are consistent with the aims and objectives of SDCFs and congruent with both government and reasonable community concerns, Efus makes the following suggestions:

- Five key contributions to such cooperative relations can be identified:

1. Early engagement and dialogues.
2. Supportive police chiefs.
3. Dedicated police liaison officers.
4. Negotiated boundary agreements.
5. Regular face-to-face contact.[31]

- Local roundtables that bring together representatives from SDCFs and other harm reduction services, the police and public prosecutors, and representatives from local health and security departments should be established. These roundtables should meet regularly to discuss questions relating to security, public order, nuisances and feelings of security around SDCFs, as well as how to react and intervene in the event of problems.[32]
- Clear protocols and Standard Operating Procedures (SOPs) need to be developed in order to communicate the roles and limits of each organisation involved.[33]
- Many stakeholders on the ground, including police officers, report a lack of formal police training on harm reduction. In order to gain a mutual understanding, training sessions with the support and participation of both the SDCF operators and police forces help to overcome the lack of information and mutual prejudices that both sides might have.
- The goal is for police forces, drug users, and drug service staff to work together collaboratively, not against each other. Investing continuous effort in the relationships between managers of SDCFs, law enforcement agencies and other stakeholders to increase common understanding of local needs, offers great, sustainable value for public health and urban security.
- Joint vocational training sessions with representatives from the police, the department of public prosecution and NGOs working in the field of low-threshold services and/or SDCFs are an important element in order to learn from each other. Usually police forces and social/health workers are not familiar with the tasks and working methods of the others. Drug-related issues are not necessarily part of the training of police forces, nor of social and health workers. Common training sessions support the relations between professionals and allow them to learn from each other's approaches and legal backgrounds. Such training sessions can also help to overcome prejudices. On-the-job training sessions would be an additional strategy for both groups.

31. For further relevant thoughts on this topic, refer to Watson et al., Creating and sustaining cooperative relationships between supervised injection services and police: A qualitative interview study of international stakeholders, International Journal of Drug Policy 61:1-6, 2018, and Guidelines for police working with Drug Consumption Rooms. Law Enforcement & HIV Network (LEAHN), Denham, Greg & LEAHN Consultation participants, 2019.

32. For an example of such a roundtable, see the City of Essen's practice sheet in part 2 of this publication.

33. An example of a local agreement between a DCR and police is the agreement between the DCR (contact drop-in centre/Anlaufstelle) and police (police command/EG Krokos) in Bern, Switzerland. The agreement is handed out to all police officers in order to acquaint them with the basic interventions and behavioural codes. These agreements should be understood as processual, as they might be updated in light of new developments, etc.

The role of PWUDs and their organisations

People who use drugs have valuable knowledge on harm reduction and their experiences should be taken into account when thinking about implementing an SDCF. They should be included in the considerations that take place before the opening of a facility, as their input will allow for an SDCF that responds to actual needs. Once a harm reduction establishment is operating, users can further offer important input if the management allows them to take an active role. For example, they can contribute to tackling the public nuisances around the facilities or other harm reduction services by participating in neighbourhood involvement measures.

The involvement of users should be based on a set of common principles that should include: their participation in any harm reduction offer established, in line with the notion of 'Nothing about us without us'[34]; a resource-oriented perspective that will allow everyone involved to contribute existing skills and acquire new ones; an empowerment approach that fosters self-esteem and self-efficacy; the aim to turn vulnerability into strength; the recognition that not only professionals but also PWUDs themselves have valuable knowledge regarding harm reduction; the general recognition that PWUDs are citizens like everyone else and deserving of respect and dignity.

Specifically, when managing the involvement of users in harm reduction services, it may be important to consider the following aspects:

- It is important to offer training courses and empowerment workshops for PWUDs, to allow them to learn to use their knowledge in the service of others.
- The professional involvement of PWUDs must be regulated by a clear employment contract, defining a status, obligations and rights. Over-exploitation, the creation of sub-statuses or precarious jobs must be avoided.
- Different levels of involvement (one-off and spontaneous services, planned and recurring tasks, etc.) require different types of supervision, especially administrative supervision. These needs must be taken into account and the supervising team must be ready to deal with them.
- User involvement poses a set of risks for the users themselves, e.g. a risk of negative consequences among users, such as prioritisation and conflict ('good users' vs. 'bad users'), or it may lead to an identity conflict for the users involved ('not a user, not a professional'). These risks must be taken into account and mitigated.

34. This slogan highlights the idea that those who are the target group of a public policy measure must partake in its production, and their active participation in its conception, implementation and evaluation must be ensured. It is attributed to Judi Chamberlin, a US-American human rights activist and founding figure of the psychiatric survivors and 'mad pride' movements.

Local needs assessments

Drug policy and harm reduction are complex issues. In order to improve knowledge on drug policy and harm reduction and provide an evidence base for the development of effective measures, thorough needs assessments at the local level are indispensable.[35] Initiating a drug consumption room is a long process that requires thorough preparation and the participation of key persons, stakeholders and organisations working with drug users. Legal barriers and ethical, political and local concerns must be taken into account.

Efus recommends that local and regional authorities:

- Conduct local safety audits or surveys on the topic of drug policy,

35. For a general overview on how such assessments can be organised at the local level as well as information on many practical tools that can support such processes, see Gregor Stangherlin, Produire un diagnostic partagé du territoire. À la recherche de la cohésion sociale, 2018; Efus, Methods and Tools for a Strategic Approach to Urban Security, 2016; and Efus, Guidance on Local Safety Audits. A Compendium of International Practice, 2007.

making use of adequate methodologies and relying on expert support. Depending on financial resources, a feasibility study on a local level, carried out by an independent research institute or university, might help to clarify the need for an SDCF and provide indications on how to implement such a room.[36] There are also examples of independent working groups on a national level that provide detailed examinations on whether SDCFs should be introduced.[37]

- Organise training sessions with local safety practitioners on how to effectively audit and monitor drug policy initiatives in their area. Such training sessions should involve all groups of professionals involved in such activities and ideally be organised in cooperation with local research institutions. This can help strengthen partnerships between municipalities and researchers with ties to the area.
- Assemble a wide range of empirical data that may help to provide evidence to support the implementation of an SDCF. Discussions on consumption rooms can take on an emotional character and having solid data can help ground the debate in facts. It is recommended that a wide range of local stakeholders be involved in generating and analysing such data in order to increase participation and ownership of the resulting assessment.[38]

36. A recent example of such a feasibility study is the Belgian survey known as DRUGROOM (F. Vander Laenen et al.), Feasibility study on drug consumption rooms in Belgium, 2018), which assessed needs and resources in five Belgian municipalities (Ghent, Antwerp, Brussels, Liège and Charleroi).
37. Such a group has conducted a needs assessment for the UK, for example; see Independent Working Group, The Report of the Independent Working Group on Drug Consumption Rooms, 2006.
38. Data can also be generated, for example, by drug services (number of reanimations after overdose, number of needles/syringes exchanged or found in certain drug use places, number of abscesses treated, etc.); the police (number of drug-related deaths, overdose incidences, etc.); emergency ambulances (number of drug-related emergency treatments, etc.); inhabitants (experiences and perceptions of public drug use); and PWUDs (use of and experiences with existing services, and needs for complementary offers). Although sometimes of anecdotal character, these reports and insights may help to facilitate the discussion about the need or even urgency for establishing an SDCF.

Choosing the right site

Finding a suitable site for an SDCF is not a simple endeavour and poses a number of challenges to local authorities and service providers because of numerous aspects that need to be taken into consideration:[39] where should the facility be located in order to reach its target group of vulnerable PWUDs? Which neighbourhood is likely to accept a facility? What architectural needs have to be considered? Which buildings are suitable? Are they available and under which conditions? Is the proximity to other facilities such as train stations or hospitals desirable and feasible?

Many municipalities have considered these questions and found different solutions ranging from remote locations to very central locations to a dispersion of SDCFs throughout their municipal area. In some cases, political discussions about the placement of such services have delayed their opening considerably.

In order to reach a decision regarding the location of SDCFs, the following aspects should be taken into consideration:

- SDCFs are designed to reach marginalised drug users and should be located near to, or in the centre of, open drug scenes/problematic drug scenes. Implementing consumption facilities in a remote area would require shuttle services (example: Frankfurt, Germany). In the case of mobile SDCFs, the routes and opening hours should be organised to reach a maximum of marginalized drug users.
- One of the goals of an SDCF is to reduce public nuisances and the selection of the site should reflect this. While proximity to a railway station or an accommodation centre can be a protective factor, proximity to childcare facilities can be a risk factor for dissatisfaction.
- The selection of a site should be the result of a consensus between all local stakeholders (drug users, health authorities, local policy-

39. For productive reflections on this question, see Le Naour, Gwenola/Chloé Hamant/Nadine Chamard-Coquaz, Faire accepter les lieux de réduction des risques. Un enjeu quotidien, 2014.

makers, the police and NGOs in charge of addiction care). Neighbourhoods should also be involved in the decision-making process.

- Offering secure access to consumers implies avoiding places that are too isolated but sufficiently open to consider the organisation of the surrounding area.
- The evolution of the socio-economic characteristics of the host neighbourhood must be taken into account. Fears that a neighbourhood might be socially 'downgraded' by an SDCF project should be addressed with the public. Suitable measures should be taken to prevent such downgrading.

Choosing the right model for one's city

There is no one-size-fits-all model for SDCFs. Cities that have implemented one or more such establishments have tailored them to respond to their local needs, i.e. the number of potential clients, the specifics of the local healthcare system, local characteristics of public drug use, infrastructural concerns, etc.

No two SDCFs are the same and there is a great variety of practices in the field. At least four general types of SDCFs can be distinguished: the stand-alone/specialised model, the integrated model, the mobile model and the fixed model (see descriptions of these in part 1).

When cities decide to establish an SDCF, they should assess the local needs and resources closely and choose a model that will match the local situation. In order to design the best facility, the following considerations can be helpful:

- In the case of the establishment/implementation of an SDCF, the local relevant stakeholders should be involved in the choice of model.
- Internal policies, functioning and management rules are the responsibility of the organisation in charge of the establishment/implementation of the consumption facility in accordance with the chosen model.
- Existing SDCF models can provide examples of feasibility and implementation.
- The existing models (integrated/specialised/mobile/housing facility with consumption room) have advantages and disadvantages and the choice of an SDCF model should be made with the knowledge of the benefits and drawbacks of each model.
- Every SDCF model should be adapted to the needs of the drug users of each city, in line with the city's urban planning programme.
- Models should be chosen in accordance with the needs of the city in terms of addiction care, while at the same time taking into consideration the possibility of facilitating access to a multitude of healthcare services.

Strategic communication

Supervised drug consumption rooms, as well as other harm reduction services, have in many cases been subject to lively debates in local communities. Resident groups, municipal administrations and departments, local enterprises or interest groups may have different opinions on the benefits and risks of such services. These may be linked to differing political or ideological views on drug policy, conflicting views on local community life and cohabitation, or differing visions for the development of urban areas and the public space.

In order to support such discussions and manage potential conflicts, municipalities should apply active communication strategies relating to SDCFs and other harm reduction services in order to explain their actions and intentions and avoid the spread of misinformation.

Specifically:

- A PR strategy is recommended before and during the establishment/implementation of an SDCF. An efficient PR strategy can be to have a dedicated team/person/service for each SDCF or city to answer all questions regarding the establishment/implementation of a facility and its services. Not all public servants have the capacity to answer questions from the general public and the press concerning the establishment/implementation of an SDCF, so a professional (trained) public relations team is recommended.
- Transparency is essential and recommended in the case of the establishment/implementation of an SDCF. Transparency implies that visitors and the public should have access to publications, information and descriptions of the SDCF's services on the facility's web platform(s) or in annual report(s) and/or other relevant press release(s).
- In an effort to ensure transparency, recommendations can be made to DCRs to work towards an 'open door policy' – a communication strategy that encourages openness and transparency in the relations with the stakeholders. As the term implies, neighbours are encouraged to stop by whenever they feel the need to meet and ask questions, discuss suggestions, and address problems or concerns with the SDCF's management team. An open door policy is typically intended to foster an environment of collaboration, high performance and mutual respect between an SDCF and its neighbours.
- Educational work is necessary to avoid the use of terms such as 'shooting rooms' by the press. In the discourse on SDCFs, it is fundamental to emphasise humanistic values with respect for human dignity and human rights. Particular attention must therefore be paid to a measured, considered and thoughtful choice of vocabulary, so that we ourselves avoid falling into the (mis) representations trap. A vocabulary with the objective of deconstructing discriminatory representations and combating stigmatisation must be used with all stakeholders.[40]

40. The US initiative Changing the Narrative has a website with useful information on such language.

Neighbourhood involvement and acceptability

In the case of the establishment/implementation of an SDCF, neighbourhood contact and involvement strategies should be developed. Concrete involvement in the neighbourhood and communication with its residents can improve public acceptance of the SDCF in its immediate surroundings, a support factor in its successful operation.

Many existing SDCFs and other harm reduction facilities have developed such neighbourhood-involvement strategies and can provide examples of good practices and feasibility. These strategies should be consulted and considered by municipalities aiming to establish new services.

It is of utmost importance to keep the implementation process transparent in order to avoid misunderstandings and mistrust among the people living and working within the vicinity of an SDCF. The selection of the site should be discussed openly and its pros and cons made accessible to everyone. Police, local residents, shop owners and other relevant actors should be involved in the implementation process as early as possible and provided with information about the facility and the health needs of drug users.

The following specific measures can be recommended:

- SDCFs should actively seek community involvement in order to maintain safety and hygiene and limit public nuisances in the surrounding area. Simple measures tackling safety, hygiene and public nuisances can resonate with the community and the results should lead to better acceptance of the establishment/implementation of a consumption facility.

- The creation of a neighbourhood commission in the direct vicinity of the establishment. The role of such a commission is to increase and ensure effective resident participation in all matters relating to the SDCF. Typically, such commissions consist of SDCF staff members, policymakers (city), local health and security authorities, local residents and businesses, and police officers (municipal police or community policing officers).
- Further neighbourhood-involvement measures aimed at higher acceptance of an SDCF might be: regular street monitoring and neighbourhood checks (patrolling the streets around the facility and cataloguing the potential actions that need to be taken to limit public nuisances); regular street cleaning/sweeping (cleaning the streets around the SDCF/collecting drug and alcohol paraphernalia); regular flow of information between the SDCF and the local neighbourhood (meetings and distribution of leaflets, flyers and newsletters to provide information on the programme, development and activities of the consumption room); transparency, open house policies and collaboration with the local life of the neighbourhood (open door policy/neighbourhood social club/specific group activities not especially dedicated to SDCF visitors/neighbourhood complaint hotline, etc.)
- Once the SDCF is established, open days and an emergency telephone number (example: Essen, Germany) can help to keep people informed and reduce anxieties. Fears have to be taken seriously, irrespective of their origin or how peculiar they may seem. Needles, syringes and other drug use paraphernalia have to be collected from around the SDCF at all times. Drug paraphernalia lying around drug service venues or SDCFs are the most frequent cause for nuisance and annoyance.

Monitoring nuisance and cleanliness in the immediate surroundings of an SDCF

Nuisance and litter pollution in the vicinity of SDCFs are some of the most common reasons for conflict relating to such establishments. In many of the municipalities that have opened SDCFs in inner city areas, private initiatives decrying the degradation of public space have used the problem of littering to argue in favour of closing facilities or displacing them to more remote areas. Whether such arguments reflect an actual problematic or not, they should be taken seriously.

To respond to such criticism, it is of utmost importance to be able to demonstrate that the NGOs running SDCFs and the local health administrations take responsibility and reflect the concerns and fears that neighbours' initiatives, politicians, the police or other concerned groups may voice. A proactive response to such criticism should involve the monitoring of nuisances and litter pollution. Specific recommendations are as follows:

- Monitoring mechanisms should be established that track the number of needles and syringes and other drug paraphernalia collected, the management of groups standing outside the premises and waiting to get into the SDCF, and the number of emergency calls from neighbours.[41]
- A monitoring report should be compiled and issued by the steady working group (see above) and should be published and presented to the public/neighbourhood once a year. Such a report is a good monitoring tool and a chance to continually improve the service. It also provides an opportunity to organise an event at which the report is presented to interested members of the public, and to exchange with those who seek to be informed.

41. In Essen (Germany) the NGO Suchthilfe direct (direct help for addiction) developed a model that includes daily clean-up of the immediate surroundings of a DCR and an emergency hotline that is given to the local neighbourhood in order for the NGO to collect and answer complaints. Neighbours thus have the feeling that they can call trained people to come and collect needles or syringes or other drug paraphernalia immediately. See also the practice sheet in part 2.

- Leaflets can be a helpful tool to communicate information on the monitoring measures undertaken and showcase the activities that the staff or clients of the SDCF are putting in place to foster cleanliness and tranquillity in the neighbourhood. Moreover, they can contain general information on public drug use, on the positive impacts that SDCFs have on the risks that consumption in the public sphere pose for users and the general public alike, and on how harm reduction services help to mitigate them.
- Involve PWUDs in such monitoring measures, as this form of engagement can provide opportunities for positive encounters with neighbours that can help to reduce stigma and foster constructive interaction.

Monitoring and evaluation

Professional monitoring and evaluation are key to the provision of successful harm reduction services and SDCFs that respond to needs at the local level. As described in an earlier section of these recommendations, a solid needs assessment and diagnostic to understand the local needs and resources is indispensable, as is scientific support of existing services that monitors and evaluates the impacts of the service.

Part 3 of this guidebook reports on the development of the SOLIDIFY project's assessment tool as well as the assessments conducted in the project cities. It includes the assessment tool itself and the PDF-version links to the online checklists – all of which can support local authorities and NGOs in their efforts to evaluate the functioning of SDCFs in their municipal area – and Efus hopes that they can be of use to local practitioners seeking to design collaborative evaluation processes or to self-evaluate.

The following recommendations have been deduced from this process:

- Assessments should include parameters that support understanding of the impacts of SDCFs on public health as well as urban security and social cohesion.
- While monitoring and evaluation activities must respect scientific standards, they must also be adapted to the needs and resources that local authorities and healthcare providers can attribute to such tasks. Notably, they must be designed in a way that allows frontline staff to focus on their operational tasks while complying with monitoring duties.
- Evaluations of existing services and projects in the field of harm reduction should be conducted regularly and routinely on the basis of new knowledge and evidence. The results of these evaluations should be made publicly available.
- National governments, regional and local authorities, and NGOs themselves have to invest more resources to educate and train their staff on how to monitor and evaluate harm reduction programmes and interventions, including SDCFs, in order to improve the evaluation culture in Europe.
- Evaluations should include an assessment with relevant quality standards, notably the EQUS standards and 'Council conclusions on the implementation of the EU Action Plan on Drugs 2013-2016 regarding minimum quality standards in drug demand reduction in the European Union'. They should identify potential barriers to the incorporation of these standards and assess the potential need to provide training for staff and volunteers working in such facilities.

Conclusions

The SOLIDIFY project was designed and developed as a continuation of Efus' long-standing work and commitment to foster balanced, human rights-based drug policies. With SOLIDIFY, Efus and the project partners involved decided to focus on harm reduction as a key angle, and more specifically on supervised drug consumption facilities (SDCFs) as a concrete measure and response to local drug problems.

The preceding parts of this guidebook set out the major challenges related to the establishment of SDCFs at the local level and maps out ways to overcome them. It explains the relevant European policy context, provides information on aims and SDCFs as a key tool for comprehensive local harm reduction strategies, and outlines their impacts on urban security and social cohesion (part 1). It assembles 11 practice sheets giving hands-on insights into the experiences of the SOLIDIFY partner municipalities with regard to the establishment and running of SDCFs (part 2). It offers a practical analytical tool that aims to support cities in assessing their needs with regard to a local SDCF as well as the resources they have for this purpose (part 3). And finally, it sets out recommendations on how municipalities can work more successfully towards implementing SDCFs at the local level (part 4). These sections bring together the knowledge and insights garnered during the SOLIDIFY project, which ran from January 2018 to March 2020.

The experience of this European cooperation project leads us to the following conclusions and outlook:

Firstly, SOLIDIFY has shown that **municipalities play a leading role in the implementation of drug policies, harm reduction and provision of SDCFs** across Europe. The development in this policy field since the 1980s shows that local and regional authorities have been at the frontlines of drug policy, identifying the needs and designing and implementing innovative responses. But, particularly with regard to harm reduction and the delivery of targeted and evidence-based services like SDCFs, they have often done so in unfavourable legislative and political frameworks. In fact, national and European policy contexts have often hampered their work and in some cases still pose significant barriers. Stakeholders at the local level thus demand that national governments and supranational organisations adapt legislation and policies where necessary to render them more conducive to harm reduction and SDCFs, taking into account the significant and well-proven positive impacts such measures have for urban security, social cohesion and public health.

Secondly, the project has highlighted **a great need and demand for capacity building measures** that can allow for enhanced integration of public health and urban security. For the successful running and support of SDCFs and harm reduction policies generally at the local level, the contributions of a wide range of professionals are needed: local elected officials, security practitioners and law enforcement agents, doctors, nurses and other healthcare professionals, social workers, researchers from public health, social science, criminology and addictology, civil society organisers, business owners, neighbours, and many others have an important role to play. The successful collaboration of these very diverse stakeholders must be actively pursued and fostered. The construction of a multi-agency partnership at the local level creates opportunities to communicate, understand the different perspectives and outlooks, and learn from each other. Roundtables, neighbourhood committees, interprofessional training sessions and workshops can be good measures to boost such cooperation and can help to create a common professional culture of harm reduction.

Thirdly, **knowledge transfer and peer support** at the European level are key in order to further boost the endeavours made by local authorities. European local and regional authorities have identified a need to strengthen dialogue and knowledge transfer among peers, and also with research and relevant institutions at the national and European level. European and national level policymakers understand that cities and regions are key actors in drug policy, that without their close cooperation the implementation and realisation of European drug policy frameworks would be incomplete. Projects and networks initiated by

cities as well as their networks on drug policies and adjacent topics, such as SOLIDIFY and many others[42], show the need for, and efficiency of, multi-stakeholder networking and exchanging with regard to European and international frameworks. Many municipalities are involved in several city-based initiatives and networks that are relevant to drug policy and harm reduction at European and international levels. These initiatives should ensure that they communicate with each other and support each other's work, sharing knowledge and capitalising on synergies where possible.

Finally, this project has demonstrated how important it is to **combine public health and urban security aspects** in harm reduction strategies. Addressing instances of public nuisance and perceptions of unsafety related to public drug use goes hand-in-hand with helping the most vulnerable PWUD population by providing them with a safe, hygienic and supervised environment to use drugs. In order to develop and sustain an integrated harm reduction strategy, it is necessary to strengthen local capacities by fostering multi-agency cooperation and strong coordination and communication between health and social service providers on the one hand and law enforcement agencies on the other.

42. Such as the Democracy, Cities and Drugs projects, European Cities on Drug Policies, EuroCities working group on substance abuse, the Fast Track Cities Initiative, European Cities against Drugs, etc.

Resource Guide

EU's response to drugs

European Commission, DG for Migration and Home Affairs

The EU Drugs Strategy 2013-2020 and the 2017-2020 Action Plan, which builds on the previous four-year plan (2013-2016), outline the European Union's approach to developing a sustainable drug policy. The key priorities identified in the (non-binding) strategy guide the elaboration of many national drug policies and the development of tasks and projects by other EU agencies. The EU Drugs Strategy is anchored in two main policy strands – drug demand reduction and drug supply reduction – and three cross-cutting themes: coordination, international cooperation and information, research, monitoring and evaluation. Harm reduction is one component of drug demand reduction and has been increasingly emphasised in the EU's response to drugs.

Drug use, front line services and local policies. Guidelines for elected officials at the local level

European Forum for Urban Security, 2008

The emphasis of this guidebook for elected officials is on harm reduction and an integrated approach that combines public health and urban security and safety policies. The publication promotes partnerships and experimental and negotiated local initiatives. It compiles information on the role and relevance of local elected officials, the importance of building partnerships, the identification of stakeholders, and the implementation of efficient leadership and coordination processes. The guidebook provides information on the operationalisation of local needs assessments and the subsequent creation of local strategies. A final chapter focuses on the evaluation of local initiatives.

Co-operation and Community Consensus – The Multi-Agency Approach to Effective Local Drug Policies

European Cities on Drug Policy/Susanne Schardt, 2001

This report on multi-agency cooperation in the field of local drug policies is based on the conviction that cities should benefit from each other's expertise and experiences in order to create new strategies. It explores the components of the multi-agency approach and how one can evaluate the efficiency of common work for the agencies involved in the process. It outlines a number of indicators for effective local drug policies and details the practical aspects of the approach by looking at four case studies in Plymouth, Frankfurt, Bristol and Halle.

Produire un diagnostic partagé du territoire. À la recherche de la cohésion sociale

Gregor Stangherlin, 2018

This publication explores the components of – and steps necessary to produce – a local assessment relevant to the creation of new initiatives that respond to identified needs. The publication puts particular emphasis on the elaboration of assessments that are co-produced by stakeholders that will partake in social innovation projects. The thematic focus of the publication is on social cohesion, which is defined in the first chapter. The second chapter explores the most suitable framework for the co-production of a local assessment process, and the third and final chapter looks at the different stages of the assessment.

Methods and Tools for a Strategic Approach to Urban Security

European Forum for Urban Security, 2016

This guidebook aims to help local policymakers and professionals in assessing and updating their security policies using reliable information and data. It promotes the centrality of local safety audits in the strategic approach to urban security. This guidebook is based on the understanding that urban security strategies can only be efficient if actions are based on scientific evidence and aligned with local needs and priorities. The first part explains the importance of the strategic approach to urban security and why a local security audit is central to it. It explains how to manage and sustain this effort and what some of the current challenges are before elaborating on the various implementation methods and tools.

Guidance on Local Safety Audits. A Compendium of International Practice

European Forum for Urban Security, 2007

This guidebook explores the practice of local safety audits in great detail. It is divided into three main parts that compile information on (1) the general safety audit process, (2) specific issues for audit teams, and (3) sources, techniques and tools. The first part looks at the wider context of safety audits and how to prepare for them, the four stages of audit implementation, and why the participative approach is important. The second part explains how audit teams can operationalise audits on the basis of specific thematic issues, and the third part outlines the process of collecting and using various types of information and data.

Faire accepter les lieux de réduction des risques. Un enjeu quotidien

Gwenola Le Naour, Chloé Hamant et Nadine Chamard-Coquaz, 2014

This study looks at the current state of harm reduction strategies, particularly harm reduction spaces and how to increase their acceptability. Harm reduction actions often encounter local resistance, in particular when they take the form of physical spaces such as alcohol tolerant day rooms, supervised drug consumption rooms or temporary housing facilities. The report proposes a literature review on the subject, reveals the outcomes of consultations with harm reduction facilities in France, and gives recommendations on how to increase acceptability of the latter.

Drug consumption rooms: an overview of provision and evidence

European Monitoring Centre for Drugs and Drug Addiction, 2018

This report produced by the EMCDDA provides a helpful overview of drug consumption rooms in Europe, their history and evolution, including a listing of the countries that have one or more, their main characteristics, and the existing research on their effectiveness. The report emphasises the facilities' role in providing low-threshold services and identifying new trends in drug use patterns.

Changing the Narrative

Health in Justice Action Lab, Northeastern University School of Law

Changing the Narrative is a platform of journalists, researchers and activists that want to deconstruct negative and harmful narratives about drug users and addiction. They provide information on subjects such as harm reduction or supervised consumption facilities and identify stigmatising language and images that skew the representation of the issue. They offer examples of stigmatising narratives, suggestions on how to improve them and a style guide with a list of recommendations.

Manifesto: Security, Democracy and Cities – Co-producing Urban Security Policies

European Forum for Urban Security, 2018

The Security, Democracy and Cities – Co-producing Urban Security Policies manifesto was adopted at the end of the eponymous conference organised by the European Forum for Urban Security (Efus), the City of Barcelona and the Government of Catalonia on 15-17 November 2017, in Barcelona. It sets out the political principles of Efus' work and spells out recommendations on 12 key topics of urban security policy, including local drug and addiction policy.

Safer Drinking Scenes. Alcohol, City and Nightlife

European Forum for Urban Security, 2013

At night, the public space sometimes becomes a meeting point for young people who (often) consume excessive quantities of alcohol. Local authorities are faced with a series of questions: how to reconcile the different uses of the city at night? How to manage and prevent health, personal and material impacts? And how to organise responses and stakeholders? The aim of this publication is to examine the issues at stake, highlight certain practices and present strategic recommendations that may be of use to local authorities.

Secucities Drugs: Pilot Training Programme on the Prevention and Treatment of Drug Dependence – For Elected Officials and Local Leaders of Small and Medium Towns

European Forum for Urban Security, 2001

This publication, aimed at local elected officials and stakeholders, is intended as a training guide on drug prevention, based on the experience of a series of European municipalities. It was realised within the framework of the SecuCities Drugs project, supported by the European Commission, the objective of which was to "initiate a network of small and medium European cities working together to train local elected officials and stakeholders in the prevention and treatment of addiction".

Resolution on a Local Drug Policy based on the Principles of Harm Reduction and Non-Discrimination, and in line with the EU Drugs Strategy

European Forum for Urban Security, 2018

In this text, Efus advocates supervised drug consumption facilities (SDCFs), "which have already brought promising results in several European countries." These schemes are based on a harm reduction strategy as advocated by Efus, who also promotes drug policies based on a balanced approach between prevention, repression and social

cohesion, and on "solid cooperation between local, regional, national and international levels of government as well as law enforcement agencies and civil society." Such an approach should "seek to reduce drug demand and supply while decreasing the harm caused to our societies by traffic and consumption." The resolution was adopted by Efus' executive committee at its meeting in Amiens in November 2018.

Democracy, Cities and Drugs Resolution

European Forum for Urban Security, 2011

Formulated and adopted at the concluding conference of the Democracy, Cities and Drugs project in Vienna, this resolution formulates Efus' balanced approach to local drug policies and defines eight principles in this regard. Among others, it calls for a clearer targeting of repressive measures towards international drug trafficking, for therapeutic monitoring as an effective alternative to criminalisation, and for the development of targeted preventive and therapeutic measures for women and other vulnerable groups.

Feasibility study on drug consumption rooms in Belgium. A study commissioned by the Belgian Science Policy Office (DRUGROOM Report)

Freya Vander Laenen, Pablo Nicaise, Tom Decorte, Jessica De Maeyer, Brice De Ruyver, Pierre Smith, Laurens van Puyenbroeck, Louis Favril, 2018

The objective of this feasibility study was to identify (legal) preconditions, design and operational considerations that would allow SDCFs to be established as part of local harm reduction strategies in five Belgian cities: Ghent, Antwerp, Brussels, Charleroi and Liège. It provides an up-to-date overview of the effectiveness, models and barriers of DCRs worldwide, with particular attention to DCRs in Belgium's four neighbouring countries. The study also conducts an in-depth analysis of the legal framework within a DCR could operate in Belgium, and a feasibility study with local stakeholders and PWUDs from each of the five cities. It formulates 18 recommendations specifically tailored to the Belgian context concerning essential preconditions (including legal options), the main considerations when implementing such a service, the implementation process, and monitoring and evaluation.

SOLIDIFY
Reinforcing Harm Reduction Strategies at the Local Level – *the Role of Supervised Drug Consumption Facilities*

Most European cities are faced with drug use and trafficking in public spaces. Supervised drug consumption facilities (SDCFs) can be a tool for reducing open-space drug consumption, reduce the harm caused by drugs and addictions to local communities, and mitigate the related challenges to urban security. But how should such facilities be established and operated in order to ensure their acceptance by local residents and serve the needs of their users?

This publication explores SDCFs as a way of fostering public security and social cohesion in Europe. It provides an overview of European municipalities' approaches to implementing SDCFs to reinforce their local harm reduction and urban security strategies, gathers together examples of practice, provides an assessment tool for monitoring security-related impacts and the local integration of SDCFs, and provides practitioners and policymakers with arguments and recommendations for the establishment of SDCFs at the local level.

efus.eu