Guidelines for police working with Drug Consumption Rooms

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Purpose

These guidelines are for police and other law enforcement officials whose role may impact on the effective running of facilities that have been established in communities to reduce drug harms. These sites have a variety of names; here they are generically referred to as Drug Consumption Rooms (DCRs).

DCRs provide a clean and supervised setting for people who use illicit drugs to consume them, reducing the harms associated with the drug use and especially preventing fatal overdoses. There are now over 100 DCFs globally, and the number is increasing as they are accepted as effective strategies in reducing the impact of problematic illicit drug use both for individuals and communities.

The main aim of these guidelines is to provide Police Agencies with procedures and practices to give clear direction for their members.

This is especially relevant where legislation in a jurisdiction legally enables the establishment of a DCR but does not provide clarity on the police role.

These guidelines are mostly *generic* in nature and cannot address every legal, social, cultural and political context. They are however sufficiently both generic and specific to enable flexibility and contextualization depending on the setting.

These guidelines have been developed to provide clarity for police in their relations with DCRs, given the frequent lack of legislative direction. They have been shaped on examples of police guidelines on support for effective operation of DCRs and like programs, such as Needle and Syringe Programs (NSP) and community based Opiate Substitution Programs (OSP).

Introduction

There are DCRs (including Supervised Injecting Facilities/Sites (SIF/SISs) in many countries, operating in Europe for over three decades, Australia and Canada for more than 15 years, and the opening of a DCR in Northern Ireland is close to being finalised. World-wide there are now over 100 of these sites, and many more are planned. The nature of the facilities (e.g. mobile or fixed), names and exact functions vary by location (see Notes), but in all cases they are introduced in response to urgent public health and safety concerns facing communities and governments.

The primary goals of supervised consumption facilities include: reducing drug-related risks especially the transmission of the AIDS virus (HIV), hepatitis B and C (HCV) and other blood-borne infections; decreasing the number of overdoses and fatalities; minimizing public order problems (including public drug use); and improving access to health and social services, including drug treatment and recovery services.

Drug Consumption Rooms aim to reduce drug-related harms and improve safety for *the whole community*.

Reasons for introduction of DCRs include:

- fatal and non-fatal overdoses from illicit drug use both in public and non-public spaces;
- high rates of public injecting and the risk of injecting-related harms such as blood borne virus transmission (HIV and HCV) and other infections;
- public amenity and safety issues such as high volumes of discarded needles and syringes and other drug use paraphernalia;
- drug affected people at risk and vulnerable in public and other spaces;
- a requirement for human rights to be observed regarding access to effective and humane harm reduction and drug treatment programs;
- increased demands on emergency services such as police, ambulance and other services that respond to public health emergencies such as overdose; and
- difficulties in engaging and providing health, social and welfare services for people who use drugs that have multiple and complex needs and that are street-based, marginalized and often homeless.

DCRs are part of the strategy commonly known as 'harm reduction' which along with supply and demand reduction programs forms a comprehensive response in addressing drug issues in communities. The harm reduction approach seeks to reduce the harmful consequences of illicit drug use where people are compelled to continue to use despite potential adverse risks and consequences. Harm reduction should be viewed as preventing further harm in risky situations, much like seat belts

and helmets reduce harms for road users.

Definition of DCRs

There is no widely agreed definition of DCRs, which take different forms depending on locality and context (see Notes), but a brief description includes:

Drug Consumption Rooms:

These facilities primarily aim to reduce the acute risks of disease transmission through unhygienic injecting, prevent **drug**-related overdose deaths and connect high-risk **drug** users with addiction treatment and other health and social services. (EMCDDA 2018)

While most DCRs cater for clients with various needs and provide a range of services, the predominant reason for them is to provide a safer space for the consumption of illicit drugs regardless of the type of drug or the method of use – and especially the prevention or treatment of drug overdose.

DCRs can be 'fixed', temporary, or mobile sites. They may be stand-alone (purpose built) and separated from other health services, or integrated into existing health facilities such as hospitals. Some may take the form of 'pop-up' or temporary facilities, often erected prior to a purpose-built facility being built. An example of these types of facilities are the Overdose Prevention Sites (OPS) now being erected in some parts of Canada. These sites are temporary and designed to bridge the gap until more permanent facilities are constructed.

Mobile facilities also currently exist in Barcelona and Berlin; these provide a geographically flexible deployment of the service, but typically cater for a more limited number of clients than fixed premises. (EMCDDA 2018)

In summary, a **Drug Consumption Room**:

- is a health-care service;
- provides a hygienic environment where drug users can consume pre-obtained illicit drugs;
- provides sterile equipment; and
- provides a full spectrum of health-care services: access to medical staff and addiction and mental health counselors

Note: DCRs should not be referred to as 'safe' places for drug consumption, as drugs that are consumed in these facilities are obtained in an illicit market. Whilst DCRs have been shown to significantly reduce risks and are far safer than the settings where people often consume drugs, e.g. streets and laneways, there are still inherent risks in using a substance sourced from an illicit market.

Services provided

Whilst DCRs differ from place to place, the four main services that are provided are:

1. ***Assessment and Intake***: this first phase determines the potential client's eligibility for the service, including type of drug and route of administration. The client is provided with information about the service and with sterile drug using equipment. Other data may be collected as required by local health authorities. Some DCRs have 'exclusion criteria': e.g. restrictions on age, first time users, pregnancy, aggressive behavior and alcohol intoxication.
2. ***Supervised Consumption Area:*** the area where drugs are consumed. The aim here is to ensure low-risk use of illicit substances: the person is monitored before, during and after the consumption of their drug. DCR staff are specially trained health professionals who can provide relevant advice about safer drug use and respond in an emergency situation.
3. ***Provision of Other Services:*** once the person has used their drug they exit the consumption area and are provided with additional services such as primary health care, clothing, toilet and shower facilities, access to other services at the same facility such as counseling, and clean injecting equipment.
4. ***Referrals:*** this phase is an important part of the service provision model in many DCRs, to facilitate linkages/referrals to health, social and welfare programs that the person may be in need of. This includes referrals to drug treatment programs, homelessness services, mental health support programs and other medical care.

DCRs do not provide, sell or supply illicit drugs for consumption, either on the site or elsewhere. Drugs consumed are obtained by the person prior to entering the premises.

Evaluations of DCRs

DCRs have undergone extensive evaluation since they first appeared over three decades ago. These evaluations have found that:

- **Crime:** in areas where DCRs are located, crime is reduced or does not increase;
- **'Shooting galleries'** operating in the vicinity of a legally sanctioned DCR significantly decrease;
- **Demand reduction:** DCRs play a role in decreasing demand for illicit drugs in the community, through referral into drug treatment programs;
- **Health and welfare:** DRCs can provide linkages to welfare and health care

services such as housing, mental health and AIDS treatment;

- **Public amenity: DCRs …**
    - … reduce public drug use, especially injecting, and reduce drug affected people on the streets;
    - … reduce publicly discarded drug-using equipment (e.g. needles and syringes) and
    - … do *not* increase the number of people drawn to an area to consume drugs (so called 'honey pot effect');

  leading to improved public amenity and increased perceptions of safety; and
- **Emergency services:** DCRs markedly reduce demands on emergency services, including reduced calls for service on police.

Police Actions with DCRs

Police policy and directions to police concerning DCRs should reflect and support the aims of the DCR, as with as with NSPs and OSPs. Police members should be guided by the intent of the DCR and should exercise discretion and common sense to ensure that these facilities can operate effectively. Persons wishing to access services provided by the DCR should not be deterred from attending by police presence at or near the facility.

For example, without restricting their day-to-day duties in the area where a DCR is located, police must use their judgment and common sense and not target the vicinity of the DCR to enforce laws about minor use and possession of illicit drug. Police should not apply drug laws to those people that are genuinely traveling to the DCR to use the facility as permitted by law.

Benefits to police:

Evaluations of DCRs find beneficial outcomes which support aims that law enforcement agencies are seeking to achieve:

- reductions in crime
- reduced public injecting

- removal of used drug injecting equipment from public spaces
- places for drug affected people to remain safe and under supervision
- reduced calls for police and other emergency service
- increased perceptions of safety amongst the community

Reduced calls to police enables police to direct resources toward more harmful aspects of the drug market e.g. drug trafficking

Reduction in blood-borne virus transmission to police as DCRs promote safe disposal of used injecting equipment and other drug using paraphernalia

It is essential therefore that DCRs are supported by law enforcement agencies. Police should actively work toward creating an enabling environment for these programs to work effectively as they are a health care issue and not a law enforcement issue.

It is also anticipated that DCR staff will acknowledge the challenges that face police in dealing with clients who may be drug affected and traveling both to and from their facility. For example, should a person that has used a drug in a DCR and is leaving the facility and intending to drive a vehicle, DCR staff should adopt a position whereby that person is deterred from driving. In some cases, where lawfully permitted, staff may be further required to seize keys from clients or take other actions to prevent a client from driving and potentially putting themselves and others at risk.

Guidelines

These guidelines are designed to provide directions for most police agencies. Each jurisdiction should consider their own situation and contextualize procedures to meet local needs:

1. Policing strategies will be implemented within the spirit and intent of the Government initiative concerning DCRs which will protect life, reduce the harm associated with illicit/injecting drug use and reduce the harm to the community by improving public amenity.
2. While legislation governing the Centre specifically refers to the use of discretion by police, police will continue to provide an appropriate policing response balancing the DCR function and expectations of the community.
3. Police will not carry out targeted patrols in the vicinity of the DCR that seek to impact or disrupt the functioning of that facility.

4. Prior to the opening of a DCR both police and health authorities should reach consensus on a number of procedures to establish guidelines related to police access for investigative purposes and for securing evidence.
5. Police will use discretion and common sense where officers consider it appropriate to do so in association with the guidelines in relation to policing of the DCR.

When using their discretion and deciding whether to apply the relevant drug laws, police should consider the following questions:

- Is the person clearly walking to the entrance of the DCR?.
- Is the person clearly leaving the exit of the DCR.?
- Is the person in the vicinity of the DCR?
- Seriousness or triviality of the alleged offence.
- Expectations of the police commanders
- Expectations of the community

As the Toronto Police Service has highlighted in their guidelines for officers:

> The investigation, arrest and charge of a client for the offence of **possession of a substance** ……as the client is actively attempting to get to a Supervised Injection Services site, *would have an adverse effect on all individuals that would otherwise utilize this service.*

Tips for police

To ensure that police actions are consistent with the aims and objectives of the DCR and are congruent with both government and reasonable community concerns, police should:

- Establish formal and ongoing engagement processes with relevant key stakeholders, in particular, formal lines of communication with DCR management;

- Provide training about harm reduction that is delivered in partnership with local harm reduction programs. Police overwhelmingly need face to face training from experienced and credible workers;
- Develop internal and external lines of communication with emphasis on consistent and clear messaging;
- Adopt a 'problem solving' approach to issues that arise through ongoing engagement with DCR staff;
- Communicate their support for DCRs when speaking to the media and in forums such as community meetings;
- Conduct tours of the DCRs for police either during operating hours or when closed in order to desensitize and break down misunderstandings about the DCR's function;
- Attend social events with DCR staff and clients such as morning tea and lunches should be considered;
- Provide feedback to key stakeholders, including police members, of successful outcomes of those people using the DCR such as accessing treatment or reducing drug related overdose deaths;
- Avoid problems associated with regular 'turn over' of local police personnel that might cause inconsistencies in policing operations in the area where a DCR is located;
- Be mindful of client privacy for those using the DCR;
- Inform 'outside' operational police who are not locally based who may patrol the area irregularly to build awareness of the DCR's location and existing protocols.

From time to time police may be required to attend either in the vicinity or directly at a DCR. In the vast majority of situations staff of the DCR will request police attendance to respond to or conduct investigations into serious crimes such as acts of violence or allegations of drug trafficking. In these situations police are encouraged to liaise with senior staff from the DCR.

Other situations that require police attendance may include the seizure and removal by police of substances and other materials required to be destroyed or destructed.

In any of these circumstances, police should consider what approach is likely to cause the *least* impact on the DCRs. Such considerations would include:

- alerting clients and staff to the situation and clarifying why police will be attending;
- attending after hours, when the DCR is not operating; and
- recording in detail the circumstances of the visit and providing feeding to senior DCR staff.

Local Protocols:

In order to clarify any misunderstandings, ambiguities or legal interpretations of police actions when interacting with clients and staff at a DCR, several matters may need to be addressed as part of the development of local protocols:

For example, it would help in some settings to clarify

- what information police can request from clients and staff at a DCR and what are staff and clients required to provide, and in what context?
- police actions when they are in 'hot' pursuit of a suspect and police request their whereabouts inside the DCR.
- when an overdoses occurs and a client is hospitalized, is there a requirement for police to be notified?

These protocols will need to be tailored to the legal context as in some jurisdictions these matters may already be clarified in existing law or policy.

Overall, it is important to ensure that police actions are consistent with the aims and objectives of the DCR and are congruent with both government and reasonable community concerns.

Conclusion

Changes to law are of course a major factor in changing law enforcement practice with regard to drugs and their response to DCRs. But even without legislative changes, there are a number of tactics and strategies that law enforcement departments and officers can more readily apply and implement directly themselves which will lead to effective and sustainable and outcomes. These can include:

1. Increasing knowledge and integration of harm reduction tools and approaches across relevant aspects of illicit drug law enforcement policies and practice.

2. Communication and positive relationships with affected community members and other service providers working in the same area and seeking to achieve shared outcomes such as a healthier and safer community.
3. An emphasis on the protection of public safety, health, and dignity of community members (including people who use drugs) through tools other than arrest and detention.
4. Introduction of operational guidance and policy to improve practices related to drug users and possession of drugs for personal use.
5. Officer performance metrics and incentives that support both public safety and health-oriented objectives.
6. Organizational culture that reinforces the move from being a force to a service, and assumes a broader view of the impact of law enforcement on society.

Notes

Names of facilities:
DCR: Drug consumption room
SIF: Supervised injecting/injection facility
SIS: Supervised injecting site
SCS: Supervised ('safe') consumption site
OPS: Overdose prevention site
OSP: Opiate substitution program
MAT: Medically assisted (drug) treatment
MSIC: Medically-supervised injection centre
NSP: Needle syringe program
NSEP: Needle syringe exchange program
Integrated facility: combined consumption and treatment

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