

The Home Office has booted the idea of providing facilities for injecting drug users firmly into touch. But have the government scored an own goal? **By Harry Shapiro**

Injecting rooms rejected

THE government has firmly rejected the idea that drug consumption rooms [DCRs] will be piloted in the UK any time soon. The recommendations for a pilot came in a report by the Independent Working Group on DCR's chaired by Ruth Runciman and funded by the Joseph Rowntree Foundation.

In a carefully worded document, the experts took 20 months to review all the evidence from 65 projects in eight countries around the world where DCR's currently operate. They also considered the many obstacles and objections that would be faced trying to establish such facilities in the UK. Even so, they concluded that DCR's offered 'a unique and promising way' to help reduce the public health risk to individuals and communities.

But in a statement, the Home Office reminded us that they had previously rejected the idea on the grounds that DCRs would carry, "significant risk of harm to local communities in terms of an increase in localised dealing, anti-social behaviour and acquisitive crime".

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Nor is the NTA any more encouraging. "Any new treatment provision must be evidence-based and cost-effective. Further evidence is needed that there would be enough demand for drug consumption rooms to justify the use of scarce resources, when funding could be better spent on treatment services," read their statement.



More harm than good? The Home Office just says no to DCRs.

Which of course begs the question: isn't the whole point of a pilot to establish the demand and to evaluate the mechanisms for dealing with risk? Given the amount of money which has flowed into the treatment system through the criminal justice route, one would be hard-pushed to agree that the drug treatment sector has been cash-starved.

It is unlikely that the good people of Derby will be too impressed with the government's attitude. One pensioner was jailed for refusing to pay her council tax because of the amount of drug dealing and prostitution in her area. In just one alleyway, the local council claim to have recovered 900 syringes in an hour. Similar concerns have been expressed in Scotland where it has been estimated that up to one million used needles may have been dumped by users. And as previously reported in *Druglink* [Jan/Feb 2006], Mansfield town council clashed with the local needle exchange scheme over the numbers of syringes the council claimed they had to collect on the streets.

One interesting fall-out from the government's refusal to entertain the idea is that it may be in breach of its own guidelines for protecting the population. In September 2003, the Treasury and the Cabinet Office published *Principles of Managing Risk in Society* and followed this up in June 2005 with the appraisal guidance to support the principles.

Across the 60 page document, there are several indicators that dealing with drug litter in public places would constitute a reason for government intervention to manage the risk and that while interventions should be evidence-based, "the lack of conclusive evidence should not, where there is a threat of a serious risk to the public's health or safety, block action appropriate to that risk".

DCR report: conclusions

- Can avert drug-related deaths, prevent needle-sharing and improve the general health of users
- Can decrease injecting in public places and reduce the number of discarded, used syringes and drug-related litter
- Do not appear to increase levels of acquisitive crime
- Were generally not associated with public order nuisance...especially with good interagency co-operation in place
- Are mostly used by local drug users

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