

# Bringing home the bacon

When Copenhagen politician Troels Hartmann mentioned ‘fixerums’ in the hit Danish drama *The Killing*, he was highlighting a real-life political debate. But that’s not the only drug issue causing the body politic to sizzle as Blaine Stothard explains in the first of a two-part article about drugs in Denmark.

A frequent election pledge of conservative parties seeking office anywhere is to deal with what they see as ‘bureaucratic waste’. True to form, on taking office in 2001, the new Danish conservative-led coalition government led by Anders Fogh Rasmussen abolished several social policy advisory bodies, including Denmark’s version of the ACMD, Narkotika Råd (Drugs Advisory Council), thus divesting itself of expert opinion.

Nor was it willing to take the advice of the main expert drug opinion that remained: the police. Specifically, the new government was determined to deal with the open cannabis market operating in Christiania. This is a self-proclaimed autonomous neighbourhood in Copenhagen which has a unique status under the Christiania Law of 1989 transferring parts of the supervision of the area from the municipality of Copenhagen to the state. Until 2004, the cannabis trade was tolerated; those dealing on what was called ‘Pusher Street’ came to an understanding with local residents and the trade was carried on peacefully. Then the government shut it down. The police warned what would happen and they were right, as Copenhagen’s Mayor for Social Affairs Mikkel Warming ruefully observes; “the drugs trade (including cannabis) is now largely in the hands of Hells Angels and Banditos gangs [and] now there some

involvement of gangs from immigrant background which increases the level of violence. This is a clear example of the failure of prohibition policies.” It was also an example of the government’s extension of ‘zero-tolerance’ approach, paralleled by changes in the drug laws which extended fines and imprisonment to drug users as well as drug dealers. Cannabis remains freely available across Copenhagen, now alongside other illegal drugs, and its use among young people is increasing, something which supporters of the previous policy say didn’t happen because the trade was largely restricted to one area.

Then in September 2011, a Social Democrat-led coalition government under prime minister Helle Thorning-Schmidt took office, presenting some opportunities for new thinking around drug policies. So has anything changed? To what extent have Copenhagen City Council’s more radical drug policies gained favour nationally?

Three topics are currently cooking in Copenhagen: regulation of cannabis production and sale; drug consumption rooms or ‘fixerums’ where users can take illegal drugs bought on the streets; and the medical prescription of heroin, enabled in legislation in 2008 and now able in principle to sit alongside other harm reduction interventions such as substitution treatment and the provision of sterile injecting equipment.

## Cannabis

In January 2012, Copenhagen City Council approved proposals to decriminalise and regulate the production and supply of cannabis. These envisage state outlets (public controlled selling points) for the sale of cannabis in Copenhagen. Outlets would include staff to advise on concerns or problems arising from purchasers’ cannabis use. The outlets can be compared to the Swedish state monopoly of alcohol sale. They differ from Netherlands practice by including production, which would become a state-controlled activity. The proposals were for a 4 – 5 year pilot and research project, so that the impact can be monitored and assessed on an evidential basis.

As the proposals involve a change in national law, they were sent to the Ministry of Justice. They were rejected in May, partly on health grounds, partly on the point that cannabis would become more widely available. Once again, on the cannabis issue, Copenhagen City Council finds itself at odds with national government. At the time of writing, the City Council is considering its response to the government’s rejection of its proposals.

## Drug consumption rooms – ‘fixerums’

A legal opinion commissioned by Copenhagen City Council, published in

June 2011, concluded that establishing consumption rooms would require new national legislation. By contrast, legal opinion published the following September by the campaigning agency Gadejuristen (Street Lawyers) whose tag-line is 'hard-core harm reduction' reached the opposite conclusion: that consumption rooms could be established within existing legal frameworks. Enabling procedures, introduced by the Minister for Health and Prevention, became law in June 2012 and came into force on July 1st.

Regulations regarding fixerums will be crucial to their acceptance by users including opening hours, staff qualifications, accessibility, capacity, whether or not tobacco smoking is permitted and how heroin can be ingested. The organisation also known as Fixerum operates a 'fixerlance' (fixerum + ambulance) around the Vesterbro district of Copenhagen, immediately to the west of the central railway station, where there is an open market for illegal drugs. Fixerum plans to establish a building-based consumption room supplemented by two fixerlances. BrugerForeningen (Danish Drug User's Union), Fixerum and Gadejuristen have a shared agenda of campaigning topics aimed at reducing drug-related deaths.

The short (one-day!) consultation period for interested parties on the proposals led to some clarification and strengthening of the final law. Local authorities now have the enabling power to establish consumption rooms, or to commission voluntary agencies and NGOs to do so. Copenhagen City Council have already made use of these powers to commission Fixerum to continue to operate its fixerlance.

Naloxone prescribing is currently restricted to a small-scale trial involving BrugerForeningen. It is available in the mobile fixerum, to be administered by qualified medical or health practitioners – as in the UK, it is a prescription-only medicine. BrugerForeningen and Gadejuristen are campaigning for the availability of naloxone to be extended to users, families and friends and to form part of a new national drugs strategy. Campaigners see the increased availability of naloxone as central to the wider campaign to reduce drug-related deaths – many as a result of hepatitis C infection.

### Medical prescribing of heroin

Like in the UK during the Thatcher era, some of the more radical approaches towards drugs policies have been adopted by right-wing political parties,



Still from Danish information video *Mobil Fixerum* by Torben Olander

most recently the Danish People's Party (DPP). DPP's leader famously visited an agency working with drug users and commercial sex workers and, from her experiences there and the specific story of a drug-using sex worker, added her party's support to medical prescription of heroin. The DPP pressed the government to introduce the necessary legislation, threatening otherwise to join the opposition in proposing a law on heroin prescription.

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In 2008, the government introduced the enabling legislation. Once the political decision had been made, the medical professions were required to clarify how the programme was to be implemented and regulated before the programme was finally introduced. The Danish programme was established as a pilot with a research component.

The programme is limited. There are two clinics in Copenhagen, one each in Odense, Århus and Esbjerg. They serve perhaps 200 users, mainly older, long-term opiate users in poor physical health with little potential for rehabilitation. Regulations require two visits a day seven days a week to inject the prescribed heroin under supervision – it has to be injected, it can't be smoked or sniffed. Former injectors have to resume the practice to be on the programme. Methadone is provided for a night-time dose. These requirements (similar to other countries) mean that users cannot be in work, attend courses or contribute

much to family life, including child-care.

According to Peter Ege, former medical director of the Copenhagen Drug Addiction Service, there are about 20,000 heroin users in Denmark, "but only about 1% are in receipt of a heroin prescription". As in the UK RIOTT trial, take-up has been lower than anticipated because of the stringent rules surrounding the use of prescribed heroin. It is an expensive scheme – pharmaceutical heroin, qualified staff, premises, controls and regulation – which changes the status of heroin to that of a medicine. Peter Ege adds, "the programme keeps users alive, leads to improvement or stabilisation of their health and reduces criminality". User organisations and others are campaigning for amendments to the regulations as it becomes apparent that the effects of the regulations were not fully considered or understood before implementation.

Behind the headlines, Peter Ege, regarded by many as the wise old man of Danish drugs policy, sees substitution treatment as the 'real' success story: "scripts can be collected on a weekly basis so the trend has been to retain users, with a small percentage becoming drug-free; recovery is seen as a means, not an end". The Danish approach is to aim at improvements in the quality of life for users and those in treatment.

So the Danish body-politic is a mixed picture of positive, needs-led practice in the voluntary sector, viewed favourably by many politicians, beginning to inform and influence government policy and action. Governmental responses in the coming months will demonstrate how far this potential can be realised – with a new question mark around the exact impact of the new law permitting consumption rooms.

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