



Dane law

It took 35 years of campaigning for the authorities to accept drug consumption rooms in Denmark. Could it happen the UK? Blaine Stothard finds out

The Danish expression, *ting tar tid* (things take time) is exemplified by the long series of events leading to the opening of drug consumption rooms in Denmark.

In September 2011 a citizens' initiative in Copenhagen's Vesterbro district opened a mobile consumption room in a converted ambulance at the same time a national election campaign was up and running. The first weeks of the experiment, which had not been officially sanctioned, were dominated by two concerns: would the intended clientele, of people who inject drugs, use the service? How would the authorities respond?

The general climate was favourable: days after the first mobile DCR took to the road, the national emergency service, Falck, donated a second ambulance, quickly converted and added to the fleet. The election outcome was the formation of a Social Democrat led coalition government which, true to pre-election promises, introduced legislation to amend existing drug laws needed to permit and fund drug consumption rooms.

During parliamentary debate on the issue, the government quoted evidence from other countries showing DCRs contribution to reducing drug-

related deaths. The opposition parties maintained the prohibition and zero-tolerance position which they had practised when in government. Parliament approved the legislation in June 2012, by 63 votes to 43 in an assembly of 189, legitimising the mobile consumption rooms and leading to the opening of building-based DCRs in Denmark.

Denmark has a relatively high number of drug related deaths for its small 5.5 million population. In 2005 there were 275 deaths, in 2011 there were 285 (a high point), but in 2012 there was a significant fall – to 210.

Local commentators welcomed the fall in the number of deaths, but have been cautious about identifying reasons. At the end of 2012 the two building-based DCRs in Copenhagen had been open for just two or three months, the mobile consumption rooms for fifteen. Commentators emphasise that it is too early to ascribe the fall in deaths to the opening of the DCRs, pointing rather to changes in demography and drugs use patterns – and that the numbers of deaths recorded in Copenhagen itself in 2012 rose slightly. As of December last year, none of the four Copenhagen DCRs reported deaths on their premises.

Initially staffed by volunteers, the mobile DCR, called a *fixelance*, worked to establish its presence and services amongst people who inject drugs and, implicitly, to avoid criminal justice interventions. The agency Gadejuristen (Street Lawyers) provided teams of lawyers ready to intervene if police or other officials seemed likely to question the legal basis of the service, or appeared to discourage service users by their presence. That this didn't happen was a relief to *fixelance* staff and supporters, but also a reflection of the changed social and political climate in Copenhagen towards drug injectors and other socially excluded groups. Service commissioning and provision in Denmark specifically includes users' dignity, self-worth and autonomy, not merely crime reduction.

Using the new legal powers approved by parliament, Copenhagen City Council now operates and funds the mobile DCRs. The first ambulance, known as *Fixelance 1*, has now been replaced with a purpose-built vehicle and has since been exhibited at the National Museum in Copenhagen. Since the opening of the building-based DCRs, the two *fixelance* vehicles now extend DCR facilities to injecting hot-spots in other areas of the city.

In 2012 the Vesterbro citizen's initiative published its report, *Fixerummet som fik hjul*, (*The consumption room gets wheels*). It describes a 35 year period during which the conditions and needs of people who inject drugs and the concerns and, often, hostility of local residents, together with changing local and national political climates and policing practice, finally resulted in the introduction of the mobile consumption rooms and the amended law. Things did take time, but with the changed political climate brought about by the new government, events moved fast. Two building-based DCRs opened in Vesterbro in the autumn of 2012; building work on a third is currently in progress; one DCR has been opened in Århus and one in Odense.

Disappointingly, the Danish Focal Point 2012 report included the building-based DCRs but made no mention of the innovative mobile rooms or the citizens' initiative behind them – the outcome was recorded but not the process.

The district of Vesterbro, for 40 years the principal Copenhagen open drugs market, is becoming increasingly gentrified. This process began with the sale of public housing by the then Conservative-controlled City Council in the mid-1990s. Despite gentrification, the district continues to host agencies and services for groups of socially excluded people who are attracted to, if not resident in, Vesterbro. And with the closing of Kødbyen, the wholesale meat market, premises have become available for social use – direct service provision for homeless people and premises for NGOs and small social enterprises.

The first building-based DCR, Sundhedsrummet (Health Room), opened in October 2012. The second, Skyen (The Cloud), opened later that year in Mændenes Hjem (The Men's Home), originally a hostel for homeless men but in spite of its name open to all. Mændenes Hjem has historically provided services to meet the needs of homeless people, including drug and alcohol users, identified through its core work.

Skyen has two sections, separated by an airtight door in a transparent partition wall. The first provides eight places for injection; the second six places for smokers. On my visit in October 2013 all places were in use by a mainly male clientele. Staff in the room recorded who attended, sometimes using pseudonyms, and what they were using. The majority were either smoking crack cocaine or injecting powder cocaine.

Many users were Swedes, reflecting the increased movement, at all social

levels, between Copenhagen and south-west Sweden since the opening of the Oresund bridge between the two countries. Conversations with staff and users confirmed the recent increase in cocaine use, the poor quality of the cocaine, and the consistently good quality of heroin. Mændenes Hjem reports between 350 and 500 visits per day.

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Regulations clarifying the 2012 law permit smoking and injecting in DCRs, in contrast to the prescribed heroin programme, introduced in 2008, which does not permit smoking of pharmaceutical heroin. This regulation is seen as excluding some long-term opiate users – who consider reverting to injection a retrograde step in their using behaviour – from attending such programmes. Campaigners continue to argue for medically prescribed heroin to be smoked.

The citizen's initiative approach to harm reduction in Copenhagen is being mirrored by campaigners in Birmingham. An Independent Consortium on Drug Consumption Rooms, established by an outreach drug-worker last spring, is developing a proposal to establish DCRs in the UK's second city. The consortium is working to gain support from local councillors and relevant agencies by presenting the case for DCRs and pointing to the evidence of benefits from cities where they operate. Consortium members include a local GP, a lawyer and drug and alcohol service providers.

The proposal aims to restore some dignity and autonomy to people who inject drugs; reduce drug-related deaths; and alleviate needle litter. The consortium is conducting surveys of public opinion, largely receptive to the idea, and disseminating the results using social media. Off the record, other services and agencies, including senior police officers, have expressed their support, although statutory agencies have been reluctant to communicate with the consortium: an initial meeting with commissioners was inconclusive. The Health and WellBeing Board is liaising with the consortium, which receives advice and support from the National AIDS Trust and Release.

Brighton and Hove City Council's proposals to consider opening a DCR, announced in April 2013, attracted much media attention. The Council had accepted the recommendations of a report it commissioned from an Independent Drugs Commission. One proposal was that Brighton Safe in the City Partnership undertake a feasibility study into how a DCR would assist in reducing drug-related deaths.

In response, the Leader of the House of Commons asserted that the proposals were in breach of national law and international conventions, a position reiterated by a Home Office statement in January 2014 in response to an inquiry from *Druglink*: "The Coalition Government has no immediate plans to allow drug consumption rooms, which would in fact breach existing UK laws." In June, the Brighton Health and Well-Being Board approved the continuation of this exploratory work, a proposal that is supported by the local police commander. The Commission will reconvene at the end of April to review the responses to its proposals.

Experience in Denmark and elsewhere suggests two responses to the UK government's rejection of DCRs. Firstly, obtaining a second opinion. Legal opinions obtained by Danish drug law reformers challenged government interpretations of both national and international law. Secondly, national governments have the power to amend national laws if they do not permit DCRs. International conventions do not prevent DCRs operating in other jurisdictions. What is at issue in the UK would seem to be political will and a reluctance to consider users' needs and views, not international law.

Policy informed by and responsive to users' needs and experience is more likely to engage users than policy and provision determined by policy makers unwilling to recognise the reality of users' lives. UK strategy documents contain an assumption that drug users are not complete, independent or autonomous citizens. They are expected to accept the government's route to 'recovery', rather than their own.

Moving responsibility for drug policy from the Home Office Minister for Crime Prevention to the Department of Health could be a first step to adopting more realistic and humane, rather than punitive, judgemental and stigma-reinforcing, drug policies. As the Danes say: ting tar tid...

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