

# The Role of Drug Consumption Rooms in HIV Prevention

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**Abstract.** *In this moment, Romania is facing a new epidemiological wave of HIV infections. If in 2008 there were just three confirmed cases with HIV infection, in 2012 there were 237 new, confirmed cases (Ref: National Institute of Infectious Diseases, “Prof. Dr. M. Balș”). In September 2012, the Romanian Angel Appeal Foundation, in collaboration with the National Antidrug Agency and the Carusel Association performed a Behaviour Surveillance Study among injecting drug users in Bucharest and Ilfov, Romania. Out of 417 participants tested with rapid test in this study 52.5% were positive to HIV, 85% with Hepatitis C virus, and 20% with Hepatitis B virus (National Anti-Drug Agency, Report for 2013). Injecting drugs in public areas increases the risk of infections with different bacterias. Another major risk that drug users have when they are using drug in public places is the lack of sterile injecting equipment, therefore they have a big risk of getting infected with HIV, HVC and HVB. Drug consumption rooms could play an important role in preventing the risks associated with the use of drugs.*

**Keywords :** injecting drug users, drug consumption rooms, HIV, HVC, HVB

## Introduction

Drug consumption rooms (DCRs) have been defined as : “*protected places for the hygienic consumption of preobtained drugs in a non judgemental environment and under the supervision of trained staff*” (Akzept and von Ossietzky, 2000, 80).

In the late 60s and early 70s, drug use was unofficially tolerated by some of the social assistance centers for drug users. The first center for supervised drug use was approved and set up in 1986, in Basel, Switzerland. Likewise, similar centers have been implemented in Australia, Canada, Germany, Luxembourg, Holland, Norway, Spain, and Swzerland (Schatz and Nougier, 2012, 5, 19).

In Romania there are “illegal drug consumption rooms” (such as an apartment) where drug users gather to inject themselves. These “drug-user houses” are not sanitary enough for drug-using. The walls are dirty, blackened with smoke, spray-painted, the floors filthy and bug-ridden. Some rooms don’t have windows, and due to the common conflicts that arise in these places, a good part of the apartment, furniture and goods (such as electrical items and appliances and household furnishings) are damaged or destroyed.

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*Sens Pozitiv Association and Romanian Association Against AIDS Team*

In general, drug-users who inject in public spaces don't have access to social services or medical treatment and are marginalized. Following an analysis of the daily files of Caracuda Ferentari center of the Carusel Association, a part of the drug users have double or triple risk exposure :

Ex 1 :	IDU + H
Ex 2 :	IDU + Roma
Ex 3 :	IDU + SW
Ex 4 :	IDU + Roma + SW
Ex 5 :	IDU + H + SW
Ex 6 :	IDU + H + Roma

*IDU – injecting drug user ; H – homeless ; SW – sex worker*  
 Source : Generated by the author

Drug users injecting in non-sanitary mediums are more exposed to risks such as blood clots, pulmonary embolism and bacterial endocarditis. Also the risk of infection with HIV or HCV or HVB is higher due to the lack of sterile injecting equipment. Injections in public spaces such as parks, trains, parking garages, waste management areas, stairways, etc. represent a problem of public health : used syringes thrown away on the street, can rise the vizibility of the drug consumption phenomenon.

An effective method to prevent all the risk mentioned above are “drug consumption rooms” (to lower the risks associated with injecting drug use among drug users).

For this paper, there were three different studies. The first one was applied among injecting drug users in order to identify the public areas frequented by injecting drug users, the frequency with which this happens, and the non-sanitary conditions in which the drugs are being used. The study also analyzes the opinion of drug users regarding drug consumption rooms (if they have heard of them, how they would like them to be arranged, what services they might find attractive and so on). At the same time, there was a second study conducted

in Bucharest's Ferentari neighborhood. The questionnaire wants to show if those living or working in Ferentari neighborhood are affected by the drug use phenomenon, what type of drug they think is the most common and what is their opinion regarding drug consumption rooms and if drug consumption rooms can resolve the any drug phenomenon in their neighborhood. The third study is a series of interviews with specialists in the field of harm reduction, drug treatment facilities, working in Bucharest or international specialists.

100 drug users, customers of psycho-socio-medical services provided by the Carusel Association (Caracuda Center) and the Romanian Association Against AIDS (Center of Integrated Services for Drug Users Aras Arena, Drop-in Colentina and Drop-in Titan), represented the target group for the **“Study among injecting drug users regarding the injecting in public spaces in Bucharest, Ilfov”**. To be eligible to take part of this survey participants must be at least 18 years old, live in Bucharest or Ilfov and must have been using drugs in the last 6 months.

Harm Reduction Drop-in Center Caracuda-Ferentari is developed by Carusel Association in partnership with National Antidrug Agency, Municipality of Sector 5, SASTIPEN and Sens Pozitiv Association. This center is addressed especially to injecting drug users. All customers of this center are receiving free counseling, social assistance, distribution of syringes, distilled water, disinfectant wipes and condoms, syringes collection, referral to other medical and/or social services.

Integrated services center for drug users Aras Arena provides methadone substitution treatment for drug users. In this research, some of the participants were currently enrolled in substitution treatment program, but also in the last 6 months they have injected drugs.

Drop-in Colentina and Drop-in Titan provide harm reduction services to drug users such as counseling, social assistance, primary health care, counseling and testing for HIV and hepatitis B, C, pregnancy testing, distribution of syringes, distilled water, disinfectant wipes and condoms, syringes collection, referrals to other health and/or social services.

The target group of the **“Study regarding the drug use in public spaces in Ferentari neighborhood, Bucharest, Romania”** was represented by 48 people. An eligibility criterion for participation in this study was : minimum age of 18 and respondents must live or work in Ferentari.

Ferentari neighborhood is located in Sector/District 5 of the city “best known as the place of choice for gangs of drug traffickers, and where you find rugs made by syringes or young people who inject heroin in sight”.

The target group for the **interviews with specialists** was represented by 17 people working in the drug field. Specialists in this research are either social workers, psychologists providing direct services to drug users or international consultants or experts in the field of drugs.

## **Questionnaire applied among injecting drug users and among people which live/work in Ferentari neighborhood**

This research is a quantitative one, the goal was to identify injecting in public spaces areas, identifying a number of consumers who inject in public spaces, frequency of this issue and the interest of drug users regarding drug consumption rooms, identifying problems related to injecting drugs in Ferentari, assessing Ferentari community's interest on drug consumption rooms.

In this research, I decided to use the questionnaire because this method of data collection is familiar for me, but also because of the theme, which requires concrete answers from the respondents. In the present case, establishing a contact between the operator and the interviewee is very important.

## Interviews with experts

Through these interviews I wanted to document the opinion of some experts on drug consumption rooms, if such facilities would be useful for drug users, the problems that could be solved, the area where they think it would be better to set this kind of service, how would a drug consumption room in the area be perceived by the residents, who should support the costs for these services and the factors that currently impede the opening of a drug consumption room.

This part of the research is qualitative; the interviews were conducted with experts in the field of drugs, both internationally and nationally and are distinguished by the richness of descriptions.

The methods used in this study were the semi-structured questionnaire and the interview method. The questionnaire “is a tool for investigation, which consists of a series of written questions ordered logically and psychologically; that are administered by interviewers later, after the respondents’ answers are recorded in writing” (Chelcea, 2001, 177).

Interview research is defined “as a technique for obtaining, through questions and answers, verbal information from individuals and groups of people to verify hypotheses or scientific description of social and human phenomena” (Chelcea, 2001, 122).

In the **Study among injecting drug users regarding the injecting in public spaces in Bucharest, Ilfov, Romania** there were applied 100 individual questionnaires. The questionnaire is divided into 5 parts. The first part (Section A) contains eligibility criteria questions for injecting drug users, Section B consists of socio-demographic questions and Section C consists of questions about drug consumption.

Section D includes questions about consumption patterns and Section E is to assess the respondents’ interest on drug consumption rooms, services that might attract them, their opinion about where they think a drug consumption room should be set or program of this service.

In the **Study regarding the drug use in public spaces in Ferentari neighborhood, Bucharest, Romania** there were applied 48 questionnaires, among residents of Ferentari’s neighborhood. Any person who lives or works in this area was eligible to answer to the questions about the drug use in the neighborhood, if there is a real problem, if they are affected or not by drugs and what solutions the respondents believe that it would be appropriate to reduce injecting in public spaces phenomenon.

The questionnaire consists of Section A which includes eligibility criteria, Section B made up of socio-demographic data, Section C – about the drug use in Ferentari neighborhood and Section D consists of possible solutions given by respondents of this study.

**The interview with specialists** includes seven questions on drug consumption rooms which intended to reveal and to document the opinion of experts in the field of drugs. There were eight interviews applied on Romanian specialists in the field of drugs, two specialists from the National Antidrug Agency, a psychotherapist of an Integrated Addiction Care Center, an opiate substitution program coordinator of Arena Center, a coordinator of Caracuda needle exchange drop-in center, a Harm Reduction program Coordinator of the Romanian Association Against AIDS, Executive Director of Sens Pozitiv Association who works directly with injecting drug users and a drug expert from Romanian Harm Reduction Network.

Also, nine interviews were conducted with international experts in the field of drugs services and drug policies, including a Policy and Operations Manager and a Research and Communications Officer at the International Drug Policy Consortium (IDPC), a Drug Policy Program Director at Hungarian civil Liberties Union, a Policy Director at VOCAL, a Deputy Director of the Harm Reduction International, a Manager, HIV & AIDS Harm Reduction Programs from (InSite, OnSite, CTCT, PSS), Vancouver Coastal Health, a professor at London School of Hygiene and Tropical Medicine, a consultant and an expert on drug consumption rooms of Global Platform for Drug Consumption rooms.

## Operationalization of terms and concepts

**Injecting drug users (IDUs):** “persons who are using narcotic drugs through injecting mode” (National Centre for AIDS and STI Control, 10).

**Heroin:** “Heroin is an illegal, highly addictive drug. It is both the most abused and the most rapidly acting of the opiates. Heroin is processed from morphine, a naturally occurring substance extracted from the seed pod of certain varieties of poppy plants. It is typically sold as a white or brownish powder or as the black sticky substance known on the streets as ‘black tar heroin.’ Although purer heroin is becoming more common, most street heroin is ‘cut’ with other drugs or with substances such as sugar, starch, powdered milk, or quinine. Street heroin also can be cut with strychnine or other poisons. Because heroin abusers do not know the actual strength of the drug or its true contents, they are at risk of overdose or death. Heroin also poses special problems because of the transmission of HIV and other diseases that can occur from sharing needles or other injection equipment” (NIDA Heroin RRS, 2005, 1).

**Harm Reduction:** “The term ‘harm reduction’ refers to policies, programmes, and approaches that seek to reduce the harmful health, social, and economic consequences associated with the use of psychoactive substances. For example, people who inject drugs are vulnerable to blood-borne infections such as HIV if they use non-sterile injecting equipment. Therefore, ensuring adequate supplies of sterile needles and syringes helps to reduce the risk of blood-borne infections. Harm reduction is a comprehensive package of evidence-informed programming for people who use drugs. The nine components in the package are : opioid substitution therapy ; HIV testing and counseling ; HIV care and antiretroviral therapy for injecting drug users ; prevention of sexual transmission ; outreach (information, education, and communication for people who inject drugs and their sexual partners) ; hepatitis diagnosis, treatment, and vaccination (where applicable) ; and tuberculosis prevention, diagnosis, and treatment” (UNAIDS, 2011, 13).

**Human immunodeficiency virus (HIV):** “HIV is the virus that weakens the immune system, ultimately leading to AIDS. Since HIV means human immunodeficiency virus, it is redundant to refer to the ‘HIV virus’” (UNAIDS, 2011, 16).

**Drug Consumption Rooms:** “Are protected places for the hygienic consumption of preobtained drugs in a non-judgemental environment and under the supervision of trained staff” (Akzept, 2000, 80).

**Public spaces:** “All areas that are open and accessible to all members of the public in a society, in principle though not necessarily in practice” (Orum and Neal, 2010, 1).

## Research objectives

**General goal:** identifying the need of drug consumption rooms.

### Specific objectives :

**O1** Identification of a number of injecting drug users who use drugs in public spaces and the frequency of this phenomenon ;

**O2** Mapping public areas where there is injecting drugs use (streets, parks etc.) ;

**O3** Evaluate the interest of drug users in accessing sanitary facilities, where they can receive sterile equipment for injection (drug consumption rooms) ;

**O4** Identify issues related to injecting drug use in Ferentari neighborhood ;

**O5** Evaluate the interest of Ferentari community on drug consumption rooms ;

**O6** Identify expert’s opinion in the field of drugs (activists, international consultants, specialists) about drug consumption rooms.

## Research hypotheses

1. *The study among injecting drug users regarding the injecting in public spaces in Bucharest, Ilfov*  
“If drug consumption rooms existed, then drug users would not inject in public spaces.”
2. *The study regarding the drug use in public spaces in Ferentari neighborhood, Bucharest, Romania*  
“If drug consumption rooms existed, then these spaces could resolve the drug related problems in Ferentari neighborhood.”
3. *Interviews with specialists*  
“If drug consumption rooms existed, then these spaces would be helpful for drug users.”

For the research described above, I mention that it has been obtained a notice according with the rules and ethics of the research, signed by Faculty of Sociology and Social Work, University of Bucharest. The participation of the respondents was voluntary, also, has been obtained their informed consent, respondents had the opportunity to give up/quit at any time, and the discussions and information of personal nature that were obtained, remain confidential.

## Data presentation and analysis

### *Research among injecting drug users regarding the injecting in public spaces in Bucharest-Ilfov, Romania*

Of the 100 people surveyed in this study, 96 were from Bucharest and 4 were from Ilfov, 76% of the drug users are between the ages of 25 and 45 years, 22% between 18 and 24 years, and 2% are over 45 years old, 76% of them were men and 24% women. In the last six months, 52% of them lived in house owned by them or any family member, 22% did not have a fixed residence, 21% rented their living space, 3% were incarcerated for the last 6 months, and 1% lived in public housing. The research showed that the people using injecting drugs have a poor financial situation. 64% of the participants in the study have an income less than 300 RON/month, 15% between 300 and 600 RON/month, 11% between 600 and 900 RON/month, 2% between 900 and 1200 RON/month and 7% have an income above 1200 RON/month.

64% of the drug users interviewed in the study said that they access harm reduction services – at least once a week, depending upon the rules of the center, 19% access every two to three weeks, 17% are accessing this services once every month or two. Harm reduction drop-in centers for injecting drug use offer counseling, social assistance, primary health care, counseling and testing for HIV, HBV, HCV, sterile syringes, distilled water, alcohol wipes, condoms, collecting used syringes, and references towards other medical and social services.

There is an increase in the infections with HIV virus among injecting drug users, considering that in 2012 were noted 237 confirmed new cases (Department for Monitoring and evaluating HIV/AIDS infections – INBI “Prof. Dr. M. Balș”). In the study, 76% of the participants declared that in the last month they did not use syringes or vials previously used by someone else, 10% used a previously-used syringe or vial more than five times, 6% used non-sterile materials two or three times, 5% used non-sterile materials once, and 3% used previously-used syringes four or five times.

When asked “How many of those with whom you have shared a syringe in the last 4 weeks have told you they have HIV or AIDS?” 18 participants answered “None”, and 5 were told by one, two or three of the people in their group. Regarding “How many have told you they have Hepatitis B or C,” 13 participants to the study answered “None”, and 10 were told by one, two or three of the people in their drug-use group. These questions were asked to see if injecting drug users infected with HIV, HVC or HVB warned the ones they share materials with. 31 respondents declared that they were not warned by other members of their group of any infections with HIV, HVC or HVB.

In the last six months, 92% of the participants used heroin, 56% of them used new psycho active substances (legal highs), 19% – methadone, 2% – cocaine and 1% – other drugs (e.g. diazepam). From my observations of the daily files of the Caracuda-Ferentari center, I noted that in the last six months a large number of drug users were taking heroin as well as new psycho-active substances (legal highs), many switching from the legal highs to heroin or the other way around.

The most common injecting drug in the last six months was heroin, in proportion of 58%, then new psycho-active substances (legal highs) with 35%, and 6% declared they used mainly methadone.

53% of the participants have a history of injecting drug use greater than 10 years, while 47% have been using for less than 10 years.

In the last six months, 63% of the participants of this study have used injecting drugs in the stairway of a building, 49% used injecting drugs on the street, 46% in deserted buildings, 45% – in a car, 41% – in a park, 33% – in public restrooms, 18% – in a canal, 8% – on a train, and 28% – declared they did not use injecting drugs in public spaces in this period.

The most common place for the men who participated in the survey to use injecting drugs was the stairway of a building (37%), 28% of them using on the street, 28% in a car, 23% in a park, and 20% of them use injecting drugs in public restrooms. The most common place for women (14 out of a total of 24 women) use injecting drugs in the stairways of a building (Table 1).

**Table 1.** *Public areas where injecting drug users use drugs*

Public areas where injecting drug users use drugs	Men	Women
<b>Park</b>	23 % (31)	2.4 % (10)
<b>On the street</b>	28.88 % (38)	2.64 % (11)
<b>Garbage disposal area</b>	10.64 % (14)	0.96 % (4)
<b>Building stairway</b>	37.24 % (49)	3.36 % (14)
<b>Car</b>	28.12 % (37)	1.92 % (8)
<b>Train</b>	5.3 % (7)	0.24 % (1)
<b>Public restroom</b>	20.52 % (27)	1.44 % (6)
<b>Canal/water drain</b>	11.4 % (15)	0.72 % (3)
<b>Deserted building</b>	28.88 % (38)	1.92 % (8)

Source : Generated by the author

From this study we can see that 39% of the participants regularly are injecting drugs in public spaces such as parks, on the street, in stairways, in cars, train, public restrooms, canals or deserted buildings. 10% did not use injecting drugs frequently in public areas, and 23% of the participants rarely, that is occasionally, used drugs in public areas.

Of the spaces where drug users inject themselves, 30% do not have drinking water, 29% – do not have electricity, 31% – do not have a toilet, and 47% of them do not have a

phone. From this, we understand that many of the people who use injecting drugs do not have sanitary conditions for injecting – no potable water, electricity or toilet: in case of an overdose they cannot call 112 for help since there is no phone.

54% of the participants throw away their used syringes in the dumpster, 30% bring them to a needle exchange program, and 15% throw them in the street (or canal).

We note that the majority of those who use injecting drugs in the park throw the used syringes in the dumpster; likewise do those who use drugs in the street, in garbage disposal areas, in stairways, in a car, on a train, in public restrooms, canals and deserted buildings. However, a significant part of those mentioned above, who use drugs in public areas, throw them on the street. But there are responsible drug users who bring their syringes to needle exchange programs for disposal (Table 2).

**Table 2.** *Used syringes*

	Throw syringes on the street	Throw syringes in a garbage can	Bring their syringes to needle exchange programs
<b>IDUs who use drugs in the park</b>	10	20	11
<b>IDUs who use drugs on the street</b>	11	26	12
<b>IDUs who use drugs in garbage disposal areas</b>	5	10	3
<b>IDUs who use drugs in stairways</b>	15	35	13
<b>IDUs who use drugs in a car</b>	13	20	12
<b>IDUs who use drugs on a train</b>	1	6	1
<b>IDUs who use drugs in public restrooms</b>	11	16	6
<b>IDUs who use drugs in canals/ waterways</b>	4	13	1
<b>IDUs who use drugs in deserted buildings</b>	13	22	11

Source: Generated by the author

To the question, “Do you think it would be helpful to have a place specially arranged for drug use, with sterile materials available,” 94% answered “YES”, and 4% answered “NO”.

**How would you like such a room to be prepared?** To this question, the participants indicated that the place has to include “water, light, heat and quiet”, to be “a room so we don’t use drugs on the street”, “a closed space so we are not seen by children,” “to have water, collection cans, sterile materials and a mirror,” “no police,” “to include medical specialists and guards”, to be “a room with table and chairs, places to relax after drug use”, “to be clean and have utilities,” “to be discreet, like a voting booth,” “where we can receive what we need to avoid getting ill”, “where we won’t be harassed,” “a place with heat, that’s all. Afterwards I can go out for a walk,” or “where I can stay without the fear the authorities will take me in”.

From the above, it follows that injecting drug users desire a sanitary, comfortable place, which offers them safety, where they can use drugs in peace, unafraid of being seen by adults, children or police. Other services provided to drug users that access drug consumption rooms that would attract drug users would be: 95% would desire this place to function legally so there would be no problem with the authorities, 91% would like the possibility to



find a job, 88% would be attracted by psychological counseling, 84% would want these places to include a room for various activities. 83% of the participants would like the possibility of taking a shower, 79% the possibility of making a phone call, 77% would like a television, 74% would like a washing machine so they can wash their clothes (especially those who live on the street), 69% would like a hot meal and 41% a postal box.

Surveying 22 homeless (H) people, we identified the following services which would attract them to a drug consumption room: 21 of these homeless would be attracted by a hot meal, 22 would like the possibility of a shower, 18 homeless would like psychological counseling, 15 declared a postal box would help them, 21 homeless wish the possibility of making an emergency phone call, 21 would like the possibility of finding a place to work, 22 consider this drug consumption room should function legally, 20 homeless declared they would like to have a television set available in these rooms, 21 would be helped by having a washing machine available to wash their clothes, and 19 homeless would like a room for various activities.

64 of the 100 participants have a precarious material situation, with an income of less than 300 RON/month. The services that would attract them to a drug consumption room would be: 50 of them would be attracted by a hot meal, 55 by a shower, 55 want psychological counseling, 29 by a postal box, 52 by a phone, 57 by the possibility to find a job, 59 are interested that the place functions legally, 50 wish a television set, 51 want a washing machine and 53 by the idea of a room for various activities.

51% of the participants of this study had previously heard of drug consumption rooms, 45% knew of this service before this study, and 4% answered "Don't know/Don't want to answer".

82% of the drug users who participated in the study know there is a social ambulance, 85% have heard of the syringe exchange center Aras Colentina, 49% – of the Caracuda center in Ferentari and 40% have heard of the center Aras Titan. The majority of drug users know about the social ambulance because this is a service that addresses directly the drug-using community, for more than 7 years. Caracuda-Ferentari, ARAS Colentina and ARAS Titan are needle exchange drop-in centers reduction of the risks associated with injecting drugs use.

36% of the participants said a drug consumption room would be best placed in a center for syringe exchange, 30% of them suggested a more private place, 25% a central area, 13% in a methadone center, and 11% in a hospital.

Regarding the zones accessible to place a drug consumption room, 21% answered they could get to a center in Colentina or Ferentari, 11% – to Unirii, 10% – to Obor, 5% – on Ștefan cel Mare, 4% – in Titan, and 2% of them would prefer the areas near Gării de Nord, Kogălniceanu, Lizeanu, Pantelimon or Universitate. We assume the participants live in these areas, or procure their drugs in the areas where they desire a drug consumption room.

When asked "What would be the ideal opening hours for a drug consumption room?" 67% of the participants said that they would like this room to function non-stop.

The benefits brought by the drug consumption rooms among the drug users would be: 87% of the survey participants think these rooms would benefit the health of those living in their community, 86% of them think it would be a benefit for public health, and 84% think it would help the health of the drug users.

To the question, "If there would be drug consumption rooms available, would you access them?" 94% answered they would access these rooms if they were available, 2% answered "NO", and 4% answered "Don't know/No answer". They would access these places for the services available which suit them, due to the hygienic area and sterile materials, and of course due to the benefits for the health of the community, of the public health and of their own health.

54 of the 100 people interviewed, who would access the drug consumption rooms are heroin users, and 33 of these use legal highs.

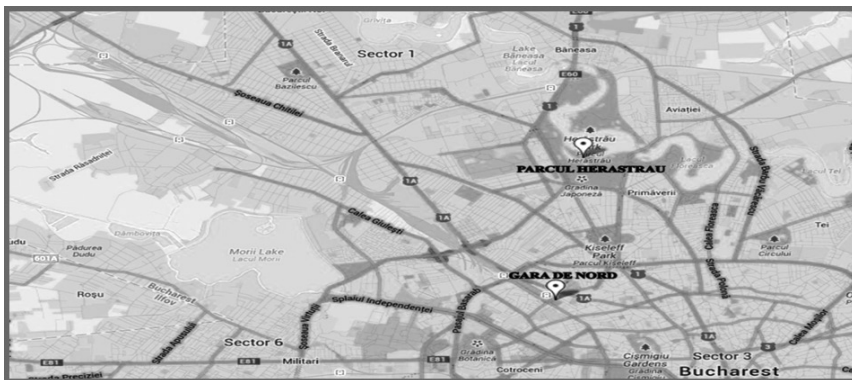
**Data analysis shows that the profile of the drug user in this study is as follows :**

- 1) lives in Bucharest ;
- 2) is between 25 and 45 years old ;
- 3) in the last 6 months has lived in a home owned by him/spouse/family member ;
- 4) has a monthly income less than 300 RON ;
- 5) regularly procures sterile materials from needle exchange centers ;
- 6) the main (injecting) drug he uses is heroin ;
- 7) men tend to have a history of injecting drug use of over ten years, while women tend to have it for less than ten years ;
- 8) agrees that a space specially prepared, with sterile equipment and materials would benefit him ;
- 9) has heard of drug consumption rooms ;
- 10) believes the placement of a drug consumption room should be in a center for syringe exchange ;
- 11) would make use of a drug consumption room.

## Mapping – public areas where injecting drugs are used

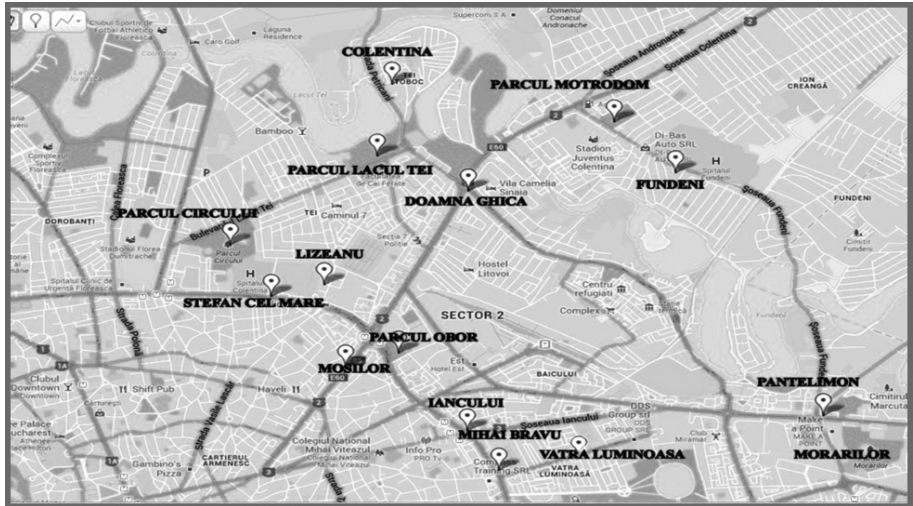
In the survey injecting drug users were asked if they know other public areas in Bucharest frequented by others for injecting.

In sector 1, Herastrău park and Gara de Nord are two area where injecting drugs are frequently used in public spaces. Gara de Nord, has been featured in many news reports as a problem area, as regards the use of drugs. “All those who live in the canal of the Gara de Nord area are infected with Hepatitis B and HIV viruses,” says Bruce Lee, the leader of one of the drug-users groups in the area, in a news article (Map 1).



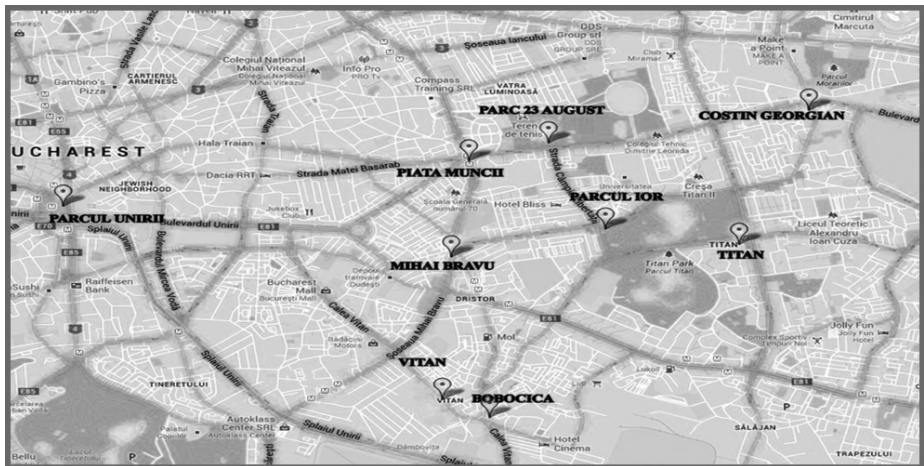
**Map 1**

In sector 2, the main areas where injecting drugs are being used in public spaces are the zones Colentina, Lizeanu, Ștefan cel Mare, Moșilor, Iancului, Mihai Bravu, Pantelimon, Vatra Luminoasă, Morarilor, Doamna Ghica, Fundeni, Parcul Lacul Tei, Parcul Motodrom, Parcul Circului and Parcul Obor (Map 2).



Map 2

In sector 3, the zones and parks in which drugs are being used in public areas are : Parc 23 August, Costin Georgian, Piața Muncii, Vitan, Bobocica, Mihai Bravu, IOR and Unirii parks (Map 3).



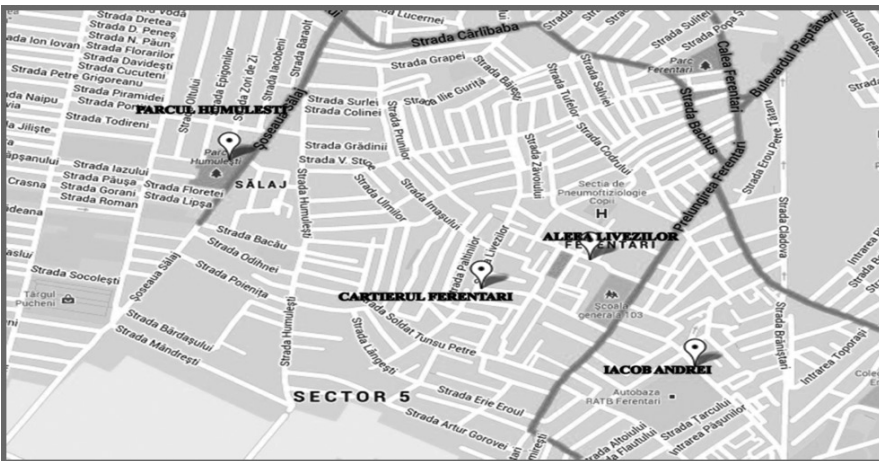
Map 3

Carol and Tinererului parks, and Progresului neighborhood, are three areas in which injecting drugs are used in public areas in sector 4.



Map 4

In sector 5, the most important areas of use are Aleea Livezilor, Iacob Andrei, Ferentari neighborhood and Humulești Park. In the Ferentari area, we commonly observed drug users injecting themselves in public spaces (Map 5).



Map 5

***Study regarding drug use in public spaces in Ferentari neighborhood, Bucharest, Romania***

Of a total of 48 participants, 75% were men and 25% women. From this study, we conclude that 67% of the participants, who live or work in Ferentari, have found out about the problems with injecting drug use from their personal observations, 42% found out from friends, 21% from news reports and 17% from personal experiences, either being former drug users, or having a family member being a drug user.

88% of the participants have seen at least once a week syringes thrown on the ground, 83% of them saw people under the influence of drugs, 71% of these have seen injecting drug users using drugs in public areas.

When asked if they can tell us which drugs are used in their neighborhood, 67% of the participants in this study consider that in Ferentari people are using heroin, 50% new psycho active substances (legal highs), 25% methadone, 8% cocaine, 4% other drugs (e.g. ecstasy).

This study shows that 42% of the participants are affected by the use of drugs in the area, 42% of them state that their family is affected, 25% their friends, and 50% of them declared they are not affected by the use of injecting drugs in Ferentari.

When asked "What solution do you think would help decrease the use of injecting drugs in public spaces?" participants believe the following solutions could help solve the problem of drug use in the area: "arresting drug sellers," "drug consumption rooms," "the government should take measures," "the death penalty," "more check-ups from the police," "there shouldn't be any selling near schools," "they should be taken to a center," "they shouldn't use drugs any more," "there shouldn't be drugs."

Participants in this study were asked if they ever heard of drug consumption rooms, and 63% answered "NO", and 38% answered "YES".

63% of the participants are of the opinion that this service, drug consumption rooms, could resolve the problems in the neighborhood, however 38% do not believe in their benefits/utility.

The participants of this study consider these drug consumption rooms would not be accessed because drug users "are not educated" and "still would inject themselves on the street". Furthermore, they think centers for consumption "encourage drug use".

### *Interviews with specialists*

Most of the interviews with specialists were conducted by e-mail, since the majority of those interviewed were international experts, the answers received being rather diverse.

To the first question, "**What do you think of the drug consumption rooms?**", one of the **National Antidrug Agency (ANA) specialists** has the opinion that it "represents the most efficient service to reduce injecting drug related harms", A.A declared they "are useful in a 'normal society', economically developed, which permits itself to 'save' as many members as possible".

**A.D.** thinks that "together with the introduction of drug consumption rooms, the number of cases of overdose would decrease significantly, likewise the cases of blood borne infections or from sharing syringes. Also, if the rooms had trained medical personnel, these could evaluate the health of the clients and could refer them towards other medical services, also reducing the number of patients who present to the emergency rooms late with their disease, in a much more advanced stage, much harder or even impossible to treat.

**M.N.** considers these places "a very efficient harm reduction intervention, and a necessary tool in environments where there are harmful patterns of drug use (drug injection, open drug scenes, high level of infections of HIV and other blood-borne diseases among people who use drugs etc.)."

As far as cost vs efficiency, drug consumption rooms are an important instrument in the strategy of harm reduction.

**B.B.**, on the basis of his/her experience in this field puts forth the following question: "**Save lives, is not this the most important?**"

**P.S.**, believes that the drug consumption rooms "are created communities and can be a bridge towards other services. These rooms can be more than just for drug-using they can connect vulnerable and marginalized groups in the community.

To the second question, "**Do you think drug consumption rooms would be useful for injecting drug users? (Explain...)**", **V.S.** has the opinion that the first beneficiaries of these measures would be the drug users. "From this point of view, drug consumption rooms

increase the quality and life expectancy of drug users, together with the chances of social reinsertion once the drug use problem has been resolved”.

In general, in all the interviews we can see that the specialists believe in the utility of the drug consumption rooms and are of the opinion that these could reduce HIV or Hepatitis injections or minimize the risk of an overdose.

**I.A.** : “Taking into account the large number of people newly infected with HIV, Hepatitis B and C, at this time, in Romania the implementation of these rooms is necessary.” An **ANA specialist**, believes these places “have proven their utility for drug users, providing them with the possibility of benefitting from a safe climate for drug use, a clean space with sterile materials, therefore reducing the number of blood borne infections. An additional bonus of drug consumption rooms might be the fact that a drug user can receive information about the proper way to inject a drug. Likewise, the existence of these places can prevent an overdose.”

**M.C.**, brings into the discussion scientific studies on drug consumption rooms through which the following have been shown: “(a) improve injection hygiene and reduce blood-borne disease transmission, (b) reduce overdose mortality, (c) reduce public injecting and other forms of public disorder, (d) facilitate entry to drug treatment, and (e) do not result in increased drug use or crime.”

To the question “**From your point of view, what problems could drug consumption rooms solve?**” we could identify in the interviews similar answers regarding the problems that could be resolved by drug consumption rooms, such as :

**D.P.** considers through this service the following could be realized : “The prevention of infections with HIV/AIDS and Hepatitis B or C. It would reduce the number of used syringes thrown on the street. It would provide a good atmosphere for first contact between the client and health services, from where they can be referred/accompanied towards other medical and social services.”

**M.C.** believes that drug consumption rooms would reduce : “accidents/incidents associated with injections”, “the risk of an overdose”, “reducing the costs tied to emergency medical aid”, “reducing the costs tied to the treatment of different diseases/infections”, “reducing the costs associated with emergency care”.

**J.B.** : “So many things – but mainly overdose deaths and non-fatal overdoses ; public injecting and discarded drug paraphernalia ; crime and disorder ; HIV and other blood borne viruses (BBV) transmission ; injecting injuries and poor injecting techniques.”

In order to identify a possible location for a drug consumption room, we asked the specialists “**In what area in Bucharest do you think such a place should be located?**” In general, everybody agrees that this service should be positioned in an area in which the use or traffic of drugs is great. Several examples of such an area where the service could be placed are :

**V.S.** : “In areas with a large number of problematic users : Ferentari (Vâltoarei), Piața Rahova, Gara de Nord – Griviței.”

**Specialist ANA** : “I think for such a place to be useful and accessed, it would be best if it were placed near the areas where injecting drugs are being used. On the one hand, a single drug consumption room does not solve the problem, considering the size of Bucharest. Maybe it would be useful for such a place to be located in areas where we already know drugs are being used, such as Gara de Nord, Ferentari or The District 3 of Bucharest.”

**J.F.** : “DCRs are best accessed when located in areas frequently by drug users. The location should be convenient and respectful of drug user’s anonymity and personal safety.”

When asked “**How do you think a drug consumption room would be perceived by the people living in the area where it would be located ?**”, we received the following answers :

One of the **ANA specialists** is of the opinion that : “Taking into consideration the reaction of the general populace regarding the methadone treatment centers, syringe/needle exchange centers when one such center was forced to be excluded from a community (see LSM 4), I think that initially it will not be accepted, representing a sensitive and controversial subject. Probably the members of the community will consider that a drug consumption room will bring more users into the community, users who will create garbage, commit crimes, and might influence the children in the community. I think that placing a drug consumption room in a place where there is already a syringe exchange center accepted by the local community would facilitate the acceptance of the community towards such a service.”

**V.S.** : “Initially there would be a scandal, which would escalate once the press got its hands on the subject. That is why the support of the authorities and of a few public persons (including religious personalities) who would mold the public opinion towards the utility of such a measure would be necessary. Scandal is inevitable, but it would be reduced significantly by a well managed public debate. On the other hand, this would be a good occasion to educate the public opinion regarding the measures that give results regarding the reduction of risks and for the protection of public health.”

**J.B.** : “If there is an acknowledged problem of public injecting, then residents may welcome any service that solves this problem. If not, it can be hard to open a service – due in part to ‘NIMBY’ syndrome (“Not In My Back Yard”).

**M.S.** : “Community education will help people understand the benefits of a consumption room in their neighborhood. If the consumption room is where drug users can easily access it, then the drug use will likely be currently out on the street, in everyone’s view. A consumption room can increase public order around public drug use.”

Because there is a problem with the financing of social and medical services, I asked the opinion of specialists regarding “**Who should support the costs to open a drug consumption room**”.

The majority of specialists are of the opinion that the drug consumption centers should be financed by public authorities. Following are several opinions from specialists in the field regarding who should finance the costs.

**ANA Specialist** : “The proper institutions of the state, especially the Ministry of Health which has the principal role of preventing infection with HIV/HCV”

**D.P.** : “Local authorities (district authorities and/or the city hall)”

**J.F.** : “The government should invest in the drug consumption rooms, same as in a treatment center”

**D.B.** : “From my point of view, drug consumption rooms are a necessary service for health and should be offered free of charge.”

When asked : “**What factors prevent the implementation of this type of service, in this moment ?**”, we received the following answers :

**I.A.** : “At this time, the greatest obstacle to open these rooms is Law no. 143/2000, article 5. Likewise, the financial crisis and lack of resources limits the advocacy possibilities for the proponents of these drug consumption rooms.”

**Specialist ANA** : “I think the lack of funds is the main factor that opposes the development of any type of service. In what concerns the drug consumption rooms, I think that

other factors that make it hard to implement such a service are: the opinion of the general public but also that of the drug users' community; the lack of implication by the public institutions in lobbying for this type of service; insufficient information regarding this subject; lack of interest in developing such a service by NGOs or public institutions; the lack of knowledge about such a service among the injecting drug users."

**N.H.:** "Central government opposition due to fear of being seen to be 'soft' on drugs. Local businesses and residents may be opposed. Identifying funding."

**D.B.:** "Politicians want to look tough on drugs, so zero tolerance approaches dominate. This wins votes, even though it's harmful overall. The message sent by DCRs is vitally important. The thing is, most politicians that oppose them, and members of the public, have the message wrong. They think this is about promoting or facilitating drug use. It's not. Earlier you asked if DCRs are helpful for drug users. One of the most important things is what DCRs say to people who are at risk and experiencing real difficulties. It's that people care about them – not disease prevention or statistical gains – but them. I saw a documentary recently in which a drug user activist from Vancouver (Ann Livingstone) was asked what a safe injection facility would do for drug users in Vancouver. She put it really well (though I am paraphrasing) "It lets them know that people care if they remain alive'."

**P.S.:** "Restrictive drug laws, stigma and discrimination, prejudices in the local community, hostile law enforcement attitudes, lack of commitment and knowledge of local service providers."

## Research conclusion

The study conducted among injecting drug users in Bucharest shows that they consider drug consumption rooms appropriate and they would access such services. These spaces are alleged as hygienic environments with sterile equipment, so drug users will not have to inject on the streets, in parks, on staircases and so on, and risks associated with drug use would be minimize.

The first hypothesis of this research: **If drug consumption rooms existed, then drug users would not inject in public spaces** was validated by the fact that the respondents of this study reported in proportion of 94% that would access this space/service.

Drug users would be attracted by other services that may be offered by drug consumption rooms, such as: hot meal, shower, mailbox, TV, washing machine and a living room in which to carry out various activities. Also, they could benefit from psychological counseling and vocational guidance (possibility to find a job). Interviewees in this research are aware of the benefits of drug consumption rooms; such services would bring benefits for their health and implicit benefits for the public health.

During completion of questionnaires, a large number of drug users have expressed a willingness to answer questions, subject research representing an interest for them. Many asked, "When will we have drug consumption rooms?"

Respondents of this survey know what drug consumption rooms are and, some of them, who travelled to other countries accessed these type of services and they want them to be available, also, in Romania.

Injecting drugs in public spaces is found in all of Bucharest's districts. As shown in this study, the mapping, areas where drug use appears in public spaces are much diversified. Discarded syringes on the streets or in parks represent a real risk of infection, particularly for children. From this study, a total of 11 parks are found in this mapping. Drug users need a hygienic space, with sterile materials and enough time to inject properly, without any other risks. The more they inject on the streets or in parks, the more the risk of infections grows.

Drug consumption rooms can create links between drug users and other health or social services. Drug users do not have access to health care or to sterile materials for injection



that can be found in pharmacies, because they are stigmatized and discriminated. Drug users are at risk of marginalization and social exclusion.

The second hypothesis : **If drug consumption rooms existed, then these spaces could resolve the drug related problems in Ferentari neighborhood** ; because 63% of the respondents of the study from Ferentari neighborhood believe that this service, drug consumption rooms, could solve drug related problems in the community. Following discussions with 48 participants of this research, I realized that in order to make the participants come up with the immediate benefits of this type of services that could be brought to the Ferentari community, I needed to use simple words and explain the meaning and the purpose of such rooms.

According to the National Antidrug Agency, “There is a growing prevalence of illicit drugs, tranquilizers and sedatives throughout lifetime – 15.6% in 2011, compared to 14.5% in 2007.” With this numbers getting higher we realize the importance of drug consumption rooms in drug users communities.

Interviewees of this study who live or work in Ferentari neighborhood, mostly found out about drug use phenomenon from their own observations. They said that they saw a syringe thrown away at least once a week, drug users injecting in public places or persons under the influence of drugs.

Half of the participants from this study said they are not affected by drug use, however, those who answered that the drug use problem affects them, their family or their friends, believe that the police should involve more in community and the law on drugs should be more severe.

Participants in this study were open to talk about the problems associated with the drug use in the neighborhood and many of them have family or friends who have used or are still using drugs.

The third hypothesis of the research : **If drug consumption rooms would exist, then these spaces would be helpful for drug users** was validated. This service represents an efficient harm reduction method.

Drug consumption rooms are an effective method to reduce the risks associated with drug consumption and could be a solution to the problems drug users are facing : discrimination, lack of treatment, police abuses, drug-related risks (overdose, blood born infections with HIV, HVC, HVB, blood clots, pulmonary embolism, bacterial endocarditic etc.). Drug consumption rooms might create a bridge between the drug users and other health/social services, beneficiaries of this type of service would have a lot to gain.

“According to the report launched for the World Anti-Drug Day (23 June), HIV treatment cost per person is around 500 euro per month while the cost of distribution disposable syringes is 450 euro per year” (Estimating Costs of Drugs Policy in Romania Report). From drug consumption rooms would benefit, not only drug users, but also the general population, this turning into a win-win situation. In addition, the state would benefit, because it is cheaper to invest in a health service, and to prevent diseases, than to treat them.

Through interviews conducted with experts, all of them believe in the effectiveness of this harm reduction method and their opinion represents a starting point for the efforts that might be made in the future.

## Final conclusions and recommendations

This article addresses a new topic in Romania and aims to send a warning signal on the new epidemiology wave of HIV infections among injecting drug users and the risks associated with drug use.

Drug consumption rooms could be an effective way to prevent HIV, HVC or HVB and other risks associated with drug use, but currently this type of service is not well documented in Romania.

Following the data and attitudes revealed in this research conducted and considering the European practices and policies, drug consumption rooms would certainly be an effective way to fight and control HIV infection, as well as increasing the range of social and health care services for drug users.

In order to open a drug consumption rooms it is necessary to amend the Law no. 143/2000 :

- Article 5 : “Knowingly making available, either free of charge or for a consideration, a precinct, dwelling or any other arranged place of public access, for illegal drug consumption, or tolerating illegal drug consumption in such spaces shall be punishable by imprisonment from 3 to 10 years and the prohibition of certain rights”, needs to be modified in order to open a legal drug consumption room.
- Article 4 : “(1) Illegally growing, producing, manufacturing, experimenting, extracting, preparing, processing, buying or holding risk drugs for one’s own consumption shall be punishable by prison between 6 months and 2 years, or a fine.
- (2) If the actions stipulated under paragraph (1) involve high-risk drugs, the punishment shall be prison between 2 and 5 years”. Regulations of possession can be made, in order to be able to carry a certain amount of drug for personal use without risking imprisonment (as other countries have done, such as the Czech Republic, Portugal, the Netherlands and others). If this article were amended drug users would not suffer from the police abuse any more.

During this research, many of the respondents agreed with drug consumption rooms, but they said that they would like to be able to access these rooms without any police officers waiting for them in front, and to be taken to the police station and to be abused and forced to confess from whom they are buying drugs from. They want to access a legal space where they cannot be punished for small quantities of drugs which they have it on/with them for personal use. Drug abuse is a chronic disease, but in Romania this aspect is still too little known.

This article brings out some of the negative aspects of the drug use, for example drug users that have been to prison find difficult getting a job, due to their criminal record. They are forced to support themselves for illegal activities and they seem to be trapped in the same vicious circle.

In order to have adequate interventions and services according with the injecting drug user’s needs and to respond to the new HIV infection wave among injecting drug users, also contributing to reduce the drug related harms, I believe that it’s necessary to start to amend Law no. 143/2000, to start advocacy and information campaigns on this topic, so that in the future it may be possible to open drug consumption rooms in Romania.

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\*\*\* Legea nr. 143/2000 privind combaterea traficului și consumului ilicit de droguri [Law no. 143/2000 on illicit drug traffick and consumption control, *Official Monitor*, part I, no. 362, August 3 2000].