

# Drug consumption room recommended for ACT

January 27 2022

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Burnet Senior Research Fellow Amy Kirwan. Credit: Burnet Institute

A study led by Burnet Senior Research Fellow, Amy Kirwan has recommended a drug consumption room (DCR) be introduced in the Australian Capital Territory (ACT) in a bid to counter significant and escalating drug-related harm occurring within the jurisdiction.

"There is a considerable proportion of people using and injecting drugs in public spaces. Ambulance attendance, hospital admissions and overdose deaths are all increasing," said Ms Kirwan, who is a Senior

Research Fellow with the Social Impact and Innovation (Behaviours and Health Risks Program) at Burnet Institute.

The research project—which also included Burnet's Professor Paul Dietze, Program Director, Behaviours and Health Risks—has been published in *Drug and Alcohol Review*, a leading multidisciplinary journal for the Asia-Pacific, addressing issues related to alcohol and [drug](#)-related problems.

The study included qualitative interviews with ACT-based [general practitioners](#), social [service](#) providers, as well as emergency services management and government stakeholders, to explore the need, feasibility and current capacity to establish a DCR in the ACT. Three DCR managers were also interviewed about service delivery experiences.

The researchers also conducted quantitative surveys with people who use drugs in the ACT and clients of needle and syringe programs to understand patterns of recent drug use, experience of drug related harms and willingness to use a DCR. The study also included two literature reviews pertaining to existing models of DCRs globally and patterns of alcohol and other drug (AOD) use and harms in the ACT over the past decade.

"DCRs are an evidence-based service. These services have saved many lives across the world and in Australian services in Sydney and Melbourne."

While noting the success of DCRs in the NSW and Victorian capital cities, the study recommended a different approach to these jurisdictions, suggesting that a large medically-focussed model like in Sydney and Melbourne may not be the best fit for the ACT, where the pool of potential clients is smaller.

Researchers cited the strength of client and service provider relationships in existing services in the ACT, suggesting that embedding the DCR in an established service, where governance and leadership is potentially non-medical, was considered most appropriate.

"The ACT is a small jurisdiction with a strong network of services that have the skills and capacity to engage appropriately with people using drugs and at risk of harm," Ms Kirwan said.

"Our recommendation to establish a small DCR within an existing service, using a model which is peer-driven and maintains discrete access for people who are heavily stigmatized, reflects the needs and preferences of the local community."

The study cited data from the National Drug Household Survey 2019 that indicates that 64 percent of the ACT general population support or strongly support measures such as regulated DCRs; a significant increase in support since the 2016 survey, which showed 59 percent supported such measures.

**More information:** Amy Kirwan et al, The feasibility of a drug consumption room in the Australian Capital Territory, *Drug and Alcohol Review* (2022). [DOI: 10.1111/dar.13427](https://doi.org/10.1111/dar.13427)

Provided by Burnet Institute

Citation: Drug consumption room recommended for ACT (2022, January 27) retrieved 24 April 2024 from <https://medicalxpress.com/news/2022-01-drug-consumption-room.html>

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