

**Astrid Skretting**  
**Norwegian Institute for Alcohol and Drug Research**  
**Pb 565 Sentrum**  
**0105 Oslo**

**E-mail:** [as@sirus.no](mailto:as@sirus.no)

## **The Norwegian trial of public drug injection room**

### **Abstract**

In Norway a provisional Act relating to a trial scheme of premises for drug injection was approved by the Norwegian Parliament in December 2004 and a public supervised drug injection facility was opened in Oslo in February 2005. The Norwegian Parliament has stated the main objectives for the three year trial as to contribute to greater dignity for dependent drug users, to provide more possibilities of contact between drug abusers and the social and health services, to prevent disease and infection and reduce the number of overdoses and overdose deaths. The scheme only permits the injection of heroin and those who want to visit the injecting room have to register themselves. Due to localities and the resources available, opening hours are set to 6 hours a day. So far the injecting room in Oslo has developed in line with the regulations and the injecting drug users who are registered as users of the facilities seem to be quite satisfied for what they get. Problems have occurred however in the group of staff members due to psychological tiredness. In the 2 years the trial in Oslo has been in operation we have seen a big increase in days absent through illness and staff members who have quit.

## **Background**

The first formal bid to enact legislation enabling public injection facilities to be set up in Norway was put forward in the parliament, the Storting, by a MP from the Labour party, in 1999. Since then successive minority Governments have either dismissed the idea altogether or failed to win parliamentary support.

After examining the legal issues involved, the Attorney General stated in his 2003 opinion that establishing public injection facilities would require changes to the law and that such changes would be particularly problematic from a legal point of view. The Government therefore urged Parliament to desist from pursuing that particular course (Storingsproposisjon nr 65 (2002–2003)). Parliament, however, did not follow the Government's counsel, and in June 2003 requested the Government to draft the necessary amendments enabling public injection facilities to be piloted (Stortinget 2002–2003).

## **Provisional Act I**

The Government had already said, however, that it would comply with the wishes of parliamentary majority, and in April 2004 a Provisional Act and accompanied regulations was therefore put before the House to permit trials with public injection rooms (Odelstingsproposisjon nr 56 (2003–2004)).

The purpose of the trial, according to the Provisional Act, would be to gain sufficient experience to assess the impact of the measure. Premises for drug injection shall offer heavy drug abusers a place to inject drugs under the observation of qualified personnel in sheltered and clean surroundings. Enumerated in the Act were several more aims; help the heaviest drug abusers develop a stronger sense of dignity, facilitate contact between drug abusers and the health and social services, prevent infection and disease, and reduce the likelihood of IDUs overdosing on drugs. The proposed amendment would allow no more than a single dose of heroin to be brought and injected on the premises. All other possession and consumption would remain punishable by law.

The Act and regulations listed other requirements as well: opening hours must be limited; users must be over 18, be heavy drug abusers and not currently in a substitution treatment programme. Rather than a health service, the proposed Act saw the facilities as a social service staffed by social workers, but physically adjacent nevertheless to low threshold healthcare, with qualified healthcare personnel on hand should the need to arise. The Government told local municipalities to expect to bear the costs of running the pilot scheme themselves.

Parliament approved the Act and Regulations in principle, but request changes in several areas:

- 1) drug injection premises should be a part of the health service staffed by healthcare and social personnel;
- 2) injecting drug abusers currently in substitution programmes should also be admitted;
- 3) drug abusers should be allowed to help each other inject;
- 4) local authorities interested in piloting the scheme should obtain financial assistance from central government (Odelstinget 2004).

Other requirements concerned the physical layout of the premises, opening hours and staff duties. The Act and accompanying regulations were therefore sent back yet again to the Government.

## **Provisional Act II**

In October 2004 the Government brought the revised Act and Regulations before the House, which passed them in December (Odelstingsproposisjon nr 8 (2004-2005)). Thus Parliament had finally defined the terms under which the trial in Norway could begin. In its work on the Act and regulations, Parliament took unusual pains to detail practicalities related to staffing, design of premises, admittance criteria, etc.

The Provisional Act relating to a trial scheme of premises for drug injection (Drug Injection Rooms Act) and Regulations basically treat the scheme of premises for drug injection as a health service. Staff members are allowed to advise clients on matters concerning drugs and injecting. They are not allowed, however, to assist in the actual process of injection. The facilities will also be open to clients in substitution treatment.

The regulations describe the objectives of the scheme as follows:

- to assess the impact of The Injection Rooms Scheme
- to contribute to greater dignity for heavily dependent drug abusers
- to provide more possibility of contact between drug abusers and the social and health services
- help to prevent disease and infection and reduce the number of overdoses and overdose deaths

Drug abusers must be registered before using the premises. Only heavy drug abusers aged at least eighteen may register.

The scheme only permits the injection of heroin. A user may bring one user dose only into the drug injection premises. Such heroin shall be shown to the staff.

The Injection Rooms Scheme shall provide a separate room for injecting, a waiting room and a room for contact/advice. Other services include:

- the option of general advice to users on injecting practice, hygiene and self-care to prevent infection and reduce the risk of harm
- clean injecting equipments for each user
- observation of users during and after injecting
- the option of counselling and practical advice available for users in connection with injecting
- the option of simple medical assistance, such as wound dressing
- the option of counselling and information on health and social services
- contact arrangements with the health services and/or social services if the user so wishes

The Injection Rooms Scheme shall be co-located to low-threshold health services. Locations must ensure easy and quick access for the ambulance service. Users' needs shall be considered when opening hours are set.

The staff shall be made up of healthcare and social work professionals. The person in charge of the Injection Rooms Scheme must be a healthcare professional. All staff members shall be trained regularly to deal with the toxic effects of overdosing. Local authorities shall provide adequate guidance for staff. The scheme shall be adequately staffed to undertake admission

control, supervise injections, provide counselling and practical advice on injecting and offer medical assistance and monitor activity in the waiting room.

The police may, on suspicion of illegal possession or use of drugs on the premises, and on request, receive information as to whether an identified person is a registered user of The Injection Rooms Scheme or not. The police may act to protect law and order.

According to the regulations, patient records must be kept, and patient information provided for evaluation purposes. It is up to the Ministry of Health and Care Services in the final instance to give permission to local authorities to run a supervised drug injection trial.

As we see, the pilot scheme only covers injecting of heroin. Some have pointed out that most heroin users in Norway also inject other drugs. Parliament chose to overlook this consideration insofar as overdosing is more likely among multi-drug users (!).

Following a long-drawn-out process then, the stage was set for piloting supervised drug injection premises in Norway.

### **Discussion on pro and cons in the Norwegian debate on drug injection premises**

The debate on the establishment of drug injection premises in Norway began in the late 1990s. The immediate cause was the rise in drug-related deaths, a two-fold increase in the estimated number of injecting drug users, and reports confirming the poor health of large sections of the drug abusing population. One way of improving the lives of injecting drug abusers would be to let them inject under trained supervision and be cared for if the necessity arose, it was suggested. It was argued that that public injection rooms would also help prevent overdoses. It was pointed out that injecting in public places (in the street, doorways, parks and toilets, etc.) represented a stressful situation to many abusers and increased the likelihood of failed injections and the risk of abscesses and harmful doses.

As time passed, abusers' health and dignity gradually came to the front of the debate. Supervised injection premises could offer advice on how to inject, and would therefore probably lower the risk to users' health; they might also boost abusers' dignity. And why shouldn't injecting premises be provided when needles and syringes are being distributed in such large numbers anyway? Injecting abusers were described as people in need. It was further held that it is not always useful to require people to change in exchange for care. Moreover, it would make it easier for abusers to get in touch with the health and social services, and in the longer term they may be persuaded to do tackle their habit head on.

The anti-lobby said it would be a waste of financial and human resources. The money would be better invested in programmes which got people off drugs. Drug injection premises would undermine the nation's drug policy and encourage a more liberal attitude towards drugs among the public, and in turn probably result in more people turning to drugs. There was no research to support the claim that supervised injection premises would reduce overdose fatalities. Low-threshold healthcare units were already in existence which can attend to drug abusers' healthcare needs, give them vaccines and treatment for infections. Drug injection premises would also violate UN conventions on drugs. And would the premises for drug injection really have a beneficial effect on abusers' sense of dignity? And what about the liability of staff in the event of overdoses on the premises?

### *Drug policy and drug injection rooms*

Given Norway's hard-line policy on drugs, severe penalties for serious drug crime and a ban on all non-medically authorized drug consumption, it is surprising the country gave the go ahead for the trial scheme of premises for drug injection. It contrasts further with substitution treatment which became part of the normal treatment service in Norway as recently as 1998.

On the other hand, Norway has actively sought to limit drug-related harm. Since 1988, for instance, free syringes and needles have been distributed in a number of municipalities. In Oslo alone, two million needles are handed out every year. Many local authorities have established low-threshold healthcare services. Facilities where substance abusers can find food, shelter and an opportunity to shower and wash their clothes are also established. Mobile outreach units have been set up and work among substance abusers wherever they congregate. In 2004, The Salvation Army in Oslo got grants from the Government to establish a low threshold hospital unit for substance abusers with severe physical problems, who for various reasons are difficult to treat in the ordinary public health service. The expansion of substitution treatment has been rapid since it was established in 1998 as well; by the end of 2006, altogether 5 760 clients had been included in substitution treatment of which nearly 4 200 were still in the programme. So from this starting point, the new scheme of premises for drug injection could be seen as a widening effort in Norway to help drug abusers.

In the last years there has been considerable public concern and interest in the drugs problem, and intensive lobbying and political pressure has been brought to bear to help those termed "heavy drug abusers" in particular. Norway is therefore at a crossroads where approaches not usually associated with a restrictive drug strategy are being considered and adopted. As already mentioned, Norway has invested heavily in various low-threshold services for substance abusers and in substitution treatment. These are all testimony, together with the drug injection premises trial, to a more inclusive way of dealing with the drugs issue. Furthermore a substantial recent reform of the health service handed responsibility for substance abuse treatment from county authorities to the State. Treatment for substance abuse is now a specialist healthcare service, comparable with normal psychiatric and somatic healthcare, and substance abusers enjoy exactly the same rights as other patients.

While Norwegian politicians have become increasingly concerned about illicit drug use and the problems connected with it, it is nevertheless not easy to explain why Norway embarked on such a controversial strategy as public injection premises. Norway is not the only country where drug-related problems are increasing. But till now, only a few European countries have comparable projects, though the target groups, objectives and scope vary considerably between them (Hedrich 2004) The Netherlands, for instance, give priority to the "public nuisance" element, and it is up to local authorities to define the target groups. Since the target groups in the Netherlands include people who take heroin and other substances by smoking and sniffing etc. in addition to injecting drug users, the facilities there are called "User Rooms" or "Consumption Rooms". The desire to deal with the public nuisance aspect is also behind the injecting/consumption rooms set up in Germany, Spain and Switzerland, though concern for the health of drug users plays a role here too.

In Norway, however, the public nuisance factor is hardly mentioned in this relation at all. As we said above, the health and dignity of the users were the decisive factors. The target group in Norway comprises the "heavy" drug abusers, and heroin is the only drug they are allowed to inject. It might be useful therefore to review the principle reasons Norway went ahead with the trial scheme of premises for drug injection.

### *Drug injection rooms and drug-related deaths*

The prevention of deaths from illicit drug use has been one of the leading arguments for establishing public drug injection premises in Norway. It is said that such facilities would give heroin users hygienic surroundings and professional guidance in which to administer the drug; toxic reactions could be dealt with on the spot by administering an antidote or calling the emergency services. This is, however, based on the assumption that toxic reactions occur relatively quickly after injecting, which is not always the case, and one would not know how many drug abusers will avail themselves of such a facility.

Autopsies performed on drug-related death victims show consistently low morphine levels. There is a connection here between the time the drug was injected and the time of death. A review of international studies of deaths associated with illicit drug use shows that 22–51 per cent of sudden deaths transpire between one and twelve hours after injecting (Hilberg 1999). Unless heroin users remained on the premises for some considerable time after injecting, toxic reactions would in many cases not be noticed at all.

In Oslo most drug-related deaths occur in the private sphere, that is, at the home of the victim, the home of others, in hostels and institutions. In recent years, only about 20 per cent of all drug-related deaths have been in public places. As said, death may therefore occur long after the user has left the drug injection premises. Restricted opening hours, as is the case in the Norwegian trial, would further limit the strategy's effect on drug related deaths. Heroin addicts generally "burn the main line" several times a day and 'shots' administered more or less immediately after the heroin has been acquired. If the facilities are shut, then obviously users will be injecting without supervision.

A study on drug-related deaths in Amsterdam, Frankfurt, Copenhagen and Oslo found no connection between deaths and the use of drug injection facilities. For example, deaths associated with illicit drug use peaked in Frankfurt in 1991, but the first drug injection facility opened in 1994, three years later (Waal 1999). Amsterdam and Frankfurt have relatively fewer drug-related deaths than Oslo probably because drug abusers in Oslo tend to inject rather than smoke the heroin.

If drug injection facilities are to prevent overdoses:

- Users must remain on the premises for a relatively long period after administering the drug;
- A large majority of heroin addicts will have to visit the drug injection facilities every time they are going to inject;
- Access to drug injection facilities will have to be virtually unlimited both in terms of capacity and opening hours.

### *The impact of drug injection rooms on users' dignity*

One feature of the Norwegian debate appears to be the concern for users' dignity. The phrase 'heightened sense of dignity' has increasingly been heard in connection with drug abusers and measures to help them. Most initiatives are described in terms of their potential to increase drug abusers' sense of dignity. To increase the sense of dignity for drug abusers is, however, not that simple.

Many aspects of life as a drug abuser plainly have a negative effect on one's dignity. Housing is often appalling, addicts do not get adequate help for their many health problems, and many finance their habit through prostitution, begging, crime etc.

It could also be argued that abusers' self-esteem or dignity do not rest only on access to drug injection premises or other healthcare services. Dependency comes together with low self-esteem and for most people; the problems attendant on obtaining the drugs are also associated with a sense of shame. Self-esteem or dignity is closely bound up with a sense of self-respect, and dependency on a chemical substance as alcohol or illicit drugs, will normally undermine people's self-respect. Substance abusers' sense of dignity will be restored only to a limited extent by helping them to live with their addiction.

The illicit nature of the drugs does also influence substance abusers' sense of dignity. Since the substances need to be obtained illegally, many drug addicts are obliged to enter into negative relationships with sellers by dint of necessity. For most, obtaining drugs will be experienced as a shameful pursuit. Because only the tiniest minority of drug abusers have legal incomes to pay for their drugs, the majority are forced into criminality and/or to sell sexual services to obtain the money necessary. It is not easy to see how actions of this nature could be seen as a part of a person's sense of worth. If dignity is to be used as a benchmark/rationale for initiatives for heroin-dependent injectors, it is difficult to see how one, in this context, will be able to restrict measures to premises for supervised drug injection. From this point of view, the optimal method of addressing abusers' sense of dignity would be to offer needles along with free heroin that can be administered in a hygienic environment so that heroin-addicts could avoid the painful situations they otherwise experience on a daily basis.

#### *Injecting rooms as a health improving tool and points of contact*

In Norway it is evident that the ordinary local health services have difficulties in providing adequate health care services to substance abusers. To meet the special need of health services to substance abusers low-threshold health services are established in major municipalities. It could be asked if more efforts could be made to further develop such special low-threshold health facilities as a better way of improving the health conditions among injecting drug abusers.

It has also been suggested that injecting rooms could provide counselling and to make necessary referrals to treatment etc. Even if most substance abusers have some kind of contact with the health and social services, more efforts should be made than is the case at present in counselling, not only with reference to the least harmful injecting procedures but also to other social and treatment/rehabilitation matters.

If premises for drug injection are seen as a point of contact to injecting drug abusers unknown to the health and social authorities, it could be asked if it is very likely that the persons in question will visit injecting rooms. It is more likely that they simply will prefer to remain unknown to the health and social authorities for various reasons, and the presence of injecting / health rooms would probably not get them to change their mind.

#### **Evaluation**

The Provisional Drug Injection Rooms Act and Regulations dictate a three-year trial, to be evaluated by the Norwegian Institute for Alcohol and Drug Research (SIRUS). The evaluation report will be submitted in summer 2007.

The evaluation will take as its starting point provisional legislation, regulations and Parliamentary guidance formulated in the preparatory phase. The following issues will be investigated:

- How do these regulations and guidelines function in practice? How do authorities responsible for the schemes locally perceive and implement these regulations and guidelines? How do law enforcement authorities interpret and enact these regulations and guidelines in relation to the groups in question?
- The evaluation will also compare results with objectives. The scheme aims to increase users' sense of dignity, ease drug users' access to and contact with the health and social services, prevent infections and reduce frequency of overdosing and deaths from overdosing.
- Turning to the practicalities, the evaluation will compare activities at the drug injection facilities with regulations and guidelines. What is the nature of collaboration and coordination between the various authorities involved with the people who use the facilities, and how do neighbours react to the scheme?
- The evaluation will attempt to say something about the users of the injection facilities. Who are they? How do injecting drug users take advantage of the provisions, and what do they think about the services provided? Do they feel the scheme serves a useful function?

Observation, interviews and record and document studies will furnish the evaluation data.

### **Drug injection room opened in Oslo, February 1, 2005**

At the time of writing, only the municipality of Oslo has taken the opportunity to pilot the scheme in Norway. Even if the premises could not be said to be in line with the regulations the municipality got the permission to open on February 1, 2005. As the evaluation report will be submitted in summer 2007, it is too early to make conclusions, more than give some general impressions.

Oslo's injecting room (*sprøyterom*) is open seven days a week, but opening hours are limited to 10 a.m. to 4 p.m. There is a regular staff of six at the same time (two to let clients in, two in the injection room itself, and two in a sort of relaxing room where clients can sit after having made this injection). Due to capacity the number of registered users is restricted to some more than 400. The rate at which registered users use the room varies widely. Fewer users visit the facilities in weekends than in working days. Average number of users is about 22 a day (range 50-5). The men/women ratio is about 70/30. The users of the facilities seem to be quite satisfied for what they get (counselling in where to inject, equipments for injecting etc). A relatively large proportion is or become heavily intoxicated. Ambulances have been called on several occasions to deal with overdoses, but nobody has died on the premises.

As the police has act in very pragmatic way as regards drug abusers visiting the premises, there has been no problem in that respect.

Problems have occurred however in the group of staff members due to psychological tiredness. In the two years the trial in Oslo has been in operation we have seen a big increase in days absent through illness and staff members who have quit. From being rather enthusiastic in the first months, staff members became anxious about what could happen when being that close to the IDUs when injecting. From interviews conducted among staff

members (those who have quit and those who are still working in the injection facilities), some of the statements they agree on are:

- They did really not know what it meant to work in an injection facility neither psychologically nor physically.
- Working in the injection room can not be compared to any other setting as they as staff members are that close to the clients physically when injecting.
- As many of the IDUs visiting the injecting room are rather mentally unstable staff members feel more and more anxious to be hurt by a syringe. Some staff members have been threatened by the users.
- Staff members feel responsible for what happens to the client when injecting and when leaving the premises (overdoses etc)
- Working in the injection facilities represents a psychological strain as staff member dream at night about injections in general and especially injections in neck and groin.
- The supervision of staff members has mostly been non-existent.

### **Closing remarks**

So far a trial on public injecting room has political support in Norway, despite the country's historically restrictive drugs policy. And Norway's reasons for piloting the scheme differ from those of other countries insofar as concern for the dignity of users is a key component. It may be questioned if the prospective evaluation will be able to say whether all the scheme's objectives have been fully reached. This is not only because it will be difficult to gauge the impact of the scheme on aspects as the users' sense of dignity, but also because isolating the scheme's impact on changes in areas as drug-related deaths and improved health present great methodological difficulties. Other aspect as how guidelines function in practice and how the injecting drug users appreciate the facilities will be far more easy to evaluate. Whatever the findings, politicians and government will however, probably be relatively free to use them to support or oppose an extension of the trial.

### **References:**

*Hedrich, Dagmar.* European report on drug consumption rooms, EMCDDA 2004

*Hilberg, Thor.* Det siste skuddet' Toksikologiske aspekter ved heroindødsfall (The last injection. Toxicological aspects og heroin deaths). National Institute of Public Health, Norway. 1999

*Odelstinget* 14. juni 2004

*Odelstingsproposisjon nr 56* (2003-2004). Om midlertidig lov om prøveordning med lokaler for injeksjon av narkotika (sprøyteromsordning). (On provisional Act relating to a trial schceme of premises for drug injection (Drug Injection Rooms Act)).

*Odelstingsproposisjon nr 8* (2004-2005) Om lov om endringer i midlertidig lov 2. juli 2004 nr. 64 om prøveordning med lokaler for injeksjon av narkotika (sprøyteromsordning) m.m.

*Stortingsproposisjon nr 65 (2002-2003) Tilleggsbevilging og omprioriteringer i statsbudsjettet for 2003. (Supplementary grants and reallocation in the budget for 2003)*

*Stortinget 2002-2003. Møte 16. mai (Meeting of 16th May)*

*Waal, Helge "Reddet med ny pille i sprøyterom" (Saved by a new pill in an injection room). Aftenposten, 6 May. 1999*

