

## First year of implementation of a drug consumption room in Lisbon: the client's profile

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### Issue:

Drug consumption rooms (DCR) are in place for more than three decades in Europe and have been proven to be effective as a public health response. However, their implementation remains slow and controversial in many countries. In Portugal, despite being legal since 2001, the first DCR only came into reality in 2019 by the initiative of the City Council of Lisbon.

### Description of the Problem:

These Programs are aimed at high risk users with a very fragile social and health situation and for that reason usually they adopt a integrate model of care, offering other services behind supervised consumption: basic healthcare, social support, rapid testing and referral to other services. In context of the first year of implementation of a mobile DCR in Lisbon, we intend to investigate if the program was able to reach those at higher risk. Service data collected between April and December 2019 was used to define the client's profile.

### Results:

The data collected by the program indicates that the vast majority of registered users are men, over 40 years old and homeless. Most users have already been tested for HIV and viral hepatitis in their lifetime, however, there are still barriers in accessing and utilizing specialized care. We also observed high risk practices: injecting in public spaces, groin injection and high rates of benzodiazepine injection.

### Lessons:

The mobile DCR in Lisbon was able to reach those users at greater risk, both by the pattern of consumption, and by the social and health situation in which they find themselves.

### Key message:

- DCR combined with other harm reduction responses and health services can contribute to improve the health of a very marginalized group of users.