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# Overview

## SAPS, Creu Roja Barcelona

### Quality level

Quality level : 2

### Executive summary

In Barcelona in 1992 the Olympic Games brought about big changes to the city . Amongst other aspects, health became a focus point for reflection and improvement. The use of illegal drugs in the depressed urban areas needed to be focused upon as the mortality rate was high due to acute reactions to consumption and the rate of infections equally high as a result of needle sharing and through sexual transmission. In 1990 Spain had already been sat at the top of Europe's list for the highest percentage of HIV cases with needle sharing being the main mode of transmission; until 2003 this way of transmission was reported as having caused over 50% of the infections amongst drug users . This high incident rate could be attributed to the lack of harm reduction measures amongst injected drug users, more specifically, to the delay in setting up syringe exchange programs (which were initiated in Holland in 1984) and of a methadone maintenance treatment. The first opioid substitution treatment with methadone took place in Barcelona in 1987 and the first syringe exchange programs by ONGs were inaugurated in Bilbao and Barcelona in 1988. 3 In 1991 mobile units gave access to syringe exchange programs throughout the city. However it was necessary to create stable centres in Barcelona so as to maintain long term contact with injecting drug users (IDUs) and by March 1993 our service, SAPS Creu Roja was established. Its schedule offered night time assistance to cover basic needs such as food, washing rooms, a laundrette, condoms and injection material such as sterile syringes, sterile water and health, social and legal attention. From the first year onwards the number of visits steadily increased up until 1999. In the last three years the number of visits had been once again on the increase. In the last nine years, the rate of recuperation of syringes has been lower than the preceding years. Since the opening of the injecting room in SAPS we had less than 1% each year of acute reactions during consumption without any deaths. Whereas outside of injecting rooms more than 65 deaths per year took place in Barcelona From the beginning the service has received a large number of visits, giving evidence of the skills of the centre to make and keep contact with the target population. With intention to attend to the needs of the users, a methadone maintenance treatment was put in place in the service when the demand became increasingly high. From the first year onwards the number of visits steadily increased up until 1999. In the last three years the number of visits had been once again on the increase. In the last nine years, the rate of recuperation of syringes has been lower than the preceding years. (Table 1) The new material delivered to drug users has been one of the main responsibilities of the service. In the first years the number of syringes given conformed to the number of those returned by users in order to

avoid syringes on the street that could create a danger of accidental punctures to the public and also to prevent users from sharing syringes. However since the appearance of syringe recovery programs in the streets and from a proven decline of syringe sharing between drug users , we continued the distribution of syringes despite the decrease in the number of syringes recuperated at the centre. Deaths from acute reactions to consumption are one of the main causes of deaths among young people in the world . The delivery of sterilized injection material helps prevent the spread of infections but it is not enough to avoid deaths and thus it is necessary to implement supervision in the injection rooms during usage. The first supervised injection room was opened in Madrid in 2000, the second appeared in Barcelona in Can Tunis , the most prolific area of drug dealing in the city at the time.

Type of intervention	harm reduction
Sub-area	drug consumption rooms,prevention of infectious diseases (e.g needle syringe programmes)
Setting	low threshold service,needle/syringe provision
Type of approach	peer
Target group (universal)	adults
Age group	
Target group (specific)	adults
Annual coverage	1326
Substances addressed	opiates,cocaine and derivatives
Evaluation type	outcome evaluation (how far are the specific objectives achieved)
Country	Spain
Start date	24/03/1993
End date	31/12/2010

## Overall objective

To maintain long term contact with injecting drug users. After the contact it's necessary take care of these persons.

## Abstract

SAPS Creu Roja is a harm-reduction center located in Ciutat Vella, one of the main areas of drug use and dealing in Barcelona, Spain. It provides health and social care, and psychological and legal assistance to drug users in socially-deprived situations. 86% of the people attended to are men, 13% women and 1% transsexuals, and 85% are homeless. Opened in Barcelona in 1993, it is located in one of the main drug use and dealing areas in Barcelona. Condoms, new needles and smoking equipment are also offered for free. In 2003, a drug consumption room for injected use, supervised by healthcare professionals, was added to the initial needle exchange program. This drug consumption room allows the professionals to directly observe the injected heroin and cocaine consumption and their acute effects and act in emergency situations. We will show all of these data in order to assess whether the main objective to contact with drugs users in depressed areas is achieved and resources are developed focused in target people needs.

# Context and theory

## Initial situation

In 1993 the volume of not legal drugs consumption in Barcelona was unknown and also the number and needs of people affected. Some years after, the next step is not only contact with this population but also improve its living conditions.

## Basic assumptions/theory

SAPS intervention can be considered in an enlarged concept of Harm Reduction, because the classical intervention usually consider needle and syringe exchange –donde in our center- and or opioid substitution therapy done in another Creu Roja centre in the same zone. SAPS complete these programmes with an injecting room.

# Objectives and indicators

## Specific objectives and outcome indicators

### Specific objective 1

To contact with injecting drug users in social depressed areas

### Outcome indicator 1

In the last four years the visits increased, since 45,358 in 2007, until 52,770 in 2009.

### Specific objective 2

To offer practical strategies to reduce negative consequences of drug use

### Outcome indicator 2

In 2009, 54.636 syringes were delivered. In the last nine years, the rate of recuperation of syringes has been lower than the preceding years, less than 60%. In 2009 the rate of recuperation of syringes was 50%. Visits to take aluminium for smoked heroine had increased: 1,479 in 1997 and 1,537 in 2009. 10,510 condoms were delivered in 1993 and 13,567 in 2009.

### Specific objective 3

Decrease drug related-deaths

### Outcome indicator 3

In October 2003, SAPS opened its own supervised injection room. Despite that more than 47,000 consumptions had taken place, acute reaction (313) had appeared in the 0,66% of total consumptions and no deaths.

## **Instruments used**

### **Type of quantitative instrument**

#### **Name of instrument (standardised instrument)**

SaniSAPS, Redan Two informatic programs which allowed us to collect data.

### **Type of qualitative instrument**

## **Action**

-syringe exchange -injection room -medical and nursing visits -social-legal assistance -basic food -closet and laundry -shower and toilet -club

## **Results**

### **Process evaluation**

#### **Results**

Manual “Atención sanitaria en zonas urbanas socialmente deprimidas” (Health assistance in social depressed areas ISBN 978-84-87178-29-0) has been published (A copy in electronic form could be sent) The last snowballing methodology has been published in Harm Reduction Journal 2010 , 7:27 doi:10.1186/1477-7517-7-27 The two educational films has been assessed for Spanish Drug National Agency.

## **References**

Bechich S, Martínez M, Llorella G, Rodés A, De Andrés M, Delás J. Community collection of syringes by parenteral drug users complementary to syringe exchange programs. *Gac San* 2001; 15:353-355 [http://www.elsevier.es/revistas/ctl\\_servlet?\\_f=7016&articuloid=13018931](http://www.elsevier.es/revistas/ctl_servlet?_f=7016&articuloid=13018931) Heller DI, Paone D, Siegler A, Karpati A. The syringe gap: an assessment of sterile syringe need and acquisition among syringe exchange program participants in New York City *Harm Reduct J*. 2009; 6: 1. Torralba L, Brugal MT, Villalbí JR, Tortosa MT, Toribio A, Valverde JL. Mortality due to acute adverse drug reactions: opiates and cocaine in Barcelona, 1989–93. *Addiction*, 1996; 91, 419–426. <http://cat.inist.fr/?aModele=afficheN&cpsidt=3001843> Institut Municipal de Salut Pública. Sistema d’Informació sobre Drogues. Barcelona: Institut Municipal de Salut Pública; 2000. Brugal MT, Barrio G, De LF, Regidor E, Royuela L, Suelves JM. Factors associated with non-fatal heroin overdose: assessing the effect of frequency and route of heroin administration. *Addiction*. 2002; 97 :319-27 Institut Municipal de Salut Pública. Actualització dels Indicadors de Drogues Sistema d’Informació de Drogodependències de Barcelona. Agència de Salut Pública Barcelona:

Institut Municipal de Salut Pública; 2008.

[http://www.aspb.es/quefem/docs/SIDB\\_3r%20t%20trimestre%202007.pdf](http://www.aspb.es/quefem/docs/SIDB_3r%20t%20trimestre%202007.pdf) Brugal MT, Barrio G, Royuela L, Bravo MJ, de la Fuente L, Regidor E. Estimating mortality attributed to illegal drug use in Spain *Med Clin (Barc)*. 2004;123:775-7. Institut Municipal de Salut Pública. Estadístiques de Salut. Mortalitat i Natalitat a la Ciutat de Barcelona 1999. Barcelona: Institut Municipal de Salut Pública; 2002. Hedrich D. European report on drug consumption rooms. European Monitoring Centre for Drugs and Drug Addiction; Luxemburg, 2004 Heller DI, Paone D, Siegler A, Karpati A. The syringe gap: an assessment of sterile syringe need and acquisition among syringe exchange program participants in New York City. *Harm Reduct J*. 2009; 6: 1. Marlatt GA, Witkiewitz K. Update on harm-reduction policy and intervention research. *Annu Rev Clin Psychol*; 2010:591-606. Eland-Goossensen MA, Van De Goor LAM, Vollemans EC, Hendriks VM, Garretsen HFL. Snowball sampling applied to Opiate addicts outside the Treatment system. *Addict Res Theory* 1997, 5; 317-330 Delas J. Atención sanitaria en zonas urbanas socialmente deprimidas. Ed Ex AEquo, 2007, Barcelona. Díaz Grau O. Informe SAPS 2009. SAPS Creu Roja Barcelona, 2010, Barcelona. Díaz Grau O. Informe SAPS 2009. SAPS Creu Roja Barcelona, 2010, Barcelona. Hedrich D. European report on drug consumption rooms. European Monitoring Centre for Drugs and Drug Addiction; Luxemburg, 2004 Díaz Grau O. Informe SAPS 2009. SAPS Creu Roja Barcelona, 2010, Barcelona. Delas J. Atención sanitaria en zonas urbanas socialmente deprimidas. Ed Ex AEquo, 2007, Barcelona. Delas J, Adan E, Díaz O, Aguas A, Pons M, Fuertes R. Smoked cocaine in socially-depressed areas *Harm Reduction Journal* 2010, 7:27 doi:10.1186/1477-7517-7-27 <http://www.harmreductionjournal.com/content/7/1/27>

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## Additional information

Number of staff involved      The human resources are 1 director, 1 secretary, 2 coordinators, 1 social worker 4 nurses, 6 social educators, 1 medical internist (10 hours per week), 1 lawyer (10 hours per week), and 1 psychologist. (10 hours per week), 4 nurses, 4 monitors, 1 external supervisor, 4 volunteers. With the exception of staff referenced to 10 hours, the rest are full-time.

Status/profession of staff involved

Type of evaluator      Internal evaluator

Name of external institution(s)

Full reference to evaluation report

## **Budget**

Annual budget      Over 500 000

Sources of funding      Local authorities,2%,National government,2%,Community authorities,6%

Percentage from each source      Local authorities=4,2%,National government=34,2%,Community authorities=61,6%

## **Additional remarks**