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Formative Research of a Mobile DCR

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OBJECTIVES



- Mobile DCR has been in operation since September 2023 in a socially excluded location in Brno City. Formative research on a Mobile DCR in Brno City, Czech Republic, aims to address public injecting and HCV risks in a socially excluded location.
- To evaluate the implementation, feasibility, and risk-behaviour profiles of potential clients of the first official mobile drug consumption room in the Czech Republic (Brno City), specifically comparing high-risk people who use drugs inside a targeted socially excluded location to those outside it.

- The project is supported by the WEEPI Foundation

METHODS

- Mixed-methods formative evaluation was conducted alongside two cross-sectional questionnaire surveys among PWUDs in Brno ((n=131) pre-launch; (n=135) five months post-launch). Logistic regression models adjusted for age and sex calculated adjusted odds ratios (AOR) to identify predictors of service acceptance, risk patterns, and blood-borne infection markers. Routine programmatic monitoring tracked operational performance over 9.5 months.

- The qualitative part consisted of a focus group (19 participants, members of the DCR working group), interviews with personnel of social and addiction services and local officials (16 participants), interviews with clients (26 participants), interviews with residents of the planned location of DCR (7 participants), and ethnographic observations of the location.

RESULTS

Prior to DCR launch, only one-third of respondents had stable housing, one-third lacked a health insurance card, and 20.8% did not possess an ID. Risk behaviours were highly prevalent: 77.8% reported public injecting in the previous 30 days, 31.9% shared injecting equipment, 14% experienced an overdose, and 28.2% witnessed an overdose. Following DCR implementation, marked reductions were observed in several key harms, including equipment sharing (6.0%), overdose experience (3.0%), witnessing overdose (7.5%), and public injecting (45.9%), suggesting an overall improvement in risk-related outcomes among the surveyed population.

Awareness of DCRs was relatively high both before and after implementation, and approximately half of respondents expressed willingness to use the service. However, actual uptake remained limited, with only 3.0% of respondents reporting DCR use despite 61.5% being aware of its operation. Multivariate analyses identified recent opioid use as the most consistent predictor of willingness to use the DCR (AOR 3.42-3.87), while recent injecting behaviour, probation status, witnessing an overdose, HCV positivity, Roma ethnicity, and living near the facility were also significant predictors. Programmatic data from the first 9.5 months showed that the DCR engaged 134 clients and supervised 120 drug administrations, of which 118 were injections. Importantly, no overdose interventions were required, and service utilization increased steadily over time, with opioids accounting for the majority of supervised drug consumption events.

The qualitative part of the study highlights the distinct socio-spatial dynamics of the gentrifying Brno Cejl neighborhood, characterized by a dominant, Roma-linked public opioid scene where low heroin purity drives exceptionally high daily frequencies of administration. This context resulted in a prominent open drug scene in local brownfields and the extensive use of supermarket public toilets as makeshift injection spaces.

Prior to the mobile DCR launch, local users expressed strong interest in a hygienic, private environment with professional oversight, though they simultaneously voiced apprehensions regarding potential police surveillance.

Following the launch, the service was well tolerated by local inhabitants with no major public complaints, yet significant barriers to client engagement emerged. Utilization was hindered by widespread low awareness, operational constraints—such as the vehicle's high visibility and distance from drug hotspots—and clients' concerns over privacy and supervision. Consequently, professionals emphasized the critical need for proactive outreach and multidisciplinary collaboration to correct misconceptions and optimize the DCR as both a private injection site and a clinical counseling space.

CONCLUSIONS

The research helped shape the design and services of the first DCR in the Czech Republic, launched in September 2023. The study's methodology and implementation had to be adjusted to reflect the evolving local situation and the DCR programme itself. This dynamic relationship presented both additional opportunities and challenges for the research team and the DCR project team, but it substantially facilitated the initial phase of the DCR's implementation in Brno.
This first-ever DCR in Czechia was introduced without public protests or conflicts with law enforcement authorities, and with the full consent and cooperation of the local administration. To the greatest extent possible, it has been designed to respect the needs of both the clients and the local community. A good connection between the clients and the new service has been established, and the DCR has increasingly attracted the most vulnerable PWUDs in Brno.

Moving forward, the DCR programme should continually evolve to improve accessibility and raise client awareness of the service. Further research in phase 2 of the WEEPI project will focus on the DCR's impact on clients' health, their social situation, and the local community.

REFERENCES

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