# new beginnings ...

rethinking drug harm reduction with service design

A Service Design Diploma by Trygve Shadi Restan



### **Diploma Candidate:**

Trygve Shadi Restan

### Main Supervisor:

**Birgitta Cappelen** 

## Master thesis in Service Design The Oslo School of Architecture and Design.

Fall 2019

All photos are by me if source is not added.

«Narkotikaavhengighet er forbundet med mange følelser: skam og skyld, selvforakt og fornedrelse. Mange lever i fattigdom, under uverdige forhold og sliter med psykiske og fysiske plager i tillegg til selve avhengigheten... Man skal behandle avhengigheten, men den enkelte skal også få hjelp til å ta tak i selve livet: forholdet til familie og venner, et sted å bo, komme i utdanning, jobb eller annen aktivitet, få orden på kosthold og ødelagte tenner – kort sagt, behandling av rusavhengighet er å få orden på et helt liv.»

- Stoltenbergutvalget, Rapport om narkotika 2011

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## Abstract

In 2017 the Norwegian government launched the Drug Reform wherein use and possession of illegal drugs would not be considered a criminal matter, but rather an issue for the health services. A taskforce has been mandated to suggest a model for how this will be implemented, presenting their result in the end of 2019. This reform made me explore the field of drugs with a service design perspective. What are the drug services existing and could I innovate in this time of change?

My diploma proposes a vision for a new public service, Luna, which serves as national harm reduction centers for persons with addiction challenges such as those that are injecting heroin daily. At Luna, the members can get a more comprehensive care package when living a high-risk drug life.

Luna is a holistic approach to the user's needs and an attitude towards drug care. It includes a language, a set of values and offerings, service structure, identity and new ways of delivering public drug related services.

Luna's values are openness & tolerance, support & responsibility. Luna brings brighter days to its members.



## **Motivation**

The study of design has often brought me reflections about what is important in my life. I've chosen the path of service design because I know it can have real effect on people's lives. And that is essential. We can contribute to what society should look like, feel like and what experiences should be like in everyday life. That is a very important role to have, and I find meaning in working towards a better everyday for people. A better everyday can mean many things for different people, but I'm especially motivated in using design to support persons that struggles in life.

For me justice is a holy grail and few things pains me more than seeing injustice, even though the law says otherwise. I believe personally that we have failed for decades with our policies and enforcements on drug use. Problems have gotten worse; people are dying, crime is increasing, there is a high level stigmatism and a low level of dignity. I enjoy exploring different cultures of society and saw this project as an opportunity to learn more about a culture with global complexity and a rich service landscape.

At this crossroad of new approaches to drug policy, like the Drug Reform 2017, I felt that design could have a role in rethinking the services we have within drug care to give people new beginnings.





# – Tar du en overdose alene, kan ingen redde deg

Source: Screenshot, Dagsavisen, 11. sep 2018

## Approach

I started this project with an open and explorative approach, which means I knew I would do something within service design for persons struggling with drug addiction, but I didn't decide exactly which service I would innovate in before the project started. I wanted to understand the landscape as much as possible and then decide after the first month of the project where I would do my designs. I chose a double diamond project structure of **Understanding**, **Defining**, **Ideating** and **Designing**, which is also the structure of this report. As with most design processes, the structure wouldn't uphold linearity and I had to go back to understanding more in several instances.

#### **Methods Understanding**

#### **Desktop Research**

Scanning history, news articles, opinions, research reports, policy papers and documentaries from the web to understand the drug phenomenon.

#### Service Observations

Meeting with drug related services to understand experiences in the care landscape.

#### **Expert Interviews**

Interviews with user representative, drug psychiatrist, addictologist and service providers to understand the field

#### Service Journey and Stakeholder Mappings

To understand roles, service offerings and experiences.

#### **Methods Defining**

#### Synthesizing

To systemize findings and make sense of the whole landscape.

#### Analysis

To get a deeper understanding of service experiences and touchpoints that could be redeveloped.

#### Scoping

Finding design opportunities that could have impact and to formulate a precise brief for my project



#### **Methods Ideating**

Idea Workshops To come up with ideas and innovations for the service I would look into

Language Brainstorming To find suitable ways of experessing a service and

its feelings

**User Journey Ideations** To come up with new ways of delivering service

#### Street Observations and Talks

Exploring people and environments in the drug domain to find design "material"

#### **Methods Designing**

Design Workshops

To take design decisions and pinpoint what to include in the designs

#### **Digital Iterations**

To design service touchpoints and journeys with system and fidelity

#### **Feedback Sessions**

Pitching concept and ideas with experts to get validation and feedback

### **Expert Interviews**



Prindsen Mottakssenter with social worker Marte Elisabeth Karlsen giving service insight on Oslo's municipal harm reduction.



Anonymous persons in the open drug scene of Oslo giving insight and feedback.



Nurse Gunnar Simonsen Thingnes from outreach program Sykepleie på hjul - Fransiskushjelpen giving service and user insight.



Drug psychiatrist Asbjørn Restan giving addiction and drug life insights plus project feedback.



Addictologist Tereza Cernikova from Czech harm reduction service giving insights on the drug phenomenon from abroad.



Health tech entrepreneurs Petter Risøe and Soheil Dabestani from Diffia AS assisting with ideation and development.



Social worker Øivind Egeland from Aktivitetshuset Prindsen - Kirkens Bymisjon giving insight on nonclinical service and user insight.



Arild Knutsen, user-representative and leader of Foreningen Human Narkotikapolitikk giving insight on drug life, policy and services.

### Understanding

Drugs and the World What are Drugs? High-Risk Drug Consumption Drug Addiction & Life Drugs in Norway 2017 Drug Reform Governmental Efforts Stakeholders & Services Service Observations Prindsen Mottakssenter



## **Drugs & the World**

Drugs have had a role in human life since prehistoric times. Today it's a source of controversy, public discourse and reform-thinking.

#### Opinions

The drug phenomenon is a hot topic around the world. It's a topic that causes polarization between people and everybody seem to have some opinion on it.

#### War on Drugs

In 1971 President Nixon declared drug abuse the "public enemy number one". Through this came the "War on Drugs" which has seen countless military and law enforcement operations around the world. This war is called an absolute failure today, having caused extreme financial and human costs without any particular victory. In the US there is now an opiod crisis with high numbers of persons with addiction causing around 70000 overdoses in 2017.

#### **Cartel Wars**

In Mexico we have drug cartels competing in the most brutal fashion the world has seen. Corruption, murders, kidnappings and torture rule the environment. There were over 28000 homicides related to drugs in 2018.

#### **Drugs Anywhere**

Getting illegal drugs doesn't seem to be an issue at all. We see black markets in almost every city around the world.

#### Reform

The war is still ongoing, but we see new approaches appearing. Several US states have had referendums where regulation of some drugs have been approved, and in 2018 Canada chose to legalize Cannabis for recreational consumption.

> Drug Overdose Deaths in the United States, 1999–2017 https://www.cdc.gov/nchs/data/databriefs/db329-h.pdf



### What are Drugs?

Drugs can mean a lot of things. Some are legal and some are not. Some come from natural processes while other are synthetic.

#### Legal Drugs

Today we usually separate between legal and illegal drugs. Caffeine, alcohol and nicotine are some of the most commonly used legal drugs in the world.

#### **Illegal Drugs**

Illegal drugs are often called narcotics which is a name that covers a big group of different psychoactive substances. They can be consumed by eating, inhaling, injecting or other less common means with vastly different effects on the user.

#### **Drug Effects**

Drug use changes brain function and results in alterations in perception, mood, consciousness, cognition or behavior. Well known illegal drugs in Norway are cannabis, amphetamine, lsd, heroin, mdma and cocaine.

#### Legal/Illegal

It can also be noted that many of these substances or derivatives of them are used legally for medicinal purposes, such as morphine which has a similar chemical construction to heroin.

#### Legal/Illegal

One typical reason for using drugs is that it gives its users a surge of pleasure or an euphoric high. Heroin for example has the effect of making your brain release huge amounts of dopamine which is the body's feelgood chemical.

#### **Drug Use Problems**

The use may cause major problems such as wounds, anxiety, psychosis and addiction. The most problematic use of drugs is the injection of opiates such as heroin, where the user lands in the danger zone of many health hazards such as infections and death from overdose.

#### Tegn og symptomer på rusmiddelbruk http://www.rustelefonen.no/wp-content/uploads/2011/09/tegn\_symptomer\_fhi.pdf

## **High-risk Drug Consumption**

How are high-risk drugs consumed? What does injection of drugs really mean? I found that to be a complex procedure.

Preparing an injection of heroin is no small matter and requires several tools.

When the drugs and tools are in hand the user needs a **metal container** to fill with a mixture.

The heroin is crumbled, mixed with water and citric acid before its **heated up**.

A cotton filter is placed in the mixture and a syringe without needle is used to **draw up the mixture**. The mixture inside the syringe is then cooled down and a needle is attached.

Needles will be different depending on the user's body and if its to be injected in a muscle or in a vein. A **tourniquet** is used to make veins more visible but must also be removed before the actual injection. The needle is then pressed through the vein and blood is drawn up to check if it's a positive hit. Then the heroin is finally slowly injected into the vein.





The equipment used for injection



## **Drug Addiction & Life**

What is addiction and what are the implications of a life with it? I discussed this with a drug psychiatrist and an addictologist.

Something that is common for a lot of psychoactive drugs is that they tend to create dependency or addiction in its users. The addiction can be of physiological or psychological nature as well as a combination between the two.

#### Abstinence

A physiological addiction can cause extreme discomfort during abstinence of the drug, such as physical trembles, stomach pains, nausea and delirium.

#### Addiction as a Symptom

From a sociologically perspective, drug addiction can be viewed as a symptom of other problems in the user's life. There is a bigger tendency for example to end up with drug addiction if you had a bad upbringing with divorced, alcoholized and resourceless parents.

#### **Being Addicted**

A person with severe addiction has one main target each day – to sustain the consumption of drugs. The person is willing to lie, steal and degrade him/ herself with prostitution to reach this target. This causes everything else to be secondary. Personal well-being, health and hygiene are neglected. Life becomes chaotic with no or little contact with family and friends. This makes the persons hard to reach and treat.

#### **Drug Environment**

People doing illegal drugs often have the streets as their domain. This is where drugs are bought and your immideate network are those that also consume drugs. This has caused a congregation of the enviroment in what is often called open drug scenes.

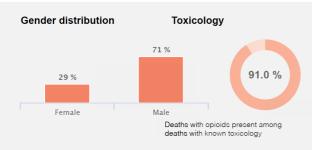
#### Criminalized

These scenes have been the subject of police operations now and then. moving the area from time to time. This life is criminalized, there are daily arrests with fines, jail-time and cat-andmouse chases. Being chased, thrown in jail and fined by the law has increased problems and made the users distrust even more of the official apparatus.

#### Stigmatizing

Society has had a history of frowning upon people that do drugs. "If you do to something illegal and with drugs, then you don't deserve any better". The stigma is real, and persons with addiction has been one of the most marginalized groups of society.





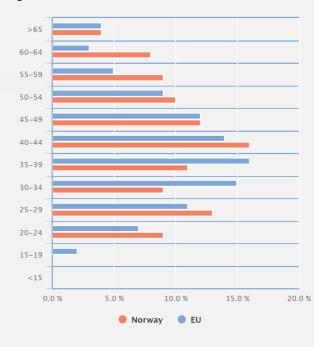
Trends in the number of drug-induced deaths



NB: Year of data 2015

<u>Fig. Characteristics of and trends in drug-induced deaths in Norway</u> Source: http://www.emcdda.europa.eu/countries/drug-reports/2018/norway\_en

Age distribution of deaths in 2015



## **Drugs in Norway**

Facts on the drug phenomenon in Norway is presented in a yearly report by the European Monitor Center for Drugs and Drug Addiction.

The report gives a top-level overview covering drug supply, use and public health problems as well as drug policy and responses. Data is gathered from sources such as the Norwegian Public Health Institute.

#### **Public Expenditure**

Dealing with drug issues takes a toll on public funds. Between 2007 and 2011 there is an estimated NOK 1.2 billion allocated to drug-related activities. A governmental action plan for 2016-2020 allocated a budget of NOK 2.4 billion for the drug and alchol field that was increased before its period.

#### **High-Risk**

High-risk drug use in Norway is linked mainly to injecting amphetamines and opioids, primarily heroin. The estimated number of people who inject drugs was around 8900 people in 2015. Injecting is very common among marginalised amphetamine users.

#### **Drug-Induced Deaths**

Norway isincluded in some dreary statistics. We are in the top 3 of European drug overdose deaths. Average yearly deaths have been around 300 for over a decade.

## 2017 Drug Reform

A drastic measure is under development to tackle one aspect of the drug phenomenon in Norway. This was the starting point for my diploma.

#### Help, not punishment

The Norwegian government has decided to take a drastic measure to the drug problem. A taskforce has been mandated to come up with a model for how we will give help rather than punishment for use and possession of illegal drugs.

#### **Developing a Model**

The taskforce has been conducting hearings around the country, and study trips in Europe which will conclude in a model to be presented in the end of 2019. The taskforce has been asked by the government to look closely at the Portugal model in which similar measures were taken back in 2001 due to a national drug problem.

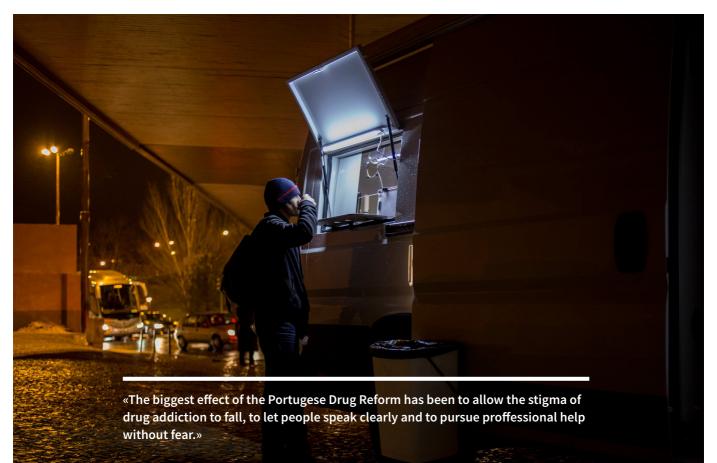
#### **Portugal Model**

They found jail and a criminal record to be counterproductive and chose to decriminalize use and possession. If you are caught with less than 10 doses for personal use, you are requested to meet with a commission of social and health workers that will evaluate your situation and give pathways for problem solutions.

#### **Design Opportunity**

The Norwegian drug reform will most likely entail drug users having to meet with a commision which has interesting experiential aspects that would be relevant for a service design task. Contacting the drug reform taskforce revealed, unfortunately, that their capacity was not enough to join in on a diploma project, as well as the fact that they are working confidentially.

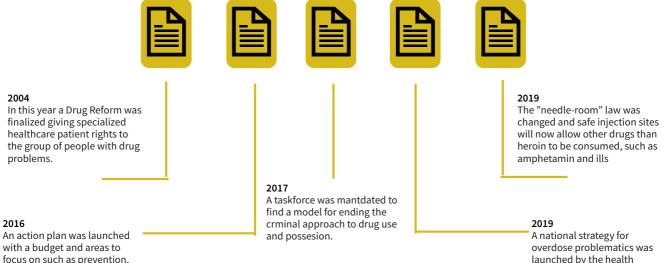
> Mandat for rusreforutvalget https://www.regjeringen.no/



- Joao Goulao, Founder of Portugese Drug Reform

## **Governmental Efforts**

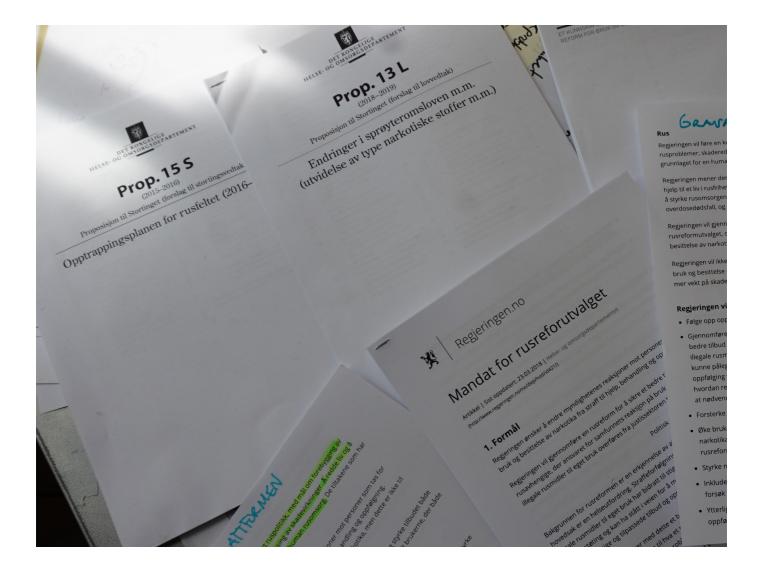
Scanning efforts from the State shows a lot happening on the issues of drugs with numerous propositions, research reports and reforms. Some key finds here.

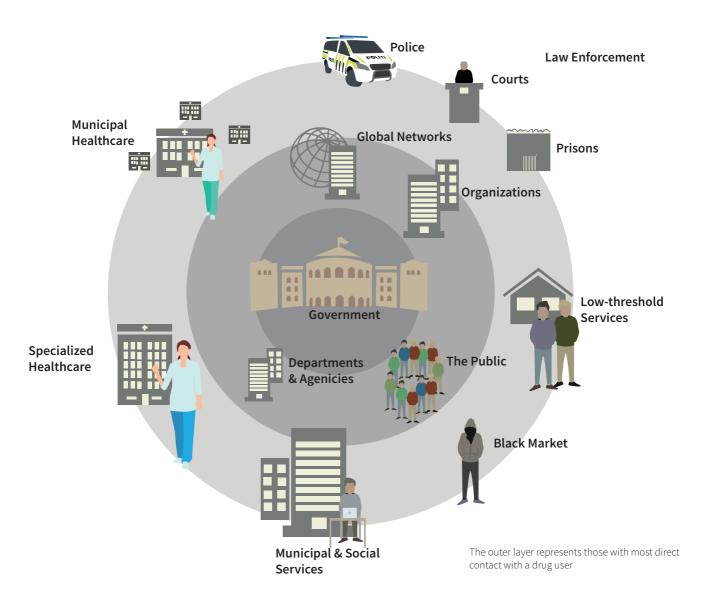


with a budget and areas to focus on such as prevention, treatment and rehabilitation.

> All reports from https://www.regjeringen.no/

directory.





## **Stakeholders & Services**

The landscape of stakeholders and services within drugs in Norway is complex and big. In some sense a drug user needs to relate to all of them.

#### **The Government**

The main decision makers, new policy needs to be mandated from here.

#### **Departments & Agencies**

The governments decisions come from its apparatus such as the Institute of Public Health, opinions of ruling parties and research agencies.

#### **Global Networks**

On a global level Norway have conventional obligations through organiztations like the UN.

#### Organizations

User organizations, lobby organisations on liberal and conservative sides have a stake in affecting policy makers.

#### The Public

Everyone has an opinion on drugs and public debate has a big stake in the discourse.

#### Law Enforcement

Police, courts and prisons play a major role in interactions with people who use illegal drugs which means a big stake in their lifes.

#### Low-threshold Services

Many organizations such as Kirkens Bymisjon or Frelsesarmeen runs services with easy access to support, activity and food.

#### **Black Market**

Drugs are acquired through organized or small scale criminal markerts.

#### **Municipal and Social Services**

Plays an important role in support for housing, costs of living, social benefits, rights, outreach programs, and rehabilitation after treatment.

#### **Municipal Healthcare**

Has many services on treatment, harm reduction, emergency room, therapy

#### Specialized Healthcare

Hospitals and private actors such as Blå Kors offer emergency care, detox and treatment possibilities.

### **Service Observations**

I have had visits and investigations into several services within drug care in Norway to understand users and their experiences.



24/7 by Kirkens Bymisjon. Didn't allow tours due to sensitiviy. Offers shower, a chair to relax in, light meals, access to doctor and social support in downtown Oslo. Photo: Kirkens Bymisjon



Visit with a nurse in low-threshold outreach program Sykepleie På Hjul. Offers sterile injection equipment, wound/hep-c treatment and counseling from a van driven around Oslo.



Strax-Huset Bergen. A municipal harm reduction service which I had phone contact with to compare with Oslo's injection room experience. Photo: Bergen Kommune

- Social worker, Aktivitetshuset Prindsen by Kirkens Bymisjon

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## **Prindsen Mottakssenter**

In the following I will go deeper into the understanding of Prindsen Mottakssenter which became an important source of input and understanding of the field

#### **Prindsen Mottakssenter**

Prindsen Mottakssenter is a lowthreshold municipal harm reduction centre for persons with high-risk addiction challenges in Oslo. I had a tour and a talk there.

This was the first service i visited. I felt this was something interesing to explore. A place where drug use is allowed and monitored by the state is a special place. What kind of experiences would happen here? I met with a social worker and got a guided tour while noting down the serivce experiences.

#### "The needle room"

The center is often called the needle room due to one core offering where it allows one user dose of drugs to be injected under supervision and guidance in a clean environment. The users of the service have exemption from the law that prohibits the use of heroin, amphetamin etc. There is over 3000 registered users at Prindsen Mottakssenter with around 100 injections a day. There are 8 desks available, but only 6 in use due to the need of space in case of an overdose.

#### More than injections

Prindsen offers a safe injection site with a waiting room, injection room and observation room. They also have a health clinic - known as "feltpleien" where doctors and nurses deals with drug related complications such as abcesses and wounds. The infectious problems of injecting drugs is assesed and treated in the Hep-C clinic. One whole floor is reserved for 1-5 days of emergency housing that can be assigned from NAV or the municipal emergency room. From the street level there is a hatch for handing out user equipment. There is also a possiblity to get social counseling.

#### Low-threshold

The idea is to be a low-threshold through easy access without the need for referrals. The service is also a measure to screen society from drug use and litter.

#### Siloed

It can be described as a siloed service, where each offering has its own entrance and exit. The main focus is to reduce harms related to high-risk drug use through healthcare, advising and social support.



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Oslo kommune Velferdsetaten

# Prindsen mottakssenter

### HAUSMANNSGATE 11

Feltpleien
 Man- fre 0900 - 200
 Lør-søn -1600 - 1800
 10.30 - 16.30

Sprøyterommet → Man- fre 0900 - 2130 Lør-søn

Syklér skal <u>ikke</u> parkeres inne på gården!

## **Prindsen Mottakssenter**





#### **Injection Room**

Supervised by nurses who can assist with guidance and suggestions, but not do the injection itself. There is a goal of teaching the user a more responsible injection conduct. In the case of overdose you will receive immdeate help with the antidote *nalokson*. Users of the injection room, must be registered. They can be anonymous, but it needs to be established that the person belongs to Oslo, is over 18 years and has a high-risk injection conduct with addiction.

#### **Equipment Handout**

The street level hatch hands out injection tools, needle collection pucks, foil to smoke drugs with, condoms and lube. They give out more than 1 million syringes a year and around 400 thousand needles are returned for safe disposal. All handouts are written down on a piece of paper for statistics.



«We don't like having to talk to people through hatches. We would rather like to have dignified conversations with our users face to face and give them more help» - Social worker, Prindsen Mottakssenter

# Smittevern

Man fre 0900 - 2200 Lør-søn 1000 - 1800 10.30 - 17.00

11456

### **Prindsen Mottakssenter**

#### **User Folder**

A user folder is received after registering at Prindsen. For each injection, the user needs to fill in type of substance, amount and when the last injection was. A user number is assigned to the user for anonymity. This means that you report yourself to the waiting room as a number everytime you want to do an injection to receive your user folder.

This was a touchpoint I reacted to, being a major part of the user experience. A piece of paper in a folder with an unnatractive layout where you are represented as a number doesnt shine dignity. Being welcomed with this to receive help seems to just reflect the bleakness of a tiresome drug life.

Using pen and paper is manual and it is ineffective for the service provider to store all user folders.

	Plass:	Dato:2019		Mobil lydløs?	_	
	Inn kl:	Hva skal du innta og hvilken mengde	,	INJEKSJON		
	Ut kl:	(Om opiat) Når sist?		NASALT		
		Andre rusmidler/medisiner?		REKTALT		
	STAS					
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	STAS					
		KOMMENTAR:				
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			påvirket	svært påvirket		

#### Prindsen Mottakssenter Registration & Injection

Bet	fore			During					
Teel the need for drugs	2 Seek drug provider	3 Seek safe consumption	4 Meet a barred gate	5 Ring bell and express wish to use service	6 Meet employee at a hatch	Go to private room	8 Talk about personal situation	(9) Evaluate if user is within target group	(10) Receive user folder and fill in what type of injection
								Formavit: To main and a none to the metal	



User folder

#### After



drug

(12) Present Get queue

number and wait

Turn off phone and enter injection

room

(13)

Deliver user folder to reception and recieve injection tools

(14)



hands

Inject at desk with supervision



Enter Exit to the relax street room

18







Injection tools



Injection desks

### **Prindsen Mottakssenter - Surroundings**





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### ... guiding statements...

«Prindsen Mottakssenter is an **important place** in a bad location. You shouldn't just be fed syringes through a hatch. Allow people to come in and be taken care of. It should be more of a day center with more offerings done in a **welcoming and human way**»

Arild Knutsen Foreningen Human Narkotikapolitikk

«Resources should be **reallocated away** from law enforcement and repressive policies towards proven public health policies of harm reduction and treatment, with governments ensuring that these services are **fully resourced** to meet the requirements »

London School of Economics Economics Review 2103/14

«It should be easier for the users to find **the right service**. It should be **one door in**, and one contact person. The users shouldn't need to have control over all the different municipal offices and services themselves »

Tone Tellevik Dahl City Council for Elderly, Healthcare

# Harm Reduction Approach

Since the 1980s harm reduction has been an approach in Europe. It is mainly delivered through drug consumption facilities such as Prindsen Mottakssenter.

Harm reduction is a philosophy and set of practices that acknowledge that substance use is a part of life. It aims to reduce the harmful effects of substance use, rather than simply ignoring or condemning it.

Harm reduction centers started appearing in the 80s due to HIVepidemics caused by sharing and usage of unclean injection equipment.

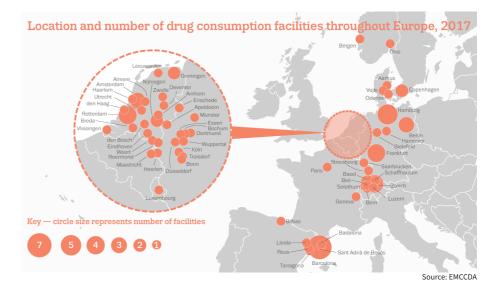
Harm reduction is a scientific response to the dangers of injection drugs. Delivery of sterile injection equipment significantly reduce the chances of getting infections such as HIV and Hepatitis C.

When harm reduction is delivered through physical centers, this works as a way to deal with open drug scenes we often see in parks of major cities. The litter of needles is a public hazard that we need to take care of.

Screening society from open drug use could also be seen as a measure of reducing the stigma that users can experience.

Harm reduction has a focus on teaching a safer injection conduct and campaigns on switching over to smoking substances wich is less harmful.

Bringing the users into a community of care can be helpful to show them health promotion and assist with other neccessities of a high-risk drug life.





World's largest safe injection site H17 in Copenhagen Photo: Renover Denmark

#### Defining

Main findings General Design Brief Design Focus Prindsen

# **Main Findings**

#### General

There is a big service landscape which is hard for a person with addiction challenges to navigate within.

Life is often experienced as undignified and policies has caused a distrust with the public apparatus.

They are are often in need of all human basics such as food, housing, clothing, activity and healthcare.

#### **Prindsen Mottakssenter Specific**

It's a place behind bars, several doors and hatches which can be experienced as uninviting.

The service is siloed, meaning that the different offerings have their own doorbell, entry and exit. Most of the offerings are of a clinical nature.

Use of some service experiences is done with old fashioned pen and paper. The injection experience could seem to be quite gloomy through its journey.

Capacity is a problem and they have to reject anyone who wants to inject if there is an overdose ongoing.

It is named with a very technical term "Mottakssenter" which is also a name for refugee services.

#### **General Design Brief**

" Create a more consistent, comprehensive and user-centered public service offering for persons with addiction challenges "

# **Design Focus Prindsen**

Prindsen Mottakssenter was an obvious place to innovate with and within, since it was situated in Oslo with complex challenges. Prindsen has an important mission that had a need for rethinking their service from a user experience point of view. I will therefore use the findings of Prindsen as a basis, but also zoom out to create a consistent and comprehensive national public service as formulated in my brief.

#### **User Folder**

I will focus on the user folder which is a touchpoint that needs attention.

#### Safe Injection

I will look at the whole user journey of doing an injection.







#### Ideating

Service Language Service Values Service Offerings Service Identity Service Identity Service Architecture Service Touchpoint

#### Service Language

Veien Videre Neste Steg Bedre leving GoodHood Sirkus Støtte Overkomme Opp og Fram Luft under Vingen God Stemning Trygge Rammer Framrus Støtter Deg Mye Mulig Alt OK Alt er mulig Opp Ned og Frem Rett inn og ut Bare Hyggelig OK Frem Velkommen Driv og Dank LY Sammen Videre OK Sunnhetsrom Rom for Rus Trygge Hender Kom Inn Klippen Sammen Fram Kilden For Hver Dag Sammen Hver dag som går Neste skritt Hver dag for deg Bedre liv Kom inn Gro Støtte vei Blomstre Du kan Ressurs Senter OK senter Gro senter Ly senter Veksthus Grep Senter Hver dag Trygg senter Gi senter Driv senter Driv rommet Driv bro Bro senteret Driv stasjon Verdig senteret Verdi Bekken Oase Lysegrønn Lønneskogen Landet Jordet Sirius Andromeda Orion Pluto Luna

Et godt sted å være Et lunt sted å være Et trygt sted å være Et bedre liv En bedre hverdag Et støttende sted Bedre hverdager med rus Bedre dager Mot lysere dager Tar vare på Lysere dager

Brainstorming a suitable Service Name, Brand Promise and Slogan

I chose the name Luna as the name for the whole service. Luna is the Latin name for the moon, a metaphor of light in the darkness and an object that can be viewed as warm and enlightening. In Norwegian Luna also relates to the word "lun" which means safe, protected and warm. The name has the euphonious consonants l and n. It is short and easy to remember. Slogan selected to be " for lysere dager"(eng. "for brighter days") expressing the aspirations of the new service.



Photos - Unsplash.com

### Service Values



Brainstorming and mapping relevant feelings and values for the new service

#### **Open & Tolerant - Supportive & Responsible**

Values in a dualistic relationship that I found fitting to a service doing drug harm reduction and comprehensive care.



Exploring values trough images

Photos - Unsplash.com

### **Service Offerings**



Ideating service offerings with entrepreneurs from Diffia AS

#### Healthcare, Social Support, Nutrition, Activity and Rest

Five categories of needs were chosen and offerings within were brainstormed and mapped out further.



Workshop ideating offerings

### **Service Offerings**

Luna Bistro Luna Restaurant **Luna Spise** Luna Ernæring Luna Legesenter Luna Medisinering **Luna Helse** Luna Helsehjelp Luna Hostel **Luna Sove** Luna Overnatting Luna Hotell Luna Informering Luna Informasjon Luna Lære **Luna Støtte** Luna Gjøre **Luna Aktiv** Luna Aktivisering Luna Skape

Sunn Mat Spise Sunt Godt Kosthold God Ernæring God Seng God Hvile Hvile Godt Bedre Hvile Trygg Medisinering Sikker Medisinering Meningsfullt Arbeid Meningsfullt Aktivitet Rikere Hverdag Alle rettigheter Bedre Borger

Ideating names and slogan for service offerings to fit within the service language and values



Ideating service offering identity

# **Service Identity**



Developing and ideating on logo expression to fit within Luna's identity

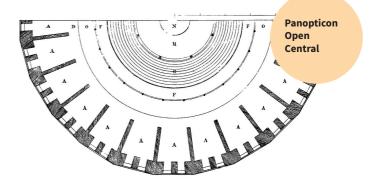
### **Service Architecture**





Photo - Casa Kwantes / MVRDV

Photo - Horten VGS Link Arkitektur

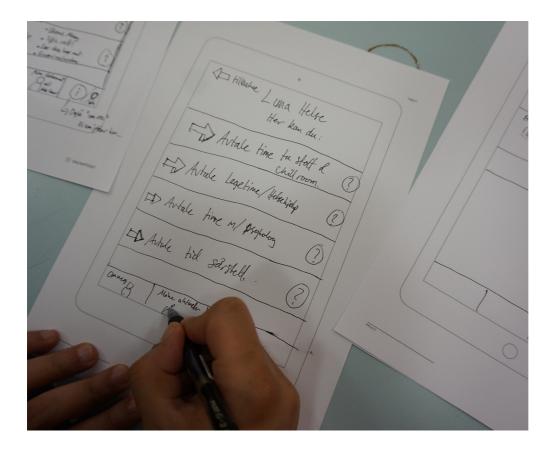


Exploring ideas on architectural look and feel

Photo - Wikipedia

Ideating

### **Service Touchpoint**



Ideating a digital version of today's "user folder" with entrepreneurs from Diffia AS.

Ideating on a new "user folder" (digital booking for injections) made us go further and think of a whole portal that could be a tool for several features of the service. News, information and notifications.



Ideating wireframes for a Luna Portal

## **Service Touchpoint**



Exploring characteristics of tools to access service features



Exploring characteristics of ways to deliver user equipment and tools

#### Designing

Design Proposal Service Language Service Values Service Identity Service Architecture Service Offerings & Structure Service Actors Service Touchpoints Service Journeys Concept Feedback

# **Design Proposal**

#### Introduction

After **Understanding**(see chapter Understanding) the challenges in today's harm reduction centers I formulated a **Brief**(see chapter Defining) " Design a more consistent, comprehensive and user-centered public service offering for persons with addiction challenges "

#### Design proposal

My design proposal is a vision for a new public service, **Luna**, which can serve as national harm reduction centers.

Luna is a new and holistic approach to the user's needs and an attitude towards drug care. It includes a language, a set of values and offerings, service structure, identity and new ways of delivering public drug related services.

With Luna I want to evoke new feelings in the service receivers through the

service experience. Renaming the service is one step towards those new feelings.

At Luna, the members(service receivers) can get a more comprehensive care package when living a high-risk drug life. A person with high-risk addiction needs more than just healthcare, that means help with nutrition, hygiene, social inclusion and other aspects that relates to human well-being. The meeting with the public apparatus should not just be about pathology and addiction, but all of life itself with a high degree of dignity.

Luna aims to reduce bureaucracy in the life of its members by gathering essential offerings in a single center with low threshold. In this environment you are met by people but also technology that can ease user experience and workflow.







## Service Language

Language is an important part of Luna. The way we talk about people with addiction challenges and how their services are presented is highly relevant for the experience of them.

#### **Exclude Stigmatism**

It's not a language of the service provider. It's a common everyday tone which is free from highly pathological medical terms to exclude a stigmatizing power language.

#### **Activity Focus**

The language at Luna is more focused on the activities we all do in our everyday life. This means stearing away from technical terms such as "Mottakssenter" and moving into a more visionary and common language such as Luna expresses.

#### Examples

Instead of "Emergency Housing"(Akuttovernatting) we call it "Sleep"(Sove). Instead of "Cantina" we call it "Eat"(Spise), focusing on the everyday activities which are a basis of living.

> "Sove..." "Spise..."

74

### **Service Values**

### Open

Receptive and aknowledgning to diversity. Non-judgemental, respectful and accepting of diffrences. Transparent and sharing environment.

### Supportive

Giving help and encouragement for diverse needs in diverse situations.

### &

### &

### Tolerant

Accepting and aknowleging a behavior which is unhealthy and in opposition to society's norms.

### Responsible

A mutual understanding of the different roles, duties and responsibilities.

## **Service Identity**



The name comes from the latin word for moon which can be viewed as warm & enlightening. Luna is reshaped from Sofia Pro font. Constructed to be soft and rounded. Buzzline placed to balance capital I.

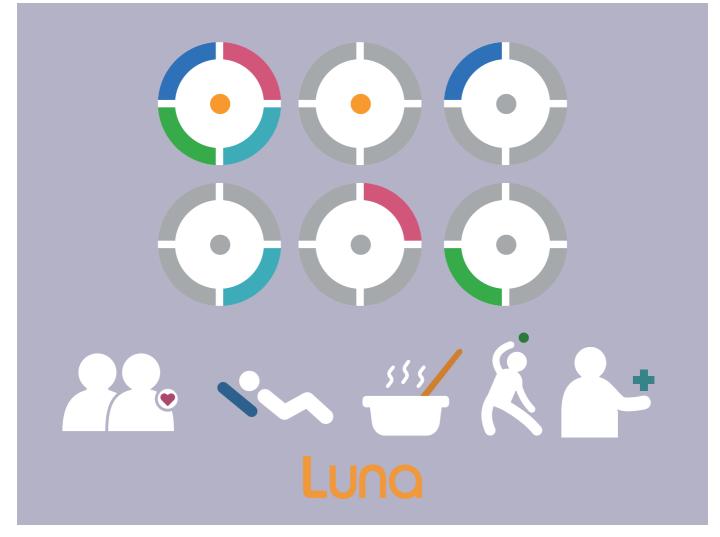
Orange color expressing warmth, optimism and attention. Purple expressing richness, but also used as a contrast to give a feeling of light in the darkness

Bright colors illustrating liveliness and variety with high visibility.

Secondary colors

#### Sofia Pro 123 Sofia Pro 123 Sofia Pro 123

Typography



Graphical elements

# **Service Architecture**

A quality of Luna is to show members the range of offerings with high visibility. The abstract physical architecture is suggested to be based on a single floorplan.

#### Open

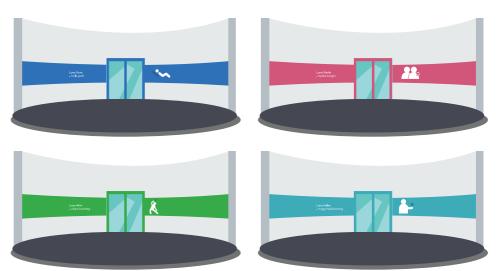
Luna is to be experienced as a more open place without silos. No bars, no hatches. But rather one open door to express the service values.

#### Atrium

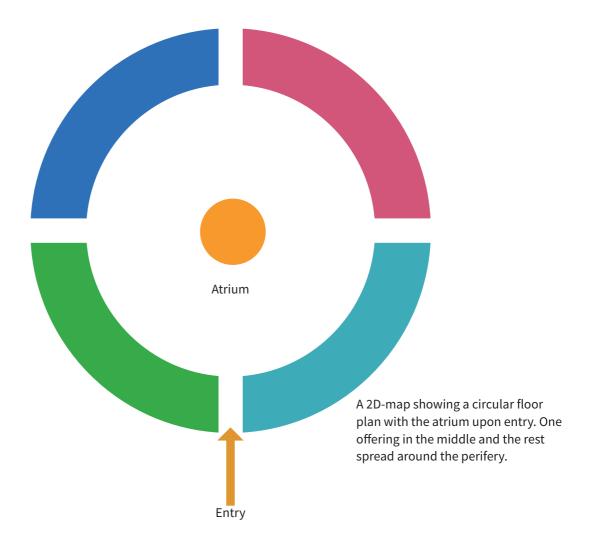
Upon entering, you walk into an atrium where you can sit down and easily navigate to each offering.

#### The Circle

A circle could be a suitable shape for the layout of Luna. It relates to the shape of the moon, the circle of life and victory.



A 3D-look at how the layout can be constructed to give high visibility of Lunas different offerings.



# **Service Offerings & Structure**

Luna is a holistic approach to the user's needs and an attitude towards drug care. This means taking care of all aspects of everyday life with reduced bureaucracy. Simplifying the meeting between high-risk drug users and the public services.

The service is based around the five segments; Luna Helse(Health), Støtte(Support), Sove(Sleep), Spise(Eat) and Aktiv(Active) which are explained more in detail in the next pages. The most comprehensive package should contain all these segments, but the idea is that each city will compile the offerings which fits their area the best. In Oslo for example, you probably will need all of them downtown, but not every segment in another city part. While in Trondheim there might not be the need for Luna Sove.





# Service Offering - Luna Helse

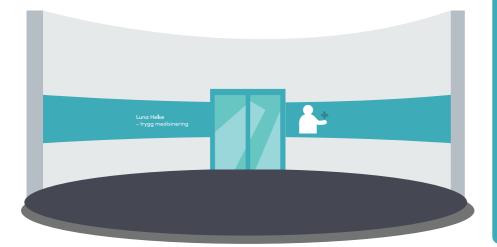
#### Introduction

With better health choices, a lot of harm reduction can be acheived. Luna Helse seeks to give and teach a safer and healthier drug consumption through several health related offerings. If the drug use has caused damage, Luna Helse also seeks to treat those injuries.

#### Offerings

Drug Consumption Room Drug Checking System Harm Reduction Guidance Health Clinic Viral Clinic Conversation Room

- Actors
- Nurses Doctors Therapists Social Workers







"Å ruse seg tar på kropp og sjel. Vi ønsker å redusere dette mest mulig og har sykepleiere, leger og terapauter som tar seg av alt fra rusveiledning og sårstell til samtaler for å gi deg trygghet og en så god helse som mulig. I Luna Helsehjelp ligger mange kjente tilbud som rusinntagelsesrom, helseklinikk, samtalerom og virusklinikk."







Inspirational pitcures for the desired expressions and user experience for Luna Helse.

Photo 1 - France Assos sante Photo 2 - Rockwool - Herlev Hospital Photo 3 - Kashef Mahboob - Chandgaon Mosque

# Service Offering - Luna Støtte

#### Introduction

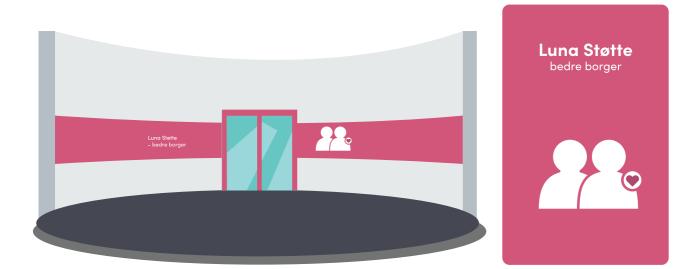
A member of society have rights, but they are not always easily understood and received. Luna Støtte enables onsite social support to ensure that rights are maintained in an environment that is private, safe and unbureaucratic.

### Offerings

Social Rights Assistance Treatment Guidance Judicial Support

#### Actors

NAV-Experts Treatment-Experts Volunteer Lawyers





Inspirational pitcures for the desired expressions and user experience for LunaStøtte

Photo 1 - Freepik Photo 2 - Huffington Post Photo 3 - Manko Design Cz

# Service Offering - Luna Sove

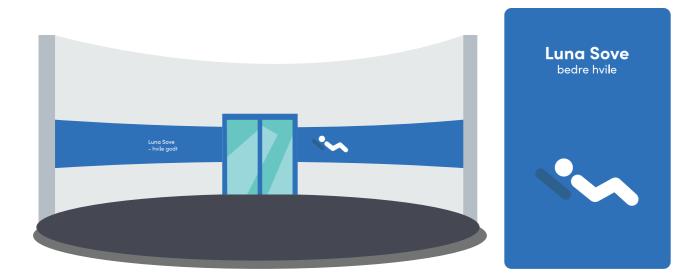
#### Introduction

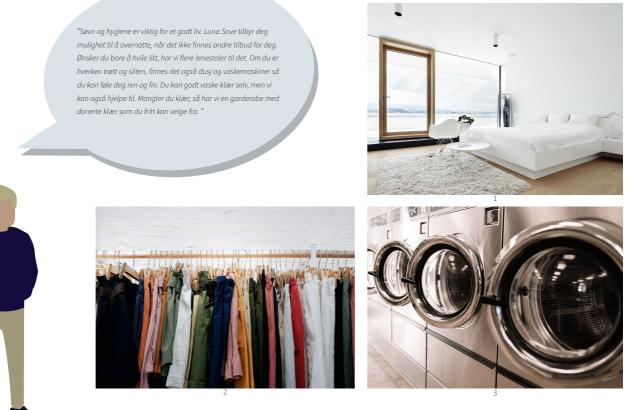
Basic necessities for a dignified everyday life is easy to forget and deprioritize in a high-risk drug life. Luna Sove wants to cover the need for a good rest, a clean body and clothes to feel <u>fresh and acceptable.</u>

### Offerings

Short-term Bedrooms Resting Chairs Shower Rooms Laundromat Free Clothing Actors

Social Workers Volunteers





Inspirational pitcures for the desired expressions and user experience for Luna Sove

Photo 1 - Bartlomiej Senkowski Boom Architects Photo 2 - Rockwool - Duy Hoang Unsplash Photo 3 - Laundryland

# Service Offering - Luna Spise

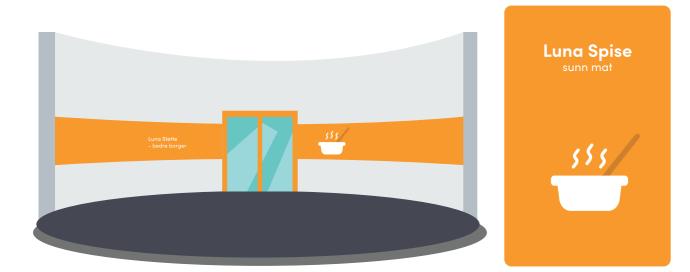
#### Introduction

Luna Spise is a kitchen and a cafe with dining tables placed in the atrium of Luna. It encourages healthy eating and food mastery. It is also the waiting area of Luna where there is comfortable chairs with digital screens to access some service features.

### Offerings

Meals and Beverages Cooking Classes Nutritional Guidance Actors

Nutritional Experts Volunteers Chefs





Inspirational pitcures for the desired expressions and user experience for Luna Spise

Photo 1 - GodrejInterio Photo 2 - P.O Cruises Photo 3 - The Esmeralda Asheville

# Service Offering - Luna Aktiv

#### Introduction

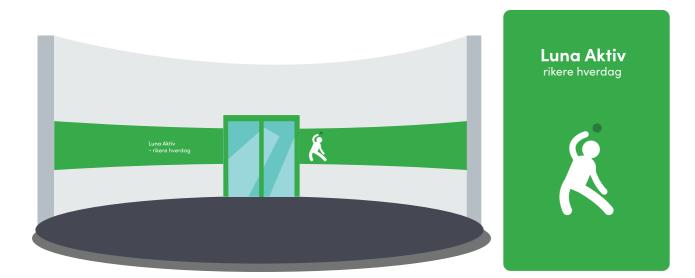
Luna Aktiv wants to motivate to social participation and physical exercise to gain a richer everyday . One day there is a yoga class with an instructor, while another day there could ball games with a footbal coach.

#### Offerings

Job Guidance Activity Rooms Group and Individual Activities External Activities Overview

#### Actors

Social Workers Group Activity Instructors Volunteers Job Providers

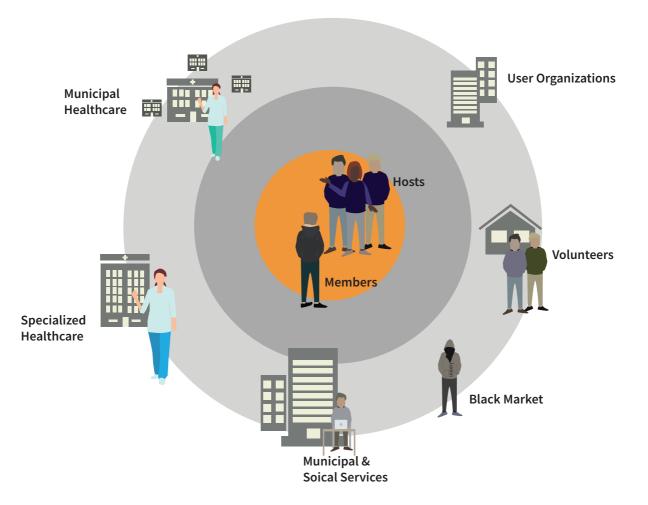




Inspirational pitcures for the desired expressions and user experience for Luna Aktiv

Photo 1 - Chris Corday CBC News Photo 2 - Rockfon Designing

### **Service Actors**



A team of hosts is the main role at Luna. Almost every role from nurse, social worker and activity provider will be called hosts . They are hosting the members of Luna to guide, assist, support and talk with them.



Hosts are wearing uniformed shirts and badges to make it immideatly clear to the members that they are working at Luna and what their expertise is.

# **Service Touchpoints Overview**

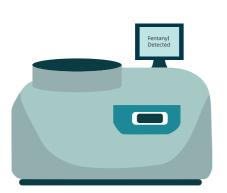
Here follows an overview of core touchpoints at Luna that will be presented in the next pages.



A Room

An Application

An Armband



A Drug Chekcing Machine



A Vending Machine



Host's Uniform & Badges

### Luna Rooms

Conversation is what we humans do best. These rooms are private and relaxed environments for meaningful conversations between Luna Hosts and Members.



The Luna Rooms are contrasting environments to a messy and chaotic life. It has little physical content to avoid distraction and visual noise. It has soft armchairs that embrace you to give a feeling of safety and semi-transparent windows to the outside to avoid feeling trapped. A place for a respectful conversation that could be about becoming a member of Luna or a life, feelings and problems.

### Luna Armband

A token of membership that works as a tool to access to service features, a notifier for bookings and a personal reminder of Luna - for brighter days.



I propose a rubber armband with built-in RFID, Vibration and LED to be given upon registering with Luna as a member. It is personal and can be used to login to the application, used for vending machines and accessing doors. For example after booking an injection the armband will vibrate when its your turn to enter. To maintain anonymity about the fact that the member is part of Luna it will not contain any brand identity.

### Luna Portal

An interactive touchpoint that enables use of service features giving agency and responsibility to the members.

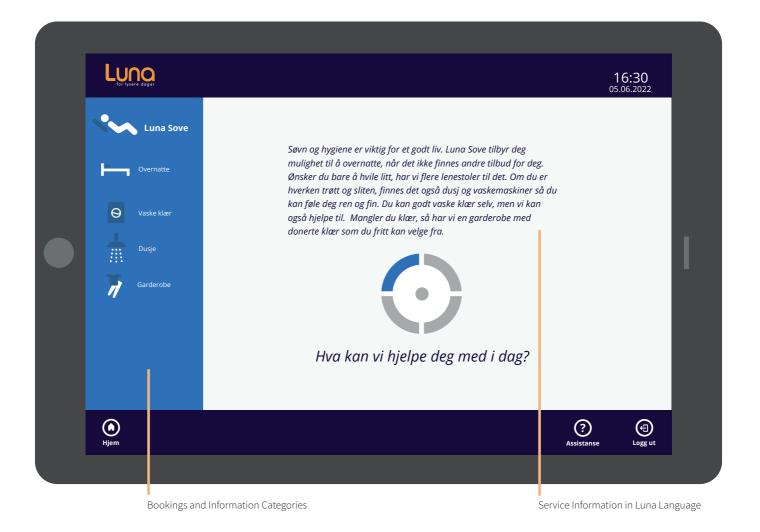


The Portal is an application on digital screens in Luna Spise. It is an alternative experience of today's user folder with an aim to be more inviting. Members can book service offerings such as doing an injection or learn about the service offerings. It works in combination with the armband to log onto your profile and receive notifications from bookings. It's a digital tool that gives responsibility and mastery to the members. Going digital will also simplify service logistics and workflow away from the use of paper and storage.

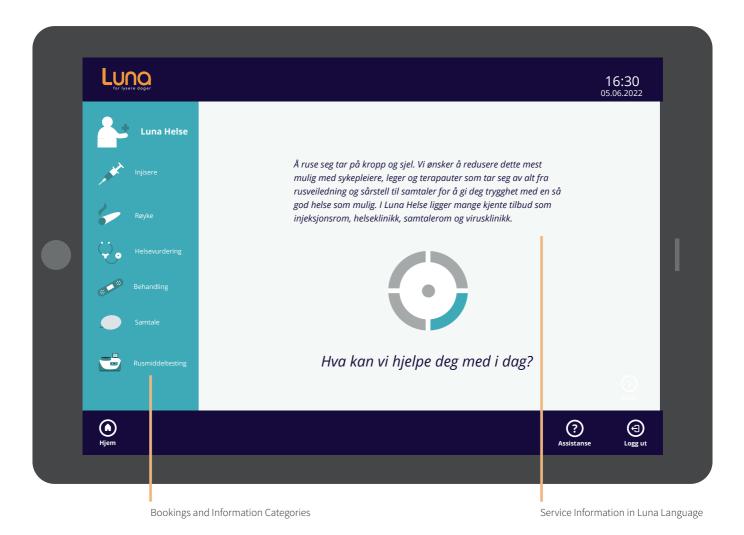
# Portal - Frontpage



## Portal - Luna Sove



## Portal - Luna Helse



# **The Portal - Injection**

Luna Helse					16:30 <sup>05.06.2022</sup>
Injisere	Velg hva du ø	nsker, så ordner v	i plass til deg så s	nart som m	ulig!
	Hvilket stoff skal du ta?	Hvor mye skal du ta?	Når tok du opiat sist?	Tatt andre medisiner	/rusmidler?
	Amfetamin	0.1g	10:00	Alkohol	•
	Heroin	0.25g	11:00	Benzodiazepin	
	Ventetid rusinntage	3	Ð		
		Tilbake	ок	?	Ð

Injection Booking Form

### Luna Detect

A mass specterometry machine enables drug checking which can detect if the drug is containing other substances than expected.



Checking your drug is a prerequisite for doing injections at Luna. In a few minutes the machine can show what the substance is consisting of. This is harm reduction, meaning that the member can consider the dosage to be consumed much better. Drugs bought on the black market is unreliable and potentially life threatening. Members can check their substances even if they are not doing an injection, harm reduction should not only happen at Luna. Raising awereness on what they are consuming is also something that could give members more tought on the dangers involved. Luna Detectors could also be part of a national warning systems that could send out warnings when dangerous substances are found in ciruclation.

### Luna Vending

Tools and necessities for the members are added to vending machines that can be accessed with the armband.



Vending machines placed inside Luna enables members to get tools and necessities for harm reduction. Placing these products in a machine frees up the manpower that is hand delivering this through hatches today. Statistics on products given out that is written down on paper today will rather be automatically gathered by the machine. The Luna Armbands gives access to the machines where injection tools, condoms, smoking foil, test strips for dangerous substances and needle collection pucks can be withdrawn. Placing these inside with membership access is a measure to get persons with addiction challenges into Luna's embracing multitude of living.

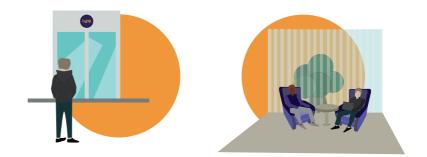
#### **Service Journeys**

The next pages will presents suggested service journeys from the members view.



## Luna Become a Member

Before		During			
1   Learn   about   Luna	3 Enter Luna	4 Meet a Luna Host	5 Walk togther into a Luna Room	6 Talk about personal situation	7 Evaluate membership





#### Register the member into Luna



Get an Recieve introduction to the Luna Luna Services Armband & Digital Portal



(10)

Get a tour around the Luna Center

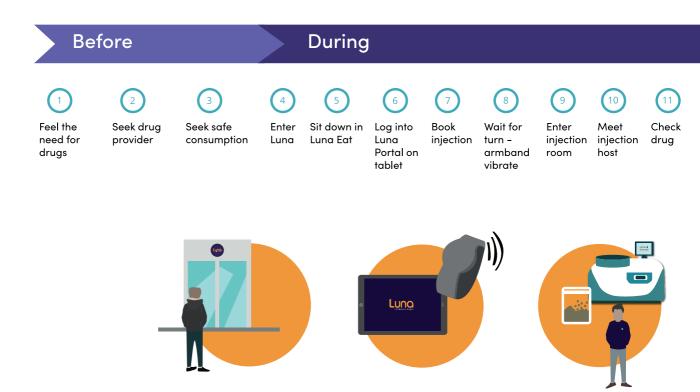


Receive offer to be followed through first time use of the sevice





# Luna Health Safe Drug Injection





Wash hands

Go to green lit desk

13

Take out lit equipment from desk

14

drawer

out Inject with ment supervision desk

15

Clean desk

16

Enter relax room

17

Go back to S Luna Eat L

18

See more Log into vendi Luna offerings machine and withdraw eau

19

Log into vending machine and withdraw equipment

20

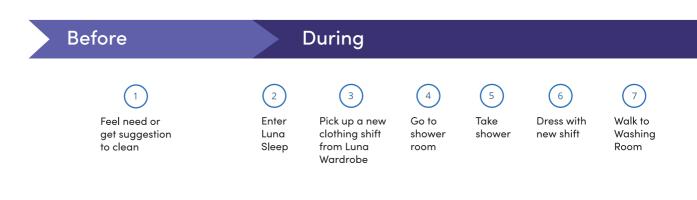
Leave Luna Nent

21





# Luna Sleep Shower & Washing Clothes







Log in with armband washing machine on washing maching

9



Fill and start Sit down in Luna Eat



(12)

Pick up blinks when clean clothes are clothes cleaned and dried



Sleep

Leave Luna



14

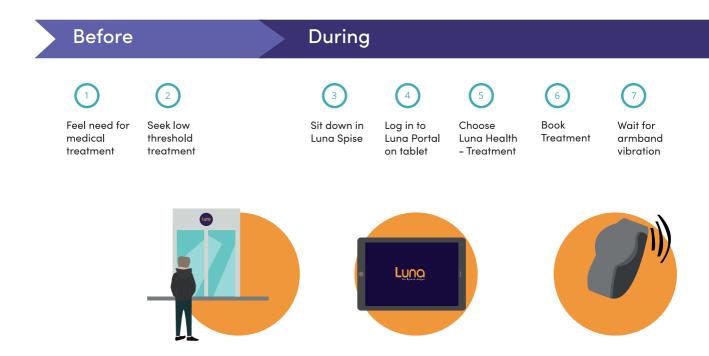
Luna offerings

15

Leave Luna

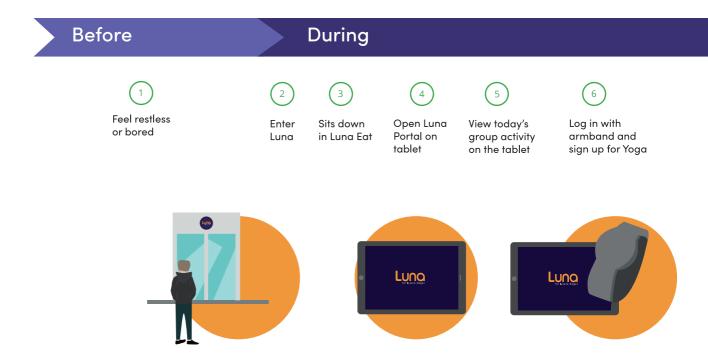


# Vound Treatment





# Luna Active Group Activity







### **Concept Feedback**

I pitched the Luna concept to three persons for feedback. A drug psychiatrist, a political scientist and a person in the drug environment in Oslo.

#### Asbjørn Restan, Drug Psychiatrist

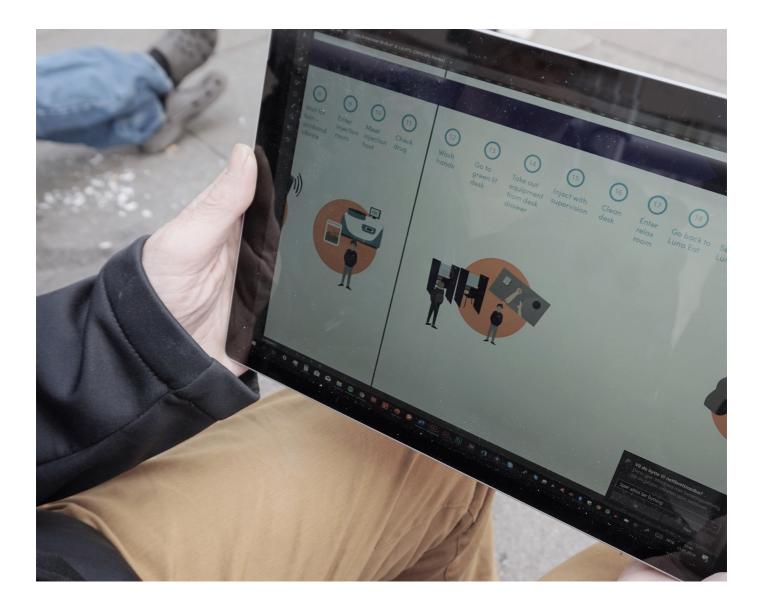
A person with addiction challenges is a tired person. Your body hurts, you are paranoid and you need your drug fix. If you come to a place like Luna which is open and inviting, without bars and hatches then an immediate psychological repsonse is to lower your guard. Often today you have to whimper and complain to get help. You become pitiful with no self respect and dignity. Luna could help avoid these modes by giving an experience with dignity. That in effect could make the users more receptible to consider drug treatment or rehabilitation. Luna could be experienced as big and complex so there should be hosts to guide you. Also consider a fasttrack for those that really need their fix at once and let a priest walk around as a spiritual conversation partner.

#### Aksel Braanen, Political Scientist

From a moral and justice perspective we owe persons with addiction challenges dignified offerings that can enable them to be good citizens. Gathering several offerings in one place like Luna is useful to lessen the bureaucracy in seeking help. Naming the service with a less public tone could give a new sense of trust in an apparatus that has often been mistrusted. The public should consider putting a lot of resources into a place like Luna. When people are treated with dignity in a relaxed place where they can eat and have their drug fix, then people could be motivated to take better care of themselves. This could save some of the costs we are spending today on fixing their problems. Luna sounds a bit big and being too open could cause overcrowding. You should consider thinking of a system for allocating time that can be spent there.

#### "Tony", Drug User - Brugata

I like the idea of Luna, a place where we could have have more offerings in one place. I have seen something similar in Netherlands with different floors in one building that had more than just a drug consumption room. Using and armband and an application before doing an injection seem much better than a user folder with pen and paper. Now both amphetamine and heroin can be injected in the "needle room", but those on amphetamine get really hyped up not relaxed like those on heroin, so you should consider to separate those groups if you are going to make a place like this. I hope you will take it further.



### Reflections

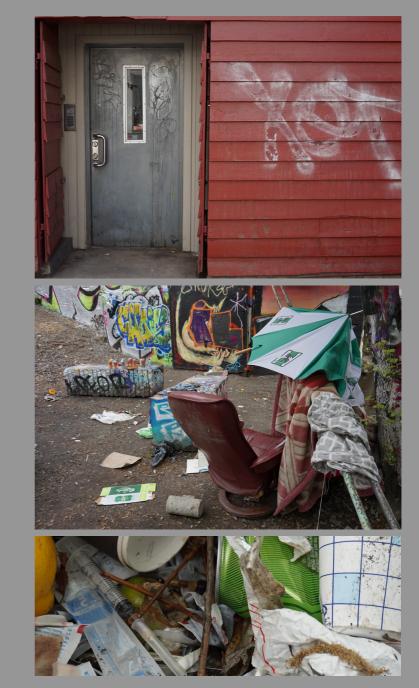


# Reflections

My starting point of this project was the 2017 Drug Reform. A radical change in our policies on drugs. Use and possesion of drugs will no longer be met with punishment, instead you will be met with healthcare. The governmental decision to move the responsibility for drug offences from the Ministry of Justice to the Ministry of Health and Care Services. At this crossroad of new approaches in our policies I wanted to explore possibilities of rethinking from a Service Design point of view.

The goal of this project was to rethink how a harm reduction service could be, by looking at today's situations and the experiences of persons with addiction challenges.

I believe Luna answers some of today's challenges through its approach and attitude with a more holistic service offering from the public. With the design of an identity and language I feel that the meeting with the public could be experienced as more dignified and welcoming.



Today's reality



Luna is not a finished concept to be implemented, but a discussion piece that is developed while we wait for the Drug Reform. As it stands, it is a vision and a starting point of possibilities that should be developed further to have more realism. It needs a larger team of users and stakeholders to discuss and develop the ideas for the future drug care. I wish I could have had more involvement from users and stakeholders throughout the project, but bad timing, capacity of the service and sensitivity of the users made that harder than expected.

I feel that I tried to focus on too much in my concept, and I regret that I didn't find one or two really interesting aspects that I could design out with really high fidelity. Thinking of a whole public service made it hard to just have focus on one thing, but I still believe there is value in my vision for what could be.

Prindsen Mottakssenter is going through a project of refurbishment while looking into how their users are being welcomed these days. I tried getting involved with the workgroup to possibly team up with my diploma, but I also didn't succeed in that. This does however point out that there is a relevance in rethinking how harm reduction is delivered.

The complexity of the topic with countless stakeholders, regulations, opinions and considerations to keep in mind was a challenge. Was I really doing the right things and would this be allowed or well recieved were questions that I had to consider at all times.

Reflecting on my approach, I would have tried scoping the topic down more before starting the project. I would have chosen a service with partnership before the start instead of the approach of understanding everything I could find on services and the drug phenomenon.

This has been an overwhelming, but extremely interesting topic to dive into. I have learned a lot about the topic and how we in society work towards a better everyday for those that are affected in a negative way. I've had the chance to speak with a range of interesting people that all expressed the need for new approaches. I don't regret choosing this topic for my diploma. The drug phenomenon is one of our society and the world's most important problems that has the need for rethinking on every level. I emphatize a lot with those that are suffering and I found the timing with the drug reform to be a good moment to look into this issue with design thinking.

The drug phenomenon is rightly called a wicked problem and there are no easy fixes to it. People need to get together with an open mind and create a better future with design and all the other tools we have.







# **Thank You!**

A big thanks to all that have been involved in this diploma. Biggest thanks goes to Birgitta Cappelen for supervising beyond expectation and steering me on track when stuck. Thanks to all the people in Brugata who opened up about their lives when I asked about drug reform and the drug situation in Norway. And thanks to all services that let me visit and ask weird questions about design, user experience and needs.