

POLICY BRIEF: HOW SUPERVISED CONSUMPTION SITES CAN SAVE LIVES AND IMPROVE LOCAL COMMUNITIES

At the 10th International Conference on Health and Hepatitis in Substance Users, held in Glasgow, Scotland, international policymakers gathered to discuss the global overdose crisis and the role that supervised consumption sites can play in helping end these needless and preventable deaths. This brief summarises the day's discussions and acts as a starting point for policymakers looking to learn more about supervised consumption sites and how they can help improve the health and well-being of vulnerable constituents.



THE GLOBAL OVERDOSE CRISIS



People who inject drugs experience significant premature morbidity and mortality. A comprehensive combination of harm reduction interventions is required to mitigate risks associated with drug use, including reducing blood-borne virus (BBV) transmission, mortality risk, and improving a wide range of other health outcomes [2, 3, 4, 22].

Interventions proven to reduce drug-related harm include needle-syringe exchange programmes (NSPs), community distribution of naloxone (a medicine that rapidly reverses an opioid overdose), opioid agonist treatment (OAT), supervised consumption sites, and drug-checking services.

The availability of supervised consumption sites globally is woefully inadequate, and even in countries that offer this life-saving intervention, this is restricted to a minority of people who inject drugs [5] (largely those living in urban settings).

THE LIFESAVING POTENTIAL OF SUPERVISED CONSUMPTION SITES

Supervised consumption sites are a location where illicit drugs can be taken under the supervision of medical staff. They are also referred to as drug consumption rooms, safe consumption rooms, overdose prevention sites, safer injection sites, drug consumption facilities, and medically supervised injection centres. They can:

Prevent overdose and save lives

In 20 years, Sydney's Medically Supervised Injecting Centre (MSIC) saved the lives of 10,600 people who overdosed on the premises. There has never been a death on-site [6, 22].

Minimise transmission of BBVs

The risk of BBVs, such as HIV and HCV, is reduced by providing sterile injecting equipment, smoking equipment, testing, and linkage to care [7, 19, 22].

Connect people with supporting health and social services

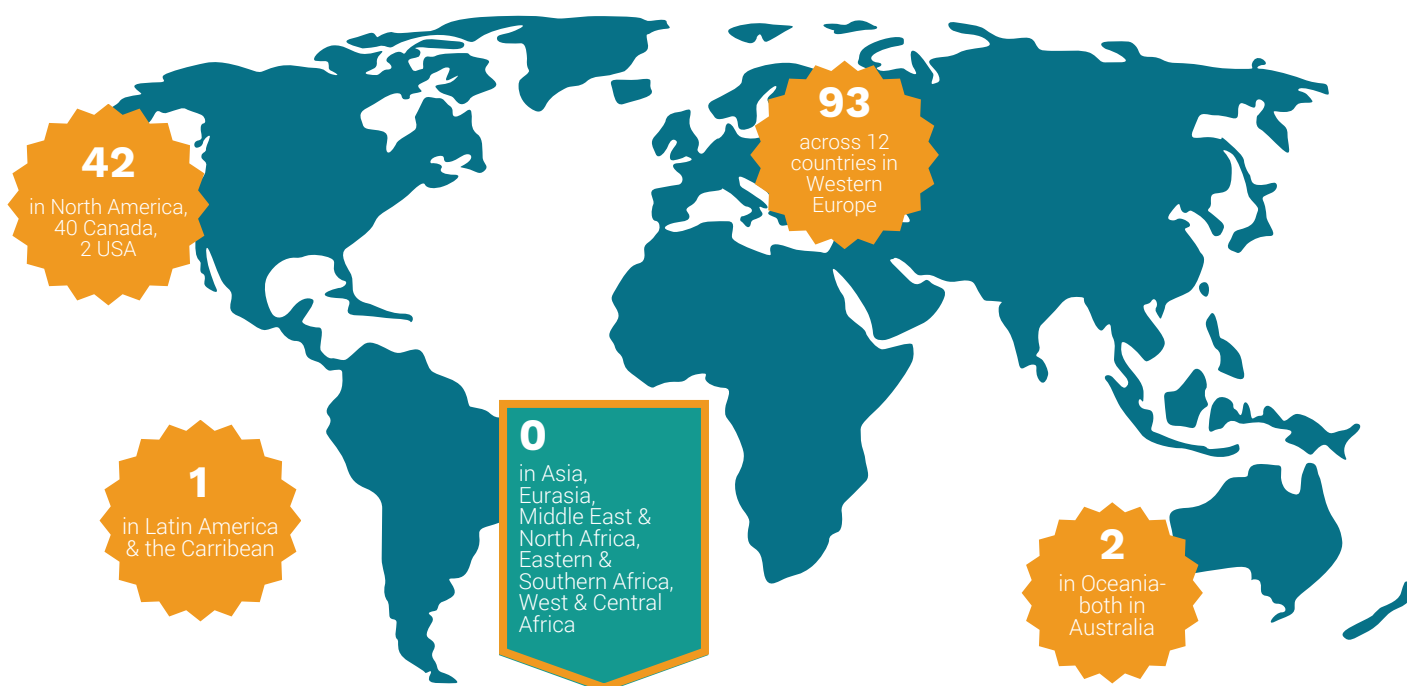
In Sydney's MSIC there have been 20,420 referrals to treatment and other services [6]. This is a proven benefit of supervised consumption sites globally [8, 22].

Reduce drug-related litter and public drug use

Following a site opening, there was a significant drop in public injecting in France [19]. The same happened in Vancouver, Canada along with a reduction in discarded syringes [9].

SUPERVISED CONSUMPTION SITES FROM AROUND THE WORLD

Despite these myriad benefits, supervised consumption sites are still rare. The majority can be found in Canada and Europe. Australia also has two in its major cities of Melbourne and Sydney and Mexico City has one supervised consumption site [11].



There are many different supervised consumption site models, including those attached to an existing facility, dedicated premises, or mobile units (such as a van). Below are some models showcased during the INHSU policy day.

Melbourne, Australia: supervised consumption site incorporating wrap-around care and peer support

Melbourne's supervised consumption site has been open since 2019 and is a permanent facility offering a 'one-stop-shop' of integrated healthcare and harm reduction services for people who use drugs [23]. As well as the supervised consumption site it offers mental health support, testing and treatment for HCV and other BBVs, drug dependence treatment, wound care, oral health care and more. Services are delivered by a combination of health practitioners, harm reduction experts and peer workers [13].

Zürich, Switzerland: integrated multi-site model alleviates pressure on one service

Switzerland was one of the first countries to introduce supervised consumption sites in response to Platzspitz or 'Needle Park', during the 80s and 90s. The first facility was opened in Bern in 1986, with the city of Zürich now offering a unique model integrating three sites across the city. Each site has complementary opening hours, allowing 1,000 individuals each month to choose what works for them. It also spreads the flow of service use across the facilities. Zürich's facilities have a close working relationship with the police [14], tolerating micro-trafficking of illicit drugs inside the facility (in certain conditions). It is still illegal, with trafficking outside the facilities strictly sanctioned.

Barcelona, Spain: a safe space specifically for women and gender diverse

Barcelona is home to Metzineres, a unique supervised consumption site specifically for women and gender-diverse. These communities who use drugs face higher risks of disease and violence than men, and their increased vulnerability is linked to psychological, environmental and social factors. Metzineres addresses this with a community-led approach that combines a supervised consumption site with a place to rest, do washing, shower, and, importantly – to socialise and connect with others – via dinners, gardening and regular events. The drop-in space is open six days a week, from 2 pm to 9 pm [12].

CONSIDERATIONS FOR IMPLEMENTATION

The following recommendations are a result of presentations, group discussions, and research shown and shared throughout the INHSU Policy Day.

<p>Legal framework</p>	<p>Various countries, including Belgium [15] have advocated for supervised consumption sites but have been unable to proceed due to a conflict with existing legal frameworks. It is important to understand the legal restrictions in each country, work within these, or advocate for change. There are also other legal issues to consider, such as land rights which will need to be explored.</p> <p>Consider a pilot project and build from there Australia's first supervised consumption site had a legal exemption for just 18 months [16]. It has now been operating for 21 years and no longer needs to undergo evaluation for operating licence renewal. In Canada, possession of controlled substances is prohibited under the Controlled Drugs and Substances Act, with each supervised consumption site applying for an exemption via Health Canada [17]. There is a risk with a pilot project that it can remain a pilot, so always consider local circumstances. It may be that opening several facilities simultaneously is the best approach.</p> <p>Form partnerships and take an evidence-based approach Glasgow Health and Social Care Partnership, Scotland, has submitted a detailed proposal to the Lord Advocate around the establishment of a supervised consumption site. Supporting the case are Glasgow City Council, Scottish Parliament, Scottish Affairs Committee, Health and Social Care Committee, Drug Deaths Taskforce, the Scottish Government and the Advisory Council on the Misuse of Drugs [18]. The Lord Advocate is considering whether she could issue a statement of prosecution policy that says that it would not be in the public interest to prosecute people found in possession of drugs within the facility if the facility was underpinned by evidence, supported by those responsible for policing, and showed careful consideration of community impact. The proposal was submitted by partners in 2022.</p>
<p>Public buy-in</p>	<p>Stakeholder engagement is vital for the success of supervised consumption sites, with various parties needing to be engaged before, during, and after the establishment of the service.</p> <p>People with lived / living experience It is vital that supervised consumption sites are a safe and welcoming space for community members, and this starts with engaging people with lived / living experience from the outset.</p> <p>Local community People who live in the area, local businesses, schools, and other healthcare services need to be engaged. Seek an advocate within the media who will provide evidence-based, neutral reporting.</p> <p>Messaging Consider the messaging used when speaking to stakeholders. The messaging for people with lived experience (safer injecting, no legal percussions) will be different to people within the local area (less discarded injecting-related equipment etc). Tailor your messaging and have your core messages included in your communication strategy to ensure consistency.</p> <p>Workforce engagement Nurses, doctors, and harm reduction staff will be integral to success, and they will need to know that they can operate without fear of breaking the law. Recruitment of doctors and nurses was a challenge in French facilities [19] and should be planned for.</p>



In Zürich, monthly meetings were held for community members after the supervised consumption site was opened to allow space for discussion. Now, they're no longer needed and the sites operate without public resistance [14].

CONSIDERATIONS FOR IMPLEMENTATION

<p>Police support</p>	<p>To navigate legal framework issues and public buy-in, police support is essential. It is also vital when the site is open that its patrons can use the site without fear of harassment or arrest.</p> <p>Ideally, early engagement of the police in the process will see them on board as fully supportive stakeholders who can assist with any required policy change. Identify champions within the police force who can advocate from within and consider education seminars and open Q&As to address concerns.</p>
<p>Practical considerations</p>	<p>All supervised consumption sites operate slightly differently in response to the local community's needs and the framework they work within. Create a project plan up-front that answers the below questions and outlines the required actions.</p> <p>What will the space be like? Is it a standalone service, linked to an existing service, or is it mobile? Where do people enter, where do they leave, is there wheelchair access? Can you create spaces where people can connect and relax? Will there be signage (it may be unsigned for discretion), consider a mix of private cubicles and open areas to facilitate different preferences for drug use.</p> <p>What will the opening hours be? Opening hour options could include 24/7, nightshifts, and specific womxn hours.</p> <p>What wrap-around care will be provided? These could include social provisions like showers, food, and laundry, plus harm reduction additions, including naloxone access, HCV and HIV testing, needle and syringe programs, opioid agonist treatment (OAT) prescribing, and referral to community drug treatment services. What stakeholders and partners do you need to deliver these?</p> <p>How will referrals work? Having a clear process for how referrals would work could help with legal exemption requests by showing a broader impact on health and social outcomes. Referrals could include mental health, homelessness services, other health programs, and drug dependence treatment (but it is important that this is not the sole aim of the supervised consumption site – people who use drugs should not feel pressure to enter treatment programs).</p> <p>How will you use peer workers? Peer workers can play an important role in a supervised consumption site, helping make people feel comfortable and assisting with linking to other services. Involve peers from the outset and have clear guidelines and payment structures in place.</p> <p>What about data collection? How will data be stored, and what information will people need to provide to access the service? Many existing supervised consumption sites allow anonymity with key details such as age and gender recorded for reporting purposes, but include more detailed registration if people are taking up other services such as HCV testing, wound care or drug treatment.</p>
<p>Top tips</p>	<ol style="list-style-type: none"> 1. Always rely on the evidence, there is plenty available 2. Early and ongoing engagement of stakeholders is imperative 3. Plan for monitoring and evaluation from the outset 4. Be persistent and consistent. Supervised consumption sites often face push-back, so be prepared for this



Although there have been thousands of injections in supervised consumption sites globally since the establishment of the world's first sanctioned facility in Bern, Switzerland in the 1980s, there hasn't been a death.

HOW TO MEASURE SUCCESS

The aims of supervised consumption sites include 'improving survival' and 'increasing social integration', according to the European Monitoring Centre for Drugs and Drug Addiction [20]. Other aims include:

- Reducing risks related to drug consumption, including morbidity and mortality
- Establishing contact with hard-to-reach populations
- Identifying and referring clients needing medical care
- Reducing public disorder and crime
- Increasing client awareness of treatment options and promoting service access

Supervised consumption sites can also be used for other research and analysis, such as monitoring which drugs are entering the local market and their potency.



Supervised consumption sites can help people who use drugs feel social acceptance [21] and can be a refuge where people feel considered as citizens [19].

EVALUATION METHOD: FRANCE

LONGITUDINAL COHORT STUDY

Face-to-face interviews at 3, 6 and 12 months of follow up

COMPARISON OF GROUPS

Using the Heckman method to limit non-randomisation bias

TWO COHORTS

Two cohorts with/without access to supervised consumption sites (across 4 cities)

SOCIOLOGICAL SURVEY

On public safety and social acceptance conducted

France has two supervised consumption sites (referred to as drug consumption rooms), one in Paris and one in Strasbourg [24]. Opened as part of a six-year trial under intense political controversy, measurement of impact was vital to ensure its continuation.

The COSINUS Cohort Study included 664 people who inject drugs, alongside members of the public [19, 25]. The evaluation measured:

- Overdoses
- HIV/HCV at-risk practices
- Injection in public spaces
- Abscesses
- Emergency room visits
- Crimes committed/public delinquency

Limitations are noted due to the length of the study (1 year) and ongoing evaluation is recommended. Outcomes also need to be extended to new topics such as social support, social rights and mental health.

EVALUATION METHOD: MELBOURNE, AUSTRALIA

Released in 2020, the review of Melbourne's Medically Supervised Injecting Room's evaluation design and methods included [23]:

- Desktop review of documents and published evidence, including relevant legislation and internal protocols
- Development of a theory of change and program logic to connect the goals and activities to measurable outcomes
- Consideration of relevant parliamentary debates, enquiries and submissions
- Site visits to North Richmond Community Health Centre, the MSIR and Sydney Medically Supervised Injecting Centre
- Consideration of observations, reports and opinions expressed during the time of the review
- Consultation on the review approach and potential data sources with key stakeholders

In Glasgow, Scotland, an evaluation planning group has been established. It is early days, but establishing such a group in advance of the launch of a site allows stakeholders to consider what data needs to be collected from the very beginning.

NEXT STEPS



If you would like to be connected with policymakers who have advocated for supervised consumption sites, researchers or other stakeholders, contact info@inhsu.org.

THANK YOU

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