

Supervised Injection Facilities

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Overview

Supervised injection facilities (SIFs) are controlled health care settings where people can more safely inject drugs under clinical supervision and receive health care, counseling and referrals to health and social services, including drug treatment.

SIFs – also called safer injection sites, drug consumption rooms and supervised injecting centers – are legally sanctioned facilities designed to reduce the health and public order issues often associated with public injection by providing a space for people to inject pre-obtained drugs in a hygienic environment with access to sterile injecting equipment and under the supervision of trained medical staff.

There are at least 98 SIFs operating in 66 cities around the world in ten countries (Switzerland, Germany, the Netherlands, Norway, Luxembourg, Spain, Denmark, Greece, Australia and Canada) – but none in the United States.¹

SIFs can play a vital role as part of a larger public health approach to drug policy. SIFs are intended to complement – not replace – existing prevention, harm reduction and treatment interventions.

SIFs Improve Safety and Health

Numerous evidence-based, peer-reviewed studies have proven the positive impacts of SIFs.² These benefits include:

- 1) Increased uptake into addiction treatment, especially among people who distrust the treatment system and are unlikely to seek treatment on their own.
- 2) Reduced public disorder, reduced public injecting, and increased public safety.

- 3) Attracting and retaining a high risk population of people who inject drugs, who are at heightened risk for infectious disease and overdose.
- 4) Reducing HIV and Hepatitis C risk behavior (i.e. syringe sharing, unsafe sex)
- 5) Reducing the prevalence and harms of bacterial infections.
- 6) Successfully managing hundreds of overdoses and reducing drug-related overdose death rates.
- 7) Cost savings resulting from reduced disease, overdose deaths, and need for emergency medical services.
- 8) Providing safer injection education, and a subsequent increase in safer injecting practices.
- 9) Not increasing community drug use.
- 10) Not increasing initiation into injection drug use.
- 11) Not increasing drug-related crime.
- 12) Increased delivery of medical and social services.

Vancouver's *InSite*

Vancouver's SIF, *InSite*, has been the most extensively studied SIF in the world, with more than two dozen peer-reviewed articles now published examining its effects on a range of variables, from retention to treatment referrals to cost-effectiveness.³

These reports are in line with reviews of the Australian and European SIFs, which show that these facilities have been successful in attracting at-risk populations, are associated with less risky injection behavior, fewer overdose deaths, increased client enrollment in drug treatment services, and reduced nuisances associated with public injection.⁴ For example, one study found a 30 percent increase in the use of detoxification

services among *InSite* clients.⁵

InSite has proved to be cost-effective in terms of overdose and blood borne disease prevention as well.⁶ One cost-benefit analysis of *InSite* estimated that the facility prevents 35 cases of HIV each year, providing a societal benefit of more than \$6 million per year.⁷

“InSite saves lives. Its benefits have been proven. There has been no discernable negative impact on the public safety and health objectives of Canada during its eight years of operation.”

-Supreme Court of Canada, 2011.

InSite also saves lives. A recent study published in the prestigious journal *The Lancet* found that the fatal overdose rate in the immediate vicinity of *InSite* decreased by 35 percent since it began operating in 2003, while the rest of the city experienced a much smaller reduction of 9 percent.⁸

A survey of more than 1000 people utilizing *InSite* found that 75 percent reported changing their injecting practices as a result of using the facility. Among these individuals, 80 percent indicated that the SIF had resulted in less rushed injecting, 71 percent indicated that the SIF had led to less outdoor injecting, and 56 percent reported less unsafe syringe disposal.⁹ Overall, as a 2006 evaluation concluded, the SIF has produced a “large number of health and community benefits...and no indications of community or health-related harms.”¹⁰

Recommendations

SIFs are a vital part of a comprehensive public health approach to reducing the harms of drug misuse. Local, state and national governments should explore the implementation of a legal supervised injection facility (at least at the pilot level) staffed with medical professionals to reduce overdose deaths, increase access to health services, and further expand access to safer injection equipment to prevent the transmission of HIV and hepatitis C.

The Drug Policy Alliance supports the efforts of local communities in the U.S. to pursue SIF programs. In 2012, New Mexico adopted a proposal to study the feasibility of a safer injection facility in the state – becoming the first state in the nation to consider this potentially life-saving intervention.¹¹

Local efforts to promote SIFs are ongoing in several forward-thinking cities, as well, including New York City

and San Francisco – where both community stakeholders and people who inject drugs are in favor of such a step to reduce the harms of drug misuse.

SIFs, of course, cannot prevent all risky drug use or related harms. However, evidence demonstrates that they can be remarkably effective and cost-effective at improving the lives of people who inject drugs and the safety and health of their communities.

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- ¹ International Drug Policy Consortium, *Drug Consumption Rooms: Evidence and Practice* (2012), <http://idpc.net/publications/2012/06/idpc-briefing-paper-drug-consumption-rooms-evidence-and-practice>; Dagmar Hedrich et al., “Drug consumption facilities in Europe and beyond,” in *Harm reduction: evidence, impacts and challenges* (European Monitoring Centre for Drugs and Drug Addiction, 2010), http://www.emcdda.europa.eu/attachements.cfm/att_101273_EN_emcdda-harm%20red-mon-ch11-web.pdf; and Nanna Gottfredsen, personal communication, Nov, 7, 2013.
- ² Lisa Maher and Allison Salmon, “Supervised injecting facilities: how much evidence is enough?” *Drug and Alcohol Review* 26, no. 4 (2007): 351 – 353; and Salaam Semaan et al., “Potential role of safer injection facilities in reducing HIV and Hepatitis C infections and overdose mortality in the United States,” *Drug & Alcohol Dependence* 118 (2011): 100– 110.
- ³ Semaan et al.; and British Columbia Centre for Excellence in HIV/AIDS, *Findings from the Evaluation of Vancouver’s Pilot Medically Supervised Safer Injection Facility – Insite* (2009), http://uhri.cfenet.ubc.ca/images/Documents/insite_report-eng.pdf.
- ⁴ Hedrich et al. (2010); and KPMG, *Further evaluation of the Medically Supervised Injecting Centre 2007-2011*, http://www.health.nsw.gov.au/resources/mhdao/pdf/msic_kpmg.pdf.
- ⁵ Evan Wood et al., “Rate of detoxification service use and its impact among a cohort of supervised injecting drug users,” *Addiction* 102 (2007):916–19.
- ⁶ Martin A. Andresen and Neil Boyd, “A Cost-Benefit and Cost-Effectiveness Analysis of Vancouver’s Safe Injection Facility,” *International Journal of Drug Policy* 21, no. 1 (2010): 70–76; Ahmed M. Bayoumi and Gregory S. Zaric, “The cost-effectiveness of Vancouver’s supervised injection facility,” *Canadian Medical Association Journal* 179 (2008): 1143–1151; and Steven D. Pinkerton, “Is Vancouver Canada’s supervised injection facility cost-saving?” *Addiction* 105, no. 8 (2010): 1429–1436.
- ⁷ Andresen and Boyd.
- ⁸ Brandon D.L. Marshall et al., “Reduction in overdose mortality after the opening of North America’s first medically supervised safer injecting facility: a retrospective population-based study,” *Lancet* 377 (2011): 1429–37.
- ⁹ Steven Petrar et al., “Injection Drug Users’ Perceptions Regarding Use of a Medically Supervised Safer Injecting Facility,” *Journal of Addictive Behaviors* 32, no.5 (2007):1088-1093.
- ¹⁰ Evan Wood et al., “Summary of findings from the evaluation of a pilot medically supervised safer injecting facility,” *Canadian Medical Association Journal* 175 (2006):1399–404.
- ¹¹ 50th Legislature, State of New Mexico, Senate Memorial 45 (2012) <http://www.nmlegis.gov/Sessions/12%20Regular/memorials/senate/SM045.pdf>.