Supervised Injecting Facilities: the international experience so far

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Background

Supervised injecting facilities (SIFs), also known as ‘medically supervised injecting centres’, ‘heroin injecting rooms’, ‘safe injecting rooms’ and ‘drug consumption rooms’ - are defined as legally sanctioned places where people can inject (or consume using other methods) their own pre-obtained drugs under supervision.

More than 100 SIFs are currently operating in ten countries including Switzerland, Germany, the Netherlands, Spain, Australia, Canada, Norway, Luxembourg, Denmark and France since 1986.

SIFs are mostly located in urbanised areas where ‘Open Drug Scenes’ had developed in association with the concentrated supply and use of illicit drugs e.g. in ‘red light’ districts and transport hubs including railway terminals and sea ports.

‘Open Drug Scenes’

= public areas with a high prevalence of drug-related activity

Open Drug Scenes are often associated with:

Public Health issues

- ♦ fatal and non-fatal drug overdoses
- ♦ transmissible infections (HIV, HBV and HCV)
- ♦ limited engagement with the health system

Public Order issues

- ♦ high visibility injecting, and discarded equipment in public places

SIFs are considered to be **a balanced approach** to addressing these issues, both improving the health of people who inject drugs (PWID) while also improving public amenity in the local community

= WIN/WIN!

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SIFs are best framed as an extension of the Needle Syringe Program

Final Report of Royal Commission into the NSW Police Service tabled the following recommendation:

"At present, publicly funded programs operate to provide syringes and needles to injecting drug users with the clear understanding that they will be used to administer prohibited drugs. In these circumstances to shrink from the provision of safe, sanitary premises where users can safely inject is somewhat short sighted. The health and public safety benefits outweigh the policy considerations against condoning otherwise unlawful behaviour."

(Justice James Wood, 1997)

In this sense SIFs accept an additional 'duty of care'

The Evidence Base

Systematic review [Supervised injection services: *What has been demonstrated? A systematic literature review.* Potier et al. Drug & Alcohol Dependence 2014]:

• 75 relevant articles found - 85% originating from Vancouver or Sydney.

All studies converged to find that SIFs **were** efficacious in:

• attracting the most marginalised PWID
• promoting safer injection conditions
• reducing the drug overdose frequency
• enhancing access to primary health care, and
• reducing levels of public drug injections and discarded syringes.

The Evidence Base cont.

SIFs were **not** found to increase:

• drug injecting, drug trafficking or crime in the surrounding environments.

Note though that SIFs' impact is very high in the immediate vicinity, but may be limited at the population level compared to NSP and opioid substitution therapies (e.g. methadone and buprenorphine programs) which can achieve higher population coverage.

SIFs complement rather than replace other harm reduction measures, and should be integrated with the full range of these measures.

The future?

Expansion in the number of SIFs operating is continuing in many jurisdictions including Canada (massive), Denmark, Norway, and Australia

The UK (Glasgow, London, Brighton), Ireland (Dublin), Slovenia, and most recently the Ukraine, are likely to be the next European countries to introduce SIFs.

Even the US is considering establishing SIFs in response to the escalating opioid overdose crisis in North America, the state of New York having recently passed enabling legislation to establish several SIFs!

But meanwhile...

The Netherlands and Switzerland, which were the forerunners of this approach, are now reducing the number of SIFs (from a high base) due to decreasing numbers of injectors in these jurisdictions.

They were among the first worldwide to achieve high population coverage of those most at risk of drug-related harm with the early introduction of the full spectrum of harm reduction measures. These range from SIFs to NSPs to low threshold opioid pharmaco-therapies to heroin-assisted treatment.

These countries have also essentially de-penalised drug use; have prison diversion programs, and in the case of Switzerland also have NSPs in some prisons.

So it could be argued that this ‘carpet-bomb’ ‘saturation’ approach has successfully turned the tide, at least for the time being, with important political advocacy implications.

This may also have implications for the appropriate time frame to evaluate such harm reduction initiatives = decades, and not just years let alone months...

Thank YOU for listening!