Supervised Injection Facilities



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.^{1,2}

There are currently 92 SIFs operating in 62 cities around the world in eight countries (Switzerland, Germany, the Netherlands, Norway, Luxembourg, Spain, Australia and Canada) – but none in the U.S.³ In June 2012, Denmark adopted legislation to permit local SIFs as well.⁴

SIFs can play a unique and vital role as part of a larger public health and treatment 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.⁵ These benefits include:

- Increased uptake into addiction treatment, especially among people who distrust the treatment system and are unlikely to seek treatment on their own.^{6,7,8}
- Reduced public disorder, reduced public injecting, and increased public safety.^{9,10,11}

- Attracting and retaining a high risk population of people who inject drugs, who are at heightened risk for infectious disease and overdose.
- Reducing HIV and Hepatitis C risk behavior (i.e. syringe sharing, unsafe sex)^{13,14}
- Reducing the prevalence and harms of bacterial infections.¹⁵
- Successfully managing hundreds of overdoses and reducing drug-related overdose death rates.
- Cost savings resulting from reduced disease, overdose deaths, and need for emergency medical services. ^{17,18}
- Providing safer injection education, and a subsequent increase in safer injecting practices.
- 9) Not increasing community drug use.²⁰
- 10) Not increasing initiation into injection drug use. 21,22
- 11) Not increasing drug-related crime.²³
- 12) Increased delivery of medical and social services. ²⁴

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.²⁵

These reports are in line with reviews of the Australian²⁶ and European SIFs^{27,28} which show that these facilities have been successful in attracting atrisk populations, are associated with less risky injection behavior, fewer overdose deaths,²⁹ increased client enrollment in drug treatment services,³⁰ and reduced nuisances associated with public injection.³¹ For example, one recent study found a 30 percent

increase in the use of detoxification services among *InSite* clients.³²

InSite has proved to be cost-effective in terms of overdose and blood borne disease prevented as well. 33 One cost-benefit analysis of InSite estimates that the facility prevents 35 new cases of HIV each year, providing a societal benefit of more than \$6 million per year after accounting for the costs of the program. 34

"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, 2011.35

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.³⁶

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.³⁷

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."

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 many local communities in the U.S. to pursue SIF-based programs. In 2012, the New Mexico state legislature 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.³⁹

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. 40

SIFs, of course, cannot prevent all risky drug use or alleviate all drug-related morbidity and mortality. However, existing 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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⁴ See International Drug Policy Consortium, *Drug*Consumption Rooms: Evidence and Practice (June 2012),

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