Legal Supervised Injection Facilities

What are they?

Legal supervised (or safer) injection facilities (SIFs) have been defined as *protected places for the hygienic consumption of preobtained drugs in a non-judgmental environment and under the supervision of trained staff.*[i] SIFs can also be described as *a controlled health care setting where drug users ingest drugs under supervision and receive health care, counseling, and referral to health and social services, including drug treatment.* (City of Vancouver, Four Pillars Drug Strategy)

How do they work?

SIFs provide a safe, clean environment for drug users to inject drugs. In some communities SIFs are called drug consumption facilities because drugs that may be consumed at the facility include drugs that may be administered in ways other than injection, particularly by smoking.

Worldwide there are 65 SIFs in twenty-seven cities and eight countries. Countries include Switzerland, Germany, the Netherlands, Spain, Australia, Norway, Luxembourg, and Canada. A sampling of cities with SIFs includes Geneva, Zurich, Hamburg, Frankfort, Amsterdam, Rotterdam, Madrid, Barcelona, Sydney, Oslo, Luxembourg, and Vancouver. SIFs can provide a myriad of services to drug users, including:

- Supervision of injections, including emergency response to drug overdoses.
- Care for injection-related injuries, such as soft tissue infections.
- Assessment and referral to primary health care and service providers.
- Harm reduction education and counseling, from moderation management to abstinence support.
- Exchange of syringes/injection equipment, safer-smoking materials.
- Sexual health education and access to condoms and lubricant.

In Vancouver, the SIF has a 12-seat main room with mirrored cubbies, which allows a team of nurses to observe participants. People must have pre-obtained drugs—they may not share drugs with other participants and dealing is not permitted within the SIF. Nurses may instruct participants about safer injection practices, but they are not permitted to inject drugs for participants. After people use, they enter a post-injection space in which they are required to stay for 10-15 minutes for observation and peer interaction. The SIF is staffed by a combination of clinical and non-clinical staff, including peers, program assistants, RNs, Alcohol and Drug Counselors, and program coordinators. The capacity is 850 injections per day. SIFs generally operate every day and some are 24 hours. In Vancouver, the SIF operates 18 hours a day, seven days a week, from 10:00am to 4:00am. In a two year period, nearly 7,300 unique individuals registered at the SIF and visited, on average, 11 times per month per person. The facility has discussed including respite beds on the second floor in order to provide temporary shelter and filter participants with into permanent housing.

What are the outcomes?

Evaluations of the SIF in Vancouver, Canada, conducted by the British Columbia Centre for Excellence in HIV/AIDS, have demonstrated several positive outcomes, including:

- The SIF attracts the highest-risk users—those more likely to be vulnerable to HIV infection and overdose, and those who were contributing to problems of public drug use and unsafe syringe disposal.[ii]
- The SIF is "associated with reductions in public drug use and publicly discarded syringes and reductions in syringe sharing among local injecting drug users."[iii]
- The presence of the SIF has not led to an increase in drug-related crime or rates of arrest for drug trafficking. Rates of assaults and robberies were similar after the facility's opening, and rates of vehicle break-ins/theft declined significantly.[iv]
- The SIF is not increasing rates of relapse among former drug users, nor is it a negative influence on those seeking to stop drug use.[v] In fact, drug users who use the facility are more likely to enter detoxification and drug treatment programs, especially if they have had contact with the on-site substance use counselor.[vi]
- The SIF has reduced overall rates of needle sharing in the community, and among those who use the SIF for some, most or all of their injections, 70% were less likely to report syringe sharing.[vii]
- A number of overdoses have occurred at the SIF (500 in a 2 year period); however, "the rate of overdoses is similar to rates observed in SIFs in other settings." [viii] Most overdoses are managed in the facility by medical staff through the administration of oxygen, naloxone, and calls for

ambulance support. Importantly, none of the overdose events at the SIF has resulted in a fatality. "These findings suggest that SIFs can play a role in managing overdoses among IDU and indicate the potential to reduce morbidity and mortality associated with drug related overdoses."

Rigorous evaluation of SIFs is difficult because randomized trials cannot be done on the effect of SIFs. Evaluations necessarily involve observational studies. Attempts to use objective outcome indicators, such as notifications of HIV or hepatitis C infections or fatal and non-fatal drug overdoses, have proven difficult because the rate of these low-frequency events can be affected by other factors, such as the change in the availability of heroin that prevented the evaluation of the Sydney SIF from detecting any community-level reduction in drug overdoses.[ix]

Governments typically impose age limits on clients of SIFs, exclude intoxicated and pregnant injectors, and restrict the number of facilities, all of which limit the reach and hence the effect SIFs might have on population-level measures of drug-related harm. The operation of multiple SIFs in some German cities appears to reduce overdose deaths at a community level.[x]

Opponents of SIFs express concern that they facilitate injection drug use; attract drug users and drug dealers to the local area (i.e., create a "honey pot" effect"); reduce property values; increase crime; and send the wrong signal about the social acceptability of injecting drug use.

Would a SIF Work in San Francisco?

An estimated 11,000-15,000 injection drug users live in San Francisco. SIFs may be a strategy to address the myriad health and safety concerns associated with this population.

In recent years, organizations working with injection drug users have focused attention on the problem of drug overdose. Nationally, the heroin overdose rate has increased dramatically over the past 10 years, since the purity of street heroin doubled while the price was halved[xi] In California, overdose deaths have risen 73 percent since 1990, surpassing deaths from guns, homicide, and AIDS.[xii]

Overdose deaths are often the result of using alone, behind a closed door, with no witness present to respond; or being "functionally alone"—where a witness is present but leaves without calling 911. A review of medical examiner records for heroin-related overdose deaths that occurred in San Francisco between 1997 and 2000 found that approximately one person dies every three days from a heroin-related overdose and almost half (47 percent) occurred in single room occupancy hotels where residents are isolated, just a step away from homelessness. The majority of these deaths occur in the Tenderloin, 6th Street Corridor, and Mission District, with additional "hot spots" in the Haight-Ashbury and Bayview/Hunter's Point Districts.[xiii] These locations may be potential sites for a SIF, particularly the Tenderloin, which is the neighborhood most affected by fatal overdose.

An acceptability assessment needs to be done to determine if drug users would use a SIF. In addition, current Federal and State laws present challenges to the creation of a SIF. The City Attorney would need to conduct an analysis to determine how San Francisco might pilot a SIF. In addition, a strong evaluation component must be conceptualized and carried out if a SIF is created to address the political controversy such a facility would spark.

This document was modified from an original documented created by Pete Morse, PhD, Harm Reduction Coalition

Legal Supervised Injection Facilities

[i] Schneider W., *Guidelines for the Operation and Use of Consumption Rooms* (materialien Nr.4), Akzept e. V and C von Ossietzky Universitat Oldenburg, 2000.

[ii] Wood, et al. Do supervised injecting facilities attract higher-risk injection drug users? *Am J Prev Med.* 2005 Aug;29(2):126-30.

[iii] Kerr, et al. "Impact of a medically supervised safer injection facility on community drug use patterns: a before and after study," *BMJ*, Vol. 332, Jan. 28, 2006, p.222.

[iv] Wood E, Tyndall MW, Lai C, Montaner JSG, Kerr T. Impact of a medically supervised safer injecting facility on drug dealing and other drug-related crime. *Substance Abuse Treatment, Prevention, and Policy* 2006, 1:13 (8 May 2006)

[v] ibid.

[vi] Wood, et al. "Attendance at Supervised Injecting Facilities and Use of Detoxification Programs," *New England Journal of Medicine*, Vol. 354: 23, p.2512-2513.

[vii] Kerr T, Tyndall M, Li K, Montaner J, Wood E.Safer injection facility use and syringe sharing in injection drug users. *Lancet.* 2005 Jul 23-29;366(9482):271-2.

[viii] Kerr, et al. "Drug-related overdoses within a medically supervised safer injection facility," *International Journal of Drug Policy*, 2006.

[ix] Medically Supervised Injecting Centre Evaluation Committee. Final report of the evaluation of the Sydney Medically Supervised Injecting Centre. NSW Government, 2003: http://www.druginfo.nsw.gov.au/data/page/850/NDARC_fina... (accessed March 2, 2005).

[x] Hedrich D. European report on drug consumption rooms: executive summary. European Monitoring Centre for Drugs and Drug Addiction. Lisbon. June, 2004: http://www.emcdda.eu.int/index.cfm?fuseaction=public.Co... (accessed October 4, 2007).

[xi]National Narcotics Intelligence Consumers Committee (NNICC). The NICC report 1997: the supply of illicit drugs to the United States. DEA No. 98036. Washington DC: Drug Enforcement Administration, 1997.

[xii] Heinzerling K, Ochoa K. The Burden of Fatal Opiate Overdose In Los Angeles. Presented at the Los Angeles Overdose Prevention Summit, March 15, 2006. http://www.cleanneedlesnow.org/overdose/presentations/Los_Angeles_Overdose_Prevention_Summit_Keith_Heinzerling_Presentation.pdf (accessed October 5, 2007).

[xiii] Davidson P, McLean R, Kral A, et al. Fatal heroin-related overdose in San Francisco 1997–2000: A case for targeted intervention. *Journal of Urban Health. 2003; 80(2): 274–287.*