

Supervised Injecting Facilities.

What is it?

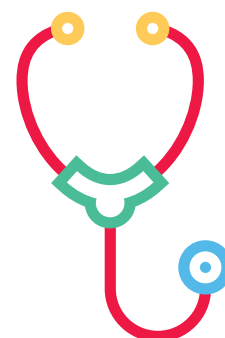
Supervised injecting facilities (SIFs) are dedicated spaces where illicit drugs can be used under the supervision of health care professionals (nurses in particular), social workers or other trained workers or volunteers. They are also known as Drug Consumption Rooms (DCRs), Supervised Consumption Sites (SCSs) or Safe Injecting Rooms (SIRs).

SIFs provide clean injecting equipment and emergency care (including overdose response and wound care); education; pathways to rehabilitation, treatment and health care; and, disease transmission prevention.

These services are a harm reduction response to individual and community concerns regarding public injecting and the acute and chronic harms of drug use. Despite generally requiring a national or state-level policy framework, they “represent a local response, closely linked to policy choices made by local stakeholders, based on an evaluation of local need and determined by municipal or regional options.”¹

Variously they aim to:

1. reduce health problems from drug use including managing overdoses, reducing risk of blood-borne diseases, reducing infections and other health issues associated with non-hygienic drug use, such as abscesses^{2, 3}
2. reduce public nuisance associated with an open drug scene including loitering and discarded drug paraphernalia, diminishing the impact on the general community who may otherwise witness public drug use and overdose⁴⁻⁷
3. improve access to social, health and therapeutic services by a marginalised population. Services include health promotion, such as encouraging blood tests, access to psychological, housing and finance support and access to treatment⁸⁻¹³
4. promote safer injecting practice, education on hygiene practices and how to reduce harms from drug use¹⁴⁻¹⁷
5. reduce costs of health services related to drug use, such as reduced incidence of HIV/HEP (new cases), reduced use of emergency services and reduced morbidity and death.¹⁸⁻²⁰



Why?

Supervised Injecting Facilities can reach and stay in contact with people who use drugs in a high risk way who may not be accessing primary health care (often due to a history of discrimination or unsatisfactory treatment).²¹

The effectiveness of these facilities in reaching marginalised populations is well established.^{14, 22, 23}

Success in improving hygiene; reducing blood borne viruses and infections due to used injecting equipment; reducing risk of overdose death; and, improving public amenity in areas of historical high drug use has been extensively documented.^{1, 24}

The impact of SIFs on the lives of people who inject drugs is also well documented.^{24, 25}

There is growing evidence of the positive impact of SIFs on social determinants of health including:²⁶

- social connectedness and community
- emotional support and stress reduction
- safety and security
- current shelter status and search for housing
- health service access and use.

There is no evidence to suggest that the presence of a SIF increases drug use or encourages initiation into drug use in the local area.²⁷

What are the operating models and core components of SIFs?

Several models of drug consumption rooms are operational globally. These can be integrated, specialised or stand alone, embedded within other services (e.g. hospital), and/or mobile facilities.²⁸

Canada also has Overdose Prevention Sites (OPS), which were implemented as a response to a public health overdose emergency.^{29, 30}

The majority of SIFs globally are fixed sites and integrated into low-threshold facilities that aim to attract people most likely to use drugs in high-risk settings. While most facilities are for people who inject drugs, SIFs increasingly appear to be allowing access for smoking and inhaling.

A fixed site facility can provide a stable, consistent place for people to attend, however this precludes the possibility of responding to changes in drug markets.³¹ For example, if the location of a drug market shifts due to pressures like police activity or other drug market forces, a fixed site may no longer be ideally placed for people who use drugs to attend.

The introduction of mobile services in some countries has allowed for an innovative delivery model that aims to reach a high-risk group of people who inject drugs.

Several international locations, including Berlin and Barcelona, have introduced mobile drug consumption vans.

Portugal also opened its first mobile supervised consumption van in 2019.³² Prior to the opening of this service, surveys among people who use drugs showed a high level of willingness to engage with such a service.³³

An [unsanctioned](#) mobile Safe Injecting Facility has been operating in Glasgow since August 2020.

In British Columbia, after a public health emergency was declared due to unprecedented numbers of drug overdose deaths, a mobile SIF was trialed.³⁴

This service showed a degree of success in reaching a high-risk population; however, it was not without challenges.

An evaluation of the service showed that while clients reported positive experiences with the service, operational challenges were experienced such as accessibility of the van (including incompatibility for people with disability), flow of client traffic through the van, over-crowding and temperature regulation issues.³⁴ This study found that mobile services are a feasible option for people who inject drugs, however, the quality of the service and logistical challenges need to be carefully considered.

This type of service can also be challenging in areas where a high number of people who inject drugs are expected to utilise the service and demand is too high.

As part of a response to the public health emergency in British Columbia, the Ministry of Health rapidly sanctioned and implemented Overdose Prevention Sites (OPS) to reduce overdose deaths.²⁹

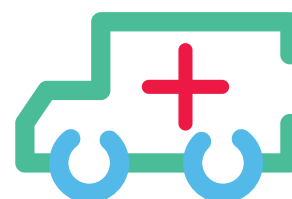
The sites were temporary and, in most cases, set up close to other related services, such as needle and syringe programs or emergency shelters.

The OPSs were staffed predominately by people with lived experience of drug use (experiential) and non-experiential harm reduction workers.³⁰ The government-sanctioned OPSs were introduced following grassroots activism and the establishment of 'pop-up' unsanctioned sites around BC by organisations of people who use drugs, prior to the 2016 Ministerial order.³⁰

There is no published evidence to date on the effectiveness of the approach in British Columbia, however preliminary data shows the OPSs are helping to reduce overdose.

ADF position

1. The ADF recognises the substantial evidence base that supports Supervised Injecting Facilities (SIFs)/Drug Consumption Rooms (DCRs)s and acknowledges these services as an important part of reducing harms associated with injecting or other high-risk drug use.
2. The ADF supports the continued operation of SIFs in Australia as evidence-based, harm reduction health services.
3. The ADF supports the implementation of further facilities in Australia based on appropriate needs assessment and community consultation. This may include consideration of different types of service offerings including mobile services in rural or regional areas.
4. The ADF supports the on-going need for SIFs to be a low threshold service. A low threshold service means that people can access full health care even if they choose to actively continue using alcohol or other drugs. This ensures that people at most risk can access health services, social support and pathways to treatment, regardless of their economic capacity.
5. The ADF supports the role that SIFs/DCRs play in providing pathways into treatment and social supports, including housing and addressing the social determinants of health.



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