

Bulletin No. 22: Supervised Injecting Facilities: What the literature tells us

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Publication details:

1835-1824 (ISSN)

Publication Date:

2013-01-01

DOI:

<https://doi.org/10.26190/unsworks/26801>

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Supervised Injecting Facilities: What the literature tells us

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Key points

- Supervised Injecting Facilities (SIFs) are a well-known, and at times controversial public policy measure to reduce the harms associated with injecting drug use
- A substantial amount of literature has been published on SIFs
- We located 134 papers and reports that provided reviews, outcome studies, economic evaluations, policy analyses and descriptions of SIF from across the globe
- The annotated bibliography provides the details of these papers
- Overall, the research indicates some positive outcomes from SIFs in relation to:
 - Reductions in overdose
 - Less risky injecting practices
 - Improved access to drug treatment, health and welfare services
 - Improvements in public amenity
 - Reductions in crime
- However, the majority of evidence comes largely from two sites (Sydney and Vancouver), and effectiveness research has been methodologically limited
- SIFs remain politically contentious, despite the evidence base

Supervised injecting facilities (SIFs) are places where people who inject drugs are able to self-administer illicit drugs such as heroin, in a sterile environment with clean injecting equipment. They are designed as a harm reduction response to health and community safety concerns regarding public injecting. In addition, by providing a hygienic and safe environment, SIFs seek to reduce the mortality

and morbidity associated with injecting drug use.

Within SIFs, attendees are provided with clean injecting equipment, in particular sterilized needles and syringes, as well as a range of other services which may include access to healthcare, counselling, drug treatment and social services. Drugs are not provided to users. As of 2010, there were at least 92 such facilities operating in 61 cities worldwide (Hedrich, Kerr, & Dubois-Arber, 2010).

SIFs are also known as 'Supervised Injecting Sites', 'Safe/Safer Injecting Rooms', 'Medically Supervised Injecting Centres', and variations thereof. They are also sometimes distinguished from broader labels such as 'Drug Consumption Rooms' and 'Low-Threshold Centres'. Often, the titles of these facilities reflect language-specific or tradition-driven terminology, but in other cases the facilities are qualitatively different. There are a number of models for SIF ranging from low intensity safe injecting sites to highly monitored clinical models. Some facilities include both a SIF and an 'Inhalation Room' for smoking drugs.

The accompanying bibliography (<http://www.dpmp.unsw.edu.au/resource/supervised-injecting-facilities>) lists completed research regarding the debate, development, implementation, and evaluation of SIFs. Published articles and grey literature (such as Government reports) were identified using searches on academic and generic search engines as well as other means. Articles were limited to English and French.

The search found 134 papers/reports. This included:

- 8 literature reviews
- 29 evaluation/outcome studies
- 7 economic assessments
- 15 papers regarding the policy/legal environment surrounding SIFs
- 12 qualitative studies, and
- 63 descriptive pieces



Previous studies of SIFs have examined a wide range of outcomes. The vast majority of these outcome studies have been undertaken on the SIFs in Vancouver (16 studies) and Sydney (10 studies). Perhaps the most crucial outcomes of SIFs are related to a reduction in overdose events, as this is one of the prime reasons for their establishment. Marshall et al. (2011) found a 35% decrease in overdose mortality in the area around the Vancouver SIF following its opening, a larger increase than the rest of the city over the same time period. Milloy et al. (2008) has also suggested that deaths were averted due to the Vancouver SIF. In Australia, Salmon et al. (2010) found a significant decline in the number of opioid related ambulance call outs around the SIF in Kings Cross, compared with the rest of New South Wales.

Other outcomes investigated include changes in injecting practices, entry into drug treatment, public amenity (for instance a reduction in publically discarded syringes and public drug use), and decreased crime. Bravo et al. (2009) found that among a Spanish sample of people who had injected drugs, using a SIF was significantly associated with not borrowing used syringes, however there was no significant association between SIF use and the indirect sharing of injection equipment (such as rinsing syringes with used liquid). A report undertaken by NCHECR (2007) found that a majority of SIF clients reported improvements in the injecting practices since registering at the SIF, as did Petrar et al. (2007). Stolz et al. (2007) and Kerr et al. (2005) also found significant associations between SIF use and a range of safer injecting practices.

Evidence suggests that SIFs are an important place for IDUs to access further treatment options if they wish. For instance, DeBeck et al. (2011) found that regular use of the Vancouver SIF was associated with entry into treatment. Kimber et al. (2008) found that frequent SIF users in Sydney were referred to drug treatment at more than 1.5 times the rate of other clients, however actual treatment uptake was not more common among this group. Wood et al. (2007)

found that after the opening of the Vancouver SIF, there was a 30% increase in the uptake of detoxification services.

In addition, there have also been 7 separate economic evaluations of SIFs in Vancouver and Sydney. These have sought to determine the financial costs and savings associated with these facilities, generally measuring the savings associated with the number of HIV/HCV infections that are avoided by their use. Each of these assessments has shown that the savings provided by SIFs outweigh the costs, making these facilities "cost-saving".

There has been a large amount of literature that has covered the legal and policy debates surround SIFs. These debates often take on a moral character, as parties argue for a service which is seen to protect IDUs' rights, or against a service that is seen to condone drug use. This literature can be used to understand the different reasons for and against SIFs and the different non-scientific frameworks that can be used to evaluate them. Also included are articles that address more pragmatic issues around the establishment of SIFs. Due to the strong political opposition that has accompanied the establishment of SIFs, the literature is heavy with advocacy articles that often restate results or provide updates on the political situation.

There are some limitations to the existing research on the effectiveness of SIFs. The gold standard of treatment effectiveness research (randomised controlled trials) is not considered feasible for the evaluation of these facilities due to ethical considerations (see Maher & Salmon, 2007). Therefore, outcome studies described in this bibliography are observational or quasi-experimental. In the latter case, the comparison group differs by use of the SIF facility, frequency of use of the SIF facility, time period or geographical location (no SIF facility). Statistical analyses then typically attempt to control for confounding variables by including them in statistical models and examining the unique variance believed to be attributable to the SIF.



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