

Supervised Consumption Services

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Overview

Supervised consumption services (SCS) – also called safer injection facilities (SIFs), drug consumption rooms (DCRs) or safer drug use services (SDUS) – are legally sanctioned facilities designed to reduce the health and public order issues often associated with public injection. These facilities provide a space for people to consume pre-obtained drugs in controlled settings, under the supervision of trained staff, and with access to sterile injecting equipment. Participants can also receive health care, counseling, and referrals to health and social services, including drug treatment.

There are approximately 100 SCS currently operating in over 65 cities around the world in ten countries (Switzerland, Germany, the Netherlands, Norway, Luxembourg, Spain, Denmark, France, Australia, and Canada) – but none in the U.S.ⁱ There are plans for the opening of SCS in Scotland, Ireland, major cities across Canada, and most recently in Seattle, WA.ⁱⁱ

SCS can play a vital role as part of a larger public health approach to drug policy. SCS are intended to complement – not replace – existing prevention, harm reduction and treatment interventions.

SCS Improve Safety and Health

Numerous evidence-based, peer-reviewed studiesⁱⁱⁱ have proven the positive impacts of supervised injection services, including:

- Increasing use of substance use disorder treatment, especially among people who distrust the treatment system and are unlikely to seek treatment on their own;
- Reducing public disorder, reducing public injecting, and increasing public safety;
- Attracting and retaining a population of people who inject drugs and are at a high risk for

infectious disease and overdose;

- Reducing HIV and hepatitis C risk behavior (i.e. syringe sharing, unsafe sex);
- Reducing the prevalence and harms of bacterial infections;
- Successfully managing hundreds of overdoses and reducing drug-related overdose death rates;
- Saving costs due to a reduction in disease, overdose deaths, and need for emergency medical services;
- Providing safer injection education, subsequently increasing safer injecting practices;
- Increasing the delivery of medical and social services.

In areas surrounding existing SCS, there has been no evidence of increased community drug use, initiation of injection drug use, or drug-related crime. A 2014 systematic review concluded: *“All studies converged to find that SIFs were efficacious in attracting the most marginalized people who inject drugs, promoting safer injection conditions, enhancing access to primary health care, and reducing the overdose frequency. SIFs were not found to increase drug injecting, drug trafficking or crime in the surrounding environments. SIFs were found to be associated with reduced levels of public drug injections and dropped syringes.”*^{iv}

Vancouver’s InSite

Vancouver, Canada’s supervised injection facility, *InSite*, has been the most extensively studied SIF in the world, with over 60 peer-reviewed articles published examining its effects on a range of variables, from retention to treatment referrals to cost-effectiveness.^v These reports are in agreement with reviews of Australian and European SIFs, which show that these facilities have been successful in attracting at-risk populations, are associated with less risky

injection behavior, fewer overdose deaths, increased client enrollment in drug treatment services, and reduced nuisances associated with public injection.^{vi} For example, one study found a 30 percent increase in the use of detoxification services among *InSite* clients.^{vii}

InSite has proved to be cost-effective in terms of overdose and blood borne disease prevention as well.^{viii} One cost-benefit analysis of *InSite* estimated that the facility prevents 35 cases of HIV each year, providing a societal benefit of more than \$6 million per year.^{ix}

“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.^x

A survey of more than 1,000 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.^{xi} *InSite* has produced a “large number of health and community benefits...and no indications of community or health-related harms.”^{xii}

Recommendations

SCS 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 legal SCS (at least at the pilot level) staffed with trained 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.

DPA supports the efforts of local communities in the U.S. to pursue SCS programs. In 2012, New Mexico 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.^{xiii} In January 2017, Seattle and the surrounding King County announced a plan to establish several SCS in the area as a pilot test to address overdose and drug use in the community.^{xiv} Legislation has now been introduced in California, Maryland, New York, Vermont, and Massachusetts to allow SCS. Local efforts continue in cities such as

Seattle, Ithaca, Boston, Baltimore, and San Francisco, where community stakeholders and people who inject drugs are similarly in favor of SCS as a step to reduce the harms of drug misuse.

Though SCS cannot prevent all risky drug use and related harms, evidence demonstrates that they can be remarkably effective and cost-effective at improving the lives of people who inject drugs as well as the public safety and health of their communities.

ⁱ Eberhard Schatz and Marie Nougier, "Drug Consumption Rooms: Evidence and Practice," (International Drug Policy Consortium, 2012) <http://idpc.net/publications/2012/06/idpc-briefing-paper-drug-consumption-rooms-evidence-and-practice>; European Monitoring Centre for Drugs and Drug Addiction, "Drug consumption rooms: an overview of provision and evidence," (2015) <http://www.emcdda.europa.eu/topics/pods/drug-consumption-rooms>. Greece closed its only SIF in 2014 but is expected to reopen it in the near future.

ⁱⁱ K. Stone and G. Sander, "The Global State of Harm Reduction 2016" (Harm Reduction International, 2016) <https://www.hri.global/contents/1739>; Heroin and Prescription Opiate Addiction Task Force: Final Report and Recommendations (September 15, 2016) http://www.kingcounty.gov/~media/depts/community-human-services/behavioral-health/documents/heroin/Final-Heroin-Opiate-Addiction-Task_Force-Report.ashx?la=en.

ⁱⁱⁱ C. Potier et al., "Supervised injection services: What has been demonstrated? A systematic literature review," *Drug Alcohol Depend* 145C(2014): 48-68; S. Semaan et al., "Potential role of safer injection facilities in reducing HIV and hepatitis C infections and overdose mortality in the United States," *Drug Alcohol Depend* 118, no. 2-3 (2011): 100-10.

^{iv} Potier et al., "Supervised injection services: What has been demonstrated? A systematic literature review," 48.

^v T Kerr et al., "Findings from the Evaluation of Vancouver's Pilot Medically Supervised Safer Injection Facility—Insite," (Vancouver, BC: Urban Health Research Initiative, BC Centre for Excellence in HIV/AIDS, 2009) http://uhri.cfenet.ubc.ca/images/Documents/insite_report-eng.pdf.

^{vi} See KPMG, *Further evaluation of the Medically Supervised Injecting Centre 2007-2011*, http://www.health.nsw.gov.au/resources/mhdao/pdf/msic_kpmg.pdf; European Monitoring Centre for Drugs and Drug Addiction, "Drug consumption rooms: an overview of provision and evidence."

^{vii} E Wood et al., "Rate of detoxification service use and its impact among a cohort of supervised injection facility users," *Addiction* 102(2007): 918.

^{viii} M. A. Andresen and N. Boyd, "A cost-benefit and cost-effectiveness analysis of Vancouver's supervised injection facility," *Int J Drug Policy* 21, no. 1 (2010): 70-76; AM Bayoumi and GS Zaric, "The cost-effectiveness of Vancouver's supervised injection facility," *Can Med Ass J* 179, no. 11 (2008): 1143-51; SD Pinkerton, "Is Vancouver Canada's supervised injection facility cost-saving?," *Addiction* 105(2010): 1429-36.

^{ix} Andresen and Boyd, "A cost-benefit and cost-effectiveness analysis of Vancouver's supervised injection facility."

^x Brandon DL Marshall et al., "Reduction in overdose mortality after the opening of North America's first medically supervised safer injecting facility: a retrospective population-based study," *The Lancet* 377, no. 9775 (2011): 1429-37.

^{xi} S Petrar et al., "Injection drug users' perceptions regarding use of a medically supervised safer injecting facility," *Addict Behav* 32(2007): 1088-93. Steven Petrar et al., "Injection Drug Users' Perceptions Regarding Use of a Medically Supervised Safer Injecting Facility," *Journal of Addictive Behaviors* 32, no.5 (2007):1088-1093.

^{xii} E Wood et al., "Summary of findings from the evaluation of a pilot medically supervised injecting facility," *Can Med Assoc J* 175, no. 11 (2006): 1399-404.

^{xiii} 50th Legislature, State of New Mexico, Senate Memorial 45 (2012) <http://www.nmlegis.gov/Sessions/12%20Regular/memorials/senate/SM045.pdf>

^{xiv} Heroin and Prescription Opiate Addiction Task Force: Final Report and Recommendations (September 15, 2016) http://www.kingcounty.gov/~media/depts/community-human-services/behavioral-health/documents/heroin/Final-Heroin-Opiate-Addiction-Task_Force-Report.ashx?la=en