CENTER FOR PUBLIC HEALTH INITIATIVES

DATA BRIEF

SUPERVISED INJECTION FACILITIES

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BACKGROUND

Injection drug use once accounted for half of the new HIV cases each year in Philadelphia. Today, it accounts for less than 6%[1]. This achievement is the result, in large part, of increased access to sterile syringes through needle exchange at Prevention Point Philadelphia. But while tremendous strides have been made in reducing the HIV risk for people who inject drugs (PWID), the story with respect to skin and soft tissue infection (SSTI) and overdose is grim. SSTIs are life-threatening, painful, and remain common among PWID[2]. Rates of fatal overdose, meanwhile, have skyrocketed in recent years, resulting in 907 deaths in 2016 and over 1200 in 2017.

Trends for injection-related HIV and injection-related infection and overdose have taken different trajectories because access to sterile injection materials only addresses a portion of the risk environment for injection drug use[3]. Avoiding SSTIs is hard, even with a sterile syringe, when injecting in poorly lit, cold, dirty or otherwise unhygienic spaces.

Reversing an overdose is possible with naloxone, but there has to be someone to administer it, and PWID often inject in secluded spaces. Some evidence also suggests that overdose is more likely when PWID inject hurriedly – from fear of assault or arrest – and without the opportunity to taste and control dosing[4].

SIF: A HARM REDUCTION APPROACH

Supervised Injection Facilities (SIFs) provide hygienic spaces and clinical supervision for injection drug use. Supervising health professionals advise about injection-related harms, provide clean injecting supplies, reverse overdoses, and provide linkages to medical and social services. SIFs are predicated on the harm reduction principle of meeting people in need "where they are." They are especially valuable, in this regard, for reaching vulnerable populations. SIFs have existed for over 3 decades in Europe, and for over a decade each in Australia and Canada. There are over 100 facilities in operation globally.

> "Individual and community harms associated with injecting drugs are fundamentally constituted by the fact that many people who inject drugs lack a clean, comfortable, and secure place to inject. Setting aside the evidence supporting SIFs, which is abundant, consistent and positive, providing such a place just makes sense."
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> —CPHI Senior Fellow, Evan Anderson JD, PhD

Figure 1. Insite (Photo: Vancouver Coastal Health)

Insite is North America's first government authorized SIF. It opened in 2003 in Vancouver's Lower East Side. The facility provides injection booths (see figure 1) where clients use pre-obtained drugs under staff supervision and with free injection equipment. Staff are available to reverse overdoses and provide other healthcare services. Insite offers onsite detoxification services and long-term recovery treatment and housing[5].

EVIDENCE SUPPORTING SIFS

Effects on PWID Health:

PWID who use SIFS report less frequent public injection, less syringe sharing, and more uptake in addiction treatment. Meta-analyses suggest that frequent SIF use is associated with an almost 70% reduction in syringe sharing. Evidence also suggests that SIF users are more likely to engage in non-injection-related health behaviour, such as increased condom use and increased use of medical care and social services.

SIFs also prevent fatal overdose among PWID. Since Insite opened in 2003, there has not been a single fatal overdose at the facility, and overdose rates have declined 35% around the facility and 9% city-wide[5]. Similar findings have been reported at SIFs elsewhere.

Effects on Community Health:

SIFs have well established benefits for community health and order. The opening of Insite was associated with a significant decrease in public injecting, publicly-discarded syringes, and injection-related litter. Similar reductions were reported in Australia and Spain by residents, business owners, and PWID themselves. There is no evidence that implementing a SIF increases crime; in fact, six studies conducted in Canada and Australia found no change in public order and safety. A recent study also indicates that Insite has helped to reduce harmful interactions between PWID and police.

Economic Effects:

The economic case for SIFs is substantial. Start-up and operating costs are small compared to the cost of providing reactive care for PWID with otherwise unmet needs. Medical referral services available at Insite were associated with a substantial decrease in hospital length of stay; decreased HIV transmission rates alone save health systems as much as $6,000,000 CAD per year, an incremental cost-effectiveness ratio of $10,763 CAD per DAY[6].

Obstacles and Opportunities:

There are no officially sanctioned facilities currently operating in the U.S. However, there are some unsanctioned facilities, and Boston has adopted a Supportive Place for Observation and Treatment (SPOT) that offers "engagement, support, [and] medical monitoring" for "8-10 individuals at a time who are over-sedated from the use of substances"[7]. Evaluations of these facilities are just emerging. A number of other cities, including Seattle, are actively planning to open a SIF[8].

There are potential impediments. Federal law enforcement could challenge a SIF under a law that prohibits maintaining a space for the use of illicit drugs, although there are reasonable arguments that this law does not apply to a SIF. There are political "NIMBY-ism" challenges, too. Mobilizing community support and building coalitions across health, law enforcement and other stakeholders has been essential to successful implementation in other places.

Despite these challenges, the public health arguments supporting the implementation of a SIF are growing. The Mayor's Task Force to Combat the Opioid Epidemic recommended exploring the creation of a SIF last year[9]. The city has since sent health and law enforcement officials to Insite. Given Governor Wolf's declaration that opioid use is a "disaster emergency" last week, the time for bold action has never been clearer.

Conclusion:

Opening an SIF is an essential component of a broader strategy to reduce injection-related harms, including overdose.

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ABOUT CPHI

The Center for Public Health Initiatives was founded in 2007 by the University of Pennsylvania to act as an interdisciplinary public health center that brings together faculty, staff, and students from across Penn's campus. The mission of CPHI is to educate and train new and emerging public health leaders, foster multi-disciplinary collaborations, and promote excellence in public health research and community partnerships.

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