

## A Global Scan of Supervised Injection Sites

### Introduction

The first supervised injection site (SIS) was opened in Switzerland in the 1980s. Today, there are over 90 sites worldwide in over 60 cities. The majority of SISs are in Europe, with 2 sites in Canada and 1 in Australia (Australian Drug Foundation, 2016).

Three main models of SISs exist world-wide (European Monitoring Centre for Drugs and Drug Addiction, 2016):

- *Integrated* – most common type globally; the site offers other services in addition to safe injection space and supplies (e.g., food, showers, counselling, addiction treatment services);
- *Specialized* – the site offers services directly related to drug consumption only (e.g., hygienic injection materials, education on safe drug use, management of emergencies, observation after drug consumption); and,
- *Mobile* – a vehicle with space to inject drugs that can move to various locations; typically sees fewer clients than fixed sites.

Some characteristics are common throughout SISs around the world such as access being restricted to registered users and minimum age restrictions for use. Most sites allow injecting only, however some are beginning to provide safer smoking and inhalation services as well. SISs are commonly open 6-7 days per week for 7-8 hours per day (European Monitoring Centre for Drugs and Drug Addiction, 2016).

**Table 1. Characteristics of Supervised Injection Sites Worldwide (International Network of Drug Consumption Rooms, 2015)**

Country	Number of SIS	SIS model	Notes
Canada	2 (Vancouver)	Integrated	<ul style="list-style-type: none"> <li>• Does not allow assisted injecting</li> </ul>
Australia	1 (Sydney)	Integrated	<ul style="list-style-type: none"> <li>• Clients can remain anonymous</li> </ul>
<b>Europe</b>			
The Netherlands	31 (25 cities)	Integrated <ul style="list-style-type: none"> <li>• Specialized (e.g. provision of sterile equipment, space to inject, treatment provided)</li> <li>• Integrated and specialized models almost evenly represented throughout of medical emergencies)</li> </ul>	<ul style="list-style-type: none"> <li>• Smoking and injecting services</li> <li>• the country</li> </ul>

Country	Number of SIS	SIS model	Notes
Germany	24 (15 cities)	Integrated Mobile (Berlin)	<ul style="list-style-type: none"> <li>Some SISs specifically for sex workers</li> <li>People in opioid substitution treatment are excluded from access to SISs (except in Hamburg)</li> </ul>
Spain	12 (3 cities)	Integrated Mobile (Barcelona)	<ul style="list-style-type: none"> <li>Smoking, inhalation and injecting services provided</li> </ul>
Switzerland	12 (8 cities)	Integrated	<ul style="list-style-type: none"> <li>Smoking, inhalation and injecting services provided</li> </ul>
Denmark	5 (3 cities)	Integrated	<ul style="list-style-type: none"> <li>Smoking and injecting services provided</li> </ul>
Norway	1 (Oslo)	Integrated	<ul style="list-style-type: none"> <li>Heroin is the only substance allowed</li> </ul>
Luxembourg	1	Integrated	<ul style="list-style-type: none"> <li>Second SIS scheduled to open 2017</li> </ul>

### Existing Supervised Injection Sites in Canada

#### ***Insite (Vancouver, BC)***

In 2003, North America's first SIS opened in Vancouver; partly in response to a dramatic rise in overdose deaths in the downtown eastside. It was established with the goals of reducing risk of human immunodeficiency virus (HIV) infection, increasing addiction treatment utilization and reducing risk of death from overdose (Urban Health Research Initiative, 2009). Piloted under a specialized model, Insite has now transitioned to an integrated service model providing health and social services including Onsite, a detoxification treatment facility, in addition to drug consumption services.

Vancouver Coastal Health (VCH) in conjunction with Portland Hotel Society-Community Services Society operates the facility. The BC Ministry of Health Services provides funding for the operating costs and Health Canada has provided funding to support the scientific evaluation of Insite (Weekes, Percy, & Cumberland, 2005).

Insite has 13 injection stalls and can accommodate up to 700 injections per day. Staff at Insite include nurses who respond to overdoses, treat injection site infections and provide other medical care, an addictions counselor and support staff that provide access to housing resources, addictions treatment, and detoxification services among others (Urban Health Research Initiative, 2009). Further information is available on the Insite website: <http://supervisedinjection.vch.ca/>

### ***Dr. Peter Centre (Vancouver, BC)***

The Dr. Peter Centre in Vancouver delivers programs for people living with HIV/AIDS. It is operated by a non-profit, the Dr. Peter AIDS Foundation, in partnership with Vancouver Coastal Health.

Programs and services provided at the centre include:

- Day health program – nursing care, counseling, anti-retroviral treatment, meals, social activities;
- Residential program – short or long term stays, transition from hospital to community, end of life care; and,
- Supportive housing program – for clients transitioning from the residence into the community; furnished suites provided close to the Centre.

Supervised injection services are part of their harm reduction programming in addition to needle exchange, condom distribution, and sexual health education. SIS services are available only to those enrolled at the centre. Eligibility criteria for enrollment include diagnosis of HIV infection and several of the following health and social challenges: multiple health issues; limited financial support; limited or no social support; unstable physical health; unstable housing; physical disabilities (Dr. Peter AIDS Foundation, 2016).

Further information is available on the Dr. Peter Centre website <http://www.drpeter.org/en/>

### **Proposed Supervised Injection Sites in Canada**

#### ***Vancouver***

Vancouver Coastal Health (VCH) authority is looking to expand SIS services and recently announced a plan to open 5 more SIS in the city. These new sites would likely be integrated with centres already providing other services to people who use drugs. VCH is awaiting approval from Health Canada.

#### ***Victoria***

Victoria's City Council has made establishing an SIS part of their strategic plan for 2016. British Columbia's Chief Medical Health Officer has shown support for an SIS in Victoria and the mayor has also acknowledged the need for an SIS. In July 2016, Victoria was invited by the federal Minister of Health to apply for an exemption under the *Controlled Drugs and Substances Act* in order to open an SIS.

### **Toronto**

The Toronto and Ottawa Supervised Consumption Study (TOSCA) examined the feasibility of establishing SISs in these cities. The study assessed key factors such as evidence, cost-effectiveness and public opinion to help decision makers when considering the establishment of an SIS (Bayoumi, et al., 2012). Toronto's Board of Health and City Council have approved the establishment of 3 SISs in Toronto. These sites are planned to be integrated into existing services for people who use drugs. The proposed sites are: The Works (operated by Toronto Public Health), South Riverdale Community Health Centre and Queen West – Central Toronto Community Health Centre. Next steps will include applying for an exemption from the federal Minister of Health under the Controlled Drugs and Substances Act in order to open the SISs. It is anticipated that the sites will open in 2017.

### **Ottawa**

The TOSCA study recommended the establishment of 2 SISs in Ottawa (Bayoumi, et al., 2012) and the Ottawa Board of Health has supported the SIS proposal. Of the proposed sites, Sandy Hill Community Health Centre (SHCHC) is the furthest along in planning the addition of an SIS to its existing needle exchange and methadone treatment services. Three other health centres, serving Centre town, Somerset and Carlington communities are in earlier planning stages. Funding for the above community health centres comes from multiple sources with the majority coming from the provincial government (Sandy Hill Community Health Centre, 2016). SHCHC will seek additional funding and staff once a Federal exemption is granted to run the SIS.

Next steps include an online public opinion and input survey that was launched in the summer of 2016 and stakeholder meetings through the fall of 2016 to obtain more contextual information.

### **Montreal**

Montreal has been campaigning for SIS services since 2003. However, they were unable to obtain a federal exemption under the *Controlled Drugs and Substances Act* at that time. In 2011 Montreal's Director of Public Health recommended the establishment of SISs following a feasibility study to identify and evaluate conditions that would support SIS services in Montreal (Lessard & Morissette, 2011).

In 2015, proposals for 4 SISs were approved by the City of Montreal including 3 integrated sites and 1 mobile facility. Montreal has applied for an exemption under the *Controlled Drugs and Substances Act* and is awaiting approval from the federal government. Once the exemption is approved, they plan to have SIS services operating by late 2016 or early 2017.

### ***London***

London is currently undergoing a feasibility study of providing supervised injection services in the city. This is being led by the Ontario HIV Treatment Network (OHTN) and is locally supported by the Regional HIV/AIDS Connection. London was chosen as a site for this study by the OHTN due to high rates of injection drug use and overdoses. The study includes the following components: surveys of people who use drugs, interviews of key stakeholders, town halls and community forums. To date, 200 people who inject drugs have been surveyed and this data is to be analyzed over the summer of 2016. The next step will involve interviews of stakeholders such as public health officials, police, neighbourhood associations, downtown businesses, health and social services agencies and emergency services.

### ***Thunder Bay***

Thunder Bay is another city chosen by the OHTN to undergo a SIS feasibility study. Currently, they are collecting information from stakeholders and input from the community.

### **Supervised Injection Sites in Australia**

#### ***Uniting Medically Supervised Injection Centre (Sydney, Australia)***

Australia's first SIS was established in 2001 on a trial basis. After three independent evaluations, in 2010 the government introduced legislation to make this SIS a permanent facility. It is operated by Uniting, the services and advocacy arm of the Uniting Church and is supported by the New South Wales (NSW) Police and Department of Health.

Further information is available on the Uniting website:

<https://uniting.org/our-services/for-adults/sydney-medically-supervised-injecting-centre>

### ***Melbourne***

There have been ongoing policy and advocacy efforts since 2012 to establish an SIS in Melbourne (Australian Drug Foundation, 2016). No site has been established yet.

### **Supervised Injection Sites in Europe**

SISs have been operating in Europe for the last thirty years. They were initially established as part of the response to the spread of HIV/AIDS linked to heroin use and injecting drugs (European Monitoring Centre for Drugs and Drug Addiction, 2016).

There are currently over 80 SISs spread throughout Europe in The Netherlands, Germany, Spain, Switzerland, Denmark, Norway and Luxembourg. Although most sites offer safer injection services, certain European SISs have smoking and inhalation rooms as well. Funding for SISs in Europe comes from various financial institutions, non-governmental organizations and private donors (Weekes, Percy, & Cumberland, 2005).

Figure 1. Location and number of SISs throughout Europe (European Monitoring Centre for Drugs and Drug Addiction, 2016)



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