

Supervised Injection Facility (SIF)

Other terms include safe injection facility, drug consumption room (DCR), medically supervised injection centre, safe injecting space, safe consumption space, overdose prevention facility.



Drug Science was formed by a committee of scientists with a passionate belief that the pursuit of knowledge should remain free of all political and commercial interest.

Founded in 2010 by Professor David Nutt, following his removal from his post as Chair of the Advisory Council on the Misuse of Drugs, Drug Science is the only completely independent, science-led drugs charity, uniquely bringing together leading drugs experts from a wide range of specialisms to carry out ground-breaking research into drug harms and effects.

The Drug Science mission is to provide an evidence base free from political or commercial influence, creating the foundation for sensible and effective drug laws.

Equipping the public, media and policy makers with the knowledge and resources to enact positive change. Drug Science want to see a world where drug control is rational and evidence-based; where drug use is better informed and drug users are understood; where drugs are used to heal not harm.



The mission of the Society is to broaden and promote the scientific understanding of addiction, and we particularly aim to help clinicians and policy makers get research evidence into practice.

We support education, training and development of individuals in the field. We disseminate research via our journals, conferences and by supporting third-parties' projects and conferences; also, via our website and social media.



What is a Supervised Injection Facility (SIF)?

SIFs are a harm reduction initiative aimed at providing safe spaces for pre-obtained 'street drugs' to be consumed under supervision of medically trained staff and/or observers, who can intervene if necessary to do so.



'Street drugs' are drugs sold illegally.



SIFs are typically associated with the injection of drugs. However, many SIFs allow the smoking and inhalation of pre-obtained drugs, which is where the term drug consumption room arises.



The 'street drugs' consumed are typically heroin and crack cocaine.



SIFs are typically located close to settings with public drug use and a known drug market.

What's the difference between SIFs and HAT?



SIFs

SIFs are where people bring their own pre-obtained 'street drugs' and consume them in a sanitary environment and with medical support available.



Heroin Assisted Treatment (HAT)

HAT is when people are prescribed diamorphine and inject themselves with this. As the diamorphine is prescribed the services are legal. There are currently 2 services in the UK - one in Glasgow and the other in Cleveland Middlesbrough.

Diamorphine
Pharmaceutical grade heroin, that's chemically identical, just purer and free of adulterants.

This slide set will focus on SIFs that facilitate the consumption of pre-obtained 'street drugs'.

What would a SIF provide?



What are the aims of SIFs and the proposed benefits?



Reduce drug-related overdose deaths



Reduce the transmission of bloodborne diseases such as HIV and hepatitis B/C



Reduce injection-related wounds and infections



Reach people who inject drugs



Benefit the surrounding community by reducing drug-related litter and the visibility of public drug use



Gain valuable insights into trends and patterns in drug use



Engage with people who use drugs and connect them with addiction treatment services

How do SIFs prevent an overdose?

What is an overdose?

An overdose occurs when a toxic amount of a drug or combination of drugs overwhelms the body.

What is an opioid overdose?

Opioids act on the region of the brain that regulates breathing. An overdose leads to slowing of breathing that can lead to death.

Medical attention in the case of an overdose

- **Naloxone:** reverses an opioid overdose
- **Defibrillator:** used in the case of a cardiac arrest
- **Oxygen:** used in the case of respiratory depression (breathing difficulties)

Harm reduction advice

- Safer injecting advice including injection technique and practices
- Reduce risky drug use behaviour including high risk drug combinations

Opioids

Compounds extracted from the poppy seed and synthetic compounds with similar properties that can interact with opioid receptors in the brain. Includes heroin, morphine, codeine, fentanyl, methadone, tramadol.

Naloxone can be given as a nasal spray or it can be injected into the muscle, under the skin, or into the veins.

History of SIFs

[The Misuse of Drugs Act 1971 in the UK](#) (ban on the possession, supply, manufacture, import and export of controlled drugs)

Establishment of legal SIFs in the Netherlands

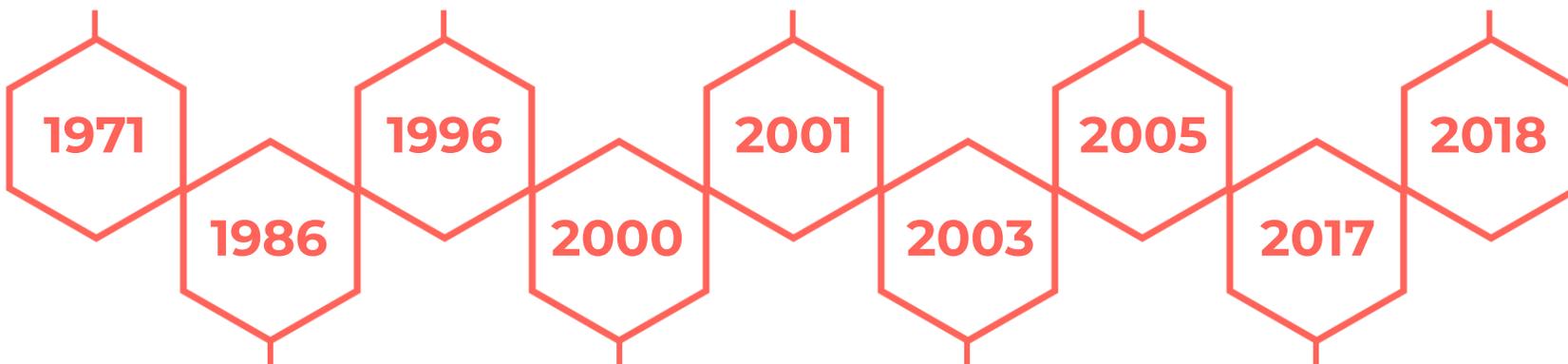
SIF in Luxembourg opened under a law amendment

Sydney Medically Supervised Injecting Centre (MSIC) operation opens

SIF in Oslo, Norway opened

[First SIF opened in Sumy, Ukraine](#)

NOW
Approximately 150 drug consumption rooms across 12 countries worldwide



The [world's first DCR opened by Contact Netz in Bern](#), Switzerland due to high HIV cases, increase in drug-related deaths and public drug scenes in city

SIF in Madrid, Spain opened
Reform of [the Narcotics Act in Germany](#) to legally allow SIFs

On 22nd September North America's first SIF was opened in Vancouver

On 10th May [the Government of the Republic of Ireland passed the Misuse of Drugs \(Amendment\) Bill 2015](#) through Seanad to allow for supervised injecting facilities

Current locations of SIFs worldwide

Canada

- | | |
|------------|-----------------|
| Belgium | The Netherlands |
| Denmark | Norway |
| France | Portugal |
| Germany | Spain |
| Luxembourg | Switzerland |

Australia

[Click here for an interactive map of current SIFs](#)

Recent timeline of SIF developments in the UK

May
[Brighton announced it will not open pilot SIFs after proposals](#)

2014

The Advisory Council on the Misuse of Drugs (ACMD): the government's expert body that makes recommendations on the control of dangerous or otherwise harmful drugs.

2016

December
The ACMD [recommended](#) implementing SIFs in response to massive increases in overdose deaths

July
The Conservative government of Theresa May [rejected the ACMD's recommendation](#)

2017

November
The [Lord Advocate in Scotland](#) blocked plans by the City of Glasgow to open the UK's first SIF

[Record drug-related deaths](#) recorded in Scotland

2019

The UK Government must help end Scotland's drug-related death crisis' published in the high profile journal [the Lancet Psychiatry](#)

Peter Krykant opened up UK's first SIF in Glasgow

2020

February
[Home Office-commissioned review into drugs](#) by Prof Dame Carol Black stated the need to "transform our approach to treatment, investing in it but also innovating so that treatment services are able to respond to today's drugs market and future developments".

January
Statement to the Scottish Parliament by the First Minister Nicola Sturgeon regarding drug policy in Scotland which expressed support of SIFs. [Read the full statement here](#)

2021

Why do we need SIFs in the UK?



Steep increase in overdose deaths since 2012



UK accounts for 34% of drug related deaths in the EU in 2017*



UK drug-related death rates amongst the highest in Europe



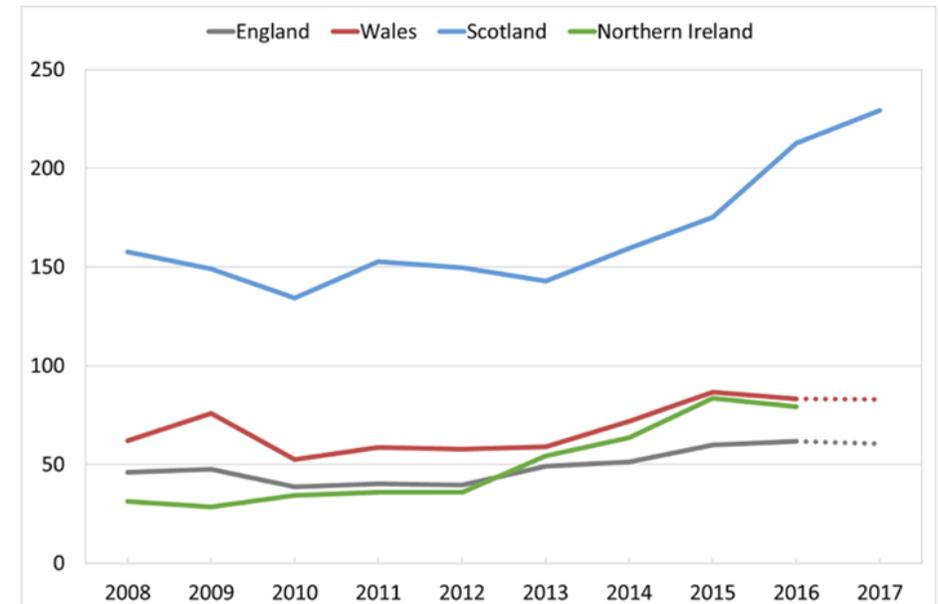
UK falling behind in terms of drug harm-reduction with 12 countries now operating SIFs



Increasing reports of discarded needles by the public in affected communities

*Please note there may be some methodological differences in the reporting of drug-related deaths and potential underreporting between countries

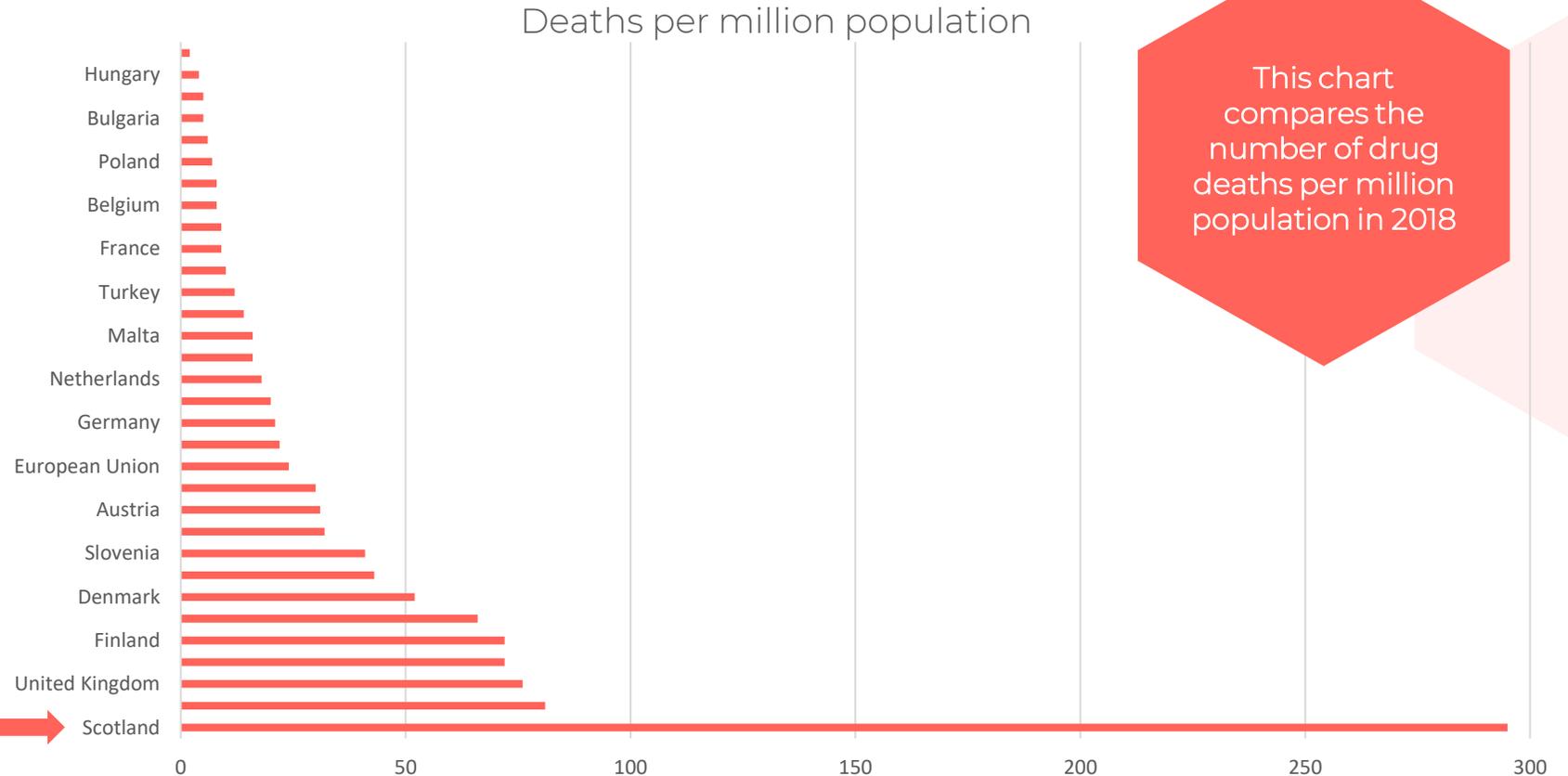
This graph shows the mortality rate (deaths per million population aged 15-64) for drug-related deaths across the UK



[Full Government report can be viewed here](#)

How do drug-related death rates compare between countries in Europe?

Data is from [EMCDDA](#) and [National Records of Scotland](#). Data for most countries is from 2018, apart from the 'UK-wide' figure which is from 2017 and is reflective of drug-related deaths in England, Wales and Scotland (not inclusive of Northern Ireland). Data shown for Scotland is from 2018. [The full data set can be viewed here.](#)



Highest drug-related death rate in Europe

Scotland: a public health emergency



In 2019, there were record drug-related deaths in Scotland with 1,264 drug-related deaths recorded, representing the highest number since records began in 1996. Heroin and morphine were implicated in more deaths than in any previous year, and over half of the total. Scotland's drug-death rate was higher than those reported for all the EU countries and was approximately 3.5 times that of the UK as a whole. The startling statistics demonstrate that drug related deaths have more than doubled in the last 10 years.



This public health emergency is coinciding with the highest outbreak of HIV in Glasgow, which has been deemed the UK's worst epidemic for 30 years. The outbreak within people who inject drugs was first detected in 2015 and a rapid HIV testing response was introduced in 2020.



Scotland had the largest outbreak of wound botulism among people who inject drugs ever recorded in Europe.

Visit the [Scottish Drug Deaths Taskforce website](#) to see what they're doing to tackle Scotland's drug-related death crisis

See this [BBC news article](#) to see an [infographic breakdown of Scotland's drug crisis](#)

Wound botulism

A serious and potentially fatal illness caused by a highly potent toxin produced by the bacteria *Clostridium botulinum*. Street drugs such as heroin can be contaminated with the bacteria.

Who is Peter Krykant and what has he achieved?



Hear more about Peter's personal story as a public injecting drug user and his experiences of homelessness 20 years ago

Peter Krykant is a drug activist who established the UK's first mobile SIF in Glasgow in 2020. The SIF was crowdfunded and is operated by a group of volunteers.

The SIF is currently deemed illegal by Westminster. Although Peter was charged with obstructing police officers who tried to search the van, the Crown Office decided to not charge him and police are currently showing discretion at the mobile operation .

“So we say let's encourage people to be safe, let's stop the deaths that are happening, let's eliminate the HIV crisis that we've got going on in Glasgow and let's give people a bit of dignity and respect, because that's what it's about at the end of the day.”

Peter Krykant interview with Anyone's child

Van: Sterilised needles, sanitary environment, Naloxone, defibrillators, provide harm reduction advice and information, protein bars/shakes



What is the evidence?

A systematic review of the literature on SIFs reported the following:



Evidence of benefits to people who use drugs:

- Reduce drug-related deaths
- Effective at engaging with hard-to-reach, highly marginalised populations
- Facilitate access to health care



Evidence of benefits to wider society:

- Reduce health burden of people who use drugs
- Reduce drug litter
- Reduce public drug use
- No evidence to suggest that SIFs increase people who use drugs to an area
- No evidence to suggest SIFs increase local crime

What do people who use drugs think of SIFs?

This study in London from 2018 determined the attitudes of injecting drug users towards SIFs and their willingness to use them.

The study involved a cohort of 90 methadone-maintained outpatients recruited from a London clinic.

89% of people who inject drugs are willing to use SIFs

76.6% of people thought that SIFs are unlikely to encourage users to try riskier drug preparations

74.5% of people thought that SIFs are unlikely encourage non injectors to inject for the first time

Drug users widely accepted the need for rules such as:



No drug sharing (84.3%)



No assistance with injecting (81.8%)



Compulsory supervision (76.7%)



Compulsory hand washing (92.1%)

This study from Scotland published in 2020 determined the willingness of people who inject drugs to use SIFs. The study involved a cohort of 1469 people who inject drugs across Scotland.

75% of people who inject drugs are willing to use SIFs

83% of people who inject drugs would use a SIF (sample from Glasgow City Centre)

Willingness was greater among those surveyed who reported injecting heroin (76%), injecting cocaine (79%), homelessness (86%), public injecting (87%) and an overdose in the last year (80%)

Case Study 1: Sydney, Australia



A 10-year evaluation of the SIF took place between May 2001 and April 2010:

- 12,050 injecting drug users had registered with the SIF
- 609,177 visits
- A monthly average of 111 new clients



Success in decreasing drug overdose deaths:

- No deaths onsite despite a large number of overdoses (3,426) occurring in the SIF
- Analysis of external data sets suggest that the SIF reduced public opioid overdoses in the local area



Success in facilitating access to drug treatment and services:

- The SIF reached a socially marginalised and vulnerable population group of long-term injecting drug users (40% had no previous interaction with any form of drug treatment)
- 8,508 referrals to other services, nearly half of which were related to drug treatment (3,871)
- The more frequently a client visited the MSIC, the more likely they were to have accepted a referral to a drug treatment service

Case Study 1: Sydney, Australia



Success in reducing sightings of public drug use and discarded needles:

- Residents observing public injecting in the past month halved since the start of the trial
- Residents observing publicly discarded needles declined from 66% to 46%



Reducing bloodborne diseases:

- A notable decline was observed in HIV and hepatitis C infections in the local area of the SIF
- The reduction in hepatitis C infections was in line with the rest of the New South Wales region
- There was a slight upward trend in HIV infections in the New South Wales region over the same period compared to the local region of the SIF. However, without further data before the trial started it is hard to attribute to the local reduction in HIV infection rates to the SIF.



Case Study 2: Melbourne, Australia



A two year trial of a SIF in Melbourne started on the 30th June 2018. A review of the first 18 months of the SIF took place between June 2018 and December 2019:

- **3,936 people registered to use the service**
- **119,223 visits**
- **116,802 supervised injections**



Facilitating access to health services:

- The SIF attracted high risk people who inject drugs (56% of SIF users had previously experienced an overdose)
- The SIF provided or referred 10,540 additional services beyond supervision of injecting as well as providing specialist clinics



Decreasing drug overdose deaths and harm from drug overdoses:

- No deaths onsite despite 2,657 overdoses occurring in the SIF
- Of the 2,657 overdoses, the SIF responded to 271 extremely serious incidents that required naloxone
- Of the 2,657 overdoses the SIF responded to 2,615 overdoses with oxygen and other measures to assist in breathing difficulties. Potentially saving additional lives, and avoiding harms associated with lack of oxygen to the brain and subsequent brain injury

Case Study 2: Melbourne, Australia



Effect on drug-related litter and sightings of public injecting in the local area:

- Reduction in reports of public injecting by residents and local business respondents. A decrease in the proportion of residents (24% to 20%) and business respondents (27% to 22%) who saw public injecting.
- No change in the number of injections seen by residents (3 per month) and an increase for business respondents (from 4 to 5 per month)
- No difference in the proportion of people seeing drug-related litter



Screening for bloodborne diseases:

- The SIF provided screening, assessment and treatment initiation for bloodborne infections
- Over a third of people screened tested positive for hepatitis C and a quarter had begun treatment



Reducing attendance by emergency services and attendances at hospitals due to overdoses:

- 36% reduction in ambulance attendances involving naloxone (opioid overdoses) in the 1 km vicinity of the SIF during opening hours

Case study 3: Vancouver, Canada

North America's first SIF was opened in Vancouver on 22nd September 2003.



Evaluation 1 (2004):

- This study determined the effect of opening the SIF on sightings of public drug use and drug-related litter
- Study was conducted 12 weeks after the opening of the SIF
- Reductions in the number of drug users injecting in public: average daily number of drug users injecting in public reduced from 4.3 to 2.4
- Reductions in publicly discarded syringes: average daily number of discarded syringes reduced from 11.5 to 5.4
- Reductions in drug-related litter



Evaluation 2 (2005):

- This study determined whether the SIF attracted higher-risk people who inject drugs
- Examined data from a community-recruited cohort of 400 people who inject drugs
- 178 of the 400 (45%) recruited had used the SIF
- The SIF was successful in attracting higher-risk drug users and those who initiated SIF use were more likely to be:
 - aged more than 30 years
 - publicly inject
 - homeless or currently in unstable housing
 - daily heroin users
 - daily cocaine users
 - recently had a nonfatal overdose



Case study 3: Vancouver, Canada



Evaluation 3 (2007):

- This study determined the perceptions of the SIF in a population of people who inject drugs
- A randomly selected cohort of 1082 people who inject drugs from the SIF were surveyed for their perceptions
- 75% reported that their injecting behaviour had changed as a result of using the SIF
 - 80% indicated that the SIF had resulted in less rushed injecting
 - 71% indicated that the SIF had led to less outdoor injecting
 - 56% reported less unsafe syringe disposal



Evaluation 4 (2019):

- This study determined the role of frequent SIF use on all-cause mortality in people who inject drugs
- Followed a community-recruited cohort of 811 people who inject drugs for an average follow-up duration of 6 years
- A high burden of premature death among the cohort (total mortality of 112 people)
- Frequent SIF use was associated with a lower risk of death, independent of relevant confounders such as age, sex, HIV seropositivity and unstable housing
- Suggests that SIFs may help reduce premature mortality in people who inject drugs



What are the concerns regarding SIFs?



Do SIFs encourage risky drug use or new users?

A [Europe-wide report](#) by the EMCDDA on SIFs report no evidence that SIFs “increase levels of drug use or encourage riskier patterns of use, nor that they increase morbidity and mortality” and that “there is no evidence that consumption rooms encourage increased drug use or initiate new users”.



Local residents' concerns

Local residents near to proposed SIFs may be concerned regarding the effect of SIFs on crime in the area. The [Europe-wide report](#) by the EMCDDA state that SIFs “do not result in higher rates of local drug-related crime.”



Cost

SIFs can be costly to set up and run. However, [cost-benefit analyses](#) suggest that they make financial savings long-term due to the high cost of treating bloodborne diseases such as HIV that can be reduced by SIFs.

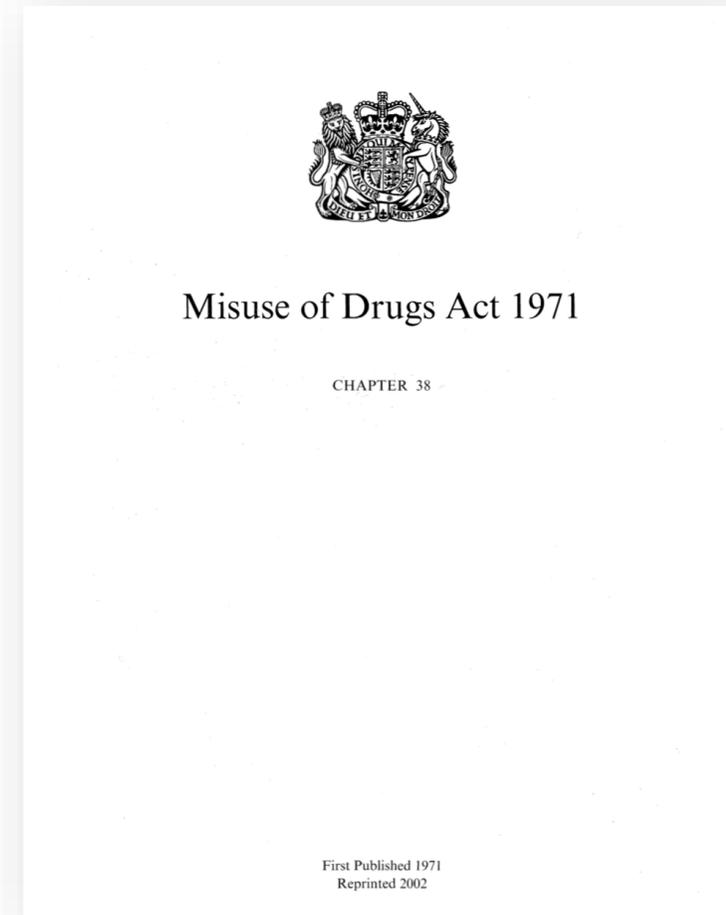
[EMCDDA: European Monitoring Centre for Drugs & Drug Addiction](#)

What's the 'legal grey area'?

There are legality issues of SIFs in the UK due to the Misuse of Drugs Act 1971. This has resulted in a 'legal grey area' and a lack of willingness for local authorities to introduce SIFs.

Medical indemnity (insurance for medical professionals) will not cover SIFs whilst they are considered 'illegal' within the current framework.

There are fewer legal barriers to opening a SIF under the Scottish legal system. The Lord Advocate (Scotland's chief legal officer) could issue guidance to avoid prosecutions, in the public interest.



How can a SIF be set up under the Misuse of Drugs Act 1971?

The Misuse of Drugs Act 1971 follows a two-stage approach in the creation of offences:



1. Certain activities are made “unlawful” e.g. possession



2. The unlawful act is then made an “offence” e.g. possession subject to certain exceptions or exemptions

The Misuse of Drugs Regulations 2001 allows for the lawful possession and supply of controlled (illegal) drugs for legitimate purposes.

The Misuse of Drugs Regulations 2001 offers malleability to the Misuse of Drugs Act 1971 and provides scope for flexible approaches to drug-related issues, including harm reduction schemes such as SIFs.

Rudi Fortson provides a [comprehensive analysis](#) of the legal issues related to SIFs

What are the other routes for SIFs to be deemed legal?

This paper outlines the need for SIFs in the UK, evidence supporting their use and considerations for implementation at a local level.

A two-step approach is suggested:

1

An explicit statement by the Home Office that the operation of SIFs is a matter for local authorities; specific rules could then be agreed by police forces, the Crown Prosecution Service (CPS), health bodies and local authorities; and

2

The UK Parliament passing legislation that makes it explicitly legal to take controlled substances within such facilities in specified circumstances.

Why do we need to collect evidence about the efficacy of SIFs in the UK?

Further research is needed to build a UK evidence-base of the efficacy of SIFs in reducing drug-related harm to support legal reform. Evidence should include:



Effect on overdose deaths



How SIFs influence drug taking practices



Effect on bloodborne diseases



The cost-based effectiveness of SIFs



Referral to drug treatment services



Effect on the number of injection-related wounds and infections



Effect on public drug use and litter

SIFs also provide the opportunity to collect data on what drugs are being consumed, trends in drug taking behaviour, as well as examining street drugs for strength and contaminants

The Safe Injection Facility Working Group (SIFWG)

The Safe Injection Facility Working Group (SIFWG) is a consortium of Drug Science experts, leading academics, researchers, people who use drugs, and policy specialists. The SIFWG will work with several partners to establish pilot SIFs for evaluation.

Furthermore, the group will inform legal reform and produce recommendations to enable the development of the evidence base on SIFs. In addition to this, it will collate and communicate the evidence base on the role of SIFs in reducing drug-related harm.



Aim: Develop the evidence base for reducing drug-related harm by piloting SIFs in the UK

Sub-aims:

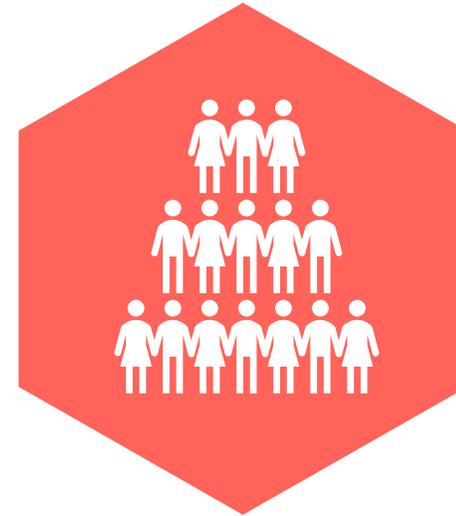
- Work with partners to establish pilot SIFs for evaluation.
- Inform legal reform to enable the development of the evidence base on SIFs.
- Collate and communicate the evidence base for SIFs in reducing drug-related harm.

Conclusion

We hope that the creation of the SIFWG and pilot SIFs will help determine whether a legally sanctioned SIF brings about positive health outcomes.

There will be a network of professionals who will contribute to the effective running of SIFs in the UK. This includes nurses, pharmacists, doctors, support workers and social workers.

Your engagement as the future workforce behind this harm reduction initiative will be essential to ensure people who use drugs can access SIFs.



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