

Supervised Injecting Facilities  
'The case'  
University College Cork  
Wednesday 26<sup>th</sup> September 2012



# Who am I

- Tim Bingham
- Co ordinate The Irish Needle Exchange Forum  
National harm reduction forum
- 22 years working in the field
- Independent researcher and trainer

# What is harm reduction

Harm reduction complements *approaches that seek to prevent or reduce the overall level of drug Consumption*. Harm reduction can often be arranged in a hierarchy with the more feasible options at one end (e.g. measures to keep people healthy) and less feasible but desirable options at the other end.

*Abstinence can be considered difficult to achieve but desirable option for harm reduction in such a hierarchy.*

# History of Harm Reduction

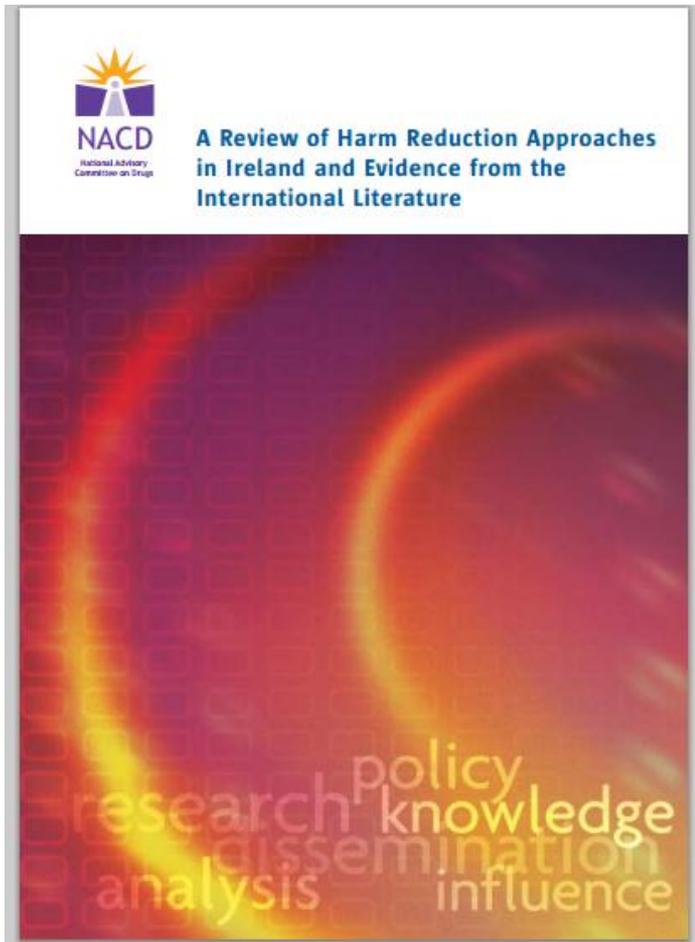


Up until the 1980s, drug services around the world were mainly directed towards 'curing' addictions.

The term 'harm reduction' became prominent in the mid-1980s as a response to newly discovered HIV epidemics amongst people who inject drugs in some cities

Liverpool was one of the first to open needle exchanges, and attracted hundreds of visitors each year who wanted to learn about the 'Mersey Harm Reduction Model'. 1st International Conference on the Reduction of Drug Related Harm, held in Liverpool, England in 1990.

# Harm Reduction in Ireland



Commissioned by the NACD in response to Action 100 of the National Drug Strategy, this Review was prepared by a team from Dublin City University (DCU) and the NACD is grateful to them for their work.

*It is clear from this Review that Irish harm reduction services need to be more flexible, be available in all health boards and in areas of greatest need.*

# Harm Reduction in Ireland



Alternative approaches should be considered to support the expansion of harm reduction services such as Community Pharmacy Needle Exchange

*Harm reduction services should have the flexibility to cater for the provision and/or exchange of a range of drug use paraphernalia so as to reduce the risk of contracting drug related infectious diseases and other harm.*

We know that Hepatitis C Virus, in particular, is a very resilient organism and this has implications for sharing any piece of drug taking equipment. As part of that greater flexibility, there is a need for enhanced training for service providers

# Supervised injecting facilities

## What are they ?

Drug Consumption Rooms (DCR's) are professionally supervised healthcare facilities Hedrich (2010).

Providing safer and more hygienic environment for drug users Stover (2000) Drug Consumption Rooms are defined as 'legally sanctioned low threshold facilities which allow the hygienic consumption of pre-obtained drugs under professional supervision in a non-judgemental environment'

# Supervised injecting facilities what are they ?

The effect of a drug is determined by its pharmacology, its administration, the person taking it and the context its taken in, *drug, set and setting* (Zinberg) 1984 these factors affect the risk and harm of drug use.

Defined as '*protected places for the hygienic consumption of preobtained drugs in a non-judgemental environment and under the supervision of trained staff*' Akzept, (2000)

# Supervised injecting facilities what are they ?

**Insite - Vancouver**



**Sydney - MISC**



# European Picture



DCRs varies across the region, with nationwide coverage in Switzerland and the Netherlands, regional coverage in Germany and Spain, and DCRs in the capital cities only in Norway and Luxembourg. I

In total there are 85 DCRs across 56 cities in these six countries, the majority of them *integrated into more general health and social service provision networks.*

[The Global State of Harm Reduction 2012  
Towards an integrated response](#)

# UK Picture

## Guidance on standards for the establishment and operation of drug consumption rooms in the UK

Neil Hunt

December 2008

This report provides essential guidance for local multi-agency partnerships that are contemplating establishing and operating a drug consumption room (DCR) in the UK.

A number of local partnerships across England, Wales and Scotland are currently discussing whether or how DCRs might help address their local drug problems. At present there are no DCRs in the UK, however, evidence elsewhere suggests that they can be valuable for engaging marginalised drug users, reducing overdose deaths and can have a beneficial impact on community safety in areas where public drug use is widespread.

This guidance:

- helps meet a need to define minimum operational standards, identified within the original *Report of the Independent Working Group on Drug Consumption Rooms* (JRF 2006);
- addresses international and domestic legal issues, including duty of care;
- examines the commissioning process, operational policies and procedures and monitoring and evaluation.

Independent Working Group on Drug Consumption Rooms

*Paper A*

**Indicators of the need for drug consumption rooms in the UK**

*Neil Hunt*

This report is published as supporting evidence to *The Report of the Independent Working Group on Drug Consumption Rooms*, which is available from the JRF website ([www.jrf.org.uk](http://www.jrf.org.uk)).

# The legal issue

Article 4 of the 1961 Convention, which obliges those states which have signed up to the convention (which Ireland has) states that the 'trade in', use and possession of drugs is limited exclusively to medical and academic purposes.

In Ireland, the Misuse of Drugs Act 1977 and 1984 ensures Irelands compliance under International Law.

# HOWEVER The legal issue

However the [UNDCP Legal Affairs Section, \(2002\)](#) say 'It might be claimed that this approach SIFs is incompatible with the obligation to prevent the abuse of drugs...

It should not be forgotten, however, that the same provisions create an obligations **to treat, rehabilitate and reintegrate drug addicts**, whose implementation depends largely on the interpretation by the Parties of the terms in question.

**If, for example, the purpose of treatment is not only to cure a pathology, but also to reduce the suffering associated with it (like in severe pain management), then reducing IV drug abusers exposure to pathogen agents such as HIV and hepatitis should be considered as 'treatment.'**

# HOWEVER The legal issue

Needless to say that, to be consistent with a comprehensive demand-reduction strategy, any such approach would also require counselling and other health and welfare services, aimed at promoting healthier life-styles and, eventually, **abstinence.**

FLEXIBILITY OF TREATY PROVISIONS AS REGARDS HARM REDUCTION APPROACHES (Decision 74/10)

# Yes .... We can do it

David Cameron who in 2002 [voted in favour](#) of supervised injecting rooms being launched in the UK.



# Evaluation



- ✓ 40 % of clients referred on by MSIC to addiction treatment services had never previously accessed treatment for their drug addiction.
- ✓ Regular interaction with health services over time can increase the likelihood that a client will seek help for their drug use.
- ✓ The MSIC data show that while all clients are offered referral and assistance, the proportion of clients who accept a referral increases dramatically the more visits they have made



**The majority of surveyed clients agreed with the statements:**

‘Since coming here, the MSIC has helped me’:  
‘get in contact with other service (i.e. use the telephone at the MSIC to call another service’ (82%)

‘get help with other issues such as accessing services such as housing and legal services’ (73%)

•  
**‘Have you accessed other health or support services since you have come to the MSIC?’**

The majority of clients reported that they had accessed other non-AOD services since they started using the MSIC.

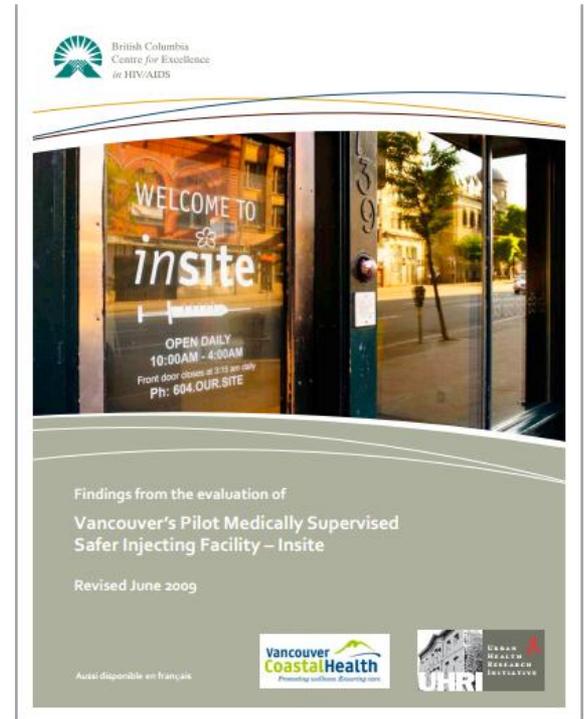
# The evidence



Vancouver's Supervised Injection Site's Role in Accessing Treatment and Care

## FROM THE GROUND UP

Canada has long been regarded as a global leader in health care delivery and innovation. Since September 2003, Insite, North America's first Supervised Injection Site, has kept that tradition alive by offering care to some of Vancouver's more than 12,000 injection drug users. Health care providers from around the world are looking to Vancouver as a model for how to treat and care for people with chronic addiction and complex health issues.



# The evidence

- ✓ People using Insite are more likely to enter withdrawal management (detox) programs than injection drug users who do not use the facility.
- ✓ The likelihood of entering detox goes up even further if the person uses Insite weekly, and first speaks with an addiction counsellor.
- ✓ The research shows that patterns of drug use in the community did not worsen as a result of Insite, and crimes related to drug use have not increased.
- ✓ A reduction of the number of people openly injecting on the streets and the amount of injection-related litter that was left behind.

# The evidence

- ✓ **FACT** Medical Supervised Injecting Centres (MSIC) saves lives
- ✓ **FACT** Does not attract drug users to the area
- ✓ **FACT** Provides a gateway to drug treatment and counselling
- ✓ **FACT** Local residents supports MSIC
- ✓ **FACT** Reduces problems with public injecting and discarded needles and/or syringes
- ✓ **FACT** Decreasing drug overdose deaths
- ✓ **FACT** Reducing the spread of diseases such as HIV and Hepatitis C

# This is not new

2002 Merchants Quay Ireland conference on SIF/MISC

2003 – Minister for Justice – Michael McDowell

*“ Controlled injecting rooms might be an idea, because I know it has been suggested.... The question you have to ask yourself is, is it good enough simply to give needle exchanges, to exchange needles, new needles for people to stop the spread of AIDS without at the same time giving some facilities? What do you expect people who pick up needles to do? “*

*“I would be very, very loath to have official injecting rooms...I don't think that's a good idea, no. It's an indictable offence to have heroin.....I'm not going to go down the road of providing places for people to shoot up heroin” (RTE 2003)*

# So why have a MISC in Ireland



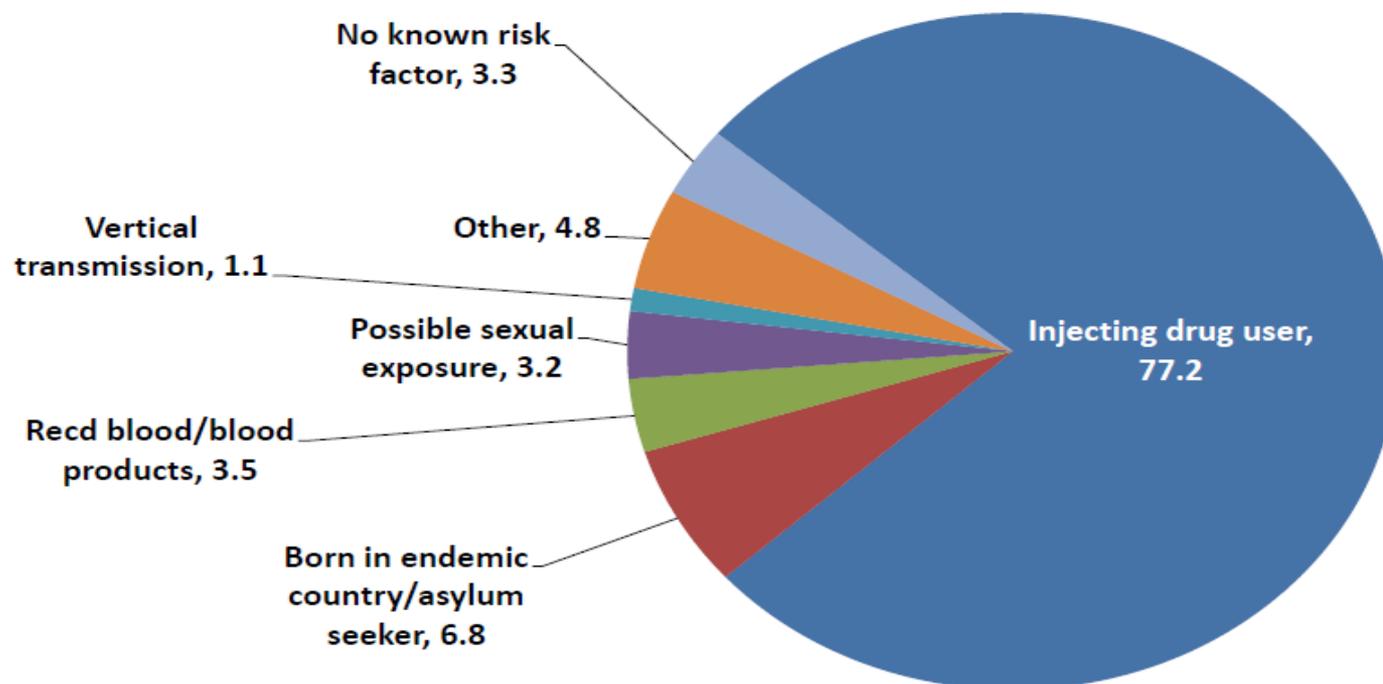
# So why have a MISC in Ireland



Health Protection Surveillance Centre  
Lárionad Faire um Chosaint Sláinte



## Most likely risk factor (%) for cases of hepatitis C notified 2007-2011 (where data available, n=3613, 53%)



# So today where are we today?

## A RAPID ASSESSMENT RESEARCH (RAR) OF DRUG AND ALCOHOL RELATED PUBLIC NUISANCE IN DUBLIN CITY CENTRE.

Dr Marie Claire Van Hout, Tim Bingham, 2012

**2012**

The issue of substance-related anti-social behaviour is **primarily a public health issue** and any sustainable long term solution can only be delivered in that context

**The establishment of medically supervised injecting centres**

A BETTER  
CITY FOR ALL

A partnership approach to address public substance misuse and perceived anti-social behaviour in Dublin City Centre

# So today where are we ?

Lord Mayor's Commission on  
**antisocial behaviour**



Support the establishment of a pilot project of a Medically Supervised Injecting Centre to enable the gathering of evidence on the effectiveness on this initiative to reduce harm for drug users engaged in risky behaviour (HSE)

# And then .....

DÁIL QUESTIONS addressed to the Minister of State at the Department of Health (Ms. Shortall) 18/09/2012

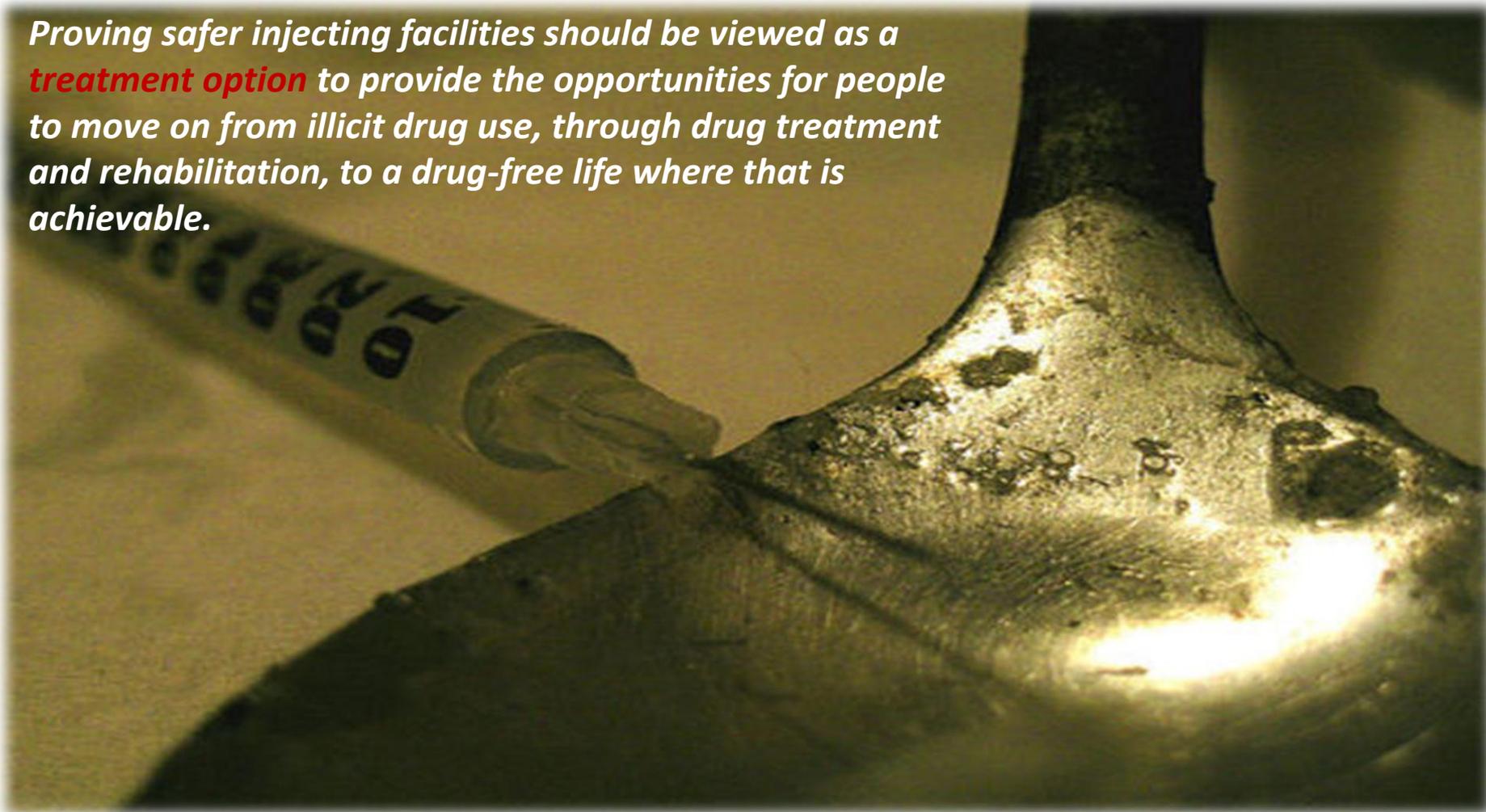
It is not my intention to introduce supervised injection sites for heroin users. Rather my focus is on

*ensuring that there is an increased emphasis on providing the opportunities for people to move on from illicit drug use, through drug treatment and rehabilitation, to a drug-free life where that is achievable.*

A 2012 report from the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) *indicates that heroin-assisted treatment is made available only in a small number of European countries. While the report found some evidence that this treatment can be effective for a small minority of entrenched opioid users, the EMCDDA made clear that it was reporting only, rather than advocating the provision of such services.*

# So the evidence .....

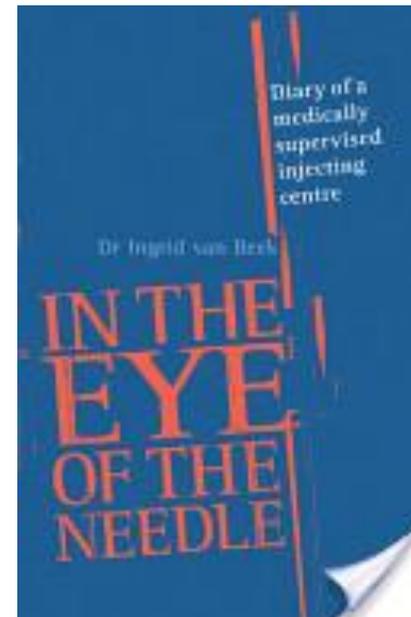
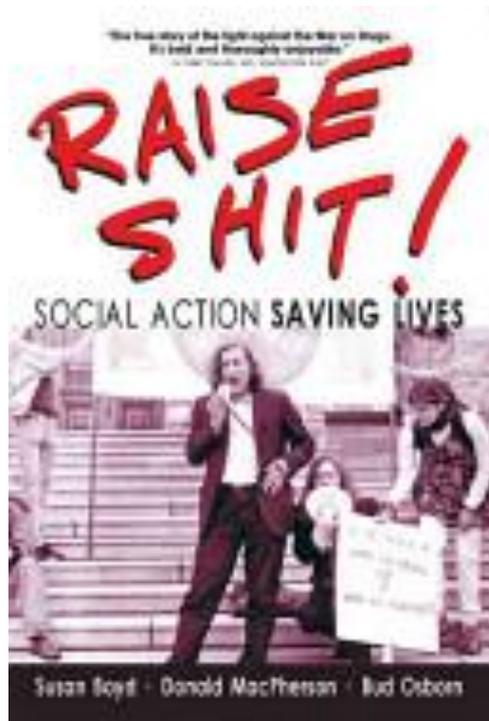
*Proving safer injecting facilities should be viewed as a **treatment option** to provide the opportunities for people to move on from illicit drug use, through drug treatment and rehabilitation, to a drug-free life where that is achievable.*



All the pieces to the jig saw fit .....



# Recommended books .....



# Thanks for listening

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