Supervised Injecting Facilities

- According to Harm Reduction International, globally there are sixty cities that have one or more Supervised Injecting Facilities (SIFs). Many have been operating successfully for over twenty years.

- SIFs improve public amenity through reductions in public injecting and inappropriate disposal of needles and syringes in public places.

- SIFs have an important role to play in providing access to AOD treatment for Injecting Drug Users (IDU) as well as access to other health and social programs that support PWID, their children, families and friends.

- More importantly SIFs save lives by reducing the risk of overdose by allowing the IDU using the facility to access an emergency response (resuscitation) when necessary.

- SIF staff are able to observe and provide advice to users to rectify poor injecting practices thus preventing the spread of blood borne viruses (HIV and Hepatitis B and C) and reduce other adverse events such as Injecting Related Injury and Disease (IRID) i.e. abscess, thrombosis, endocarditis.

- In the National Drug Household Survey in 2004 and 2007, community participants were asked about their support for measures relating to the use of heroin. In 2007, 50% supported regulated injecting rooms, which was an increase from 2004 (40%) (AIHW, 2008).

- Attitudes of local businesses near the SIF in Kings Cross, Sydney were evaluated by the National Centre in HIV Epidemiology and Clinical Research (NCHECR), and in 2005, nearly 70% agreed with the establishment of the centre which was an increase from 63% in 2002 and 58% in 2000 (NCHECR, 2006).

- Another of the many evaluations on the SIF in Sydney carried out by NCHECR in 2007 investigating Client Referral and Health Issues at this SIF found that between:
  - May 2001 to April 2006, 8,743 individuals made 309,529 visits to inject at the Sydney SIF.
  - Heroin (69%) and cocaine (13%) were the drugs most commonly injected
  - Most of the registered clients were male (74%) with an average age of 32 years who had been injecting for an average of 13 years.
  - Nearly 40% reported injecting at least daily, and 43% had injected in public in the month prior to registration at the SIF. Just over 50% mainly injected heroin and nearly 40% of clients reported a history of drug overdose.
  - Over 40% had engaged in methadone maintenance treatment (MMT) at some time and 13% were currently enrolled in MMT, and 6% of clients reported having used a needle and syringe after another IDU in the month prior to registration.

- Of particular note is the fact that between May 2001 to April 2006:
  - SIF staff provided 42,193 other occasions of service (i.e. wound care, brief interventions) to 4,433 clients (51% of all clients) at a rate of 136 per 1,000 visits.
  - AOD information was provided on 4,777 occasions and advice on alcohol and other drug (AOD) treatment was given on 2,837 occasions.
  - A total of 5,380 referrals for AOD treatment, health care and social welfare services were provided to 1,461 clients (17% of all clients) at a rate of 17 per 1,000 visits.
  - Of these referrals 44% were made to AOD treatment (7.6 per 1,000 visits), most frequently to pharmacotherapy treatment.
  - Health care and social welfare referrals were provided at rates of approximately 5 per 1,000 visits.
  - AOD treatment referrals were less likely to have been received by clients who had been injecting for more than six years and who mainly injected methamphetamines compared to heroin.
  - A third of clients who received an AOD treatment referral had not previously accessed any form of drug treatment.

- A brokerage program for referrals to AOD treatment is also provided at the SIF in Sydney and as a result:
  - Financial assistance was provided to the treatment services to facilitate treatment, via a brokerage referral program for 66 clients between Jan 2006 and June 2006.
Clients who were living in unstable accommodation and who were Hepatitis C positive were almost twice as likely to receive a brokerage referral to AOD treatment.

Outcome data for those brokered treatment referrals provided in the first 6-months of 2006 indicate that 84% of the clients presented to the treatment referred service which compares favourably to the 20% presentation rate reported in the Phase 1 Evaluation Report.

After a Case Referral Coordinator was employed to enhance referral capacity referrals increased from 5.3 per 1,000 visits to 10.2 per 1,000 visits. In the 12-months before (n=376) and after (n=725) this position was established an almost two-fold, increase in referrals to AOD treatment occurred.

Ambulance services in NSW have reported reduced calls to attend overdoses in the vicinity of the SIF thereby saving ambulance time and resources.

Evaluations of SIF’s in Sydney and Vancouver, Canada, showed that drug dealing and drug-related crime i.e. robbery, property have not increased as a result of this facility opening.

A point to remember: SIFs should not be thought of as a panacea, rather as part of a continuum of services which includes peer-based and social interventions (Rhodes et al., 2006; Wright et al., 2004). SIFs cannot be expected to solve all of the drug-related problems within a particular area, but can contribute to their reduction or minimisation.¹

Legal reviews indicate that SIFs do not breach international obligations under various UN Conventions on drugs.

Overall, SIF’s have attracted support from some powerful advocates and over forty different organisations and agencies across Australia. To name a few:

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References

Yarra Drug and Health Forum The potential and viability of establishing a Supervised Injecting Facility (SIF) in Melbourne Position Paper - October 2009 page 15

Alcohol and other Drugs Council of Australia – Policy Position 2.8 Supervised Injecting Facilities September 2003


¹ Yarra Drug and Health Forum The potential and viability of establishing a Supervised Injecting Facility (SIF) in Melbourne Position Paper - October 2009 page 15