

Out of the Alley: Lessons from Safe Injecting Facilities (SIF)

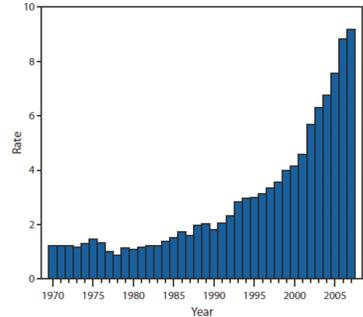
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Background

- Injecting drug users (IDUs) face high risk of infectious disease transmission and premature death from overdose.
- Rates of drug overdose death have been steadily climbing since 1970 and have now surpassed car accidents as the leading cause of accidental death in the United States.
- Present community level interventions include arrest and dispersing IDUs, forcing them away from treatment services and increasing risk leading each year to:

40,000 Overdose Deaths
700,000 Emergency Department Visits for Overdose
20,000 New Cases of HIV

FIGURE 1. Rate* of unintentional drug overdose deaths — United States, 1970–2007



Objectives

In many parts of the world, injecting drug use is being tolerated at specific programs termed supervised injecting facilities (SIF) or safe consumption facilities (SCF). These facilities:

- Address basic health and societal risks associated with injection drug use.
- Create access to healthcare for the most marginalized populations of drug users.

This paper seeks to determine viability and benefit of SIF in the United States.

“Dead addicts don’t recover.”
 Mac Master, 2004, p. 358

Methods

A literature review was conducted utilizing the databases PsychInfo and CINAHL Complete. Peer-reviewed journal articles related to SIF were obtained between the years 1980 and 2013. The review examined implementation, use considerations, historic utilization, and benefits to the individual injecting drugs and the neighboring community.

Results

Thirty-two articles considered, **27** total articles in review. Majority of articles were published between 2003 and 2007. These years coincided with the implementation and four year review of Insite, North America’s first SIF in Vancouver, Canada.

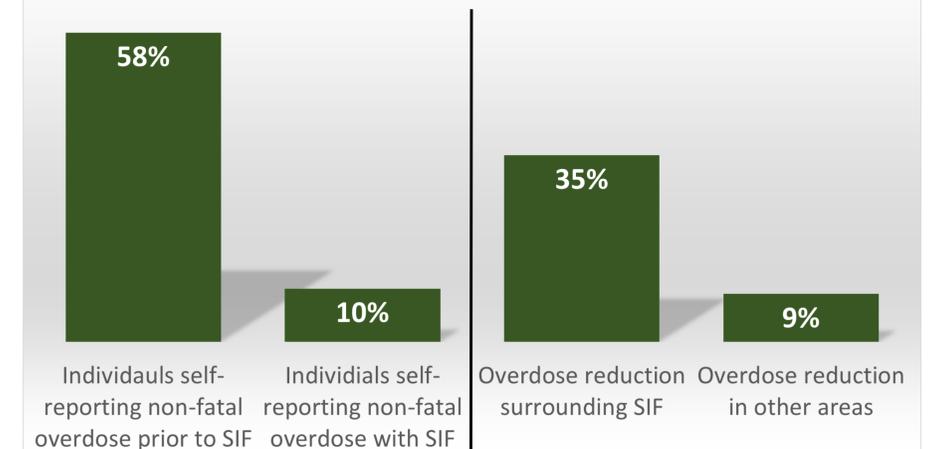
- IDUs in major cities of North America are willing to utilize SIF and have support from the general community.
- Those at highest risk are mostly likely to use SIF
- IDUs think they would be safer at a SIF than in the allies, abandoned houses, or other public settings currently being used.
- Only two studies identified negative opinions of SIF.
 - SIF were deemed the least acceptable harm reduction solutions for local leaders.
 - IDUs primarily injecting cocaine were concerned that proposed interventions would further escalate aggression of someone experiencing cocaine induced psychosis.

SIF Registration and Use		
Spain year 1	Australia year 2	Canada year 3
2,000	4,500	7,000
Average of 226 injections per day with NO overdose deaths		



Results

Overdose Prevention Outcomes



- 400-600** interventions for overdose were made in a two year period.
- Initiation of injection was not increased when SIF became available and only one person reported their first injection took place at a SIF.
- SIF staff provide education on safer injecting practices to all who utilize the facilities.
- IDUs have access to safer, cleaner equipment, and education and support that far exceeds other programs working in the community
- IDUs became advocates in their own communities, encouraging others to utilize SIFs, handing out clean needles, and teaching safer practices.
- Over 1,800 referrals to health services were made over two years.

Conclusion

SIF are proven to be the best protection from overdose death. Injection is moved out of the shadows and into a clean, safe environment, permitting SIF staff to intervene and educate. If opened in the United States these facilities will be used by those at high risk of unintended death and disease transmission. We can no longer allow the disease of addiction to be treated as a moral failing as we wait for the IDUs to seek out traditional help. Help should be provided to improve their present lives and be a constant support that can direct IDUs to traditional treatment at any time.