

FREQUENTLY ASKED QUESTIONS: SUPERVISED INJECTING FACILITIES

1. WHAT IS A SUPERVISED INJECTING FACILITY (SIF)?

A SIF is a clean, safe, healthcare environment where people can inject drugs, obtained elsewhere, under the supervision of trained health professionals. They offer a compassionate, person-centred service which reduces the harms associated with injecting drug use and can help people access appropriate services. A SIF can help health service staff to reach and support vulnerable and marginalised people who often do not, cannot or no longer engage with existing health services.

Typically, supervised injecting facilities provide people who use drugs with sterile injecting

equipment; counselling services before and after drug consumption; emergency response in the event of overdose; and primary medical care. The supervised injecting facility aims to:

- reduce drug-related overdose deaths
- reduce the risks of disease transmission through shared needles
- reduce public health risks such as needle-stick injuries and
- connect the most vulnerable and marginalised people who use drugs with treatment services and other health and social services.

The facilities typically consist of a reception area, a drug consumption area and a recovery

area. In addition, they usually provide an area where people can receive support from relevant health services and support groups to help improve their health and social circumstances. The exterior of a SIF looks like any other health or social care premises. There are now approximately 90 of these facilities worldwide, in Europe, Canada, and Australia. There is significant evidence gathered from these facilities of their benefits to people who use drugs and the wider society.

2. WHAT IS BEING PROPOSED IN DUBLIN INNER CITY CENTRE?

In December 2015 the Government gave its approval for work to begin



Medically Supervised Injecting Facility in Sydney



SIF in Barcelona (Barluard)

on drafting legislation to allow for SIFs and for a pilot facility to be established to determine the safety and effectiveness of a SIF for people who use drugs and the wider community in Ireland. On 16 May 2017, the Misuse of Drugs (Supervised Injecting Facilities) Act 2017 was signed by the President, which will allow for the licensing of a supervised injecting facility in Ireland.

The HSE has been tasked with setting up a pilot site and is currently working with the Department of Health, Dublin City Council, An Garda Síochána and UISCE (representative organisation of people who use drugs) to identify the best way to deliver the pilot project. The pilot project will be independently evaluated during its pilot phase.

3. WHY ARE THESE SERVICES BEING PROPOSED FOR DUBLIN INNER CITY CENTRE?

Public injecting is visually apparent in Dublin city centre through people using drugs and from drug-related litter. This pilot service will play a significant role in reducing both street injecting and the risk of drug related deaths in Dublin. It also has the potential to reduce blood borne viruses such as HIV and Hepatitis C. Research published by the Health Research Board showed that 354 people died in 2014 due to drug poisoning. One in four of these deaths were caused by heroin and half of these heroin-related deaths were people who inject drugs.

Setting up a supervised injecting facility will allow for earlier medical intervention of overdoses that occur in the facility, distribution of naloxone (which reverses the effect of opioid overdose) and can also be a gateway to treatment for people who use drugs. Between 2012 and 2014 there were 25

drug related deaths among people who inject drugs in public places in Dublin and 18 drug-related deaths among people who inject drugs who were in touch with homeless services in Dublin.

4. WHO IS PROVIDING THE SERVICE AND WHERE WILL IT BE LOCATED?

Currently the HSE is looking at the best way to set up the SIF (see Q2) and will recommend a model of best practice. This best practice model will include monitoring and evaluation in addition to the delivery of the service. A procurement process will be undertaken to determine the most appropriate organisation to manage the facility and the specifications and criteria for the SIF are being developed. The organisation that is selected to provide the service will be expected to provide a location and have a robust community engagement plan in their operational set up. Locating the facility in an area

where public-injecting is already taking place will maximise uptake by the target population. A community liaison worker will be appointed by the organisation selected to deliver the SIF and will work closely with the local community, its representatives and local businesses.

5. WHEN WILL THE SERVICE BE OPENED?

It is anticipated that the pilot service will be open before the end of 2017.

6. WHAT ARE THE EXPECTED BENEFITS OF THESE SERVICES?

There is lots of high-quality research from around the world which demonstrates the benefits of SIFs. Evidence shows that SIFs can improve the health and wellbeing of individuals who use the facility and reduces the negative impact that public injecting has on local communities and businesses. For instance, they have been shown to:

- reduce public injecting
- reduce discarded needles and drug related litter
- reduce the sharing of needles

and other injecting equipment which has a positive effect on reducing blood borne diseases such as HIV and Hepatitis

- improve the uptake of addiction care and treatment
- save money for society, due to reductions in ill-health and health care usage (including emergency services) among people who would otherwise inject drugs in public places.

Supervised Injecting Facilities have been associated with a decrease in public injecting and a reduction in the number of syringes discarded in the vicinity of such facilities. For example, a fourfold reduction was reported in the number of unsafely disposed syringes being collected in Barcelona and a 75-80% reduction in drug-related litter in the vicinity of the facilities in Copenhagen. SIFs are not a solution to the drugs problems but have been shown to be of significant benefit and have helped reduce the impact of drug use in affected areas.

7. WILL THESE SERVICES INCREASE DRUG USE, DRUG DEALING AND CRIME IN THE LOCAL AREA?

The evidence from other countries

shows that SIFs do not increase drug use, drug dealing or crime in the areas in which they are located. This is largely because they are located in areas where injecting is already occurring in public spaces. Based on international experience we do not anticipate that the facility will cause these problems; nonetheless, this will be monitored as part of the evaluation of the proposed facility.

8. WHAT IS THE LEGAL STATUS OF THESE SERVICES?

The Misuse of Drugs (Supervised Injecting Facilities) Act 2017 - Provides an exemption for licensed providers whereby it is currently an offence to permit the preparation or possession of a controlled substance in premises; Exempts authorised users from the offence of possession of controlled drugs under certain conditions, when in the facility and with the permission of the licence holder; Enables the Minister to consult with the HSE, An Garda Síochána, or others on matters relating to a supervised injecting facility, including its establishment, ongoing monitoring and review.

It is important to note that possession of controlled drugs will continue to be an offence outside a supervised injecting facility. Possession for sale or supply (dealing) will remain an offence both inside and outside a supervised injecting facility. An Garda Síochána has committed to support the successful implementation of this health-led initiative. This legislation will not in any way dilute the Misuse of Drugs legislation or the work of the an Garda Síochána in tackling drug trafficking and drug-related criminal activity.



SIF in Barcelona (Vall D'Hebrón)

9. CAN WE AFFORD THESE SERVICES?

Evidence from other countries where there are supervised injecting facilities shows that these services are cost-effective in the long term, and it is reasonable to believe that this will also be the case in Ireland (see links to research evidence). Similarly, public injecting is also associated with significant costs to social work services, criminal justice and law enforcement, street cleaning, and local businesses.

By reducing the harms of injecting drug use and improving the local environment, these services are therefore likely to have a range of economic benefits. Several studies from other countries have found that SIFs are cost-saving overall: they save more money for society than they cost to set up and run. This is because they reduce ill-health among people who inject drugs, and therefore reduce their need for health and social care services. They are also likely to reduce costs to the public in other ways – for instance, by reducing the costs of clearing up drug-related litter. Public injecting results in discarded used needles in the city centre and visible public drug use which can affect business and tourism.

10. HOW CAN THESE SERVICES HELP PEOPLE TO REDUCE DRUG USE OR PREVENT OVERDOSE?

This service is one element of the wrap around health based approach adopted in the new National Drug Strategy and supported by the HSE's National Standard. A SIF aims to provide a location for people who are currently injecting drugs in public

places, many of whom identify as homeless.

This service is for a group of people who have long history of drug use and do not engage easily with health services. They find it difficult to stop using drugs completely and existing drug services have not been suitable for their needs. The new pilot service aims to promote opportunities for treatment and recovery from drug use to improve people's health and social circumstances. Although not everyone who attends the SIF will be ready to start a recovery programme or treatment, it will help reduce harms associated with drug use and support people to access services appropriate to their stage of the recovery journey.

The SIF can also offer on-site access to:

- Referral to Addiction Services in the area for assessment and treatment
- Recovery-oriented services such as peer support and mutual aid
- Other health services, such as primary care and screening for blood-borne viruses like HIV and Hepatitis C
- Advice and support on housing, welfare rights and other issues

- An opportunity to engage with health and social care staff.

People who will use the service are also at a higher risk of a drug-related overdose or death, rates of which have increased in Dublin in recent years. Trained healthcare staff will be on hand to intervene and provide medical assistance to people who use the SIF. Similar services have been operating successfully around the world for over 30 years.

11. HOW TO FIND OUT MORE

There will be updated reports from the Working Group in relation to the development of the pilot SIF in Dublin inner city. Any updates from the working group, and links to research and evidence relating to Supervised Injecting Facilities, will be available on:

[HSE.IE/SUPERVISEDINJECTING](https://www.hse.ie/supervisedinjecting)



SIF in Paris