

Frequently Asked Questions about Supervised Injecting Facilities 24 July 2014

1 Q: What are Supervised Injecting Facilities?

A: These are places where people who inject drugs can go to inject in relative safety and receive a great deal of health and social support. They have been officially defined as ‘professionally supervised health care facilities where drug users can use drugs in safe, hygienic conditions. They comprise a highly specialised service for people who inject drugs within a wider network of services for drug users and usually operate from separate areas located in existing facilities for drug users or the homeless’.

Supervised Injecting Facilities are known by a variety of different names. ‘Medically Supervised Injecting Centre’ is the official term used for the facility in Sydney’s Kings Cross. In some countries these facilities are called ‘Drug Consumption Rooms’ because clients are also allowed to inhale crack cocaine or smoke or snort heroin.

Supervised Injecting Facilities are supervised by social workers, nurses, doctors or other staff trained in emergency aid and social assistance to drug users. They are distinct from illegal ‘shooting galleries’, which are run for profit by drug dealers, as well as from consumption facilities provided within the framework of drug prescription programs, where drugs are supplied to users.

2 Q: What are the benefits of Supervised Injecting Facilities?

A: Supervised Injecting Facilities reduce deaths from drug overdose and injuries associated with drug overdose. They reduce injecting in public places and also reduce the amount of injection litter (like discarded syringes) that are found in public places. Other benefits include increasing the use of health care, drug treatment and other social services for people who inject drugs.

3 Q: What are the disadvantages of Supervised Injecting Facilities?

A: Many concerns have been raised about Supervised Injecting Facilities but despite extensive research into potential adverse effects, there is no evidence that they cause any serious problems. In some cities around the world, for example Sydney, there has been very vigorous opposition to the establishment of a Supervised Injecting Facility. Some have questioned whether that effort was worth it. But for people who used to or currently inject drugs, the families of people who inject drugs, residents and business organisations in areas with large drug markets, and health workers and researchers, Supervised Injecting Facilities are part of an effective and evidence based response to drugs.

4 Q: What does the community think about Supervised Injecting Facilities?

A: In a national survey carried out in the community in Australia in 2010, 52% supported Supervised Injecting Facilities. Support for Supervised Injecting Facilities has been slowly increasing in recent years (without any sort of campaign). About 80% of residents who live near the Kings Cross Medically Supervised Injecting Centre

support its existence and about two thirds of businesses in the neighbourhood also support the MSIC.

5 Q: What sort of people go to Supervised Injecting Facilities?

A: All people going to Supervised Injecting Facilities inject drugs. But compared to people who inject drugs but have never been to a Supervised Injecting Facility, the people attending Supervised Injecting Facilities are more likely to have much worse physical and mental health, are more likely to be homeless, more likely to be unemployed and are more likely to have never attended *any* health or social service.

6 Q: Aren't Supervised Injecting Facilities expensive?

A: Evaluation of the Medically Supervised Injecting Centre (MSIC) in Sydney's Kings Cross showed that the financial savings were greater than the costs. This means that the MSIC, and other Supervised Injecting Facilities, show a positive return on their investment. For every dollar spent on their operation, the health system gets back that dollar and more in savings. One of the main savings is through preventing the spread of hepatitis C and HIV. There is also a substantial reduction in (expensive) ambulance call outs for drug overdose, and savings by preventing hospital costs. The annual cost of a Supervised Injecting Facilities is about the same as keeping 45 prisoners in jail for a year, or having 150 people stay in a residential rehabilitation centre for a year or keeping 90 people on methadone treatment for a year.

7 Q: What message is sent to young people by having Supervised Injecting Facilities?

A: We don't know. Some argue that Supervised Injecting Facilities send the wrong message that drug use is somehow acceptable. Others argue that they send the message to young people that drug injecting is so dangerous that special centres have to be built so that people injecting drugs can do so in relative safety. But there is no evidence available yet to decide what message is sent to young people. The concern that Sydney's MSIC would attract many more drug users to the area ('a honey-pot') has been extensively evaluated. After more than a decade no credible evidence of a significant 'honey pot' effect has been found. If anything, injecting drug use went down since the MSIC was established in 2001.

8 Q: Do Supervised Injecting Facilities attract drug dealing to a neighbourhood?

A: Supervised Injecting Facilities are established in areas that already are major drug trafficking neighbourhoods. There is no good evidence that Supervised Injecting Facilities make this problem any worse.

9 Q: Was the Sydney Medically Supervised Injecting Centre evaluated?

A: Yes. Many times. Five different organisations wrote eleven reports. The evaluations found consistently that there were many major benefits and the few negatives were pretty minor.

10 Q: How many Supervised Injecting Facilities are there in the world?

A: There are more than ninety Supervised Injecting Facilities in 10 countries (Switzerland, the Netherlands, Germany, Spain, Luxembourg, Norway, Denmark, Greece, Canada and Australia). Drugs are illegal in each of these countries.

11 Q: How many people have died from drug overdose in Supervised Injecting Facilities around the world?

A: None.

12 Q: How many times have staff had to intervene and treat someone after using drugs at the Sydney Medically Supervised Injecting Centre?

A: More than five thousand times. Mostly it is enough to give oxygen when someone overdoses, but about a quarter of the time naloxone injections are also needed.

13 Q: How many of the people who have collapsed after in Sydney's Medically Supervised Injecting Centre have died from a drug overdose?

A: None. There is no way of knowing how many of the five thousand who have collapsed would have died. But undoubtedly a number would have died if they had injected in public places rather than under supervision.

14 Q: Why do people think non-fatal overdoses are important? After all, nobody dies.

A: When people who inject drugs have a non-fatal overdose, there is a significant chance of severe and permanent physical damage, especially brain damage from a lack of oxygen. Many who survive a drug overdose are mentally and psychologically badly scarred by the experience. Non-fatal overdoses also consume a lot of money and resources as they often involve an ambulance call out, admission to a hospital emergency department, or admission to a general hospital bed or an intensive care unit.

15 Q: How many people who have been to a Supervised Injecting Facility stop using drugs?

A: We don't know. But we do know that people who visit a Supervised Injecting Facility are more likely to stay alive and they must be alive to stop using drugs. We also know they are more likely to be referred into treatment than if they don't attend a Supervised Injecting Facility.

16 Q: Are Supervised Injecting Facilities the answer to the drug problem?

A: No. They are only part of what is needed. Supervised Injecting Facilities should be part of a comprehensive health and social service for people who inject drugs. The diverse services needed includes primary health care, drug treatment, housing, legal services, STI clinics and womens' health centres.

17 Q: How can Supervised Injecting Facilities be legal when the drugs are still illegal?

A: The legal basis differs in different countries. Here in Australia the service in Sydney has its own piece of law to make it legal to have drugs and to use them inside the centre. The drugs are still illegal in the street outside a Supervised Injecting Facility. But it is not illegal to inject drugs inside a Supervised Injecting Facilities even though they were illegal when bought outside. The Canadian Federal government lost three major court cases trying to shut down the Supervised Injecting Facility in Vancouver.

18 Q: Why might South West Sydney need a Supervised Injecting Facility?

A: South West Sydney is one of the most socially and economically deprived parts of Australia. Generally, there are more people injecting drugs in deprived areas and well above average drug-related problems.

19 Q: What happens when a person injecting drugs has an overdose?

A: The most commonly injected group of drugs are called ‘opioids’ – this includes drugs like heroin and OxyContin. Opioids depress the breathing centre so people who have injected an excessive dose of opioids may stop breathing. Very soon they lose consciousness and may drop to the floor. If this happens outside in a park, lane way or supermarket, that person might die. If the same event happens in a Supervised Injecting Facility, the staff assist the person who has collapsed and prevent them from getting brain damage from lack of oxygen. The risk of depressing or stopping breathing after injecting heroin is increased if the person has also taken other sedative drugs (e.g. alcohol, sleeping tablets known as benzodiazepines). People who have not taken opioids for a little while and older people are at increased risk of an overdose.

20 Q: What happens after someone enters a Supervised Injecting Facility?

A: The first stage is registration and assessment to find out a bit more about that person, as well as what drugs or alcohol they have already taken. Then the person goes to a booth where they can prepare to inject and then inject their drugs under staff supervision. Staff are not allowed to inject the client but they may offer advice about ways of injecting which are less likely to cause harm. After the person has injected, they are given some time to recover. This is a time when staff and the people who use the service can start to get to know each other and when staff will try to guide the person to health and social services.

21 Q Do Supervised Injecting Facilities hand out drugs?

A: No. The only drugs used in a Supervised Injecting Facility are the drugs that the clients have brought with them. In this way a Supervised Injecting Facility can supervise the injections of drugs that would otherwise have occurred somewhere else, often in public places.

22 Q Can people only inject drugs in a Supervised Injecting Facility and not take drugs any other way?

A: Each Supervised Injecting Facility has its own rules. Most of the Supervised Injecting Facilities in the world only allow drugs to be injected. But some 'Drug Consumption Rooms' also allow heroin or crack cocaine to be smoked or snorted.

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