

“Supervised Injection Facilities”

Presentation for UCA student body and faculty

Approximately 10 attendees

Advertisement: Flyers, email, and word of mouth

Supervised Injection Facilities

By Hannah Branton

What we will cover

- What SIFs are
- Why other countries have established SIFs
 - Reduction in disease
 - Reduction in death
 - Cost savings
- Public opinion

What is a SIF??

- Safe place for people who inject drugs (PWID) to inject under medical supervision.
- Goals:
 1. Reduce overdose death and disease transmission
 2. Reduce healthcare costs
 3. Reduce public disorder

Why are they used?

- Areas with:
 - High rates of homelessness
 - High injection drug use rates
 - High disease rates
 - High overdose death rates

Where are SIFs?

- Australia
- Canada
- Denmark
- France
- Germany
- Luxembourg
- the Netherlands
- Norway
- Spain
- Switzerland

Does the United States need a SIF?

- **Between 2004 and 2014:**
 - HCV rates quadrupled for those between 18 and 29 years old
 - Rates of admission for opioid injection drug use ↑ 600%
- **In 2017:**
 - 38,739 new HIV cases; 6% due to injection drug use
 - 52% of all of those HIV cases were in the South
- **From 1999 to 2017:**
 - Overdose deaths ALSO quadrupled (16,849 to 70,237)
 - Overdose death due to heroin use increased from 1,960 to 15,482

Are they effective?

- **Reduction in overdose deaths:**
 - Study: Reduction In Overdose Mortality After The Opening Of North America's First Medically Supervised Safer Injecting Facility: A Retrospective Population-based Study. (2011)
 - Authors: Marshall, B.D., Milloy M., Wood, E., Montaner, J.S., Kerr, T.
 - Findings:
 - The number of overdose deaths before Insite = 254
 - The number of overdose deaths after Insite = 165

Are they effective? Cont. . .

- Study: The Cost-effectiveness Of Vancouver's Supervised Injection Facility (2008)
 - Authors: Bayoumi, A. M. and Zaric, G. S.
 - Findings: 120 HIV cases avoided each year

- Study: A Cost-benefit And Cost-effectiveness Analysis Of Vancouver's Supervised Injection Facility (2010)
 - Authors: Andresen, M.A. and Boyd, N.
 - Findings: 35 HIV cases avoided each year

Are they effective? Cont. . .

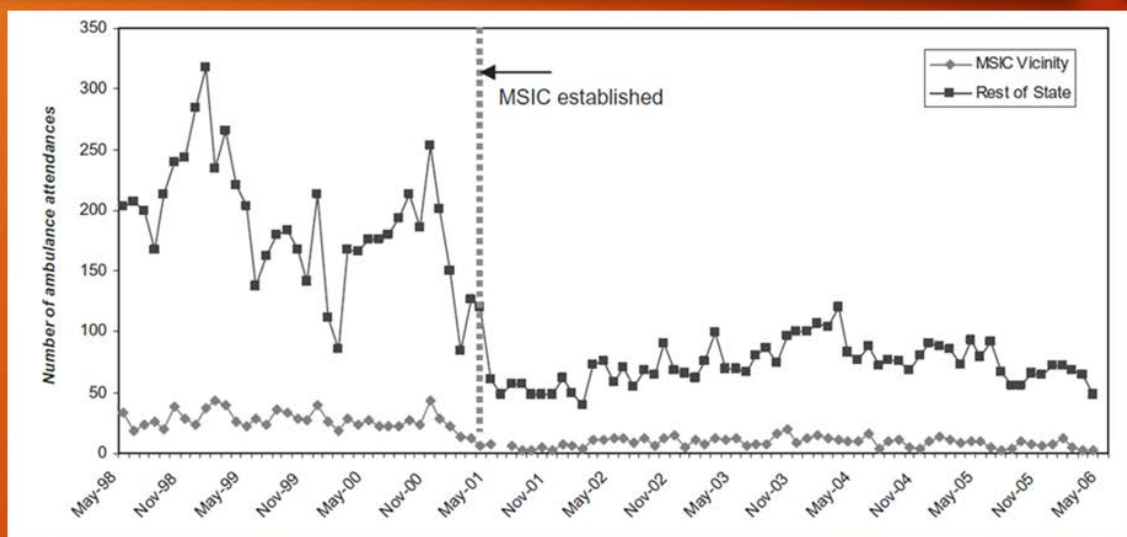
- **Safe injecting practices**
 - Study: Changes In Injecting Practices Associated With The Use Of A Medically Supervised Safer Injection Facility (2007)
 - Authors: Stoltz J., Wood E., Small W., Li K., Tyndall M., Montaner J., and Kerr T.
 - Findings: Those who use the facility regularly:
 - Feel less rushed when injecting
 - Less likely to share needles
 - Find a clean, safe place to inject
 - Cook/filter their drugs
 - Dispose of syringes in a proper manner

Are they cost effective?

Are they cost-effective?

- **Study:** The impact of a supervised injecting facility on ambulance call-outs in Sydney, Australia (2010)
- **Authors:** Salmon A. M., Beek, I. V., Amin, J., Kaldor, J., Maher, L.
- **Methods:** 8 year study (3 years prior to MSIC - 5 years after) on ambulance calls for “suspected opioid overdose”
 - the immediate vicinity (within 2.1 square km)
 - the neighboring area (1.5 square km outside of the immediate vicinity)
 - the rest of North South Whales (NSW)

Are they cost-effective? Cont. . .



Are they cost-effective? Cont. . .

- **Study: Determinants Of Hospitalization For A Cutaneous Injection-related Infection Among Injection Drug Users: A Cohort Study (2010)**
 - **Authors:** Lloyd-Smith E., Wood, E., Zhang, R., Tyndall, M. W., Sheps, S., Montaner, J. S., and Kerrcor, T.
 - **Methods:**
 - Cohort Study; January 2004 to January 2008; 1,083 participants from within Insite
 - Location: St. Paul's hospital
 - **Findings:**
 - Early detection of Cutaneous Injection Related Infection (CIRI)
 - Shorter hospital stays
 - 2,136 Canadian Dollars or \$1,618 saved per admission!

Are they cost-effective? Cont. . .

- **Study: The Cost-effectiveness Of Vancouver's Supervised Injection Facility (2008)**
 - **Authors:** Bayoumi, A. M. and Zaric, G. S.
 - **Focus:** Decreased needle sharing, increased safe injection practices, and admission to methadone assisted treatment.
 - **Savings:** \$1,800,000 per year or approximately \$18,000,000 over 10 years after the cost of the facility
- **Study: A Cost-benefit And Cost-effectiveness Analysis Of Vancouver's Supervised Injection Facility (2010)**
 - **Authors:** Andresen, M.A. and Boyd, N.
 - **Focus:** Number of HIV infections avoided per year and number of overdose deaths prevented per year.
 - **Savings:** \$6,000,000 per year after cost of facility

Are they cost-effective? Cont. . .

- Study: A cost-benefit analysis of a potential supervised injection facility in San Francisco, California USA. (2016)
- Authors: Irwin, A., Jozaghi, E., Bluthenthal, R. N., and Kral, A. H.
- Focus: Reductions in new HIV and HCV cases, a reduction in overdose deaths, reduced hospital stays for CIRI, and increased medication assisted treatment.
- Potential Savings: \$5,200,000 to \$6,800,000 per year

Community Acceptance and Survey Results

Common Finding #1: Presenting evidence of the benefits of SIFs before conducting survey/interview is important.

- Study: The prospect of implementing a safer injection facility in San Francisco: Perspectives of community stakeholders. (2011)
- Authors: Wenger L.D., Arreola S.G., Kral A.H.
- Methods: 20 interviews with stakeholders
- Findings: most felt SIFs would encourage bad behavior

- Study: Ambivalence about supervised injection facilities among community stakeholders. (2015)
- Authors: Strike, T., Watson, T. M., Kolla G., Penn, R., and Bayoumi, A. M.
- Methods: 141 key informant interviews with people in Ontario, Canada
- Findings: Many needed more information in order to make a decision.

Common Finding #1 cont. . .

- Study: Perspectives on supervised injection facilities among service industry employees in New York City: A qualitative exploration. (2018)
- Authors: Wolfson-Stofko, B., Elliott, L., Bennett, A. S., Curtis, R., and Gwadza, M.
- Methods: 15 interviews with service employees from 3 different Burroughs (Manhattan, the Bronx, and Brooklyn).
 - They presented scientific evidence of the benefits of these facilities before the interviews
- Findings:
 - 93% supported SIFs
 - 73% believed SIFs would decrease public drug use

Common Finding #2: The majority of those who use, or report willingness to use, SIFs have experienced homelessness.

- Study: Perceptions about supervised injection facilities among people who inject drugs in Philadelphia. (2017)
- Authors: Harris R.E., Richardson J., Frasso R., Anderson E.D.
- Methods: Freelist exercise with 42 PWID and 20 healthcare providers at a syringe exchange programs.
- Findings: Participants without stable housing would use SIFs to reduce public injection.

- Study: Willingness to use a supervised injection facility among young adults who use prescription opioids non-medically: a cross-sectional study (2017)
- Authors: Bouvier, B. A., Elston, B., Hadland, S.E., Green, T.C., Marshall, B. D.
- Methods: 54 young adults were surveyed who reported non-prescription opioid use in Rhode Island
- Findings: Of those who reported injection drug use in the last 6 months, the majority of those willing to use SIF had also experienced homelessness in the last 6 months

Common Finding #2 cont. . .

- Study: Addressing the nation's opioid epidemic; Lessons from the unsanctioned supervised injection site in the U.S. (2017)
- Authors: Kral, A. and Davidson, P.
- Methods: 2,567 people surveyed from within an unsanctioned SIF in the U.S.
- Findings: next page. . .

Results of questionnaires conducted within an unsanctioned US SIF, 2014-2016 (Kral and Davidson, 2017), n=2,574

Where would you be injecting if not here?	%
Public Restroom	34.9
Street, Park, or Parking Lot	57.3
My Place	4.1
Friend's Place	1.8
Other	1.9
Currently Homeless	80.5
Experienced OD past 30 days not at the site	6.6
Witnessed OD past 30 days not at the site (n=1,812)	25.7
Used unsterile syringe past 30 days (n=1,806)	9.0
Disposed of syringe in public place past 30 days (n=2,534)	67.4
Rushed an injection past 30 days not at site (n=1,811)	
Always	15.3
Often/Sometimes	68.5
Never	16.1
Had contact with police past 30 days (n=1,808)	75.9

Common finding #3: More exposure to injection drug use and it's effects, could lead to more support of SIF.

- **Study:** Perspectives on supervised injection facilities among service industry employees in New York City: A qualitative exploration. (2018)
- **Authors:** Wolfson-Stofko, B., Elliott, L., Bennett, A. S., Curtis, R., and Gwadza, M.
- **Methods:** 15 interviews with service employees from 3 different burroughs (Manhattan, the Bronx, and Brooklyn).
- **Findings:**
 - 73% had encountered injection drug use in the bathroom of their place of employment
 - 93% supported SIF

- **Study:** Support of supervised injection facilities by emergency physicians in Canada. (2017)
- **Authors:** Katz N., Leonard L., Wiesenfeld L., Perry J.J., Thiruganasambandamoorthy V., Calder L.
- **Methods:** 1,393 email surveys sent nation-wide; 18.5% (250) responded.
- **Findings:**
 - 74.5% supported SIF
 - 84.6% would refer patients to SIFs

Common finding #4: Stakeholders who expressed opposition believed the money should be used for other issues.

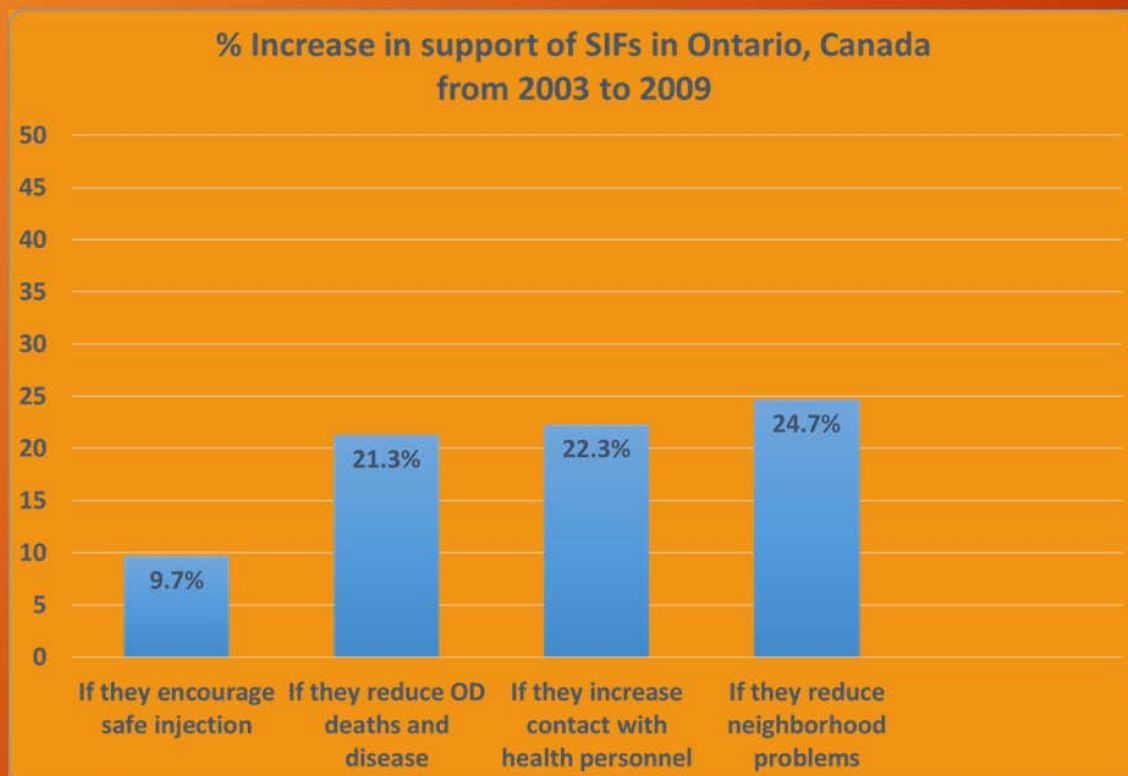
- Afraid money might be taken away from treatment (Strike et al, 2015).
- Felt the money would be better spent feeding the hungry (Wolfson-Stofke et al, 2018).

Unique findings from Strike et al (2015)

- The goals of SIFs are too narrow.
 - Mental health
 - Housing
- Extensive evaluation process.

Unique finding by Strike, Jairam, Kolla, Millson, Shepherd, Fischer, Watson, and Bayoumi (2014)

- Study: Increasing public support for supervised injection facilities in Ontario, Canada.
- Methods: Population-based phone interviews
 - 1,212 in 2003 (the year Insite opened)
 - 968 in 2009
- Findings: next page. . .



Main Takeaways

- SIFs. . .
 - Save lives
 - Reduce costs
 - Reduce disease transmissions
 - Reduce hospital stays due to cutaneous infections
 - Reduce ambulance call-outs
 - LOCATION MATTERS
 - More research is needed

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Questions??



Community Acceptance of Supervised Injection Facilities (SIFs): Results from stakeholder and SIF-participant surveys

Hannah Branton
University of Central Arkansas, Conway, AR



Common Findings

- Stakeholders are more receptive of SIFs if provided with evidence beforehand (Wolfson-Stofko, Elliott, Bennett, Curtis, and Gwadza, 2018; Strike, Watson, Kolla, Penn and Bayoumi, 2015; Wenger, Arreola, and Kral, 2011).
- People who inject drugs (PWID) are more likely to use and support SIFs if they are categorized as homeless (Kral and Davidson, 2017; Harris, Richardson, Frasso, and Anderson, 2017).
- Stakeholders who have frequent contact with some aspect of injection drug use are more likely to support SIFs (Wolfson-Stofko et al, 2018; Katz, Leonard, Wiesenfeld, Perry, Thiruganasambandamoorthy, and Calder, 2017).
- A final commonality found was those stakeholders who did not support SIFs felt that the money which would be used to operate the facility could be put to better use in other areas of need (Wolfson-Stofko et al, 2018; Strike et al, 2015; Katz et al, 2017).

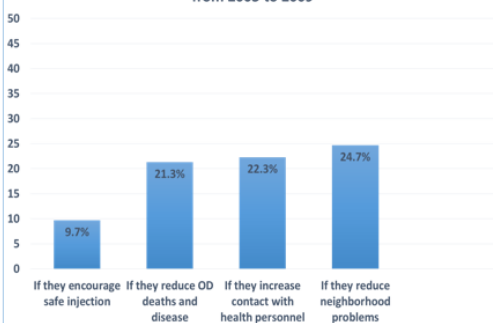
Unique Findings

- Some stakeholders feel the goals of SIFs are not broad enough (Strike et al, 2015).
- Some feel this type of facility would require too much constant evaluation, and it should be eliminated as soon as adverse outcomes arise (Strike et al, 2015).
- Opinions of the public could improve over time after a SIF has been established (Strike, Jairam, Kolla, Millson, Shepherd, Fischer, Watson, and Bayoumi, 2014).

Results of questionnaires conducted within an unsanctioned US SIF, 2014-2016 (Kral and Davidson, 2017), n=2,574

Where would you be injecting if not here?	%
Public Restroom	34.9
Street, Park, or Parking Lot	57.3
My Place	4.1
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Currently Homeless	80.5
Experienced OD past 30 days not at the site	6.6
Witnessed OD past 30 days not at the site (n=1,812)	25.7
Used unsterile syringe past 30 days (n=1,806)	9.0
Disposed of syringe in public place past 30 days (n=2,534)	67.4
Rushed an injection past 30 days not at site (n=1,811)	
Always	15.3
Often/Sometimes	68.5
Never	16.1
Had contact with police past 30 days (n=1,808)	75.9

% Increase in support of SIFs in Ontario, Canada from 2003 to 2009



Conclusion

- SIFs are a controversial approach to reducing harm caused by injection drug use.
- There are many common and unique findings in the results of surveys conducted with stakeholders and PWID as discussed here.
- More research is needed on this topic within the United States, as these facilities could be a valuable tool to reduce HIV/HCV transmission and overdose deaths due to illicit injection drug use.

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