

Search question:

The successful outcomes achieved by the provision of Drug Consumption Rooms/Safe Consumption Rooms/Supervised Injecting Sites for both drug users and the community, e.g. engagement into treatment, reduction of drug related deaths, reduction in transmission of blood viruses (hepatitis B, hepatitis C and HIV), improvements in physical health, reduction in local drug litter, reduction in drug related acquisitive crime.

Terms used: Drug consumption room, safe consumption room, supervised injecting sites, supervised injecting, safe injecting, supervised injecting, drug consumption facility, public injecting environments, drug using environments,

Limits applied:

Age group	Language	Publication type	Time limit

Summary of resources searched and results:

*Number of results may differ from the results shown under results as duplicates will be removed in Endnote**

Source	Results
HDAS (MEDLINE, EMBASE, CINAHL, BNI, PSYCINFO, AMED, HMIC, HEALTH BUSINESS ELITE)	131
NICE EVIDENCE	0
COCHRANE LIBRARY	2
CAMPBELL COLLABORATION	0
SOCIAL POLICY AND PRACTICE	9
GLOBAL HEALTH	25
SOCINDEX	47
SOCIAL CARE ONLINE	2
EMBASE	62
MEDLINE	22
SCOPUS	37

Results: 219 results in total. I've sorted the results into roughly 4 sections:

- **Blood viruses** (reduction in transmission of blood viruses (hepatitis B, hepatitis C and HIV),
- **Community improvements** (reduction in local drug litter, reduction in drug related acquisitive crime, improvements to the community, benefits to the community)

- **DCR General**- anything that looked at drug consumption rooms in general including cost savings, theoretical debates, users
- **Health improvement** (engagement into treatment, reduction of drug related deaths, improvements in physical health).

Blood Viruses (26)

Din, C. T. 2014. **The Role of Drug Consumption Rooms in HIV Prevention.** *Social Work Review / Revista de Asistentă Socială* 13(1) 159-177.

In this moment, Romania is facing a new epidemiological wave of HIV infections. If in 2008 there were just three confirmed cases with HIV infection, in 2012 there were 237 new, confirmed cases (Ref: National Institute of Infectious Diseases, "Prof.Dr. M. Balș"). In September 2012, the Romanian Angel Appeal Foundation, in collaboration with the National Antidrug Agency and the Carusel Association performed a Behaviour Surveillance Study among injecting drug users in Bucharest and Ilfov, Romania. Out of 417 participants tested with rapid test in this study 52.5% were positive to HIV, 85% with Hepatitis C virus, and 20% with Hepatitis B virus (National Anti-Drug Agency, Report for 2013). Injecting drugs in public areas increases the risk of infections with different bacterias. Another major risk that drug users have when they are using drug in public places is the lack of sterile injecting equipment, therefore they have a big risk of getting infected with HIV, HVC and HVB. Drug consumption rooms could play an important role in preventing the risks associated with the use of drugs. [ABSTRACT FROM AUTHOR]

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Hadland, S. E., Debeck, K., Kerr, T., et al. 2014. **Use of a medically supervised injection facility among street youth.** *Journal of Adolescent Health* 55(5) 684-689.

Purpose Supervised injecting facilities (SIFs) provide a sanctioned space for injection drug users and are associated with decreased overdose mortality and HIV risk behaviors among adults. Little is known about SIF use among youth. We identified factors associated with use of the Vancouver SIF, the only such facility in North America, among street youth. Methods From September 2005 to May 2012, we collected data from the At-Risk Youth Study, a prospective cohort of street youth in Vancouver, BC, Canada. Eligible youth were aged 14-26 years. Participants reporting injection completed questionnaires at baseline and semiannually. We used generalized estimating equation logistic regression to identify factors associated with SIF use. Results During the study period, 42.3% of 414 injecting youth reported use of the SIF at least once. Of all SIF-using youth, 51.4% went to the facility at least weekly, and 44.5% used it for at least one-quarter of all injections. SIF-using youth were more likely to live or spend time in the neighborhood surrounding the SIF (adjusted odds ratio [AOR], 3.29; 95% confidence interval

[CI], 2.38-4.54), to inject in public (AOR, 2.08; 95% CI, 1.53-2.84), or to engage in daily injection of heroin (AOR, 2.36; 95% CI, 1.72-3.24), cocaine (AOR, 2.44; 95% CI, 1.34-4.45), or crystal methamphetamine (AOR, 1.62; 95% CI, 1.13-2.31). **Conclusions** This study, the first to examine SIF use among street youth in North America, demonstrated that the facility attracted high-frequency young drug users most at risk of blood-borne infection and overdose and those who otherwise inject in public spaces.

MacArthur, G. J., Velzen, E. v., Palmateer, N., et al. 2014. **Interventions to prevent HIV and hepatitis C in people who inject drugs: a review of reviews to assess evidence of effectiveness.** *International Journal of Drug Policy* 25(1) 34-52.

Background: Injecting drug use is a major risk factor for the acquisition and transmission of HIV and Hepatitis C virus (HCV). Prevention of these infections among people who inject drugs (PWID) is critical to reduce ongoing transmission, morbidity and mortality. **Methods:** A review of reviews was undertaken involving systematic literature searches of Medline, Embase, CINAHL, PsychINFO, IBSS and the Cochrane Library (2000-2011) to identify English language reviews regarding the effectiveness of harm reduction interventions in relation to HIV transmission, HCV transmission and injecting risk behaviour (IRB). Interventions included needle and syringe programmes (NSP); the provision of injection paraphernalia; opiate substitution treatment (OST); information, education and counselling (IEC); and supervised injecting facilities (SIFs). Reviews were classified into 'core' or 'supplementary' using critical appraisal criteria, and the strength of review-level evidence was assessed. **Results:** Twelve core and thirteen supplementary reviews were included. From these reviews we identified: (i) for NSP: tentative review-level evidence to support effectiveness in reducing HIV transmission, insufficient review-level evidence relating to HCV transmission, but sufficient review-level evidence in relation to IRB; (ii) for OST: sufficient review-level evidence of effectiveness in relation to HIV transmission and IRB, but tentative review-level evidence in relation to HCV transmission; (iii) for IEC, the provision of injection paraphernalia and SIFs: tentative review-level evidence of effectiveness in reducing IRB; and either insufficient or no review-level evidence for these interventions in relation to HIV or HCV transmission. **Conclusion:** Review-level evidence indicates that harm reduction interventions can reduce IRB, with evidence strongest for OST and NSP. However, there is comparatively little review-level evidence regarding the effectiveness of these interventions in preventing HCV transmission among PWID. Further studies are needed to assess the effectiveness and impact of scaling up comprehensive packages of harm reduction interventions to minimise HIV and HCV transmission among PWID.

de, I. A., Berenguerb, M. & Destombesa, C. 2013. **[Prevention and vaccination against hepatitis].** *Soins; la revue de référence infirmière*(780) 29.

Vaccines against hepatitis A and B are today available and effective. The prevention of hepatitis is thereby based on the reduction of the risk of infection, notably among drug users. France is experimenting with a supervised drug consumption room. For professionals, information, training and physical means of protection are essential to avoid contamination. The

operating theatre is an example of a treatment area which is particularly concerned.

Michelow, W., Cescon, A., Rutherford, A., et al. 2012. **Micro-environmental barriers and gendered experiences of differential vulnerability continue to drive syringe-sharing in a setting of universal healthcare , readily available syringe exchange services, and a safe injection facility.** *Canadian Journal of Infectious Diseases and Medical Microbiology* 23. Background : Vancouver's Downtown Eastside (DTES) neighbourhood is known for a large and concentrated population of injection drug users (IDUs), low per-capita income, poor housing, and high HIV prevalence. HIV incidence among IDUs in the area has declined since the outbreak of the mid-1990s. While many quantitative studies have identified correlates of persistent syringe-sharing, fewer have qualitatively explored syringe-sharing contexts in this setting of universal healthcare, readily available syringe exchange, and an established supervised injection facility (SIF). Methods : In August 2010, two focus group discussions (FGDs) were held, separately for men and women. Peer-recruited participants were DTES residents who self-identified as current or former IDUs. Facilitators elicited data through four serially presented vignettes developed from a review of literature on syringe-sharing in the DTES. The discussions initially related to the syringe-sharing vignette presented and became participant-driven thereafter. Trained note-takers manually recorded discussions. Immediately after the FGDs the study team debriefed, discussed the transcripts of each FGD separately, then identified emergent themes, commonalities and differences between groups. Later, two reviewers further analyzed transcripts for consistency and agreement of themes. Results : Eleven men and nine women participated, and two overarching themes emerged. First, experiences differed greatly between male and female participants; men described having agency and a community of mutual support, whereas women expressed more isolation and vulnerability. The second theme highlighted the micro-risk environment, where syringe-sharing was driven primarily by social-structural factors that restricted individual ability to enact risk reduction measures. The key determinant of syringe-sharing identified was urgently needing to relieve withdrawal symptoms, an experience mediated by factors including: incarceration; programmatic barriers to using the SIF (line-ups, limited hours of operation, prohibition on assisted injecting); and, when injecting outside the SIF, rushing due to law enforcement presence. Conclusions : Despite a near optimal environment for risk reduction, syringe-sharing continues under particular circumstances in this setting. Differential vulnerability is mediated by gender and micro-environmental barriers to safer injecting, which continue to drive risk for HIV transmission and undermine risk-reduction efforts.

Somaini, B. & Grob, P. 2012. **How and why AIDS changed drug policy in Switzerland.** *Journal Of Public Health Policy* 33(3) 317-324. Switzerland implemented a harm reduction program and reduced the spread of HIV within the drug scene, and from drug users into other population groups, earlier than many countries. Each canton developed strategies based on its drug problem. By 1985 it was obvious that 'needle sharing' was the

most significant pathway in the transmission of HIV. Some cities established Drug Consumption Rooms and small-scale syringe exchange programs. However, a dramatic concentration of drug use in the Platzspitz (a park) of Zürich evolved where 1000-2000 drug users gathered daily, many of whom were infected with HIV. The Federal Office of Public Health financed needle exchange and other harm reduction programs, with evaluation. Within a few years the Swiss established low-threshold methadone treatment programs and Heroin-Assisted Therapy. In 2008, the Swiss approved a law based on the principles of a 'four pillar system': repression, prevention, harm reduction, and treatment.;

Reddon, H., Wood, E., Tyndall, M., et al. 2011. **Use of North America's first medically supervised safer injecting facility among HIV-positive injection drug users.** *AIDS Education and Prevention* 23(5) 412-422.

The objective of this study was to examine supervised injecting facility (SIF) use among a cohort of 395 HIV-positive injection drug users (IDUs) in Vancouver, Canada. The correlates of SIF use were identified using generalized estimating equation analyses. In multivariate analyses, frequent SIF use was associated with homelessness (adjusted odds ratio [AOR] = 1.90), daily heroin injection (AOR = 1.56), and daily cocaine injection (AOR = 1.59). The reasons given for not using the SIF included a preference for injecting at home and already having a safe place to inject. The SIF services most commonly used were needle exchange and nursing services. The SIF appears to have attracted a high-risk subpopulation of HIV-positive IDUs; this coverage perhaps could be extended with the addition of HIV-specific services such as disease monitoring and the provision of antiretroviral therapy. © 2011 The Guilford Press.

Baars, J. E., Boon, B. J., Garretsen, H. F., et al. 2010. **The reach of a free hepatitis B vaccination programme: results of a Dutch study among drug users.** *International Journal of Drug Policy* 21(3) 247-251.

BACKGROUND: The objective of the study was to explore the reach of an ongoing hepatitis B vaccination programme in terms of awareness of the programme among drug users (DUs), vaccination uptake and compliance, as well as to investigate reasons for non-participation. **METHODS:** Ethnographic mapping and targeted sampling were used to recruit 309 DUs in three regions in the Netherlands. Results were based on univariate statistics (Chi-square and t-tests) and multivariate logistic regression analysis. **RESULTS:** Of the sample, 63% were aware of the free vaccine, and 44% said they had been vaccinated. DUs who visited drug consumption rooms were more likely to be aware of the programme than those who did not. Vaccination uptake was negatively associated with older age of onset of drug use. Uptake was positively associated with being informed personally about the free vaccination by drug service staff. A history of STD infection, and having sexual intercourse with casual partners were negatively associated with compliance with the vaccination schedule (receiving three vaccinations). **CONCLUSION:** Our results suggest that marginalised DUs have been reached by the programme. Attention should be paid to those at risk of hepatitis B infection through sexual contacts, since they are less likely to be fully vaccinated. Most importantly, our results suggest that immediate

vaccination on location after personal communication is one of the most effective ways to increase vaccination uptake.

Shoveller, J., Debeck, K. & Montaner, J. 2010. **Developing Canada's research base for harm reduction and health equity approaches to HIV prevention and treatment.** *Canadian Journal of Public Health* 101(6) 442-444.

In the area of infectious disease control, Canadian research efforts to address the HIV epidemic in Vancouver's Downtown East Side neighbourhood have fueled the development of harm reduction and health equity perspectives worldwide. These research efforts have, in turn, reshaped the field of public health approaches to HIV prevention and control. As a result of the intensive and sustained research initiatives led by Canadian scientists Drs. Thomas Kerr and Evan Wood, the 'HIV problem' and public health responses to it have been radically reconceptualized – shifting from an exclusive focus on individual choice towards asking fundamental questions about our society and the structural features that put people at risk for contracting HIV. Their research on harm reduction and health equity related to HIV vulnerability and outcomes has informed and shaped: 1) the establishment of North America's first supervised injection facility, Insite, located in Vancouver's Downtown East Side neighbourhood; 2) dramatic changes to Vancouver's needle exchange policies; 3) HIV treatment approaches among injection drug using populations (IDU). By drawing attention to the ways in which Canadian health care policies and programs can be restructured to better support the health of vulnerable populations, the work of Drs. Kerr and Wood represents a uniquely Canadian public health milestone.

2009. **[Commentary] EMERGING ROLE OF SUPERVISED INJECTING FACILITIES IN HUMAN IMMUNODEFICIENCY VIRUS PREVENTION.**

Addiction 104(4) 620-621.

In this article the author discusses research which was conducted to examine the impact supervised injection facilities for intravenous drug users has on the willingness of injection drug users to share needles. The author is critical of a lack of evidence on the safety of injection facilities which has led to a delay in the construction of the facilities across the globe. Also discussed is the increasing role injection drug use has begun to play in the HIV virus across the globe.

Jarlais, D. C. d., Arasteh, K., Semaan, S., et al. 2009. **HIV among injecting drug users: current epidemiology, biologic markers, respondent-driven sampling, and supervised-injection facilities.** *Current Opinion in HIV and AIDS* 4(4) 308-313.

Purpose of review: To describe recent research done primarily during the past 12 months (i.e., primarily in 2008) on the epidemiology of HIV infection among injecting drug users (IDUs). Recent findings: Major research developments include a global assessment of HIV infection among IDUs and evidence of a transition from epidemics concentrated among IDUs to generalized, heterosexual epidemics in eastern Europe and Asia. Intervention research also includes several studies of supervised-injecting facilities. Methodological research includes respondent-driven sampling and the use of hepatitis C virus and herpes simplex virus-2 as biomarkers for injecting and sexual risk.

Summary: There have been important advances in research during the past year, but HIV infection continues to spread rapidly across many areas of the world among IDUs and their nondrug-using sex partners.

Krüsi, A., Small, W., Wood, E., et al. 2009. **An integrated supervised injecting program within a care facility for HIV-positive individuals: a qualitative evaluation.** *AIDS Care* 21(5) 638-644.

While there has been growing interest in comprehensive models of treatment and care for individuals living with HIV/AIDS, little attention has been given to the potential role that supervised injecting programs could play in increasing access to prevention and care services for HIV-positive injection drug users (IDU). We conducted 22 semi-structured interviews with HIV-positive IDU regarding a supervised injection program integrated in an HIV focused care facility known as the Dr. Peter Centre (DPC). We also interviewed seven staff members who supervise injections within the facility. All interviews were audio recorded, transcribed verbatim, and a thematic analysis was conducted. Participant and staff reports indicated that the integrated supervised injection program influenced IDUs' access to care by building more open and trusting relationships with staff, facilitating engagement in safer injection education and improving the management of injection-related infections. Participants and staff viewed the program as facilitating the delivery of care through mediating overdose risks, reducing the need to punitively manage drug use on-site and reducing the risks of encountering used syringes on the premises. For some participants, however, feelings of shame and fear of judgment in relation to their drug use limited initial uptake of the program. Our findings identify mechanisms through which integrated supervised injection programs may serve to better facilitate access and delivery of comprehensive care for HIV-positive IDU and highlight the benefits of addressing HIV-positive IDUs' drug use in the context of comprehensive models of healthcare.;

Milloy, M. & Wood, E. 2009. **Commentary. Emerging role of supervised injecting facilities in human immunodeficiency virus prevention.** *Addiction* 104(4) 620-622.

No abstract available.

Milloy, M. J. & Wood, E. 2009. **Emerging role of supervised injecting facilities in human immunodeficiency virus prevention.** *Addiction (Abingdon, England)* 104(4) 620-621.

Comment on Use of supervised injection facilities and injection risk behaviours among young drug injectors.

Salmon, A. M., Van, I., Amin, J., et al. 2009. **High HIV testing and low HIV prevalence among injecting drug users attending the Sydney Medically Supervised Injecting Centre.** *Australian and New Zealand Journal of Public Health* 33(3) 280-283.

Objective: Measure the self-reported prevalence of HIV, history of HIV testing and associated risk factors among injecting drug users (IDUs) attending the Sydney Medically Supervised Injecting Centre (MSIC). Methods: Cross-sectional survey of IDUs attending the Sydney MSIC (n=9,778). Results: The majority of IDUs had been tested for HIV (94%), most within the preceding 12

months. Self-reported prevalence of HIV was only 2% (n=162) and homosexuality (AOR 20.68), bisexuality (AOR 5.30), male gender (AOR 3.33), mainly injecting psychostimulants (AOR 2.02), use of local health service (AOR 1.56) and increasing age (AOR 1.62) were independently associated. Among the 195 homosexual male sample 23% were self-reported being HIV positive. HIV positive homosexual males were more likely to report mainly psychostimulant injecting than other drugs, a finding not replicated among the heterosexual males. Conclusions: The associations in this sample are consistent with other data indicating Australia has successfully averted an epidemic of HIV among heterosexual IDUs. The absence of any significant associations between HIV positive sero-status and the injecting-related behaviours that increase vulnerability to BBV transmission suggests that HIV infection in this group may be related to sexual behaviours. In particular, the strong associations between homosexual males and psychostimulant injectors with HIV positive sero-status suggests that patterns of infection within this group reflect the epidemiology of HIV in Australia more generally, where men who have sex with men remain most vulnerable to infection. © 2009 The authors.

Debrus, M. 2008. **Fighting against hepatitis C: Setting up drug consumption rooms.** *Revue du Soignant en Sante Publique*(27) 16-19.

Dubois-Arber, F., Balthasar, H., Huissoud, T., et al. 2008. **Trends in drug consumption and risk of transmission of HIV and hepatitis C virus among injecting drug users in Switzerland, 1993-2006.** *Euro surveillance : bulletin europeen sur les maladies transmissibles = European communicable disease bulletin* 13(21).

As a part of the HIV behavioural surveillance system in Switzerland, repeated cross-sectional surveys were conducted in 1993, 1994, 1996, 2000 and 2006 among attenders of all low threshold facilities (LTFs) with needle exchange programmes and/or supervised drug consumption rooms for injection or inhalation in Switzerland. Data were collected in each LTF over five consecutive days, using a questionnaire that was partly completed by an interviewer and partly self administered. The questionnaire was structured around three topics: socio-demographic characteristics, drug consumption, health and risk/preventive behaviour. Analysis was restricted to attenders who had injected drugs during their lifetime (IDUs). Between 1993 and 2006, the median age of IDUs rose by 10 years. IDUs are severely marginalised and their social situation has improved little. The borrowing of used injection equipment (syringe or needle already used by other person) in the last six months decreased (16.5% in 1993, 8.9% in 2006) but stayed stable at around 10% over the past three surveys. Other risk behaviour, such as sharing spoons, cotton or water, was reported more frequently, although also showed a decreasing trend. The reported prevalence of HIV remained fairly stable at around 10% between 1993 and 2006; reported levels of hepatitis C virus (HCV) prevalence were high (56.4% in 2006). In conclusion, the overall decrease in the practice of injection has reduced the potential for transmission of infections. However as HCV prevalence is high this is of particular concern, as the current behaviour of IDUs indicates a potential for further spreading of the infection. Another noteworthy trend is the significant decrease in condom

use in the case of paid sex.

Fast, D., Small, W., Wood, E., et al. 2008. **The perspectives of injection drug users regarding safer injecting education delivered through a supervised injecting facility.** *Harm Reduction Journal* 5 (no pagination)(32). Background: Unsafe injection practices are prevalent among injection drug users (IDU) and have resulted in numerous forms of drug-related harm including HIV/HCV transmission and other bacterial and viral infections. North America's first supervised injection facility (SIF) was established in Vancouver in order to address injection-related harms among IDU. This study sought to examine injection drug users' experiences receiving safer injecting education in the context of a SIF. Methods: Semi-structured qualitative interviews were conducted with 50 individuals recruited from a cohort of SIF users known as the Scientific Evaluation of Supervised Injection (SEOSI) cohort. Audio recorded interviews elicited IDU perspectives regarding the provision of safer injecting education within the context of a SIF. Interviews were transcribed verbatim and a thematic analysis was conducted. Results: Participant narratives indicate that significant gaps in knowledge regarding safer injecting practices exist among local IDU, and that these knowledge deficits result in unsafe injecting practices and negative health outcomes. However, IDU perspectives reveal that the SIF allows clients to identify and address these gaps in knowledge through a number of mechanisms that are unique to this facility, including targeted educational messaging that occurs as a part of the drug use cycle and not outside of it, in situ demonstration of safer injecting techniques that takes place the moment a client is experiencing difficulties, and enhanced opportunities to seek help from 'expert' healthcare professionals. Importantly, study participants indicated that the overall environment of the SIF promotes the adoption of safer injecting practices over time, both within and outside of the facility. Conclusion: We conclude that the SIF has been particularly effective in transmitting educational messages targeting unsafe and unhygienic injection practices to a population of active IDU. Consistent with previous work, results of this study indicate that SIFs represent a unique 'micro-environment' that can facilitate the reduction of numerous drug related harms. © 2008 Fast et al; licensee BioMed Central Ltd.

Kerr, T., Kimher, J., DeBeck, K., et al. 2007. **The role of safer injection facilities in the response to HIV/AIDS among injection drug users.** *Current HIV/AIDS Reports* 4(4) 158-164.

Many cities throughout the globe are experiencing ongoing infectious disease and overdose epidemics among injection drug users (IDUs). In particular, HIV has become endemic among IDUs in many settings. In an effort to reduce this and related public health concerns, medically supervised safer injecting facilities (SIFs), where IDUs can inject pre-obtained illicit drugs under the supervision of medical staff, have been established in several countries. The following review assesses the role that SIFs can play in reducing the harms associated with HIV infection among IDUs and points to ways in which SIFs can be further developed to better respond to the challenges associated with HIV/AIDS among this population.

Tyndall, M. W., Wood, E., Zhang, R., et al. 2006. **HIV seroprevalence among participants at a Supervised Injection Facility in Vancouver, Canada: Implications for prevention, care and treatment.** *Harm Reduction Journal* 3.

North America's first government sanctioned medically supervised injection facility (SIF) was opened during September 2003 in Vancouver, Canada. This was in response to a large open public drug scene, high rates of HIV and hepatitis C transmission, fatal drug overdoses, and poor health outcomes among the city's injection drug users. Between December 2003 and April 2005, a representative sample of 1,035 SIF participants were enrolled in a prospective cohort that required completing an interviewer-administered questionnaire and providing a blood sample for HIV testing. HIV infection was detected in 170/1007 (17%) participants and was associated with Aboriginal ethnicity (adjusted Odds Ratio [aOR], 2.70, 95% Confidence Interval [95% CI], 1.84–3.97), a history of borrowing used needles/syringes (aOR, 2.0, 95% CI, 1.37–2.93), previous incarceration (aOR, 1.87, 95% CI, 1.11–3.14), and daily injection cocaine use (aOR, 1.42, 95% CI, 1.00–2.03). The SIF has attracted a large number of marginalized injection drug users and presents an excellent opportunity to enhance HIV prevention through education, the provision of sterile injecting equipment, and a supervised environment to self-inject. In addition, the SIF is an important point of contact for HIV positive individuals who may not be participating in HIV care and treatment.

Wright, N. M. J. & Tompkins, C. N. E. 2006. **A review of the evidence for the effectiveness of primary prevention interventions for hepatitis C among injecting drug users.** *Harm Reduction Journal* 3 27-27.

Background: Hepatitis C (HCV) prevalence is most common amongst injecting drug users where up to 98% of the population can be infected despite a low prevalence of HIV. This review considers the evidence for the effectiveness of primary prevention interventions to reduce incidence or prevalence of hepatitis C.; Methods: Systematic review of the major electronic medical databases: Medline, EMBASE, PsycINFO, CINAHL and the Cochrane Library (Evidence Based Health). Either intervention or observational studies were included if they described an intervention targeting injecting drug using populations with the outcome to reduce either the prevalence or incidence of hepatitis C infection.; Results: 18 papers were included in the final review from 1007 abstracts. Needle exchange programmes reduce the prevalence of HCV though prevalence remains high. Similarly the effectiveness of methadone maintenance treatment is only marginally effective at reducing HCV incidence. There is limited evidence evaluating either the effectiveness of behavioural interventions, bleach disinfectants, or drug consumption rooms.; Conclusion: Primary prevention interventions have led to a reduction in HIV incidence, have been less effective at reducing HCV incidence. Global prevalence of HCV remains disturbingly high in injecting drug users. A robust response to the global health problem of HCV will require provision of new interventions. Behavioural interventions; distribution of bleach disinfectant; other injecting paraphernalia alongside sterile needle distribution; and evaluation of drug consumption rooms merit further expansion internationally and research activity to contribute to the emerging evidence base. Whilst the prevalence of HCV

remains high, nevertheless many current interventions aimed at primary HCV prevention have been shown to be cost-effective due to their significant positive impact upon prevalence of HIV.;

Wood, E., Kerr, T., Stoltz, J., et al. 2005. **Prevalence and correlates of hepatitis C infection among users of North America's first medically supervised safer injection facility.** *Public Health* 119(12) 1111-1115.

Background: North America's first medically supervised safer injection facility (SIF) for illicit drug users was opened in Vancouver, Canada on 22 September 2003. We examined the prevalence and correlates of hepatitis C (HCV) infection among a representative cohort of SIF users. Methods: Users of the Vancouver SIF were selected at random and asked to enrol in the Scientific Evaluation of Supervised Injecting (SEOSI) cohort. At baseline, venous blood samples were collected and an interviewer-administered questionnaire was performed. Participants who were HCV-positive were compared with HCV-negative subjects using bivariate and logistic regression analyses. Results: Between 1 December 2003 and 30 July 2004, 691 participants were enrolled into the SEOSI cohort, among whom 605 (87.6%) were HCV-positive at baseline. Factors independently associated with HCV infection in logistic regression analyses included: involvement with the sex trade [adjusted odds ratio (AOR) 3.7, 95% confidence interval (CI) 2.1-6.1], history of borrowing syringes (AOR 1.8, 95%CI 1.1-2.9), and history of incarceration (AOR 2.6, 95%CI 1.5-4.4). Daily heroin use was protective against HCV infection (AOR 0.6, 95%CI 0.3-0.9). Conclusion: The SIF has attracted injection drug users with a high burden of HCV infection and a substantial proportion of uninfected individuals. Although cross-sectional, this study provides some insight into historical risks for HCV infection among this population, and prospective follow-up of this cohort will be useful to determine if use of the SIF is associated with reduced risk behaviour and HCV incidence. © 2005 The Royal Institute of Public Health. Published by Elsevier Ltd. All rights reserved.

Wood, E., Tyndall, M. W., Stoltz, J. A., et al. 2005. **Safer injecting education for HIV prevention within a medically supervised safer injecting facility.** *International Journal of Drug Policy* 16(4) 281-284.

Background: Requiring help injecting has recently been independently associated with syringe sharing and HIV incidence among injection drug users (IDUs) in Vancouver. We examined IDUs who were receiving safer injecting education within a supervised injecting facility (SIF) in Vancouver. Methods: The Scientific Evaluation of Supervised Injecting (SEOSI) cohort is based on a representative sample of SIF users. We examined the prevalence and correlates of receiving safer injecting education within the SIF using univariate and logistic regression analyses. Results: Between May 31, 2003 and Oct 22, 2004, 874 individuals of the SEOSI cohort have completed the baseline questionnaire, among whom 293 (33.5%) received safer injecting education. In multivariate analyses, requiring help with an injection in the last 6 months (OR = 2.20 [95% CI: 1.62-2.98]) and sex-trade involvement in the last 6 months (OR = 1.54 [1.09-2.16]) were independently associated with receiving safer injecting education within the SIF. Conclusions: Since requiring help injecting has previously been associated with HIV incidence, it is encouraging

that this risk factor was associated with receiving safer injecting education within the SIF. Nevertheless, prospective evaluation is necessary to examine if receiving safer injecting education is associated with reduced HIV risk behaviour and blood-borne disease incidence. © 2005 Elsevier B.V. All rights reserved.

Maher, L., Chant, K., Jalaludin, B., et al. 2004. **Risk behaviors and antibody hepatitis B and C prevalence among injecting drug users in south-western Sydney, Australia.** *Journal of Gastroenterology and Hepatology* 19(10) 1114-1120.

Background and Aim: Hepatitis C virus (HCV) infection is now the leading notifiable disease in Australia. The current study aimed to determine the prevalence of HCV and hepatitis B virus (HBV) infection and associated risk behaviors among injecting drug users (IDUs) screened in south-western Sydney as part of a multisite prospective cohort study. Methods: Using a combination of snowball sampling and word-of-mouth recruitment strategies, 377 IDUs were interviewed using a structured questionnaire and tested for exposure to HCV and HBV. Entry criteria were injecting drug use in the previous 6 months and antibody HCV serostatus not known to be positive. Results: More than one-third (36.6%) tested HCV antibody positive and one-quarter (28%) had been exposed to HBV. Independent predictors of HCV seropositivity were HBV core antibody positive serostatus, incarceration in the past year, injecting in public, Asian ethnicity and duration of injecting. Individual risk behaviors, including sharing needles and syringes, sharing other injecting equipment and being injected by others, were not significant in either bivariate or multivariate models. Conclusions: Results indicate an urgent need for structural interventions designed to reduce the exposure of IDUs, particularly indigenous Australian and Asian injectors, to risk environments. Structural interventions, including population-based hepatitis B immunization, expanded access to needle and syringe programs and drug treatment, prison diversion programs and medically supervised injecting facilities, should be incorporated into existing blood-borne virus prevention efforts.

Wood, E., Kerr, T., Lloyd-Smith, E., et al. 2004. **Methodology for evaluating Insite: Canada's first medically supervised safer injection facility for injection drug users.** *Harm Reduction Journal* 1.

Many Canadian cities are experiencing ongoing infectious disease and overdose epidemics among injection drug users (IDUs). In particular, Human Immunodeficiency Virus (HIV) and hepatitis C Virus (HCV) have become endemic in many settings and bacterial and viral infections, such as endocarditis and cellulitis, have become extremely common among this population. In an effort to reduce these public health concerns and the public order problems associated with public injection drug use, in September 2003, Vancouver, Canada opened a pilot medically supervised safer injecting facility (SIF), where IDUs can inject pre-obtained illicit drugs under the supervision of medical staff. The SIF was granted a legal exemption to operate on the condition that its impacts be rigorously evaluated. In order to ensure that the evaluation is appropriately open to scrutiny among the public health community, the present article was prepared to outline the methodology for

evaluating the SIF and report on some preliminary observations. The evaluation is primarily structured around a prospective cohort of SIF users, that will examine risk behavior, blood-borne infection transmission, overdose, and health service use. These analyses will be augmented with process data from within the SIF, as well as survey's of local residents and qualitative interviews with users, staff, and key stakeholders, and standardised evaluations of public order changes. Preliminary observations suggest that the site has been successful in attracting IDUs into its programs and in turn helped to reduce public drug use. However, each of the indicators described above is the subject of a rigorous scientific evaluation that is attempting to quantify the overall impacts of the site and identify both benefits and potentially harmful consequences and it will take several years before the SIF's impacts can be appropriately examined.

Bonomo, Y. A. & Bowes, G. 2001. **Putting harm reduction into an adolescent context.** *Journal of Paediatrics and Child Health* 37(1) 5-8.

Drug use is now widespread amongst Australian youth. Substance abuse and dependence are becoming increasingly significant health problems. Approximately 50% of 17-year-old Australians report regular consumption of alcohol and nearly 30% report tobacco smoking. The age of onset of substance use is reported to be decreasing. Between 1993 and 1995 the proportion of heroin users who had used the drug before the age of 16 years increased from 2% to 14%. The debate about youth substance use tends to be polarized between the views of Zero Tolerance and Legalization of drugs. The harm reduction approach spans between these two extremes. Examples of harm reduction strategies, such as education campaigns on safe injecting and needle exchange programs, have been effective in curbing the spread of blood-borne viruses such as HIV amongst intravenous drug using youth. The harm reduction approach, taking social context and developmental stage of the individual into account, may also be applied to adolescents at the less extreme end of the substance use spectrum. It is proposed that the harm reduction framework used in this way enables a rational, relevant and consistent response to contemporary youth substance use, aiming to minimize drug related harm.

Community improvements (32)

Clua, G. R. 2015. **[Drug consumption rooms in Spain (2000-2013)].** *Salud colectiva* 11(2) 261.

The aim of this review is to provide a new interpretation of the results found in the scientific literature on drug consumption rooms (DCR) in Spain published from 2000-2013. A search was carried out using several data bases - PubMed, Índice Bibliográfico Español en Ciencias de la Salud (IBECS), Índice Médico Español (IME), Scientific Electronic Library Online (SciELO) and SIIS Centro de Documentación y Estudios - as well as other secondary sources and information solicited from professionals of DCR. A total of 21 articles or research reports, 17 presentations or speeches in specialized conferences, 5 journalistic reports and 2 institutional records were included in a meta-synthesis divided into different thematic areas. The opening of DCR is a public health strategy with positive effects for drug consumers and society as a whole, but this review demonstrates that technical, strategic and functional

improvements are necessary to increase their effectiveness.

McNeil, R. & Small, W. 2014. **'Safer environment interventions': A qualitative synthesis of the experiences and perceptions of people who inject drugs.** *Social Science and Medicine* 106 151-158.

There is growing acknowledgment that social, structural, and environmental forces produce vulnerability to health harms among people who inject drugs (PWID), and safer environment interventions (SEI) have been identified as critical to mitigating the impacts of these contextual forces on drug-related harm. To date, however, SEIs have been under-theorized in the literature, and how they minimize drug-related risks across intervention types and settings has not been adequately examined. This article presents findings from a systematic review and meta-synthesis of qualitative studies reporting PWID's experiences with three types of SEIs (syringe exchange programmes, supervised injection facilities and peer-based harm reduction interventions) published between 1997 and 2012. This meta-synthesis sought to develop a comprehensive understanding of SEIs informed by the experiences of PWID. Twenty-nine papers representing twenty-one unique studies that included an aggregate of more than 800 PWID were included in this meta-synthesis. This meta-synthesis found that SEIs fostered social and physical environments that mitigated drug-related harms and increased access to social and material resources. Specifically, SEIs: (1) provided refuge from street-based drug scenes; (2) enabled safer injecting by reshaping the social and environmental contexts of injection drug use; (3) mediated access to resources and health care services; and, (4) were constrained by drug prohibition and law enforcement activities. These findings indicate that it is critical to situate SEIs in relation to the lived experiences of PWID, and in particular provide broader environmental support to PWID. Given that existing drug laws limit the effectiveness of interventions, drug policy reforms are needed to enable public health, and specifically SEIs, to occupy a more prominent role in the response to injection drug use. © 2014 Elsevier Ltd.

Vecino, C., Villalbí, J. R., Guitart, A., et al. 2013. **[Safe injection rooms and police crackdowns in areas with heavy drug dealing. Evaluation by counting discarded syringes collected from the public space].** *Adicciones* 25(4) 333-338.

The evolution of drug injection in public places is analysed using as indicator the number of syringes collected from public spaces, evaluating as well the influence of public health harm reduction interventions and of police actions, with a before and after quasi experimental study. Monthly syringe counts on the semester before and after each intervention were compared both in the involved district and in the city as a whole, using the U and z tests with a 95% confidence level. The average number of collected syringes drops from 13.132 in 2004 to 3.190 in 2012. Comparing indicators before and after health and police interventions, the opening of a facility with a supervised drug consumption room in the inner city was associated with a huge reduction in the number of abandoned syringes in the city, while its number did not rise in the district where the facility was located. The subsequent opening of another drug consumption room did not have a significant impact in collected syringes in the area. Some police interventions in 2005-2006 and 2011 had a

significant impact in the indicators of the involved districts, while others did not. Harm reduction programs might have a favourable impact on drug injection in public spaces and related syringe presence. Some police interventions appear to have an impact while others do not or just have a modest local and temporary effect.;

Salmon, A. M., van Beek, I., Amin, J., et al. 2010. **The impact of a supervised injecting facility on ambulance call-outs in Sydney, Australia.** *Addiction (Abingdon, England)* 105(4) 676-683.

AIMS: Supervised injecting facilities (SIFs) are effective in reducing the harms associated with injecting drug use among their clientele, but do SIFs ease the burden on ambulance services of attending to overdoses in the community? This study addresses this question, which is yet to be answered, in the growing body of international evidence supporting SIFs efficacy. DESIGN: Ecological study of patterns in ambulance attendances at opioid-related overdoses, before and after the opening of a SIF in Sydney, Australia. SETTING: A SIF opened as a pilot in Sydney's 'red light' district with the aim of accommodating a high throughput of injecting drug users (IDUs) for supervised injecting episodes, recovery and the management of overdoses. MEASUREMENTS: A total of 20,409 ambulance attendances at opioid-related overdoses before and after the opening of the Sydney SIF. Average monthly ambulance attendances at suspected opioid-related overdoses, before (36 months) and after (60 months) the opening of the Sydney Medically Supervised Injecting Centre (MSIC), in the vicinity of the centre and in the rest of New South Wales (NSW). RESULTS: The burden on ambulance services of attending to opioid-related overdoses declined significantly in the vicinity of the Sydney SIF after it opened, compared to the rest of NSW. This effect was greatest during operating hours and in the immediate MSIC area, suggesting that SIFs may be most effective in reducing the impact of opioid-related overdose in their immediate vicinity. CONCLUSIONS: By providing environments in which IDUs receive supervised injection and overdose management and education SIF can reduce the demand for ambulance services, thereby freeing them to attend other medical emergencies within the community.

Strang, J., Metrebian, N., Lintzeris, N., et al. 2010. **Supervised injectable heroin or injectable methadone versus optimised oral methadone as treatment for chronic heroin addicts in England after persistent failure in orthodox treatment (RIOTT): a randomised trial.** *The Lancet* 375(9729) 1885-1895.

Background: Some heroin addicts persistently fail to benefit from conventional treatments. We aimed to compare the effectiveness of supervised injectable treatment with medicinal heroin (diamorphine or diacetylmorphine) or supervised injectable methadone versus optimised oral methadone for chronic heroin addiction. Methods: In this multisite, open-label, randomised controlled trial, we enrolled chronic heroin addicts who were receiving conventional oral treatment (>6 months), but continued to inject street heroin regularly (>50% of days in preceding 3 months). Randomisation by minimisation was used to assign patients to receive supervised injectable methadone, supervised injectable heroin, or optimised oral methadone. Treatment was provided for 26 weeks in three supervised injecting clinics in England. Primary outcome

was 50% or more of negative specimens for street heroin on weekly urinalysis during weeks 14-26. Primary analysis was by intention to treat; data were adjusted for centre, regular crack use at baseline, and treatment with optimised oral methadone at baseline. Percentages were calculated with Rubin's rules and were then used to estimate numbers of patients in the multiple imputed samples. This study is registered, ISRCTN01338071. Findings: Of 301 patients screened, 127 were enrolled and randomly allocated to receive injectable methadone (n=42 patients), injectable heroin (n=43), or oral methadone (n=42); all patients were included in the primary analysis. At 26 weeks, 80% (n=101) patients remained in assigned treatment: 81% (n=34) on injectable methadone, 88% (n=38) on injectable heroin, and 69% (n=29) on oral methadone. Patients on injectable heroin were significantly more likely to have achieved the primary outcome (72% [n=31]) than were those on oral methadone (27% [n=11], OR 7.42, 95% CI 2.69-20.46, $p<0.0001$; adjusted: 66% [n=28] vs 19% [n=8], 8.17, 2.88-23.16, $p<0.0001$), with number needed to treat of 2.17 (95% CI 1.60-3.97). For injectable methadone (39% [n=16]; adjusted: 30% [n=14]) versus oral methadone, the difference was not significant (OR 1.74, 95% CI 0.66-4.60, $p=0.264$; adjusted: 1.79, 0.67-4.82, $p=0.249$). For injectable heroin versus injectable methadone, a significant difference was recorded (4.26, 1.63-11.14, $p=0.003$; adjusted: 4.57, 1.71-12.19, $p=0.002$), but the study was not powered for this comparison. Differences were evident within the first 6 weeks of treatment. Interpretation: Treatment with supervised injectable heroin leads to significantly lower use of street heroin than does supervised injectable methadone or optimised oral methadone. UK Government proposals should be rolled out to support the positive response that can be achieved with heroin maintenance treatment for previously unresponsive chronic heroin addicts. Funding: Community Fund (Big Lottery) Research section, through Action on Addiction. © 2010 Elsevier Ltd. All rights reserved.

Milloy, M. J., Wood, E., Tyndall, M., et al. 2009. **Recent incarceration and use of a supervised injection facility in Vancouver, Canada.** *Addiction Research & Theory* 17(5) 538-545.

There are concerns that Vancouver's supervised injection facility (SIF) for injection drug users (IDU) is an amplifier of drug-related crime. Therefore, we sought to evaluate the possible association between SIF use and recent incarceration among IDU. We examined incarceration experiences among participants in the Scientific Evaluation of Supervised Injecting (SEOSI) prospective cohort. The relationship between recent incarceration and frequent SIF use was assessed using generalised estimating equations (GEE). Nine-hundred two individuals were included in this analysis, of whom 255 (28.27%) were female. The rate of incarceration remained stable throughout follow-up with between one-quarter and one-third reported incarceration in the previous 6 months at each study visit. In a multivariate GEE analysis, frequent SIF use was not associated with recent incarceration (AOR: 0.99, $p = 0.916$). Although incarceration is a common experience among local IDU, our analysis does not provide evidence to support claims that, use of the SIF is increasing involvement in drug-related crime in the community. Our findings also indicate that incarceration continues to be associated with high-risk behaviours. [ABSTRACT FROM AUTHOR]

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DeBeck, K., Wood, E., Zhang, R., et al. 2008. **Police and public health partnerships: evidence from the evaluation of Vancouver's supervised injection facility.** *Substance abuse treatment, prevention, and policy* 3 11. In various settings, drug market policing strategies have been found to have unintended negative effects on health service use among injection drug users (IDU). This has prompted calls for more effective coordination of policing and public health efforts. In Vancouver, Canada, a supervised injection facility (SIF) was established in 2003. We sought to determine if local police impacted utilization of the SIF. We used generalized estimating equations (GEE) to prospectively identify the prevalence and correlates of being referred by local police to Vancouver's SIF among IDU participating in the Scientific Evaluation of Supervised Injecting (SEOSI) cohort during the period of December 2003 to November 2005. Among 1090 SIF clients enrolled in SEOSI, 182 (16.7%) individuals reported having ever been referred to the SIF by local police. At baseline, 22 (2.0%) participants reported that they first learned of the SIF via police. In multivariate analyses, factors positively associated with being referred to the SIF by local police when injecting in public include: sex work (Adjusted Odds Ratio [AOR] = 1.80, 95%CI 1.28-2.53); daily cocaine injection (AOR = 1.54, 95%CI 1.14-2.08); and unsafe syringe disposal (AOR = 1.46, 95%CI 1.00-2.11). These findings indicate that local police are facilitating use of the SIF by IDU at high risk for various adverse health outcomes. We further found that police may be helping to address public order concerns by referring IDU who are more likely to discard used syringes in public spaces. Our study suggests that the SIF provides an opportunity to coordinate policing and public health efforts and thereby resolve some of the existing tensions between public order and health initiatives.

Cusick, L. & Kimber, J. 2007. **Public perceptions of public drug use in four UK urban sites.** *The International journal on drug policy* 18(1) 10. At the local level, proposals for regeneration are often put forwards as solutions to social and health problems associated with poverty, drug use and crime. Debates about establishing drug consumption rooms (DCRs) are also concerned with providing services to drug use-related environmental problems. However, conflicts may exist between interventions aiming to reduce drug-related harm to discriminated communities and wider regeneration aims to support corporate development. This commentary draws on data from a rapid assessment study which examined the experience of 100 people living and working in four British neighbourhoods where public drug use is common. Primary data were gathered in semi-structured interviews and during local walk-about tours. These were triangulated with secondary sources of information on local policies and indicators of public drug use.

Public awareness of the impacts of environmental regeneration projects including loss of amenity, 'fortress mentality' and displacement effects were found at all study sites. However, comparative area analyses suggest that whether communities welcome these changes depends on how close-to-home they perceive the competitions for urban space. Cohesive communities may direct environmental regeneration in pursuit of general social improvement rather than the narrower aims of either DCRs or corporate developers.

Kerr, T., Kimber, J. & Rhodes, T. 2007. **Drug use settings: An emerging focus for research and intervention.** *International Journal of Drug Policy* 18(1) 1. Drug use settings are one type of micro-environment that has garnered attention lately. While there has been for some time a literature describing shooting galleries and crack houses, we have argued that there is pressing need for a more nuanced understanding of how risk is both produced and reduced within different drug using environments. This special issue of the *International Journal of Drug Policy* is dedicated to bringing together original research and viewpoints on drug using environments, safer injecting interventions, as well as the public and policy response to these environments and interventions. Notably, many of these papers relate to drug consumption rooms (DCRs), also known as safer injecting facilities (SIFs), which are both a drug using environment and a safer injecting intervention. Drug use settings are often a source of community concern, as public drug use and discarded syringes are frequently cited as nuisance factors by the public and business owners. These concerns have prompted an array of interventions and policy responses that seek to "clean-up" urban areas affected by drug use. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

McKnight, I., Maas, B., Wood, E., et al. 2007. **Factors associated with public injecting among users of Vancouver's supervised injection facility.** *American Journal of Drug and Alcohol Abuse* 33(2) 319-325. Background: We evaluated factors associated with public drug injection among a cohort of injection drug users (SEOSI) originally recruited from within Vancouver's supervised injecting facility (SIF). Methods: We used univariate statistics and logistic regression to examine factors associated with public drug injection among SEOSI participants. Findings: Between June 2004 and July 2005, 714 IDU were followed up as part of SEOSI. In multivariate analyses, factors associated with public drug injection included homelessness (adjusted odds ratio (aOR) = 3.10; $p < .001$), syringe lending (aOR = 5.39; $p < .001$), requiring help injecting (aOR = 1.60; $p = .05$), and reporting that wait times affected frequency of SIF use (aOR = 3.26; $p < .001$). Interpretation: Persistent public injection was independently associated with elevated HIV risk behaviors, as well as programmatic factors that limit SIF use. SIF program expansion may further help to reduce persistent risk behaviors and the community concerns related to public injection drug use. Copyright © Informa Healthcare.

Rhodes, T., Watts, L., Davies, S., et al. 2007. **Risk, shame and the public injector: a qualitative study of drug injecting in South Wales.** *Social Science & Medicine* 65(3) 572-586.

Drug injecting in public places is associated with elevated health harm among injecting drug users (IDUs). Yet there is little research exploring the lived experience of injecting in public places, and specifically, a need to explore the interplay of public injecting environments, risk practices and social marginalisation. We undertook 49 qualitative interviews with IDUs in South Wales, UK, in six locations. Analyses focused on injectors' narratives of injecting in public places and risk identity. Findings show how the lived experience of public injecting feeds a pervasive sense of risk and 'otherness' among street injectors, in which public injecting environments act as contextual amplifiers of social marginalisation. Injecting in public places was characterised by urgency associated with a fear of interruption, a need to maintain privacy to prevent public exposure, and an awareness or sense of shame. We argue that daily interactions involving public exposure of injecting status, combined with the negative social meanings ascribed to public places used for injection, are experienced as potentially degrading to one's sense of self. We conclude that the public injecting environment is experienced in the context of other forms of public shaming in the lives of street injectors, and is thus productive of symbolic violence. This highlights tensions between strategies seeking to create safer communities and environmental interventions seeking to reduce drug-related health harm, including recent innovations such as the 'drug consumption room' (DCR).

Salmon, A. M., Thein, H. H., Kimber, J., et al. 2007. **Five years on: What are the community perceptions of drug-related public amenity following the establishment of the Sydney Medically Supervised Injecting Centre?** *International Journal of Drug Policy* 18(1) 46-53.

Background and Objectives: There is currently limited evidence on medium to long term community perceptions of public amenity where supervised injecting centres operate (SIC). Our objective was to investigate if community perceptions of public amenity have changed over time, comparing data collected prior to the establishment of the Sydney Medically Supervised Injecting Centre (MSIC), after 18 months and then following four and a half years of operation. Methods: Telephone surveys were conducted among random samples of local residents and business operators in the vicinity of the MSIC at baseline, in the short term (following 18 months of operation) and in the medium term (following four and a half years of operation).

Respondents were asked about their perceptions of drug use and its consequences in their neighbourhood, and to describe what they saw as advantages and disadvantages of the Sydney MSIC. Responses were compared over time and according to demographic characteristics of the survey participants. Results: The survey was completed by 515, 540 and 316 residents and 269, 207 and 210 businesses in the 3 years respectively, with response rates generally above 75%. There was a significant decrease in the proportion of residents and business operators who reported having witnessed public injecting and publicly discarded injecting equipment, in the last month, with no significant change in proportions offered drugs for purchase. Residents were less likely to have seen public injecting in the last month if they were female, retired, lived over 500 m from the MSIC or participated in the survey in 2005. Business operators who had witnessed public injecting or discarded needles and syringes in the last month were less

likely to report either if located over 500 m from the MSIC. Those businesses operating for over 5 years were more likely to have seen publicly discarded needles and syringes than those who had opened within the last year. Approximately 90% of both samples reported at least one advantage of the MSIC located in their area, citing the control of HIV/AIDS and hepatitis C and reduced overdose risk for injecting drug users among potential advantages. Conclusion: While the Sydney MSIC continues to attract political controversy, local residents and business operators perceived significant improvements in public amenity indicators since the opening of the service. Community members appear to be cognizant of both public health (potential reduction in blood borne virus transmission and overdose among injecting drug users) and public amenity benefits of the service. © 2007.

Kerr, T. 2006. **Impact of a medically supervised safer injection on community drug use patterns: a before and after study.** *British Medical Journal* 332(7535).

Illicit use of injected drugs is linked with high rates of HIV infection and fatal overdose, as well as community concerns about public drug use. Supervised injecting facilities have been proposed as a potential solution, but fears have been raised that they might encourage drug use. The design was a before and after study. The participants and setting was 871 injecting drug users recruited from the community of Vancouver, Canada. Key measures for improvement were rates of relapse into injected drug use among former users and of stopping drug use among current users. The strategies for change were local health authorities established the Vancouver supervised injecting facility to provide injecting drug users with sterile injecting equipment, intervention in the event of overdose, primary health care, and referral to external health and social services. The effects of change were analysis of periods before and after the facility's opening showed no substantial increase in the rate of relapse into injected drug use (17% v 20%) and no substantial decrease in the rate of stopping injected drug use (17% v 15%). The lessons learnt were recently reported benefits of supervised injecting facilities on drug users' high risk behaviours and on public order do not seem to have been offset by negative community impacts. Cites 22 references. [Journal abstract]

Opik, L. 2006. **Dialogue: subject: Drug consumption rooms.** *House Magazine* 31(1178).

Lembit Opik, Liberal Democrat MP for Montgomeryshire, and Nigel Evans, Conservative MP for the Ribble Valley, debate issues surrounding their respective parties' drugs policies. They try to find a balance between providing treatment, exploring the increased safety and protection for users offered by Drug Consumption Rooms and the public demand for reduced crime and a tougher approach to policing drug problems.

Rhodes, T., Kimber, J., Small, W., et al. 2006. **Public injecting and the need for 'safer environment interventions' in the reduction of drug-related harm.** *Addiction* 101(10) 1384-1393.

Background: One key structural dimension in the distribution of drug-related harm associated with injecting drug use is the injecting environment. Epidemiological evidence associates elevated blood-borne viral risk with

injecting in 'public' and 'semipublic' environments. Yet the quality of evidence on public injecting and related viral risk is variable, and is lacking in many countries such as the United Kingdom. Aim: This commentary considers the micro-injecting environment as a critical dimension of risk, exploring the need for 'safer injecting environment interventions'. Methods: We draw upon published research evidence and qualitative case examples. Results: We note the limits in epidemiological evidence on public injecting and emphasize the need for ethnographic research to determine the 'social relations' of how drug users and risk practices interact with injecting environments. We identify three main forms of 'safer environment intervention': purpose-built drug consumption rooms; interventions within existing spatial relations; and spatial programming and urban design. While drug consumption rooms find evidence-based support, they are not a panacea. We emphasize the potential of interventions embedded within existing spatial and social relations. These include low-cost pragmatic interventions enhancing facilities and safety at public and semipublic injecting sites and, primarily, peer-based interventions, including peer-supervised injecting sites. We caution against spatial programming and urban design interventions which can cause the displacement of socially marginalized populations and the redistribution of harm. Conclusions: Public health interventions in the addictions field have in the past focused upon individual behavioural change at the cost of social interventions and environmental change. We wish to focus greater attention on reducing risks related to public injecting and encourage greater debate on 'safer environment interventions' in harm reduction. © 2006 The Authors.

Shapiro, H. 2006. **Injecting rooms rejected.** *Druglink* 22(4).

The government has rejected calls for a pilot of drug consumption rooms. They claim that these would increase antisocial behaviour and crime, and do not have proven benefits. However they seem to contradict their own guidelines, in Principles of Managing Risk in Society, which suggest that lack of conclusive evidence should not necessarily prevent attempting measures to reduce risks to public health and safety.

Wood, E., Tyndall, M. W., Lai, C., et al. 2006. **Impact of a medically supervised safer injecting facility on drug dealing and other drug-related crime.** *Substance Abuse: Treatment, Prevention, and Policy* 1(1).

North America's first medically supervised safer injecting facility (SIF) recently opened in Vancouver, Canada. One of the concerns prior to the SIF's opening was that the facility might lead to a migration of drug activity and an increase in drug-related crime. Therefore, we examined crime rates in the neighborhood where the SIF is located in the year before versus the year after the SIF opened. No increases were seen with respect to drug trafficking (124 vs. 116) or assaults/robbery (174 vs. 180), although a decline in vehicle break-ins/vehicle theft was observed (302 vs. 227). The SIF was not associated with increased drug trafficking or crimes commonly linked to drug use.

Wood, E., Tyndall, M. W., Qui, Z., et al. 2006. **Field action report. Service uptake and characteristics of injection drug users utilizing North America's first medically supervised safer injecting facility.** *American Journal of Public*

Health 96(5) 770-774.

In 2003, the city of Vancouver, British Columbia, opened North America's first government-sanctioned safer injecting facility, where injection drug users (IDUs) can inject preobtained illicit drugs under the supervision of nurses. Use of the service by IDUs was followed by measurable reductions in public drug use and syringe sharing. IDUs who are frequently using the program tend to be high-intensity cocaine and heroin injectors and homeless individuals. The facility has provided high-risk IDUs a hygienic space where syringe sharing can be eliminated and the risk of fatal overdose reduced. Ongoing evaluation will be required to assess its impact on overdose rates and HIV infection levels, as well as its ability to improve IDU contact with medical care and addiction treatment

Wood, E., Tyndall, W., Qui, Z., et al. 2006. **Service Uptake and Characteristics of Injection Drug Users Utilizing North America's First Medically Supervised Safer Injecting Facility.** *American Journal of Public Health* 96(5) 770-774.

In 2003, the city of Vancouver, British Columbia, opened North America's first government-sanctioned safer injecting facility, where injection drug users (IDUs) can inject preobtained illicit drugs under the supervision of nurses. Use of the service by IDUs was followed by measurable reductions in public drug use and syringe sharing. IDUs who are frequently using the program tend to be high-intensity cocaine and heroin injectors and homeless individuals. The facility has provided high-risk IDUs a hygienic space where syringe sharing can be eliminated and the risk of fatal overdose reduced. Ongoing evaluation will be required to assess its impact on overdose rates and HIV infection levels, as well as its ability to improve IDU contact with medical care and addiction treatment (Am J Public Health. 2006;96:770-773.)

Haemmig, R. & van, B. I. 2005. **Supervised Injecting Rooms.** *Injecting illicit drugs.* 160.

Supervised injecting rooms (SIRs) have historically been established in areas with 'open drug scenes', where public health and public order problems had arisen in relation to the concentration of street-based injecting drug use. By accommodating injecting episodes that would otherwise have occurred in public places in SIRs staffed by appropriately qualified health professionals, it is hoped that these public health and public order problems will be reduced, benefiting both the street-based injecting drug user (IDU) population and the rest of the local community. There are currently about 60 SIRs operating in three continents in the world, including Europe, Australia and North America. This chapter describes the history of their establishment and current issues regarding SIRs. (PsycINFO Database Record (c) 2015 APA, all rights reserved)(chapter)

Hall, W. & Kimber, J. 2005. **Being realistic about benefits of supervised injecting facilities.** *Lancet* 366(9482) 271-272.
<http://image.thelancet.com/extras/05cmt38web.pdf>

Thein, H., Kimber, J., Maher, L., et al. 2005. **Public opinion towards supervised injecting centres and the Sydney Medically Supervised Injecting Centre.**

International Journal of Drug Policy 16(4) 275-281.

Objective: To describe public opinion towards supervised injecting centres (SICs) and the Sydney Medically Supervised Injecting Centre (MSIC) before and after the opening of the MSIC. **Methods:** In 2000 and 2002, telephone interviews were conducted with 515 and 540 residents and 209 and 207

businesses in Kings Cross, Australia, 7 months before and 17 months after the MSIC opened in Kings Cross. Information was obtained on respondents' characteristics, knowledge of the MSIC, and agreement with SICs.

Differences in public opinion before and after the MSIC opened were assessed using the chi-square statistical test. **Results:** Two-thirds of the businesses and half the residents knew the correct location of the Sydney MSIC in 2002. The level of support for establishment of a MSIC in Kings Cross (68-78%, $p < 0.001$) and other areas of high-drug use (71-80%, $p = 0.003$) increased significantly among residents between 2000 and 2002. Both groups were more likely to disagree than agree that SICs would encourage illicit drug injection. **Conclusion:** Public opinion towards SICs and the establishment of the MSIC generally was supportive in the short-term.

Assessing whether this level of support is sustained over time will involve further research that demonstrates the benefits and effectiveness of such facilities.

Navarro, C. & Leonard, L. 2004. **Prevalence and factors related to public injecting in Ottawa, Canada: implications for the development of a trial safer injecting facility.** *International Journal of Drug Policy* 15(4) 275-285.

Background: In January 2003, the Canadian federal government announced its support of the scientific evaluation of safer injecting facilities (SIFs) in Canada. As emerging evidence from Europe and Australia has demonstrated that SIFs contribute significantly to reductions in the injection of drugs in public areas, the objective of this paper is to examine the nature of public injecting in Ottawa and its implications for a prospective SIF in the city.

Methods: Between October 2002 and January 2003, street-recruited active IDUs consented to personal interviews. Multiple logistic regression was used to determine factors related to public injecting. Content analysis was undertaken of responses to an open-ended question regarding reasons for injecting in public locations. **Findings:** Overall, 65% of 506 participants reported injecting in any public place in the previous six months.

Homelessness was the strongest predictor of public injecting (adjusted odds ratio: 6.6, 95% confidence interval (CI): 3.8-11.6). IDUs injecting in public locations were also significantly more likely to be males; to have initiated drug injecting at younger ages; to score higher on a severity of addiction scale; and to report sharing used needles, injecting most often with any opiate other than morphine, injecting with five or more different people in the previous six months, and trading sex with male clients. Receiving most income from welfare was protective. IDUs who injected predominantly in public places were in chronic need of a location offering privacy and safety, whereas casual public injectors tended to report injecting in public only when in immediate need of a drug fix. **Conclusions:** These findings suggest that the implementation of a SIF could help alleviate harms related to public injecting among IDUs in Ottawa by the provision of a clean, private, and safe place to inject, with access to sterile injection equipment and housing and addiction services.

Wood, E., Kerr, T., Small, W., et al. 2004. **Changes in public order after the opening of a medically supervised safer injecting facility for illicit injection drug users.** *CMAJ* 171(7) 731-734.

North America's first medically supervised safer injecting facility for illicit injection drug users was opened in Vancouver on Sept. 22, 2003. Although similar facilities exist in a number of European cities and in Sydney, Australia, no standardized evaluations of their impact have been presented in the scientific literature.

Wood, E., Kerr, T., Small, W., et al. 2004. **Changes in public order after the opening of a medically supervised safer injecting facility for illicit injection drug users.** *CMAJ* 171(7) 731-734.

Background: North America's first medically supervised safer injecting facility for illicit injection drug users was opened in Vancouver on Sept. 22, 2003. Although similar facilities exist in a number of European cities and in Sydney, Australia, no standardized evaluations of their impact have been presented in the scientific literature. Methods: Using a standardized prospective data collection protocol, we measured injection-related public order problems during the 6 weeks before and the 12 weeks after the opening of the safer injecting facility in Vancouver. We measured changes in the number of drug users injecting in public, publicly discarded syringes and injection-related litter. We used Poisson log-linear regression models to evaluate changes in these public order indicators while considering potential confounding variables such as police presence and rainfall. Results: In stratified linear regression models, the 12-week period after the facility's opening was independently associated with reductions in the number of drug users injecting in public ($p < 0.001$), publicly discarded syringes ($p < 0.001$) and injection-related litter ($p < 0.001$). The predicted mean daily number of drug users injecting in public was 4.3 (95% confidence interval [CI] 3.5-5.4) during the period before the facility's opening and 2.4 (95% CI 1.9-3.0) after the opening; the corresponding predicted mean daily numbers of publicly discarded syringes were 11.5 (95% CI 10.0-13.2) and 5.4 (95% CI 4.7-6.2). Externally compiled statistics from the city of Vancouver on the number of syringes discarded in outdoor safe disposal boxes were consistent with our findings. Interpretation: The opening of the safer injecting facility was independently associated with improvements in several measures of public order, including reduced public injection drug use and public syringe disposal.

Kerr, T., Wood, E., Palepu, A., et al. 2003. **Responding to an explosive HIV epidemic driven by frequent cocaine injection: Is there a role for safe injecting facilities?** *Journal of Drug Issues* 33(3) 579-608.

Although there have been repeated calls for the establishment of safe injection facilities (SIFs) in Vancouver since the early 1990s, questions remain concerning the feasibility of SIFs due to the high prevalence of injection cocaine and the concomitant problems cocaine use presents. Therefore, we determined the prevalence of willingness to attend SIFs among cocaine injectors in Vancouver and explored the factors associated with this willingness, using data from the Vancouver Injection Drug Users Study. After considering the results derived from this analysis, additional qualitative

methods were employed to explore further willingness to use SIFs, barriers and facilitators of SIF utilization, and methods of maximizing use among selected subpopulations of cocaine injectors. The results suggest that a high proportion of cocaine injectors, including some of those most at risk, would attend an SIF if one were available. However, in order to better accommodate cocaine injectors, several modifications could be made to conventional SIF service design and delivery. The vast majority of these modifications relate to ensuring effective responses to cocaine toxicity. Given the acceptability of SIFs among cocaine injectors, it appears that an SIF pilot could result in significant and immediate benefits in terms of public health and community safety.

Van, A. P., Barendregt, C. & Van, D. M. 2003. **Drug consumption rooms in Rotterdam: An explorative description.** *European Addiction Research* 9(2) 94-100.

The Rotterdam Drug Monitoring System used survey data, fieldnotes and interviews with staff to investigate the functioning of four (out of six) consumption rooms in Rotterdam. The results show that for most drug users, access to the drug consumption room results in less frequent drug use in public places and more time and rest. Pass holders value being able to use drugs safely inside, and make use of the additional services provided, such as refreshments, washing/showering facilities and talking with others about their personal problems. Two 'weak points' reported by the drug users are discussed in relation to their personal health situation and public nuisance reduction. Copyright © 2003 S. Karger AG, Basel.

Van Beek, I. 2003. **The Sydney Medically Supervised Injecting Centre: A clinical model.** *Journal of Drug Issues* 33(3) 625-638.

The Sydney Medically Supervised Injecting Centre (MSIC) is the first supervised injecting facility (SIF) in Australia and the English-speaking world. It commenced operations in May 2001 as a trial to be independently evaluated. The MSIC was to be the only SIF in Sydney's Kings Cross, a "red-light" area where the drugusing population had previously injected in public or in illegal "shooting galleries" that had proliferated in nearby commercial sex premises since 1990. The aim of the MSIC is to reduce the public health and public order issues arising from unsupervised and public injecting at a local community level. A clinical service model was developed, which would maximize the number of injecting episodes accommodated in a professionally supervised setting and integrate with the other harm reduction services nearby. In its first two years of operation 4,719 registered IDUs made 88,324 visits to inject at the MSIC. There were 553 drug overdoses (81% heroin) managed on site, with no fatalities. Among 1,852 client referrals made for further assistance, 44% were for the treatment of drug dependence. This early experience suggests that the MSIC's clinical model has been acceptable to a significant number of the street-based drug injecting population in this setting.

Wood, E., Kerr, T., Spittal, P. M., et al. 2003. **The potential public health and community impacts of safer injecting facilities: Evidence from a cohort of injection drug users.** *Journal of Acquired Immune Deficiency Syndromes* 32(1) 2-8.

Although medically supervised safer injecting facilities (SIFs) remain untested in North America, their implementation is currently being debated. Reluctance of health policy makers to initiate a pilot study of SIFs may in part be hindered by outstanding questions regarding the potential community and public health impact of the intervention. Specifically, it is presently unknown if those at greatest risk of overdose and HIV transmission or those responsible for community impact of injection drug use will be willing to attend.

Fry, C. L. 2002. **Injecting drug user attitudes towards rules for supervised injecting rooms: Implications for uptake.** *International Journal of Drug Policy* 13(6) 471-476.

Supervised injecting rooms (SIRs) have been implemented in Europe to assist in reducing the health and public order problems from street-based injecting drug use. Since 1997, extensive debate around the feasibility of SIR trials has occurred in the Australian jurisdictions of Victoria, New South Wales and the Australian Capital Territory. A trial is currently underway in Sydney, NSW. An important issue for SIR feasibility and trial design is injecting drug user (IDU) attitudes about SIR rules and regulations. In this study, 215 IDU were surveyed about SIR knowledge, willingness to use SIRs and attitudes towards SIR rules. Participants were knowledgeable about SIR issues, were willing to use SIRs (89%) and undeterred from uptake by: mandatory hand-washing (96%); close supervision (82%); bans on pill injecting (87%) or client-to-client injecting (71%) and deal splitting (55%). Significant minorities said they would not use SIRs if prevented from splitting drug deals (34%) or assisting others to inject (18%) on-site. The high level of SIR rule acceptance suggests that SIRs will play an important role in reducing the public impact of street injecting and various injecting related health harms. However, that some IDU would avoid SIRs due to certain rules implies that additional strategies will be needed if the health and other concerns of this group (and that of the surrounding community) are to be adequately addressed. The design and implementation of SIRs must be informed by extensive IDU consultation to be target group appropriate. © 2002 Elsevier Science B.V. All rights reserved.

Homann, B., Paul, B., Thiel, G., et al. 2000. **Drug consumption patterns and the need of drug consumption rooms in the open drug scene of Hamburg [German] Drogenkonsum und gesundheitsraumbedarf in der Hamburger >>offenen drogenszene<<.** *Sucht* 46(2) 129-136.

The aim of the study was to assess actual drug consumption patterns in the open drug scene, frequency of drug use in public and the need of drug consumption rooms where drug addicts may take their drugs under some kind of supervision combined with the offer of medical or psychosocial support, 264 drug users of the open drug scene in Hamburg's central station area answered a questionnaire. Results: 90% take heroin, 81% cocaine, 72% heroin and cocaine. 90% inject drugs intravenously, 30% do nasal sniffing or snorting and 26% smoke heroin or cocaine. About every second addict reports daily drug use in the central station area, on the average six times per day. Drug users reporting extraordinary frequent use in public were under the age of 21, more often cocaine users and drug smokers. About two thirds of all respondents reported that they would make use of a drug consumption room daily. Especially those addicts who tend to extraordinary frequent drug use in

public would like to turn to a drug consumption room several times a day. It is assumed that drug consumption rooms located near by the open drug scene can help to reduce high-risk drug use in public.

Freeman, K., Jones, C. G. A., Weatherburn, D. J., et al. **The impact of the Sydney Medically Supervised Injecting Centre (MSIC) on crime.** *Drug & Alcohol Review* 24(2) 173-184.

The current study aimed to model the effect of Australia's first Medically Supervised Injecting Centre (MSIC) on acquisitive crime and loitering by drug users and dealers. The effect of the MSIC on drug-related property and violent crime was examined by conducting time series analysis of police-recorded trends in theft and robbery incidents, respectively. The effect of the MSIC on drug use and dealing was examined by (a) time series analysis of a special proxy measure of drug-related loitering; (b) interviewing key informants; and (c) examining trends in the proportion of Sydney drug offences that were recorded in Kings Cross. There was no evidence that the MSIC trial led to either an increase or decrease in theft or robbery incidents. There was also no evidence that the MSIC led to an increase in 'drug-related' loitering at the front of the MSIC after it opened, although there was a small increase in 'total' loitering (by 1.2 persons per occasion of observation). Trends in both 'drug-related' and 'total' loitering at the front of the MSIC steadily declined to baseline levels, or below, after it opened. There was a very small but sustained increase in 'drug-related' (0.09 persons per count) and 'total' loitering (0.37 persons per count) at the back of the MSIC after it opened. Key informant interviews noted an increase in loitering across the road from the MSIC but this was not attributed to an influx of new users and dealers to the area. There was no increase in the proportion of drug use or drug supply offences committed in Kings Cross that could be attributed to the opening of the MSIC. These results suggest that setting up an MSIC does not necessarily lead to an increase in drug-related problems of crime and public loitering. [Freeman K, Jones CGA, Weatherburn DJ, Rutter S, Spooner CJ, Donnelly N. The impact of the Sydney Medically Supervised Injecting Centre (MSIC) on crime *Drug Alcohol Rev* 2005;24:173 – 184]

DCR General (73)

Houston, M. 2016. **Ireland is to install supervised injecting rooms.** *BMJ (Clinical research ed.)* 532 i406.

Drug users in Ireland will be able to use supervised injecting rooms later this year, starting in Dublin, followed afterwards by other major cities, the Irish government has said. Announcing the decision in a speech to the London School of Economics before Christmas, the minister in charge of national drug policy, Aodhán Ó Ríordáin, said that he did not see injecting rooms as "free for all" facilities for drug addicts.

Lloyd, C., Stöver, H., Zurhold, H., et al. 2016. **Similar problems, divergent responses: drug consumption room policies in the UK and Germany.** *Journal of Substance Use* 1-5.

Drug Consumption Rooms (DCRs) enable the consumption of pre-obtained drugs under supervised conditions. While 24 DCRs exist in Germany there are none in the UK, despite similar levels of drug-related harms. The first

official, German DCRs were introduced in Hamburg and Frankfurt in the mid-1990s. A key influence was the appearance of 'open drug scenes' in such cities over this time, whereby large numbers of users congregated in parks or shopping centres. This led to powerful coalitions of politicians, police and treatment agencies and DCRs were seen as a professional response to these problems. In the UK, there have been two high profile recommendations for the piloting of DCRs which have been rejected by the Government for a number of reasons including lack of evidence, legal problems and negative media responses. In explaining the different situations in the two countries, key factors are the potential for city-level policies; the stigma attached to drug users in media reporting; and the historical development of open drug scenes. Chance has also played a part, particularly in the UK. Drug policy is rarely a government priority and drug policy decisions are therefore affected by wider political goals and pressures in unpredictable ways.

Williams, S. 2016. **Space, scale and jurisdiction in health service provision for drug users: the legal geography of a supervised injecting facility.** *Space and Polity* 20(1) 95-108.

Sydney's Medically Supervised Injecting Centre delivers the significant benefits of harm reduction, but has been controversial regards the law. Its contested history is examined here through the lens of legal geography. Narrative analysis reveals that the arguments for and against the centre's establishment referenced matters ranging from international treaties through to municipal governance. These arguments and their outcome were variously shaped by the different spaces and scales of jurisdiction but not simply in a zero sum game of law played out through the hierarchically ordered nesting of container-like territories. The implications for legal geography and for public health are discussed.

Ankjærgaard, S. K., Christensen, I., Ege, P. P., et al. 2015. **From civil disobedience to drug users' well-being: grass-roots activity and the establishment of drug consumption rooms in Denmark.** *Drugs & Alcohol Today* 15(3) 141-149.

Purpose: The purpose of this paper is to provide contextual information around the grass-roots activities which resulted in legislation allowing the opening of drug consumption rooms in Denmark. This background has not been included in, e.g. the annual Danish Focal Point reports to the EMCDDA. Design/methodology/approach: An account by some of those involved on the grass-roots and political activities which resulted in the enabling changes in law and the provision of building-based drug consumption rooms in Denmark. Findings: The actions described originated in a concern for the health and well-being of drug users. That grass-roots action can act as a catalyst for political changes in social policy to take account of the situations and needs of socially marginalised groups.

Fischer, B., Blanken, P., Silveira, D. d., et al. 2015. **Effectiveness of secondary prevention and treatment interventions for crack-cocaine abuse: a comprehensive narrative overview of English-language studies.** *International Journal of Drug Policy* 26(4) 352-363.

There are an estimated several million crack-cocaine users globally; use is highest in the Americas. Most crack users are socio-economically marginalized (e.g., homeless), and feature elevated risks for morbidity (e.g., blood-borne viruses), mortality and crime/violence involvement, resulting in extensive burdens. No comprehensive reviews of evidence-based prevention and/or treatment interventions specifically for crack use exist. We conducted a comprehensive narrative overview of English-language studies on the efficacy of secondary prevention and treatment interventions for crack (cocaine) abuse/dependence. Literature searches (1990-2014) using pertinent keywords were conducted in main scientific databases. Titles/abstracts were reviewed for relevance, and full studies were included in the review if involving a primary prevention/treatment intervention study comprising a substantive crack user sample. Intervention outcomes considered included drug use, health risks/status (e.g., HIV or sexual risks) and select social outcome indicators. Targeted (e.g., behavioral/community-based) prevention measures show mixed and short-term effects on crack use/HIV risk outcomes. Material (e.g., safer crack use kit distribution) interventions also document modest efficacy in risk reduction; empirical assessments of environmental (e.g., drug consumption facilities) for crack smokers are not available. Diverse psycho-social treatment (including contingency management) interventions for crack abuse/dependence show some positive but also limited/short-term efficacy, yet likely constitute best currently available treatment options. Ancillary treatments show little effects but are understudied. Despite ample studies, pharmaco-therapeutic/immunotherapy treatment agents have not produced convincing evidence; select agents may hold potential combined with personalized approaches and/or psycho-social strategies. No comprehensively effective 'gold-standard' prevention/treatment interventions for crack abuse exist; concerted research towards improved interventions is urgently needed.

Hayle, S. 2015. **Comparing Drug Policy Windows Internationally: Drug Consumption Room Policy Making in Canada and England and Wales.** *Contemporary Drug Problems* 42(1) 20-37.

In this article, I compare and contrast policymaking processes in Canada and England and Wales between 1997 and the present day to provide insight into why the Canadian government approved the opening of a downtown Vancouver drug consumption room (DCR) named InSite in 2003, and why the British government has not yet done so. I also shed new light on why, since 2003, subsequent DCRs have not been opened in either Canada or England and Wales. I briefly consider future prospects for DCRs in both places. To accomplish this, I draw on Kingdon's "Multiple Streams Theory," which suggests that national government decision makers such as politicians are most likely to enact policy changes when there is an alignment of problems, policy options, and political circumstances. I argue that such conditions existed in Canada but not England and Wales, which helps explain why the Canadian government approved the opening of a DCR but the British government did not. I draw on primary data from national, provincial, and municipal government documents and national and local newspaper articles in both jurisdictions to make my argument, along with secondary data from published literature. In the process, I highlight the strengths and weaknesses

of Kingdon's (1984) work for understanding policy development in the highly controversial area of illicit drug use. [ABSTRACT FROM PUBLISHER]
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McCann, E. & Temenos, C. 2015. **Mobilizing drug consumption rooms: inter-place networks and harm reduction drug policy.** *Health & Place* 31 216-224.

This article discusses the learning and politics involved in spreading Drug Consumption Rooms (DCRs) globally. DCRs are health facilities, operating under a harm reduction philosophy, where people consume illicit drugs in a supervised setting. Approximately 90 are located in almost 60 cities in 11 countries. They are intensely local attempts to improve the lives of specific populations and urban neighborhoods. DCRs are also global models that travel. This article examines the relationship between DCRs as facilities that are fixed in place and DCRs as globally-mobilized models of drug policy and public health practice. Drawing on research from seven countries, we apply concepts from the policy mobilities literature to analyze the travels of the DCR model and the political strategies involved in the siting of these public health service facilities. We detail the networked mobilization of the DCR model from Europe to Canada and Australia, the learning among facilities, the strategies used to mold the DCR model to local contexts, and the role of DCR staff in promoting continued proliferation of DCRs. We conclude by identifying some immobilities of DCRs to identify questions about practices, principles and future directions of harm reduction.

Elliott, D. 2014. **Debating safe injecting sites in Vancouver's inner city: Advocacy, conservatism and neoliberalism.** *Contemporary Drug Problems* 41(1) 5-40.

North America's first and only legal, supervised injection site is located in Vancouver and has been one of Canada's most controversial biomedical interventions. Emerging from a progressive harm reduction model, and adopted in many cities around the globe from Sydney to Paris, safe injection facilities are considered by many to be the hallmark of innovative programming for the urban poor. In Vancouver, an intense public debate resulted, focusing attention on addictions, the rights of drug users, and the politics of knowledge. Drawing on the work of Nikolas Rose and Michel Foucault, this ethnographic article suggests that the politics of activism and care that have emerged from the Insite controversy among scientists, researchers, and advocates are characterized by a neoliberal logic, which limits the full potential of this health care intervention. This article considers the specific ways in which scientists and advocates inadvertently adopted neoliberal techniques of governing and conservative politics. [ABSTRACT FROM AUTHOR]

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McNeil, R. & Small, W. 2014. **'Safer environment interventions': A qualitative synthesis of the experiences and perceptions of people who inject drugs.** *Social Science & Medicine* 106 151-159.

Abstract: There is growing acknowledgment that social, structural, and environmental forces produce vulnerability to health harms among people who inject drugs (PWID), and safer environment interventions (SEI) have been identified as critical to mitigating the impacts of these contextual forces on drug-related harm. To date, however, SEIs have been under-theorized in the literature, and how they minimize drug-related risks across intervention types and settings has not been adequately examined. This article presents findings from a systematic review and meta-synthesis of qualitative studies reporting PWID's experiences with three types of SEIs (syringe exchange programmes, supervised injection facilities and peer-based harm reduction interventions) published between 1997 and 2012. This meta-synthesis sought to develop a comprehensive understanding of SEIs informed by the experiences of PWID. Twenty-nine papers representing twenty-one unique studies that included an aggregate of more than 800 PWID were included in this meta-synthesis. This meta-synthesis found that SEIs fostered social and physical environments that mitigated drug-related harms and increased access to social and material resources. Specifically, SEIs: (1) provided refuge from street-based drug scenes; (2) enabled safer injecting by reshaping the social and environmental contexts of injection drug use; (3) mediated access to resources and health care services; and, (4) were constrained by drug prohibition and law enforcement activities. These findings indicate that it is critical to situate SEIs in relation to the lived experiences of PWID, and in particular provide broader environmental support to PWID. Given that existing drug laws limit the effectiveness of interventions, drug policy reforms are needed to enable public health, and specifically SEIs, to occupy a more prominent role in the response to injection drug use.

McNeil, R., Small, W., Lampkin, H., et al. 2014. **'People Knew They Could Come Here to Get Help': An Ethnographic Study of Assisted Injection Practices at a Peer-Run 'Unsanctioned' Supervised Drug Consumption Room in a Canadian Setting.** *AIDS & Behavior* 18(3) 473-486.

People who require help injecting are disproportionately vulnerable to drug-related harm, including HIV transmission. North America's only sanctioned SIF operates in Vancouver, Canada under an exemption to federal drug laws, which imposes operating regulations prohibiting assisted injections. In response, the Vancouver Area Network of Drug Users (VANDU) launched a peer-run unsanctioned SIF in which trained peer volunteers provide assisted injections to increase the coverage of supervised injection services and minimize drug-related harm. We undertook qualitative interviews (n = 23) and ethnographic observation (50 h) to explore how this facility shaped assisted

injection practices. Findings indicated that VANDU reshaped the social, structural, and spatial contexts of assisted injection practices in a manner that minimized HIV and other health risks, while allowing people who require help injecting to escape drug scene violence. Findings underscore the need for changes to regulatory frameworks governing SIFs to ensure that they accommodate people who require help injecting.

Potier, C., Laprevote, V., Dubois-Arber, F., et al. 2014. **Supervised injection services: what has been demonstrated? A systematic literature review.** *Drug and alcohol dependence* 145 48-68.

BACKGROUND: Supervised injection services (SISs) have been developed to promote safer drug injection practices, enhance health-related behaviors among people who inject drugs (PWID), and connect PWID with external health and social services. Nevertheless, SISs have also been accused of fostering drug use and drug trafficking. AIMS: To systematically collect and synthesize the currently available evidence regarding SIS-induced benefits and harm. METHODS: A systematic review was performed via the PubMed, Web of Science, and ScienceDirect databases using the keyword algorithm [("supervised" or "safer") and ("injection" or "injecting" or "shooting" or "consumption") and ("facility" or "facilities" or "room" or "gallery" or "centre" or "site")]. RESULTS: Seventy-five relevant articles were found. All studies converged to find that SISs were efficacious in attracting the most marginalized PWID, promoting safer injection conditions, enhancing access to primary health care, and reducing the overdose frequency. SISs were not found to increase drug injecting, drug trafficking or crime in the surrounding environments. SISs were found to be associated with reduced levels of public drug injections and dropped syringes. Of the articles, 85% originated from Vancouver or Sydney. CONCLUSION: SISs have largely fulfilled their initial objectives without enhancing drug use or drug trafficking. Almost all of the studies found in this review were performed in Canada or Australia, whereas the majority of SISs are located in Europe. The implementation of new SISs in places with high rates of injection drug use and associated harms appears to be supported by evidence.

Zampini, G. F. 2014. **Governance versus government: drug consumption rooms in Australia and the UK.** *The International Journal On Drug Policy* 25(5) 978-984.

Aim: To evaluate, through a case study, the extent to which elements of governance and elements of government are influential in determining the implementation or non-implementation of a drugs intervention.; Methods: Comparative analysis of the case of a drug consumption room in the UK (England) and Australia (New South Wales), including 16 semi-structured interviews with key stakeholders and analysis of relevant documents according to characteristic features of governance and government (power decentralisation, power centralisation, independent self-organising policy networks, use of evidence, top-down steering/directing, legislation).; Results: Characteristic features of both governance and government are found in the data. Elements of governance are more prominent in New South Wales, Australia than in England, UK, where government prevails. Government is seen as the most important actor at play in the making, or absence, of drug

consumption rooms.; Conclusions: Both governance and government are useful frameworks in conceptualising the policy process. The governance narrative risks overlooking the importance of traditional government structures. In the case of drug consumption rooms in the UK and Australia, a focus on government is shown to have been crucial in determining whether the intervention was implemented.; Copyright © 2014 Elsevier B.V. All rights reserved.

Allilaire, J. F., Costentin, J., Goullé, J. P., et al. 2013. **Controlled drug consumption rooms**. *Bulletin de l'Academie Nationale de Medecine* 197(2) 503-505.

No abstract-French language

Fitzgerald, L. 2013. **Supervised injecting facilities: a case study of contrasting narratives in a contested health policy arena**. *Critical Public Health* 23(1) 77-95.

In 2006, 2010, and 2011 attempts were made by health policy advocates to ignite policy debate about the introduction of supervised injecting facilities (SIFs) in Melbourne, Australia. Although there have been a number of attempts to introduce SIFs in Australia, only one facility has been introduced in Sydney, and it has only recently achieved full operating status beyond an extended nine-year trial period. This article retraces the policy narratives in documentary materials (parliamentary debates, policy documents, public advocacy and empirical research) to reflect on the causes for policy impermeability in this contested arena. Interest in supervised injecting rooms, whilst always an exemplar of harm reduction, actually emerged in New South Wales in the mid-1990s from government concern over endemic police corruption. Subsequent policy narratives in Victorian SIF advocacy tended to focus heavily on the health and welfare of drug users, with a notable absence of concern about SIFs as a response to police corruption. It is suggested that future policy initiatives in this arena be mindful of the role and influence of policy narratives that focus on policing, if future SIF advocacy is to be successful.

Parkin, S. 2013. **Habitus and drug using environments: Health, place and lived-experience**.

Book: Informed by the thought of Pierre Bourdieu and framed by the philosophy of harm reduction, *Habitus and Drug Using Environments* provides a sociological analysis of public environments affected by injecting drug use. Drawing on ethnographic research across several locations, this book offers a qualitative and phenomenological account of the social organisation of public settings used for the preparation and administration of illicit drugs, informed by interviews with both injecting drug users and those whose employment is directly affected by public injecting drug use. With attention to current policy-related questions concerning the lived experience of 'place' upon the health of injecting drug users, how wider social structures contribute to participation in public injecting and the manner in which participation in public injecting amplifies drug-related harm, *Habitus and Drug Using Environments* sheds light on the ways in which health and place interact to produce and reproduce already established hazards associated with injecting drug use. As such, it will

be of interest to sociologists, geographers, criminologists and policy makers working in fields such as drug use, risk behaviours and their relation to place, and health studies.

Watson, T. M., Strike, C., Kolla, G., et al. 2013. **Design considerations for supervised consumption facilities (SCFs): Preferences for facilities where people can inject and smoke drugs.** *International Journal of Drug Policy* 24(2) 156-163.

Background: Supervised consumption facilities (SCFs) aim to improve the health and well-being of people who use drugs by offering safer and more hygienic alternatives to the risk environments where people typically use drugs in the community. People who smoke crack cocaine may be willing to use supervised smoking facilities (SSFs), but their facility design preferences and the views of other stakeholders have not been previously investigated in detail. Methods: We consulted with people who use drugs and other stakeholders including police, fire and ambulance service personnel, other city employees and city officials, healthcare providers, residents, and business owners (. N=. 236) in two Canadian cities without SCFs and asked how facilities ought to be designed. All consultations were audio-recorded and transcribed. Thematic analyses were used to describe the knowledge and opinions of stakeholders. Results: People who use drugs see SSFs as offering public health and safety benefits, while other stakeholders were more sceptical about the need for SSFs. People who use drugs provided insights into how a facility might be designed to accommodate supervised injection and supervised smoking. Their strongest preference would allow both methods of drug use within the same facility with some form of physical separation between the two based on different highs, comfort regarding exposure to different methods of drug administration, and concerns about behaviours often associated with smoking crack cocaine. Other stakeholders raised a number of SSF implementation challenges worthy of consideration. Conclusion: Decision-makers in cities considering SCF or SSF implementation should consider the opinions and preferences of potential clients to ensure that facilities will attract, retain, and engage people who use drugs. © 2012 Elsevier B.V.

Wise, J. 2013. **Brighton considers opening UK's first safe drug consumption rooms.** *BMJ (Clinical research ed.)* 346.

Brighton and Hove City Council is considering whether to provide rooms where drug users could use illegal drugs safely, as a way to reduce drug related deaths.

Debeck, K., Kerr, T., Lai, C., et al. 2012. **The validity of reporting willingness to use a supervised injecting facility on subsequent program use among people who use injection drugs.** *American Journal of Drug and Alcohol Abuse* 38(1) 55-62.

Background: Innovative health programs for injection drug users (IDUs), such as supervised injecting facilities (SIFs), are often preceded by evaluations of IDUs' willingness to use the service. The validity of these surveys has not been fully evaluated. We sought to determine whether measures of willingness collected prior to the opening of a Canadian SIF accurately

predicted subsequent use of the program. Methods: Data were derived from a prospective cohort of IDUs. The sample size for this study was 640 IDUs. Using multivariate logistic regression, it was assessed if a history of reporting willingness to use the program, where it was available, was associated with subsequent use. In sub-analysis restricted to individuals who had a history of reported willingness, we used multivariate longitudinal analysis to identify factors associated with not attending the SIF. Results: Among 442 IDUs, 72% of those who reported initial willingness to use a SIF later attended the program, and a prior willingness to use a SIF significantly predicted later attendance (adjusted odds ratio = 1.67). In sub-analyses restricted to those who had a history of reporting willingness to use the SIF, not using the program was predicted by not frequenting the neighborhood where the SIF was located. Conclusion: Our findings indicate that reported willingness measures collected from IDUs regarding potential SIF program participation prior to its opening independently predicted later attendance even when variables that were likely determinants of willingness were adjusted for. These data suggest that willingness measures are reasonably valid tools for planning the delivery of health services among IDU populations. © 2012 Informa

Dietze, P., Winter, R., Pedrana, A., et al. 2012. **Mobile safe injecting facilities in Barcelona and Berlin.** *International Journal of Drug Policy* 23(4) 257-260.

Safe Injecting Facilities (SIFs) have been operating in various locations across the developed world for over 20 years (Kimber, Dolan, van Beek, Hedrich, & Zurhold, 2003; Kimber, Dolan, & Wodak, 2005). Typically physically located in close proximity to established drug market and drug injecting precincts, SIFs provide a sanctioned space for the injection of drugs (Rhodes et al., 2006). These 'enabling environments' (Moore & Dietze, 2005) have been shown to have a range of public health benefits, from improvements in the management and response to acute drug overdose (Van Beek, Kimber, Dakin, & Gilmour, 2004), through to successful referral to other services (Kimber et al., 2008; Wood, Tyndall, Montaner, & Kerr, 2006).

2011. **Supervised injecting room program rejected.** *Australian Nursing Journal* 19(4) 16-17.

The article reports on a 2011 decision which nurses in the Australian Capital Territory made to reject a proposal for a supervised injecting room at the Alexander Maconochie Centre.

Jauncey, M. E., van Beek, I. A., Salmon, A. M., et al. 2011. **Bipartisan support for australia's supervised injecting facility: A decade in the making.** *Medical Journal of Australia* 195(5) 264.

TO THE EDITOR: This year marks 10 years of successful operation of the Sydney Medically Supervised Injecting Centre — Australia's only supervised injecting facility (SIF). It is one of 90 such facilities globally, with SIFs operating in eight different countries for up to 25 years. Legislation to lift the trial status of

Andresen, M. A. & Boyd, N. 2010. **A cost-benefit and cost-effectiveness analysis of Vancouver's supervised injection facility.** *International Journal of Drug Policy* 21(1) 70-76.

BACKGROUND: A supervised injection facility (SIF) has been established in North America: Insite, in Vancouver, British Columbia. The purpose of this paper is to conduct a cost-effectiveness and cost-benefit analysis of this SIF using secondary data gathered and analysed in 2008. In using these data we seek to determine whether the facility's prevention of infections and deaths among injecting drug users (IDUs) is of greater or lesser economic cost than the cost involved in providing this service - Insite - to this community.

METHODS: Mathematical modelling is used to estimate the number of new HIV infections and deaths prevented each year. We use the number of these new HIV infections and deaths prevented, in conjunction with estimated lifetime public health care costs of a new HIV infection, and the value of a life, in order to calculate an identifiable portion of the societal benefits of Insite.

The annual costs of operating the SIF are used to measure the social costs of Insite. In using this information, we calculate cost-effectiveness and benefit-cost ratios for the SIF. **RESULTS:** Through the use of conservative estimates, Vancouver's SIF, Insite, on average, prevents 35 new cases of HIV and almost 3 deaths each year. This provides a societal benefit in excess of \$6 million per year after the programme costs are taken into account, translating into an average benefit-cost ratio of 5.12:1.

CONCLUSION: Vancouver's SIF appears to be an effective and efficient use of public health care resources, based on a modelling study of only two specific and measurable benefits-HIV infection and overdose death.

Lloyd, C. & Godfrey, C. 2010. **Commentary on Pinkerton (2010): Drug consumption rooms—Time to accept their worth.** *Addiction* 105(8) 1437. Comments on the article by Steven D. Pinkerton (see record 2010-14442-020). The idea of providing supervised, hygienic rooms for the consumption of illicit drugs has proved highly contentious. To many, it appears to condone, encourage or at least take a laissez faire approach to injecting drug use. The evidence base on the effectiveness of Drug Consumption Rooms (DCRs) has been growing rapidly. Economic evaluations can be used to put a value on these diverse benefits and, by combining these with costs for situations with and without such facilities, can provide evidence on the cost-effectiveness of DCRs. Pinkerton's evaluation focuses solely upon the project's impact on preventing human immunodeficiency virus (HIV) infections through needle and syringe exchange. Insite provides sterile injecting equipment to each user injecting within the facility but it also operates as a large needle and syringe exchange project, providing clean syringes for users to take away with them. As the number of safe injections occurring within the project is dwarfed by the number of sterile syringes distributed through the exchange, the evaluation effectively sets the benefits of this exchange function against the whole cost of the project. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

Sweet, M. 2010. **Future of Australia's supervised injecting centre is now more certain.** *BMJ (Clinical research ed.)* 341.

After operating on a trial basis for more than nine years, Australia's only medically supervised injecting centre is to become a regular health service, ensuring it a more certain future. The centre opened in May 2001 in Sydney's Kings Cross area as an 18 month trial and has since needed endorsement by the New South Wales parliament every four years to continue (*BMJ*

2008;337:a732, doi:[10.1136/bmj.a732](https://doi.org/10.1136/bmj.a732)). However, the state government has announced plans to make the centre an ongoing health service that will be subject to regular evaluation and monitoring, “as would any other government programme or treatment regime.”

Dubois-Arber, F., Benninghoff, F. & Jeannin, A. 2008. **Typology of injection profiles of clients of a supervised drug consumption facility in Geneva, Switzerland.** *European Addiction Research* 14(1) 1.

The use of a supervised drug consumption room (DCR) in a newly established low threshold facility in Geneva, Switzerland, in 2002 is analyzed. Two sources of routine data were used: data collected at the first visit by any new client (entry questionnaire) which included some personal details, and data collected on the substances injected at each visit to the DCR. A typology of injection profiles was constructed. Overall, the mean number of injections and days of visits per client over the year was low and cocaine was the main substance injected. However, an important heterogeneity in the use of the DCR was found and five types of clients identified: 1-day clients; standard clients; heroin-oriented clients; high cocaine consumption clients, and newcomers. Typology was associated with some characteristics at the first visit and the drug consumption pattern in the month preceding the first visit was in accordance with the subsequent use of the DCR. This heterogeneity in the use of the DCR highlights the diverse roles of the DCRs in harm reduction. (PsycINFO Database Record (c) 2012 APA, all rights reserved)(journal abstract)

Kerr, T., Montaner, J. & Wood, E. 2008. **Supervised injecting facilities: time for scale-up?** *The Lancet* 372(9636) 354-355.

The spread of infectious diseases and overdoses among injection drug users remain major public-health challenges globally. In response to these concerns, an increasing number of countries have implemented supervised injection facilities where drug users can inject pre-obtained illicit drugs under the supervision of health-care professionals.¹ Despite a growing body of evidence which suggests that such facilities are effective in addressing various harms, few interventions have been as vigorously contested and difficult to implement.

Kimber, J., Hickman, M., Degenhardt, L., et al. 2008. **Estimating the size and dynamics of an injecting drug user population and implications for health service coverage: Comparison of indirect prevalence estimation methods.** *Addiction* 103(10) 1604-1613.

AIMS: (i) To compare indirect estimation methods to obtain mean injecting drug use (IDU) prevalence for a confined geographic location; and (ii) to use these estimates to calculate IDU and injection coverage of a medically supervised injecting facility.

SETTING: Kings Cross, Sydney, Australia. PARTICIPANTS: IDUs residing in Kings Cross area postcodes recorded in surveillance data of the Sydney Medically Supervised Injecting Centre (MSIC) between November 2001 and October 2002.

MEASUREMENTS: Two closed and one open capture-recapture (CRC) models (Poisson regression, truncated Poisson and Jolly-Seber, respectively)

were fitted to the observed data. Multiplier estimates were derived from opioid overdose mortality data and a cross-sectional survey of needle and syringe programme attendees. MSIC client injection frequency and the number of needles and syringes distributed in the study area were used to estimate injection prevalence and injection coverage.

FINDINGS: From three convergent estimates, the mean estimated size of the IDU population aged 15-54 years was 1103 (range 877-1288), yielding a population prevalence of 3.6% (2.9-4.3%). Mean IDU coverage was 70.7% (range 59.1-86.7%) and the mean adjusted injection coverage was 8.8% (range 7.3-10.8%). Approximately 11.3% of the total IDU population were estimated to be new entrants to the population per month.

CONCLUSIONS: Credible local area IDU prevalence estimates using MSIC surveillance data were obtained. MSIC appears to achieve high coverage of the local IDU population, although only an estimated one in 10 injections occurs at MSIC. Future prevalence estimation efforts should incorporate open models to capture the dynamic nature of IDU populations.

Kimber, J., Mattick, R. P., Kaldor, J., et al. 2008. **Process and predictors of drug treatment referral and referral uptake at the Sydney Medically Supervised Injecting Centre.** *Drug and Alcohol Review* 27(6) 602-612.

Introduction and Aims. Low-threshold drug services such as drug consumption rooms (DCRs) have been posited as referral gateways to drug treatment for injecting drug users (IDUs). We examined the process and predictors of drug treatment referral and referral uptake at an Australian DCR. **Design and Methods.** We undertook behavioural surveillance of the Sydney Medically Supervised Injecting Centre (MSIC) client cohort between May 2001 and October 2002. Data were collected for 3715 IDUs on demographics, injecting and drug use behaviours at registration and all subsequent MSIC service utilisation, including referrals. Referral uptake (defined as presentation for assessment at the relevant agency) was traced via reply-paid postcards included with written referrals. **Results.** Sixteen per cent of clients who received written referrals to drug treatment had confirmed drug treatment referral uptake. Factors associated with drug treatment referral were frequent MSIC attendance [adjusted odds ratios (AOR = 9.4)], receipt of written health (AOR = 4.8) or psychosocial (AOR = 4.3) referrals, heroin as main drug injected (AOR = 1.9) and completion of high school education (AOR = 1.6). Factors associated positively with drug treatment referral uptake were recent sex work (AOR = 2.6) and at least daily injection (AOR 2.3). Previous psychiatric illness or self-harm was associated negatively with drug treatment referral uptake (AOR = 0.2). **Discussion and Conclusions.** MSIC engaged IDUs successfully in drug treatment referral and this was associated with presentation for drug treatment assessment and other health and psychosocial services. To improve rates of drug treatment referral and uptake, those with a history of mental health issues may require more intensive referral and case management.

Shetty, P. 2008. **UK Government considers supervised injecting clinics.** *Lancet* 371(9612) 545-546.

The UK Government is considering the introduction of supervised injecting clinics for hard-to-treat heroin addicts, after the preliminary results from a

three-centre trial. But some experts are sceptical about whether these clinics are really the way forward. Priya Shetty reports.

Thomas, M. 2008. **A drug consumption room in the Spanish Basque country.** *British Journal of General Practice* 58(556) 810-811.

A professional interest in substance misuse coupled with a love of the people, culture, and language of Spain led me to investigate Bilbao's Sala de Consumo Supervisado or Drug Consumption Room (DCR) last February.

Wood, E., Kerr, T., Tyndall, M. W., et al. 2008. **The Canadian government's treatment of scientific process and evidence: Inside the evaluation of North America's first supervised injecting facility.** *International Journal of Drug Policy* 19(3) 220-225.

Although the recommendations of scientific review bodies have traditionally been free of political interference in Canada, there have recently been growing concerns raised about Canada's new federal government's treatment of scientific processes and evidence. This concern is relevant to the scientific evaluation of Canada's first medically supervised safer injecting facility (SIF), which opened in Vancouver in 2003, where illicit injection drug users can inject pre-obtained illicit drugs under the supervision of nurses. This commentary describes what may be a serious breach of international scientific standards relating to the Canadian government's handling of the SIF's scientific evaluation, and the circumstances which eventually led to a moratorium on SIF trials in other Canadian cities. Although the primary focus of this discussion should remain on the health of the people using the SIF, it is hoped that the publication of the information contained in this report will lead to greater public scrutiny of the Canadian government's handling of addiction research and drug policy, and provide lessons for researchers, drug policy-makers, and affected communities in other settings. © 2007 Elsevier B.V. All rights reserved.

Hunt, N., Lloyd, C., Kimber, J., et al. 2007. **Public injecting and willingness to use a drug consumption room among needle exchange programme attendees in the UK.** *International Journal of Drug Policy* 18(1) 62-66.

This study examines the prevalence of public injecting and willingness to use drug consumption rooms (DCRs) among UK needle exchange programme (NEP) attendees. Three hundred and one injecting drug users (IDUs) were surveyed using a brief questionnaire across five NEPs in London and Leeds between April and June 2005. Injection in a public place in the past week was reported by 55% of the sample and 84% reported willingness to use a DCR if it was available. Public injecting was positively associated with insecure housing (AOR = 2.1, CI 1.2-3.5, $p = 0.009$), unsafe needle and syringe disposal in the past month (AOR = 3.6, CI 1.9-6.9, $p < 0.001$) and willingness to use DCR (AOR = 2.7, CI 1.3-5.4, $p = 0.006$). Public injecting was negatively associated with being aged more than 30 years (AOR = 0.4, CI 0.3-0.7, $p = 0.003$) and living in close proximity (within 0.5 miles/0.8 km) of the usual place of drug purchase (AOR = 0.6, CI 0.3-0.9, $p = 0.02$). Our findings suggest that recent public injecting is prevalent among UK NEP attendees and the majority would be willing to use DCRs if available. It is also probable that if such services were located close to key drug markets they would engage

vulnerable IDU sub-populations such as young people and the insecurely housed and reduce their levels of public injecting and unsafe needle/syringe disposal. Targeted pilot implementation of DCRs in the UK is recommended.

Kerr, T., Tyndall, M. W., Zhang, R., et al. 2007. **Circumstances of first injection among illicit drug users accessing a medically supervised safer injection facility.** *American Journal of Public Health* 97(7) 1228-1230.

There have been concerns that safer injecting facilities may promote initiation into injection drug use. We examined length of injecting career and circumstances surrounding initiation into injection drug use among 1065 users of North America's first safer injecting facility and found that the median years of injection drug use were 15.9 years, and that only 1 individual reported performing a first injection at the safer injecting facility. These findings indicate that the safer injecting facility's benefits have not been offset by a rise in initiation into injection drug use.

Lloyd, C. & Hunt, N. 2007. **Drug consumption rooms: an overdue extension to harm reduction policy in the UK?** *International Journal of Drug Policy* 18(1) 5-10.

This commentary examines the drug policy context of drug consumption rooms (DCRs) in the UK and describe the conclusions of an Independent Working Group (IWG) that was set up to evaluate the evidence of need in the UK, the international evaluation literature and legal, political and ethical concerns. Having considered this evidence, the IWG produced its report in May 2006, recommending a trial of DCRs in the UK, on the basis that DCRs offer a unique and promising way to work with problematic drug users in order to reduce the risk of overdose, improve their health and lessen the damage and costs to society. However, despite support for the idea from a number of quarters, the UK Government has rejected this recommendation, citing previously deployed arguments that do not appear to carry much weight in 2007.

Maher, L. & Salmon, A. 2007. **Supervised injecting facilities: How much evidence is enough?** *Drug and Alcohol Review* 26(4) 351-353.

<http://www.tandfonline.com/doi/pdf/10.1080/09595230701373818#preview>

Patel, K. 2007. **Research note: Drug consumption rooms and needle and syringe exchange programs.** *Journal of Drug Issues* 37(3) 737.

Drug consumption rooms and needle and syringe exchange programs have existed in some shape or form in different parts of the world for many years now. This Research Note reviews some of their advantages and disadvantages and considers possible advancements. (PsycINFO Database Record (c) 2012 APA, all rights reserved)(journal abstract)

Small, W., Rhodes, T., Wood, E., et al. 2007. **Public injection settings in Vancouver: Physical environment, social context and risk.** *International Journal of Drug Policy* 18(1) 27-36.

While epidemiological investigations have documented elevated health harms associated with public injecting, further ethnographic research focused

specifically on public injecting settings is required to develop greater understanding of how these environments influence the production of drug-related harm. We undertook preliminary ethnographic research, incorporating a structured environmental survey, observations and interviews with 50 local injectors, in Vancouver's Downtown Eastside (DTES). Our study aimed to document the physical locations and social context of public injecting settings, exploring how such venues interplay with injection-related health risks. Findings show that DTES public injecting locations comprise a large network of alleyways, which are often unsanitary and constrain efforts to inject in a hygienic fashion. Due to fears of being intercepted by the police, physically assaulted, or robbed, injectors are preoccupied with "hurrying and worrying" when injecting in public. Although individuals are concerned with matters of hygiene and avoiding infections associated with injecting, the perceived risks of public injection settings are primarily related to the presence of street predators and the police. Ecological features of public injecting environments serve to complicate the task of injecting, encourage 'rushing' during the injection process, and decrease the likelihood that public injectors will employ safer injecting practices. Future interventions must specifically target these micro risk environments. Innovative strategies are urgently needed to ensure that police operations in the open drug scene do not compromise public injectors' efforts to protect their health. Additionally, structural factors which perpetuate the large public injecting scene should be addressed through policy interventions that increase access to housing and public toilets as well as expanding the scope and capacity of the local drug consumption facilities.

2006. **Drug consumption rooms.** *Community Practitioner* 79(7) 203-204.
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http://linker.worldcat.org/?rft.institution_id=143915&spage=203&pkgName=nhsospital&issn=1462-2815&linkclass=to_article&jKey=47216&issue=7&provider=PQUEST&date=2006-01-06&atitle=Drug+consumption+rooms.&title=Community+Practitioner&rft.content=fulltext%2Cprint&linkScheme=pquest.athens&jHome=http%3A%2F%2Fsearch.proquest.com%2Fpublication%2F47216%2Fshibboleth%3Faccountid%3D&volume=79&rft.order_by=preference&linktype=best
2006. **Drug consumption rooms: summary report of the Independent Working Group.** *Foundations* .
 Summarises the findings of the report on whether Drug Consumption Rooms (DCRs) would have a significant impact on drug-related problems in the UK, and if they should be; trialled in this country. Looks at the harm associated with injecting drug use, the impact of DCRs, and whether DCRs would be legal in Britain. Considers the effectiveness; of DCRs. Sets out nine recommendations. Concludes that DCRs should be set up and evaluated in the UK. (See PLANEX Ref. B1014 for the full report).
- Drucker, E. 2006. **Insite: Canada's landmark safe injecting program at risk.** *Harm Reduction Journal* 3.
 InSite is North Americas first supervised injection site and a landmark public health initiative operating in Vancouver since 2003. The program is a vital

component of that cities internationally recognized harm reduction approach to its serious problems with drugs, crime, homelessness and AIDS. InSite currently operates under a waiver of Federal rules that allow it to provide services as a research project. An extensive evaluation has produced very positive results for thousands of users. Normally such strong evidence documenting the successes of such a program, and the medical and public health significance of these positive outcomes, would be the basis for celebration and moves to expand the model and provide similar services elsewhere in Canada.

Fry, C. L. 2006. **Applied ethical reflections on the operation of a Geneva drug consumption room: opportunities for enhanced harm reduction practice.** *International Journal of Drug Policy* 17(1) 1-3.

As the newest addition to harm reduction, drug consumption rooms (DCRs) – also known as supervised injection facilities (SIFs) – have attracted considerable attention. Despite a growing body of literature on the related socio-political, legal, and public health issues, few authors have considered the ethical dilemmas that arise in the daily operation of these facilities or indeed in their evaluative trials (Fry, 2003). Recent debate has started exploring the theoretical moral underpinnings of harm reduction generally (Hathaway, 2002; Hunt, 2004; Keane, 2003; Reinerman, 2004).

McKeganey, N. 2006. **Safe injecting rooms and evidence based drug policy.**

Drugs: Education, Prevention and Policy 13(1) 1-3.

Editorial comment:

<http://www.tandfonline.com/doi/abs/10.1080/09687630500344598?journalCode=idep20>

Pirie, D. & van, B. I. 2006. **Review of In the Eye of the Needle: Diary of a Medically Supervised Injecting Centre.** *Australian Social Work* 59(2) 237.

Reviews the book, *In the Eye of the Needle: Diary of a Medically Supervised Injecting Centre* by Ingrid van Beek (2004). The author's book is the story of her personal and professional journey of how she, as the inaugural director, managed to open a medically supervised injecting centre (MSIC). The book gives a good account of the trials and tribulations of a controversial community development project, which, at times, drew the attention, and the possible intervention, of the Vatican and sections of the United Nations. The book will challenge readers who hold the conservative value that condoning individuals to inject illicit substances is sending a wrong message to others who may be tempted to also use drugs. However, the author graphic descriptions of IDUs attempting to self-inject, especially into their necks, sends a strong message that injecting is often not a positive experience. The book is compelling reading for anyone interested in community development, especially if the project evokes strong responses from interested parties. An independent review of the MSIC operation is available for those interested. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

Zajdow, G. 2006. **The narrative of evaluations: medically supervised injecting centers.** *Contemporary Drug Problems* 33(3) 399-426.

Medically supervised injecting centers, or drug consumption rooms are

officially sanctioned places where people can inject or smoke illegal drugs in hygienic conditions and under supervision. Their ostensible purposes are to protect the health of drug users and contain the nuisance potential of open drug markets. This article argues that the debates and arguments supporting the establishment and existence of medically supervised injecting centers follow four interweaving narratives. These narratives can be characterized as (1) Caring and humanitarian (2) Elimination of public nuisance (3) Governance of the drug-using subject (4) Neo-liberal, utilitarian, and bureaucratic. These narratives alternatively combine and oppose each other. This means that the analysis of the benefits and problems with such initiatives depends on the perspective of the actors involved and the claims made for their effectiveness. [ABSTRACT FROM AUTHOR]

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Henrickson, M. 2005. **In the Eye of the Needle: Diary of a medically supervised injecting centre.** *Social Work Review* 17(3) 47-50.

The article reviews the book "In the Eye of the Needle: Diary of a Medically Supervised Injecting Centre," by Ingrid van Beek.

Gjesdal, S. 2004. **Drug consumption rooms - New international experiences and Norwegian political debate.** *Tidsskrift for den Norske Laegeforening* 124(21) 2785-2787.

Green, T. C., Hankins, C. A., Palmer, D., et al. 2004. **My place, your place, or a safer place: The intention among Montreal injecting drug users to use supervised injecting facilities.** *Canadian Journal of Public Health* 95(2) 110-114.

Background: Supervised injection facilities (SIF), a harm reduction intervention, may reduce several risks of public injection drug use. The prospect of conducting a scientific, multi-site pilot project of these facilities is being explored at federal and local levels in Canada. Experiences with SIF in Europe and Australia indicate that successful outcomes for the community ultimately hinge upon the responsiveness and relevance of the facilities to the needs of their primary target group: people who inject drugs in public places. Consideration of the factors and conditions found to influence a potential user's uptake of SIF, therefore, is imperative. This study sought to assess the acceptability of SIF and to determine factors associated with willingness of injecting drug users (IDU) to use SIF in a city considering their establishment. Methods: From April 2001 to February 2002, following key informant interviews, a cross-sectional study was conducted among publicly injecting IDU participating in an ongoing HIV surveillance study in Montreal. Univariate and bivariate analyses preceded logistic regression. Results: Participants were 11 key informants and 251 publicly injecting IDU. Key informants generated the Montreal-specific SIF model subsequently presented to IDU.

76% of IDU were willing to use at least one of three proposed SIF sites. Exploratory multivariable models indicated drug-use characteristics and SIF attributes as determinants of outcome: predominant cocaine injection, history of overdose, knowing about SIF, relieving and empowering feelings toward using SIF, and comfort with disclosure of one's injecting drug use. Conclusion: User consultations are essential to assess relevance and plan SIF acceptable to IDU.

Hayes, G. 2004. **Interview: Dame Ruth Runciman on drug consumption rooms coming to the UK.** *Drug & Alcohol Professional*, The 4(3) 25.

The chair of the Drug Consumption Room Working Group is interviewed about the possible introduction of this model in the UK, to avoid drug injecting in public areas and reduce infection risk. [(BNI unique abstract)]

McKeganey, N. 2004. **Insite into safer injecting.** *Druglink* 19(2).

The author describes a safer injecting centre in Vancouver where drug users can inject drugs in a safe environment with medical professionals on hand.

Strang, J. & Fortson, R. 2004. **Commentary: Supervised fixing rooms, supervised injectable maintenance clinics-understanding the difference.** *BMJ: British Medical Journal* 328(7431) 102.

Discusses difference between supervised fixing rooms and supervised injectable maintenance clinics. Supervised injecting centers are essentially public access facilities, perhaps the injecting drug user's equivalent of a pub or bar, where the injection of unknown drugs by unknown persons should be safer by virtue of supervision and consequent speed of response in the event of overdose. The supervised injectable maintenance clinic may initially seem similar, but is profoundly different in concept, operation, and target population. The attendee is a known patient, receiving treatment from their doctor, and self administering the prescribed injectable maintenance supervised by the nurse or other worker within the clinic-a comfortable fit within the concept of individual treatment. For the supervised injectable maintenance clinics, there are major scientific questions about their worth, but the operational issues are simpler. The extent and limits of liability are clear. There will be challenges with initial dose assessment, around patients with failing venous access, and with security, but the medico-legal context is clear. (PsycINFO Database Record (c) 2012 APA, all rights reserved) L2

Wood, E., Kerr, T., Montaner, J. S., et al. 2004. **Rationale for evaluating North America's first medically supervised safer-injecting facility.** *Lancet Infectious Diseases* 4(5) 301-306.

Many cities throughout the world are experiencing ongoing infectious disease and overdose epidemics among illicit injection drug users (IDUs). In particular, HIV and hepatitis C virus (HCV) have become endemic in many settings and bacterial infections, such as endocarditis, have become extremely common among this population. In an effort to reduce these public health concerns, in September 2003, Vancouver, Canada, opened a pilot medically supervised safer- injecting facility (SIF), where IDUs can inject pre-obtained illicit drugs under the supervision of medical staff. Before and since the facility's opening, there has been a substantial misunderstanding about the rationale for

evaluating SIF as a public-health strategy. This article outlines the evidence and rationale in support of the Canadian initiative. This rationale involves limitations in conventionally applied drug-control efforts, and gaps in current public-health policies in controlling the spread of infectious diseases, and the incidence of overdose among IDUs.

Wright, N. & Tompkins, C. 2004. **Supervised injecting centres.** *BMJ (Clinical Research Edition)* 328(7431) 100.

The case for medically supervised, legally sanctioned facilities in which nurses can oversee self injections of street drugs by homeless people and other drug users, with commentaries. [(BNI unique abstract)] 22 references L2

Broadhead, R. S. 2003. **SAFER INJECTION FACILITIES: OBSTACLES, PROPOSALS, POLICIES, AND PROGRAM EVALUATIONS.** *Journal of Drug Issues* 33(3) 533-537.

The article discusses various reports published within the issue including the one by Ian Malkin, Richard Elliott and Rowan McRae on international laws governing supervised injection facilities and another by Thomas Kerr and colleagues on safe injecting facilities and its relation to HIV epidemic.

Burton, B. 2003. **Supervised drug injecting room trial considered a success.** *BMJ (Clinical research ed.)* 327(7407) 122.

An evaluation report into an 18 month trial of Australia's first medically supervised injecting centre has cleared the way for the continuation of the \$A2.4m (£1m; \$US1.6m; €1.4m) a year project. The 233 page evaluation found that from May 2001 to October 2002, 3810 registered individuals made 56861 visits to the centre. A total of 409 incidents of drug overdose were recorded—including 329 from heroin and 60 from cocaine—though none were fatal. The report estimates that at least four lives were saved as a result of the proximity of users to medical staff.

Green, T., Hankins, C., Palmer, D., et al. 2003. **Ascertaining the need for a supervised injecting facility (SIF): The burden of public injecting in Montreal, Canada.** *Journal of Drug Issues* 33(3) 713-731.

Empirical evidence suggests that a key prerequisite for a supervised injection facility (SIF) utilization is the existence of an "open drug scene," where users publicly inject drugs. This study seeks to determine the extent and profile of public injecting among injecting drug users (IDUs) in Montreal, Canada, where pilot SIFs are under consideration. A cross-sectional study of IDUs who injected publicly at least once in the previous month was appended to an HIV-risk surveillance study among Montreal IDUs (SurvUDI study). Of 650 SurvUDI participants interviewed between June 2001 and February 2002, 59% were eligible. A dose-response relationship emerged between intensity of public injecting and several drug-use and risk-related characteristics. Regardless of housing stability, IDUs persistently and, often preferably, publicly injected due to habit, dependence, or need to conceal their status. Despite lacking a classical open drug scene, public injecting is common among Montreal IDUs, warranting the consideration of an SIF for this population.

Green, T., Hankins, C., Palmer, D., et al. 2003. **ASCERTAINING THE NEED FOR A SUPERVISED INJECTING FACILITY (SIF): THE BURDEN OF PUBLIC INJECTING IN MONTREAL, CANADA.** *Journal of Drug Issues* 33(3) 713-731.

Empirical evidence suggests that a key prerequisite for a supervised injection facility (SIF) utilization is the existence of an "open drug scene," where users publicly inject drugs. This study seeks to determine the extent and profile of public injecting among injecting drug users (IDUs) in Montreal, Canada, where pilot SIFs are under consideration. A cross-sectional study of IDUs who injected publicly at least once in the previous month was appended to an HIV-risk surveillance study among Montreal IDUs (SurvUDI study). Of 650 SurvUDI participants interviewed between June 2001 and February 2002, 59% were eligible. A dose-response relationship emerged between intensity of public injecting and several drug-use and risk-related characteristics. Regardless of housing stability, IDUs persistently and, often preferably, publicly injected due to habit, dependence, or need to conceal their status. Despite lacking a classical open drug scene, public injecting is common among Montreal IDUs, warranting the consideration of an SIF for this population. [ABSTRACT FROM AUTHOR]

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Kimber, J., Dolan, K., van, I., et al. 2003. **Drug consumption facilities: an update since 2000.** *Drug and alcohol review* 22(2) 227.

The topic of drug consumption facilities or rooms (DCRs) was reviewed by Dolan, Kimber and others in Harm Reduction Digest 10, published in the September 2000 issue of DAR. As one of the first English language papers on the topic this paper has been cited extensively. Now, 3 years on, these authors and have brought together an international team of experts to revisit the topic. In this update they: (i) highlight where DCRs are operating or under consideration, (ii) review briefly new literature and (iii) discuss future directions. This Digest is a 'must read' for policy makers, advocates and practitioners in the drug field.

Wodak, A., Symonds, A. & Richmond, R. 2003. **The role of civil disobedience in drug policy reform: How an illegal safer injection room led to a sanctioned, "medically supervised injection center".** *Journal of Drug Issues* 33(3) 609-623.

In shooting galleries, drug users are able to illegally rent cubicles to inject drugs. Established in Kings Cross, Sydney in the early 1990s, police grudgingly tolerated several such galleries. In 1997, a royal commission recommended that a parliamentary inquiry consider establishing an official medically supervised injecting center (MSIC). Despite strong evidence supporting an MSIC, a majority of the committee voted against a trial facility. As an act of civil disobedience, a group of concerned citizens established an

unsanctioned MSIC. However, police soon closed the facility. At a subsequent parliamentary drug summit, delegates voted to support an official trial of an MSIC and invited a congregation of Roman Catholic nuns to establish the facility. When the nuns were instructed to withdraw, the Uniting Church was invited to establish the project. The MSIC opened in May 2001. It can be concluded that public health practitioners wishing to improve appalling outcomes from drug policies sometimes have to resort to civil disobedience in order to achieve their goals.

Mendes, P. 2002. **Drug wars down under: the ill-fated struggle for safe injecting facilities in Victoria, Australia.** *International Journal of Social Welfare* 11(2) 140.

This article analyses the recent debate over the proposed introduction of safe injecting facilities (SIFs) for heroin users in the State of Victoria. It is argued that this debate strongly reflected the increasing globalisation of national social policy debates. Both supporters and opponents of SIFs drew constant attention to the alleged success or failure of existing SIFs in Europe. In addition, the debate saw the direct intervention of international and global agencies including the International Narcotics Control Board, the American Office of National Drug Policy and the Vatican. Some conclusions are also drawn about the reasons for the failure of the SIF campaign, including the conservatism of the opposition Liberal Party, the influence of the tabloid media and the use of ambiguous terminology. [ABSTRACT FROM AUTHOR]

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Stoever, H. 2002. **Consumption rooms - A middle ground between health and public order concerns.** *Journal of Drug Issues* 32(2) 597-606.

After working in a juridical gray field for nearly a decade, drug consumption rooms were legalized by the German government in February 2000, with certain legal and professional stipulations. At present, 16 such facilities are being operated in 5 large German cities. This study describes the effects of the drug consumption rooms and summarizes the available scientific data associated with their evaluation. Finally, problematic aspects of drug consumption rooms are discussed.

Stoever, H. 2002. **CONSUMPTION ROOMS -- A MIDDLE GROUND BETWEEN HEALTH AND PUBLIC ORDER CONCERNS.** *Journal of Drug Issues* 32(2) 597-606.

After working in a juridical gray field for nearly a decade, drug consumption rooms were legalized by the German government in February 2000, with certain legal and professional stipulations. At present, 16 such facilities are being operated in 5 large German cities. This study describes the effects of the drug consumption rooms and summarizes the available scientific data associated with their evaluation. Finally, problematic aspects of drug

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Clarke, H. 2001. **Some economics of safe injecting rooms.** *Australian Economic Review* 34(1) 53-63.

Provision of safe injecting rooms (SIRs), needle exchanges and other harm minimisation schemes reduce mortality and other health risks that illicit drug users experience. However, SIRs diminish incentives to refrain from the use of drugs by reducing the risk of a key harmful consequence of use, namely the user's death. Moreover, such harm minimisation efforts are socially costly. Economic approaches to drug management balance benefits from harm minimisation against policy costs and the costs associated with a failure of community drug abstinence. This article shows that the economic case for SIRs disappears with conservative assumptions about adverse incentive effects of reduced mortality risks even when only modest weight is placed on drug abstinence objectives.

Bammer, G. 2000. **What can a trial contribute to the debate about supervised injecting rooms?** *Australian and New Zealand Journal of Public Health* 24(2) 214-215.

Outlines the areas for evaluation of supervised injecting rooms, the limitations of any evaluation and how the evaluation results can be buttressed against misuse. Argues that forceful advocacy for the role of evaluation in political decision-making is needed.

Van, I. & Gilmour, S. 2000. **Preference to have used a medically supervised injecting centre among injecting drug users in Kings Cross, Sydney.** *Australian and New Zealand Journal of Public Health* 24(5) 540-542.

Objective: To assess factors affecting preference to have last injected in a medically supervised injecting centre (MSIC) among injecting drug users (IDUs) attending a needle syringe program (NSP) in Kings Cross, Sydney. Methods: All NSP attenders over a two-day period in August 1999 were asked where they last injected, whether they injected alone and if they would have preferred to use an MSIC. This was in addition to the routine data collected, which included age, gender and last drug injected. Results: Among the 178 respondents, 52 (29%) last injected in a public place and 77 (44%) last injected alone. Seventy-one per cent of all respondents would have preferred to use an MSIC. Of those who injected in public, 83% would have preferred to use an MSIC compared to 66% of those who injected in private, which was significant ($p=0.03$). Age, gender, last drug injected and having injected alone did not affect preference to use an MSIC. Conclusions: Respondents' high preference to use an MSIC suggests that it may well achieve its public order and public health objectives. Implications: An MSIC may significantly shift current patterns of illicit drug use in Kings Cross, the community impact of

which should be monitored and managed.

Craig, F., Sandra, F. & Rumbold, G. 1999. **Establishing safe injecting rooms in Australia: Attitudes of injecting drug users.** *Australian and New Zealand Journal of Public Health* 23(5) 501-504.

Objective: To investigate the attitudes of injecting drug users (IDUs) towards the establishment of safe injecting rooms (SIRs) in Melbourne, Australia.

Methods: Multi-site convenience sampling at Needle and Syringe Exchange Programs (NSEPs) within six Melbourne suburbs. Four hundred current IDUs were recruited directly through NSEP and participant snowballing.

Respondents completed either a semi-structured interview, anonymous self-report questionnaire, face-to-face interview or participated in a focus group.

Participants were asked to report on their knowledge and attitudes about SIR, their experiences and concerns as participants of street-based illicit drug markets, and their willingness to use SIRs if established. Results: Participants (91%) were knowledgeable about the SIR issue and thought such a strategy had potential to address both personal and wider community harms associated with public injecting. Most (77%) indicated they would be willing to use a SIR if established in Melbourne. Gender, lifetime non-fatal overdose episodes and frequency of heroin use were all significantly related to a person's willingness to use SIRs. A significant number also reported a preference for injecting at their own place of residence due to concerns regarding privacy, safety and police presence within street-based market places. Conclusions: This study has identified a number of important issues relating to the likely demand and uptake of SIRs that should be addressed when considering the feasibility of establishing SIRs within Australia.

De, W. & Weber, U. 1999. **The professional acceptance of drug use: A closer look at drug consumption rooms in the Netherlands, Germany and Switzerland.** *International Journal of Drug Policy* 10(2) 99-108.

In the last decade in a number of larger cities in Western Europe facilities have been initiated in which drug users are permitted to consume drugs like heroin and cocaine. In this paper we will look at the experiences with drug consumption rooms in Switzerland, Germany and the Netherlands. Based on an analysis of the factors and measures that promote their success we will discuss the possible significance of drug consumption rooms for drug policy in the longer term.

Micallef, E., Victorian, D. & Crime Prevention, C. 1998. **Discussion Paper: Safe Injecting Facilities: Should Victoria have a SIF Pilot-Trial?**

One hundred twenty-five deaths from heroin overdoses occurred in Victoria, Australia, in the year ending June 30, 1997. In addition, health workers are concerned that Hepatitis C has the potential to be of epidemic proportions. Unfortunately, many options and possible alternative policy approaches encounter rejection because their implementation is regarded as politically unpalatable. Any pilot program should take place in many sites rather than in one municipality. The Springvale Community Health Center supports the provision of needle-exchange services and operates such a service as an outreach program. However, current problems include the unsanitary settings in which users must inject, problems in self-administration laws, and other

issues. The benefits of the injecting rooms established in Switzerland clearly outweigh their costs. Supporters of safe injecting facilities in Australia argue that drug addicts will continue to obtain and use illegal drugs and that health and public safety benefits outweigh the policy considerations against condoning otherwise unlawful behavior. A pilot program and facility would address that area's current problems; would not involve dispensing drugs; would provide medical support services; and would need to address barriers, legal issues, and evaluation issues. The author is a member of the bipartisan Victorian Drugs and Crime Prevention Committee and a local drug action group and has been President of the Springvale Community Health Center.

Guidance on standards for the establishment and operation of drug consumption rooms in the UK.

Provides advice to local multi-agency partnerships (such as Drug and Alcohol Action Teams and Crime and Disorder Partnerships) on how to set up and operate a drug consumption room (DCR), helping to meet a need to define minimum operational standards, identified within the Report of the Independent Working Group on Drug Consumption Rooms (PLANEX; Ref. B1014). Explains how DCRs might help address local drug problems, engage marginalised drug users, reduce overdose deaths and have a beneficial impact on community safety; in areas where public drug use is widespread. Addresses international and UK legal concerns such as aspects of operational policy to reduce risks relating to criminal law -; particularly the Misuse of Drugs Act. Outlines activities that should be prohibited in DCRs including producing and supplying controlled drugs, preparing opium for smoking,; and smoking cannabis. Discusses the DCR's duty of care obligations to staff and employees. Examines the commissioning process, highlighting the requirement to carry out local; needs assessment and to develop multi-agency partnerships with the police, criminal justice agencies, health and the local authorities. Looks at the choice of location for a; DCR, and discusses the development of a local accord (includes an example of an accord), operational policies and procedures, and monitoring and evaluation.

The report of the independent Working Group on Drug Consumption Rooms.

This report offers a detailed examination of whether Drug Consumption Rooms (DCRs) should be introduced in the UK. The Government has previously rejected calls for the introduction of DCRs, partly due to a lack of research. However, much more evidence now exists, from projects around the world. An (Independent Working Group) was set up to take an objective look at this growing evidence and to consider whether DCRs would have a significant impact on the particular problems in the UK. Chaired by Dame Ruth Runciman, the IWG included senior police officers, academics, health professionals and a practising barrister. Over a 20-month period, the IWG reviewed published evidence, commissioned new research, heard from relevant witnesses and visited DCRs abroad. The IWG concludes that DCRs offer a unique and promising way to work with the most problematic users - to reduce the risk of overdose, improve their health and lessen the costs to society - and recommends that pilot DCRs are set up and evaluated in the UK.

Dolan, K., Kimber, J., Fry, C., et al. **Drug consumption facilities in Europe and the establishment of supervised injecting centres in Australia.** *Drug & Alcohol Review* 19(3) 337-346.

; Focuses on the drug consumption facilities in Europe and the establishment of supervised injecting centers in Australia. Description of supervised injecting centers; Impact of the centers; Commitment by Australian jurisdictions to trialling similar centers.

Kimber, J., Dolan, K. & Wodak, A. **Survey of drug consumption rooms: service delivery and perceived public health and amenity impact.** *Drug & Alcohol Review* 24(1) 21-24.

Drug consumption rooms (DCRs) have operated in Europe for more than 20 years. At the time of this study three Australian jurisdictions were considering trials of DCRs and little information about these services was available in the English literature. We surveyed 39 DCRs in the Netherlands, Germany, Switzerland and Spain in 1999–2000 regarding service delivery and perceived public health and amenity impact and 15 (40%) responded. The DCRs surveyed were professionally staffed, low threshold services which provided a range of health, psych-social, drug treatment and welfare services and referrals. No overdose deaths were reported and the estimated rate of non-fatal overdose ranged from 1 to 36 per 10,000 visits. These DCRs appeared to be achieving their service delivery objectives with few negative consequences.

Yamey, G. **UN condemns Australian plans for 'safe injecting rooms.'** *BMJ: British Medical Journal* 320(7236) 667.

; Focuses on the opening of a medically supervised injecting room for heroin users in Sydney, New South Wales in May 2000 despite the condemnation by the United Nations International Narcotics Control Board. Opposition of John Howard, Australian prime minister, to the injecting room facility; Purpose of the facility; Accusations made by the board against the state of New South Wales.

Authors: RUNCIMAN Ruth, HAYES Gary [Interview: Dame Ruth Runciman on drug consumption rooms coming to the UK](#) **Journal article citation:**

Drugs and Alcohol Today, 4(3), November 2004, pp.25-28.

Ruth Runciman helped bring needle exchanges to the UK and now chairs a working group looking at the possibility of bringing drug consumption rooms here. She tells why they may be the next step in the fight to reduce harm among drug users and what she makes of the recent reclassification of cannabis following the Runciman report which criticised current drug laws.

Health improvement (57)

Dwyer, R., Power, R., Denham, G., et al. 2016. **Public injecting and public amenity in an inner-city suburb of Melbourne, Australia.** *Journal of Substance Use* 21(2) 162-169.

Background: Public drug markets and injecting impose significant burden on individuals and the community. This study aimed to document public injecting and amenity in North Richmond, an inner-city suburb of Melbourne,

Australia. Methods: A rapid assessment methodology was employed. Data comprised: secondary data on drug use indicators, structured observations and interviews with key stakeholders. Primary data were collected from May to October 2012. Quantitative data are summarised using descriptive statistics. Basic content analysis was performed on interview transcripts. Results: An average of 1843 needle-syringes (NS) were collected per month from syringe disposal bins and street-sweeps in the period January-December 2012. Discarded NS and other injecting paraphernalia were observed in a variety of locations. Stakeholder interviews indicated substantial concerns over the presence of NS and witnessing injecting and overdose. Discussion: Public injecting is widespread, frequent, and highly visible in North Richmond and has a substantial negative effect on public amenity. The research identified two main priorities: (1) enhance access to harm reduction services and materials; and (2) improve public amenity. Among other responses, the study findings support the introduction of a supervised injecting facility (SIF) as a viable component of a comprehensive harm reduction response to illicit drug use in this area.

Kappel, N., Toth, E., Tegner, J., et al. 2016. **A qualitative study of how Danish drug consumption rooms influence health and well-being among people who use drugs.** *Harm reduction journal* 13(1) 20.

Drug use contributes to higher rates of morbidity and mortality among people who use drugs compared to the general population. In 2012, Danish politicians passed a law that allowed drug consumption rooms (DCRs) to operate; among the objectives were to improve the well-being of vulnerable citizens and to reduce the number of overdoses. Five Danish DCRs are currently being operated. This article presents results from a national investigation focused on assessing the impact of Danish drug consumption rooms on the health and well-being of DCR clients and factors facilitating the acceptance of DCR clients in order to improve their health and refer them onward to social and health service providers. We conducted 250 h of participant observation in the DCRs, followed by in-depth qualitative interviews with 42 DCR clients and 25 staff members. Field notes and interviews were analysed and coded, and themes have been developed. DCR clients experienced a sense of social acceptance while inside DCRs. Members of staff conveyed a welcoming, non-judgemental attitude, and DCR clients were predominantly satisfied with the facilities. They prioritized forging relations with drug users so as to foster a sense of social acceptance within DCRs. The primary goal of staff members is to prevent overdoses by informing clients about strong drugs and by intervening in cases of intoxication. DCRs provide security to clients. In cases of health-related problems, DCR clients were referred to local health clinics. Members of the staff build bridges for DCR clients by guiding them towards drug treatment programmes and services in the social and the health sectors. The study reveals a consistency between DCR clients and staff members with respect to appraisal of the importance of DCRs. Both clients and staff agreed that DCRs provide a safe haven in the environment in which DCR clients often live and that staff members' approach to clients with the intention of promoting acceptance clears the path for the prevention and treatment of overdoses and providing referrals to healthcare facilities, to drug treatment centres and to

social services.

McNeil, R., Kerr, T., Pauly, B., et al. 2016. **Advancing patient-centered care for structurally vulnerable drug-using populations: a qualitative study of the perspectives of people who use drugs regarding the potential integration of harm reduction interventions into hospitals.** *Addiction* 111(4) 685-694.

Aims: To explore the perspectives of structurally vulnerable people who use drugs (PWUD) regarding: (1) the potential integration of harm reduction interventions (e.g. supervised drug consumption services, opioid-assisted treatment) into hospitals; and (2) the implications of these interventions for patient-centered care, hospital outcomes and drug-related risks and harms. Design: Semi-structured qualitative interviews. Setting: Vancouver, Canada. Participants: Thirty structurally vulnerable PWUD who had been discharged from hospital against medical advice within the past 2 years, and hospitalized multiple times over the past 5 years. Measurements: Semi-structured interview guide including questions to elicit perspectives on hospital-based harm reduction interventions. Findings: Participant accounts highlighted that hospital-based harm reduction interventions would promote patient-centered care by: (1) prioritizing hospital care access and risk reduction over the enforcement of abstinence-based drug policies; (2) increasing responsiveness to subjective health needs (e.g. pain and withdrawal symptoms); and (3) fostering 'culturally safe' care. Conclusions: Hospital-based harm reduction interventions for people who use drugs, such as supervised drug consumption services and opioid-assisted treatment, can potentially improve hospital care retention, promote patient-centered care and reduce adverse health outcomes among people who use drugs.

Shaw, A., Lazarus, L., Pantalone, T., et al. 2015. **Risk environments facing potential users of a supervised injection site in Ottawa, Canada.** *Harm Reduction Journal* 12 49-49.

Background: Supervised injection sites (SISs) have been effective in reducing health risks among people who inject drugs (PWID), including those who face issues of homelessness, mental health illness, interactions with local policing practices, and HIV infection. We investigate the risk behaviours and risk environments currently faced by potential users of an SIS in Ottawa to establish the need for such a service and to contribute to the design of an SIS that can address current health risks and reduce harm.; Methods: The PROUD cohort is a community-based participatory research (CBPR) project that examines the HIV risk environment among people who use drugs in Ottawa. From March to October 2013, 593 people who reported using injection drugs or smoking crack cocaine were enrolled through street-based recruitment in the ByWard Market neighbourhood, an area of the city with a high concentration of public drug use and homelessness. Participants completed a demographic, behavioural, and risk environment questionnaire and were offered HIV point-of-care testing. We undertook descriptive and univariate analyses to estimate potential use of an SIS by PWID in Ottawa and to explore risk behaviours and features of the risk environment faced by potential users of the service.; Results: Of those participants who reported injecting drugs in the previous 12 months (n = 270), 75.2 % (203) reported a

willingness to use an SIS in Ottawa. Among potential SIS users, 24.6 % had recently injected with a used needle, 19.0 % had trouble accessing new needles, 60.6 % were unstably housed, 49.8 % had been redzoned by the police, and 12.8 % were HIV positive. Participants willing to use an SIS more frequently injected in public (OR = 1.98, 95 % CI = 1.06-3.70), required assistance to inject (OR = 1.84, 95 % CI = 1.00-3.38), were hepatitis C positive (OR = 2.13, 95 % CI = 1.16-3.91), had overdosed in the previous year (OR = 2.00, 95 % CI = 1.02-3.92), and identified as LGBTQ (OR = 5.61, 95 % CI = 1.30-24.19).; Conclusion: An SIS in Ottawa would be well-positioned to reach its target group of highly marginalized PWID and reduce drug-related harms. The application of CBPR methods to a large-scale quantitative survey supported the mobilization of communities of PWID to identify and advocate for their own service needs, creating an enabling environment for harm reduction action.;

Ti, L., Buxton, J., Harrison, S., et al. 2015. **Willingness to access an in-hospital supervised injection facility among hospitalized people who use illicit drugs.** *Journal Of Hospital Medicine* 10(5) 301-306.

Background: Despite the reliance on abstinence-based drug policies within hospital settings, illicit drug use is common among hospitalized patients with severe drug addiction. Hospitalized patients who use illicit drugs (PWUDs) have been known to resort to high-risk behavior to conceal their drug use from healthcare providers. Novel interventions with the potential to reduce high-risk behavior among PWUDs in hospital settings have not been well studied.; Objective: The objective of the study was to examine factors associated with willingness to access an in-hospital supervised injection facility (SIF).; Design: Data were derived from participants enrolled in 2 Canadian prospective cohort studies involving PWUDs between June 2013 and November 2013. A cross-sectional study surveying various sociodemographic characteristics, drug use patterns, and experiences was conducted.; Setting: Vancouver, Canada.; Measurements: Bivariable and multivariable logistic regression analyses were used to explore factors significantly associated with willingness to access an in-hospital SIF.; Results: Among 732 participants, 499 (68.2%) would be willing to access an in-hospital SIF. In multivariable analyses, factors positively and significantly associated with willingness to access an in-hospital SIF included: daily heroin injection (adjusted odds ratio [AOR] = 1.90; 95% confidence interval [CI]: 1.20-3.11); having used illicit drugs in hospital (AOR = 1.63; 95% CI: 1.18-2.26); and having recently used an SIF (AOR = 1.53; 95% CI: 1.10-2.15).; Conclusions: Our findings highlight the potential of in-hospital SIFs to complement existing harm reduction programs that serve PWUD. Moreover, an in-hospital SIF may minimize the harms associated with high-risk illicit drug use in the hospital.; © 2015 Society of Hospital Medicine.

Hadland, S. E., Debeck, K., Kerr, T., et al. 2014. **Use of a medically supervised injection facility among drug-injecting street youth.** *Journal of Adolescent Health* 1) S88-S89.

Purpose: Medically supervised injecting facilities (SIFs) provide a sanctioned space for drug users to inject pre-obtained illicit substances and are associated with reductions in overdose mortality and human immunodeficiency virus (HIV) risk behavior among adults. However, little is

known about SIF use among youth. We therefore aimed to identify factors associated with use of the Vancouver SIF, the first and only such facility in North America, among actively injecting street youth. Methods: From September 2005 to May 2012, longitudinal data were collected from the At-Risk Youth Study (ARYS), a prospective cohort of street youth in Vancouver, Canada. Youth were recruited through street-based outreach and snowball sampling, and provided informed consent. Inclusion criteria were age 14-26 years and illicit drug use (other than marijuana) in the preceding 30 days. At baseline and semiannually, participants completed an interviewer-administered questionnaire. The sample was limited to youth who reported injection drug use at baseline or during follow-up. The primary outcome was self-reported use of the Vancouver SIF in the preceding 6 months at any visit. Analyses employed generalized estimating equation (GEE) logistic regression to identify sociodemographic and drug-related predictor variables associated with SIF use, adjusting for potential confounders through multivariate modeling. Results: Of 414 actively drug-injecting youth, 33.8% were female and 22.9% were Aboriginal. Mean age was 22.8 years (standard deviation, 2.7 years). During the study period, 42.3% of youth used the Vancouver SIF at least once. SIF use was reported at 37.5% of the 1,018 study observations at which youth reported injecting. Of all SIF-using youth, 51.4% went to the facility at least once weekly, 44.5% used it for at least one-quarter of all injections, and 22.4% reported receiving information about safe injection practices they did not already know. Only 2.9% of SIF users reported feeling the facility was not youth-friendly. When not using the SIF, 37.1% reported primarily injecting on the street, in a public bathroom, or in a park. In adjusted analyses, youth using the SIF were significantly more likely to have lived or spent time weekly in the Downtown Eastside neighborhood surrounding the SIF (adjusted odds ratio [AOR], 3.29; 95% confidence interval [CI], 2.38-4.54), to have injected in public (AOR, 2.08; 95% CI, 1.53-2.84), or to have engaged in high frequency drug injection, including daily injection of heroin (AOR, 2.36; 95% CI, 1.72-3.24), cocaine (AOR, 2.44; 95% CI, 1.34- 4.45), or crystal methamphetamine (AOR, 1.62; 95% CI, 1.13-2.31). Conclusions: This is the first study of SIF use among street youth in North America, and showed that the facility attracted high-frequency injecting users most at risk of blood-borne infection and fatal overdose, as well as those that contribute to public drug use. SIFs, particularly when located near where youth spend time, offer a crucial point of contact with onsite addiction treatment services and public health messaging for high-risk youth.

Kinnard, E. N., Howe, C. J., Kerr, T., et al. 2014. **Self-reported changes in drug use behaviors and syringe disposal methods following the opening of a supervised injecting facility in Copenhagen, Denmark.** *Harm reduction journal* 11(1) 29.

BACKGROUND: In Denmark, the first standalone supervised injecting facility (SIF) opened in Copenhagen's Vesterbro neighborhood on October 1, 2012. The purpose of this study was to assess whether use of services provided by the recently opened SIF was associated with changes in injecting behavior and syringe disposal practices among people who inject drugs (PWID). We hypothesized that risk behaviors (e.g., syringe sharing), and unsafe syringe disposal (e.g., dropping used equipment on the ground) had decreased

among PWID utilizing the SIF. **METHODS:** Between February and August of 2013, we conducted interviews using a survey (in English and Danish) with forty-one people who reported injecting drugs at the SIF. We used descriptive statistics and McNemar's test to examine sociodemographic characteristics of the sample, current drugs used, sites of syringe disposal before and after opening of the SIF, and perceived behavior change since using the SIF. **RESULTS:** Of the interviewed participants, 90.2% were male and the majority were younger than 40 years old (60.9%). Three-quarters (75.6%) of participants reported reductions in injection risk behaviors since the opening of the SIF, such as injecting in a less rushed manner (63.4%), fewer outdoor injections (56.1%), no longer syringe sharing (53.7%), and cleaning injecting site(s) more often (43.9%). Approximately two-thirds (65.9%) of participants did not feel that their frequency of injecting had changed; five participants (12.2%) reported a decrease in injecting frequency, and only two participants (4.9%) reported an increase in injecting frequency. Twenty-four (58.5%) individuals reported changing their syringe disposal practices since the opening of the SIF; of those, twenty-three (95.8%) reported changing from not always disposing safely to always disposing safely (McNemar's test p -value < 0.001). **CONCLUSIONS:** Our findings suggest that use of the Copenhagen SIF is associated with adoption of safer behaviors that reduce harm and promote health among PWID, as well as practices that benefit the Vesterbro neighborhood (i.e., safer syringe disposal). As a public health intervention, Copenhagen's SIF has successfully reached PWID engaging in risk behavior. To fully characterize the impacts of this and other Danish SIFs, further research should replicate this study with a larger sample size and prospective follow-up.

Axelsson, A., Hvam, F., Bonde, M., et al. 2012. **[The initial experience in supervised injecting facilities in Denmark]**. *Ugeskrift for læger* 174(39) 2286.

Intravenous drug abuse is a major health concern. The National Board of Health estimates the number of injecting drug users (IDUs) in Denmark to be 13,000. Supervised injecting facilities (SIF) reduce the risk behaviour and bacterial infections and also increase the rate of detoxification and access to health care. The first SIF in Denmark is driven by volunteers and it opened in September 2011. In the first six months there were 1,139 visits. As in earlier studies the IDUs were mainly males with a long history of drug use. Unlike in previously published studies cocaine was the most commonly injected drug.

Marshall, D. L., Milloy, M. J., Wood, E., et al. 2012. **Overdose deaths and Vancouver's supervised injection facility: Authors' reply**. *The Lancet* 379(9811) 118.

Reply by the current authors to the comments made by Gary Christian et al. (see record 2012-01768-025) on the original article (see record 2011-08608-034). Gary Christian et al. raise various concerns in reference to our paper that showed a 35% reduction in overdose mortality within the vicinity of Vancouver's supervised injecting facility. They refer to publicly available data from the British Columbia Vital Statistics Agency to argue that overdose deaths increased rather than decreased in the geographic area of interest between 2001 and 2005. This apparent discrepancy can be explained by

several problematic assumptions that underlie Christian et al.'s critique. First, our study focused on an a-priori-defined area in close proximity to the supervised injecting facility that included 41 city blocks, the centroid of each being within 500 m of the facility. Second, although we restricted our analysis to deaths deemed by the coroner to be caused by an accidental illicit drug overdose, the data referred to by them. Finally, regarding mode of drug use, we note that coroners' records do not indicate whether deaths were injection-related or not. The results of our study show that Vancouver's supervised injecting facility had a localized yet significant effect on overdose mortality.

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http://linker.worldcat.org/?rft.institution_id=143915&spage=118&pkgName=nhsospital&issn=0140-6736&linkclass=to_article&jKey=40246&issue=9811&provider=PQUEST&date=2012-01&aulast=Marshall%2C+Brandon+D.+L.&atitle=Overdose+deaths+and+Vancouver%27s+supervised+injection+facility%3A+Authors%27+reply.&title=Lancet%2C+The&rft.content=fulltext%2Cprint&linkScheme=pquest.athens&jHome=http%3A%2F%2Fsearch.proquest.com%2Fpublication%2F40246%2Fshibboleth%3Faccountid%3D&volume=379&rft.order_by=preference&linktype=best

6736&linkclass=to_article&jKey=40246&issue=9811&provider=PQUEST&date=2012-

01&aulast=Marshall%2C+Brandon+D.+L.&atitle=Overdose+deaths+and+Vancouver%27s+supervised+injection+facility%3A+Authors%27+reply.&title=Lancet%2C+The&rft.content=fulltext%2Cprint&linkScheme=pquest.athens&jHome=http%3A%2F%2Fsearch.proquest.com%2Fpublication%2F40246%2Fshibboleth%3Faccountid%3D&volume=379&rft.order_by=preference&linktype=best

Small, W., Moore, D., Shoveller, J., et al. 2012. **Perceptions of risk and safety within injection settings: Injection drug users' reasons for attending a supervised injecting facility in Vancouver, Canada.** *Health, Risk and Society* 14(4) 307-324.

The settings where drugs are injected represent a crucial dimension in the social structural production of drug-related harm. While the use of supervised injecting facilities has been associated with reductions in injection-related risk, few studies have examined the reasons why injection drug users utilise supervised injecting facilities. This study sought to explore injectors' motivations for injecting within the local supervised injecting facility (Insite) and how the supervised setting interacts with their situated risk perceptions. Fifty in-depth interviews were conducted with injection drug users who utilise Insite (Vancouver, Canada) in order to understand injectors' reasons for attending the supervised injecting facility and how the injection setting is perceived to influence risk. Participants were drawn from the Scientific Evaluation of Supervised Injecting cohort. Interviewees reported that Insite provides a suitable alternative to other injection settings (e.g. public injecting venues) and negates the need to observe social conventions deemed to be undesirable by some drug users. The facility mediates injection-related health risks by reducing the potential for blood-borne virus infection and overdose. The sanctioned and regulated environment of Insite is also perceived to provide refuge from important forms of 'everyday risk', including encounters with police, street violence and loss of drugs, which characterise other injection settings. While public health perspectives have focused upon the potential of supervised injecting facilities to mediate injection-related harm, injection drug users perceive the supervised injection setting to provide protection from a broader range of hazards associated with injecting drugs in unregulated settings. © 2012 Copyright Taylor and Francis Group, LLC.

Small, W., Wood, E., Tobin, D., et al. 2012. **The injection support team: A peer-driven program to address unsafe injecting in a canadian setting.** *Substance Use and Misuse* 47(5) 491-501.

In 2005, members of the Vancouver Area Network of Drug Users (VANDU) formed the Injection Support Team (IST). A community-based research project examined this drug-user-led intervention through observation of team activities, over 30 interviews with team members, and 9 interviews with people reached by the team. The IST is composed of recognized "hit doctors," who perform outreach in the open drug scene to provide safer injecting education and instruction regarding safer assisted-injection. The IST represents a unique drug-user-led response to the gaps in local harm reduction efforts including programmatic barriers to attending the local supervised injection facility.

White, M. 2012. **Health promotion at the Medically Supervised Injecting Centre.** *Australian nursing journal (July 1993)* 20(3) 43.

I am involved in the health promotion activities at the Medically Supervised Injecting Centre

DeBeck, K., Kerr, T., Bird, L., et al. 2011. **Injection drug use cessation and use of North America's first medically supervised safer injecting facility.** *Drug and Alcohol Dependence* 113(2-3) 172-176.

Background: Vancouver, Canada has a pilot supervised injecting facility (SIF), where individuals can inject pre-obtained drugs under the supervision of medical staff. There has been concern that the program may facilitate ongoing drug use and delay entry into addiction treatment. Methods: We used Cox regression to examine factors associated with the time to the cessation of injecting, for a minimum of 6 months, among a random sample of individuals recruited from within the Vancouver SIF. In further analyses, we evaluated the time to enrolment in addiction treatment. Results: Between December 2003 and June 2006, 1090 participants were recruited. In Cox regression, factors independently associated with drug use cessation included use of methadone maintenance therapy (Adjusted Hazard Ratio [AHR] = 1.57 [95% Confidence Interval [CI]: 1.02-2.40]) and other addiction treatment (AHR = 1.85 [95% CI: 1.06-3.24]). In subsequent analyses, factors independently associated with the initiation of addiction treatment included: regular SIF use at baseline (AHR = 1.33 [95% CI: 1.04-1.72]); having contact with the addiction counselor within the SIF (AHR = 1.54 [95% CI: 1.13-2.08]); and Aboriginal ancestry (AHR = 0.66 [95% CI: 0.47-0.92]). Conclusions: While the role of addiction treatment in promoting injection cessation has been well described, these data indicate a potential role of SIF in promoting increased uptake of addiction treatment and subsequent injection cessation. The finding that Aboriginal persons were less likely to enroll in addiction treatment is consistent with prior reports and demonstrates the need for novel and culturally appropriate drug treatment approaches for this population. © 2010 Elsevier Ireland Ltd.

Marshall, B. D. L., Milloy, M. J., Wood, E., et al. 2011. **Reduction in overdose mortality after the opening of North America's first medically supervised safer injecting facility: a retrospective population-based study.** *Lancet (British edition)* 377(9775) 1429-1437.

Background: Overdose from illicit drugs is a leading cause of premature mortality in North America. Internationally, more than 65 supervised injecting facilities (SIFs), where drug users can inject pre-obtained illicit drugs, have been opened as part of various strategies to reduce the harms associated with drug use. We sought to determine whether the opening of an SIF in Vancouver, BC, Canada, was associated with a reduction in overdose mortality. Methods: We examined population-based overdose mortality rates for the period before (Jan 1, 2001, to Sept 20, 2003) and after (Sept 21, 2003, to Dec 31, 2005) the opening of the Vancouver SIF. The location of death was determined from provincial coroner records. We compared overdose fatality rates within an a priori specified 500 m radius of the SIF and for the rest of the city. Findings: Of 290 decedents, 229 (79.0%) were male, and the median age at death was 40 years (IQR 32-48 years). A third (89, 30.7%) of deaths occurred in city blocks within 500 m of the SIF. The fatal overdose rate in this area decreased by 35.0% after the opening of the SIF, from 253.8 to 165.1 deaths per 100 000 person-years ($p=0.048$). By contrast, during the same period, the fatal overdose rate in the rest of the city decreased by only 9.3%, from 7.6 to 6.9 deaths per 100 000 person-years ($p=0.490$). There was a significant interaction of rate differences across strata ($p=0.049$). Interpretation: SIFs should be considered where injection drug use is prevalent, particularly in areas with high densities of overdose.

Small, W., Shoveller, J., Moore, D., et al. 2011. **Injection drug users' access to a supervised injection facility in Vancouver, Canada: The influence of operating policies and local drug culture.** *Qualitative Health Research* 21(6) 743-756.

North America's first supervised injection facility (SIF) was established in Vancouver, Canada, in 2003. Although evaluation research has documented reductions in risk behavior among SIF users, there has been limited examination of the influence of operational features on injection drug users' access to these facilities. We conducted an ethnographic study that included observational research within the SIF, 50 in-depth individual interviews with SIF users, and analysis of the regulatory frameworks governing the SIF. The government-granted exemption allowing the facility to operate legally imposes key operating regulations, as well as a cap on capacity, which results in significant wait times to enter the injecting room. Regulations that prohibit practices that are common in the local drug culture also negatively affect SIF utilization. Restructuring policies that shape the operation of the SIF could enhance access to the facility and permit SIF services to better accommodate local drug use practices.

Fairbairn, N., Small, W., Van Borek, N., et al. 2010. **Social structural factors that shape assisted injecting practices among injection drug users in Vancouver, Canada: A qualitative study.** *Harm Reduction Journal* 7.

Background: Injection drug users (IDU) commonly seek manual assistance with illicit drug injections, a practice known to be associated with various health-related harms. We investigated the social structural factors that shape risks related to assisted injection and the harms that may result.

Methods: Twenty semi-structured qualitative interviews were conducted with IDU enrolled in the ACCESS or Vancouver Injection Drug Users Study

(VIDUS) who reported requiring assistance injecting in the past six months. Audio-recorded interviews were transcribed verbatim and a thematic analysis was conducted. **Results:** Barriers to self-injecting included a lack of knowledge of proper injecting technique, a loss of accessible veins, and drug withdrawal. The exchange of money or drugs for assistance with injecting was common. Harms experienced by IDU requiring assistance injecting included theft of the drug, missed injections, overdose, and risk of blood-borne disease transmission. Increased vulnerability to HIV/HCV infection within the context of intimate relationships was represented in participant narratives. IDU identified a lack of services available for those who require assistance injecting, with notable mention of restricted use of Vancouver's supervised injection facility. **Conclusions:** This study documents numerous severe harms that arise from assisted injecting. Social structural factors that shape the risks related to assisted injection in the Vancouver context included intimate partner relations and social conventions requiring an exchange of goods for provision of injecting assistance. Health services for IDU who need help injecting should include targeted interventions, and supervised injection facilities should attempt to accommodate individuals who require assistance with injecting.

Kerr, T., Hayashi, K., Fairbairn, N., et al. 2010. **Expanding the reach of harm reduction in Thailand: experiences with a drug user-run drop-in centre.** *International Journal of Drug Policy* 21(3) 255-259.

BACKGROUND: Despite an ongoing epidemic of HIV among Thai people who inject drugs (IDU), Thailand has failed to implement essential harm reduction programmes. In response, a drug user-led harm reduction centre opened in 2004 in an effort to expand reduction programming in Thailand. **METHODS:** We examined experiences with the Mitsampan Harm Reduction Centre (MSHRC) among IDU participating in the Mitsampan Community Research Project (Bangkok). Multivariate logistic regression was used to identify factors associated with MSHRC use. We also examined services used at and barriers to the MSHRC. **RESULTS:** 252 IDU participated in this study, including 66 (26.2%) females. In total, 74 (29.3%) participants had accessed the MSHRC. In multivariate analyses, MSHRC use was positively associated with difficulty accessing syringes (Adjusted Odds Ratio [AOR]=4.05; 95% Confidence Interval [CI]: 1.67-9.80), midazolam injection (AOR=3.25; 95%CI: 1.58-6.71), having greater than primary school education (AOR=1.88; 95%CI: 1.01-3.52), and was negatively associated with female gender (AOR=0.20; 95%CI: 0.08-0.50). Forms of support most commonly accessed included: syringe distribution (100%), food and a place to rest (83.8%), HIV education (75.7%), and safer injecting education (66.2%). The primary reason given for not having accessed the MSHRC was 'didn't know it existed.' **CONCLUSION:** The MSHRC is expanding the scope of harm reduction in Thailand by reaching IDU, including those who report difficulty accessing sterile syringes, and by providing various forms of support. In order to maximise its benefits, efforts should be made to increase awareness of the MSHRC, in particular among women.

Bravo, M. J., Royuela, L., De La Fuente, L., et al. 2009. **Use of supervised injection facilities and injection risk behaviours among young drug**

injectors. *Addiction* 104(4) 614-619.

AIMS: To study the use of supervised injection facilities (SIFs) as a predictor of safer injecting practices. DESIGN: Cross-sectional study conducted with face-to-face interview using a structured questionnaire with computer-assisted personal interviewing. Dried blood spot samples were collected for human immunodeficiency virus (HIV) and hepatitis C virus (HCV) antibody testing. SETTING: All participants were street-recruited by chain referral methods in Madrid and Barcelona. PARTICIPANTS: A total of 249 young heroin drug injectors recruited by the ITINERE cohort study in two Spanish cities with SIFs. MEASUREMENTS: The main outcome measures were self-reported injecting behaviours and SIFs attendance. RESULTS:

SIF users were more marginalized socially than non-users. They were also more often regular injectors (weekly or more versus sporadic) [odds ratio (OR) = 4.9, 95% confidence interval (CI): 2.7-8.8], speedball users (OR = 2.5, 95% CI: 1.5-4.3) and anti-HCV-positive (OR = 3.1, 95% CI: 1.4-7.1). In the logistic regression analysis, using SIFs was associated independently with not borrowing used syringes (OR = 3.3, 95% CI: 1.4-7.7). However, no significant association was found between SIF use and not sharing injection equipment indirectly (OR = 1.1, 95% CI: 0.5-2.2).

CONCLUSIONS: SIFs attract highly disadvantaged drug injectors who engage none the less in less borrowing of used syringes than non-users of these facilities. The risks of indirect sharing should be emphasized when counselling SIF attendees.

Lloyd-Smith, E., Wood, E., Zhang, R., et al. 2009. **Determinants of Cutaneous Injection-Related Infection Care at a Supervised Injecting Facility.** *Annals of Epidemiology* 19(6) 404-409.

Purpose: To evaluate the factors associated with receiving cutaneous injection-related infection (CIRI) care among a representative cohort of supervised injecting facility (SIF) users. Methods: Data were collected biannually as part of a prospective cohort, the Scientific Evaluation of Supervised Injection study. Kaplan-Meier methods and Cox proportional hazards regression with recurrent events were used to examine incidence and factors associated with CIRI care, respectively. Results: One thousand eighty individuals were recruited between December 1, 2003 and January 31, 2008. The incidence density of participants receiving CIRI care was 22.0 per 100 person-years (95% confidence interval [CI]: 19.6-24.6). In the adjusted Cox proportional hazard model, female sex (adjusted hazard ratio [AHR] = 1.87 [95% CI: 1.32-2.64]), unstable housing (AHR = 1.39 [95% CI: 1.02-1.88]), and daily heroin injection (AHR = 1.52 [95% CI: 1.13-2.04]) were independently associated with receiving CIRI care at the SIF. Conclusions: These results describe who is more likely to receive CIRI care, which is of use to those engaged with policy and practice of treatment regimens involving this population. © 2009 Elsevier Inc. All rights reserved.

Salmon, A. M., Dwyer, R., Jauncey, M., et al. 2009. **Injecting-related injury and disease among clients of a supervised injecting facility.** *Drug and Alcohol Dependence* 101(1-2) 132-136.

Background: The process of drug injection may give rise to vascular and soft tissue injuries and infections. The social and physical environments in which

drugs are injected play a significant role in these and other morbidities. Supervised injecting facilities (SIFs) seek to address such issues associated with public injecting drug use. Aims: Estimate lifetime prevalence of injecting-related problems, injury and disease and explore the socio-demographic and behavioral characteristics associated with the more serious complications. Design, Setting, Participants: Self-report data from 9552 injecting drug users (IDUs) registering to use the Sydney Medically Supervised Injecting Centre (MSIC). Findings: Lifetime history of either injecting-related problems (IRP) or injecting-related injury and disease (IRID) was reported by 29% of the 9552 IDUs; 26% (n = 2469) reported ever experiencing IRP and 10% (n = 972) reported IRID. Prevalence of IRP included difficulties finding a vein (18%), prominent scarring or bruising (14%) and swelling of hands or feet (7%). Prevalence of IRID included abscesses or skin infection (6%), thrombosis (4%), septicaemia (2%) and endocarditis (1%). Females, those who mainly injected drugs other than heroin, and those who reported a history of drug treatment, drug overdose, and/or sex work, were more likely to report lifetime IRID. Frequency and duration of injecting, recent public injecting, and sharing of needles and/or syringes were also independently associated with IRID. Conclusions: IRPs and IRIDs were common. Findings support the imperative for education and prevention activities to reduce the severity and burden of these preventable injecting outcomes. Through provision of hygienic environments and advice on venous access, safer injecting techniques and wound care, SIFs have the potential to address a number of risk factors for IRID. © 2009 Elsevier Ireland Ltd. All rights reserved.

Scherbaum, N., Specka, M., Bombeck, J., et al. 2009. **Drug consumption facility as part of a primary health care centre for problem drug users - which clients are attracted?** *International Journal of Drug Policy* 20(5) 447-449. Background: To investigate whether users of a drug consumption facility (DCF) established as part of a health care centre for problem drug users fulfilled entry criteria, especially public drug consumption, risky drug-application and housing problems. We also investigated whether the drug consumption facility attracted hard-to-reach opiate users who usually do not use the health care system. Methods: Structured interviews were carried out with 129 problem drug users beginning attendance at a drug consumption facility. Results: Median length of the current episode of regular heroin use was 3 weeks. Sixty-seven per cent of clients had been in addiction specific treatment or had left prison during the previous 3 months. Regarding behaviour in the last month, 53% reported drug use in public, 53% use of non-sterile equipment or water, 22% needle sharing, 8% reported an emergency admission to hospital, and 43% were living in unstable accommodation. Only 10% of clients had never received treatment for their drug use and 87% were currently in contact with psychosocial services. Conclusions: The majority of clients were chronic opiate users with high rates of risk behaviour. However, they did have recent contact with the drug treatment system. DCFs may be particularly important for opiate users after prison or treatment and/or for those with unstable accommodation.

Small, W., Van, N., Fairbairn, N., et al. 2009. **Access to health and social services for IDU: the impact of a medically supervised injection facility.** *Drug and*

alcohol review 28(4) 341-346.

INTRODUCTION AND AIMS: Injection drug users (IDU) often experience barriers to conventional health-care services, and consequently might rely on acute and emergency services. This study sought to investigate IDU perspectives regarding the impact of supervised injection facility (SIF) use on access to health-care services. **DESIGN AND METHODS:** Semi-structured qualitative interviews were conducted with 50 Vancouver-based IDU participating in the Scientific Evaluation of Supervised Injecting cohort. Audio-recorded interviews elicited IDU perspectives regarding the impact of SIF use on access to health and social services. Interviews were transcribed verbatim and a thematic analysis was conducted. **RESULTS:** Fifty IDU, including 21 women, participated in this study. IDU narratives indicate that the SIF serves to facilitate access to health care by providing much-needed care on-site and connects IDU to external services through referrals. Participants' perspectives suggest that the SIF has facilitated increased uptake of health and social services among IDU. **DISCUSSION AND CONCLUSIONS:** Although challenges related to access to care remain in many settings, SIF have potential to promote health by facilitating enhanced access to health-care and social services through a model of care that is accessible to high-risk IDU.

Fairbairn, N., Small, W., Shannon, K., et al. 2008. **Seeking refuge from violence in street-based drug scenes: Women's experiences in North America's first supervised injection facility.** *Social Science and Medicine* 67(5) 817-823. Supervised injection facilities are a form of micro-environmental intervention that aim to address various harms associated with injection drug use. Given the numerous threats faced by women who inject drugs and are street-involved, including heightened risks for violence, we sought to elucidate how North America's first supervised injection facility (SIF) mediates the impact of violence among women during the injection process. Semi-structured qualitative interviews were conducted with 25 women recruited from the Scientific Evaluation of Supervised Injecting (SEOSI) cohort of SIF users in Vancouver, Canada. Audio-recorded interviews elicited women's experiences using the SIF and the related impacts on experiences of violence. Interview data were transcribed verbatim and a thematic analysis was conducted. The perspectives of women participating in this study suggest that the SIF is a unique controlled environment where women who inject drugs are provided refuge from violence and gendered norms that shape drug preparation and consumption practices. Further, by enabling increased control over drugs and the administration of drugs, the SIF promotes enhanced agency at the point of drug consumption. Although this micro-environmental intervention serves to reduce risks common among women who inject drugs, additional interventions that address the structural forces producing and shaping violence and other risks are needed. © 2008 Elsevier Ltd. All rights reserved.

Lloyd-Smith, E., Wood, E., Zhang, R., et al. 2008. **Risk factors for developing a cutaneous injection-related infection among injection drug users: a cohort study.** *BMC Public Health* 8 405-405. Background: Cutaneous injection-related infections (CIRI), such as abscesses and cellulitis, are common and preventable among injection drug users (IDU). However, risk factors for CIRI have not been well described in the literature.

We sought to characterize the risk factors for current CIRI among individuals who use North America's first supervised injection facility (SIF).; Methods: A longitudinal analysis of factors associated with developing a CIRI among participants enrolled in the Scientific Evaluation of Supervised Injecting (SEOSI) cohort between January 1, 2004 and December 31, 2005 was conducted using generalized linear mixed-effects modelling.; Results: In total, 1065 participants were eligible for this study. The proportion of participants with a CIRI remained under 10% during the study period. In a multivariate generalized linear mixed-effects model, female sex (Adjusted Odds Ratio (AOR) = 1.68 [95% Confidence Interval (CI): 1.16-2.43]), unstable housing (AOR = 1.49 [95% CI: 1.10-2.03]), borrowing a used syringe (AOR = 1.60 [95% CI: 1.03-2.48]), requiring help injecting (AOR = 1.42 [95% CI: 1.03-1.94]), and injecting cocaine daily (AOR = 1.41 [95% CI: 1.02-1.95]) were associated with an increased risk of having a CIRI.; Conclusion: CIRI were common among a subset of IDU in this study, including females, those injecting cocaine daily, living in unstable housing, requiring help injecting or borrowing syringes. In order to reduce the burden of morbidity associated with CIRI, targeted interventions that address a range of factors, including social and environmental conditions, are needed.;

Milloy, M. J. S., Kerr, T., Mathias, R., et al. 2008. **Non-fatal overdose among a cohort of active injection drug users recruited from a supervised injection facility.** *American Journal of Drug and Alcohol Abuse* 34(4) 499-509.

Non-fatal overdose among injection drug users (IDU) is a source of significant morbidity. Since it has been suggested that supervised injecting facilities (SIF) may increase risk for overdose, we sought to evaluate patterns of non-fatal overdose among a cohort of SIF users. We examined recent non-fatal overdose experiences among participants enrolled in a prospective study of IDU recruited from within North America's first medically supervised safer injecting facility. Correlates of recent non-fatal overdoses were identified using generalized estimating equations (GEE). There were 1,090 individuals recruited during the study period of which 317 (29.08%) were female. At baseline, 638 (58.53%) reported a history of non-fatal overdose and 97 (8.90%) reported at least one non-fatal overdose in the last six months. This proportion remained approximately constant throughout the study period. In the multivariate GEE analysis, factors associated with recent non-fatal overdose included: sex-trade involvement (Adjusted Odds Ratio [AOR]: 1.45 [95% Confidence Interval [CI] 1.07-1.99], $p = 0.02$) and public drug use (AOR: 1.50 [95% CI 1.09-2.06]; $p = 0.01$). Using the SIF for > 75% of injections was not associated with recent non-fatal overdose in univariate (Odds Ratio: 1.05, $p = 0.73$) or multivariate analyses (AOR: 1.01, $p = 0.96$). The proportion of individuals reporting recent non-fatal overdose did not change over the study period. Our findings indicate that a sub-population of IDU might benefit from overdose prevention interventions. Our findings refute the suggestion that the SIF may increase the likelihood of overdose. Copyright © Informa Healthcare USA, Inc.

Small, W., Wood, E., Lloyd-Smith, E., et al. 2008. **Accessing care for injection-related infections through a medically supervised injecting facility: a**

qualitative study. *Drug and Alcohol Dependence* 98(1/2) 159-162.

Injection drug users (IDU) experience complex barriers to accessing primary medical care which may result in over reliance on emergency health services. Supervised injecting facilities (SIF) aim to address HIV and overdose risks, as well as improve access to primary medical care among IDU. This study sought to investigate IDU perspectives regarding the impact of SIF on access to care and treatment of injection-related infections. Semi-structured qualitative interviews were conducted with 50 individuals recruited from a cohort of SIF users known as the Scientific Evaluation of Supervised Injecting (SEOSI). Audio-recorded interviews were transcribed verbatim and a thematic analysis was conducted. IDU narratives indicate the availability of on-site nursing attention at the SIF facilitated uptake of health services. IDU reported that the facility provided assessment and care of injection-related infections, as well as enhanced access to off-site medical services. The presence of professional nursing personnel within a sanctioned drug consumption setting serves to address social and structural barriers that often impede IDU access to health care. This study emphasizes that the facility enables contact with the healthcare system and thereby helps to facilitate the management of injection-related infections.

Wood, R. A., Wood, E., Lai, C., et al. 2008. **Nurse-delivered safer injection education among a cohort of injection drug users: Evidence from the evaluation of Vancouver's supervised injection facility.** *International Journal of Drug Policy* 19(3) 183-188.

Background: Despite growing implementation of harm reduction programs internationally, unsafe injecting practices remain common among injection drug users (IDU). In response, nursing interventions such as safer injection education (SIE) have been called for. In Vancouver, a supervised injection facility (SIF), where IDU inject pre-obtained illicit drugs under nursing supervision, opened in 2003 in an effort to reduce the impacts of unsafe injecting. We sought to characterize the state of nursing SIE practice in Vancouver and prospectively examine SIE among SIF users. Methods: We examined correlates of receiving SIE among participants in the Scientific Evaluation of Supervised Injecting (SEOSI) cohort. The SEOSI cohort was derived through random recruitment of SIF users. Characteristics of participants who reported receiving SIE from SIF nurses were examined using bivariate and multivariate generalized estimating equations. Results: 1087 SEOSI participants were surveyed between March 2004 and March 2005 and included in this analysis. Approximately one third of participants reported receiving SIE at baseline and an additional 13.3% reported receiving SIE during follow-up. Those receiving SIE from SIF nurses were more likely to be females (AOR = 1.55; 95% CI: 1.18-2.04), persons requiring injecting assistance (AOR = 1.52; 95% CI: 1.26-1.84), binge users (AOR = 1.37; 95% CI: 1.14-1.64), and those using the SIF for most of their injections (AOR = 1.47; 95% CI: 1.22-1.77). Conclusions: These findings provide evidence to support the need for nurse-delivered SIE in reaching IDU most at risk for injection-related harm. SIFs may afford unique opportunities to deliver SIE to high-risk populations. Individuals receiving SIE from Vancouver's SIF nurses were likely to possess characteristics associated with adverse health outcomes, including HIV infection. © 2008 Elsevier B.V. All rights reserved.

Kerr, T., Small, W., Moore, D., et al. 2007. **A micro-environmental intervention to reduce the harms associated with drug-related overdose: Evidence from the evaluation of Vancouver's safer injection facility.** *International Journal of Drug Policy* 18(1) 37-45.

BACKGROUND: Conventional drug overdose prevention strategies have been criticised for failing to address the macro- and micro-environmental factors that shape drug injecting practices and compromise individual ability to reduce the risks associated with drug-related overdose. This in turn has led to calls for interventions that address overdose risks by modifying the drug-using environment, including the social dynamics within them. Safer injection facilities (SIFs) constitute one such intervention, although little is known about the impact of such facilities on factors that mediate risk for overdose.

METHODS: Semi-structured qualitative interviews were conducted with fifty individuals recruited from a cohort of SIF users in Vancouver, the Scientific Evaluation Of Supervised Injecting (SEOSI). Audio recorded interviews elicited injection drug users' (IDU) accounts of overdoses as well as perspectives regarding the impact of SIF use on overdose risk and experiences of overdose. Interviews were transcribed verbatim and a thematic analysis was conducted. **RESULTS:** Fifty IDU, including 21 women, participated in this study. The perspectives of participants suggest that the Vancouver SIF plays an important role in mediating various risks associated with overdose. In particular, the SIF addresses many of the unique contextual risks associated with injection in public spaces, including the need to rush injections due to fear of arrest. Further, SIF use appears to enable overdose prevention by simultaneously offsetting potential social risks associated with injecting alone and injecting in the presence of strangers. The immediate emergency response offered by nurses at the SIF was also valued highly, especially when injecting adulterated drugs and drugs of unknown purity and composition. **CONCLUSION:** The perspectives of IDU participating in this study suggest that SIFs can address many of the micro-environmental factors that drive overdose risk and limit individual ability to employ overdose prevention practices. Although challenges related to coverage remain in many settings, SIFs may play a unique role in managing overdoses, particularly those occurring within street-based drug scenes.

Kimber, J. & Dolan, K. 2007. **Shooting gallery operation in the context of establishing a medically supervised injecting center: Sydney, Australia.** *Journal of Urban Health* 84(2) 255-266.

Shooting galleries (SGs) are illicit off-street spaces close to drug markets used for drug injection. Supervised injecting facilities (SIFs) are low threshold health services where injecting drug users (IDUs) can inject pre-obtained drugs under supervision. This study describes SG use in Kings Cross, Sydney before and after the opening of the Sydney Medically Supervised Injecting Centre (MSIC), Australia's first SIF. Operational and environmental characteristics of SGs, reasons for SG use, and willingness to use MSIC were also examined. An exploratory survey of SG users (n=31), interviews with SG users (n=17), and drug workers (n=8), and counts of used needles routinely collected from SGs (6 months before and after MSIC) and visits to the MSIC (6 months after MSIC) were triangulated. We found five SGs operated during the study period. Key operational characteristics were 24-h operation,

AUS\$10 entry fee, 30-min time limit, and dual use for sex work. Key reasons for SG use were to avoid police, a preference not to inject in public, and assistance from SG operators in case of overdose. SG users reported high levels of willingness to use the MSIC. The number of used needles collected from SGs decreased by 69% (41,819 vs. 12,935) in the 6 months after MSIC opened, while MSIC visits increased incrementally. We conclude that injections were transferred from SGs to the MSIC, but SGs continued to accommodate injections and harm reduction outreach should be maintained. © 2007 The New York Academy of Medicine.

O'Shea, M. 2007. **Introducing safer injecting facilities (SIFs) in the Republic of Ireland: 'Chipping away' at policy change.** *Drugs: Education, Prevention & Policy* 14(1) 75-88.

Safer injecting facilities (SIFs) have been introduced in many countries throughout Europe over a number of years, and more recently have been established in Canada and Australia. This study, which was conducted in Dublin, sought to examine the policy implications of introducing safer injecting facilities in Ireland as a logical development of harm-reduction policy. A triangulation method of data collection was adopted that comprised semi-structured interviews with sixteen drug users and structured interviews with key personnel and policy makers in the drug field including the Minister for State with responsibility for Ireland's National Drug Strategy (2002–2008). The study revealed that the majority of drug users were injecting in public places, had a surprising level of knowledge of SIFs, and indicated a willingness to use such facilities. The findings of the study also revealed very mixed feelings among policy makers and key personnel and showed that amongst those in favour of such an innovation there was a preference for doing so with the maximum of discretion. The study concludes that it is perhaps 'a bridge too far' in the current political climate. [ABSTRACT FROM AUTHOR]

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Petrar, S., Kerr, T., Tyndall, M. W., et al. 2007. **Injection drug users' perceptions regarding use of a medically supervised safer injecting facility.** *Addictive Behaviors* 32(5) 1088-1093.

Background: In recent years, there has been increased interest in supervised safer injecting facilities (SIF) as a strategy to reduce the harms of illicit drug use; however, little work has been done to assess drug users' satisfaction with this service. This study was undertaken to explore injection drug users' experiences and opinions regarding North America's first SIF in Vancouver, Canada. Methods: Injection drug users (IDU) were randomly recruited from within the Vancouver SIF and invited to enroll in the Scientific Evaluation of Supervised Injecting (SEOSI) cohort. For the present study, participants were then surveyed regarding their experiences and beliefs regarding the SIF. Results: Of 1082 IDU surveyed, 809 (75%) reported that their injecting

behavior had changed as a result of using the SIF. Among these individuals, 80% indicated that the SIF had resulted in less rushed injecting, 71% indicated that the SIF had led to less outdoor injecting and 56% reported less unsafe syringe disposal. The three most common features always or usually limiting IDU's use of the SIF were: travel to the SIF (12%), limited operating hours (7%), and waiting times to access the SIF (5%). When asked in what ways the SIF might be improved, the three most common suggestions were: longer hours of operation (53%), addition of a washroom (51%), and reduced waiting times (46%). Conclusions: Many IDU reported changes in their injecting behaviors that have important implications for community and public health. Addressing a number of programmatic issues related to operating hours and waiting times, and the provision of additional amenities within SIF, may help to further improve their impact. © 2006 Elsevier Ltd. All rights reserved.

Stoltz, J. A., Wood, E., Small, W., et al. 2007. **Changes in injecting practices associated with the use of a medically supervised safer injection facility.** *Journal of public health (Oxford, England)* 29(1) 35-9.

Injection drug users (IDUs) are vulnerable to serious health complications resulting from unsafe injection practices. We examined whether the use of a supervised safer injection facility (SIF) promoted change in injecting practices among a representative sample of 760 IDUs who use a SIF in Vancouver, Canada. Consistent SIF use was compared with inconsistent use on a number of self-reported changes in injecting practice variables. More consistent SIF use is associated with positive changes in injecting practices, including less reuse of syringes, use of sterile water, swabbing injection sites, cooking/filtering drugs, less rushed injections, safe syringe disposal and less public injecting.

Wood, E., Tyndall, M. W., Zhang, R., et al. 2007. **Rate of detoxification service use and its impact among a cohort of supervised injecting facility users.** *Addiction* 102(6) 916-919.

Background: Vancouver, Canada recently opened a medically supervised injecting facility (SIF) where injection drug users (IDU) can inject pre-obtained illicit drugs. Critics suggest that the facility does not help IDU to reduce their drug use. Methods: We conducted retrospective and prospective database linkages with residential detoxification facilities and used generalized estimating equation (GEE) methods to examine the rate of detoxification service use among SIF participants in the year before versus the year after the SIF opened. In secondary analyses, we used Cox regression to examine if having been enrolled in detoxification was associated with enrolling in methadone or other forms of addiction treatment. We also evaluated the impact of detoxification use on the frequency of SIF use. Results: Among 1031 IDU, there was a statistically significant increase in the uptake of detoxification services the year after the SIF opened. [odds ratio: 1.32 (95% CI, 1.11-1.58); P = 0.002]. In turn, detoxification was associated independently with elevated rates of methadone initiation [relative hazard = 1.56 (95% CI, 1.04-2.34); P = 0.031] and elevated initiation of other addiction treatment [relative hazard = 3.73 (95% CI, 2.57-5.39); P < 0.001]. Use of the SIF declined when the rate of SIF use in the month before enrolment into

detoxification was compared to the rate of SIF use in the month after discharge (24 visits versus 19 visits; $P = 0.002$). Conclusions: The SIF's opening was associated independently with a 30% increase in detoxification service use, and this behaviour was associated with increased rates of long-term addiction treatment initiation and reduced injecting at the SIF. © 2007 The Authors.

Fry, C. L., Cvetkovski, S. & Cameron, J. 2006. **The place of supervised injecting facilities within harm reduction: evidence, ethics and policy.** *Addiction* 101(4) 465-468.

Supervised injecting facilities (SIFs) are commonly defined as legal facilities that enable the consumption of pre-obtained drugs in an anxiety- and stress-free atmosphere under hygienic conditions ([Broadhead et al. 2002](#); [Green et al. 2004](#)). While there are now more than 60 SIFs and variants in operation across a number of countries, with a wealth of European experience (for reviews see [Dolan et al. 2000](#); [Kimber et al. 2003a](#); [Hedrich 2004](#)), the completion of what is regarded as the world's first comprehensive SIF evaluation trial in Sydney, Australia ([Kimber et al. 2003b](#); [MSIC Evaluation Committee 2003](#); [van Beek et al. 2004](#)) and the well-documented progress of similar research in Vancouver ([Wood et al. 2004](#); [Kerr et al. 2005](#)), the precise impact of SIFs and the question of the status of the evidence remains unclear.

Kerr, T., Stoltz, J. A., Tyndall, M., et al. 2006. **Impact of a medically supervised safer injection facility on community drug use patterns: A before and after study.** *British Medical Journal* 332(7535) 220-222.

Problem: Illicit use of injected drugs is linked with high rates of HIV infection and fatal overdose, as well as community concerns about public drug use. Supervised injecting facilities have been proposed as a potential solution, but fears have been raised that they might encourage drug use. Design: A before and after study. Participants and setting: 871 injecting drug users recruited from the community in Vancouver, Canada. Key measures for improvement: Rates of relapse into injected drug use among former users and of stopping drug use among current users. Strategies for change: Local health authorities established the Vancouver supervised injecting facility to provide injecting drug users with sterile injecting equipment, intervention in the event of overdose, primary health care, and referral to external health and social services. Effects of change: Analysis of periods before and after the facility's opening showed no substantial increase in the rate of relapse into injected drug use (17% v 20%) and no substantial decrease in the rate of stopping injected drug use (17% v 15%). Lessons learnt: Recently reported benefits of supervised injecting facilities on drug users' high risk behaviours and on public order do not seem to have been offset by negative community impacts.

Kerr, T., Tyndall, M. W., Lai, C., et al. 2006. **Drug-related overdoses within a medically supervised safer injection facility.** *International Journal of Drug Policy* 17(5) 436-441.

Background; In September 2003, North America's first supervised injection facility (SIF) opened in Vancouver, Canada. We sought to examine the incidence and characteristics of overdose events at the SIF. Methods; The Vancouver SIF evaluation involves a comprehensive database within the SIF

and the Scientific Evaluation of Supervised Injection (SEOSI) cohort consisting of 1046 SIF users. We examined the incidence and features of overdoses at the SIF and the responses made by SIF staff. Cox regression was used to examine factors associated with time to overdose among SEOSI participants. Results: Between 1 March 2004 and 30 August 2005, there were 336 overdose events at the SIF, yielding a rate of 1.33 (95% CI: 0.0–3.6) overdoses per 1000 injections. The most common indicator of overdose was depressed respiration (60%), and the most common intervention involved the administration of oxygen (87%). In total, 90 SEOSI participants had an overdose at the SIF during the study period. Factors independently associated with time to overdose included fewer years injecting (RH = 0.98, 95% CI: 0.96–1.00 per year), daily heroin use (RH = 1.82, 95% CI: 1.16–2.85), and having a history of overdose (RH = 1.92, 95% CI: 1.21–3.06). Conclusions: There have been a large number of overdoses within the SIF, and it is noteworthy that none of these overdoses resulted in a fatality. These findings suggest that SIF can play a role in managing overdoses among IDU and indicate the need for further evaluation of the impact of SIF on morbidity and mortality associated with overdose.

Wood, E., Tyndall, M. W., Montaner, J. S., et al. 2006. **Summary of findings from the evaluation of a pilot medically supervised safer injecting facility.** *Cmaj* 175(11) 1399-1404.

In many cities, infectious disease and overdose epidemics are occurring among illicit injection drug users (IDUs). To reduce these concerns, Vancouver opened a supervised safer injecting facility in September 2003. Within the facility, people inject pre-obtained illicit drugs under the supervision of medical staff. The program was granted a legal exemption by the Canadian government on the condition that a 3-year scientific evaluation of its impacts be conducted. In this review, we summarize the findings from evaluations in those 3 years, including characteristics of IDUs at the facility, public injection drug use and publicly discarded syringes, HIV risk behaviour, use of addiction treatment services and other community resources, and drug-related crime rates. Vancouver's safer injecting facility has been associated with an array of community and public health benefits without evidence of adverse impacts. These findings should be useful to other cities considering supervised injecting facilities and to governments considering regulating their use.

Wood, E., Tyndall, M. W., Qui, Z., et al. 2006. **Service uptake and characteristics of injection drug users utilizing North America's first medically supervised safer injecting facility.** *American Journal of Public Health* 96(5) 770-773.

In 2003, the city of Vancouver, British Columbia, opened North America's first government-sanctioned safer injecting facility, where injection drug users (IDUs) can inject preobtained illicit drugs under the supervision of nurses. Use of the service by IDUs was followed by measurable reductions in public drug use and syringe sharing. IDUs who are frequently using the program tend to be high-intensity cocaine and heroin injectors and homeless individuals. The facility has provided high-risk IDUs a hygienic space where syringe sharing can be eliminated and the risk of fatal overdose reduced. Ongoing evaluation will be required to assess its impact on overdose rates and HIV

infection levels, as well as its ability to improve IDU contact with medical care and addiction treatment

Wood, E., Tyndall, M. W., Zhang, R., et al. 2006. **Attendance at supervised injecting facilities and use of detoxification services.** *New England Journal of Medicine* 354(23) 2512-2515.

In September 2003, the first safer injecting facility in North America opened in Vancouver, Canada. Here, injection-drug users can inject preobtained illicit drugs under medical supervision.¹ A concern regarding such facilities is that they may lessen the likelihood that injection-drug users will seek addiction-treatment services.^{2,3} Randomized trials are lacking to address this concern. We assessed factors associated with time to entry into a detoxification program at one of the city's three detoxification centers. We used data collected by means of a questionnaire as part of a cohort study (supported by Health Canada) of persons who use supervised injecting facilities, called the Scientific Evaluation of Supervised Injecting (SEOSI) cohort.⁴

Wright, N. M. J. & Tompkins, C. N. E. 2006. **How can health services effectively meet the health needs of homeless people?** *British Journal of General Practice* 56(525) 286-293.

Background: Homelessness affects many people in contemporary society with consequences for individuals and the wider community. Homeless people experience poorer levels of general physical and mental health than the general population and there is a substantial international evidence base which documents multiple morbidity. Despite this, they often have problems in obtaining suitable health care. Aim: To critically examine the international literature pertaining to the health care of homeless people and discuss the effectiveness of treatment interventions. Design of study: Review and synthesis of current evidence. Method: Medline (1966-2003), EMBASE (1980-2003), PsycINFO (1985-2003), CINAHL(1982-2003), Web of Science (1981-2003) and the Cochrane Library (Evidence Based Health) databases were reviewed using key terms relating to homelessness, intervention studies, drug misuse, alcohol misuse and mental health. The review was not limited to publications in English. It included searching the internet using key terms, and grey literature was also accessed through discussion with experts. Results: Internationally, there are differing models and services aimed at providing health care for homeless people. Effective interventions for drug dependence include adequate oral opiate maintenance therapy, hepatitis A, B and tetanus immunisation, safer injecting advice and access to needle exchange programmes. There is emerging evidence for the effectiveness of supervised injecting rooms for homeless injecting drug users and for the peer distribution of take home naloxone in reducing drug-related deaths. There is some evidence that assertive outreach programmes for those with mental ill health, supportive programmes to aid those with motivation to address alcohol dependence and informal programmes to promote sexual health can lead to lasting health gain. Conclusions: As multiple morbidity is common among homeless people, accessible and available primary health care is a prerequisite for effective health interventions. This requires addressing barriers to provision and multi-agency working so that homeless people can access the full range of health and social care services. There are examples of best

practice in the treatment and retention of homeless people in health and social care and such models can inform future provision. ©British Journal of General Practice.

Buckis, C. 2005. **High and dry.** *Nursing Standard* 20(10) 24.

A medically supervised injecting centre (MSIC) in Sydney, Australia, has provoked controversy from both the public and health professionals. The centre allows drug addicts a place where they can inject illegal drugs under nurse supervision. Nurses who work at the centre argue that they are helping people into rehabilitation. [(BNI unique abstract)] L2 - Available from EBSCOhost in

Wood, E., Tyndall, W., Li, K., et al. 2005. **Do supervised injecting facilities attract higher-risk injection drug users?** *American journal of preventive medicine* 29(2) 126.

In Western Europe and elsewhere, medically supervised safer injection facilities (SIFs) are increasingly being implemented for the prevention of health- and community-related harms among injection drug users (IDUs), although few evaluations have been conducted, and there have been questions regarding SIFs' ability to attract high-risk IDUs. We examined whether North America's first SIF was attracting IDUs who were at greatest risk of overdose and blood-borne disease infection. We examined data from a community-recruited cohort study of IDUs. The prevalence of SIF use was determined based on questionnaire data obtained after the SIF's opening, and we determined predictors of initiating future SIF use based on behavioral information obtained from questionnaire data obtained before the SIF's opening. Pearson's chi-square test was used to compare characteristics of IDUs who did and did not subsequently initiate SIF use. Overall, 400 active injection drug users returned for follow-up between December 1, 2003 and May 1, 2004, among whom 178 (45%) reported ever using the SIF. When we examined behavioral data collected before the SIF's opening, those who initiated SIF use were more likely to be aged <30 years (odds ratio [OR]=1.6, 95% confidence interval [CI]=1.0-2.7, p=0.04); public injection drug users (OR=2.6, 95% CI=1.7-3.9, p<0.001); homeless or residing in unstable housing (OR=1.7, 95% CI=1.2-2.7, p=0.008); daily heroin users (OR=2.1, 95% CI=1.3-3.2, p=0.001); daily cocaine users (OR=1.6, 95% CI=1.1-2.5, p=0.025); and those who had recently had a nonfatal overdose (OR=2.7, 95% CI=1.2-6.1, p=0.016). This study indicated that the SIF attracted IDUs who have been shown to be at elevated risk of blood-borne disease infection and overdose, and IDUs who were contributing to the public drug use problem and unsafe syringe disposal problems stemming from public injection drug use.

2004. **Addiction treatment.** *GP: General Practitioner* 6-6.

Supervised injecting centres should be piloted in Great Britain, according to Leeds-based general practitioner Nat Wright. Results from pilot studies have shown that those who attend them are more likely to start treatment for their addiction. British Home Office has sanctioned prescribable heroin centres, but Wright argues that these do not target socially excluded and homeless drug misusers.

Bassetti, S. & Battegay, M. 2004. **Staphylococcus aureus infections in injection drug users: risk factors and prevention strategies.** *Infection* 32(3) 163-170.

Infections, in particular soft tissue infections (cellulitis, skin abscesses), are the leading cause for emergency department visits and hospital admissions of drug injection users (IDUs). *Staphylococcus aureus* is the most relevant bacterial pathogen in this population. It is the main cause of soft tissue infections and of severe infections such as endocarditis and bacteremia. Moreover, epidemic spread of methicillin-resistant *S. aureus* (MRSA) among IDUs has occurred in Europe and North America. Nasal carriage of *S. aureus* is associated with an increased risk of subsequent *S. aureus* infections, and it has been shown that active IDUs have a higher rate of colonization with *S. aureus* than the general population. However, it is still unknown why an individual carries *S. aureus*. In particular, repeated injections do not appear to be the main predisposing factor for *S. aureus* carriage. Infections associated with injection drug use are frequently the consequence of the illegal status of street drugs. Harm reduction programs, including needle exchange programs, safer injecting facilities and injection opiate substitution programs can reduce the incidence of infections among severely addicted IDUs. Copyright Urban and Vogel

van, I., Kimber, J., Dakin, A., et al. 2004. **The Sydney Medically Supervised Injecting Centre: reducing harm associated with heroin overdose.** *Critical Public Health* 14(4) 391-407.

The Sydney Medically Supervised Injecting Centre (MSIC) commenced operation on a trial basis in May 2001. Operating within a clinical model, the Centre's primary objective is to reduce the morbidity and mortality associated with drug overdose. Staff include nurses authorized to administer naloxone to reverse the central nervous system depressant effects of heroin, according to clinical protocols developed and modified for the Centre's setting. Data were collected on clients' drug overdose history, demographics, and recent drug and alcohol use at each subsequent visit. The MSIC registered 3747 injecting drug users and supervised 56-861 injecting episodes (61% to inject heroin, 30% to inject cocaine and 9% other drugs) in the first 18 months of operation. A total of 409 drug overdoses occurred (80% heroin, 15% cocaine and 5% other drugs) during this time. Among the heroin overdoses treated, 25% also required naloxone. Risk factors identified included history of heroin overdose, heroin as the main drug injected, engagement in sex work, frequent attendance at the MSIC, and otherwise injecting in a public place. Being in methadone maintenance treatment and a daily injector at registration were protective. Overall, It is likely that the early intervention provided by the supervised setting of the MSIC reduced the morbidity and mortality that would have otherwise been associated with these drug overdoses had they occurred elsewhere. Better understanding of risk factors for heroin overdose has the potential to also prevent heroin overdose in this and other settings.

Sporer, A. 2003. **Strategies for preventing heroin overdose.** *BMJ: British Medical Journal* 326(7386) 442.

This article opens with statistics documenting a rising heroin epidemic and the subsequent dramatic increase in the incidence of fatal and non-fatal heroin

overdose in many countries. Indeed, heroin overdose has become a common and preventable cause of death in recent years. Methadone maintenance is the most effective proven method of reducing mortality from overdose. Other strategies include community peer education, family support groups, supervised injecting facilities, and making naloxone available at home. A number of pilot programs involving education of users and distribution of naloxone have begun. The author cautions that more research is needed to measure the effectiveness and safety of this controversial home treatment. (PsycINFO Database Record (c) 2012 APA, all rights reserved)

Wolf, J., Linssen, L. & De Graaf, I. 2003. **DRUG CONSUMPTION FACILITIES IN THE NETHERLANDS.** *Journal of Drug Issues* 33(3) 649-661.

The article discusses the implementation of drug consumption facilities in the Netherlands as part of the country's addiction-care programs. It states that drug consumption rooms aid in promoting the health of drug users by reducing the health risks and health damage brought by drug abuse and that many comments that these facilities offer drug users the opportunity to administer drugs in quiet and peaceful way. The operation of the facilities also reduce public nuisance brought by public drug use.

Wood, E., Spittal, P. M., Kerr, T., et al. 2003. **Requiring help injecting as a risk factor for HIV infection in the Vancouver epidemic: implications for HIV prevention.** *Canadian Journal of Public Health* 94(5) 355-360.

BACKGROUND: Requiring help injecting was recently associated with syringe sharing, and later HIV-1 and HCV seroconversion among injection drug users (IDU) in Vancouver. This risk factor remains poorly understood. The present study investigates this risk factor among Vancouver IDUs. METHODS: We evaluated factors associated with requiring help injecting among participants enrolled in the Vancouver Injection Drug User Study (VIDUS) using univariate and logistic regression analyses. VIDUS participants who were followed-up during the period December 2000 to December 2001 were eligible for the present analyses. We also evaluated self-reported reasons for requiring help injecting. RESULTS: Overall, 661 active injection drug users were interviewed during the study period. Among this population, 151 (22.8%) had required help injecting during the last six months, whereas 510 (77.2%) indicated that they had not. Variables that were independently associated with requiring help injecting included borrowing a used syringe (adjusted odds ratio [AOR] = 2.18), frequent cocaine injection (AOR = 1.57), and female gender (AOR = 2.29). Among males, the most common reasons for requiring help injecting were: having no viable veins (77.1%), and anxiousness or being drug sick (42.9%). Among females, the most common reasons reported were: having no viable veins (71.6%), jugular injection or 'jugging' (45.7%), and being anxious or drug sick (27.2%). Almost twice as many females (13.6% vs 7.1%) reported not knowing how to inject as their reason for requiring help injecting. CONCLUSION: Although current public health approaches, such as needle exchange, are unable to address the concerns associated with requiring help injecting, available evidence suggests that safer injecting facilities have the potential to substantially mitigate this risk behaviour

Zurhold, H., Degkwitz, P., Verthein, U., et al. 2003. **Drug consumption rooms in**

Hamburg, Germany: Evaluation of the effects on harm reduction and the reduction of public nuisance. *Journal of Drug Issues* 33(3) 663-688.

In order to evaluate the impact of consumption rooms (CRs) on the promotion of health among drug users and the reduction of the public nuisance of drug use, a study examining CRs in three countries was carried out in 2000. The study, supported by the European Commission, examined CRs in Rotterdam (The Netherlands), Innsbruck (Austria), and Hamburg (Germany). This paper evaluates the findings from the study of Hamburg CRs. In order to get evidence-based information on the effects of CRs, 616 drug users in the Hamburg drug scene or in the vicinity of low-threshold institutions were investigated with a standardized questionnaire. Qualitative problem-centered interviews were also carried out with staff members of the CRs, and representatives from the community, including neighborhood residents, business people, police, and politicians. Research findings show that the Hamburg CRs reached the target group of drug users who practice risky behaviors and engage in public drug use. Findings also show that the Hamburg CRs lead to positive changes in health-related behavior for drug users. In addition, the findings indicate that the Hamburg CRs played an important role in the reduction of public disturbances in the vicinity of open drug scenes.

2002. **German drug rooms reduce drug-related deaths.** *Alcoholism & Drug Abuse Weekly* 14(19) 8-8.

Reports on the development of drug-consumption rooms with contributing to a decline in drug-related deaths in Germany. Effectiveness of drug-consumption rooms developed; Availability of the services; Advantages of the development. L2 - Available from EBSCOhost in

http://linker.worldcat.org/?rft.institution_id=143915&spage=8&pkgName=heh&issn=1042-

[1394&linkclass=to_article&jKey=ADW&issue=19&provider=EBSCOhost&date=2002-05-02&atitle=German+drug+rooms+reduce+drug-related+deaths.&title=Alcoholism+%26+Drug+Abuse+Weekly&rft.content=fulltext%2Cprint&linkScheme=ebscoh.athens&jHome=http%3A%2F%2Fsearch.ebscohost.com%2Fdirect.asp%3Fdb%3Dheh%26jid%3DADW%26scope%3Dsite&volume=14&dbKey=heh&rft.order_by=preference&linktype=best](http://linker.worldcat.org/?rft.institution_id=143915&spage=8&pkgName=heh&issn=1042-1394&linkclass=to_article&jKey=ADW&issue=19&provider=EBSCOhost&date=2002-05-02&atitle=German+drug+rooms+reduce+drug-related+deaths.&title=Alcoholism+%26+Drug+Abuse+Weekly&rft.content=fulltext%2Cprint&linkScheme=ebscoh.athens&jHome=http%3A%2F%2Fsearch.ebscohost.com%2Fdirect.asp%3Fdb%3Dheh%26jid%3DADW%26scope%3Dsite&volume=14&dbKey=heh&rft.order_by=preference&linktype=best)

Kelly, C. & Conigrave, K. M. 2002. **The Sydney Medically Supervised Injecting Centre: A controversial public health measure.** *Australian and New Zealand Journal of Public Health* 26(6) 552-554.

Background: Injecting drug use remains a major public health concern, particularly because of opiate overdose and transmission of blood-borne viruses. Sydney's Medically Supervised Injecting Centre (MSIC) opened on a trial basis in May 2001 in an effort to reduce the harms of drug use. In this report, we provide a brief overview of the reported public health impact of supervising injecting facilities (SIFs) and review the history and early process evaluations of the Sydney Centre. Methods: Medline, Internet searches and perusal of bibliographies of articles were used to identify key English language publications on SIFs. These were supplemented by interview with the Medical Director of Sydney MSIC, Dr Ingrid van Beek. Discussion and conclusions: It is difficult to be certain of the public health impact of SIFs but

evidence from overseas and Sydney's early process evaluations provide promise that they may make a positive contribution to health.

Darke, S., Kaye, S. & Ross, J. 2001. **Geographical injecting locations among injecting drug users in Sydney, Australia.** *Addiction* 96(2) 241-246.

Aims. To document the geographical injection locations of IDU, and the factors and harms associated with injecting in public places. Design. Cross-sectional survey. Setting. Sydney, Australia. Participants. Two hundred injecting drug users. Findings. Nearly all subjects (96%) had injected in a public place, and 89% had done so in the preceding 6 months. Large proportions had injected in all locations studied, including cars (90%), public toilets (81%), the street (80%) and trains (55%). Injecting in public places also occurred frequently, with 53% of subjects having injected often in at least one public location during the preceding 6 months. Twenty-seven per cent of subjects had injected often in the street over the preceding 6 months, 22% had injected often in cars and 17% had injected often in public toilets. Frequent injectors in public places were more likely to be male, and to have overdosed in the preceding 6 months, injected significantly more drug classes in the preceding 6 months, injected in more bodily injecting sites in the preceding 6 months and had more current injection-related problems than other IDU. Conclusions. Injecting in public places was practised by the overwhelming majority of the sample, and a pattern of increased harm was associated with frequent public injecting. In attempting to quantify the harm associated with injecting, and to reduce such harm, the locations injections take place in are of major importance.

Dietze, P., Fry, C., Rumbold, G., et al. 2001. **THE CONTEXT, MANAGEMENT AND PREVENTION OF HEROIN OVERDOSE IN VICTORIA, AUSTRALIA: THE PROMISE OF A DIVERSE APPROACH.** *Addiction Research & Theory* 9(5) 437-458.

Heroin overdose is a common experience amongst heroin users in Victoria, Australia and presents an increasingly serious public health problem for the Victorian community. The number of heroin-related fatalities has increased from 49 in 1991 to 268 in 1998 while the numbers of non-fatal heroin overdoses attended by ambulances in the capital city, Melbourne, increased from 157 per month in June 1998 to a peak of 382 per month in March 1999. These large increases in heroin related mortality and morbidity derive from a variety of factors including recent changes in the heroin market as well as particular risk behaviours heroin users engage in. Widespread recognition of the urgency of the problem of heroin overdose has resulted in a diversity of effort aimed at minimising this key heroin-related harm in Victoria. A Victorian Heroin Overdose Working Group has been established with representation from a variety of government and nongovernment sectors. Prevention and education focused initiatives have been undertaken ranging from peer education about overdose prevention and training in resuscitation techniques to a new service provides individuals who have recently experienced a nonfatal overdose with counselling and referral. A number of new initiatives are either currently being trialed or under consideration including a service targeting those who have recently experienced non-fatal heroin overdose, the provision of supervised injecting facilities, and the establishment of a recovery

space for young people who are either intoxicated or have experienced a heroin overdose. While evidence as to the effectiveness of these initiatives has yet to be collected, the diverse nature of the approach taken in Victoria is an appropriate response to what is a complex problem. [ABSTRACT FROM AUTHOR]

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Wood, E., Tyndall, M. W., Spittal, P. M., et al. 2001. **Unsafe injection practices in a cohort of injection drug users in Vancouver: Could safer injecting rooms help?** *CMAJ* 165(4) 405-410.

BACKGROUND: In several European countries safer injecting rooms have reduced the public disorder and health-related problems of injection drug use. We explored factors associated with needle-sharing practices that could potentially be alleviated by the availability of safer injecting rooms in Canada. **METHODS:** The Vancouver Injection Drug User Study is a prospective cohort study of injection drug users (IDUs) that began in 1996. The analyses reported here were restricted to the 776 participants who reported actively injecting drugs in the 6 months before the most recent follow-up visit, during the period January 1999 to October 2000. Needle sharing was defined as either borrowing or lending a used needle in the 6-month period before the interview. **RESULTS:** Overall, 214 (27.6%) of the participants reported sharing needles during the 6 months before follow-up; 106 (13.7%) injected drugs in public, and 581 (74.9%) reported injecting alone at least once. Variables independently associated with needle sharing in a multivariate analysis included difficulty getting sterile needles (adjusted odds ratio [OR] 2.7, 95% confidence interval [CI] 1.8-4.1), requiring help to inject drugs (adjusted OR 2.0, 95% CI 1.4-2.8), needle reuse (adjusted OR 1.8, 95% CI 1.3-2.6), frequent cocaine injection (adjusted OR 1.6, 95% CI 1.1-2.3) and frequent heroin injection (adjusted OR 1.5, 95% CI 1.04-2.1). Conversely, HIV-positive participants were less likely to share needles (adjusted OR 0.5, 95% CI 0.4-0.8), although 20.2% of the HIV-positive IDUs still reported sharing needles. **INTERPRETATION:** Despite the availability of a large needle-exchange program and targeted law enforcement efforts in Vancouver, needle sharing remains an alarmingly common practice in our cohort. We identified a number of risk behaviours--difficulty getting sterile needles, needle sharing and reuse, injection of drugs in public and injecting alone (one of the main contributing causes of overdose)--that may be alleviated by the establishment of supervised safer injecting rooms.

Strang, J., Marsden, J., Cummins, M., et al. 2000. **Randomized trial of supervised injectable versus oral methadone maintenance: report of feasibility and 6-month outcome.** *Addiction (Abingdon, England)* 95(11) 1631-45.

AIM: To assess the feasibility of a randomized clinical trial of supervised injectable versus oral methadone maintenance and to assess medium-term

treatment outcomes. **DESIGN:** Randomized clinical trial of supervised injectable versus supervised oral methadone maintenance treatment (MMT). Trial participants were dependent illicit opiate injectors allocated at intake to supervised injectable or oral methadone maintenance treatment. **SETTING:** Specialist addictions treatment centre in South London. **SUBJECTS:** Forty dependent illicit opiate injectors seeking methadone maintenance treatment. **INTERVENTIONS:** Daily supervised injectable and oral methadone maintenance, delivered at the treatment centre. **MAIN OUTCOME MEASURES:** Frequency of illicit heroin use and frequency of illicit drug injecting during 30 days before intake to treatment and prior to 6-month follow-up. **SECONDARY OUTCOME MEASURES:** frequency of use of illicit methadone, crack cocaine, benzodiazepines and alcohol, physical and psychological health symptoms and acquisitive crime. **RESULTS:** Injectable and oral MMT were both generally acceptable to the study participants: there was a high level of agreement to enter the randomized trial, and subsequent retention in treatment was good. The average number of days of illicit heroin use reduced from 22.2 to 7.6 for the injectable MMT group and from 22.4 to 8.7 for the oral MMT group. The average number of days of illicit injecting reduced from 25.7 to 10.8 days for the injectable group and from 20.1 to 11.9 days for the oral group. Patients' physical and psychological health symptoms and involvement in acquisitive crime also reduced in both groups. Treatment satisfaction ratings at follow-up were higher among patients in the injectable MMT group. The ratio for the actual medication costs between injectable and oral MMT was 6.8:1, and for the direct operational costs was 4.7:1. There was some evidence of a differential patient response with greater reductions in heroin use occurring among patients who were daily illicit injectors and had poorer psychological and physical health (at entry) who were allocated to injectable MMT. **CONCLUSIONS:** Conduct of the trial has demonstrated that it is feasible to implement supervised injectable methadone maintenance treatment in the context of (although separate from) a specialist oral methadone maintenance service. Patients assigned to receive either supervised injectable or oral MMT had broadly equivalent, positive during-treatment outcomes at 6-month follow-up. Future studies should seek to identify patient characteristics which are linked to good outcome in injectable MMT. Practical evidence-based guidance to physicians about determining which patients are more suitable for injectable MMT is urgently needed.

A second chance for the UK to reduce drug-misuse deaths, Lancet.

Burton, B. **Trial of supervised drug injecting room considered a success.** *BMJ: British Medical Journal* 327(7407) 122.

; An evaluation report into an 18 month trial of Australia's first medically supervised injecting centre has cleared the way for the continuation of the \$A2. A total of 409 incidents of drug overdose were recorded--including 329 from heroin and 60 from cocaine--though none were fatal.

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Schulte, B., Schmidt, C. S., Strada, L., et al. 2016. **Non-prescribed use of opioid substitution medication: patterns and trends in sub-populations of opioid users in Germany.** *International Journal of Drug Policy* 29 57-65.
Background: Non-prescribed use of opioid substitution medication (NPU)

appears to represent a relevant source of opioids among European drug users. Little is known about the prevalence of NPU in Germany and possible differences between subgroups of opioid users. The present study examines NPU and other drug use patterns among drug consumption room (DCR) clients, opioid substituted DCR clients, and patients recruited in opioid substitution treatment (OST) practices. Methods: Cross-sectional data was collected in 2011 from 842 opioid users in 10 DCRs and 12 OST practices across 11 German cities. Structured interviews comprised indicators for socio-demographics, health status, drug use, motives for NPU, and the availability and price of illicit substitution medication. Group differences were examined with one-way ANOVAs, chi-square tests, or t-tests, and factors for NPU were included in a multivariate model. Over-time comparisons were performed with similar data collected in 2008. Results: Lifetime, 30-day and 24-h NPU prevalence for the total sample was 76.5%, 21.9%, and 9.3%, respectively, with methadone being the most frequently used substance. NPU, poly-drug use and injection drug use were more common among DCR clients, especially among DCR clients not in OST. The three groups featured distinct socio-demographic characteristics, with substituted patients being more socially integrated, while few differences in health parameters emerged. Motives for NPU were mostly related to potential shortcomings of OST, such as insufficient dosages, difficulties with transportation, and lack of access. NPU prevalence was found to be higher than in 2008, while injection rate of substitution medication was similarly low. Main factors associated with NPU were not being in OST, past 24-h use of other drugs, and younger age. Conclusion: Although diverted methadone or buprenorphine are rarely used as main drugs, NPU is prevalent among opioid users, particularly among DCR clients not in OST. OST reduces NPU if opioid users' needs are met.

Prior, J. & Crofts, P. 2015. **Shooting Up Illicit Drugs with God and the State: The Legal-Spatial Constitution of Sydney's Medically Supervised Injecting Centre as a Sanctuary.** *Geographical Research*.

Havinga, P., van, C. V., de, A., et al. 2014. **Differences in sociodemographic, drug use and health characteristics between never, former and current injecting, problematic hard-drug users in the Netherlands.** *Harm reduction journal* 11.

Injecting drug users are at increased risk for harmful effects compared to non-injecting drug users. Some studies have focused on differences in characteristics between these two groups (e.g., housing, overall health). However, no study has investigated the specific Dutch situation which in the last years has seen a decrease in homelessness among problematic hard-drug users and an increasing focus on physical health in low-threshold addiction care. The purpose of this study was to determine differences in sociodemographic, drug use and health characteristics between never-injecting (NIDUs), former-injecting (FIDUs) and current-injecting drug users (IDUs) and describe injecting practices. A total of 202 problematic hard-drug users (NIDU = 64; FIDU = 76; IDU = 62) were recruited from 22 low-threshold care facilities, including drug consumption rooms, methadone maintenance treatment, heroin-assisted therapy, day shelter and/or night shelter, supported housing and day activity centres. Data were collected on-site through

structured face-to-face interviews. Results indicate that IDUs represented a separate group of problematic hard-drug users, with distinct sociodemographic and drug use characteristics. Overall, IDUs appeared to be the group with least favourable characteristics (unstable housing/homelessness, illegal activities, polydrug use) and NIDUs appeared to have the most favourable characteristics (stable housing, help with debts, less polydrug use). The FIDU group lies somewhere in between. The three groups did not differ significantly in terms of health. Regarding injecting practices, results showed that majority of IDUs had injected drugs for over 10 years and IDUs injected heroin, cocaine, amphetamine and/or methadone in the past 6 months. Sharing syringes was not common. A quarter reported public injecting. Unstable housing and homelessness are related to (former) injecting drug use, and stable housing is related to never-injecting drug use. Our study suggests that the number of 'new' IDUs is low. However, public injecting among IDUs is not uncommon and is associated with unstable housing. This emphasizes the potential of housing projects as a component of harm reduction measures. Therefore, prevention of (risks associated with) injecting drug use and supported housing programmes for problematic hard-drug users deserve the continuous attention of policymakers and professionals in low-threshold addiction care.

Houborg, E. & Frank, V. A. 2014. **Drug consumption rooms and the role of politics and governance in policy processes.** *International Journal of Drug Policy* 25(5) 972-977.

Background: In 2012 after more than 20 years of discussion Denmark introduced drug consumption facilities as part of its drug policy. This article investigates the processes that led to this new policy and its implementation in Copenhagen. The aim of the article is to analyze if the new policy and its implementation can be understood in terms of a shift from 'government' to 'governance' in drug policy. On this basis the aim is also to discuss the possibilities and limitations of 'governance' as an analytical perspective for understanding policy change in the field of drug policy. Methods: Through the use of Kingdon's theory about policy change as following alignments of problem streams, policy streams and politics streams and deployment of Callon's concepts of 'framing' and 'overflowing' the article presents an analysis of recorded communication from the public debate and national and local policy processes. Results: Politics and the authority of government played a key role in the policy change that led to the introduction of drug consumption facilities in Denmark. It was only after a change of government and a change of legislation that a new policy came about. Drug consumption facilities did exist on a small scale before this through acts of civil disobedience committed by civil society stakeholders. Conclusion: The space for governance seems to be limited in a drug policy that is prohibitive, at least when it touches upon issues that concern law enforcement and the sovereign power of the state.

McNeil, R., Shannon, K., Shaver, L., et al. 2014. **Negotiating place and gendered violence in Canada's largest open drug scene.** *The International Journal On Drug Policy* 25(3) 608-615.

Background: Vancouver's Downtown Eastside is home to Canada's largest

street-based drug scene and only supervised injection facility (Insite). High levels of violence among men and women have been documented in this neighbourhood. This study was undertaken to explore the role of violence in shaping the socio-spatial relations of women and 'marginal men' (i.e., those occupying subordinate positions within the drug scene) in the Downtown Eastside, including access to Insite.; Methods: Semi-structured qualitative interviews were conducted with 23 people who inject drugs (PWID) recruited through the Vancouver Area Network of Drug Users, a local drug user organization. Interviews included a mapping exercise. Interview transcripts and maps were analyzed thematically, with an emphasis on how gendered violence shaped participants' spatial practices.; Results: Hegemonic forms of masculinity operating within the Downtown Eastside framed the everyday violence experienced by women and marginal men. This violence shaped the spatial practices of women and marginal men, in that they avoided drug scene milieus where they had experienced violence or that they perceived to be dangerous. Some men linked their spatial restrictions to the perceived 'dope quality' of neighbourhood drug dealers to maintain claims to dominant masculinities while enacting spatial strategies to promote safety. Environmental supports provided by health and social care agencies were critical in enabling women and marginal men to negotiate place and survival within the context of drug scene violence. Access to Insite did not motivate participants to enter into "dangerous" drug scene milieus but they did venture into these areas if necessary to obtain drugs or generate income.; Conclusion: Gendered violence is critical in restricting the geographies of men and marginal men within the street-based drug scene. There is a need to scale up existing environmental interventions, including supervised injection services, to minimize violence and potential drug-related risks among these highly-vulnerable PWID.; Copyright © 2013 Elsevier B.V. All rights reserved.

Cortina, S. C. 2013. **Stigmatizing harm reduction through language: a case study into the use of "addict" and opposition to supervised injection sites in Canada.** *Journal Of Addictions Nursing* 24(2) 102-107.

Stigma continues to be the largest barrier for accessing treatment among people experiencing drug addiction. The dominant portrayals that exist about people who use drugs are often damaging and act to dehumanize the group as a whole. When left unchallenged, stereotypes can act as truthful depictions and facilitate the resistance against harm reduction services that are based on a human rights model. The use of labels is one way stigma is perpetuated by eliciting the label's stereotyped narratives onto an individual or group. Within harm reduction discourse, the word "addict" can have detrimental effects on how the public perceives people experiencing addiction and their deservingness of pragmatic services. This article aims to draw attention to the inattention we give "addict" in language and explain how its routine use in society acts to perpetuate addiction stigma. Using the example of supervised injection site opposition in Canada, the use of "addict" is used as a way to understand how stigma through language works to impede the expansion of harm reduction initiatives.;

Francois, A., Baudin, M. & Broers, B. 2013. **Needlestick injuries among professionals in a safe injecting facility.** *Suchtmedizin in Forschung und*

Praxis 15(4).

Introduction: As a part of the Swiss drug policy, a safe use facility, Quai 9, opened in Geneva in 2001. Since the opening 288 202 injections took place in the safe injecting room; 897 868 syringes were distributed for external use and 793 002 were returned. A screening study in 2010 revealed a 5% HIV prevalence and a 79% HCV prevalence among injectors. Security rules have been developed in order to minimize risks of professional needlestick injuries, as well as a protocol of immediate disinfection, medical consultation and declaration of accidents. Systematic HBV vaccination was encouraged. The objective of this study is to investigate the number, context and follow-up of professional blood exposure incidents at Quai 9 between December 2001 and April 2013. **Methods:** Retrospective review of all professional incidents with blood exposure, including serologies after six months. **Results:** 10 blood exposure accidents occurred: 9 needlestick injuries and one with blood spread in the eye. In all cases the post-incident protocol was applied. In 8 cases HIV post-exposition prophylaxis was prescribed. Six months after exposition, no HIV, hepatitis B and C seroconversions were detected. **Conclusion:** Working in a safe use facility exposes to risk of needlestick injury, even when security protocols exist. Nevertheless, even in a high risk environment, with immediate disinfection and PEP prescription if necessary, seroconversion of HIV, hepatitis B or C is not the rule. We suggest all health professionals in a safe use facility should be vaccinated against hepatitis B, and trained for the application of a post-incident protocol of thorough disinfection and after-care to avoid any professional viral diseases.

Leicht, A., Dettmer, K., Blattner, N., et al. 2013. **Brief interventions-innovative approaches for preventing infections with hepatitis C among drug users.** *Suchtmedizin in Forschung und Praxis* 15(4).

Introduction: Infections with hepatitis C (HCV) are highly prevalent among injecting drug users. With the aim to reduce the drug users' risk to become infected with HCV, the NGO Fixpunkt e.V. develops brief interventions to be carried out in lowthreshold settings. **Methods:** A variety of interventions which are based upon models of early and brief interventions have been newly developed and implemented. They are based on the staffs' observations of drug user's procedures in drug consumption rooms and intensive discussions with drug users. The concept of each intervention (aims, procedures and definition of success) is described in a manual. All interventions include a personal contact between staff and drug user and a so-called "incentive". Posters and special equipment might be added. Each intervention promotes one central message, for example * Think about alternatives to injecting if risks are too high, * Take care not to mix up your equipment with other people's equipment, * Clean your hands before injecting. **Results:** The following criteria are important for a good acceptance and success of transporting prevention messages: * advice and feedback of drug users and experienced staff is essential, * the core intervention should not exceed 5 minutes. It should be an impulse for further (counselling which is not part of the intervention), * the message should be transported in an interactive and multimodal manner (personal individualised talk, written information, additional materials) which help to understand the messages and connect them with the own living situation. **Conclusion:** Brief interventions focused on

prevention of HCV are feasible in low-threshold settings. They have to be evaluated and developed continuously and should be adopted to local conditions. Manuals support staff to clearly understand and perform the intervention, ensure that know-how doesn't get lost and can be transmitted to other organisations.

Roncero, C., Martínez-Luna, N., Daigre, C., et al. 2013. **Psychotic symptoms of cocaine self-injectors in a harm reduction program.** *Substance abuse* 34(2) 118.

Psychotic symptoms are common among cocaine users. An observational naturalistic study on the effects and events of intravenous cocaine use in a drug consumption room was carried out; the patients were diagnosed of cocaine dependence (according to the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision). Twenty-one patients, 81% men self-injected cocaine 375 times. Psychotic symptoms were observed in 62% of the patients and 21% of the self-injections; delusions were observed in 9.3%, psychotic self-reference with insight in 9.1%, illusions in 6.4%, and hallucinations in 5.3%. A higher presence of psychotic symptoms was noted with cannabis used in the previous month (76.9% versus 44.4%; $P = .001$) (no psychotic symptoms group); also, a greater use of benzodiazepines was observed: 75.6% versus 63.6% ($P = .046$). Lower use of methadone in the group with psychosis was observed: 75.6% versus 97.3% ($P = .001$). Motor alterations were tremor 58%, stereotyped movements 24%, and behaviour alteration 6%, significantly more frequent in the psychotic group. Thus, there was a high frequency of psychotic symptoms after intravenous cocaine use; patients with psychotic symptoms reported higher use of cannabis and benzodiazepines in the previous month and lower use of methadone. More tremors and stereotyped movements were observed in the group with psychotic symptoms. It is necessary to give a special approach to cocaine intravenous users.

Armstrong, G., Chumben, H. & Kermode, M. 2011. **HIV risk behaviours among injecting drug users in Northeast India following scale-up of a targeted HIV prevention programme.** *BMC Public Health* 11(Suppl. 6) S9-S9.

Background: In the Northeast Indian states of Manipur and Nagaland there has been an ongoing HIV epidemic among injecting drug users (IDUs) since the mid-1990s. Project ORCHID is an Avahan-funded HIV prevention project that has been working in selected districts of Manipur and Nagaland since 2004. It supports local partner non-government organisations (NGOs) to deliver a range of harm reduction interventions, and currently reaches approximately 14,500 IDUs across the two states. To assess changes in HIV risk behaviours two Behavioural Tracking Surveys (BTS) were undertaken among IDUs in 2007 and 2009. Methods: The BTS used respondent driven sampling (RDS) to recruit adult male IDUs (18 years of age and above) from Ukhrul and Chandel districts in Manipur, and Kiphire and Zunheboto districts in Nagaland. This paper reports on analysis of socio-demographics, drug use and injecting practices, sexual behaviour and condom use, knowledge of HIV, and exposure to interventions. Descriptive data were analysed using RDSAT, and odds ratios were calculated in SPSS. Results: The proportion of IDUs reporting NOT sharing needles/syringes at last injection increased

substantially in Ukhrul (59.6% to 91.2%) and Zunheboto (45.5% to 73.8%), remained high in Chandel (97.0% to 98.9%), and remained largely unchanged in Kiphire (63.3% to 68.8%). The use of condoms with regular partners was low in all districts at both time points. In Ukhrul, Kiphire and Zunheboto the proportion of IDUs using condoms during sexual intercourse with a casual partner increased substantially to approximately 70-85%, whilst in Chandel the increase was only marginal (57.4% to 63.6%). Exposure to NGO HIV prevention interventions was significantly associated ($p < 0.05$) with lower odds of sharing needles during the previous month (Nagaland, OR=0.63; Manipur, OR 0.35). Conclusion: Despite district-level differences, the results from this BTS study indicate that exposure to HIV prevention services, predominately delivered in this region by NGOs, is associated with a reduced likelihood of engaging in HIV risk behaviours. IDUs using HIV prevention services are more likely to engage in safe injecting and sexual practices, and effort is required to sustain/increase opportunities for IDUs to access these services. These outcomes are a noteworthy achievement in a very challenging context.

Parkin, S. & Coomber, R. 2011. **Public injecting drug use and the social production of harmful practice in high-rise tower blocks (London, UK): A Lefebvrian analysis.** *Health & Place* 17(3) 717-727.

This paper presents, qualitative findings relating to specific environments hitherto unrecognised as settings used for the injecting-use of illicit drugs in an urban setting. This concerns the temporary appropriation of communal space within high-rise social-housing by injecting drug users (IDU); specifically those settings used by tower-block residents for garbage disposal ('bin chute rooms'). These environments were found to be used on daily, habitual bases by all IDU interviewed during the study. Such settings were found to contribute to a wide range of injecting-related harm and hazard. These findings further debate concerning the negative effect of place on health risk in the context of 'public' injecting drug use. These results are situated within Lefebvre's theoretical framework concerning the 'production of space'. It is contended that the 'representational spaces' shaped by IDU creates a dialectic between wider 'spatial practice' and 'representations of space'. Accordingly, it is further suggested that particular 'spaces' of harm reduction (such as 'safer injecting facilities') should be considered in UK settings in order to address injecting-related harm.

Rance, J. & Fraser, S. 2011. **Accidental intimacy: Transformative emotion and the Sydney Medically Supervised Injecting Centre.** *Contemporary Drug Problems* 38(1) 121-145.

The article investigates an aspect of supervised injecting facilities (SIFs), that is, the relationships forged between staff and clients within these settings. It analyzes entries made in the Sydney Medically Supervised Injecting Centre's client comment books in order to examine the centrality of emotional connection to client's experiences of the service. It contends that daily contact between staff and clients counters the sensations of shame cited by many in the comment books.

Marshall, B. D. L., Kerr, T., Qi, J., et al. 2010. **Public injecting and HIV risk**

behaviour among street-involved youth. *Drug And Alcohol Dependence* 110(3) 254-258.

Background: Although street-involved youth who inject illicit drugs are known to be at an increased risk of HIV and other adverse health outcomes, little is known about public injecting among this population and how injecting in public environments may impact HIV risk behaviour.; Methods: We used data derived from a study of 560 street-involved youth in Vancouver, Canada to examine the factors associated with injecting in public environments among youth who reported injecting drugs in the past 6 months.; Results: At baseline, 162 (28.9%) reported injecting drugs in the past 6 months. Among injectors, the 124 (76.5%) participants who reported injecting in public were more likely to be homeless (odds ratio [OR]=6.39, $p<0.001$), engage in unprotected intercourse (OR=3.09, $p=0.004$), deal drugs (OR=2.26, $p=0.032$), smoke crack cocaine (OR=3.00, $p=0.005$), inject heroin (OR=3.48, $p=0.001$), drop used syringes outdoors (OR=8.44, $p<0.001$), share syringes (OR=4.43, $p=0.004$), and were less likely to clean injection sites $>75\%$ of the time (OR=0.36, $p=0.008$). The majority (62.1%) reported feeling rushed while injecting in public.; Conclusions: Youth who inject in public are significantly more likely to engage in sexual and injection-related risk behaviour. Given the known elevated rates of HIV infection and other harms among this population, youth-focused interventions that target both sexual and drug-related risks associated with public drug-using environments are in urgent need of evaluation.; Copyright (c) 2010 Elsevier Ireland Ltd. All rights reserved.

Milloy, M. J., Wood, E., Lloyd-Smith, E., et al. 2010. **Recent incarceration linked to cutaneous injection-related infections among active injection drug users in a Canadian setting.** *Journal of Community Health* 35(6) 660-666.

Cutaneous injection-related infections (CIRI), such as abscesses and cellulitis, are the cause of a substantial burden of morbidity and mortality among injection drug users (IDU). The possible contribution of exposure to correctional environments to CIRI risk has not been fully investigated. Thus, we sought to test the possible relationship between incarceration and CIRI using data from a community-based sample of IDU. Data for these analyses was from the Scientific Evaluation of Supervised Injecting (SEOSI) cohort, linked with administrative records of a local ED in Vancouver, Canada. Using longitudinal analysis we assessed the relationship between the number of ED visits for CIRI care and recent incarceration in a multivariate model including information on possible confounders. Between June 2004 and December 2006, 901 individuals were eligible for our analysis. Of these, 214 (9.6%) visited the ED for CIRI care at least once during the study period. The incidence of ED care for CIRI was 72.9 per 100 person years. In a multivariate model, recent incarceration was associated with a greater number of ED visits for CIRI care (adjusted relative rate=1.56, 95% confidence interval: 1.31-1.85, $P<0.001$). The need for ED treatment for CIRI was common among a sample of local IDU. Exposure to correctional environments was an independent risk factor for visiting the ED for CIRI care, suggesting improvements in infection control in local prisons is urgently needed.

Ritter, A. & Bammer, G. 2010. **Models of policy-making and their relevance for drug research.** *Drug and Alcohol Review* 29(4) 352-357.

DeBeck, K., Small, W., Wood, E., et al. 2009. **Public injecting among a cohort of injecting drug users in Vancouver, Canada.** *Journal of Epidemiology and Community Health* 63(1) 81-86.

Heller, D. I., Paone, D., Siegler, A., et al. 2009. **The syringe gap: An assessment of sterile syringe need and acquisition among syringe exchange program participants in New York City.** *Harm Reduction Journal* 6.

Background: Programmatic data from New York City syringe exchange programs suggest that many clients visit the programs infrequently and take few syringes per transaction, while separate survey data from individuals using these programs indicate that frequent injecting - at least daily - is common. Together, these data suggest a possible "syringe gap" between the number of injections performed by users and the number of syringes they are receiving from programs for those injections. Methods: We surveyed a convenience sample of 478 injecting drug users in New York City at syringe exchange programs to determine whether program syringe coverage was adequate to support safer injecting practices in this group. Results: Respondents reported injecting a median of 60 times per month, visiting the syringe exchange program a median of 4 times per month, and obtaining a median of 10 syringes per transaction; more than one in four reported reusing syringes. Fifty-four percent of participants reported receiving fewer syringes than their number of injections per month. Receiving an inadequate number of syringes was more frequently reported by younger and homeless injectors, and by those who reported public injecting in the past month. Conclusion: To improve syringe coverage and reduce syringe sharing, programs should target younger and homeless drug users, adopt non-restrictive syringe uptake policies, and establish better relationships with law enforcement and homeless services. The potential for safe injecting facilities should be explored, to address the prevalence of public injecting and resolve the 'syringe gap' for injecting drug users. © 2009 Heller et al; licensee BioMed Central Ltd.

Parkin, S. & Coomber, R. 2009. **Public injecting and symbolic violence.** *Addiction Research & Theory* 17(4) 390.

The concept of symbolic violence as developed by Pierre Bourdieu concerns the way in which social and cultural control is tacitly maintained by the dominating and the dominated within a given milieu. This article considers Bourdieu's theory of symbolic violence in the context of public injecting environments in an urban location in the South West of England. Specifically, symbolic violence was considered to be present in the policies and practices of the local municipal council in question but also in the attitudes and beliefs of a sample of its employees dealing directly with public injectors. Similar structures and views were also noted within the local private sector (businesses and retail stores). Consequently, symbolic violence was interpreted in the displacement of public injecting sites, dispersal of drug users and within the negative opinions held of public injecting drug users. It is through these practices that symbolic violence precedes 'micro-spatial structural violence' involving the exacerbation of drug-related harm within the local setting. (PsycINFO Database Record (c) 2015 APA, all rights

reserved)(journal abstract)

Small, W., Rhodes, T., Wood, E., et al. 2007. **Public injection settings in Vancouver: physical environment, social context and risk.** *International Journal of Drug Policy* 18(1) 27-37.

While epidemiological investigations have documented elevated health harms associated with public injecting, further ethnographic research focused specifically on public injecting settings is required to develop greater understanding of how these environments influence the production of drug-related harm. We undertook preliminary ethnographic research, incorporating a structured environmental survey, observations and interviews with 50 local injectors, in Vancouver's Downtown Eastside (DTES). Our study aimed to document the physical locations and social context of public injecting settings, exploring how such venues interplay with injection-related health risks.

Findings show that DTES public injecting locations comprise a large network of alleyways, which are often unsanitary and constrain efforts to inject in a hygienic fashion. Due to fears of being intercepted by the police, physically assaulted, or robbed, injectors are preoccupied with 'hurrying and worrying' when injecting in public. Although individuals are concerned with matters of hygiene and avoiding infections associated with injecting, the perceived risks of public injection settings are primarily related to the presence of street predators and the police. Ecological features of public injecting environments serve to complicate the task of injecting, encourage 'rushing' during the injection process, and decrease the likelihood that public injectors will employ safer injecting practices. Future interventions must specifically target these micro risk environments. Innovative strategies are urgently needed to ensure that police operations in the open drug scene do not compromise public injectors' efforts to protect their health. Additionally, structural factors which perpetuate the large public injecting scene should be addressed through policy interventions that increase access to housing and public toilets as well as expanding the scope and capacity of the local drug consumption facilities.

Stoltz, J. A. M., Wood, E., Miller, C., et al. 2007. **Characteristics of young illicit drug injectors who use North America's first medically supervised safer injecting facility.** *Addiction Research and Theory* 15(1) 63-69.

Kittikraisak, W., Davidson, P. J., Hahn, J. A., et al. 2006. **Incarceration among young injectors in San Francisco: associations with risk for hepatitis C virus infection.** *Journal of Substance Use* 11(4) 271-282.

Background: We describe incarceration history (jail or prison) among a community-based sample of young injection drug users (IDU) (age<30 years) in San Francisco, and examine associations between selected socio-demographic and behavioral characteristics and hepatitis C virus (HCV), human immunodeficiency virus (HIV), and hepatitis B virus (HBV) infections. Methods: Cross-sectional baseline data from study of street-recruited young IDU in San Francisco were analyzed. Results: In a sample of 839 young IDU, median age was 22 years, 70% were male, 86% had a lifetime history of incarceration, and 56% had been incarcerated in the prior year. Serologic markers of HBV and HCV infections were significantly higher among those with any history of incarceration (29% and 42% respectively)

compared with those with no incarceration history. Variables independently associated with recent incarceration were gender (male), homelessness, increased years of injecting, and a history of having ever borrowed previously used needles for injecting. Variables independently associated with any lifetime history of incarceration included: gender (males), educational level, homelessness, increased years of injecting, and anti-HCV status. Conclusions: Interventions to increase geographic and social stability, such as safe transitional housing, and clean and safe injecting spaces, may also contribute greatly to reducing both incarceration and bloodborne infection in this young high-risk population.

Lintzeris, N., Strang, J., Metrebian, N., et al. 2006. **Methodology for the randomised injecting opioid treatment trial (RIOTT): Evaluating injectable methadone and injectable heroin treatment versus optimised oral methadone treatment in the UK.** *Harm Reduction Journal* 3 (no pagination)(28).

Whilst unsupervised injectable methadone and diamorphine treatment has been part of the British treatment system for decades, the numbers receiving injectable opioid treatment (IOT) has been steadily diminishing in recent years. In contrast, there has been a recent expansion of supervised injectable diamorphine programs under trial conditions in a number of European and North American cities, although the evidence regarding the safety, efficacy and cost effectiveness of this treatment approach remains equivocal. Recent British clinical guidance indicates that IOT should be a second-line treatment for those patients in high-quality oral methadone treatment who continue to regularly inject heroin, and that treatment be initiated in newly-developed supervised injecting clinics. The Randomised Injectable Opioid Treatment Trial (RIOTT) is a multisite, prospective open-label randomised controlled trial (RCT) examining the role of treatment with injected opioids (methadone and heroin) for the management of heroin dependence in patients not responding to conventional substitution treatment. Specifically, the study examines whether efforts should be made to optimise methadone treatment for such patients (e.g. regular attendance, supervised dosing, high oral doses, access to psychosocial services), or whether such patients should be treated with injected methadone or heroin. Eligible patients (in oral substitution treatment and injecting illicit heroin on a regular basis) are randomised to one of three conditions: (1) optimized oral methadone treatment (Control group); (2) injected methadone treatment; or (3) injected heroin treatment (with access to oral methadone doses). Subjects are followed up for 6-months, with between-group comparisons on an intention-to-treat basis across a range of outcome measures. The primary outcome is the proportion of patients who discontinue regular illicit heroin use (operationalised as providing >50% urine drug screens negative for markers of illicit heroin in months 4 to 6). Secondary outcomes include measures of other drug use, injecting practices, health and psychosocial functioning, criminal activity, patient satisfaction and incremental cost effectiveness. The study aims to recruit 150 subjects, with 50 patients per group, and is to be conducted in supervised injecting clinics across England. © 2006 Lintzeris et al; licensee BioMed Central Ltd.

Solai, S., Dubois-Arber, F., Benninghoff, F., et al. 2006. **Ethical reflections**

emerging during the activity of a low threshold facility with supervised drug consumption room in Geneva, Switzerland. *International Journal of Drug Policy* 17(1) 17-22.

van der Poel, A., Barendregt, C. & van de Mheen, D. 2006. **Drug users' participation in addiction care: different groups do different things.**

Journal Of Psychoactive Drugs 38(2) 123-132.

This study allocated 201 (nearly) daily users of heroin and/or crack into four groups, depending on their addiction care participation. Earlier studies have compared treatment groups and nontreatment groups. In this study the treatment group is divided into three categories: (1) drug users in contact with only treatment agencies--i.e., methadone maintenance, clinical and ambulant drug treatment; (2) drugs users in contact with only care agencies--i.e., day and night shelters and drug consumption rooms, which have no explicit aims to change patterns of drug use; and (3) drug users in contact with both treatment and care agencies. This allocation into three different groups fits the notion of harm reduction, one of the policy aims in The Netherlands. The fourth group consists of drug users in contact with neither treatment nor care agencies. The results show that it is useful to distinguish these four categories, instead of two. The four groups are different from each other with respect to some of their characteristics (e.g. debt situation, prostitution, homelessness) and their drug use (e.g. drug use in public, use of crack, and use of other drugs). A much clearer distinction can be made between the "care" group and the "treatment and care" group. Treatment and care agencies can thus better match their services to their clients or patients.;

Fitzgerald, J., Dovey, K., Dietze, P., et al. 2004. **Health outcomes and quasi-supervised settings for street injecting drug use.** *International Journal of Drug Policy* 15(4) 247-257.

Bammer, G., van den Brink, W., Gschwend, P., et al. 2003. **What can the Swiss and Dutch trials tell us about the potential risks associated with heroin prescribing?** *Drug And Alcohol Review* 22(3) 363-371.

Following on from last edition's Harm Reduction Digest on drug consumption facilities this Digest investigates what can be learnt from the Swiss and Dutch trials of heroin prescribing about the unintended consequences of this controversial intervention to reduce heroin-related harm. The authors of the paper bring considerable experience in the implementation and evaluation of such schemes in Europe and their consideration in Australia. The paper systematically addresses concerns about heroin prescribing and suggests further research to respond to some unanswered questions.;

Kerr, T., Wood, E., Small, D., et al. 2003. **Potential use of safer injecting facilities among injection drug users in Vancouver's Downtown Eastside.** *CMAJ* 169(8) 759-763.

Background: The Vancouver Coastal Health Authority will initiate North America's first sanctioned safer injecting facility, as a pilot project, on Sept. 15, 2003. The analyses presented here were conducted to estimate the potential use of safer injecting facilities by local illicit injection drug users (IDUs) and to evaluate the potential impact of newly established Health

Canada restrictions and current police activities on the use of the proposed facility. Methods: During April and May 2003, we recruited active IDUs in Vancouver's Downtown Eastside to participate in a feasibility study. We used descriptive and univariate statistics to determine potential use of a safer injecting facility and to explore factors associated with willingness to use such a facility with and without federal restrictions and police presence. Results: Overall, 458 street-recruited IDUs completed an interviewer- administered survey, of whom 422 (92%) reported a willingness to use a safer injecting facility. Those expressing willingness were more likely to inject in public (odds ratio [OR] 3.9, 95% confidence interval [CI] 1.9-8.0). When the restrictions in the Health Canada guidelines were considered, only 144 (31%) participants were willing to use a safer injecting facility. IDUs who inject alone were more likely (OR 1.8, 95% CI 1.0-3.1) and women were less likely (OR 0.6, 95% CI 0.4-0.9) to be willing to use a safer injecting facility operating under these restrictions. Only 103 (22%) of the participants said they would be willing to use a safer injecting facility if police were stationed near the entrance. Interpretation: Most IDUs participating in this study expressed a willingness to use a safer injecting facility. However, willingness declined substantially when the IDUs were asked about using a facility operating under selected Health Canada restrictions and in the event that police were stationed near the entrance.

Kimber, J., Macdonald, M., Van, I., et al. 2003. **The Sydney Medically Supervised Injecting Centre: Client characteristics and predictors of frequent attendance during the first 12 months of operation.** *Journal of Drug Issues* 33(3) 639-648.

This paper describes characteristics of clients registered in the first 12 months of the Sydney Medically Supervised Injecting Centre's (MSIC) operation, as well as predictors of frequent attendance. The study is based on information collected from clients at their initial registration and subsequent service utilization. Most of the 2,719 clients were male (71%), almost half had previously experienced at least one nonfatal heroin overdose, and one quarter had accessed formal drug treatment in the previous 12 months.

Characteristics associated with frequent attendance at the MSIC were reporting previous attendance at the local primary health service for injection drug users (IDU), injecting drugs other than amphetamine, reporting sex work, injecting at least daily, and injecting in a public place in the month before registration.

Darke, S., Ross, J. & Kaye, S. 2001. **Physical injecting sites among injecting drug users in Sydney, Australia.** *Drug and Alcohol Dependence* 62(1) 77-82.

A sample of 200 injecting drug users were interviewed about their bodily injection sites. The mean number of injection sites ever used by subjects was 3.1, with a mean of 2.0 sites used in the previous 6 months. Sixteen percent of subjects had injected in five or more sites. Almost all (99%) had injected in the cubital fossa (crook of the arm). The next most popular site was the forearm (71%). Other sites included the hand (53%), foot (19%), leg (18%), neck (10%) and groin (6%). There was a clear progression in sites used, from the cubital fossa at initial injection to the use of sites such as the groin after 10

years of injecting. Females had used significantly more injection sites than males and reported more injection-related problems. The use of more injection sites was independently associated with a greater number of injection-related problems and a greater number of drug classes ever injected. © 2001 Elsevier Science Ireland Ltd.

Dovey, K., Fitzgerald, J. & Choi, Y. 2001. **Safety becomes danger: dilemmas of drug-use in public space.** *Health & place* 7(4) 319.

This paper provides a socio-spatial analysis of injecting drug-use in public space. It focuses on one urban district in Melbourne, Australia, which has become strongly identified with heroin sale and use in public space. Selling activities are camouflaged within a diverse street life while injecting sites are dispersed through a broad diversity of laneways, car parks and toilets. These injecting zones occupy liminal places which slide between categories of private and public, and which mediate complex and paradoxical relations between safety and danger. Those who inject in public space are caught in a dilemma--needing both privacy and exposure in the event of an overdose, safety from police becomes danger from an overdose. This empirical work, based on interview and spatial analysis, is presented as a basis for theorizing the socio-spatial construction of heroin use and for assessing the prospects for safe injecting.

Kaltenbach, K. & Finnegan, L. 1998. **Prevention and treatment issues for pregnant cocaine-dependent women and their infants.** *Annals of the New York Academy of Sciences* 846 329-334.

The increase in cocaine use among pregnant women has created significant challenges for treatment providers. Drug-dependent women tend to neglect general health and prenatal care. Perinatal management is often difficult due to medical, obstetrical, and psychiatric complications. Research has demonstrated that comprehensive care, including high risk obstetrical care, psychosocial services, and addiction treatment can reduce complications associated with perinatal substance abuse. Research investigating the effectiveness of residential and outpatient treatment for pregnant cocaine-dependent women also suggests that many biopsychosocial characteristics and issues influence treatment outcomes. Homelessness and psychiatric illness require a more intensive level of care, and abstinence is difficult to maintain for many women in outpatient treatment as they continue to live in drug-using environments. To optimize the benefit of comprehensive services, services should be provided within a multilevel model of substance abuse treatment including long- and short-term residential, intensive outpatient, and outpatient settings.

Grey literature search using Google

I only did a verb quick search through Google-please let me know if you want a more in-depth search.

The following results come from grey literature sources and are not peer reviewed; they mainly tend to be reports. The referencing in some of these sources can vary between very good or non-existent. Therefore in some cases it can be difficult to

confirm where the evidence has come from. **Please review the sources** carefully before adding them to your piece of work.

European monitoring center for drugs and drug addiction (2016) **PERSPECTIVES ON DRUGS Drug consumption rooms: an overview of provision and evidence**

8 page document providing evidence an overview on DCRs

http://www.emcdda.europa.eu/attachements.cfm/att_239692_EN_Drug%20consumption%20rooms_POD2015.pdf check ref list to see if picked up reference list

European monitoring center for drugs and drug addiction (2011) **Evidence for the effectiveness of interventions to prevent infections among people who inject drugs Part 1: Needle and syringe programmes and other interventions for preventing hepatitis C, HIV and injecting**

103 pages technical report presenting results of two literature reviews. The aim of the reviews was to provide evidence to inform the recommendations made by ECDC and the EMCDDA in the 2011 publication 'Guidance on the prevention and control of infectious diseases among people who inject drugs'. The evidence presented here focuses on the effectiveness (and in some cases the cost-effectiveness) of the following interventions: the provision of needles and syringes; the provision of other (non-needle and syringe) drug preparation equipment; the provision of foil to stimulate route transition; the provision of information, education and counselling; knowledge of hepatitis C status; disease treatment; modes of service delivery including supervised injecting facilities; and access to, retention in, and combination of interventions. Additional evidence on the effectiveness of drug treatment is covered in a companion technical report 'Evidence for the effectiveness of interventions to prevent infections among people who inject drugs, Part 2: Drug treatment for preventing hepatitis C, HIV and injecting risk behaviour'. The evidence included in this report is based on published research and does not present exhaustive evidence for the effectiveness of public health interventions, as different types of evidence may be considered, for example expert opinion or 'best implementation practices'. There are also other reasons for providing some of the interventions reviewed here, such as to attract and attach users to services and, while such outcomes were out of the scope of this review, these factors may provide rationale to include certain interventions as part of successful multi-component intervention programmes, even in the absence of their effectiveness in decreasing hepatitis C, HIV, and injecting-risk behaviour.

http://ecdc.europa.eu/en/publications/Publications/111129_TER_ECDC-EMCDDA_report_part1.pdf

Reitox National Focal Point (2012) NATIONAL REPORT (2011 data) **TO THE EMCDDA New Development, Trends and in-depth information on selected issues**

The report provides an overview of the drug situation in Denmark. It is based on the most recent statistical and epidemiological data as well as current information on focus areas, projects, activities and strategies within drug prevention, harm reduction and treatment of drug users. In addition, the report provides an outline of applicable Danish law and politics within the drugs area.

http://www.emcdda.europa.eu/system/files/publications/725/Denmark_NR2012_443264.pdf

Bayoumi A M, Zaric G S(2009) **The cost-effectiveness of Vancouver's supervised injection facility**

The objective was to examine the cost-effectiveness of a supervised facility for injection drug users and persons infected with human immunodeficiency virus and hepatitis C virus, in comparison with no such facility. The authors concluded that the implementation of Vancouver's supervised facility improved clinical outcomes and reduced health service costs. On the whole, the study was well conducted and reported. The authors' conclusions appear to be valid.

<http://www.crd.york.ac.uk/crdweb/ShowRecord.asp?LinkFrom=OAI&ID=22008102400>

Appendix: Search strategies

HDAS (MEDLINE, EMBASE, CINAHL, BNI, PSYCINFO, AMED, HMIC, HEALTH BUSINESS ELITE)

Search History

1. AMED, EMBASE, HMIC, BNI, Medline, PsycInfo, CINAHL, HEALTH BUSINESS ELITE; "drug consumption room*".ti,ab; 127 results.
2. AMED, EMBASE, HMIC, BNI, Medline, PsycInfo, CINAHL, HEALTH BUSINESS ELITE; "safe consumption room*".ti,ab; 0 results.
3. AMED, EMBASE, HMIC, BNI, Medline, PsycInfo, CINAHL, HEALTH BUSINESS ELITE; "supervised injecting site*".ti,ab; 3 results.
4. AMED, EMBASE, HMIC, BNI, Medline, PsycInfo, CINAHL, HEALTH BUSINESS ELITE; DCR*.ti,ab; 7683 results.
5. AMED, EMBASE, HMIC, BNI, Medline, PsycInfo, CINAHL, HEALTH BUSINESS ELITE; "injecting site*".ti,ab; 87 results.
6. AMED, EMBASE, HMIC, BNI, Medline, PsycInfo, CINAHL, HEALTH BUSINESS ELITE; DCR.ti,ab; 5280 results.
7. AMED, EMBASE, HMIC, BNI, Medline, PsycInfo, CINAHL, HEALTH BUSINESS ELITE; DCRs.ti,ab; 589 results.
8. AMED, EMBASE, HMIC, BNI, Medline, PsycInfo, CINAHL, HEALTH BUSINESS ELITE; 1 OR 3 OR 5; 207 results.
9. AMED, EMBASE, HMIC, BNI, Medline, PsycInfo, CINAHL, HEALTH BUSINESS ELITE; Duplicate filtered: [1 OR 3 OR 5]; 207 results.
10. AMED, EMBASE, HMIC, BNI, Medline, PsycInfo, CINAHL, HEALTH BUSINESS ELITE; "public injecting environment*".ti,ab; 12 results.
11. AMED, EMBASE, HMIC, BNI, Medline, PsycInfo, CINAHL, HEALTH BUSINESS ELITE; "drug using

environment*".ti,ab; 22 results.

12. AMED, EMBASE, HMIC, BNI, Medline, PsycInfo, CINAHL, HEALTH BUSINESS ELITE; 10 OR 11; 34 results.

13. AMED, EMBASE, HMIC, BNI, Medline, PsycInfo, CINAHL, HEALTH BUSINESS ELITE; 6 OR 7; 5384 results.

14. AMED, EMBASE, HMIC, BNI, Medline, PsycInfo, CINAHL, HEALTH BUSINESS ELITE; drug*.ti,ab; 3316866 results.

15. AMED, EMBASE, HMIC, BNI, Medline, PsycInfo, CINAHL, HEALTH BUSINESS ELITE; 13 AND 14; 511 results.

16. AMED, EMBASE, HMIC, BNI, Medline, PsycInfo, CINAHL, HEALTH BUSINESS ELITE; DCR.ti; 278 results.

17. AMED, EMBASE, HMIC, BNI, Medline, PsycInfo, CINAHL, HEALTH BUSINESS ELITE; DCRs.ti; 12 results.

18. AMED, EMBASE, HMIC, BNI, Medline, PsycInfo, CINAHL, HEALTH BUSINESS ELITE; (DCR OR DCRs).ab; 5267 results.

19. AMED, EMBASE, HMIC, BNI, Medline, PsycInfo, CINAHL, HEALTH BUSINESS ELITE; (Drug OR Substance).ti,ab; 2698624 results.

20. AMED, EMBASE, HMIC, BNI, Medline, PsycInfo, CINAHL, HEALTH BUSINESS ELITE; 18 AND 19; 422 results.

21. AMED, EMBASE, HMIC, BNI, Medline, PsycInfo, CINAHL, HEALTH BUSINESS ELITE; Duplicate filtered: [18 AND 19]; 422 results.

22. AMED, EMBASE, HMIC, BNI, Medline, PsycInfo, CINAHL, HEALTH BUSINESS ELITE; "supervised injecting".ti,ab; 283 results.

23. AMED, EMBASE, HMIC, BNI, Medline, PsycInfo, CINAHL, HEALTH BUSINESS ELITE; Duplicate filtered:

["supervised injecting".ti,ab]; 283 results.

Search 2

1. AMED, EMBASE, HMIC, BNI, Medline, PsycInfo, CINAHL, HEALTH BUSINESS ELITE; "safe* injecting".ti,ab; 174 results.

2. AMED, EMBASE, HMIC, BNI, Medline, PsycInfo, CINAHL, HEALTH BUSINESS ELITE; Duplicate filtered: ["safe* injecting".ti,ab]; 174 results.

3. AMED, EMBASE, HMIC, BNI, Medline, PsycInfo, CINAHL, HEALTH BUSINESS ELITE; "safe* injecting facilit*".ti,ab; 48 results.

4. AMED, EMBASE, HMIC, BNI, Medline, PsycInfo, CINAHL, HEALTH BUSINESS ELITE; "safe* injecting environment*".ti,ab; 1 results.

NICE EVIDENCE

"Drug consumption room" (30)

"supervised injecting" (26)

COCHRANE LIBRARY

Advanced search-"drug consumption room" "drug consumption rooms" (0)

Supervised injecting (1)

Drug using environments (23)

Drug consumption facilities (0)

Public injecting environments (0)

CAMPBELL COLLABORATION
Drug consumption room (0)
supervised injecting (0)

SOCIAL POLICY AND PRACTICE

Social Policy and Practice 201604

#	Searches	Results	Type
1	"drug consumption room".mp. [mp=abstract, title, publication type, heading word, accession number]	4	Advanced
2	"drug consumption rooms".mp. [mp=abstract, title, publication type, heading word, accession number]	8	Advanced
3	"safe consumption rooms".mp. [mp=abstract, title, publication type, heading word, accession number]	0	Advanced
4	"safe consumption room".mp. [mp=abstract, title, publication type, heading word, accession number]	0	Advanced
5	supervised injecting.mp. [mp=abstract, title, publication type, heading word, accession number]	1	Advanced
6	"supervised injecting site".mp. [mp=abstract, title, publication type, heading word, accession number]	0	Advanced
7	"drug consumption facilities".mp. [mp=abstract, title, publication type, heading word, accession number]	0	Advanced
8	drug consumption facility.mp. [mp=abstract, title, publication type, heading word, accession number]	0	Advanced
9	public injecting environment*.mp. [mp=abstract, title, publication type, heading word, accession number]	1	Advanced
10	drug using environment*.mp. [mp=abstract, title, publication type, heading word, accession number]	3	Advanced
11	1 or 2 or 5 or 9 or 10	13	Advanced

SEARCH 2:

Results

Type

1	"safer injecting".mp. [mp=abstract, title, publication type, heading word, accession number]	10	Advanced
2	"safe injecting".mp. [mp=abstract, title, publication type, heading word, accession number]	4	Advanced
3	"safer injecting facilities".mp. [mp=abstract, title, publication type, heading word, accession number]	0	Advanced
4	"safer injecting facility".mp. [mp=abstract, title, publication type, heading word, accession number]	0	Advanced
5	"safer injecting environment".mp. [mp=abstract, title, publication type, heading word, accession number]	0	Advanced
6	"safer injecting environments".mp. [mp=abstract, title, publication type, heading word, accession number]	0	Advanced
7	1 or 2	13	Advanced
8	from 7 keep 6	1	Advanced

GLOBAL HEALTH

Tuesday, July 12, 2016 6:56:09 AM

#	Query	Limiters/Expanders	Last Run Via	Results
S18	S16 AND S17	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - Global Health	0
S17	S10 OR S14	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen	1,373

			- Advanced Search Database - Global Health	
S16	DE "habitats"	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - Global Health	6,462
S15	S1 OR S2 OR S3 OR S7 OR S8 OR S9 OR S12 OR S13	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - Global Health	43
S14	drug using	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - Global Health	864
S13	drug using environment*	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search	2

			Database - Global Health	
S12	public injecting environment*	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - Global Health	1
S11	drug using room*	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - Global Health	0
S10	drug consumption	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - Global Health	514
S9	drug consumption facility	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - Global Health	2

S8	drug consumption facilities	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - Global Health	2
S7	supervised injecting	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - Global Health	33
S6	safe consumption room*	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - Global Health	0
S5	drug consumption near room	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - Global Health	0
S4	drug near consumption	Search modes - Boolean/Phrase	Interface - EBSCOhost	0

	near room		Research Databases Search Screen - Advanced Search Database - Global Health	
S3	"drug consumption room"	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - Global Health	3
S2	"drug consumption rooms"	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - Global Health	6
S1	TX "drug consumption room"	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search	

	Query	Limiters/Expanders	Last Run Via	Results
S3	S1 OR S2	Search modes - Boolean/Phrase	Interface - EBSCOhost	55

			Research Databases Search Screen - Advanced Search Database - Global Health	
S2	"safe injecting"	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - Global Health	13
S1	"safer injecting"	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - Global Health	44

SOCINDEX

#	Query	Limiters/Expanders	Last Run Via	Results
S18	S16 AND S17	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Basic Search Database - SocINDEX with Full Text	0
S17	S10 OR S14	Search modes -	Interface -	1,856

		Boolean/Phrase	EBSCOhost Research Databases Search Screen - Basic Search Database - SocINDEX with Full Text	
S16	DE "habitats"	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Basic Search Database - SocINDEX with Full Text	0
S15	S1 OR S2 OR S3 OR S7 OR S8 OR S9 OR S12 OR S13	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Basic Search Database - SocINDEX with Full Text	75
S14	drug using	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Basic Search Database - SocINDEX with Full Text	1,046
S13	drug using environment*	Search modes - Boolean/Phrase	Interface - EBSCOhost Research	5

			Databases Search Screen - Basic Search Database - SocINDEX with Full Text	
S12	public injecting environment*	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Basic Search Database - SocINDEX with Full Text	3
S11	drug using room*	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Basic Search Database - SocINDEX with Full Text	0
S10	drug consumption	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Basic Search Database - SocINDEX with Full Text	829
S9	drug consumption facility	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen	5

			- Basic Search Database - SocINDEX with Full Text	
S8	drug consumption facilities	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Basic Search Database - SocINDEX with Full Text	5
S7	supervised injecting	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Basic Search Database - SocINDEX with Full Text	44
S6	safe consumption room*	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Basic Search Database - SocINDEX with Full Text	0
S5	drug consumption near room	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Basic Search Database -	0

			SocINDEX with Full Text	
S4	drug near consumption near room	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Basic Search Database - SocINDEX with Full Text	0
S3	"drug consumption room"	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Basic Search Database - SocINDEX with Full Text	6
S2	"drug consumption rooms"	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Basic Search Database - SocINDEX with Full Text	17
S1	TX "drug consumption room"	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Basic Search Database - SocINDEX with Full Text	

	Query	Limiters/Expanders	Last Run Via	Results	
S6	"safe injecting environments"	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - SocINDEX with Full Text	0	
S5	"safer injecting environments"	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - SocINDEX with Full Text	0	
S4	S1 OR S2 OR S3	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - SocINDEX with Full Text	45	
S3	"safer injecting facilities"	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced	6	

			Search Database - SocINDEX with Full Text	
S2	"safe injecting"	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - SocINDEX with Full Text	19
S1	"safer injecting"	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Advanced Search Database - SocINDEX with Full Text	

SOCIAL CARE ONLINE

"drug consumption room" (4)

"supervised injecting" (2)

"drug consumption facilities" (0)

"public injecting environments" (1)

"drug using environments" (1)

EMBASE

Searches	Results	Type
1	"drug consumption room".mp.	23 Advanced
2	"drugs consumption room".mp.	0 Advanced
3	"drug consumption rooms".mp.	37 Advanced
4	"safe consumption room".mp.	0 Advanced

5	"safe consumption rooms".mp.	0	Advanced
6	"supervised injecting sites".mp.	1	Advanced
7	"supervised injecting site".mp.	0	Advanced
8	exp injection site/ or "injection site".mp.	32695	Advanced
9	"drug consumption facilities".mp.	6	Advanced
10	"public injection sites".mp.	0	Advanced
11	"public injecting environments".mp.	2	Advanced
12	"drug using environments".mp.	2	Advanced
13	1 or 3 or 6 or 9 or 11 or 12	54	Advanced
14	"injecting location".mp.	0	Advanced
15	"supervised injecting".mp.	94	Advanced

MEDLINE

#	Query	Limiters/Expanders	Last Run Via	Results	
S17	S5 AND S13	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Basic Search Database - MEDLINE	1,139	
S16	S5 AND S12	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Basic Search Database -	86	



			MEDLINE	
S15	S5 AND S14	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Basic Search Database - MEDLINE	1,146
S14	S12 OR S13	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Basic Search Database - MEDLINE	431,315
S13	(MH "Opioid- Related Disorders+") OR (MH "Chemically- Induced Disorders+") OR (MH "Amphetamine- Related Disorders") OR (MH "Cocaine- Related Disorders") OR (MH "Drug Overdose")	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Basic Search Database - MEDLINE	430,800
S12	(MH "Drug Users")	Search modes - Boolean/Phrase	Interface - EBSCOhost Research	1,890

			Databases Search Screen - Basic Search Database - MEDLINE	
S11	S1 OR S2 OR S6 OR S7 OR S8 OR S9 OR S10	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Basic Search Database - MEDLINE	42
S10	"drug consumption facilities"	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Basic Search Database - MEDLINE	5
S9	"drug using environment"	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Basic Search Database - MEDLINE	2
S8	"drug using environments"	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search	2

			Screen - Basic Search Database - MEDLINE	
S7	"public injecting environment"	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Basic Search Database - MEDLINE	1
S6	""public injecting environments""	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Basic Search Database - MEDLINE	2
S5	(MH "Needle- Exchange Programs") OR ""supervised injecting""	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Basic Search Database - MEDLINE	1,476
S4	"safe consumption rooms"	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Basic Search	0

			Database - MEDLINE	
S3	""safe consumption room""	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Basic Search Database - MEDLINE	0
S2	""drug consumption rooms""	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Basic Search Database - MEDLINE	26
S1	""drug consumption room""	Search modes - Boolean/Phrase	Interface - EBSCOhost Research Databases Search Screen - Basic Search Database - MEDLINE	

SCOPUS

Search history		Combine queries...	e.g. #1 AND NOT #3.		
12	(TITLE-ABS-KEY ("drug consumption facilities")) OR (TITLE-ABS-KEY ("drug consumption facility")) OR (TITLE-ABS-KEY ("public injecting environments")) OR (TITLE-ABS-KEY ("drug using environments"))			21 document results	
11	TITLE-ABS-KEY ("drug using environments")			6 document results	
10	TITLE-ABS-KEY ("public injecting environments")			4 document results	
9	TITLE-ABS-KEY ("drug consumption facility")			12 document results	
8	TITLE-ABS-KEY ("drug consumption facilities")			12 document results	
7	TITLE-ABS-KEY(drug consumption facilities)			713 document results	
6	TITLE-ABS-KEY("drug consumption rooms")			54 document results	
5	TITLE-ABS-KEY(drug consumption rooms)			1,094 document results	
4	TITLE-ABS-KEY(supervised injecting)			184 document results	
3	(TITLE-ABS-KEY("drug consumption room")) AND (("drug consumption rooms")) AND (supervised injecting)			35 document results	
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