

Supervised Injection Site



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Medically Supervised Safer Injection Facilities

- Low threshold
- Injection Drug users can inject pre-obtained drugs under the supervision of medical staff
- State sanctioned facilities exempt from application of the criminal code relating to illicit drug consumption

Vancouver Drug Policy – The Four Pillars

- *“Framework for Action: A Four Pillar Approach to Vancouver’s Drug Problem”*
 - Released by Mayor Philip Owen 2000
 - Adopted May 2001
-
1. Harm Reduction
 2. Prevention
 3. Treatment
 4. Enforcement

Harm Reduction Strategies - Vancouver

- Needle Exchange
 - Largest fixed site needle exchange in North America
- Methadone
 - Increased patients on methadone in BC
 - 1997: 3,294
 - 2002: 8,273
 - 2005: 7,465

Harm Reduction Strategies in Vancouver

- NAOMI: North American Opiate Medications Initiative
 - Principal Investigator: Dr. Martin Schechter, University of British Columbia
 - 2-year multi-centre (Vancouver, Toronto, Montreal) trial of heroin vs. methadone treatment for IDUs
- Supervised Injection Site

Supervised Injection Sites: Rationale

Evan Wood et al. THE LANCET Infectious Diseases Vol 4 May 2004

- Despite millions spent on supply reduction high purity illicit drugs continue to be available at relatively low cost in Canada's cities
- Incarceration:
 - Unsustainably expensive
 - An important risk factor for HIV seroconversion
 - Associated with high rates of initiation of IDU
- Needle exchange
 - Contact with IDU is not as sustained as with SIF
 - Does not address the issue of public drug use, overdose deaths

Supervised Injection Sites: Goals

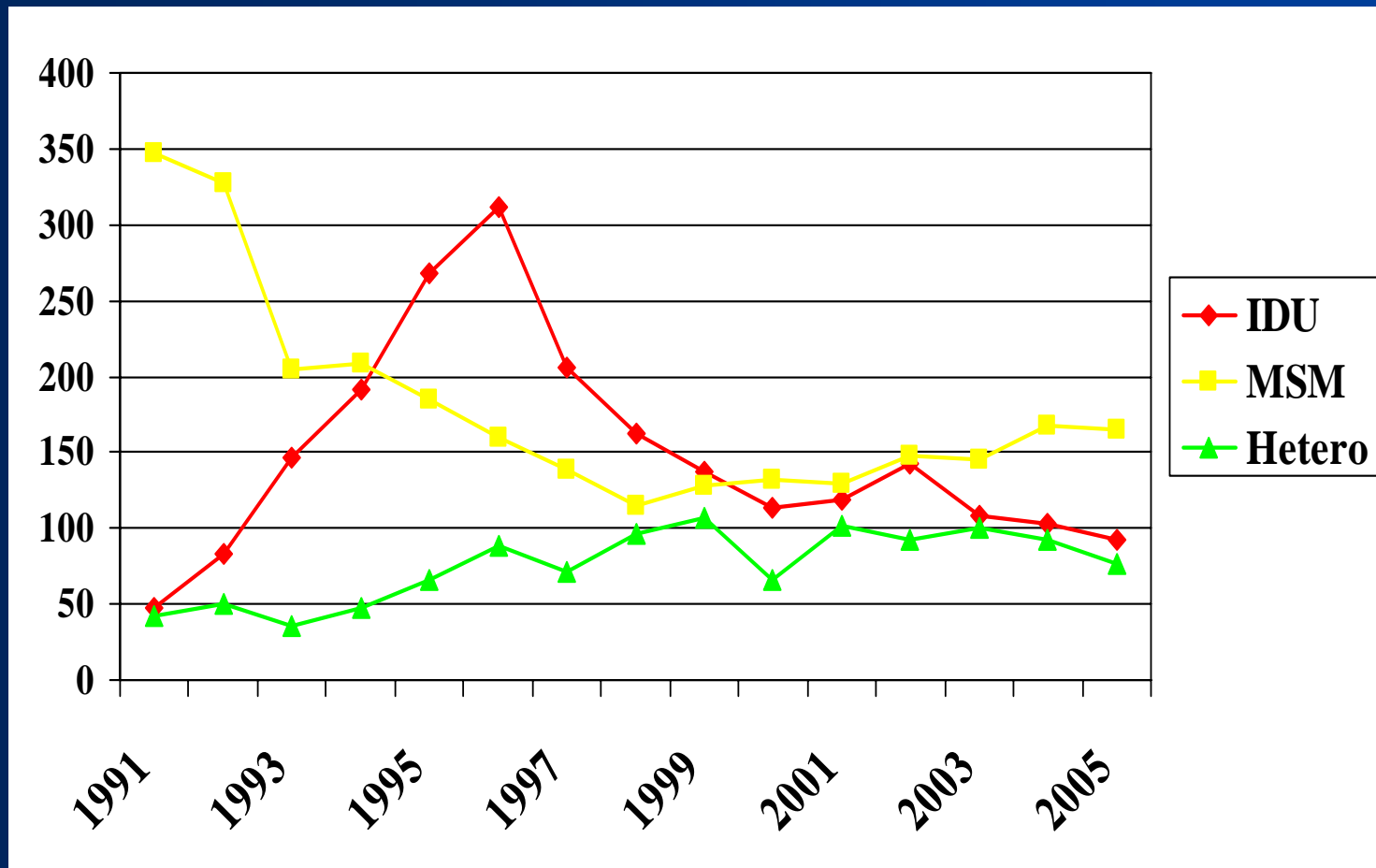
- Prevent overdose deaths
- Prevent spread of bloodborne pathogens-both viral and bacterial
- Access point for education and addiction treatment
- Access point for primary care
- Improve public order by reducing public drug injection and discarded needles

WHY AN SIF IN THE Downtown Eastside of Vancouver?

Downtown Eastside (DTES)

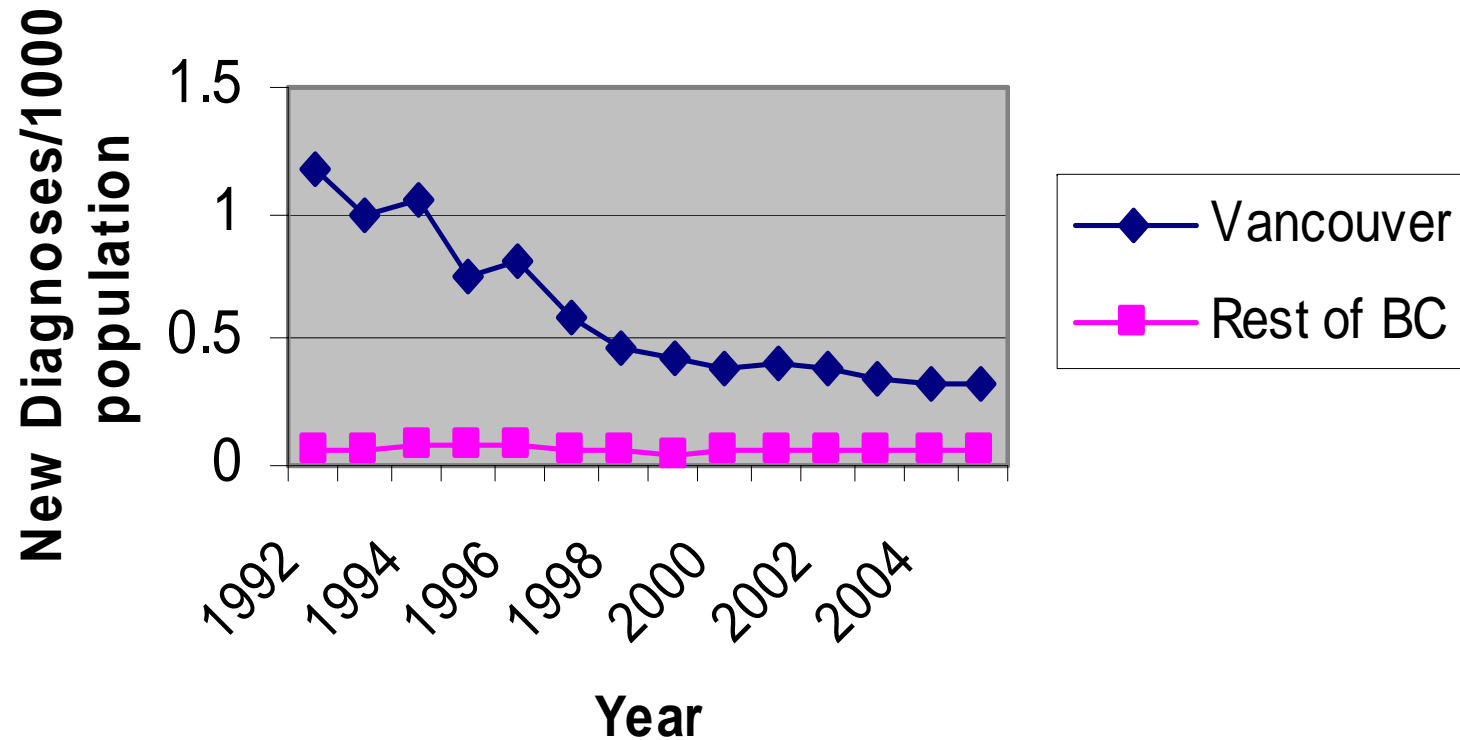
- 10 square blocks in downtown Vancouver
- One of the poorest neighbourhoods in Canada
- Population 16,000
- Injection drug users (IDUs) estimates
 - 12,000 in Greater Vancouver
 - 9,000 access services in DTES
 - 4,700 live in DTES
- Homelessness or substandard housing

Newly Identified Cases of HIV - BC

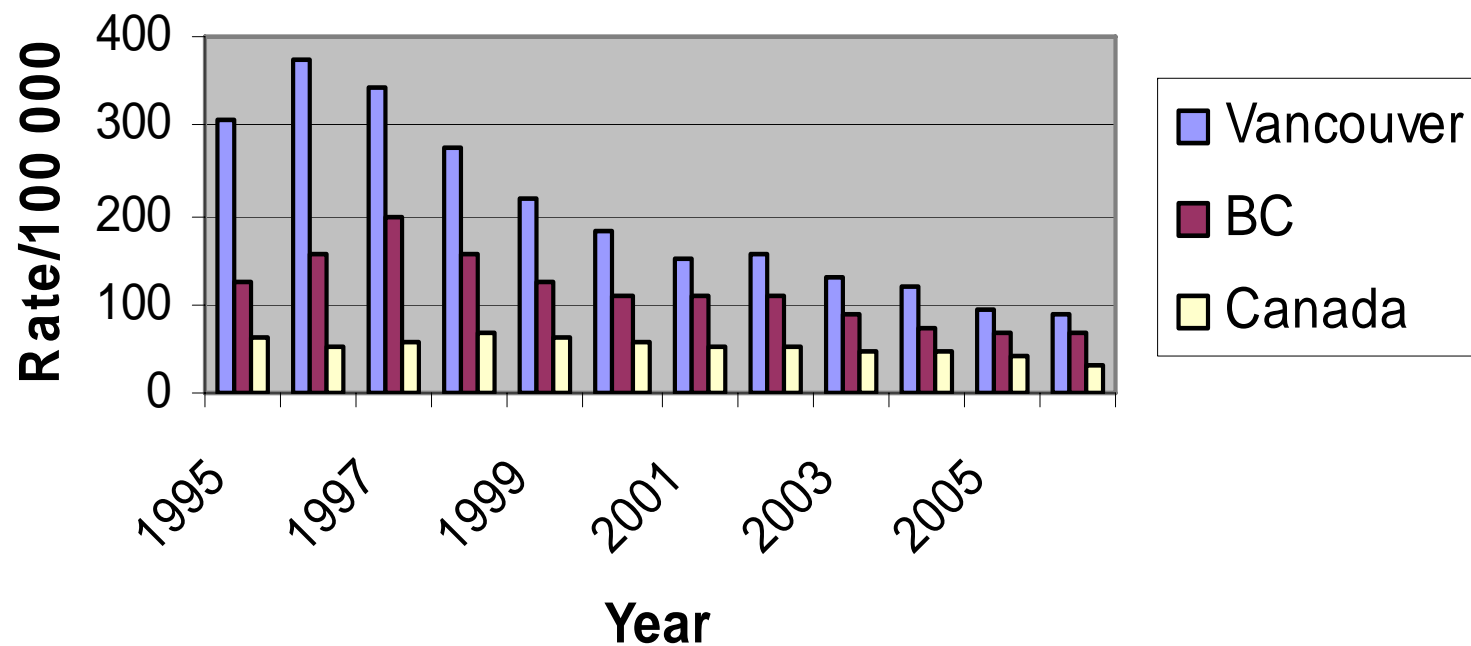


Source: BC Centre for Disease Control

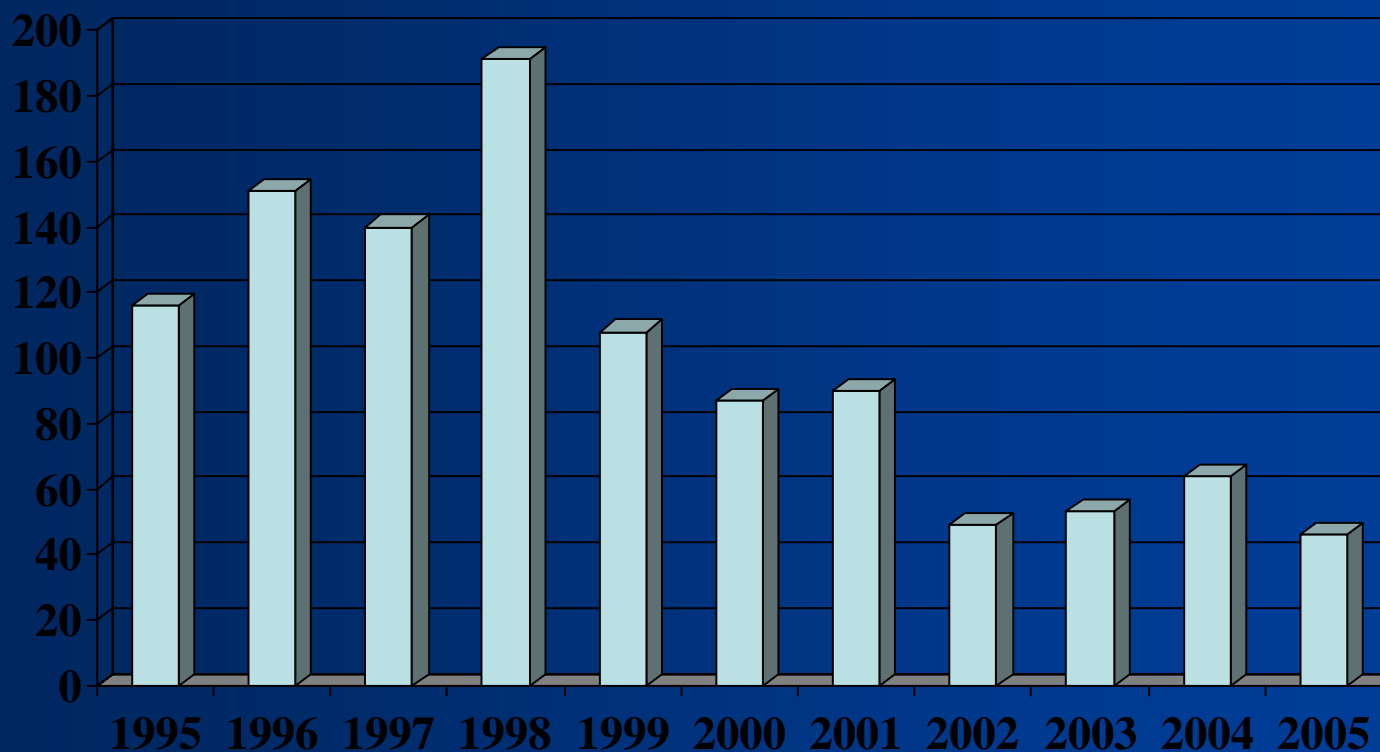
HIV “rates” in Vancouver



Hepatitis C “rates” in Vancouver



Illicit Drug Overdose Deaths – Vancouver 1995-2003



DTES is the epicentre of IDU related harms in Vancouver

IDU related:

- HIV
- Hepatitis C
- Overdose Deaths
- Bacterial infections: cellulitis to endocarditis

NON-IDU related:

- TB
 - Annual rate up to 100/100,000 (BC 7/100,000)
- Pneumococcal Pneumonia
 - Winter 2007

VIDUS

Vancouver Injection Drug User Study

- Open cohort of 1,400 IDUs, began 1996
- Tracks HIV, hepatitis C
- Prevalence of HIV
 - 35%
- Prevalence of HCV
 - 90%
- Risk factors for HIV acquisition:
 - Injecting cocaine, borrowing used needles, Aboriginal ethnicity, incarceration, needing help injecting
- Avoidance of primary care
- Costly and avoidable emergency visits and hospitalizations

2007 CCENDU report

DTES

High rates of HIV/HCV and TB prompted the Vancouver Health Board to declare a public health emergency in the DTES of Vancouver

Supervised Injection Sites

- Operating in Europe since 1986
 - Switzerland, Germany, Netherlands, Austria, Luxembourg, Spain
 - Reach populations that are often difficult to engage in HIV prevention, addiction treatment and general medical care
 - Reduction in “open drug scene”
 - Fewer discarded syringes in communities
 - No overdose deaths within SISs
 - Some evidence stabilizing effect on IDUs
 - Reduction in risk behaviours associated with HIV
 - An SIF is also operating in Australia
 - Scientific evaluation needed

Establishing the SIS in Vancouver

- F/P/T Committee on IDU released framework for harm reduction June 2001
 - Established task force on SIS
- Mayor Larry Campbell elected Nov. 2002
 - Platform: Establish a safe injection site
- Vancouver Coastal Health (local health authority) application for exemption Mar. 2003. Exemption granted Sept. 2003.
- Conditions of Exemption:
 - 3-year research pilot project
 - external 3-year scientific evaluation be conducted
- Opened Sept. 21, 2003 at 139 East Hastings in DTES
 - Partnership between VCH and the Portland Hotel Society
 - Has support of the VPD/City of Vancouver

Controlled Drugs and Substances Act

- Laws governing illicit drugs
 - Possession
 - Trafficking
 - Cultivation and import/export
- Section 56 allows the Minister to exempt persons from provisions of the Act



Funding for SIS

- \$1.2 million for site renovations (BC Ministry of Health Services)
- \$1.5 million for research project (Health Canada)
- \$2 million for annual operating cost (BC Ministry of Health Services)

SIS (*insite*) Operation

- 12-seat injection room
- Open 10:00 am – 4:00 am, 7 days a week
- Clean, safe environment for clients to inject their own drugs
- Access to sterile injection equipment
- Post injection space for observation and peer interaction
- Needle exchange

Insite

- Low-threshold
 - Anonymous
 - Initially only paper records were kept
 - Capacity reached within months

SIS (*insite*) Operation

- Services

- Supervision of injections including response to overdoses
- Assessment/immunization/wound care
- Harm reduction education
- Referral to:
 - Addiction counselling
 - Community clinics
 - ER
 - Detox
 - Community services
 - Housing
 - Methadone Maintenance Treatment
 - Recovery Houses

SIS (*insite*) Operation

- Assisted injecting is prohibited
- No first-time injectors
- Few youth
 - <16 years of age: no access
 - 16-19 years of age: mediated access-must meet with RN or addictions counsellor













SIS Staffing

- Manager
- Nurses
- Program assistants (PHS)
- Peer counsellors
- 7.5 hours/day alcohol and drug counsellor
- Doctor on-call

SIS Utilization

All totals and averages are for the two-year period from

April 1, 2004 to March 31, 2006 (www.vch.ca)

- Over 7278 unique individuals registered
- Average number of visits per month per person: 11
- Daily average visits: 607
- Average age: 30s-40s
- 26% are women
- 18% are aboriginal
- Drugs:
 - 27% cocaine 41% heroin 12% morphine

Supervised Injection Site: Evaluation

Evan Wood, Mark W. Tyndall, Julio S. Montaner, Thomas Kerr.

Summary of findings from the evaluation of a pilot medically supervised safer injecting facility, CMAJ November 21, 2006

- Contracted to Centre of Excellence for HIV/AIDS
- *Evan Wood, Mark W. Tyndall, Julio S. Montaner, Thomas Kerr*
- Prospective cohort studies around IDUs who use the facility and those who do not (VIDUS)
- Scientific Evaluation of Supervised Injecting (SEOSI) cohort
- Between December 1, 2003 and March 1, 2005, 1031/4764 randomly selected users of SIS became part of the cohort
 - Median age 39 years
 - 29% female
 - 58% used the facility at least once a week on average
- Repeated use was a requirement for enrollment
- Series of studies published in peer-reviewed journals
- Overseen by a provincial steering committee
- Funded by Health Canada

Supervised Injection Site: Evaluation

- Evaluation to examine:
 - Risk behaviour
 - Blood-borne infection transmission
 - Fatal and non-fatal overdoses
 - Health Service Use
- Augmented by:
 - Process data from SIS
 - Survey of local residents
 - Standardized evaluations of public order changes

Areas of Expected Benefit Among SIS Users

- Reduced risk of overdose death
- Reduction in episodic infections:
 - Abscesses
 - Endocarditis
 - Invasive group A streptococcal infections
- Access to primary care, drug treatment

Areas of potential concern

- Not attracting the most high-risk clients
- Reducing the motivation for seeking treatment
- Substituting other high-risk behaviours
 - eg: bingeing
- Increased crime rates as a result of migration of drug dealers and users
- Increase risk of initiating drug use
- Increase relapse into drug use

Characteristics of people using the SIS

Evan Wood, Mark W. Tyndall, Julio S. Montaner, Thomas Kerr.

Summary of findings from the evaluation of a pilot medically supervised safer injecting facility, CMAJ November 21, 2006

Daily users of SIS:

- <30 years old
- Those who inject in public
- Homeless or those in unstable housing
- Not receiving methadone maintenance treatment
- Daily injection of cocaine or heroin
- Recent non-fatal overdose
- Requiring help with injecting is negatively associated with daily use of the facility

CONCLUSIONS

- SIS is attracting IDU who are at high risk for HIV acquisition and overdose and public drug use
- Since helping with injections is prohibited, this high-risk group is missed

Detox service use and addiction treatment

1. *Evan Wood et al: Attendance at Supervised Injecting Facilities and Use of Detoxification Services*
New England Journal of Medicine 354:23

- Assessed factors associated with time to entry into a detoxification program
- Weekly use of SIF and speaking with an addictions counselor were both significantly associated with more rapid entry into detoxification program
- Frequent use of SIS, is associated with markers that are a priori associated reduced access to health care services
 - Higher intensity of drug use
 - Homelessness

Detox service use and addiction treatment

2. *Evan Wood et al: Rate of Detoxification service use and its impact among a cohort of supervised injecting facility users. Addiction, 102, 916-919, 2007*

- Retrospective and prospective data linkages with residential detox facilities
- Compared detox service among SIF users the year before and year after SIF opened
- 30% increase in accessing detox among SIS users the year after opening of the facility
- Detox associated with increased rates of initiation of methadone and other addiction treatment
- Use of SIS declined after detox

Community Drug Use

Thomas Kerr et al: Impact of a medically supervised safer injection facility on community drug use patterns: a before and after study BMJ Volume 332

- No substantial changes in:
 - Relapse into injection drug use
 - Stopping injection drug use
 - Stopping binge drug use
 - Crack cocaine smoking
 - Starting or stopping methadone
- >5% change
 - Decrease in the number of people who started binge drug use
 - Increase in the number who used crack

Syringe Sharing

Thomas Kerr et al: Safer injection facility use and syringe sharing in injection drug users; The Lancet, Volume 366 July 23, 2005

- Syringe sharing is a known risk factor for HIV and HCV seroconversion
- Use of facility independently associated with reduced syringe sharing
- Were SIS Users inherently less likely to share syringes?
 - Rates of syringe sharing were similar in the comparator groups prior to the opening of the facility
- In addition, 1/3 of SIS users received education about safer injecting from SIS

Overdoses

www.vch.ca

- 453 overdoses treated in 2 years
- 60% treated at Insite with no external support
- Only 10% required a transfer to hospital
- No overdose related deaths at Insite

Crime

Evan Wood et al, Impact of a medically supervised injecting facility on drug dealing and other drug related crime. Substance Abuse ,Treatment, Prevention and Policy 2006; 1:13

- Analyzed Vancouver Police Department statistics the year before and after the opening of SIF in DTES, Chinatown, Gastown, Victoria Square and Strathcona
- No increases in charges for drug trafficking, assaults/robbery
- Significant decreases in vehicle break-ins/thefts
- Data confounded by changes in policing practices and reporting

Public order

Evan Wood et al: Changes in public order after the opening of a medically supervised safer injecting facility for illicit injection drug users: CMAJ 2004; 171; 731-734

- Compared measures of public order before and after the opening of the site
- Statistically significant reduction in the number of people injecting in public
- Reduction in the amount of injection-related litter in the downtown eastside

HIV and HCV

- 87.6% of SEOSI cohort were HCV positive at baseline
 - Unlikely to see an impact on HCV
 - The cohort is saturated
 - SIF limits access to youth
- Too few HIV seroconversions to demonstrate a benefit

Summary:

- SIS has attracted IDU who are at high risk for overdose and HIV
- SIS has reduced HIV risk behaviour
- SIS staff have managed hundreds of overdoses, most without transfer to hospital
- Increases in safer injecting practices
- Increased use of detoxification services and other addiction treatments
- No adverse effect on drug use patterns, drug related crime
- SIS has been associated with an improvement in public order

you walk into the insite—you're a person

insite client

On Friday, September 1, 2006, Federal Health Minister Tony Clement announced that the government had "deferred the decision" on Vancouver Coastal Health's application to extend the operating exemption for the SIS until December 31, 2007.

The Minister said that during that time, additional studies will be conducted into how supervised injection sites affect crime, prevention and treatment.

The SIS, Insite, will be allowed to continue operations during this review.

During the period until December 31, 2007, Health Canada will not entertain any applications for the establishment of additional injection sites in other parts of Canada until the NDS is in place, and the Vancouver review is completed.

Next steps: Onsite

- Supporting next steps in addiction treatment and recovery for Insite participants
 - 2 floors, 30 beds
- **Pretox:** 2nd floor, 12 beds, LOS = 2-7 days
 - Bridges Insite and withdrawal management, providing clients with timely access to care planning and a place to stay while they wait for entry to residential detox.
- **Transitional Housing:** 3rd floor, 18 beds, LOS = 1-2 months
 - Onsite case manager and medical team will work with clients to develop a treatment plan, stabilize health issues, and find more permanent housing.

Next steps: Point of Care HIV testing

- Pilot project starting in October, 2007
- Nurses to offer Point of Care HIV testing at Insite
- A positive test will result in:
 - Confirmatory testing
 - CD4, viral load testing
 - Links to HIV care

Acknowledgements:

- Chris Buchner
- Dr. Patty Daly
- Dr. Jane Buxton
- The Centre for Excellence in HIV/AIDS

THANK YOU

