



SUPERVISED INJECTION FACILITIES

A Clinical Review

By

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Drug deaths rise again upstate

**Report: Related deaths up
84 percent from 2010-2015**

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ALBANY — The number of drug-related deaths in New York's suburbs and upstate soared a whopping 84 percent between 2010 and 2015, a new report found.

Hepatitis C cases soar over 5 years

Study by CDC
blames increase on
injection opioid use

Jayne O'Donnell
and Terry DeMio

USA TODAY Network

Injection opioid use among young people was the biggest contributor to a near-tripling of new hepatitis C infections between 2010 to 2015, federal data out Thursday show.

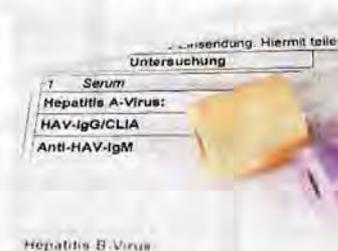
The Centers for Disease Control and Prevention said hepatitis C cases rose from 850 in 2010 to 2,436 in 2015. But the disease has few symptoms, and testing is so limited that CDC estimates about 34,000

people had hepatitis C in 2015.

Nearly 20,000 U.S. deaths in 2015 were linked to hepatitis C.

The hepatitis C virus causes inflammation of the liver. If left untreated, it can cause liver cancer or scarring of the liver and can lead to liver failure. Acute hepatitis C, which begins within six months of exposure, can move into a long-lasting stage, chronic hepatitis C.

The trend isn't only destroying families; it's also devastating state health care budgets. Sky-high hepatitis C drug costs have led states to restrict coverage of drugs to treat it. Free needle exchanges, which minimize the sharing of needles that transmit the disease, also face challenges with funding and opposition among those who believe it en-



The hepatitis C virus, normally spotted by blood tests, causes inflammation of the liver.

courages drug use.

Louisiana health secretary Rebekah Gee is exploring ways to obtain a generic form of a drug to fight hepatitis C to treat the 73,000 people in her state who have the disease. At cur-

rent prices, her state's Medicaid program can only afford to treat about 300 patients a year.

The national trend has alarming effects in some states. Last summer, CDC reported that widespread drug abuse led hepatitis C diagnoses in young women to rise nearly 10 times faster in Kentucky than across the country.

Meanwhile in that state, the proportion of babies born to infected moms surged 124 percent to 1 in 63.

Daniel Raymond, policy director for the Harm Reduction Coalition, said the best way to stop the spread of hepatitis C is through needle exchange programs. "It's our best on-ramp to health care and treatment for this population," he said.

TOMPKINS COUNTY DRUG RELATED* DEATHS BY YEAR

- 2012-- 14
- 2013-- 10
- 2014-- 15
- 2015-- 14
- 2016-- 21
- 2017 six months of data thru end of June -- 14 (4 cases are pending cause of death)
- *may not include all deaths related to drugs

SYRINGE EXCHANGE USAGE, ITHACA

- **Total = 853 unduplicated clients** in the 12 months October 2016 through September 2017
 - **582 clients on site**
 - **Additional 271 clients off site** (their equipment was delivered by “Prevention Point Peers”)

Source: STAP data as of 10/24/17

SYRINGE EXCHANGE USAGE, CONTINUED

- Approximately 36% are under age of 30
- Monthly a range of 116 to 172 unduplicated clients use the exchange site facility

SUMMARY THESES

- There is good global data to support SIFs
- There is nothing inherently different about the US or NYS that would affect their efficacy
- Pilot trials are warranted to
 - Save lives
 - Reduce infectious disease
 - Provide further data re efficacy and *scalability*

THESES CONTINUED

- Political reaction is similar to that when syringe exchanges were proposed 20 years ago
 - Syringe exchanges have proven themselves efficacious

GLOBAL PREVALENCE

- Over 37 years of experience
- 97 SIFs worldwide
 - 66 cities
 - 11 countries
 - Only 2 in North America
 - None in the United States



DATA QUALITY

- Two SIFs were set up to collect data
 - INSITE in Vancouver BC Canada
 - Sydney Medically Supervised Injecting Centre (MSIC) in Sydney, Australia

SIF – WHAT IS IT?

- Sanctioned and supervised
- Self injection/inhalation of drugs *pre-obtained by client*
- Trained staff in
 - overdose care
 - Harm reduction
 - Creation of long term relationships
 - often in Medical care

Steps taken to prevent first time use

SIF WHAT IS IT CONTINUED

- Coordinate with the wider network of community services
 - Refer when possible to detox, rehab, other

SIFs are a component in the move away from the law enforcement model to a medical model of treatment

FACILITATING THE MEDICAL MODEL

- SIFs provide a location where an overdose can be emergently addressed
- Long term relationships help identify clients ready for change through the model of the 5 A's
 - Ask, Assess, Advise, Assist, Arrange

OVERDOSE EXPERIENCE GLOBALLY

- Frankfort, Germany – over 191,729 injections (~550/day) 3,180 overdoses, 0 fatalities
- Sydney over 930,000 injections - 5,925 overdoses, 0 fatalities
- Tens of millions of injections globally with 1 fatality – (Germany 2002 due to anaphylactic shock)

FATAL OD'S – REGIONAL EFFECTS

- Insite in Vancouver found 35% reduction in fatal ODs in the *area around the program site*
 - Compared to only 9 % reduction in the rest of the city

PORTAL TO MEDICALLY ASSISTED TREATMENT

- Suboxone
- Methadone
- other

PORTAL TO DETOX

- In Ithaca that would be the Detox center being created by the Alcoholism and Drug Council
 - Received a \$500,000 grant summer of this year
 - Projected startup in 2018

A PORTAL TO CONTINUED CARE

- Some clients not ready to change
 - System ready when they are
 - System continually reassessing readiness to change

Recognition that not all will change

harm reduced by infectious disease prevention

death from overdose

treatment of medical problems



Your Partner for a Healthy Community

INFECTIOUS DISEASE

- Hepatitis C / HIV
 - Of all new cases in US injecting drug users account for 56% of new Hepatitis C cases and 11% of new HIV cases
 - \$6.6 billion annually in US

INFECTIOUS DISEASE REDUCED

- Reduction in reuse of needles and syringes
- Reduction in “hurry up” injections which are:
 - Less sanitary
 - Often in dirty locations
 - Done with poor technique
 - More likely to use dirty equipment

MEDICAL CONDITIONS

- Skin and soft tissue infections
- Sepsis
- Heart valve infections
- Reduction in:
 - Emergency room visits
 - Hospitalizations
 - surgeries

COST SAVINGS ESTIMATES

- SIF incurs net negative costs and increases client life expectancy
 - \$500,000 CAD per HIV death, \$660,000 USD per OVERDOSE death prevented
 - SIF projected to save \$2.33 USD for every dollar spent
 - Hospital length of stay for infections drop from 12 to 4 days.

WHAT ABOUT ABSTINENCE BASED TREATMENT?

- Experience working with providers of abstinence based treatment has been positive
- Insite – initial strong opposition
 - Experience showed that abstinence based providers received referrals from SIF
 - Became allies of the program

ENTRY INTO TREATMENT

- weekly use of the facility and contact with the facility's addiction counselor were independently associated with more rapid entry into a detoxification program.
- not due to selection effects, because regular facility users had several baseline characteristics that have been shown to predispose to lower uptake of addiction treatment

- analyses suggested that amenities within the facility were responsible for increased uptake of addiction treatment among IDUs.
- Addiction Counseling among them,

In addition to addiction treatment, referrals were also commonly made to community health clinics, hospital emergency departments and housing services

- **Summary of findings from the evaluation of a pilot medically supervised safer injecting facility** [Evan Wood](#) et al [CMAJ](#). 2006 Nov 21; 175(11): 1399–1404.

NARCOTICS ARE ILLEGAL

- What is the experience in setting up SIFs

VANCOUVER

- Opened 2003 on an exemption from drug control laws as a research pilot
- Has evolved into classification as a healthcare facility now has two facilities
- Supreme Court of Canada voted unanimously in favor - 2011

FRANKFORT, GERMANY

- 23 years of existence
- Fully licensed
- Classified as a medical intervention



SYDNEY, AUSTRALIA

- Initially biennial recerts to gain temporary exemptions
- Now operating under state law revision

IN GENERAL,

- Globally
- Each society has found a way to allow for the operation of an SIF
 - When it had the motivation to do so

IN GENERAL, CONT'D

- The creation of an SIF has often required
 - A combination of efforts on part of
 - Legislatures
 - Public health
 - Treatment practitioners/providers
 - Community partners
 - Law enforcement

LAW ENFORCEMENT MODEL

WHY MOVE AWAY?

- War on Drugs has
 - Not affected HIV/HCV transmission risk
 - Drug raids and crack downs – minimal impact and may shift drug activity zones
 - Exacerbates unsafe injection
 - Potential for fatal overdose
 - Increased infectious disease risk

LAW ENFORCEMENT MODEL HAS:

- Failed to effectively move individuals to abstinence
- Clogged courts, jails, prisons
- Frustrated law enforcement
- Distracted officers

LAW ENFORCEMENT RE SIFS

- King County, Wa. (home of Seattle) Sherriff endorsement
- Vancouver, BC endorsement letter from Chief of Police
- Frankfurt, Germany high court issued favorable legal opinion

LAW ENFORCEMENT RE SIFS 2

- Sydney – real time drug market monitoring
 - And ongoing training with police
 - Support of local police commander

WHAT ABOUT THE COMMUNITY?

- In General:
 - Noise complaints reduced
 - Public injection reduced-reduced injection “litter”
 - No injectors found to be attracted into community from outside
 - Support increased with time
 - Data from Vancouver, Sydney, Germany
 - 2014 -55% of the population in favor in Sydney

WHAT ABOUT THE COMMUNITY? 2

- In Vancouver and Sydney no increase in crime or drug dealing
 - Residents and business owners experienced a sustained decline in public injection and injection “litter”
 - No evidence of new drug use
 - No evidence SIF discouraged cessation

WHAT ABOUT MEDICAL SOCIETIES?

- Canadian Medical Association – support
- American Public Health Association –support
- Canadian Public Health Association – support
- Massachusetts Medical society – support
- New York State Academy of Family Physicians – support

THE SIF TARGET POPULATION

- Some of our most disadvantaged
 - Homeless or borderline housed
 - mid 20s to about 50ish
 - Male

CLIENT CHARACTERISTICS

- 70 % men, 30% women
- 57% reported using the SIF for some, most or all of their injections.
- median age 39.3
- Homelessness (OR = 2.4) “OR” =Odds ratio - the likelihood that the person is homeless as opposed to having a stable living situation
- Changes in injecting practices associated with the use of a medically supervised safer injection facility **Jo-Anne Stoltz et al** Clinical Activities, British Columbia Centre of Excellence in HIV/AIDS and 2Faculty of Medicine, University of British Columbia, Vancouver, Canada

USAGE CHARACTERISTICS

- self-reported daily use of heroin, or cocaine
- Not on a methadone program
- being involved in the sex trade in the last 6 months

also reported more consistent SIF use

additionally

- Reuse syringes less often (OR=2.16)
- less rushed during injection (OR 2.9), less injecting outdoors (OR 2.9), using clean water for injecting (OR = 3.15, cooking or filtering drugs prior to injecting (OR = 3.02)
- Ref: ibid

- tying off prior to injection (OR = 2.18)
 - safer disposal of syringes (OR = 2.22)
 - easier finding a vein (OR = 2.78)
 - and injecting in a clean place (OR = 3.00)
-
- were all associated with consistent SIF use.

Ref: Ibid

WHAT ABOUT THE OTHERS?

- SIFs have never been proposed as a panacea
- Other strategies remain very important
 - Personal physicians
 - Point of care interventions
 - Rehab and detox facilities
 - Long term counseling and support
 - Medically assisted treatment medications
 - LEAD a law enforcement approach to allow diversion to treatment

INDICATIONS OF SUCCESS

- Vancouver expanding its 2 sites and adding other cities and integrating with other facilities
- Montreal approved for 3 SIFs
- Seattle endorsing 2 sites
- San Francisco and Baltimore considering sites
- NYSAFP has asked NYSDOH to establish pilot sites in both urban and rural locations

SCALING CONSIDERATIONS

- Geographic concentration/dispersion of drug users
- Prevalence of HIV and HCV in the community
- Prevalence of overdose deaths, needle-sharing, skin and soft tissue infections and other medical conditions
- Balance of hours of operation, overhead, and effective engagement of target population

SCALING CONSIDERATIONS

- Community reaction – will a small community react as favorably as an urban one?

ADDITIONAL FURTHER DATA NEEDED

- Good baseline data before a SIF is started
- Only 2 SIF sites were set up for data collection. More sites collecting good data are needed

ADDITIONAL FURTHER DATA QUESTIONS -2

- Are overdoses in general reduced or only deaths?
- Further study on IDUs who are abstinent
- How can one maximize SIFs engagement of their target population?

ADDITIONAL FURTHER DATA QUESTIONS -3

- What percent of a user's injections in a week / month or whatever are done in an SIF?

DATA FROM VANCOUVER 2004

- Percent of users and frequency of Injections performed at SIF
 - 27.5% of users once / month
 - 31.5% 2-5 times / month
 - 28.5% 6-25 times / month
 - 7.5% 26-50 times / month
 - 4% 51-100 times / month
 - 1% > 100 times / month

DATA FROM VANCOUVER 2004

- Why do they come?
 - 79.2% injected at site
 - Rest for other purposes
 - 9.3% to see counselors or other staff
 - 6.4% to obtain sterile equipment
 - 3.1% left due to waiting time issues without obtaining equipment
 - 2.0% left due to waiting time issues with sterile equipment

DATA FROM VANCOUVER 2004

- *Median time in injection room per visit = 20 min*
- *SIF has 12 booths and was open for 18 hrs = capacity of 648 injections per day*

CONCLUSIONS

- There is good global data to support SIFs
- There is nothing inherently different about the US or NYS that would affect their efficacy
- Pilot trials are warranted to
 - Save lives
 - Reduce infectious disease
 - Provide further data re efficacy and scalability

- Political reaction is similar to that when syringe exchanges were proposed 20 years ago
 - Syringe exchanges have proven themselves efficacious and do not “normalize” drug use
 - Current knowledge implies SIFs will be the same – we just need to proceed intelligently

- If we are sincere about reducing harm to fellow human beings and believe the data that shows the medical model can prove superior to the law enforcement model and they prove to be scalable

- *Then*

- Supervised Injection Facilities are a rational component of our overall approach to drug addiction.



NYS ASSEMBLY BILL 8534

- **The SAFER CONSUMPTION SERVICES ACT**
- **Introduced in 2017**
- **Currently in committee**

LAW ENFORCEMENT ASSISTED DIVERSION

Under a **LEAD** program, a **law enforcement** officer can choose to divert a person who has committed a low-level **drug** offense to a treatment arm rather than charging them with a crime