

Supervised Injection Facilities (SIFs) FAQs



The following Frequently Asked Questions (FAQs) on Supervised Injection Facilities (SIFs) were prepared by Dr. John Weekes, Senior Research Analyst; Leah Percy, Research Assistant; and Karen Cumberland, Policy Officer—all members of the Research and Policy Division, Canadian Centre on Substance Abuse. This document is intended to provide current, objective, and empirically-based information to guide the discussion around the use of SIFs in Canada.¹

SIFs are legally sanctioned, medically supervised facilities where intravenous drug users are allowed to inject pre-obtained drugs in a more protected, hygienic and less stressful environment compared to most other private and public settings.

What is injection drug use?

- Injection drug use is a process whereby one or more psychoactive substance is injected directly into the body using a hypodermic needle and syringe.² Although many drug users don't like this way of taking drugs because of discomfort or fear of needles, it is often the preferred method of consumption because the drug enters the blood stream more quickly and directly than with other methods (e.g., smoking, swallowing, or snorting). It is considered by injection drug users (IDUs) to be more efficient and less wasteful than other means of consumption and may be more efficient and therefore less costly and wasteful than other means of consumption.

What kinds of drugs are injected?

- Almost any licit (legal) or illicit (illegal) psychoactive drug that can be liquefied can be injected into the body. These substances come from a variety of sources such as the black market and diverted prescriptions. Some of the drugs that are used frequently by IDUs in Canada include:
 - Cocaine
 - Heroin
 - Combinations of heroin and cocaine (“speedballs”)
 - Amphetamines
 - Talwin and Ritalin (“Ts and Rs”)
 - Pharmaceutical opioids (e.g., Dilaudid, morphine, etc.)
 - Anabolic steroids

How extensive is the problem of injection drug use in Canada?

- It is difficult to obtain accurate data on the prevalence and profile of injection drug use in Canada and internationally because it is an illegal activity. In addition, many IDUs do not have a stable address, thereby making them difficult to identify and track. Accordingly, most estimates of injection drug use are based on information obtained from treatment programs, coroner reports of drug-related deaths, needle exchange programs, arrest reports and other secondary sources.

- In Canada, injection drug use is a problematic activity. In the past, injection drug use was thought to be limited to Canada's largest urban centres (e.g., Vancouver, Toronto, Montréal). However, it is clear that there are large numbers of IDUs across the country (e.g., Calgary, Winnipeg, Halifax) and that this problem also exists in rural areas.
- A sampling of Canadian prevalence statistics (using different methodologies) suggests that:
 - There are between 75,000 and 125,000 people who inject drugs in Canada³ (approximately 0.2–0.4% of the national population).
 - Approximately one-third of IDUs are women.⁴
 - There are about 15,000 people in Vancouver who inject.⁵
 - In Montréal, the number of people who inject cocaine is estimated to be between 6,000 and 25,000 and for heroin between 5,000 and 15,000 (some individuals may inject both).⁶
 - Estimates suggest that about 20% of IDUs in Canada inject performance-enhancing drugs such as anabolic steroids.⁷

What is the situation in other developed countries?

- In the United States, a 2003 national survey found that across three years of reporting, an annual average of 338,000 persons aged 12 years or older used a needle to inject drugs during the previous 12-month period (just over 0.1% of the national population); young adults aged 18–25 were the most likely group to engage in injection drug use.⁸
- A 1998 Australian national survey found that over 130,000 persons reported injecting drugs in the previous 12 months (0.8% of the national population); 2.1% of the population reported injecting at least once during their lifetime.⁹
- In the UK, a prospective longitudinal treatment outcome study for a broad range of substance abuse problems found that 62% of treatment participants were injecting drugs prior to treatment. Of these, 53% injected heroin, 28% injected stimulants, and 4% were injecting benzodiazepines.¹⁰
- A recent study of substance use in European Union countries and Norway estimated that approximately 50% of problem drug users engage in injection drug use; that is, between 500,000 and 750,000 of 1 million to 1.5 million problem drug users.¹¹

What are some of the problems associated with injection drug use?

- Health Factors
 - Injection drug use puts the user at high risk for contracting HIV, hepatitis C, and other serious blood-borne viral infections through the sharing of contaminated (non-sterile) needles or the indirect sharing of contaminated equipment that is used as part of the injection process (spoons, containers, filters, etc.). Female IDUs are at increased risk for contracting HIV and the risk is further heightened for Aboriginal women and incarcerated women.¹²
 - Needle-sharing accounts for a large proportion of both HIV and hepatitis C transmission. For instance, research indicates that injection drug use accounts for at least 60% of hepatitis C transmission in Canada.¹³
 - On the west coast, the Vancouver IDU Study (VIDUS) found that 28% of IDUs who participated in the study are HIV-positive and 86% test positive for hepatitis C.¹⁴
 - Cocaine injection is of particular concern because some heavy users inject up to 20 times per day¹⁵ — a rate of injection that dramatically increases the risk for contracting a variety of health problems.
 - Serious health complications include abscesses, infections (skin, heart and lungs), vascular damage, poor nutrition, endocarditis, adverse drug reactions, perinatal transmission of infectious diseases to unborn children, fatal and non-fatal overdose^{16,17}, sleep deprivation, amenorrhea (absence of menstruation), depression and other mental health problems, suicide, and death. Women are at increased risk of experiencing physical health complications resulting from intravenous drug use.¹⁸ The morbidity, mortality, and health care costs associated with long-term illness and palliative care are sizable.¹⁹

- Personal and Social Factors
 - IDUs frequently:
 - Experience interpersonal difficulties and social isolation, causing relationship problems with friends and family,
 - Have lower educational attainment, leading to employment problems and low income,
 - Experience stigmatization and stereotyping as a drug “addict”, thereby further entrenching social isolation and marginalization,
 - Rely heavily on health and social service agencies.
 - Have unstable living arrangements and may be homeless.
 - There is a strong relationship between injection drug use and various types of criminal behaviour and criminal sub-culture (e.g., trafficking, theft, break and enter, etc.).²⁰ In England, 19% of arrestees reported injecting drugs over their lifespan, 14% had injected within the previous 12 months.²¹

What is a Supervised Injection Facility (SIF)?

- SIFs are a “low threshold” (i.e., easily accessible) service typically run by nurses, social and public health workers or other medical staff who provide sterilized injection equipment and counselling to users, but are not typically allowed to provide drugs or directly assist in the process of injection.²² Canadian researcher Dr. Benedikt Fischer* and his associates have clearly summarized the main goals of SIFs:
 - a) to reduce acute mortality and morbidity risks among IDUs
 - b) to bring IDUs in contact with social, health and treatment services, and
 - c) to reduce public order problems (drug use in public, discarded needles) related to intravenous drug use.²³
- SIFs are complementary to other harm reduction initiatives and provide immediate outreach services to IDUs who may not have extensive contact with conventional health services.²⁴ SIFs are commonly located in areas where public drug use is considered a nuisance and a serious public health concern.²⁵
- Officially sanctioned SIFs are operated by trained medical staff that supervises users to decrease the danger associated with injection drug use; illegal “for profit” sites, also known as “shooting galleries”, are typically run by drug dealers.
- SIFs are known by various names worldwide, including: Injection room, “Fixer”-room, Safe Injection Site, Safer Injection Facility (SIF), Supervised Injection Site (SIS), Supervised Injection Facility (SIF), Medically Supervised Injecting Centre (MSIC), and Supervised Consumption Sites (drugs can be consumed in ways other than injecting).
- While SIFs are often referred to as “Safe” injection Facilities, the term “Safer” or “Supervised” is more appropriate because any type of illicit injection drug use is a risky behaviour and guarantees of complete safety cannot be made.
- SIFs are state sanctioned facilities that are exempt from the application of the criminal code or other legislation that governs the use of controlled substances. Insite, Vancouver’s SIF, operates with an exemption under Section 56 of the Controlled Drugs and Substances Act (CDSA) issued by the Federal Minister of Health.²⁶

What types of services are available at SIFs?

- SIFs can generally be seen as an integral component of a wider network of services intended to meet the needs of the intravenous drug-using population. SIFs offer a potential gateway to further treatment and social assistance, which include, but are not limited, to the following:
 - Provision of sterile injecting equipment and alcohol swabs to sterilize injection sites
 - Emergency medical care, which can be found in most facilities (e.g., oxygen, naloxone for overdoses, etc.)
 - Basic health services
 - Needle exchange

* Dr. Fischer is a prominent substance abuse researcher with Centre for Addiction and Mental Health in Toronto.

- Counselling services
- Referrals to other agencies and services such as needle exchange programs, drug treatment, methadone maintenance programs, social welfare programs, etc.
- Information and education on drugs, safer injection techniques and primary health care services.
- The variety of services available at SIFs also establishes a social support network for IDUs who are in regular contact with SIF staff members.²⁷

What are some of the rules and regulations that typically govern SIFs?

- “House rules” vary between SIFs; however, all clients are expected to comply with the facility’s policies to ensure the safety of users, employees, volunteers and the public. The following are a few examples of common SIF rules and regulations existing for facilities in various countries:
 - No sharing of injection equipment
 - Entry is generally restricted to users over 18 years who have a history of injection drug use²⁸
 - All users must register on arrival
 - No drug dealing or trafficking on location
 - No sharing of drugs
 - Access often limited to local injectors
 - No alcohol use on premises
 - No verbal or physical violence or other illegal activities
- Certain European SIFs have smoking rooms where users can inhale drugs rather than inject; however, other SIFs do not permit smoking within their facilities. The Vancouver SIF does not offer a smoking room.

What is the history of SIFs?

- SIFs were originally established by local health service providers in the Netherlands (1970s), Switzerland (1980s) and Germany (1994) in order to minimize the public nuisance associated with injection drug use and to provide a clean and protected environment for IDUs in order to reduce the transmission of blood-borne viruses, risk of overdose and public disorder.²⁹
- In Switzerland, the first government authorized SIF (1986) was established in direct response to increasing rates of HIV infection and public nuisance factors.³⁰
- In Hamburg and Rotterdam, Germany, certain SIFs have been established that specifically aim at assisting drug-using sex workers, most of whom are women.³¹
- Currently, there are approximately 40–50 legal SIFs in operation throughout the world, including:

• Australia	• Canada	• Luxembourg	• Spain
• Austria	• Germany	• Netherlands	• Switzerland

What are some of the characteristics and backgrounds of IDUs who use SIFs?

- It is difficult to define overall characteristics of people who use SIFs. However, demographic data collected from SIFs in Europe and Australia reveal that the majority of SIF users tend to be characterized by a combination of economic, social and health problems, including mental health issues.³² In particular, SIF users may be the most marginalized and socially disadvantaged IDUs.
- Studies have found that those who use SIFs are more likely to be long-term IDUs (more than a decade of intravenous drug use) with unstable living arrangements, low-income and a history of incarceration. Casual IDUs have been reported to use SIFs while first-time injectors are generally denied entry.³³
- Collective evidence from Europe, Australia and Canada indicates that the majority of SIF users are males in their late 30s to early 40s^{34 35} who engage in “high-frequency drug use and risk behaviour.”³⁶ Female SIF users are typically younger than male users. There has been minimal research done on SIFs that takes a gender inclusive approach; consequently there is little available information regarding barriers to accessibility for women.

- It is reported that a high percentage of the SIF user population has a history of previous overdose. For example, in Australia, the final evaluation of the Sydney SIF revealed that 44% of clients had previously experienced a non-fatal heroin-related overdose.³⁷
- Over 90% of IDUs in Vancouver are HCV-positive and 28-30% are HIV-positive.^{38,39} It is likely that a high percentage of Vancouver SIF users suffer from these or other health-related illnesses. However, evidence-based data have yet to be presented in the peer-reviewed literature.
- In Vancouver, heroin and cocaine are generally the drugs of choice for SIF clientele. Other drugs injected span the range of illicit and prescription drugs.
- In Canada, feasibility studies have suggested that IDUs who would be most willing to use SIFs are most likely to be public drug users and IDUs at risk of health-related harms from injection drug use.⁴⁰
- Studies have also shown that sex trade workers and female IDUs may be more willing to use the Vancouver SIF⁴¹ and that there is a high probability that Aboriginal IDUs will use SIFs if culturally relevant services are also provided.⁴²

Who operates and funds SIFs?

- While most facilities adhere to similar operational practices⁴³ funding sources vary among SIFs.
- In Frankfurt, local businesses provided in-kind support and played an important role in establishing SIFs in the area in an effort to address public order concerns.⁴⁴
- Various financial institutions, non-governmental sources and private donors fund SIFs in the Netherlands, Switzerland and Germany. The Ministry of Justice in Switzerland pays 95% of the expenses for the SIF in Basel.⁴⁵
- In Sydney, Australia, the New South Wales Government recruited a non-governmental organization to establish and operate the SIF.⁴⁶
- In Canada, the British Columbia Ministry of Health Services is supporting the operations costs of the Vancouver SIF and Health Canada is providing funding to support the scientific evaluation of the three-year pilot SIF research project.⁴⁷
- Vancouver Coastal Health, in partnership with Portland Hotel Society-Community Services Society, a local non-profit organization in the downtown east side, operates the Vancouver SIF.⁴⁸

How are SIFs viewed under the international drug conventions?

- The three existing international drug conventions were established to address the broad range of supply reduction and demand reduction issues with the ultimate goal of limiting the use of drugs to “medical and scientific purposes.”⁴⁹ Moreover, the conventions are supportive of treatment and social reintegration measures designed to reduce drug use and health-related concerns.^{50,51,52,53} Although the conventions do not explicitly address harm reduction measures such as needle exchange programs and SIFs—in part because they were written before such measures were established—they are not seen to be at odds with harm reduction initiatives like SIFs.⁵⁴
- Some have argued that harm reduction policies⁵⁵ can meet the obligations of the conventions to promote “treatment, education, aftercare, rehabilitation and social reintegration” of IDUs.⁵⁶
- The International Narcotics Control Board (INCB) has been critical of Canada and other countries for considering the implementation of SIFs. In the 2003 INCB annual report, the Board claimed that, “such sites are contrary to the fundamental provisions of the international drug control treaties.”⁵⁷
- The Vancouver SIF was able to open after receiving a ministerial exemption based on Section 56 of the Controlled Drugs and Substances Act. This section of the Act allows the Federal Minister of Health to issue an exemption to Canada’s illicit drug laws for a specific “medical or scientific purpose.”⁵⁸ The Vancouver SIF is currently operating as a scientific research project that will be evaluated over three years by a team of researchers based at the BC Centre for Excellence in HIV/AIDS and the University of British Columbia.

What are some of the outcomes associated with the presence and availability of SIFs?

- Unfortunately, no firm conclusions can yet be reached regarding the impact of SIFs in relation to the spread of infectious diseases such as HIV, HCV and HBV. There is some anecdotal evidence to suggest that SIFs contribute to reducing the spread of disease to the general public by promoting safer injecting practices and safer sexual practices among IDUs.⁵⁹
- However, observations and studies in Switzerland, the Netherlands and Germany have suggested that SIFs reduce the risk and harm associated with intravenous drug use such as high-risk behaviours (needle sharing, improper syringe disposal, unprotected sex, etc.) while also contributing to a decline in criminality and public order problems (e.g., public drug use, discarded syringes in public, etc.).⁶⁰
- Studies in countries such as Germany and Switzerland observed a link between the establishment of SIFs and an overall decline in drug-related deaths.⁶¹ Both of these countries experienced a decline in incidents of overdose and drug-related deaths in the year following the implementation of SIFs; however, it is difficult to make any definitive attribution of these effects to SIFs specifically, since numerous new interventions and policy reforms were established during this time.⁶²
- The availability of SIFs appears to minimize overdose incidents (including fatal overdose). In Europe, the rate of overdose in SIFs ranges from 1:500-600 injections and 1:129 injections in Australia. Most overdoses are dealt with on site and do not result in ambulance response or additional medical care and hospitalization.⁶³
- A 1999-2000 survey of European SIFs found that there had never been an overdose death reported in any of the sites surveyed.⁶⁴
- A high rate of daily visits, up to 200/day in some facilities, has resulted in improvements in the overall health among IDUs. Data from European SIFs indicate changes of intravenous drug-using behaviours such as lowered infectious disease risks and increased condom use. However, limited research has been done to try to accurately measure the relationship between SIFs and a change in blood-borne infection rates.
- Women have typically been under-represented as clients of drug assistance services. However socio-demographic data collected for the European Union's drugs monitoring agency found that SIFs are assisting drug-using sex workers, the majority of whom are women.
- A study conducted in Hamburg, Germany, revealed that 37% of SIF users surveyed reported changing their drug consumption behaviour to be more hygienic while 30% claimed they were "consuming less in public" since the establishment of the locale SIF.⁶⁵
- The evaluation of the Sydney, Australia, SIF found that registered clients (3,810 during the trial) averaged 15 visits each during the 18-month trial period.
- SIFs have been a resource for the provision of peer and social support opportunities and volunteer opportunities for users.⁶⁶
- Various impact evaluations have found that there is a gradual acceptance of SIFs once they are implemented and operational.⁶⁷
- It has been reported that reduced health care costs and costs to the criminal justice system (including policing) are an additional benefit.⁶⁸
- In Vancouver, the number of injections per day has been steadily increasing since the SIF opened in September 2003. At the end of April 2004, the rate had risen to an average of 500 injections/day.

Do SIFs pose a risk to the public?

- Overall, there is some initial evidence that SIFs reduce public nuisance and public risk (e.g., discarded syringes, open drug scene, etc.) because they offer an alternative location for street-entrenched IDUs to inject drugs. For example, in Frankfurt, the number of public drug users decreased from approximately 800 users in 1991-1992 to 150 in 1993 during a period in which SIFs were established along with a number of other public health interventions and policy reform measures.⁶⁹ In addition, neighbourhood complaints regarding public drug use dropped considerably.⁷⁰

- Some public concern regarding the potential negative impact of SIFs on local businesses and property value has been expressed.⁷¹ There are fears that IDUs will migrate to neighbourhoods where SIFs are located and that there will be an increase in drug dealing and public disorder in proximity to SIFs. However, these concerns are not substantiated in the scientific literature, which suggests that IDUs will only travel very short distances (i.e., a few city blocks) to obtain health services. SIFs have been associated with improvements in public order rather than increases in public disorder.
- There have been some concerns regarding a “honey pot” effect with drug traffickers operating close to SIFs⁷²; however this impact is not consistently reported or documented as a public concern in the various impact evaluations that are currently available. Preliminary observations from Vancouver suggest that this is not the case.⁷³

What is the role of police with SIFs?

- According to a report by the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA), SIF staff and neighbourhood committees are working in partnership with local police to minimize public nuisance and increase the efficacy of SIFs.⁷⁴
- Police responses to SIFs vary among locations, but are generally positive. For example, in Zurich, police monitor SIFs to ensure that entrance is restricted to local citizens⁷⁵ while in other locations police avoid unnecessary visits.^{76,77}
- In Germany, some police were initially hesitant, but concluded that SIFs are necessary for providing “hygienic conditions” for IDUs to consume. They argued that SIFs have helped significantly in maintaining public order since their implementation.⁷⁸
- An impact evaluation on SIFs in Hamburg reveals that SIF users were seldom if ever bothered by police on patrol in the vicinity of the facility.⁷⁹
- In Australia, the New South Wales Police Service were actively involved with the planning and development of the SIF, as well as with the evaluation of the facility, and are supportive of the role it plays as a public health initiative.⁸⁰
- The Vancouver Police Department was a partner in establishing the SIF and supports the facility as part of the four-pillar⁸¹ integrated approach to dealing with the drug problem in the downtown eastside. As noted above, police have reported public order benefits in the wake of the opening of the Vancouver SIF.

What is the future of SIFs?

- Taken together, existing evidence suggests that SIFs may offer the potential to reduce risks and harms to injecting drug users, specifically by reducing various risks associated with injecting as well as public nuisance consequences related to public drug use. However, systematic research evidence on the direct effects of SIFs on morbidity (i.e., infectious disease transmission) and mortality is limited at this point. Certainly, SIFs must not be expected to constitute a single solution to intravenous drug-related health and public order problems, but must function as part of an integrated continuum that also includes prevention, evidence-based treatment, and other harm reduction measures such as needle exchange programs.
- The current lack of an explicit legal framework under which SIFs can function on a permanent basis presents a challenge to be addressed for the future of SIFs in Canada.
- Constructive partnering of SIFs with the efforts of local law enforcement agencies may offer a means to offset the negative consequences of drug enforcement for IDUs. For instance, police “crackdowns” in heavy drug-use areas around SIFs have had the net effect of displacing IDUs to other neighbourhoods as well as into high risk environments (e.g., back alleys, behind dumpsters, etc.).
- Various studies and evaluations have been conducted on the impact of at least 39 SIFs in Germany, the Netherlands, Switzerland, Spain and Australia.⁸² An impact evaluation of the Vancouver facility is currently taking place, which will provide information regarding the effectiveness of the SIF. Evidence-based studies such as these will influence public policy decisions regarding the future availability and use of SIFs in Canada.

Endnotes

- ¹ The authors would like to thank Dr. Benedikt Fischer, Dr. Evan Wood, and Jacques LeCavalier for their constructive comments and input to an earlier version of this document. Any errors or omissions are solely the responsibility of the CCSA.
- ² A syringe is defined as a device containing a small needle to inject (into body tissue) or withdraw fluids. Injection can also be carried out without the use of a needle or syringe. A variety of other instruments and make-shift devices can be used for injection (e.g., straws, ink tubes in ball point pens, etc.).
- ³ Single, Eric (2000). *A socio-demographic profile of drug users in Canada*. Prepared for the HIV/AIDS Prevention and Community Action Programs of Health Canada. Ottawa, ON: The Author, 2000, p.39–40.
- ⁴ Health Canada (2002). *IDU in Canada*. Hepatitis C Resource Library. Ottawa: Health Canada.
- ⁵ Millar, J. (1998). *Hepatitis and injection drug use in British Columbia—Pay now or later*. Vancouver: Ministry of Health.
- ⁶ Roy, D. and Cloutier, R. (1994) *Drug Use and the HIV Epidemic: A Framework for Prevention*. Quebec: Ministry of Health and Social Services, p. 11–12.
- ⁷ Federal/Provincial/Territorial Advisory Committee on Population Health (2001). *Reducing the harm associated with injection drug use in Canada*. Ottawa: Health Canada.
- ⁸ US Department of Health and Human Services (2003). *The National Household Survey on Drug Abuse: Injection Drug Use*. Washington, DC: US Department of Health and Human Services, Substance Abuse and Mental Health Services Administration.
- ⁹ Australian National Council on Drugs (2003). *Needle and syringe programs: Position paper*. Canberra: Australian National Council on Drugs.
- ¹⁰ Gossop, M., Marsden, J., and Stewart, D. (1998). *NTORS at one year: The National Treatment Outcome Research Study: Changes in substance use, health and criminal behaviour one year after intake*. London: Department of Health.
- ¹¹ European Monitoring Centre for Drugs and Drug Addiction (2003). *Annual Report 2003: The state of the drugs problem in the European Union and Norway*. Lisbon, Portugal: European Monitoring Centre for Drugs and Drug Addiction.
- ¹² Riley, D. (2004). *Harm Reduction for High Risk Groups: Youth, Persons Involved with the Criminal Justice System, Aboriginal People, the Dually Disordered and Homeless Women*. Unpublished manuscript, Canadian Centre on Substance Abuse
- ¹³ Zou, S., Tepper, M., and Giulivi, A. (2000). Current status of Hepatitis C in Canada. *Canadian Journal of Public Health*, 91, S10–S15. Ottawa: Canadian Public Health Association.
- ¹⁴ Spittal, P. M., Tyndall, M., Li, K., Laliberte, N., Wood, E., Craib, K., O’Shaughnessy, M. V., and Schechter, M. T. (1998). *Vancouver injection drug study*. British Columbia Centre for Excellence in HIV/AIDS, St. Paul’s Hospital, University of British Columbia.
- ¹⁵ Canadian HIV/AIDS Legal Network (1999).
- ¹⁶ Australian National Council on Drugs (2003).
- ¹⁷ Alcohol and other Drugs Council of Australia (2003). *Needle and syringe programs*. Deakin, Australia: Alcohol and other Drugs Council of Australia.
- ¹⁸ Riley, D. (2004).
- ¹⁹ Single, E. (1999). *The economic implications of injection drug use*. Paper presented at the Conference on Injection Drug Use, Montréal, QC.
- ²⁰ Single, E. (1999).
- ²¹ Bennett, T. (1998). *Drugs and crime: The results of research on drug testing and interviewing arrestees*. London: Home Office Research and Statistics Directorate.
- ²² Fischer, B., Rehm, J., Kim, J., and Robins, A. (2002). Safer injection facilities (SIFs) for injection drug user (IDUs) in Canada: A review and call for an evidence-focused pilot trial. *Canadian Journal of Public Health*, 93, 336-338. Ottawa: Canadian Public Health Association.
- ²³ Fischer, et al. (2002).
- ²⁴ City of Vancouver Four Pillars Drug Strategy (2003). *Supervised Injection Sites (SISs) Frequently Asked Questions*. Vancouver, BC. www.city.vancouver.bc.ca/fourpillars.
- ²⁵ Hedrich, D. (2004). European report on drug consumption rooms. *European Monitoring Centre for Drugs and Drug Addiction*, 1-96.
- ²⁶ Christie, T., et al. (2004) A comparison of the new Federal Guidelines regulating supervised injection site research in Canada and the Tri-Council Policy Statement on Ethical Conduct for Research Involving Human Subjects. *International Journal of Drug Policy*, 15, 67-73.
- ²⁷ Altice, F.L., Broadhead, R.S., Grund, J.C., and Kerr, T.H. (2002). Safer Injection Facilities in North America: Their Place in Public Policy and Health Initiatives. *Journal of Drug Issues*, 32, 330-356.
- ²⁸ Graaf, I., Linseen, L., and Wolf, J. (2003). Drug Consumption Facilities in the Netherlands. *Journal of Drug Issues*, 33, 649-661.
- ²⁹ Fischer, et al. (2002).
- ³⁰ BC Partners for Mental Health and Addictions Information (2003). *State of the Knowledge: Supervised Injection Sites*, 1-4.
- ³¹ Hedrich, D. (2004).
- ³² Hedrich, D. (2004).
- ³³ Kerr, T. (2000). Safe Injection Facilities: Proposal for a Vancouver Pilot Project. *Harm Reduction Action Society*, 1-75.
- ³⁴ Ramsey, M. (2003). Injection site reaches half of target group. *Vancouver Sun*. December 02, 2003.
- ³⁵ Hedrich, D. (2004).

- ³⁶ Degkwitz, P., Haasen, C., Verthein, U., and Zurhold, H. (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, 663-688.
- ³⁷ MSIC Evaluation Committee (2003). *Final report on the evaluation of the Sydney Medically Supervised Injection Centre*. Sydney, 1-233.
- ³⁸ Christie, et al. (2004).
- ³⁹ See also, Spittal, et al. (1998).
- ⁴⁰ Wood, E., 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 Syndrome*, 32, 2-8.
- ⁴¹ Wood, et al. (2003).
- ⁴² Kerr, T., et al. (2003). Responding to an explosive HIV epidemic driven by frequent cocaine injection: Is there a role for safer injection facilities? *Journal of Drug Issues*, 33.
- ⁴³ Fischer, et al. (2002).
- ⁴⁴ Office of Canada's Drug Strategy (2001). *Supervised Injection Sites: Overview and International Experiences (Discussion Paper)*.
- ⁴⁵ Office of Canada's Drug Strategy (2001).
- ⁴⁶ Richmond, R., Symonds, A., and Wodak, A. (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, 1-9.
- ⁴⁷ Vancouver Coastal Health (2003). *Insite, North America's first official supervised injection site*. Vancouver, BC. www.vch.ca/sis.
- ⁴⁸ Vancouver Coastal Health (2003).
- ⁴⁹ United Nations International Narcotics Control Board (2002). *Flexibility of Treaty Provisions As Regards Harm Reduction Approaches (Decision 74/10)*.
- ⁵⁰ United Nations (1961) *Single Convention on Narcotic Drugs, 1961*, Article 38.
- ⁵¹ United Nations (1971) *Convention on Psychotropic Substances, 1971*, Article 20.
- ⁵² United Nations (1988) *United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances*, Article 14.
- ⁵³ United Nations Economic and Social Council (2002). *The Commission on Narcotic Drugs, Resolution 45/1: Human immunodeficiency virus/acquired immunodeficiency syndrome in the context of drug abuse*. United Nations, Office of Drugs and Crime.
- ⁵⁴ Room, R. *Impact and implications of the international drug control treaties on IDU and HIV/AIDS prevention and policy*.in Fischer, B., Rehm, B., and Hayden, E. (Eds.) *Reducing the Risks, Harms and Costs of HIV/AIDS and Injection Drug Use: A Synthesis of the Evidence Base for Development of Policies and Programs*. Background paper #4, 2nd Annual Background Dialogue on HIV/AIDS. Warsaw: Health Canada/UNAIDS/CIDA.
- ⁵⁵ Gilmour, G. (1995). *The International covenants "prohibiting" drug activities*. Paper submitted to Canada's Senate Standing Committee on Legal and Constitutional affairs, December 14, 1995. [online] <http://www.cfdp.ca/gilmour.html>. (May 5, 2004).
- ⁵⁶ Kerr, T. (2000).
- ⁵⁷ United Nations (2004). *Report of the International Narcotics Control Board for 2003*, 48-51.
- ⁵⁸ Government of Canada. (1996). *Controlled Drugs and Substances Act*.
- ⁵⁹ Kerr, T. (2000).
- ⁶⁰ Fischer, et al. (2002).
- ⁶¹ Degkwitz, et al. (2003).
- ⁶² Kerr, T. (2000).
- ⁶³ Fischer, et al. (2002).
- ⁶⁴ Kimber, J., Dolan, K., and Wodak, A. (2001). *International survey of supervised injecting centres (1999-2000)*. Sydney, Australia: National Alcohol and Drug Research Center, Technical Report 126. Summary at: <http://ndarc.med.unsw.edu.au/ndarc.nsf/website/Publications.reports>
- ⁶⁵ Degkwitz, et al. (2003).
- ⁶⁶ Graaf, et al. (2003).
- ⁶⁷ Lindesmith Center (2003). *Reducing harm: Treatment and beyond - Safer injection rooms*. New York: The Lindesmith Centre.
- ⁶⁸ Kerr, T. (2000).
- ⁶⁹ Kerr, T. (2000).
- ⁷⁰ Degkwitz, et al. (2003).
- ⁷¹ Office of Canada's Drug Strategy (2001).
- ⁷² Fischer, et al. (2002).
- ⁷³ Vancouver Sun/CBC News British Columbia. *Safe Injection Site no problem, say police*. November 18, 2003. Available online http://vancouver.cbc.ca/regional/servlet/View?filename=bc_vpd_sis20040303.
- ⁷⁴ Hedrick, D. (2004).
- ⁷⁵ Altice, et al. (2002).
- ⁷⁶ Kerr, T. (2000).
- ⁷⁷ Altice, et al. (2002).
- ⁷⁸ Degkwitz, et al. (2003).
- ⁷⁹ Degkwitz, et al. (2003).
- ⁸⁰ Kimber, et al. (2001).
- ⁸¹ The four pillars consist of enforcement, prevention, treatment, and harm reduction.
- ⁸² Kimber, et al. (2001).

The Canadian Centre on Substance Abuse (CCSA), Canada's national addictions agency, was established in 1988 by an Act of Parliament. CCSA provides a national focus for efforts to reduce health, social and economic harm associated with substance abuse and addictions.

For further information, please write:

Canadian Centre on Substance Abuse
Suite 300, 75 Albert St., Ottawa, ON K1P 5E7
Tel.: (613) 235-4048; fax (613) 235-8101. Visit our Web site at www.ccsa.ca



ISBN 1-896323-17-0 (on-line)

Prepared by the Canadian Centre on Substance Abuse