**ANA LIFFEY DRUG PROJECT**

# POSITION PAPER ON THE PROVISION OF MEDICALLY SUPERVISED INJECTING CENTRES (MSIC) IN DUBLIN

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## Introduction

In December 2014, Ana Liffey Drug Project launched *'Targeting Harm'*[1], its strategic plan for the period 2015 - 2017. One of the overarching strategic objectives is "We will innovate to ensure we meet the needs of our Service Users through progressive initiatives". One of the goals under this objective commits the organization to:

> *"Secure stakeholder support, plan and pilot the provision of Medically Supervised Injecting Centres"*

This paper sets out the position of ALDP with regard to MSICs[2]. Our hope is that it provides an accessible foundation for discussion and engagement with all stakeholders.

## What is an MSIC?

An MSIC is a type of Drug Consumption Room (DCR). DCRs seek to reduce the harm associated with drug use by allowing certain types of drug consumption on the premises. MSICs focus on injecting drug use. They are medically supervised spaces where people can inject drugs in a clean and hygienic setting off the street. They are a widely recognised response to injecting drug use, and are employed in a number of countries, including Switzerland, Germany, Spain, the Netherlands, Australia and Canada[3]. France has also recently voted to introduce DCRs[4]. An MSIC does not provide people with drugs to consume; people arrive at the MSIC with their drug. At the MSIC, they can access clean injecting equipment, and medical and social interventions, such as testing for blood borne viruses, advice on safer drug use, and referral pathways to treatment and rehabilitation.

## What are the benefits of MSICs?

MSICs have been shown to improve both health related indicators for drug users and broader environmental indicators such as the reduction of unsafely discarded paraphernalia. The European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) is a decentralised

[1] http://www.aldp.ie/resources/ALDP_strategic_plan_2015-2017.pdf
[2] This document is an updated version of a position paper first published in April 2012. The original version of the position paper is available online at http://www.aldp.ie/resources/Ana_Liffey_MSIC_Position_Paper_April_2012_Final.pdf
[3] Hedrich, D. (2004). European report on drug consumption rooms. Luxembourg, Office for Official Publications of the European Communities.
[4] http://idhdp.com/en/resources/news/april-2015/france-passes-bill-allowing-drug-consumption-rooms.aspx

agency of the EU. It exists to provide the EU and its Member States with a factual overview of European drug problems and a solid evidence base to support informed drug laws and strategies. In its European Drug Report 2015, the EMCDDA noted the following in relation to DCRs:

> *"… the benefits of providing supervised drug consumption facilities may include improvements in safe, hygienic drug use, especially among regular clients, increased access to health and social services, and reduced public drug use and associated nuisance. There is no evidence to suggest that the availability of safer injecting facilities increases drug use or frequency of injecting. These services facilitate rather than delay treatment entry and do not result in higher rates of local drug-related crime."* [5]

Similarly, a report commissioned by the Joseph Rowntree Foundation in 2006 found that there is no evidence that DCRs either increase or decrease an individual's drug use, or that they act as a magnet for drug users. However, DCRs were associated with a reduction in injecting in public places, and a reduction in discarded used syringes and drug-related litter[6]. For example, in Barcelona a fourfold reduction was reported in the number of unsafely disposed syringes being collected in the vicinity from a monthly average of over 13,000 in 2004 to around 3,000 in 2012[7]. Other positive findings include evidence that DCRs can be a successful gateway to treatment[8] and can reduce ambulance call-outs for drug overdoses[9].

It is important that MSICs are provided not as standalone services, but as a response that is integrated into current service provision. EMCDDA notes that:

> *"In settings where there is a demonstrable need for DCRs, their development and the extent to which they can achieve their objectives is tempered by the*

[5] European Monitoring Centre for Drugs and Drug Addiction (2015). "Drug consumption rooms: an overview of provision and evidence". Available online at: http://www.emcdda.europa.eu/topics/pods/drug-consumption-rooms#ref23Online
[6] Joseph Rowntree Foundation (2006). The Report of the Independent Working Group on Drug Consumption. York.
[7] 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 (in Spanish), *Addiciones* 25(4), pp. 333–8.
[8] Kimber, J., R. P. Mattick, 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.
[9] Salmon, A. M., I. Van Beek, et al. (2010). "The impact of a supervised injecting facility on ambulance call-outs in Sydney, Australia." Addiction 105(4): 676-683.

*broader social and policy context. A qualitative assessment of the literature suggests that DCRs can only be effective if they are:*

- *integrated into a wider public policy framework as part of a network of services aiming to reduce individual and social harms arising from problem drug use;*
- *based on consensus, support and active cooperation among key local actors, especially health, police, local authorities, local communities and consumers themselves;*
- *seen for what they are — specific services aiming to reduce problems of health and social harm involving particular high-risk populations of problematic drug users and addressing needs that other responses have failed to meet."*[10]

**Why do we need MSICs in Dublin?**

Drug use in Dublin's public spaces is a matter of significant concern to the general public. In 2005, the Lord Mayor's Commission on Crime and Policing highlighted public perception of the problem of public injecting in Dublin:

> *"…addicts injecting in public places…a sight [which] causes distress to members of the public who feel threatened by such overt drug abuse on the streets…and a perception of lawlessness often ensues"*[11]

Local stakeholders have consistently identified public drug use as a problem, with:

> *"… over one in three respondents (36% of respondents) describing antisocial behavior (particularly drink and drug related behavior, crime and safety issues) as being the worst thing about Dublin. There were over 400 mentions of drugs and drug use in the open responses. Many of the panel members feel that this*

[10] European Monitoring Centre for Drugs and Drug Addiction (2010). "Harm reduction: evidence, impacts and challenges." EMCDDA Scientific Monograph 10.
[11] Lord Mayor's Commission (2005). The Lord Mayor's Commission on Crime and Policing. Dublin, The Lord Mayor's Office, Mansion House, Dublin 2: 45

*has had a serious impact on the image of the city centre and is something that needs urgent attention from all stakeholders that operate in the city."*[12]

This general public sentiment is backed up with objective research with drug users. A 2005 study showed that 68% of 66 homeless intravenous drug users (IDUs) reported injecting in a public place in the past month[13]. A client survey carried out by Ana Liffey Drug Project in 2008 found that of the 16 respondents who reported where they had injected 30 days prior to interview, 9 (56%) reported using in public places[14]. More recently, Merchants Quay Ireland reported that 44 (14%) people who used the needle exchange service generally injected in public places[15].

Public injecting is not only a concern to the general public, but also to the individual drug user. Long notes that at the end of 2009 there were 5,369 diagnosed HIV cases in Ireland, of which 1,447 (27%) were probably infected through injecting drug use; further, in 2009, 40% of newly reported hepatitis C cases had risk factor status recorded[16]. The majority of these cases (70.9%) reported injecting drug use as the main risk factor. The spread of blood borne viruses among injecting drug users occurs in part through unsafe injecting behaviours. A number of studies show elevated levels of risk behaviour among street injecting populations[17]. In early 2015, there has been an increase in the number of new HIV cases diagnosed among people who inject drugs, and this increase may be related to injecting drug use among a public injecting cohort[18].

Given the impact of public injecting on health, the Irish Medical Organisation note that it is imperative that MSICs are considered in the Irish context:

*"Several other EU states, such as Portugal, Germany, and Spain have introduced such sites, which concentrate on harm reduction and prioritising the health interests*

[12] Cudden, J. (2011). "Your Dublin Your Voice" Top Line Results. Your Dublin Your Voice. Dublin, Office of International Relations and Research, Dublin City Council.
[13] Lawless, M., and Corr, C. (2005). Drug Use Among the Homeless Population in Ireland. Dublin, NACD.
[14] Keane, M. (2008). Ana Liffey Drug Project. Client Survey. Dublin, Ana Liffey Drug Project: 64.
[15] Jennings, C. (2014). Re-establishing Contact: A profile of clients attending the Health Promotion Unit – Needle Exchange at Merchants Quay Ireland. Dublin: Merchants Quay Ireland
[16] Long, J. (2011). Update on blood-borne viral infections in injecting drug users. Drugnet Ireland. Dublin, Health Research Board. Spring 2011 19-21.
[17] Marshall, B. D. L. K., T. Qi, T. Montaner, J. Wood, E. (2010). "Public injecting and HIV risk behaviour among street-involved youth." Drug and Alcohol Dependence 110: 254-258.
[18] See, for example, http://www.irishexaminer.com/ireland/hse-sets-up-intervention-team-over-rise-in-hiv-cases-333521.html

*of the drug user. International research has established the ability of such facilities to reduce drug-related harm to users, and so this option must be properly assessed as a potential viable public health measure to tackle drug-related harm."* [19]

Thus, public injecting creates risk for both the general public and the individual drug user. Ana Liffey Drug Project believes that MSICs would help take public injecting off the streets and provide a safer alternative that benefits all the city's stakeholders.

**Isn't allowing people to use drugs on your premises illegal?**

Yes. In order for MSICs to be able to operate legitimately in Ireland, it is necessary to make legislative changes. The Ana Liffey Drug Project has worked with the Voluntary Assistance Scheme of the Bar Council of Ireland to develop draft legislation which, if enacted, will create a legal framework within which MSICs can operate under licence. The organization is currently working with stakeholders to secure the passage of the legislation through the Oireachtas.

**Where would an MSIC be located?**

The Ana Liffey is willing to provide the service at a central location in Dublin City Centre, where public injecting is a well-established phenomenon, as is overdose [20]. However, the organisation's current focus is on the establishment of a legal framework within which MSICs can operate under licence in Ireland. Once this has been achieved, it will be necessary to enter a suitable consultation process which provides an opportunity for all stakeholders to share their views prior to any service delivery commencing.

**How will the pilot service operate?**

Broadly, the service will operate three separate sections, consistent with MSIC design in other jurisdictions. Each section also has a number of distinct areas for specialist interventions. A reception area is used to greet, assess and register clients. The main section of the service is an injecting room, with spaces for individuals to inject in privacy, but with medical supervision and interventions available. A social section allows clients to avail of non-medical support and

[19] IMO (2015) IMO Position Paper on Addiction and Dependency. Online at http://www.imo.ie/news-media/publications/Addiction-and-Dependency-IMO-Position-Paper-(HR2).pdf; page 17

[20] On overdose, see, e.g., Klimas, Jan and O'Reilly, Martin and Egan, Mairead and Tobin, Helen and Bury, Gerard (2014) Urban overdose hotspots: a 12-month prospective study in Dublin ambulance services. The American Journal of Emergency Medicine, 32 (10). pp. 1168-1173

interventions before they exit the service. The service is staffed by a mix of medical and social care personnel, all specifically trained for work in an MSIC environment.

**What happens next?**

The Ana Liffey Drug Project is engaging with a variety of stakeholders around the passage of legislation through the Houses of the Oireachtas. This work is aided by the fact that we are not alone in our efforts – a number of leading NGOs are also in favour of the introduction of MSICs to Dublin, such as Merchant's Quay Ireland and the Peter McVerry Trust[21]. We also welcome queries from stakeholders in relation to MSICs. You can use the details below to contact us.

Ana Liffey Drug Project
48 Middle Abbey Street
Dublin 1
info@aldp.ie

[21] See, for example http://www.thejournal.ie/overdose-injecting-centre-1645104-Aug2014/