

First Supervised Injection Site in North America

David Marsh, MD, CCSAM



Presentation Outline

- Opening of Insite
- The Site
- Evaluation Plan
- First 2 Years of Results



Setting the Stage

- Vancouver Profile
- Downtown Eastside
- IV Drug Users
- Drug Overdose Deaths
- Hepatitis C/HIV
- Communicable Diseases



Advocacy and Activism

- Community Mobilization
- Community Education
- Storming Partners
- Municipal Election



Response

- F/P/T Committee Formed
- SIS Task Force Formed
- Health Canada Guideline
- Section 56 Exemption
- Vancouver Organizes



Launch



First Supervised Injection Site in North America



First Supervised Injection Site in North America



First Supervised Injection Site in North America





First Supervised Injection Site in North America

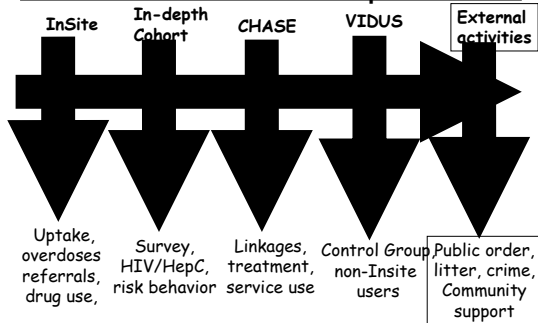
Chill Out Room

Evaluation Plan for the SIF

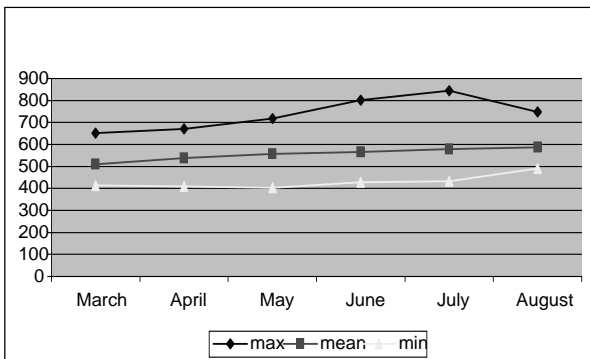
- BC Centre for Excellence in HIV/AIDS is conducting the scientific evaluation of the SIF
- Evaluation team operates at a store-front office where people who have used the site are enrolled
- As part of the study design, participants are asked to allow linkages of their personal identifiers to health data bases

– E. Wood et al. (2004) *Harm Reduction Journal* **1**(9):1-5
 – E. Wood et al. (2004) *Lancet Infect. Dis.* **4**(5):301-306

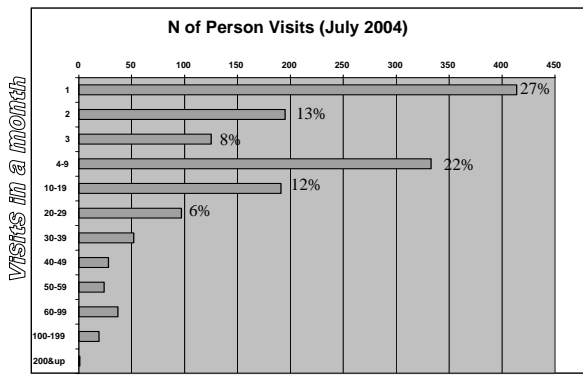
SIS Evaluation plan



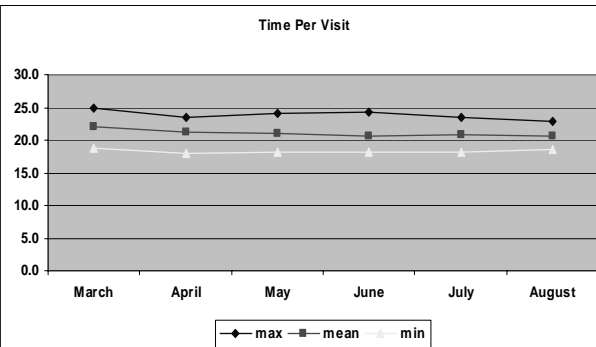
Visits to Insite per Day



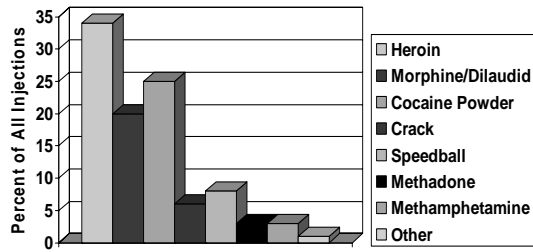
Number of visits per person (n=1,236)



Mean length of stay per visit



Substances Used at SIS



Overdose events

- During the first year there have been 221 overdoses reported among 144 different individuals and no deaths
- Major criteria have been slowed breathing, blue in the face, being slumped in the chair, and 6 seizures
- Most received oxygen therapy, 911 was called 62 times, Narcan was given 39 times, Ambulance transportation 19 times, CPR 2 times

Characteristics of the SEOSI cohort

Characteristics	N=677 (%)
Mean age	39 (19-64)
Gender	
Male	472 (70)
Female	205 (30)
Ethnicity	
White	468 (69)
First Nations	146 (21)
Other	63 (10)
Single	453 (67)
Education (high school grad)	357 (53)
Living in the DTES	461 (68)
Living within 3 blocks of the SIF	237 (35)
Type of residence	
Hotel	235 (35)
Apartment	131 (19)
NFA / Street	153 (22)
Other	158 (24)

Research
Recherche

Changes in public order after the opening of a medically supervised safer injecting facility for illicit injection drug users

Evan Wood, Thomas Kerr, Will Small, Kathy Li, David C. Marsh, Julio S.G. Montaner, Mark W. Tyndall

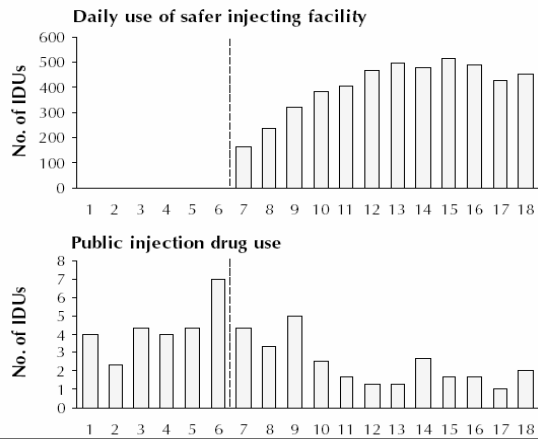
Abstract

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 lines. We used Poisson log-linear regression models to evaluate changes in these public order indicators while considering potential confounding variables such as police response and rainfall.

ities, where injection drug users (IDUs) can inject previously obtained illicit drugs under the supervision of medical staff, have been established in an effort to reduce the community and public health impacts of illicit drug use.¹⁴ Inside these facilities IDUs are typically provided with sterile injecting equipment, emergency care in the event of overdose, as well as primary care services and referral to addiction treatment.^{15,16} Although anecdotal reports have suggested that such sites may improve public order,¹⁷ reduce the number of deaths from overdose¹⁸ and improve access to care,¹⁹ no standardized evaluations of their impact are available in the scientific literature.¹⁴

On Sept. 22, 2003, health officials in Vancouver opened a government-sanctioned safer injecting facility as pilot project. The facility, the first in North America, is centrally located in Vancouver's Downtown Eastside, which is the



Initiation of SIS Use

- Compare VIDUS participants who do and do not use SIS
- Initiation of SIS use linked to (OR):
 - Recent non-fatal OD (2.7)
 - Daily heroin use (2.1)
 - Daily cocaine use (1.6)
 - Unstable housing (1.7)
 - Public injection use (2.6)
 - Younger age (0.96 per year older)
- E. Wood et al. (2005) *Amer. J. Public Health*, in press.

Requiring Help Injecting

- Independently Predicts HIV Incidence in IDU's
 - VIDUS
 - O'Connell et al. (2005) *JAIDS* in press
- Receiving Education with Safer Injection at SIS is associated with (OR):
 - Requiring help injecting in past 6 months (2.2)
 - Sex trade involvement in past 6 months (1.7)
 - SEOSI
 - E. Wood et al. (2005) submitted

Hepatitis C and SIS

- Baseline Evaluation HCV in SEOSI
 - 87.6% Positive at Time of Enrollment
 - Independently Associated with history of (AOR):
 - Sex trade involvement (3.7)
 - Incarceration (2.6)
 - Borrowing Syringes (1.8)
 - E. Wood et al. (2005) submitted

Impact on Community Drug Use

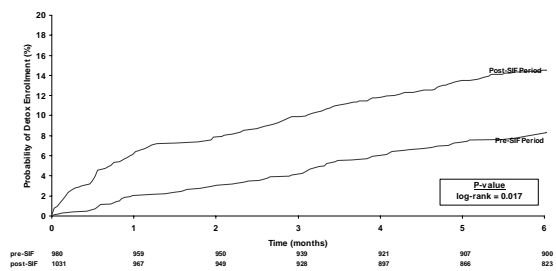
- Combined VIDUS and SEOSI analysis
- SIS users have average of 15.6 years prev. injecting
- Following SIS opening:
 - No increase in rate of relapse to injection among those who have stopped ($p=0.659$)
 - No increase in rate of initiation of crack smoking ($p=0.067$)
 - No evidence of decreased rates of cessation of injecting ($p=0.193$) or crack smoking ($p=0.988$)
 - Significant decreases in rate of initiation of binge drug use ($p=0.026$)
 - T. Kerr et al. (2005) submitted

Improved Access to Addiction Treatment

- Admission to Medical Withdrawal Management associated with:
 - Weekly use of the SIF (relative hazard = 1.71 [95% CI: 1.24 – 2.35]; p = 0.001)
 - Contact with the SIF's addictions counselor (relative hazard = 2.05 [95% CI: 1.31 – 3.22]; p = 0.002)
- Cumulative incidence of detoxification program initiation was 8.3% pre-SIF period, and was 14.5% in the post-SIF period (log-rank p = 0.017).

– E. Wood et al. (2005) submitted

Figure1: Cumulative incidence of detoxification program initiation during the periods before and after the SIF's opening



Summary

- The SIS has successfully reached the target community and is operating at full capacity
- SIS users are being referred to a variety of services including drug treatment
- A large number of overdoses have occurred at the SIS and have been successfully managed
- Substantial reductions seen in injection-related public disorder around the Site
- Ongoing analyses will examine the impact of SIS on a variety of outcomes, including overdose rates, infectious disease risk and incidence, and health service utilization

Acknowledgements

- Insite – Heather Hay, Chris Buchner, Dan Small, Sarah Evans, Jeff West,
- CFE – Evan Wood, Thomas Kerr, Mark Tyndall, Julio Montaner, Bob Hogg, Brian Harrigan
 - eSIS staff - Aaron Edie, David Isham, Suze Coulter, Evelyn King, Megan Olsen, Soni Thindal
 - CHASE - Tomiye Ishida, Calvin Lai, Kate Shannon, Dan Kane
 - VIDUS - John Charest, Caitlin Johnston, Will Small, Steve Kain, Nancy Laliberte
