



## Document 2 - Three Main Models of Supervised Injection Services (SIS)

**Table 1: Three Main Models of Supervised Injection Services (SIS)**

Model	Benefits	Considerations	Successes & Cost Analysis
<b>1. Fixed-Integrated within existing health services</b> <ul style="list-style-type: none"> <li>The most common type of SIS<sup>1</sup></li> <li>Physically located within addiction service centres, alongside other services such as needle and syringe services, testing for blood-borne infections (HIV and HCV), drug treatment, primary care, housing, and other social services etc.<sup>1</sup></li> <li>Important additional component of services for people who inject drugs</li> </ul>	<ul style="list-style-type: none"> <li>Often seen as “best practice” because service users can access a wide range of services in one location<sup>1</sup></li> <li>May be more socially accepted if integrated in to services already serving people who inject drugs<sup>1</sup></li> <li>Pre-established trust/relationships with clients/people who use drugs<sup>2</sup></li> </ul>	<ul style="list-style-type: none"> <li>Integration of people using SISs as well as people accessing harm reduction, opioid substitution therapy or other treatment could be a trigger for relapse for those in various stages of recovery<sup>1</sup></li> <li>Important that service is set up close to where people use drugs<sup>2</sup></li> <li>Multiple locations rather than one central service to respond to community need<sup>2</sup></li> </ul>	<p>Documented successes include:</p> <ul style="list-style-type: none"> <li>✓ Reduced overdose deaths</li> <li>✓ Reduced sharing of needles (reduced risk for HIV and hepatitis C)</li> <li>✓ Reduced public injecting</li> <li>✓ Increased use of detox and treatment services</li> <li>✓ Decrease in publicly discarded needles<sup>2</sup></li> <li>Over 20 years, it is projected that one supervised injection service in Ottawa would prevent 358 HIV infections and 323 HCV infections saving 32.3 million in health care costs<sup>2</sup></li> <li>Lifetime health care costs for someone living with HIV are approximately \$250,000 CAD<sup>2</sup> and \$64,694 for someone living with hepatitis C<sup>2</sup>.</li> <li>Research conducted in Ottawa estimated that one SIS would prevent approximately 6-10 HIV infections and 20-35 HCV infections per year, projected healthcare cost savings are significant<sup>2</sup>.</li> <li>The cost of opening a supervised injection</li> </ul>
<b>2. Fixed- Specialized stand alone services</b> <ul style="list-style-type: none"> <li>Focus is on providing a supervised, hygienic location for people to inject drugs<sup>1</sup></li> <li>Usually set up close to other</li> </ul>	<ul style="list-style-type: none"> <li>All people accessing the service are likely at a similar place in their drug use (i.e. all actively using), this provides a level of comfort for those accessing</li> </ul>	<ul style="list-style-type: none"> <li>Services available on site are more limited to supervised injection, and therefore rely on referral and/or partnerships with other community service providers<sup>1</sup></li> <li>Risk that people “get</li> </ul>	<ul style="list-style-type: none"> <li>Research conducted in Ottawa estimated that one SIS would prevent approximately 6-10 HIV infections and 20-35 HCV infections per year, projected healthcare cost savings are significant<sup>2</sup>.</li> <li>The cost of opening a supervised injection</li> </ul>

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<p>services for people who use drugs and located near open drug scenes<sup>1</sup></p> <ul style="list-style-type: none"> <li>• Staff are available to refer service users to other community services like opioid substitution, drug treatment, primary care, housing, etc.<sup>1</sup></li> </ul>	<p>services and reduces trigger risks for those who may be trying to reduce use, who are in treatment, or in recovery<sup>1</sup></p> <ul style="list-style-type: none"> <li>• Referral and link to other services is still available, just not on- site<sup>1</sup></li> </ul>	<p>lost in transition” (i.e. interested in accessing wound care but because have to go to another service location don’t end up making it there)</p> <ul style="list-style-type: none"> <li>• Important that service is set up close to where people use drugs<sup>2</sup></li> <li>• Multiple locations rather than one central service to respond to community need<sup>2</sup></li> </ul>	<p>service (similar to Vancouver’s Insite) in either Toronto or Ottawa was estimated to be an annual fixed cost of \$1.5 million – based on the supervised injection service portion of Insite (Insite’s entire annual budget is \$3 million)<sup>4</sup></p> <ul style="list-style-type: none"> <li>• From current literature reviews and discussions with partners we know that this is likely an overestimation of the actual cost of integrating a SIS within currently established services</li> <li>• Annual cost savings due to HIV cases prevented at Insite alone are estimated to be \$2.85 - \$8.55 million<sup>2</sup>.</li> <li>• An average of \$17.6 million was estimated to be saved in lifetime medical expenses each year that Insite is operational<sup>2</sup></li> </ul>
<p><b>3. Mobile</b></p> <ul style="list-style-type: none"> <li>• Currently only 3 worldwide: <ul style="list-style-type: none"> <li>○ Barcelona (Spain);</li> <li>○ Berlin (Germany); and</li> <li>○ Denmark (Copenhagen)</li> </ul> </li> <li>• All operate as adjunct to a fixed services operating</li> </ul>	<ul style="list-style-type: none"> <li>• Avoids the risk of making one building the focus of activity<sup>1</sup></li> <li>• Are often seen as “stepping stone” to securing fixed services, as mobile units can initially be more socially acceptable<sup>1</sup></li> </ul>	<ul style="list-style-type: none"> <li>• Lower service capacity (mobile service serves fewer people than fixed locations)<sup>1</sup></li> <li>• Cost-Effectiveness: has lower throughput but requires similar levels of staffing and costs as fixed site, therefore cost/ client in mobile service is inevitably higher<sup>1</sup></li> </ul>	<ul style="list-style-type: none"> <li>• Due to the rarity of mobile supervised injection services globally, there is limited evidence documenting costs and successes</li> </ul>

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<p>in their respective cities<sup>1</sup></p> <ul style="list-style-type: none"> <li>• Specially fitted van with 1-3 injection booths able to move location across a city<sup>1</sup></li> <li>• Typically offers a range of harm reduction services including needle and syringe services, testing for blood borne infections (HIV and HCV), and referral to services as listed above<sup>1</sup></li> </ul>	<ul style="list-style-type: none"> <li>• Can increase accessibility for people using drugs across a city<sup>1</sup></li> <li>• Has potential to reach more hidden populations<sup>2</sup></li> <li>• Has potential to reach more transient people, people who feel uncomfortable attending a fixed supervised injection facility, and people who do not want to travel to a fixed facility<sup>2</sup></li> <li>• Can complement, connect and add value to fixed services<sup>1</sup></li> </ul>	<ul style="list-style-type: none"> <li>• May be more difficult for law enforcement to control and monitor than fixed services<sup>2</sup></li> <li>• May have less predictable schedules/ hours of operation/availability than fixed services<sup>2</sup></li> <li>• Not able to provide as much basic medical care and other services as fixed services<sup>2</sup></li> <li>• Due to limited capacity, people who use drugs were concerned that mobile services would have long wait-times and/or not be able to provide clients with enough time to prepare and use their drugs<sup>2</sup></li> </ul>	

## References

1. Drug Consumption Rooms in Europe Models, Best Practice & Challenges (2014). Available: [http://www.eurohrn.eu/images/stories/pdf/publications/dcr\\_europe.pdf](http://www.eurohrn.eu/images/stories/pdf/publications/dcr_europe.pdf)
2. TOSCA Study (2012). Available: <http://www.stmichaelshospital.com/pdf/research/SMH-TOSCA-report.pdf>
3. See Research Summary in Toronto Drug Strategy Implementation Panel (2013). Supervised Injection Toolkit. Toronto, ON. Available: <http://www.toronto.ca/legdocs/mmis/2013/hl/bgrd/backgroundfile-59914.pdf>
4. Potential cost-effectiveness of SIF in Toronto and Ottawa, Canada. Enns et al. Addiction research Report. Society for the Study of Addiction.)
5. Kingston-Riechers J. The economic cost of HIV/AIDS in Canada. 2011. [http://www.cdnaids.ca/files.nsf/pages/economiccostofhiv-aidsincanada/\\$file/Economic%20Cost%20of%20HIV-AIDS%20in%20Canada.pdf](http://www.cdnaids.ca/files.nsf/pages/economiccostofhiv-aidsincanada/$file/Economic%20Cost%20of%20HIV-AIDS%20in%20Canada.pdf)
6. Myers RP et al. Burden of disease and cost of chronic hepatitis C infection in Canada. 2014 May;28(5):243-50
7. Rapid Response Service. Rapid Response: What is the effectiveness of supervised injection services? Toronto, ON: Ontario HIV Treatment Network; May 2014
8. Bayoumi et al. The Cost Effectiveness of Vancouver's supervised injection facility. Cmaj 2008;179(11):1143-51)