Supervised Consumption Services

March 2017

Overview

Supervised consumption services (SCS) – also called safer injection facilities (SIFs), drug consumption rooms (DCRs) or safer drug use services (SDUS) – are legally sanctioned facilities designed to reduce the health and public order issues often associated with public injection. These facilities provide a space for people to consume pre-obtained drugs in controlled settings, under the supervision of trained staff, and with access to sterile injecting equipment. Participants can also receive health care, counseling, and referrals to health and social services, including drug treatment.

There are approximately 100 SCS currently operating in over 65 cities around the world in ten countries (Switzerland, Germany, the Netherlands, Norway, Luxembourg, Spain, Denmark, France, Australia, and Canada) – but none in the U.S.i There are plans for the opening of SCS in Scotland, Ireland, major cities across Canada, and most recently in Seattle, WA.ii SCS can play a vital role as part of a larger public health approach to drug policy. SCS are intended to complement – not replace – existing prevention, harm reduction and treatment interventions.

SCS Improve Safety and Health

Numerous evidence-based, peer-reviewed studiesiii have proven the positive impacts of supervised injection services, including:

- Increasing use of substance use disorder treatment, especially among people who distrust the treatment system and are unlikely to seek treatment on their own;
- Reducing public disorder, reducing public injecting, and increasing public safety;
- Attracting and retaining a population of people who inject drugs and are at a high risk for infectious disease and overdose;
- Reducing HIV and hepatitis C risk behavior (i.e. syringe sharing, unsafe sex);
- Reducing the prevalence and harms of bacterial infections;
- Successfully managing hundreds of overdoses and reducing drug-related overdose death rates;
- Saving costs due to a reduction in disease, overdose deaths, and need for emergency medical services;
- Providing safer injection education, subsequently increasing safer injecting practices;
- Increasing the delivery of medical and social services.

In areas surrounding existing SCS, there has been no evidence of increased community drug use, initiation of injection drug use, or drug-related crime. A 2014 systematic review concluded: “All studies converged to find that SIFs were efficacious in attracting the most marginalized people who inject drugs, promoting safer injection conditions, enhancing access to primary health care, and reducing the overdose frequency. SIFs were not found to increase drug injecting, drug trafficking or crime in the surrounding environments. SIFs were found to be associated with reduced levels of public drug injections and dropped syringes.” iv

Vancouver’s InSite

Vancouver, Canada’s supervised injection facility, InSite, has been the most extensively studied SIF in the world, with over 60 peer-reviewed articles published examining its effects on a range of variables, from retention to treatment referrals to cost-effectiveness.v These reports are in agreement with reviews of Australian and European SIFs, which show that these facilities have been successful in attracting at-risk populations, are associated with less risky
In January 2017, Seattle and the surrounding King County announced a plan to establish several SCS in the area as a pilot test to address overdose and drug use in the community. Legislation has now been introduced in California, Maryland, New York, Vermont, and Massachusetts to allow SCS. Local efforts continue in cities such as Seattle, Ithaca, Boston, Baltimore, and San Francisco, where community stakeholders and people who inject drugs are similarly in favor of SCS as a step to reduce the harms of drug misuse.

Though SCS cannot prevent all risky drug use and related harms, evidence demonstrates that they can be remarkably effective and cost-effective at improving the lives of people who inject drugs as well as the public safety and health of their communities.

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**Recommendations**

SCS are a vital part of a comprehensive public health approach to reducing the harms of drug misuse. Local, state and national governments should explore the implementation of legal SCS (at least at the pilot level) staffed with trained professionals to reduce overdose deaths, increase access to health services and further expand access to safer injection equipment to prevent the transmission of HIV and Hepatitis C.

DPA supports the efforts of local communities in the U.S. to pursue SCS programs. In 2012, New Mexico adopted a proposal to study the feasibility of a safer injection facility in the state – becoming the first state in the nation to consider this potentially life-saving intervention. In January 2017, Seattle and the surrounding King County announced a plan to establish several SCS in the area as a pilot test to address overdose and drug use in the community. Legislation has now been introduced in California, Maryland, New York, Vermont, and Massachusetts to allow SCS. Local efforts continue in cities such as

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**References**


