

# INSIGHT INTO INSITE





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Insite, North America's first medically supervised injecting facility, has been open in Vancouver's Downtown Eastside since September 2003. The scientific evaluation of Insite has been carried out by researchers at the BC Centre for Excellence in HIV/AIDS and the Department of Medicine at the University of British Columbia. The research has been conducted according to the highest ethical standards, and the research methods have been approved by the University of British Columbia-Providence Health Care Research Ethics Board.

Results of the evaluation research have been published in more than 30 articles in the world's leading peer-reviewed scientific and medical journals. This means that scientists from around the world have closely examined the researchers' findings and have accepted their conclusions.

## Research Results

So far, the evaluation research has shown that:

### 1. Insite is being used by the people it was intended for

Before Insite opened, some people doubted that drug users would go to a medically supervised facility to inject their drugs. In fact, the new facility has had no shortage of clients – more than 10,000 individuals have used the facility. Insite is used by those most at risk for overdosing or becoming infected with HIV or hepatitis C. Insite is also used by people who would otherwise inject their drugs in public places.

### 2. Insite has reduced HIV risk behaviour

Among injection drug users, sharing needles is one of the primary ways that HIV and other blood-borne diseases, such as hepatitis C, are spread. People who use Insite are less likely to share needles.

On the street, for a variety of reasons, many injection drug users seek help from other users when injecting. This sometimes involves sharing needles. At Insite, injection drug users have a chance to learn the least injurious ways of injecting themselves. Users who can inject themselves are less likely to require help from others, and therefore less likely to share needles.

In addition to sterile injecting equipment, condoms are also easily available at Insite. By providing condoms to clients of the facility, Insite promotes safer sex practices and likely helps reduce the spread of sexually

transmitted infections, including HIV, in the community.

### 3. Insite promotes treatment of addiction

Once Insite opened, the people who used it were more likely than they were before to enter a detoxification program. In fact, there was greater than a 30% increase in the use of detoxification programs among Insite users in the year after the facility opened. Both the regular use of Insite and access to its counsellors are associated with entry into addiction treatment. Insite also helps facilitate users' access to various health programs.

Furthermore, people who go into detox are more likely to access addiction treatment and are consequently less likely to use Insite following treatment. As well, enrolment in various addiction treatment programs is positively associated with subsequent cessation of injecting.

### 4. Insite has improved public order

The operation of Insite has facilitated a measurable decrease in the number of injections done in public places, as well as the amount of injection-related litter, near and around the facility.

### 5. Insite reduces overdose risk

Despite the fact that drug users are always susceptible to overdose, and cases of overdose have occurred at Insite, changing the environment in which individuals inject drugs can greatly reduce the risk for overdose. Because medical staff are

available on site to respond to emergencies, to date the overdoses that have occurred at Insite have not resulted in any deaths. Calculation using a mathematical simulation model has shown that prompt medical attention at Insite may have prevented as many as 48 overdose deaths over a four-year period.

Insite has also helped to reduce overdose deaths in the area around the facility within the Downtown Eastside. Overdose deaths were reduced in and around the area by 35% in the two-year period after the opening of Insite. Overdose deaths declined by only 9% in the rest of Vancouver.

#### **6. Insite provides safety for women who inject drugs**

By providing a safe space away from the dangers of the street-based drug scene, Insite reduces the risk of violence against women, particularly violence that occurs before or during the injection process.

#### **7. Insite offers medical care for injection-related infections**

Nurses at Insite regularly provide care for injection-related infections and frequently connect drug users with off-site medical treatment. This helps to reduce the demand for care for injection-related infections in hospitals. People who are referred by nurses at Insite to the local emergency room for injection-related infections tend to spend less time in hospitals than those who are self-referred.

#### **8. Insite does not lead to decreased employment rates**

The regular use of Insite does not negatively impact employment among injection drug users. In other words, Insite has no effect on employment. People who attend Insite on a regular basis are neither more likely nor less likely to hold a job than those who do not use Insite regularly.

#### **9. Insite does not lead to increased drug use or increased crime**

Insite has not led to increased rates of relapse among former drug users. It has not deterred drug users from quitting using, nor has it deterred users from seeking addiction treatment. Insite has also not led more people to begin injecting.

In the Downtown Eastside, since Insite opened, there has been no increase in drug-related crime, including no increase in arrest rates for drug trafficking, assaults, or robberies. The rate of vehicle break-ins has declined.

#### **10. Vancouver police play an important role in supporting Insite**

Local police have referred a significant number of public injectors to Insite. By referring high-risk public drug users to a health facility, local police are helping both to reduce health-related harms and to promote public order objectives.

#### **11. Insite is cost-saving**

Insite is cost-saving. Insite prevents approximately 83.5 HIV infections per year and saves \$17.6 million in HIV-related medical care. Existing cost-effectiveness studies have only considered HIV-related costs, and therefore other savings that have not been accounted for are also likely occurring.

## **The Bigger Picture**

Scientific research has shown that Insite has in many ways improved the health and well-being of individuals and communities in Vancouver's Downtown Eastside. As one small health-focused initiative, however, Insite cannot be expected to solve all of the many complex and long-standing problems associated with addiction, disease, mental illness, homelessness, and poverty that are characteristic of so many urban settings today. As part of a larger strategy to address these problems, though, medically supervised injecting facilities such as Insite can play an important role.



## References

1. Marshall et al. Reduction in overdose mortality after the opening of North America's first medically supervised safer injection facility: A retrospective population-based study. *Lancet*, 2011; 377: 1429-1437.
2. Reddon et al. Use of North America's first medically supervised safer injecting facility among HIV-positive injection drug users. *AIDS Edu and Prev*, 2011; 23: 413-423.
3. Small et al. Injection drug users' access to a supervised injection facility in Vancouver, Canada: The influence of operating policies and local drug culture. *Qual Health & Research*, 2011; 21: 743-756.
4. DeBeck et al. Injection drug use cessation and use of North America's first medically supervised safer injecting facility. *Drug Alcohol Depend*, 2011; 113: 172-176.
5. Small et al. IDU perspectives on the design and operation of North America's first medically supervised injection facility. *Subst Use & Misuse*, 2011; 46: 561-568.
6. Andresen et al. A cost-benefit and cost-effectiveness analysis of Vancouver's supervised injection facility. *Int J Drug Policy*, 2010; 21: 70-76.
7. Pinkerton. Is Vancouver Canada's supervised injection facility cost-saving? *Addiction*, 2010; 105: 1429-1436.
8. Milloy et al. Inability to access addiction treatment and risk of HIV infection among injection drug users recruited from a supervised injection facility. *J Public Health*, 2009; 32: 342-349.
9. Small et al. Access to health and social services for IDU: the impact of a medically supervised injection facility. *Drug Alcohol Rev*, 2009; 28: 341-346.
10. Marshall et al. Condom use among injection drug users accessing a supervised injecting facility. *Sex Transm Infect*, 2009; 85: 121-126.
11. Lloyd-Smith et al. Determinants of cutaneous injection-related infection care at a supervised injecting facility. *Ann Epidemiol*, 2009; 19: 404-409.
12. Milloy et al. Emerging role of supervised injecting facilities in human immunodeficiency virus prevention. *Addiction*, 2009; 104: 620-621.
13. Bayoumi et al. The cost-effectiveness of Vancouver's supervised injection facility. *CMAJ*, 2008; 179: 1143-1151.
14. Richardson et al. Employment among users of a medically supervised injection facility. *Am J Drug Alcohol Abuse*, 2008; 34: 519-525.
15. Lloyd-Smith et al. Risk factors for developing a cutaneous injection-related infection among injection drug users: a cohort study. *BMC Public Health*, 2008; 8: 405.
16. Fast et al. The perspectives of injection drug users regarding safer injecting education delivered through a supervised injecting facility. *Harm Reduct J*, 2008; 5: 32.
17. Milloy et al. Estimated drug overdose deaths averted by North America's first medically-supervised safer injection facility. *PLoS ONE*, 2008; 3: e3351.
18. Small et al. Accessing care for injection-related infections through a medically supervised injecting facility: a qualitative study. *Drug Alcohol Depend*, 2008; 98: 159-162.
19. Milloy et al. Non-fatal overdose among a cohort of active injection drug users recruited from a supervised injection facility. *Am J Drug Alcohol Abuse*, 2008; 34: 499-509.
20. Fairbairn et al. Seeking refuge from violence in street-based drug scenes: women's experiences in North America's first supervised injection facility. *Soc Sci Med*, 2008; 67: 817-823.
21. DeBeck et al. Police and public health partnerships: evidence from the evaluation of Vancouver's supervised injection facility. *Subst Abuse Treat Prev Policy*, 2008; 3: 11.
22. Wood et al. Nurse-delivered safer injection education among a cohort of injection drug users: evidence from the evaluation of Vancouver's supervised injection facility. *Int J Drug Policy*, 2008; 19: 183-188.
23. Stoltz et al. Characteristics of young illicit drug injectors who use North America's first medically supervised safer injecting facility. *Addiction Research & Theory*, 2007; 15: 63-69.
24. McKnight et al. Factors associated with public injecting among users of Vancouver's supervised injection facility. *Am J Drug Alcohol Abuse*, 2007; 33: 319-325.
25. Kerr et al. Circumstances of first injection among illicit drug users accessing a medically supervised safer injecting facility. *Am J Public Health*, 2007; 27: 1228-1230.
26. Stoltz et al. Changes in injecting practices associated with the use of a medically supervised safer injection facility. *J Public Health*, 2007; 29: 35-39.
27. Kerr et al. A micro-environmental intervention to reduce the harms associated with drug-related overdose: evidence from the evaluation of Vancouver's safer injection facility. *Int J Drug Policy*, 2007; 18: 37-45.
28. Petrar et al. Injection drug users' perceptions regarding use of a medically supervised safer injecting facility. *Addict Behav*, 2007; 32: 1088-1093.
29. Wood et al. Rate of detoxification service use and its impact among a cohort of supervised injecting facility users. *Addiction*, 2007; 102: 916-919.
30. Tyndall et al. HIV seroprevalence among participants at a supervised injection facility in Vancouver, Canada: implications for prevention, care and treatment. *Harm Reduct J*, 2006; 3: 36.
31. Wood et al. Summary of findings from the evaluation of a pilot medically supervised safer injecting facility. *CMAJ*, 2006; 175: 1399-1404.
32. Kerr et al. Drug-related overdoses within a medically supervised safer injection facility. *Int J Drug Policy*, 2006; 17: 436-441.
33. Wood et al. Impact of a medically supervised safer injecting facility on drug dealing and other drug-related crime. *Subst Abuse Treat Prev Policy*, 2006; 1: 13.
34. Wood et al. Attendance at supervised injecting facilities and use of detoxification services. *N Engl J Med*, 2006; 354: 2512-2514.
35. Kerr et al. Impact of a medically supervised safer injection facility on community drug use patterns: a before and after study. *BMJ*, 2006; 332: 220-222.
36. Tyndall et al. Attendance, drug use patterns, and referrals made from North America's first supervised injection facility. *Drug Alcohol Depend*, 2006; 3: 193-198.
37. Wood et al. Prevalence and correlates of hepatitis C infection among users of North America's first medically supervised safer injection facility. *Public Health*, 2005; 119: 1111-1115.
38. Wood et al. Safer injecting education for HIV prevention within a medically supervised safer injecting facility. *Int J Drug Policy*, 2005; 16: 281-284.
39. Wood et al. Factors associated with syringe sharing among users of a medically supervised safer injecting facility. *Am J Infect Dis*, 2005; 1: 50-54.
40. Kerr et al. Safer injection facility use and syringe sharing in injection drug users. *Lancet*, 2005; 366: 316-318.
41. Wood et al. Service uptake and characteristics of injection drug users utilizing North America's first medically supervised safer injecting facility. *Am J Public Health*, 2006; 96: 770-773.
42. Wood et al. Do supervised injection facilities attract higher-risk injection drug users? *Am J Prev Med*, 2005; 29: 126-130.
43. Wood et al. Changes in public order after the opening of a medically supervised safer injecting facility for illicit injection drug users. *CMAJ*, 2004; 171: 731-734.
44. Wood et al. Methodology for evaluating Insite: Canada's first medically supervised safer injection facility for injection drug users. *Harm Reduct J*, 2004; 1: 9.
45. Wood et al. Rationale for evaluating North America's first medically supervised safer-injecting facility. *Lancet Infect Dis*, 2004; 4: 301-306.