

SUMMARY

OPERATIONAL FEATURES SHAPE ACCESS TO SUPERVISED INJECTION FACILITY FOR PEOPLE WHO INJECT DRUGS

BACKGROUND & METHOD

- North America's first supervised injection facility (SIF), named Insite, was established in Vancouver, Canada, in 2003.
- An exemption to the Canadian Controlled Drugs and Substances Act permits Insite to operate legally, and determines many of its operating regulations.
- Although research has documented reductions in risk behaviour among Insite users and fatal overdoses in the DTES area, the influence of operational features on people who inject drugs' (IDU) access to Insite has not been examined.
- A multi-method study was conducted which included observational research within Insite, 50 indepth interviews with individual Insite users, examination of the use of Insite, as well as analysis of the governing of supervised injecting in Canada.

QUICK FACT

SOME OPERATIONAL FEATURES
OF INSITE MAY ACT AS BARRIERS
TO ACCESS FOR IDU, SUCH AS THE
PROHIBITIONS OF DRUG-SHARING
AND ASSISTED INJECTION.

FINDINGS

- The number of injection booths is very small compared to the large number
 of individuals who seek admittance to the injection room, which results in
 significant wait times. Every day, many clients leave Insite due to the wait
 without being able to enter the injection room.
- Insite regulations prohibit clients from sharing drugs, although this practice
 is common in the local drug scene. This regulation forces clients who have
 purchased drugs together to divide them outside the facility, and represents a
 barrier to Insite use as clients may inject elsewhere when they need to share
 drugs.
- Insite regulations prohibit assisted injection practices, despite the fact that
 approximately 40 % of local IDUs require assistance with injecting. This
 regulation is an important barrier to Insite use among individuals who require
 help injecting, and disproportionately affects female IDUs.
- Insite is busiest during the time around cheque day, and the line-up to enter the
 injection room is often very long. During this time of peak traffic, as many as
 20% of the clients seeking access to the injection room leave due to the wait.

IMPLICATIONS

- The exemption, which permits Insite to operate legally, determines many operational features of the facility, which in turn shape IDUs' access to Insite, as well as the impact of the program.
- Not all SIFs prohibit the sharing of drugs, and some SIFs allow assisted injections, which can reduce the risks associated with this practice.
- Barriers related to wait times to enter the injection room could be addressed by increasing the number of injection booths at Insite, or by establishing another SIF in the DTES area.
- Modifying Insite regulations to permit assisted injections and drug sharing could enhance access to the facility, and allow SIF services to further reduce injection-related risk in the local context.

Small W, Shoveller J, Moore D, Tyndall M, Wood E, Kerr T. Injection drug users' access to a supervised injection facility in Vancouver, Canada: The influence of operating policies and local drug culture. Qualitative Health Research, 2011; 21(6): 743-756.







