ANA LIFFEY DRUG PROJECT

POSITION PAPER ON THE PROVISION OF A PILOT MEDICALLY SUPERVISED INJECTING CENTRE (MSIC) IN DUBLIN

APRIL 2012

ana liffey drug project

ACTION • PREVENTION • SUPPORT

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Introduction

On the 20th January 2012 Ana Liffey Drug Project launched its Strategic Plan 2012 - 2014. Strategic Objective 2 is "To create service responses which will address unmet service user needs". Goals under this objective include:

2.1a. Advocate, secure stakeholder support and plan for the establishment of a Medically Supervised Injecting Centre (MSIC) by September 2013.
2.1b. Subject to above and necessary legislative amendments, pilot an MSIC in Dublin offering a practical and safer alternative to public injecting by December 2014 (Ana Liffey Drug Project 2012)

The first identified action under 2.1a is to produce a position paper on the subject of MSICs. This paper sets out the position of ALDP with regard to MSICs. Our hope is that it provides a foundation for discussion and engagement with stakeholders, and assists in identifying the issues which need to be addressed to allow us to deliver on our strategic goals.

What is an MSIC?

An MSIC is a type of Drug Consumption Room (DCR). DCRs seek to reduce the harm associated with drug use by allowing certain types of drug consumption on the premises. MSICs focus on injecting drug use. They are medically supervised spaces where people can inject drugs in a clean and hygienic setting off the street. They are a widely recognised response to injecting drug use, and are employed in a number of countries, including Switzerland, Germany, Spain, the Netherlands, Australia and Canada (Hedrich 2004). An MSIC does not provide people with drugs to consume; people arrive at the MSIC with their drug. At the MSIC, they can access clean injecting equipment, and medical and social interventions, such as testing for blood borne viruses, advice on safer drug use, and referral pathways to treatment and rehabilitation.

What are the benefits of MSICs?

MSICs have been shown to improve both health related indicators for drug users and broader environmental indicators such as the reduction of unsafely discarded paraphernalia. The European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) is a decentralised agency of the EU. It exists to provide the EU and its Member States with a factual overview of European drug problems and a solid evidence base to support informed drug laws and strategies. Of DCRs, the EMCDDA note that:

> *"…research shows that the facilities reach their target population and provide immediate improvements through better hygiene and safety conditions for injectors. At the same time, the availability of safer injecting facilities does not increase levels of drug use or risky patterns of consumption, nor does it result in higher rates of local drug acquisition crime. There is consistent evidence that DCR use is associated with self-reported reductions in injecting risk behaviour such as syringe sharing, and in public drug use."*
> *(European Monitoring Centre for Drugs and Drug Addiction 2010)*

A report commissioned by the Joseph Rowntree Foundation in 2006 found that there is no evidence that DCRs either increase or decrease an individual's drug use, or that they act as a magnet for drug users. However, DCRs were associated with a reduction in injecting in public places, and a reduction in discarded used syringes and drug-related litter (Joseph Rowntree Foundation 2006). Other positive findings include evidence that DCRs can be a successful gateway to treatment (Kimber, Mattick *et a*l. 2008) and can reduce ambulance call-outs for drug overdoses (Salmon, Van Beek *et al*. 2010).

It is important that MSICs are provided not as standalone services, but as a response that is integrated into current service provision. EMCDDA notes that:

> *"In settings where there is a demonstrable need for DCRs, their development and the extent to which they can achieve their objectives is tempered by the broader social and policy context. A qualitative assessment of the literature suggests that DCRs can only be effective if they are:*
> - *integrated into a wider public policy framework as part of a network of services aiming to reduce individual and social harms arising from problem drug use;*
> - *based on consensus, support and active cooperation among key local actors, especially health, police, local authorities, local communities and consumers themselves;*
> - *seen for what they are — specific services aiming to reduce problems of health and social harm involving particular high-risk populations of problematic drug users and addressing needs that other responses have failed to meet."*
>
> *(European Monitoring Centre for Drugs and Drug Addiction 2010)*

Why do we need MSICs in Dublin?

Drug use in Dublin's public spaces is a matter of significant concern to the general public. In 2005, the Lord Mayor's Commission on Crime and Policing highlighted public perception of the problem of public injecting in Dublin:

> *"…addicts injecting in public places…a sight [which] causes distress to members of the public who feel threatened by such overt drug abuse on the streets…and a perception of lawlessness often ensues"*
>
> *(Lord Mayor's Commission 2005)*

Local stakeholders have consistently identified public drug use as a problem, with:

> *"… over one in three respondents (36% of respondents) describing anti-social behavior (particularly drink and drug related behavior, crime and safety issues) as being the worst thing about Dublin. There were over 400 mentions of drugs and drug use in the open responses. Many of the panel members feel that this has had a serious impact on the image of the city centre and is something that needs urgent attention from all stakeholders that operate in the city."*
> *(Cudden 2011)*

This general public sentiment is backed up with objective research with drug users. A 2005 study showed that 68% of 66 homeless intravenous drug users (IDUs) reported injecting in a public place in the past month (Lawless 2005). A client survey carried out by Ana Liffey Drug Project in 2008 found that of the 16 respondents who reported where they had injected 30 days prior to interview, 9 (56%) reported using in public places (Ana Liffey Drug Project 2008).

Public injecting is not only a concern to the general public, but also to the individual drug user. Long notes that at the end of 2009 there were 5,369 diagnosed HIV cases in Ireland, of which 1,447 (27%) were probably infected through injecting drug use; further, in 2009, 40% of newly reported hepatitis C cases had risk factor status recorded (Long 2011). The majority of these cases (70.9%) reported injecting drug use as the main risk factor. The spread of blood borne viruses among injecting drug users occurs in part through unsafe injecting behaviours. A number of studies show elevated levels of risk behaviour among street injecting populations (Marshall 2010).

Thus, public injecting creates risk for both the general public and the individual drug user. Ana Liffey Drug Project believes that MSICs would help take public injecting off the streets and provide a safer alternative that benefits all the city's stakeholders.

Where will the pilot service be located?

The Ana Liffey is willing to provide the service at a central location in Dublin City Centre, where public injecting is a well established phenomenon. The geographical location and size of the service are both issues which will need to be considered when planning for the delivery of the MSIC. In line with our strategic plan, we aim to have a pilot MSIC established by December 2014. Naturally, this is conditional upon stakeholder support, and an appropriate legal and policy framework for service provision being in place.

How will the pilot service operate?

Broadly, the service will operate three separate sections, consistent with MSIC design in other jurisdictions. Each section also has a number of distinct areas for specialist interventions. A reception area is used to greet and register clients; there is a private space for assessment. The main section of the service is an injecting room, with spaces for individuals to inject in privacy, but with medical supervision. This section also has an attached surgery for medical interventions. A social section allows clients to avail of non-medical support and interventions before they exit the service. The service is staffed by a mix of medical and social care personnel, all specifically trained for work in an MSIC environment.

What happens next?

There are many issues which need to be addressed before an MSIC becomes a reality in Dublin. Hunt (Hunt 2008) considered the issues in commissioning DCRs in the UK and noted that although there is likely to be local variation, there is a general step-wise logic which applies. The stages Hunt identified are:

1. One or more agencies initially identify some local need with reference to harm indicators that may be addressed by a DCR, e.g. overdose deaths/public injecting.
2. A local multi-agency partnership is established to appraise the case for a local DCR and steer its introduction if this is judged necessary.
3. A local Communication Strategy is developed to ensure an effective response to media and other enquiries is in place.
4. Consultation with local community members assesses whether a DCR has potential acceptability and begins to clarify issues from the perspective of local residents/businesses.
5. Resources are identified for provision of the service, monitoring and evaluation.
6. A service provider and suitable premises are identified.
7. A local 'accord' is developed with relevant stakeholders.
8. Detailed operational policies for the service are developed and agreed.
9. Arrangements are made for monitoring and evaluation of the service prior to its implementation.

(Hunt 2008)

In Dublin, we are at the beginning of this process. To progress, cooperation across all sectors will be needed. Previous research in the Irish context has concluded that "the introduction of supervised consumption rooms in Ireland would require changes in legislation and careful consideration of the impact of such strategies in reference to international treaties.." (Moore 2003) Nonetheless, there is significant support for the development of MSICs in Dublin. The Lord Mayor of Dublin, Andrew Montague has indicated his support for the piloting of an MSIC. Further, in its submission to 'Your City, Your Space' the Dublin City Public Realm Strategy, the Dublin Regional Homeless Executive also gave its support to Ana Liffey Drug Project's goal to pilot an MSIC:

> *"Support as a priority the design and development of harm reduction services for drug users at risk of and experiencing homelessness in Dublin City such as the proposed piloting of a medically supervised injecting centre, as recommended by the Irish Drug Advisory Body in 2005, and more recently as supported by Cllr Andrew Montague, Lord Mayor of Dublin at the recent Launch of the Ana Liffey Drug project Strategic Plan 2012 – 2014."*
> *(Browne 2012)*

At Ana Liffey, we will continue to engage with all stakeholders to garner support at all levels for evidence based harm reduction interventions such as MSICs. We believe that Dublin should be a safe city for all its users. Ana Liffey believes that the health and social benefits accruing from the strategic use of MSICs will help to ensure that this is the case.

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