

**INTERNATIONAL SURVEY OF SUPERVISED
INJECTING CENTRES (1999-2000).**

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International Survey of Supervised Injecting Centres (1999-2000)

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Executive summary

Supervised injecting centres (SICs) enable the consumption of pre-obtained drugs under hygienic and lower risk conditions. The main objectives are reducing the health and public order problems associated with injecting drug use. With little information available about these Centres in the English language, we conducted a survey of SICs in Europe in 1999-2000.

Contact information was obtained for 39 centres across the Netherlands, Germany, Switzerland and Spain. Information about the existence of an additional six centres was obtained but no contact information was available. The aim of this study was to collate information about these facilities and to identify common and unique elements of service delivery. The survey included questions relating to staffing levels, number and types of rooms, hours of operation, provision of places for clients to smoke drugs, rules and procedures, overdose management, provision of and referral to ancillary services, client load, rates of adverse events, research and evaluation, and funding.

The survey response rate was 40%. This study indicates that SICs are professional health and welfare services; service delivery is low threshold and a comparable range of facilities and services are provided in most Centres. There have been no overdose deaths reported at any of the surveyed centres.

1 Introduction

Supervised injecting centres (SICs) have been defined as

“...legally sanctioned and supervised facilities designed to reduce the health and public order problems associated with illegal injection drug use...which enable the consumption of pre-obtained drugs in an anxiety and stress-free atmosphere, under hygienic and low risk conditions” (Dolan et al., 2000).

This distinguishes SICs from illegal “shooting galleries”, which have been described in New York (Des Jarlais, Friedman, & Stoneburner, 1988), Miami (Chitwood et al., 1990), Dayton (Carlson, 2000) and in Sydney (Rutter, Dolan, & Wodak, 1997). Shooting galleries typically operate for profit, with little regard for the health and safety of their customers; and are associated with a high risk injecting practices and HIV transmission (Chitwood et al., 1990),(Carlson, 2000; Strathdee et al., 2001).

SICs have operated in Europe since the early 1970’s, first identified in Amsterdam, in 1971 (Stöver & Michels, 1997). Centres are currently known to operate in the Netherlands, Switzerland, Germany and Spain (Dolan et al., 2000). Other English terms used to describe supervised injecting centres include safe injecting rooms, and drug consumption facilities. The latter term is most comprehensive given that many of the Centres operating also allow for some non-injecting routes of administration of drugs¹, such as smoking and snorting (de Jong & Weber, 1999). For the purposes of this report, however, ‘supervised injecting centre’ or ‘Centre’ will be used to denote the facility as a whole and ‘injecting room’ or ‘smoking room’ will be used to refer to the actual space in which drug consumption occurs.

¹ Non injecting routes of administration (NIROA) is a term used to describe routes of illicit drug administration other than injecting. NIROA includes routes such as smoking, oral, intranasal (snorting), shoving (per rectum) and shelving (per vaginal).

Calls for the establishment of SICs in Australia began in response to the numerous illegal shooting galleries, which were operated by the commercial sex industry in Kings Cross in the 1990's. A Royal Commission into Police Corruption recommended in 1997 that consideration be given to the establishment of an SIC and this led to the subsequent establishment of a Parliamentary enquiry into the establishment of SICs (Dolan et al., 2000; Parliament of New South Wales, 1998; Wood, 1997).

Four key potential benefits of SICs have been proposed: reduction in opioid-related overdoses (both fatal and non-fatal); reduction in public nuisance²; reduction in blood-borne viral transmission and improved access to health care, especially drug treatment. Critics have argued that there were three main risks: condoning drug use ('sending the wrong message'), facilitating the congregation of drug users and drug dealers ('honey pot effect'), and delaying entry to drug treatment (Dolan et al., 2000; Parliament of New South Wales, 1998).

When this study was planned in mid 1999, three Australian jurisdictions were considering trials of SICs. Governments, potential service providers, researchers, and public health advocates involved in the discussion were keen to know more about the impact and costs of these facilities. Limited published information was available in English and the need for more information about the operation and outcomes of SICs in Europe was apparent.

The aim of this study was to collate information about the operation and outcomes of SICs based on a survey of all known SICs.

² Public nuisance includes inappropriately discarded injecting equipment, public injecting and intoxication and visible drug dealing

2 Methods

A 60-item survey, *International Survey of Supervised Injecting Centres*, was developed. Questions related to staffing levels, number and types of rooms, hours of operation, provision of places for clients to smoke drugs, rules and procedures, overdose management, provision of and referral to ancillary services, client load, rates of adverse events, research and evaluation, and funding (Appendix A).

Contact details were obtained from the authors professional networks for 39 Centres across the Netherlands, Switzerland, Germany and Spain, which were identified as operating SICs. There was information available confirming the existence of an additional six Centres, however, contact information was not able to be obtained to include these Centres in the survey. The survey was sent by post, facsimile, or e-mail between October 1999 and July 2000³. Six surveys were completed as face-to-face structured interviews. Two surveys, one each from The Netherlands and Switzerland were returned address "unknown". Survey respondents were typically the Centre Manager or Team Leader. Refer to Appendix B for a summary of the locations of the SICs contacted.

2.1 Statistical analyses

The estimation of the rate of non-fatal overdose was derived by dividing the number of overdoses per annum (as reported by the Centre as the number of overdoses in the past 12 months or multiplied by 52 based on average number of overdoses per week) by the estimated total number of visits per annum (average number of visits per day multiplied by 365.25). In cases where a range was provided, for example 100-150 visits per day, the midpoint was used. The rate is rounded to one significant figure.

The remainder of the data is presented descriptively.

³ Since conducting the survey, SICs opened in Münster, Germany (April 2001) and Sydney, Australia (May 2001).

3 Results

A total of 15 surveys were completed, yielding a response rate of 40%. Table 1 summarises the proportion of surveys completed and the Centres who responded to the survey. German Centres completed the majority of surveys and the lowest response was from Centres in The Netherlands.

Table 1: Survey response rate

Country	Completed / Sent	City of Respondents
Germany	8/10	Frankfurt (x 2)
		Hamburg (x 4)
		Hanover
		Saarbrücken
Switzerland	4/16	Basel
		Bern
		Schaffhausen
		Solothurn
Netherlands	2/12	Rotterdam
		Apeldoorn
Spain	1/1	Madrid

Most of the surveyed SICs commenced operation in the 1990's (Table 2). The earliest operating SIC surveyed was in Rotterdam in 1980. The majority (10/15, 67%) of Centres operate 7 days a week with opening hours ranging from 26 to 107½hours per week (minimum 3 hours per day, maximum 15 ½ hours per day).

Table 2: Year SIC opened, days and hours of operation per week

Centre	Opened	Days open	Hours per week
Frankfurt A	1994	7	58
Frankfurt B	1994	7	107 ½
Hamburg A	1997	7	49
Hamburg B	1994	6	39
Hamburg C	1994	4	36
Hamburg D	1994	6	36
Hanover	1997	6	34
Saarbrücken	1999	7	-
Basel	1992	7	26
Bern	1986	6	42
Schaffhausen	1994	7	41 ½
Solothurn	1993	7	26 ¼
Apeldoorn	1999	7	49
Rotterdam	1980	7	59 ½
Madrid	2000	7	-

' - ' Indicates that the information was not specified or not available

The composition of staff and onsite facilities are described in Table 3a. Social workers are the most commonly employed professional staff, followed by nurses. The majority of Centres also employ sessional medical officers. Three of the Centres have an ex-user staff position.

The core facilities provided by all SICs are an injecting room and toilets. In addition, all but one of the surveyed SICs have a café and/or day room⁴ The exception, Frankfurt B, has a reception area for clients waiting to access the

⁴ A 'day room' is a space where clients can spend time during the day without being required to move on or purchase food etc.

injecting room. The latter approach is what has been referred to as a 'pure' service model in contrast to the 'integrated' service model, which is the predominant European approach (Schneider & Stöver, 1999). These cafes provide low cost and/or free meals and beverages to clients.

Other common facilities include places for administering drugs by non-injecting routes, showers, laundry and clothing pool. Three of the surveyed Centres also have onsite overnight accommodation.

As can be seen in Table 3b, there is a core set of onsite services and programs available at SICs. All of the surveyed SICs provided safer injecting advice and overdose management, NSP, counselling, and some primary medical care. Many also provide legal advice.

Other programs provided at some SICs include opening times for women only, case management, art materials, recreational trips, parenting skills, postal contact for people in prison, and mobile outreach resuscitation units and NSP.

SIC clients may also be referred to other agencies for a wide range of services and assistance including drug substitution treatment, detoxification, therapy, medical care, rehabilitation, accommodation and housing, employment and training, social services and legal aid.

Table 3a: Staffing and onsite facilities

Centre	Staff					Onsite facilities					
	Social workers & allied	Nurses	Medical	Ex-User	Other ⁵	Injecting places	NIROA places	Café	Toilets	Shower & laundry	Accommodation
Frankfurt A	✓					✓		✓	✓	✓	✓
Frankfurt B	✓		✓		✓	✓			✓		
Hamburg A	✓	✓	✓		✓	✓	✓	✓	✓	✓	
Hamburg B	✓	✓		✓	✓	✓	✓	✓	✓	✓	
Hamburg C	✓	✓	✓		✓	✓		✓	✓	✓	
Hamburg D	✓	✓		✓	✓	✓	✓	✓	✓	✓	
Hanover	✓	✓	✓		✓	✓		✓	✓	✓	
Saarbrücken	✓	✓			✓	✓		✓	✓	✓	✓
Basel	✓	✓	✓			✓		✓	✓	✓	
Bern	✓	✓			✓	✓		✓	✓	✓	
Schaffhausen	✓	✓				✓	✓	✓	✓		
Solothurn	✓	✓	✓		✓	✓		✓	✓	✓	
Apeldoorn	✓	✓		✓	✓	✓	✓	✓	✓		
Rotterdam	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Madrid	✓	✓	✓		✓	✓		✓	✓		

⁵ Other staff types include: Social work students on practicum, case managers, lawyers, drug and alcohol treatment liaison, and security guards.

Table 3b: Programs and referrals

Centre	Programs						Referrals				
	Injecting advice & overdose management	NSP	Medical care ⁶	Counselling	Legal advice	Other ⁷	Accommodation	Drug treatment ⁸	Employment & training	Medical care	Other ⁹
Frankfurt A	✓	✓	✓	✓	✓	✓		✓	✓		
Frankfurt B	✓	✓	✓	✓		✓	✓	✓	✓	✓	
Hamburg A	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Hamburg B	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Hamburg C	✓	✓	✓	✓	✓	✓		✓	✓		✓
Hamburg D	✓	✓	✓	✓	✓		✓	✓	✓	✓	
Hanover	✓	✓	✓	✓	✓	✓	✓	✓		✓	✓
Saarbrücken	✓	✓	✓	✓	✓	✓		✓			✓
Basel	✓	✓	✓	✓		✓	✓	✓	✓	✓	
Bern	✓	✓	✓	✓		✓	✓	✓		✓	
Schaffhausen	✓	✓	✓	✓		✓	✓	✓	✓	✓	
Solothurn	✓	✓	✓	✓			✓	✓	✓	✓	✓
Apeldoorn	✓	✓	✓	✓			✓	✓		✓	✓
Rotterdam	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓
Madrid	✓	✓	✓	✓				✓		✓	

⁶ Medical care includes: wound cleaning and dressing, blood borne virus testing and vaccinations, and other primary medical care.

⁷ Other services/programs includes: women only sessions, methadone prescriber/program, mail service, case management, postal contact with clients in prison, recreational trips, clothing pool, parenting skills, acupuncture, pastoral care, and mobile NSP with resuscitation unit.

⁸ Drug treatment includes: substitution treatment, detoxification, rehabilitation, and therapy.

⁹ Other referrals include: translator services, social services, and legal advice.

As can be seen in Table 4, the number of injecting places at the surveyed SICs ranges from 3 to 12. Places for non-injecting routes of administration (NIROA), that is smoking and snorting, were available at six Centres and the number of NIROA places available ranged from 3 to 6. The time limit for use of the injecting place ranged from 15 to 30 minutes; with many Centres indicating that this is flexible based on how busy the room is at any given time. The average number of visits to the surveyed SICs per day ranged from 25 – 400.

Table 4: Number of injecting places, NIROA places, time limit, and average visits per day

Centre	Injecting places	NIROA places	Time limit (minutes)	Average visits per day
Frankfurt A	8	0	30	100-150
Frankfurt B	12	0	30	400
Hamburg A	7	3	30	180-200
Hamburg B	5	2	30	100
Hamburg C	6	0	30	<40
Hamburg D	4	4	30	80-100
Hanover	9	0	30	100
Saarbrücken	12	0	30	200
Basel	-	0	30	120
Bern	10	0	30	260
Schaffhausen	-	Allow snorting	15	50
Solothurn	-	0	30	30
Apeldoorn	3	6	25	25
Rotterdam	7 ¹⁰	28 ¹⁰	15	50
Madrid	10	0	No limit	60

- - Indicates that the information was not specified or not available

No fatal overdoses have occurred in the SICs surveyed and none had been reported by any other SICs to date (Dolan et al., 2000). The rate of non-fatal overdose ranged from 1 to 36 per 10,000 visits. The primary management of

¹⁰ This is an estimate based on there being up to 35 places in the room, with an average composition of 20% injectors to 80% smokers

overdose is with oxygen gas. If clients are not revived the ambulance is called and ambulance officers may administer naloxone. Only two centres reported in-house administration of naloxone, and this is only undertaken if a medical officer is present.

Table 5: Estimated rate of non-fatal overdose

Centre	Year	Estimated non-fatal overdoses per annum	Projected visits per annum	Rate of non-fatal overdose per 10,000 visits
Frankfurt A	1999	42	45,626	9
Frankfurt B	1999	52	146,100	4
Hamburg A	1999	130	69,398	19
Hamburg B	1999	100	36,525	27
Hamburg C	-	-	-	
Hamburg D	1999	60	32,873	18
Hanover	1999	130	36,525	36
Saarbrücken	1999	156	73,050	21
Basel	1998	20	43,830	5
Bern	1998	136	94,965	14
Schaffhausen	1999	48	18,263	26
Solothurn	1999	21	10,958	19
Apeldoorn	1999-2000	1	9,131	1
Rotterdam	1999-2000	20	18,262	11
Madrid	-	-	-	

' - ' Indicates that the information was not specified or not available

All SICs have general rules in relation to accessing the service (Table 6). The minimum age for entry is 18 at all surveyed centres except for Basel and Bern where the minimum age is 16 years. Five Centres have residency restrictions, where clients are expected to be resident in the local government area. Seven Centres systematically monitor that clients have a history of injecting drug use.

Dealing of drugs is not permitted by clients at any centre. However, the Rotterdam SIC in an attempt to regulate the quality and price of drugs for their clients does have approved 'house dealers'.

Table 6: Centre rules

Centre	Entry age	Residency restriction	Confirm history of IDU
Frankfurt A	18	Yes	No
Frankfurt B	18	No	Not usually
Hamburg A	18	No	No
Hamburg B	18 ¹¹	No	No
Hamburg C	18	No	No
Hamburg D	18	Yes	Yes
Hanover	18	No	No
Saarbrücken	18	No	Yes
Basel	16	No ¹²	No
Bern	16	No	Yes
Schaffhausen	18 ¹³	Yes	Yes
Solothurn	18	Yes	-
Apeldoorn	18	Yes	Yes
Rotterdam	18	Yes ¹⁴	Yes
Madrid	18	No	Yes

' - ' Indicates that the information was not specified or not available

¹¹ The age limit only applies to accessing the injecting room

¹² This agency indicated they were considering a residency restriction

¹³ Under 20's screened closely

¹⁴ Passes are issued to homeless clients who are able to buy and use drugs on the premises. Passes are also issued to others who may only purchase drugs on the premises.

Injecting room specific rules are summarised in Table 7. Four Centres reported that they do not allow intoxicated clients to inject while the remainder allow it on a case-by-case basis, and encourage heavily intoxicated clients to wait before using. Nine Centres place no restrictions on physical injecting site, but advise against risky practices while six Centres have placed restrictions on some injecting sites. These include: eye, face, neck, groin, genitals, chest and abdomen. Six Centres reported that clients are able to assist each other when injecting, however, staff are not able to assist clients in injecting, although some have reported that they will provide some assistance in exceptional cases, such as when the client is blind or an amputee. Clients are able to share drugs at four centres, primarily in the making heroin/cocaine cocktails. Only one centre reported it does not allow its clients to leave immediately after injecting.

Table 7: Injecting room rules

Centre	Intoxicated able to inject	Restricted injecting sites	Clients assist each other	Share drugs	Leave premises immediately post-injection
Frankfurt A	Case by case	No	No	No	Yes
Frankfurt B	Case by case	No	No	No	Yes
Hamburg A	Yes	No	Yes	Yes ¹⁵	Yes
Hamburg B	Case by case	No	Yes	Yes	Yes
Hamburg C	Case by case	No ¹⁶	No	No	Yes
Hamburg D	No ¹⁷	No	No	No	No
Hanover	Yes	No ¹⁸	Yes	No	Yes
Saarbrücken	Case by case	No	Exceptional cases	No	Yes
Basel	No	Wounds, neck	Yes	No	Yes
Bern	Yes	Eyes, Chest	Yes	Yes ¹⁸	Yes ¹⁹
Schaffhausen	Case by case	Forehead, Groin	Exceptional cases	No	Case by case
Solothurn	No	Forehead, neck, groin ²⁰	Yes	Yes ¹⁸	Yes
Apeldoorn	No	Neck, groin	No	No	Yes
Rotterdam	No	Neck, groin	No	No	Yes
Madrid	Case by case	Neck, face, abdomen, chest, groin, genitals	No	No	Yes

‘ - ‘ Indicates that the information was not specified or not available

¹⁵ With separate syringes

¹⁶ Advised about risks and safer use

¹⁷ Technically no, but prefer for intoxicated clients to inject under supervision

¹⁸ When making cocktails

¹⁹ Advised to stay when highly intoxicated

²⁰ Permitted when not possible in hands, arms or feet

Table 8 summarises the survey respondents perceived public health impact or outcomes associated with the operation of the surveyed Centres. The majority of respondents perceive that the operation of their SIC has contributed to a reduction in overdose deaths and events and a reduction in HIV incidence and risk behaviour.

Table 8: Overdose and BBV outcomes

Centre	Reduction in overdose deaths	Reduction in overdose events	Reduction in BBV transmission
Frankfurt A	No	Yes	Hopefully
Frankfurt B	-	Yes	Yes- HIV No-HCV
Hamburg A	Yes	-	-
Hamburg B	-	-	Clients more aware of transmission risks
Hamburg C	-	-	-
Hamburg D	Yes	Yes	Yes
Hanover	Yes	Yes	Yes
Saarbrücken	Yes ²¹	Yes	Not evaluated
Basel	Yes	Yes	Yes
Bern	Not evaluated	Not evaluated	Yes - HIV No - HCV
Schaffhausen	Yes ²²	-	Yes, for under 30's
Solothurn	-	-	Yes - HIV HCV a big problem
Apeldoorn	Not evaluated	Not evaluated	Most likely
Rotterdam	-	-	Yes
Madrid	-	-	-

¹ - ¹ Indicates that the information was not specified or not available

Table 9 summarises the perceived public amenity impact or outcomes associated with the operation of the surveyed Centres. The majority of respondents believed that their Centre had contributed to a reduction in injecting equipment litter and public injecting.

Six Centres perceived that there had been an increase in drug dealing in the vicinity of the SIC. Some other negative consequences reported by a few

²¹ 'Has halved since the injecting room opened, we hardly have any overdoses'

centres were aggressive incidents among clients outside the Centre, petty crime, and resentment of local residents.

Table 9: Public amenity outcomes

Centre	Reduction in injecting equipment litter	Reduction in public injecting	Increase in drug dealing	Other negative consequences
Frankfurt A	Yes	Yes	No	No
Frankfurt B	Yes	Yes	-	-
Hamburg A	Yes	Yes	Yes ²³	No
Hamburg B	Yes	Yes	Yes	Increase in petty crime
Hamburg C	Unchanged	No ²⁴	No	No
Hamburg D	Yes	Yes ²⁵	Unchanged	No
Hanover	Yes	Yes	No ²⁶	No
Saarbrücken	Not evaluated	Not evaluated	No	No
Basel	Yes	Yes	Yes	Congregation and aggression in front of the centre
Bern	Yes ²⁷	Yes ²⁸	Yes	No
Schaffhausen	Yes	Yes	Yes	Neighbourhood resentment
Solothurn	Yes	Yes	No	Not specified
Apeldoorn	Yes	Yes	Yes	No
Rotterdam	Yes	Yes	Not applicable ²⁹	'No one wants to live close to the church'
Madrid	Yes	Yes	No	No

' - ' Indicates that the information was not specified or not available

Five Centres report on some form of client registration for using the Centre which varies in 'threshold' from collecting a name/alias and signature from the

²² '...was 10-12 per year, now 2-4 per year.'

²³ 'Dealing has increased near the Centre but has decreased substantially from the main drug market at the nearby train station...There is not a real separation between dealers and clients'

²⁴ 'As it is not an open drug scene'

²⁵ 'However, the centre did hand out ascorbic acid and water for a while, and some clients would not wait for an injecting place and inject outdoors.'

²⁶ 'As main drug market is 10 minutes walk away'

²⁷ 'More as result of the NSP connected to centre'

²⁸ 'During opening hours'

²⁹ Have authorised house dealers

client indicating that they understand the rules of the Centre through to more extensive demographic and drug use information. All Centres collect basic operational data such as number of visits, gender composition, any adverse events and referrals. Four Centres are able to monitor individual service use. The majority of Centres keep clinical records where significant interventions or referrals are provided. The majority also have policies and procedures documents and publish annual reports. Six Centres indicated they have evaluation reports. Copies of these reports were obtained for Hanover (Jacob, Rottman, & Stöver, 1999), Basel (Ronco, Spuhler, Coda, & Schopfer, 1996), Bern (Nejedly & Bürki, 1996) and were not obtained for Schaffhausen, Solothurn and Apeldoorn.

Table 10: Client registration system, record keeping, data collection & evaluation

Centre	Client registration system	Clinical Records	Operational statistics	Annual reports	Evaluation
Frankfurt A	Low threshold	-	Yes	Yes	-
Frankfurt B	Low threshold ³⁰	No	Yes	Yes	-
Hamburg A	No ³¹	Yes	Yes	-	-
Hamburg B	No	No	Yes	-	-
Hamburg C	Yes ³²	No	Yes ³³	Yes	
Hamburg D	No	-	Yes	Yes	
Hanover	No	Yes	Yes		Yes
Saarbrücken	Yes	No	Yes	Yes	
Basel	No	Yes	Yes	Yes	Yes
Bern	No	-	-		Yes
Schaffhausen	Yes	-	Yes ³³	-	Yes ³⁴
Solothurn	Yes	-	Yes	-	Yes ³⁴
Apeldoorn	Yes	Yes	Yes ³³	-	Yes ³⁴
Rotterdam	Yes	Yes	No	-	-
Madrid	No	Yes	Yes ³³	-	-

' - ' Indicates that the information was not specified or not available

³⁰ Clients sign a statement at every visit to certify aged 18years and not in substitution treatment

³¹ Put first name/alias on waiting list

³² Collect extensive details about individuals

³³ Are able to track individual service use

³⁴ Evaluation report not provided

As is summarised in Table 11, local and state governments are the main funding bodies, with many having a joint contribution. All Centres reported ongoing consultation with police and local government. Additional information obtained in the surveys undertaken structured interviews suggests that Centres have engaged in extensive consultation with community stakeholders pre and post commencing operation.

Table 11: Funding

Centre	Funding source	Amount	
		1999-2000 currency rates ³⁵	
Frankfurt A	Local & State	DM 1,000,000	(EUR 511,290)
Frankfurt B	Local 80%	-	-
	State 20%		
Hamburg A	Local	-	-
Hamburg B	-	-	-
Hamburg C	Local	-	-
Hamburg D	State	-	-
Hanover	State	-	-
Saarbrücken	Local & State	DM 1,500,000	(EUR 766,935)
Basel	State	SF 700,000	(EUR 440,650)
Bern		SF 1,365 000	(EUR 859,268)
Schaffhausen	Local	SF 488,000	(EUR 307,196)
Solothurn	Local	SF 261,000	(EUR 164,300)
Apeldoorn		f. 528,000	(EUR 239,596)
Rotterdam	Local & donations	f. 759,355	(EUR 344,580)
Madrid	-	-	-

' - ' Indicates that the information was not specified or not available

³⁵ Derived from historical currency rates and converter at <http://pacific.commerce.ubc.ca/xr/data.html>

4 Discussion

This survey aimed to identify and describe some key characteristics of European SICs.

The staffing and services provided at SICs indicates that these facilities are professional health and welfare services. Service delivery is based on harm reduction principles and a non-judgemental approach to drug use. The majority of Centres provide a low threshold for entry with limited client information required for admission. Accordingly, service data collection in these services is generally confined to aggregate counts of visits by gender, adverse events, and referrals. Some SICs provide case management and collect more detailed information on individual clients.

Services provided by most Centres are similar taking into account local variation in resources, other services available for drug users, and the size and nature of the drug scene. Core facilities at the surveyed SICs are an injecting room, café or waiting area, and toilets. Core services are injecting advice, overdose management, NSP, counselling, limited medical care, and referral to relevant agencies for drug treatment, accommodation and other services. Local variation is reflected in the hours of operation, the number of injecting places available, availability and number of places for non-injecting routes of administration, and the composition of onsite to referred services.

The rules in operation at SICs seem to reflect the need to meet legal requirements, ensure occupational and client health and safety, and create and maintain a managed environment. These rules appear to be acceptable to the client group as evidenced by the number of visits to the Centres.

Almost half the Centres also offer places for administration of drugs by non-injecting routes. This reflects both the preferred routes of administration among some drug users as well as support for different forms of harm reduction among service providers (Dolan & Wodak, 2001).

Early intervention in overdoses appears to be effective as there have been no reported deaths at any SIC. The estimated rate of overdose at the SICs ranged from 1 to 36 per 10,000 visits....A study in Frankfurt also suggests reduced morbidity as the likelihood of a hospital stay was 10 times greater for an overdose occurring in the street compared to an overdose occurring in an SIC (Integrative Drogenhilfe, 1997).

Moreover, a lower level of intervention appears to be required as most Centres successfully managed the majority of overdose events just with oxygen. The limited use of naloxone may also partly reflect regulations restricting administration of this drug to medical practitioners or ambulance officers.

Overall, SICs appear to achieve their stated objectives with few negative consequences. The majority of respondents believe that their Centre contributed to a reduction in overdose events, overdose deaths, HIV transmission, discarding of injecting litter and injecting in public places.

However, it should be noted that these beliefs were in most cases, not substantiated by other evidence in this survey. Clearly, the benefits, possible adverse consequences and cost effectiveness of SICs are subjects requiring further systematic evaluation.

The SICs in this survey were generally well grounded in community consultation. The importance of community consultation is reflected by the continuing liaison with Police and local government. These SICs were funded by local and State governments and operated by non-government organisations or local government agencies.

A limitation of this study was the low response rate. There are several likely reasons for this. Firstly, in the majority of cases the survey was sent by mail to Centres, which had had no previous contact with the authors. It would hardly be surprising if some of the Centres may have viewed the survey with suspicion given the sensitive position of some SICs within their community.

Secondly, the survey was in English with no translation. Language may have been a barrier for staff in some Centres. As no funding was available for this study, there were no resources available to enable the survey to be translated. Also, the phrasing of some questions may have been ambiguous. This may have made it difficult for some respondents to answer and contributed to some of the missing data.

Finally, it is also possible that some of the contact information was out of date or incorrect. As there was no funding available, limited attempts were made to follow-up Centres who did not respond to the survey.

However, in spite of the low overall response rate, the results of the survey are likely to be representative of Centres in Germany and to a lesser extent in Switzerland. Less certainty exists in making generalisations about the Centres operating in the Netherlands. In addition, the Centre in Spain has only been operating since May 2000. The respondent from this Centre was unable to answer many of the questions in the survey.

Any attempt to conduct this survey in the future should only be undertaken with funding to allow translation of the survey questions and answers into and from German, Dutch and Spanish. We intend to undertake this survey annually and post results on the Internet.

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Appendix A: Survey

INTERNATIONAL SURVEY OF CENTRES WITH SAFE INJECTING ROOMS

We are conducting a survey of all injecting rooms. Our aim is to collate up to date information annually about Centres with Safe Injecting Rooms (SIRs) around the world. We intend publishing a summary of the results in an international drug journal initially and then revise the publication annually on web sites. Our objective in doing this is to assist evaluation of SIR. Please complete this survey and return to Dr Kate Dolan, National Drug and Alcohol Research Centre, University of New South Wales, Sydney, email: k.dolan@unsw.edu.au or fax:61 2 9399 7143. BY 31 August 2000 Thanks

Here we distinguish between the overall Centre and Safe Injecting Rooms (SIRs) within the Centre.

1. Please write your name
2. What is your official position?
3. Name, address, telephone number, facsimile number, and email address of your Centre
4. What year did your Centre open?
5. How many full or part time employees work at the Centre?
6. What are their positions or job titles? (eg nurses, doctors)
7. Are former or current drug users employed at the Centre? If yes, how many?
8. In what capacity (ies) are former or current drug users employed?
9. How many rooms are there in your Centre?
10. What is each room used for? (please list)
11. What are your opening hours for the following?
Monday____ Tuesday____ Wednesday____ Thursday____ Friday____
Saturday____ Sundays____
12. Are there other Centres with SIRs in your city? If yes, list their contact name and fax number
13. Are there special sessions for women, young injectors or other special populations?
14. Is naloxone (Narcan) used when a client overdoses?
15. What is the average number of clients visiting the SIR each month? and each day?
16. What percentage of those visiting the Centre last month were injecting drug users?
17. How many of the people who enter your Centre last month entered the SIR room to inject?
18. Does your Centre also have a room, or area reserved specially for smoking, chasing, snorting, etc. of heroin or other drugs?
19. Do you provide the following?

Showers____ laundry____ cheap/free food____ employment referral____ housing____
primary medical care____ clean injecting equipment____ cleaning of wounds____

vaccination____ women's healthcare____ treatment or prevention of STDs ____

Other ____

20. What kinds of services does your Centre refer clients to?

21. How many referrals were made last month for clients to attend the Centre?

22. How many of the referred clients attended the SIR last month?

23. How many clients can you accommodate in the SIR at any time?

24. Have any descriptive or evaluation paper been published about your SIR or Centre? If yes, please send a copy

25. Over the last 12 months, how many overdoses have you witnessed in your SIR?

26. Have there been any deaths in your SIR? If so, how many over a one year period?

27. Have there been any other serious adverse events in your Injecting room? If yes, please specify.

28. What level of funding did your Centre receive in the last financial year (state in your own currency? Who funded your Centre?

29. Do you have a policy and procedures manual? If so, please send a copy

30. Did new laws have to be passed in Parliament for the SIR to operate?

31. Do you have an age restriction? If yes, what is the age limit?

32. Do you have residency restriction? If so, are residents from certain areas denied access to your SIR?

33. Is there a time limit for clients to be in the injecting room? If yes, what is the limit?

34. Are intoxicated clients allowed to inject?

35. Do you check that potential clients have a history of injecting? If so, what method do you use to check?

36. Are clients prevented from injecting in any part of their bodies? If yes, which parts of the body?

37. Can clients inject each other?

38. Can staff inject clients?

39. Can clients share drugs?

40. Can clients sell drugs on the premise?

41. Is there a registration system?

42. Can clients leave straight after injecting if they wish to?

43. What is the name of the organisation that has overall responsibility for the injecting room?
44. Do you have regular meetings with the police or local government?
45. Is your Centre linked to a hospital?
46. Do you employ a security guard? If yes, inside or outside the Centre?
47. What are the stated objectives of your SIR?
49. Has your SIR achieved a reduction in overdose deaths in the neighbourhood of your SIR?
If yes, please provide before and after figures
50. Has your SIR achieved a reduction in non-fatal overdoses in the neighbourhood of your SIR? If yes, please provide before and after figures?
51. Has your SIR achieved a reduction in the transmission of blood borne viruses such as HIV, HBV, or HCV?
52. Has your SIR reduced in the disposal of used injecting equipment in public places?
53. Has your SIR reduced public injecting in your neighbourhood?
54. Since the SIR opened, has violence in your Centre or city increased?
55. Has drug dealing increased in the area around the Centre since the SIR opened?
56. Have there been any other unintended negative consequences since the opening of the SIR?
57. Do you use any data collection sheets for the day to day running of the Centre and /or Injecting rooms? Please provide copies
58. What is the procedure to assess whether someone is suitable to enter the Injecting room ?
59. Are you able to track individuals ? eg How many visits each person makes? Whether they enter treatment and the outcomes of such treatment?
60. Are there any records kept for clinical services offered in the Centre? Eg how many times each client sees a doctor?
61. Is there anything else you wish to tell us?

Thanks for filling out this survey

Please post any relevant material such as policy manuals, evaluations or reports to:
Dr. Kate Dolan National Drug and Alcohol Research Centre UNSW Sydney 2052
NSW AUSTRALIA

Appendix B: Location of supervised injecting centres (1999-2000)

Country	Cities
Germany	Frankfurt (x 4) Hamburg (x7) ³⁶ Hanover Saarbrücken
Switzerland	Basel (x 4) Bern (x 2) ³⁷ Chur Olten Schaffhausen Solthourm St Gallen Wattil Wil Winterthur Zurich (x 2)
The Netherlands	Amsterdam (x 3) Apeldoorn Arnhem Den Bosch Heerlen Maastricht ³⁸ Rotterdam (x 4)
Spain	Madrid

³⁶ Contact details were not available for three of these centres at the time of the survey.

³⁷ One the survey's sent to Bern was returned unanswered

³⁸ Survey was returned address unknown

Appendix C: Links

Links to SICs who participated in this study (where available):

Frankfurt A

<http://www.contact-medicon.com/AIDS-Hilfe-Frankfurt/info/strada.htm>

German language website describing the facilities and services provided and contact details.

Frankfurt B

http://idh-frankfurt.de/IDH_Pages/IDH_D_Konsumraum.htm

German language website by the organization who operates 'Konsumraum Niddastrasse 49'. Has a description of services, graphics of the injecting room, and annual operational statistics.

Hamburg C

<http://www.jugend-hilft-jugend.de/verein/kodrobs.html>

German language website by the organization who operate an SIC (or 'Gesundheitsraum') at 'KODROBS - Altona' with contact details and information about the services provided.

Hamburg D

<http://www.suchthh.de/kursbuch/detail.php3?64>

German language website with information on services provided and contact details.

Hanover

<http://www.step-hannover.de/data/dbera/fix0.html>

German language website including background and mission statement, description of facilities and services, discussion forum, and map. There are graphics of the building, injecting room, medical room and a short film.

<http://www.uni-oldenburg.de/saus/share/download/GHR-Kurz.pdf>

German language overview of the evaluation of this Centre (Fixpunkt).

Saarbrücken

<http://saarbruecken.aidshilfe.de/>

German language website of the organization that operates the SIC.

<http://www.soziales.saarland.de/1540.html>

German language website of Saarland Ministry of Women, Labour, Health and Society with page about drug policy, including Saarbrücken 'druckraum'

Basel

<http://www.kabl.ch>

German language website including mission statement, facilities and programs at the Centre, and links. There are also some graphics of the café and injecting room.

Schaffhausen

<http://home.sunrise.ch/schaerme/tasch.html>

German language website with description of services and contact information

Solothurn

<http://www.perspektive-so.ch/>

German language website of 'Perspektive'. Includes information on services, mission statement, and 2000 annual report.

Rotterdam

<http://www.xs4all.nl/~ksa/news.htm>

Dutch language website of Kerkelijk Sociale Arbeid who operate the SIC at Pauluskerk. There is an English language summary of the mission statement and services.

Other links

<http://www.lindesmith.org/injectionrooms/>

The Lindesmith Center website, with a focal point on safe injecting rooms, which includes links to full text articles and a bibliography (compiled in 1998).

<http://www.adf.org.au/injectingrooms/research.html>

The Australian Drug Foundation website, with research and links relating to injecting rooms.

<http://www.city.vancouver.bc.ca/commsvcs/socialplanning/initiatives/drugs&alc/swiss/Page16.htm>

City of Vancouver (Social Planning) website which describes in detail the operation of the Frankfurt SICs, La Strada (Frankfurt A) and Eastside.

<http://www.mapinc.org/find?142>

Media Awareness Project. Archive of media relating to safe injecting rooms.

<http://www.sydneymsic.com/>

The Sydney Medically Supervised Injecting Centre website. Includes contact information and opening times, description of service model, floor plan, and some graphics of the premises.

<http://www.wdr.de/online/news/fixerstube/index.phtml>

German language website describing opening of SIC in Munster, Germany April 2001. Film footage of Centre.

http://www.amoc-dhv.org/archiv/archiv_de/1999/jahresbericht1999_de.html

German language website of the annual report of an SIC operated by a German organization, AMOC/DHV for German drug users in Amsterdam. Operational statistics provided.

http://www.drogenberatung-jj.de/html/DND_INF.HTM#Thema5

German language website of services and contact details for the 'Drogennotdienst Elbestraße' which operates an SIC in Frankfurt.

<http://www.virus-bs.ch/pueb/thema/fixi0.htm>

A German language website describing the background to the "Fixerstübli" in Basel. Includes details of the evaluation conducted in 1989-1991, with graphs of onsite overdose numbers, drug used and management.