



A description of a peer-run supervised injection site for people who inject drugs

What is the study *about*?

- Since the early 1990s, people have called for supervised injection sites (SIS) as a way to fight the ongoing health crisis among people who inject drugs (IDU) in Vancouver.
- In April 2003, a group of advocates opened the “327 SIS,” an unauthorized or “unsanctioned” SIS in the Downtown Eastside (DTES). It operated for 184 days, supervising more than 3,000 injections.
- At the same time, the Vancouver Police Department started a large-scale crackdown on the DTES drug market.
- The purpose of this study was to describe the unsanctioned SIS, including its operational design, the individuals accessing the site, and the use of the site.

How was the study *conducted*?

- To describe the group of people using the SIS, a brief survey was given to 100 individuals who accessed the site between June 1 and August 27.
- People who worked at the SIS kept a detailed log of the number of people who used the SIS.
- Historical documentation was gathered and reviewed to get information about the operation and closure of the SIS.

What did the study *find*?

- The SIS likely improved public health by giving IDU a clean and safe place to inject drugs.
- By allowing IDU to share drugs and assist one another in injecting, the SIS showed the benefits of a ‘low-threshold’, peer-driven SIS model and the importance of including IDU in the control and operation of SIS.
- Police presence around the SIS had a negative effect on access to the site.

The study asked:

How can we describe the unsanctioned SIS? What is the operational design of the unsanctioned SIS? Who is accessing the site? Under what conditions is the site being used?

More should be done to accommodate high-risk IDU within the SIS environment, including those who need help injecting.

The study found:

Public health was improved when IDU were given a clean and safe place to inject drugs in a low threshold, peer-driven environment, but police presence appeared to have a negative effect on this environment.

Implications for policy: Why is the study *important*?

Benefits of a low-threshold, peer-driven SIS

- Low-threshold, peer-driven SIS environments were shown to be beneficial in helping local IDU inject safely.

Coordination between police and health services

- SIS will be most successful if police activities can be coordinated with health services.

Better accommodations for people who inject drugs

- More should be done to accommodate high-risk IDU within the SIS environment, including those who need help injecting.

Kerr T, Oleson M, Tyndall MW, Montaner J, Wood E. **A description of a peer-run supervised injection site for injection drug users.** *Journal of Urban Health*, 2005; 82(2): 267-275.