

MEDICALLY SUPERVISED INJECTING CENTRES: POLICY AND PUBLIC DEBATE IN IRELAND

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FEANTSA Policy Conference



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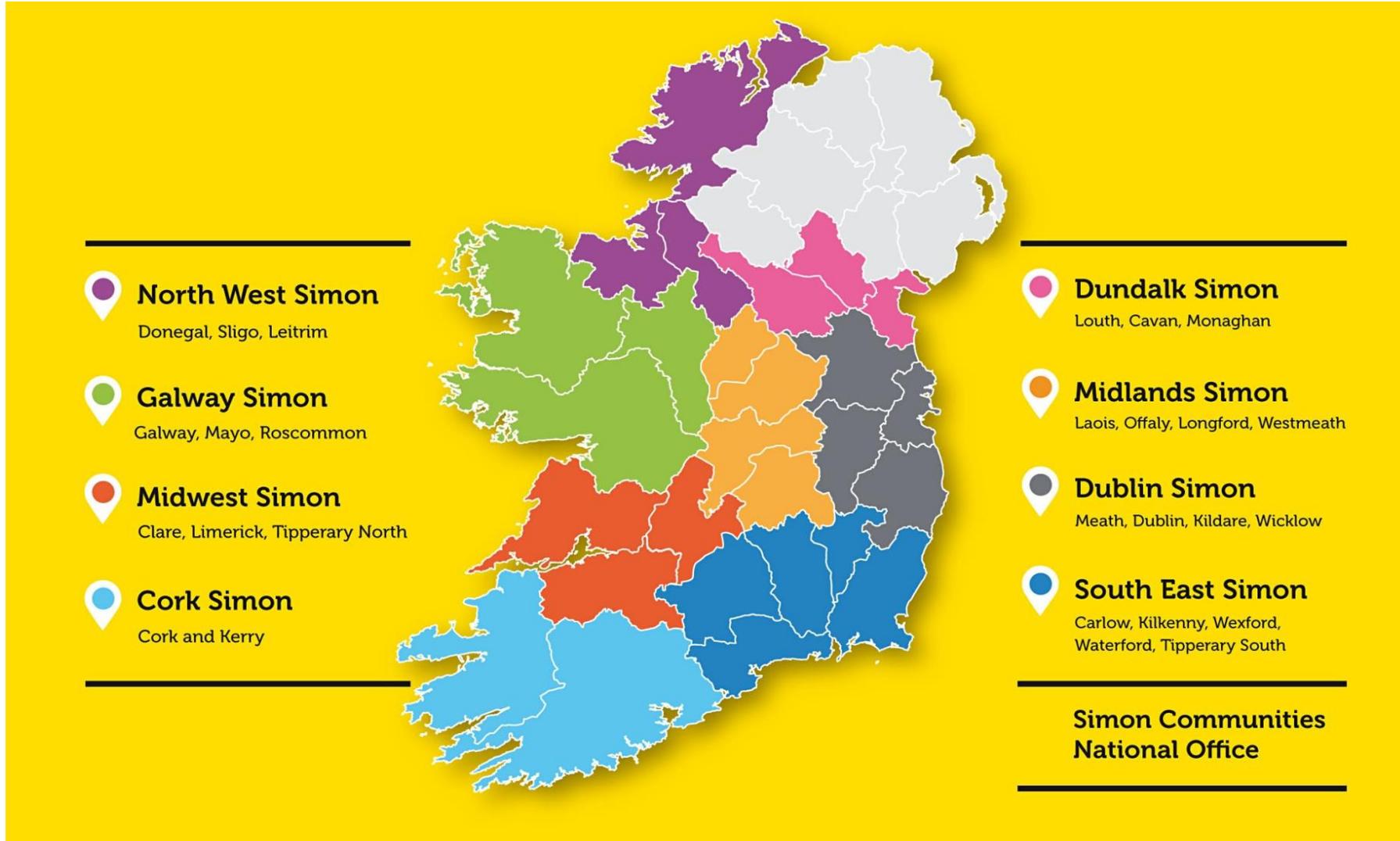
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Introduction

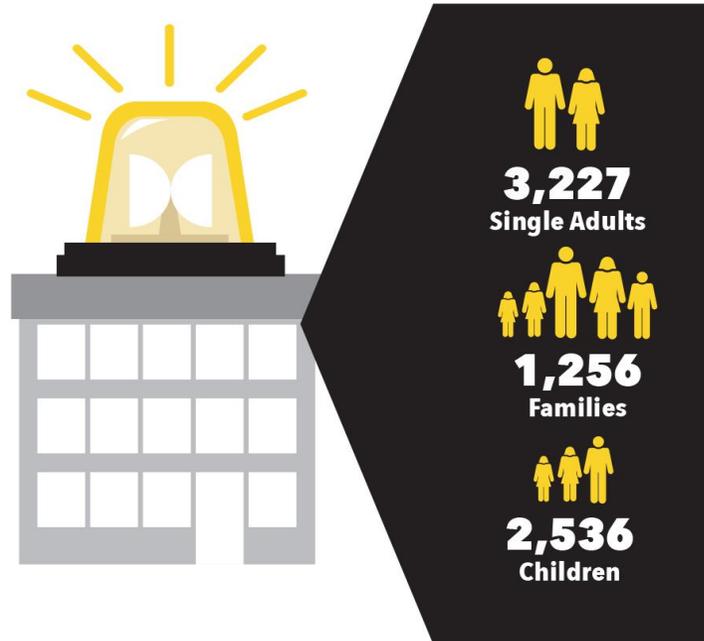
- Housing and homeless crisis in Ireland
- Drug treatment & overdose data.
- Harm Reduction & the Irish policy context.
- Medically Supervised Injecting Centres in Ireland.
- Political & public debate.
- Legislative process.
- Future challenges.

Simon Communities in Ireland



Housing & Homelessness Crisis in Ireland

Emergency Homeless Accommodation



Private Rented Accommodation

AVAILABLE PROPERTIES



82% decrease since 2012

RENT



52% increase since 2012

Social Housing



91,600
People currently on waiting list

198,358
vacant properties around the country



Drug Treatment in Ireland

- 9,892 total cases treated for problem drug use in 2015.
- 4,732 people treated for opiate use (48%).
- 971 new cases of opiate treatment recorded in 2015.
- 3,330 people recorded injecting prior to entering treatment (34%).
- 1,519 people reported sharing injecting paraphernalia (46%).
- 1,223 of injectors were still injecting during treatment (37%).
- 9,764 people were engaged in opioid substitution treatment as of Dec 2014.

(SOURCES: Health Research Board: Drug Treatment in Ireland 2009-2015, May 2017 & the Central Treatment List)

Drug-related Deaths in Ireland 2004-2014

	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
All deaths (6697)	431	503	554	620	628	656	607	643	660	698	697
Poisonings (3864)	266	301	326	387	386	372	340	377	358	397	354
Non-poisonings (2833)	165	202	228	233	242	284	267	266	302	301	343

(SOURCE: Source: Health Research Board – National Drug related Death Index 2004 to 2014 data)

Drug Related Deaths in Ireland 2014

- Total number of drug related deaths 2014 - 697 people.
- 33% increase since records began in 2004.
- 75% were male.
- Average age at time of overdose death – 39 years.
- Opiates main drug implicated in poisonings (249 opiate overdose deaths).
- 66% of overdose deaths involved poly-drug use.
- Prescription drugs were implicated in 57% of cases.
- Benzodiazepines most common drug involved in poly drug use.
- Alcohol implicated in 1/3 of deaths & is single most common drug implicated in deaths from 2004-2014.

Urban Overdose Hotspots Study 2014

- 469 opioid overdoses attended by ambulance services over a 12 month period in Dublin City.
- 13 people found dead on arrival at scene or resuscitation was discontinued.
- Average age: 33 years.
- 80% were male.
- 212 overdoses (45%) occurred on the street.
- Street overdoses had the highest deprivation rate.
- Overdoses were concentrated in 28 hotspots in the city.
- Majority occurred in the City Centre.

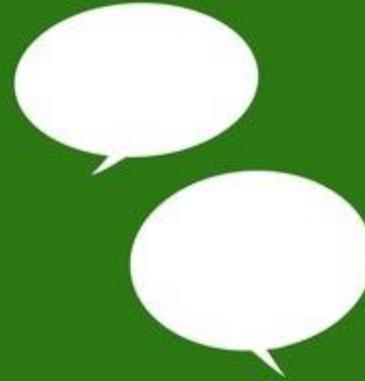
Harm Reduction & Homelessness



Harm reduction
must be at the
heart of homeless
and drug service
provision



Extensive evidence shows
that harm reduction
approaches are more
effective with homeless
people who have complex
needs



Harm reduction is
part of minimising
barriers to the use of
homeless services



Harm reduction is a key
principle of Housing First,
which is a good example
of the integration of
housing and harm
reduction

Evolution of Harm Reduction In Ireland

1985	First voluntary drug service based on Harm Reduction set up with State funding.
1987	Increased availability of methadone maintenance in State National Drug Treatment Centre.
1989	AIDs resource centre established offering needle exchange, methadone maintenance & outreach with drug users.
1991-1993	Establishment of locally based 'satellite' clinics offering addiction counselling, methadone maintenance and needle exchange.
1995	Drug users trained as peer support workers by Eastern Health Board.
1996	Introduction of mobile clinics in Dublin.
1997	Establishment of Dublin Safer Dancing Initiative.
1998	Enactment of legislation (Methadone Protocol) creating a national register and regulating the prescription of methadone by family doctors and its dispensing in community pharmacies.
2001	First National Drug Strategy published.

(SOURCE: Butler & Mavock, 2005)

Policy Context – National Drug Strategies

National Drug Strategy 2001-2008

- First policy consideration of Medically Supervised Injecting Centres.
- Rejected on the basis of incompatibility with the International Narcotics Control Board (INCB).
- Clinical implications/benefits not factored into this initial policy assessment.
- Recommendation that national and international research and practice be monitored.
- Research carried out by National Advisory Committee on Drugs & Alcohol (NACDA) in 2004 outlining international best practice & the associated benefits of Medically Supervised Injecting Centres amongst other harm reduction approaches. Fudge on recommendation saying more research needed.

Policy Context – National Drug Strategies

National Drug Strategy 2009-2016

- No explicit mention of Medically Supervised Injecting Centres.
- Further expansion of harm reduction strategies based on an evidence based approach covering developments internationally requires 'more consideration'.
- Action point 55 required the Minister of State, the Office of the Minister for Drugs and the NACDA to 'consider' including harm reduction approaches in the Strategy research programme. No Subsequent research carried out by NACDA.

National Drug Strategy 2017

- We await publication of a new National Drugs Strategy.
- The current programme for Government committed to a 'health-led rather than a criminal justice-led approach'. (p56)

Effectiveness of MSIC: the evidence

- Reduce public injecting.
- Reduce discarded needles & drug related litter. A fourfold reduction was reported in Barcelona post introduction.
- Reduce the sharing of needles & other injecting equipment therefore reducing blood borne diseases such as HIV & Hepatitis.
- Improve the uptake of addiction treatment & supports.
- Save money for the exchequer due to reductions in ill-health/health care usage, reduce use of emergency services.
- Do NOT increase drug use, crime or dealing

(SOURCE: Health Service Executive)

Pathway to the introduction of MSIC's

2000	First recommendation Ireland <i>Making Contact</i> (Cox and Lawless/Merchants Quay Ireland –Homeless & Drugs Services (MQI)
2002	MQI Conference repeats MSIC call, speaker from Sydney on MSIC's-controversy.
2003-2008	Growing body of evidence linking homelessness, drug use, street injecting & public nuisance – NACD, MQI & Simon Community. Drug Policy Action Group (2006-2008)
2007	O'Shea report on introduction of MSIC's in Ireland.
2006- to date	Ongoing concern re public Injecting, use of public space & perceived anti social behaviour esp. Liffey Boardwalk & partnership working & reports to address.
2012	Ana Liffey Drugs Service commit to pursue MSIC in Strategic Plan by 2013.
2013	Voluntary Assistance Scheme of the Bar of Ireland & Ana Liffey Draft legislation.
2015	Aodhan O'Riordan,TD Minster with responsibility for drugs champions MSIC.

“It can be concluded, therefore, that there is no immediate plan by government to initiate safer injecting facilities in Ireland...The study demonstrates that it is perhaps ‘a bridge too far’ in the current political climate and any change will be **incremental**, and may well arise from **service providers attempting to initiate change from the ground up.**”

O’Shea (2007)

Introducing safer injecting facilities (SIFs) in the Republic of Ireland: ‘Chipping away’ at policy change

Political Debate – Ministerial Support

"We have to look at this issue from the perspective of the entire community and within it drug users who need dignity and a safe, compassionate place where they can inject heroin in a controlled way in order to take the first step on the road to recovery, safe from contracting HIV or hepatitis C and from the danger of taking an overdose."

Senator Aodhán O'Ríordáin, TD Labour Party / Former Minister of State for the National Drug Strategy, December 2015

"I am pleased to introduce the Misuse of Drugs (Supervised Injecting Facilities) Bill 2017 to the House. Nobody chooses to inject drugs on the streets, down an alleyway or behind a bin. This is where the most desperate in our society have been driven. We must reach out to help those who find themselves in this most chaotic stage of addiction."

Catherine Byrne, Fine Gael, Minister for the National Drugs Strategy, February 2017

Political Debate

"I would love to have one of these in my city. I implore communities to recognise that such a facility does not stigmatise their community but is trying to save the lives of people who reside within that community. They can be our neighbours, family members or people we have grown up with. I encourage people to approach the debate with a very open mind."

Jonathan O'Brien TD, Sinn Féin February 2017

"I do have a problem with the fact that we are now as a State closing our eyes to drugs sold illegally on the street being brought into premises to be used in those premises, which are under the care and responsibility of the State, and that there would be no obligation on the user to engage in any form of rehabilitation on that premises.."

Sean Barrett, TD, Fine Gael, March 2017

Public Debate

“It’s well established that we have a very significant public injecting problem in Dublin particularly. I would say that all of the alley ways in Dublin city are used for public injecting...With a mixture of injection centres, policing, housing for homeless people and treatment and rehabilitation they were able to have a very positive impact so much so that the area has come up in terms of business, footfall and property prices.”

Tony Duffin, Ana Liffey Drug Project, March 2015

“I’ve been in this country five hours and I’ve seen more discarded injecting equipment in the last five hours than I’ve seen in the last 10 years in my own country . . . I was genuinely shocked by what I have seen in Dublin. I’m shocked at the amount of public injecting and that it is so widespread. Visiting Dublin is like being in a time warp.”.

**Marianne Jauncey, Director of a Medically Supervised Injection Centre in Sydney-
September 2016**

Opposition to MSIC

“. Of course there is a medical argument, of course there is, but there are other issues. The Temple Bar Company collect 1,500 used syringes from our streets every year. In light of today's decision at cabinet (Government), we are bracing ourselves for an increase in the level of syringe disposals and related anti-social behaviour.”

Martin Harte, The Temple Bar Company, November 2016

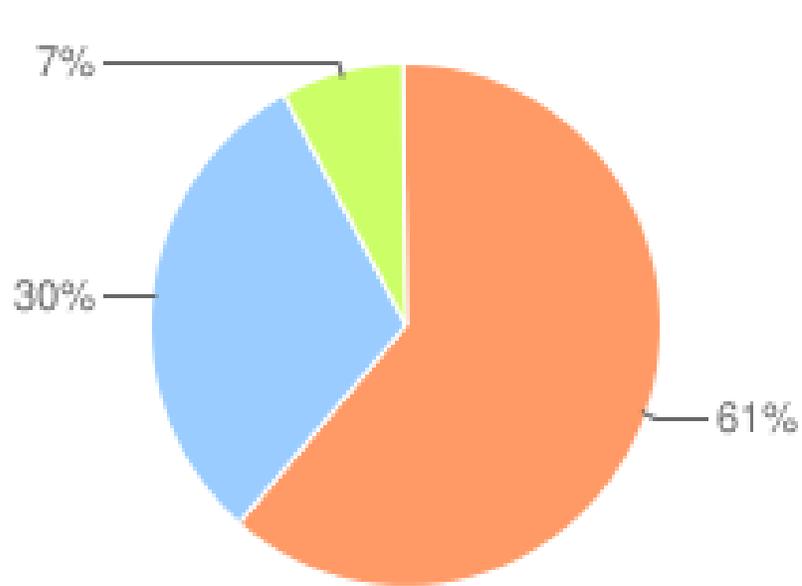
"Any state that permits the establishing and operation of injection rooms also facilitates drug trafficking they [UN]warn. Ireland has an obligation along with fellow signatories to combat trafficking in all its forms."

Grainne Kenny, EURAD, May 2015

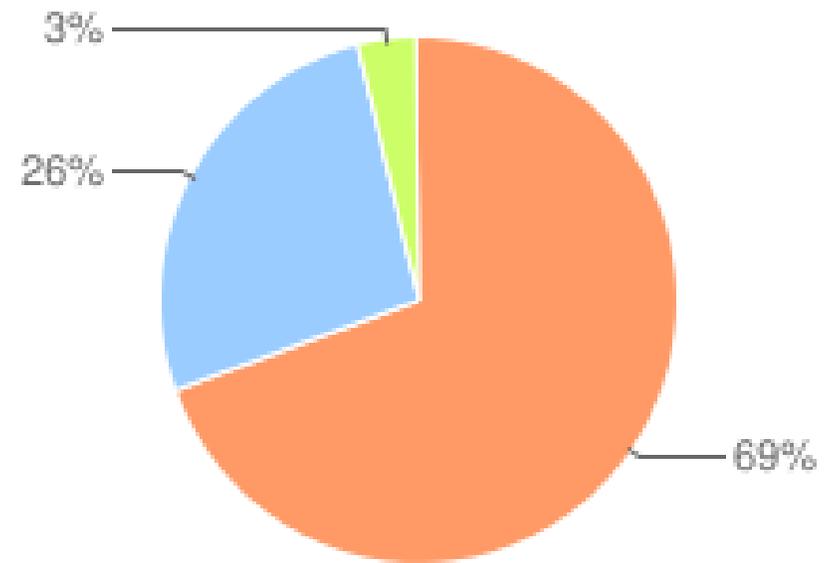
"We're dealing with chronic addicts. We're saying, 'Here's the rope, why don't you go hang yourself.'"

Dublin City Counsellor Mannix Flynn, November 2016

MSIC Opinion Polls 2014 V 2017



Yes (2568)
No (1283)
I don't know (322)



Yes (6049)
No (2322)
No interest/No opinion (312)

(SOURCE: thejournal.ie, August 2014, January 2017)

Policy Context – Legislative Process

Dec 2015	Government approves draft legislation for inclusion in the <i>Misuse of Drugs (Amendment) Bill 2015</i> to allow for supervised injecting facilities on a pilot basis.
Feb 2016	Government is dissolved to facilitate general election. <i>Misuse of Drugs (Amendment) Bill 2015</i> shelved.
Aug 2016	Expert review of the National Drug Strategy 2009-2016 – “ <i>There is a visible drug scene in Dublin, and possibly elsewhere, that suggests the piloting of such a facility (MSIC) is worthy of consideration</i> ”.
Sept 2016	Public consultation opened on new National Drug Strategy.
Feb 2017	Government approves the publication of the <i>Misuse of Drugs (Supervised Injecting Facilities) Bill 2017</i> .
May 2017	Irish Senate passes the <i>Misuse of Drugs (Supervised Injecting Facilities) Bill 2017</i> without additional amendments.

Aims of the MSIC in Ireland

The supervised injecting facility pilot aims to:

- Reduce drug-related overdose deaths by earlier intervention & naloxone provision.
- Reduce the risks of disease transmission through shared needles.
- Reduce public health risks such as needle-stick injuries.
- Connect the most vulnerable & marginalised people who use drugs with treatment services & other health and social services.

Policy Context -The Bill: Key Provisions

- **Authorised user**

- Section 7 *Misuse of Drugs (Supervised Injecting Facilities) Bill* permits the operator of a Medically Supervised Injecting Centre (MSIC) to allow a person 'authorised user' to enter the facility for the purpose of injecting drugs on that premises.
- Provisions under the Bill relating to the Authorised User apply only when the Authorised User is within the MSIC.

- **Disapplication of other drug related criminal law**

- A person found in possession of a controlled drug in MSIC will not be guilty of a drug possession offence.
- An MSIC operator who knowingly allows the preparation, manufacture or production of a controlled drug for immediate consumption by the Authorised user on the premises of the MSIC will not have committed an offence.

Future Challenges

- Injection specific.
- Heroin specific.
- Location.
- MSIC focus has superseded other NDS work, must be part of a wide spectrum of harm reduction & treatment options.
- How resources will be allocated.
- Maintaining the political/media friendly context.
- Pace of implementation, first recommended 2000.

Thank you for listening



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