

# ASSOCIATION OF NURSES IN AIDS CARE

## POSITION STATEMENT

### Safe Injection Facilities

Adopted by the ANAC Board of Directors July 2004

Reviewed and Revised by the ANAC Board: January 2007, and February 2009

#### Position

*It is the position of the Association of Nurses in AIDS Care that:*

- *Safe injection facilities can be an effective component of a broad spectrum of mechanisms that can reduce the risk of harm to injection drug users.*
- *Safe injection facilities can be appropriate sites for the care of injection drug users.*
- *Nurses are encouraged to support the legalization and development of safe injection facilities.*
- *With the institution of appropriate legal and ethical protections, nurses may consider these settings as viable options for employment.*

#### Statement of Concern:

Injection drug use is known to transmit a variety of bloodborne diseases, to contribute to an array of physical and mental health problems, to increase violence and criminal behavior in communities, to intensify the case load in courts and corrections settings, and to decrease property values and security costs in neighborhoods. Safe injection facilities (SIFs), as one of a broad spectrum of harm reduction measures, can help alleviate these problems. SIFs have been used for decades in Germany, Switzerland, and the Netherlands and are being piloted in Australia and Canada. A study was conducted in 2003 in New York City whose results indicate that a large majority of injection drug users (IDU) sampled would utilize a SIF should one be implemented, and that those most likely to use such a facility are IDU's most at risk for contracting or spreading blood borne diseases, such as HIV or HCV, and for experiencing an overdose (Broadhead, 2003).

#### Background

SIFs (also referred to as safer injection rooms and drug consumptions rooms) are legally sanctioned facilities that provide for supervised injection (The Lindesmith Center, 2002).

The goals (and proven abilities) of SIFs are:

- To prevent fatal overdoses;
- To prevent the spread of bloodborne diseases;
- To prevent injuries caused by unsafe injecting practices;
- To act as a gateway to education, treatment, and rehabilitation;
- To decrease the nuisance of public drug injection (Drug War Facts, 2006); and
- To save lives (Safe injection site saving lives, 2004; Broadhead, 2002).

SIFs provide obvious advantages for IDU's: a clean, dry, well lit space for injection; access to clean water and sterile injection equipment; freedom from the risk of violence on the streets; access to health care personnel who provide general health care, referral, education, and consultation; reduced fear of police protection and risk

of arrest; immediate access to care in the event of an overdose, and opportunities to be treated with dignity and caring support. But SIFs also provide advantages to the community:

- Drug use is removed from the streets, creating a safer environment and decreasing the proliferation of discarded needles and syringes on the streets;
- Crime, violence, loitering, drug dealing, theft, and property damage are decreased;
- IDUs – and especially those who are homeless and mentally ill with multiple physical health problems – are afforded health care in a cost-effective setting;
- Access to hard-to-reach populations is increased (The Lindesmith Center, 2002; Canadian HIV/AIDS Legal Network, 2002; Hubner, Berthet, & Mani, 2002; Millson et al., 2002); and
- Drug users are more likely to enter detoxification programs (Wood et al., 2006).

Clinicians and researchers in countries with established SIF programs have clearly demonstrated the efficacy of SIFs and have shown that these data are "more robust than the evidence we had when we started putting in needle exchanges" (Canadian HIV/AIDS Legal Network, 2002). Many argue that needle and syringe exchange programs are, in fact, a half-hearted attempt to deal with the problems of injection drug use and that communities have legal and ethical obligations to establish safe sites for injecting drugs (Canadian HIV/AIDS Legal Network, 2002; Mancinelli, Gold, & O'Brian, 2002).

## References

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