Safer Injecting Facilities (SIFs) in the Republic of Ireland : Are we close to a policy change?

Abstract

This paper will describe a study which was conducted in Dublin in 2004. The study sought to examine the policy implications of introducing safer injecting facilities in Ireland. A triangulation method of data collection was adopted and comprised of semi-structured interviews with drug users and structured interviews with key personnel and policy makers in the drug field including the Minister for State with responsibility for Ireland's National Drug Strategy (2002-2008). The study revealed that the majority of drug users were injecting in public places, had a surprising level of knowledge of SIFs, and indicated a willingness to use such facilities. The findings of the study also revealed very mixed feelings among policy makers and key personnel and showed that amongst those in favour of such an innovation there was a preference for doing so with the maximum of discretion. It will conclude by addressing any changes that have occurred in Ireland since the study was completed which might suggest that we are any closer to a policy change in this area.

Introduction

Safer injecting facilities (SIFs) have been introduced in many countries throughout Europe over a number of years, and more recently have been established in Canada, Australia and Portugal. Safer injecting facilities (SIFs) - also referred to as 'user rooms', 'consumption rooms', 'health rooms' or 'fixer rooms' - are indoor facilities where injecting drug users are permitted to self administer drugs intravenously under supervision and with access to a wide range of sterile equipment. Over the past decade, SIFs have increasingly emerged as a feature of harm reduction policy in many countries, and Broadhead et al (2002: 329) suggest that 'SIFs target several problems that needle exchange, street outreach, and other conventional services fall short in addressing'. Although many harm reduction services have been introduced to the Republic of Ireland since the late-1980s, the question of SIFs has only sporadically featured in drug policy debate in this country, usually prompted by

media coverage of the public nuisance created for residents and business people in central Dublin by public drug injecting. The liveliest such debate took place in mid-2003 when one newspaper published graphic images of drug users injecting themselves in the Temple Bar district (a well-known tourist area) of Dublin, apparently while being observed by uniformed police officers. The Minister for State with responsibility for Ireland's National Drugs Strategy travelled to Frankfurt, Germany, in the wake of this debate to examine that city's SIFs, but stated on his return that he had no immediate plans to create such facilities in Ireland. Against this background, the study reported here was aimed at exploring the policy implications of introducing SIFS in Ireland as an additional harm-reduction option.

The Irish Context

This section will briefly look at the evolution of drug problems in Ireland and set the context for the rationale for this study.

The historical evolution of drug problems in Ireland is well documented in Butler (2002). A central treatment agency was established in Dublin in 1969, providing detoxification and treatment primarily with a goal of total abstinence, and a residential drug free therapeutic community was established in Dublin in 1973. A dramatic change occurred in 1979 which became known as the *'opiate epidemic'*. Heroin became increasingly available and was being used intravenously by many young people in Dublin's inner city. (Dean et al., 1985). Despite this research evidence, the predominant model of treatment for drug users was based on total abstinence, with a complete lack of harm reduction services. By the late 1980s, there was increasing concern about the increase in the number of HIV positive cases in Dublin. Other European countries were also experiencing the emergence of HIV in the drug using population.

The growing public health concerns regarding the spread of HIV into the wider community led to increasing interest in public health issues. Arguably, were it not for the advent of HIV, harm reduction would not have become a feature of policy in Ireland (Butler, 2002a). This was also the experience elsewhere, but Ireland in contrast to some other countries referred to earlier, did not have a previous history of harm reduction initiatives. The dominant influence on drug policy was located primarily within the

criminal justice framework with little emphasis on public health concerns. In 1989 an AIDS Resource Centre was established by the statutory health sector, providing *inter alia* Ireland's first needle exchange. In 1991 a large needle exchange was established by the voluntary sector in a new harm reduction agency which also offered drop-in services, family support and outreach services. The growth of new services in the voluntary sector gave the first real impetus to the adoption of harm reduction strategies. As harm reduction services began to be established research also began to show the prevalence of public injecting and risk behaviour. A study of out of home drugs users (out of home was defined in this study as sleeping rough, staying with friends, in temporary accommodation or in a hostel: Cox and Lawless, 1999) revealed that

- § 56% of respondents reported that drug use had increased since being 'out of home';
- § 66% reported injecting in public places;
- § 49% reported sharing injecting equipment.

(Cox and Lawless, 1999)

An evaluation of an outreach service in Dublin in 2002 revealed that the most popular locations for drug taking were: streets, a city centre church, followed by parks, users' family home and public toilets. (Corr 2003, 169). More recent research by Long et al (2005) revealed that opiate related deaths account for the largest proportion of deaths among drug users in Ireland.

The subject of SIFs was first publicly raised at a conference in Dublin in 2002 hosted by Merchants Quay Ireland, a voluntary drug and homeless agency providing a range of harm reduction services. The media attention was negative particularly from the *Irish Catholic* newspaper following the conference. The Minister for Justice was interviewed in a radio programme following publicity about public drug injecting in the city centre, in 2003 and expressed his views about SIFs.

> Controlled injecting rooms might be an idea, because I know
> it has been suggested….The question you have to ask yourself is,
> is it good enough simply to give needle exchanges, to exchange

> needles, new needles for people to stop the spread of AIDS
> without at the same time giving some facilities? What do you
> expect people who pick up needles to do?.
>
> (Saturday View Programme: RTE :May 2003)

However, as the interview progressed, the Minister quickly shifted ground obviously aware of the political implications of his remarks and stated

> I would be very, very loath to have official injecting rooms…
> I don't think that's a good idea, no. It's an indictable offence
> to have heroin………..I'm not going to go down the road of
> providing places for people to shoot up heroin.
>
> (Saturday View Programme: RTE: May 2003)

These comments from the Minister clearly illustrate the political and legal dilemmas which the provision of injecting facilities poses for any Government. The ambiguous legal status of injecting rooms is not conducive to Governments taking the initiative in this field.

To date research in Ireland has not focused on the future provision of SIFs. This present study sought to address this gap. Its purpose was to establish the views of service users and policy makers about the introduction of SIFs in the Irish drug policy context.

Methodology

The data obtained for this study was predominantly qualitative while specific demographic information such as age, gender and housing status was obtained on all participants. Qualitative data allows the respondents to give detailed accounts of their experiences and to explain and describe their attitudes and beliefs in their own words Mason (1993). It does allow for some form of quantification but statistical forms of analysis are not seen as central.

A triangulation method of data collection was adopted for the study. The core element of this comprised of sixteen semi-structured interviews with injecting drug users. This sample was non-random and purposive and drawn from two agencies that provide services

for drug and homeless clients. In addition ten structured interviews with key personnel in the drug field were undertaken, the latter included the Minister for State with responsibility for the National Drug Strategy, representatives from UISCE (drug users forum) a police inspector, directors of drug and homeless agencies, project workers, a youth worker, a community worker and a member of the National Drugs Strategy Team. The purpose of interviewing service users was to seek their views on safer injecting facilities, ascertain their current injecting patterns and enquire if they were willing to use SIFs. Interviews with policy makers and key personnel explored:

- their views on the provision of injecting facilities;
- the policy implications of introducing injecting facilities as an additional harm reduction option in Ireland; and
- whether SIFs were on the political agenda.

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Findings: Service Users' Views

Of the sixteen service- using participants, eleven were men and five were women. The majority were homeless drug users with regular experience of injecting in public places. Heroin was the most frequently used drug with some cocaine use also reported. All participants were asked if they had ever heard of an injecting room or an injecting facility. Of the sixteen interviewed only one had never heard of such a facility, and three participants reported having used SIFs in other countries. Ten of the sixteen respondents suggested that there was a need for such a facility

> *It is something that needs to be done if you did walk around, you'd see there's plenty of work for it. .Its cleaner and safer.* (Joanne, aged 22)

Overall, respondents showed some knowledge of SIFs and indicated a level of sophistication in their understanding of the issues which they thought might be addressed if an SIF was available

Well, first and most importantly, there would be supervised use of heroin and, secondly, there's no mess – no discarded syringes (Pat, aged 22)

It would cut down on street injecting, which is rife (Max, aged 27)

Similar responses were given by other respondents who reported on health issues such as abscesses due to injecting in cold and risky conditions. The service users showed a certain amount of thoughtfulness and self awareness on public nuisance associated with public injecting. The following comment illustrates their awareness of how the general public view the phenomenon of public injecting, and show that drug users are not totally unsympathetic to the public's views:

The government and the public, the working class, middle class,-normal people out there- what they hate to see is junkies on the street, so they must be getting pretty pissed off, so I think it's about time that they did put something there-that we could use. (Frank, aged 24)

The Majority of respondents (130 reported injecting in public places. the provision of injecting facilities seeks to reach high risk groups, the needs of which are not met by other services (ECMDDA, 2004). A striking feature of this research was the reported existence of 'shooting galleries' in the centre of Dublin. Respondents interviewed reported large numbers using a site close to the city centre:

There could be hundreds there. You usually have to jump over the wall.

(Daniel, aged 23)

These injecting sites are referred to in the literature as 'unofficial shooting galleries' (Wolf et al, 2003). Police often turn a blind eye to these 'shooting galleries' as they reduce the volume of public injecting. Other injecting sites reported were the streets, parks, and

public toilets. Respondents reported injecting for the most part anywhere that was available to them,

Anywhere you can get in – a toilet or anywhere-sometimes you have to do it in the street, try and hide somewhere-it's very hard.

(Sean, aged 21)

Service users gave graphic descriptions of their own experience of overdosing, or witnessing friends or people on the street overdosing, and the difficulties encountered in getting medical attention on time. Byrne (2002) suggests that the major contributory factors to overdose reported in the literature is haste, isolation and fear of drugs being stolen. Participants in the study also pointed out the advantages of having medical attention more accessible.

My friend only od'd (overdosed) last week- she injected and od'd. If she was in an injecting room there'd be someone there with experience, someone who would know what to do.

(Joan, aged 22)

The respondents showed remarkable skill in the practice of harm reduction. For the most part they used needle exchanges on a regular basis, and only a small number of users engaged in needle sharing. Despite the fact that a weekend needle exchange is not available in Dublin, respondents displayed considerable foresight in 'stocking up' on clean needles. The majority of the participants in the study (13) were staying in hostels or emergency accommodation. Many were critical of some of the hostels and reported a lack of sensitivity towards drug users.

They think cause you're tired, you're stoned…they pick on you

(Jenny, aged 18)

Two female clients reported being unwilling to avail of hostel accommodation because of being separated from their partners. Consequently, they expressed a preference for sleeping rough. Some respondents reported an improvement in hostel provision and an increase in tolerance of drug users.

I'm using the Clancy Night Shelter and that hostel is for addicts –they have a low threshold for drug users. I have a bed there as long as I keep going.

(John, aged 33)

The Clancy Night Shelter referred to here was established in Dublin in 2002 and a‘wet hostel’ for street drinkers also opened in 2002.

Willingness to use SIFs

The participants were well informed about SIFs: the majority of them had heard of them, and were willing to use them, even if this entailed adhering to some rules and regulations such as hand washing

What’s washing your hands anyway if that’s all that’s being asked of you.

(Pat, aged 22)

Studies of clients’ views of SIFs are consistent with this finding (Fry, 2002; Broadhead et al; 2003, Green et al; 2003).

Would the provision of SIFs make a difference?

Drugs users showed significant insight into issues of public nuisance associated with injecting drug users. They reported that the establishment of injecting facilities would make a distinct difference to safety in relation to discarded needles in public places. They illustrated in their responses the difficulty of remaining discreet while injecting, given the fact that they were, for the most part, using temporary accommodation where visible injecting drug use was by and large prohibited.

It would be more relaxed because you know you’re in a safe environment
and there is somebody there in case anything goes wrong.

(Daniel aged 25)

Service users were also sophisticated in their understanding of the complexities of introducing SIFs in Ireland.

You’ll probably hear – well you’re encouraging them now because you’re
giving them rooms to come in and do it.

(Max, aged 27)

One respondent referred to the cultural differences between Ireland and Holland in the provision of harm reduction services

The Dutch are years ahead –they’ve a very mature approach to the whole
thing. I think Ireland- we have this weird religious thing going-so we won’t

admit its happening, but I'm all for injecting rooms. The sooner the better.

(Pat, aged 22)

Most, but not all, service users reported a certain tolerance by the police of their injecting (even in public places). They allowed them to inject and then moved them on

Look just finish up what you're doing there -then go.

(Max, aged 27)

The practice of being moved on, the drug users said, required them to be constantly searching for alternative places to inject.

Findings: Policy Makers and Service Providers' Views

The interviews with policy makers covered a number of themes, some of the questions were similar to those in the service users' interviews, but additional questions regarding the policy implications of introducing SIFs in the current political climate were included.

General attitudes to SIFs

The views expressed by policy makers and key personnel in this study were mixed. The responses reflected a certain caution on the part of some of the respondents

I'm not sure how much demand there is for supervised consumption rooms. I don't know whether there's ever been a survey of users.

(Member of Drug Strategy Team)

The Minister for State with responsibility for the National Drug Strategy agreed to be interviewed as part of the study: he had publicly rejected the setting up of SIFs following his trip to Frankfurt. When interviewed for this study his response was somewhat nuanced. He indicated a willingness to be pragmatic and showed an awareness of how government departments (Health and Justice) could adopt different views on the issues.

I wouldn't be noted for being on the more liberal side of things, but I think I would take a common sense approach to it. It wouldn't be my decision. I would have a recommending role, Justice comes in to it, Health comes in to it

(Minister for State with responsibility for National Drugs Strategy)

By contrast, front-line practitioners were unambiguously positively disposed to the introduction of SIFs, arguing their benefits particularly from a public health perspective. A project worker who had previously worked in Australia was surprised that services in Ireland were not more fully developed and questioned why many of the homeless services were not providing needle exchange as part of an integrated service.

A lot of drug users don't go to drug services but they go to the needle and syringe exchange as a first point of contact.

(Project Worker in Homeless Service)

Many SIFs which have been established in Germany and Amsterdam have been integrated into existing services as opposed to a stand alone facility. Wolf et al (2003) refers to this type of SIFs as an integrated model and argues that it provides enhanced access to additional services for service users.

Public Nuisance and Risk Behaviour

Policy makers and service providers were generally aware of the existence of shooting galleries in derelict sites which had also been referred to by the service users. A community worker reported the existence of *'unofficial shooting galleries'* in derelict houses on the outskirts of the city and a similar situation was reported from a youth worker in the city centre. Many reported incidents of needle stick injuries, particularly to children, due to discarded needles in public places. One of these cases involved a four year old child in a park:

It was a situation that there was one hundred and fifty needles- that had been disposed of, some of these were syringes containing blood.

(Youth Worker, City Centre)

In some other countries, needle pick up from derelict sites is a feature of some harm reduction services. In Ireland, this service is currently being provided on a limited basis by the voluntary sector. With regard to risk behaviour, staff members from the drug users' forum, (an organization set up to represent the views of drug users) described the risks which they observed with the client group

What I see is that the homeless are walking around with a lot of abscesses, sometimes they are put in situations where they use unsanitised water. (Staff Member UISCE)

Policy Implications of Introducing SIFs

There were mixed responses from respondents on how SIFs could be introduced into the Irish drug policy context. The views expressed acknowledged that the introduction of SIFs in the current political climate would be controversial, could create resistance from the general public, and would demand a very significant policy shift on the part of the Government.

> *There are enormous sensitivities around this that would have to be recognized, in terms of getting there-it would demand an enormous shift in policy.*
>
> (Director of Homeless Service)

While the Minister for State was well informed about injecting facilities, he had reservations about having SIFs highly visible in the city centre and gave an example of some of the facilities he had observed

> *There was a place in Frankfurt that was down in the docks...they had a bus up and down, it was out of harm's way.*
>
> (Minister for State with responsibility for the National Drugs Strategy)

The Minister expressed a willingness to learn more from other countries, while also showing a caution about being seen to reward those creating a public nuisance.

> *Well, the drug situation – we have to look at what's happening around the world, as you say there are sixty different rooms – we have to watch it. There seems to be a for and against it kind of attitude. Maybe the drive in Frankfurt was the public nuisance, and I don't want to send out the message that misusers are such a nuisance that they'll win.*
>
> (Minister for State with responsibility for the National Drugs Strategy)

A police inspector pointed out that the amount of resistance to the introduction of the methadone clinics in Dublin in the mid - 1990s was *'colossal',* but suggested that while the resistance to SIFs would be considerable, it too could be overcome. Directors of drug and homeless services were more optimistic in terms of policy change and also referred to earlier policy change in terms of provision of needle exchange in Dublin.

> *It will probably just happen in the way that needle exchange [happened] by just being opened.* (Director of Drug Service)

Others suggested that the Ministers' trip to Frankfurt was a kind of' '*chipping away'* at policy change, but as one respondent suggested

> *The culture is still not there to embrace such a shift in policy.*
>
> (Director of Drug and Homeless Service)

Discussion

Harm reduction in general, and SIFs in particular, are understandably controversial since they involve a core ethical dilemma when services and facilities provided for illicit drug users appear to be contrary to all the relevant United Nations Conventions (l961, l971 and l988) of which most governments are signatories. These conventions oblige states to ensure that drugs are used only for medical and scientific purposes. Harm reduction approaches seek to reduce the 'negative consequences of drug use' (Riley l999:9). Countries have varied considerably in the extent to which they have adopted harm reduction policy, with Australia, the Netherlands and Britain being consistently enthusiastic in their endorsement of such strategies, while the United States has remained implacably opposed to harm reduction and insistent on retaining a 'zero tolerance' approach to illicit drug use. Up to the mid-1980s many countries, including Ireland, tended to follow the American model of zero tolerance but, following the advent of HIV, harm reduction practices became more widely adopted internationally (Inciardi and Harrison 2000:2). SIFs vary considerably in their aims, structure and function across different countries and cities.

International Experience

This variation arises in part because countries have differed in their application of the relevant UN conventions. Amsterdam has had injecting facilities dating back to the early l970s. Some of these operated without a legal framework. They provided facilities for injecting drug users as part of its pragmatic approach to drug use. While some facilities in Amsterdam closed down due to lack of official status or legal framework in the late l980s, the argument for facilities for injecting drug users began to emerge again in the early l990s. Many of the facilities were re-established in response to public nuisance issues.

SIFs were introduced in Switzerland in the late 1980s in response to the deeply ‘deteriorating health status of Swiss drug users’ (De Jong and Weber 1999:100). In Frankfurt SIFs were established in response to the widespread visible ‘open scene’ of drug users in the city. The city authorities established SIFs through an amendment to the German federal narcotics law by interpreting the legal framework according to local public health needs. More recently SIFs have been established in Australia, Canada, Spain and Norway and are under consideration in several other European cities (Kimber et al., 2003). In the UK they are now considered a serious option and Roberts et al (2004) cite the report of the Home Affair’s Select Committee which concluded

> that there is a strong case for bringing heroin use above ground, so that
> those who wish to be helped can at least indulge their habit at minimum
> risk to their own health and that of the public. The obvious first step
> is the introduction of safe injecting houses.
>
> (Home Affair’s Select Committee 2001, par 184 cited in Roberts et al 2004)

Denmark approached the issue of setting up a SIF by seeking permission from the International Narcotics Control Board (INCB) of the UN in Vienna in 1998; specifically, the Danish Minister for Health sought clarification from the INCB as to whether the SIFs vary considerably in their aims, structure and function across different countries and cities. This variation arises in part because countries have differed in their application of the relevant UN conventions. Amsterdam has had injecting facilities dating back to the early 1970s. Some of these operated without a legal framework. They provided facilities for injecting drug users as part of its pragmatic approach to drug use. While some facilities in Amsterdam closed down due to lack of official status or legal framework in the late 1980s, the argument for facilities for injecting drug users began to emerge again in the early 1990s. Many of the facilities were re-established in response to public nuisance issues. SIFs were introduced in Switzerland in the late 1980s in response to the deeply ‘deteriorating health status of Swiss drug users’ (De Jong and Weber 1999:100). In Frankfurt SIFs were established in response to the widespread visible ‘open scene’ of drug users in the city. The city authorities established SIFs through an amendment to the

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The number of countries introducing SIFs is increasing. Malkin et al (2003) argue that countries that are not providing injecting facilities could be deemed to be in breach of international obligations as SIFs provide greater access to health services and sterile equipment which are necessary elements in the prevention of HIV/AIDS.

Policy Implications

A review of the literature would indicate that the provision of SIFs provides a range of definite health advantages, not least of which is a reduction in risk behaviour associated with public injecting. For the wider society, they serve a useful function in minimizing the public nuisance associated with intravenous drug use in public places, while also contributing to a reduction in the number of non-sterile injecting equipment and syringes disposed of inappropriately. The literature also suggests that, as with other forms of harm reduction, the policy surrounding SIFs is likely to be controversial and contentious. In Ireland, the emergence of HIV in the mid -l980s and the prospect of its transmission into the general population led to some acceptance of harm reduction policies on public health grounds, but Ireland had been experiencing drug problems since the l970s. However, this slow pace of change in drug policy is not particular to Ireland. Nutbeam, Blakey and Pates (1991:978) argue that

> Making such a shift in public policy has been a difficult task in many countries. Where it has happened, it has often occurred by default and without overt political support….However, these experiences indicate how important it is not to underestimate the difficulties and dilemmas facing policy makers who are being urged to overturn established public policy, and to run counter to public opinion.

In this study, the dilemma facing policy makers was clearly evident. While the Minister expressed positive comments with regard to improving the health status of drug users and providing immediate help in the event of overdose, he illustrated in some of his responses the dilemmas facing policy makers and the caution these engender.

The EMCDDA report (2004) extensively reviewed research evidence to date on SIFs. It concluded that the benefits of provision of SIFs can outweigh the risks, while acknowledging that it would be unrealistic to expect them to solve the wider problems of drug markets and drug dealing. There was no evidence to suggest 'that consumption rooms encourage increased drug use or initiate new users' (EMCDDA: P.84). This

evidence should, convince policy makers that SIFs are a natural progression from the provision of needle exchange particularly for hard to reach and homeless drug users. This progression is a further step in reducing drug related harm and consistent with harm reduction principles. However, the link between research evidence and policy is complex, and sometimes even perverse.

Butler (2002b) has analysed an earlier change in drug treatment policy in Ireland with the introduction of the methadone protocol (which regulated methadone prescribing by general practitioners). This policy shift he describes as 'the most important policy proposal in the 30 year history of drug treatment in Ireland' and he points out that it was 'never published in conventional format'. The main thrust of Butler's argument is that this new policy emerged with little or no public debate. In summary, harm reduction became official policy in Ireland, but only in a covert way, partly due to the existence of public prejudice against drug users, and partly due to the influence of professional and service provider networks. Against this background, it is difficult to see how SIFs would be introduced in any overt manner and suggests that any policy shift will be achieved by avoiding any public controversy.

Conclusion

Studies and evaluations of SIFs suggest that they are feasible to operate, acceptable to the target group, contribute to some reduction in drug overdose, reduce injecting risk behaviour, and improve clients' health (Dolan et al., 2000; (Zurhold et al., 2003; Broadhead et al., 2003; MSIC Evaluation Committee., 2003 (Final report on the evaluation of the Sydney Medically Supervised Injecting Centre); Kimber et al., 2003; EMCDDA., 2004; Roberts et al., 2004). The evaluations also highlight the importance of collaboration between relevant agencies such as police, business and service providers. The ECMDDA (2004) reported sixty two SIFs in European cities and one in Australia and Canada. More recently SIFs have been established in Norway and Portugal.

In the Irish context it is difficult argue that any major shift in policy has occurred since the completion of this study. The National Drugs Strategy (2001-2008) which consists of four pillars, supply reduction, treatment and research conducted a mid-term review in 2005. It suggested that the subject of injecting rooms should be kept under constant review. It also suggested that a fifth pilar be established on rehabilitation.

What has continued to attract media attention in Dublin is the public nuisance issues associated with public injecting. A board walk was completed along the city quays and in the summer of 2006 it attracted negative attention because of congregation of drug users and street drinkers. A Drug Policy Alliance Group has been established which has published reports challenging current drug policy and advocating drug policy reform. The National Advisory Committee on Drugs (NACD) published a report on harm reduction (Moore et al., 2004 p.66) which stated that 'the research to date on the effectiveness of drug consumption rooms is inconclusive as a harm reduction strategy'. It also noted that it would require a change in legislation. The Drug Users Forum (UISCE) is not represented on the National Drugs Strategy or the National Advisory Committee. While UISCE is strongly in favour of SIFs, its lobby is currently not sufficiently developed to make a significant impact on policy. The Minister for Justice has continued to reject the establishment of needle exchanges in prisons and has increased the garda presence on the streets to crackdown on crime and drug dealing and has introduced legislation on anti social behaviour orders.

A general election is planned in mid 2007 and it is unlikely that SIFs will be a major election issue. The current policy structures do not facilitate SIFs reaching the policy agenda in any formal sense. We have public nuisance, we have injecting risk behaviour and drug related deaths. Policy change that would facilitate the establishment of safer injecting rooms (SIFs) in Ireland is not too close and any dramatic change will be incremental given our history of introducing harm reduction services.

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