**Overview of International SIF Models**[[1]](#footnote-1)

Safe or supervised injection facilities (SIFs) vary in size, level of organization, number of services provided, and staffing patterns. There are three basic models of SIFs: 1) **integrated**, 2) **specialized**, and 3) **mobile**. These variations are deeply driven by the context in which the SIF exists, underscoring the importance of the social, economic, and political environments in which a SIF is developed and operated.

There are several organizational and geographic commonalities across all three models. With the exception of some mobile units, at a minimum, SIFs provide designated hygienic booths or divided spaces where individuals can inject pre-obtained substances in the presence of trained staff who are able to provide immediate emergency care. Depending on the type of facility, eg, integrated vs. mobile unit, SIFs may offer additional services such as syringe exchange, drug checking, blood-borne virus testing, and referrals for health and social services.

SIFs are primarily located in high drug-use neighborhoods or near open-air drug markets. Most SIFs have a registration system whereby people register upon first use and check in subsequently, although policies may vary within countries and geographic regions. A distinction is made between facilities that permit consumption of pre-obtained substances through injection only (SIFs) and drug consumption rooms (DCRs) or supervised consumption sites (SCS) where other consumption methods, such as smoking or ingestion, may be permitted.

**Integrated:** The integration of SIFs into other services is the most common model. Most SIFs are community-based organizations that are part of a comprehensive package offering services that include drug treatment, MAT, and syringe services programs (SSPs), as well as medical services that include primary care, testing for blood-borne viral infections, and wound care. Additional services may include a drop-in center with showers, laundry facilities, employment programs, and case management.

* *Examples: Dr. Peter Centre in Vancouver, British Columbia, Canada; Royal Alexandra Hospital in Edmonton, Alberta, Canada.*

**Specialized:** Specialized models solely provide a space for the hygienic consumption of drugs, with referrals made for other medical or social services. These models are often located in close proximity to other services that are utilized by people who use drugs.

* *Examples: H17 in Copenhagen, Denmark; Uniting Medically Supervised Injecting Centre Kings Cross in Sydney, Australia; Insite in Vancouver, Canada; ARCHES in Lethbridge, Canada.*

**Mobile:** These units may be retrofitted vans, RVs, or pop-up tents with one to three booths dedicated for consumption of pre-obtained substances in the presence of trained staffed. Mobile units are less common than integrated and specialized facilities, and are typically equipped to provide a limited range of services such as syringe exchange, blood-borne virus testing, and referrals for medical and social services.

* *Example: Kamloops Mobile Unit in Kamloops, Canada; L’Anonyme Mobile Supervised Injection Service, Montreal, Canada.*
1. Adapted from <https://www.abell.org/sites/default/files/files/Safe%20Drug%20Consumption%20Spaces%20final.pdf> [↑](#footnote-ref-1)