Merchants Quay Ireland

INFORMATION PACK

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1. Background

Ireland's first Medically Supervised Injecting Facility (MSIF) commenced operations on December 22nd, 2024, marking a significant milestone in the country's health-led approach to drug addiction. The facility, which is supported by the HSE and Department of Health is located at Merchant Quay Ireland's, Riverbank facility in Dublin city centre. This initiative follows years of advocacy from public health experts, addiction specialists, and community organisations. Overdose prevention sites or drug consumption rooms were visited in countries such as Portugal, Luxemburg and Canada where compassionate and person-centred services were witnessed which reduced the harm associated with drug injecting.

The MSIF offers a clean, supervised space where individuals can inject pre-obtained drugs, under the care of trained medical professionals. This facility is designed to reduce the health risks associated with intravenous drug use, including overdose and the transmission of infectious diseases such as HIV and Hepatitis C. It also serves as an important point of contact for those seeking help, by offering referrals to addiction treatment, mental health support, primary healthcare and social services.

The opening of the MSIF aligns with the Irish Government's National Drugs Strategy, '*Reducing Harm, Supporting Recovery'* which seeks to minimise harm from drug use, promote recovery, and address the social determinants of addiction. In addition to providing a safe space for drug use, the MSIF will also play a key role in addressing the issue of drug-related litter in public spaces and reducing the pressure on emergency services by preventing overdose deaths. The facility ensures immediate medical intervention in the case of an emergency.

Summary

The opening of Ireland's first medically supervised injecting facility marks a progressive step forward in addressing the country's drug crisis. It signals a shift towards a more compassionate, health-led approach to addiction. By creating a non-judgmental environment, the MSIF builds trust with people who use drugs, encouraging them to engage with the broader health and support services available. This is not just about harm reduction; it's about saving lives and reducing the visibility of drug related activities in public areas.

2. Step-by- Step Guide to the Operation of the MSIF

Opening Hours

The MSIF operates:

- Monday to Friday: 8:30 a.m. – 12:30 p.m., then 2:00 p.m. – 7:00 p.m.
- Saturday & Sunday: 12:00 p.m. – 7:00 p.m.

Reception: Arrival and Registration at Reception

Upon arrival, the service user presents at reception. Staff record:

- Full name (real or pseudonym, consistently used)
- Date of birth
- Relevant medical conditions
- Planned drug and intended injection site

New service users complete a consent form, acknowledging the service's right to provide emergency medical intervention if needed, clarifying user liability for their drugs, and outlining mutual expectations while using the service. Staff also provide orientation and explain behavioural expectations.

After registration, the service user waits in the reception area until called into the injecting room. Staff observe for signs of acute distress or intoxication before entry.

Injection Room: Preparation and Paraphernalia

When called into the injecting room, the service user declares the drug and intended route of administration. Each user is assigned a private booth and provided with sterile injecting equipment:

- Cooker with single-use filters
- Citric acid (acidifier)
- 5 ml sterile water
- Alcohol swab for skin preparation
- Tourniquet
- User-selected syringe and needle size

Injection Room: Support and Safety

Nurses are present to provide harm reduction advice, assist with vein location using a vein finder, and offer guidance as needed. Staff do not perform venepuncture.
Emergency supports in the injection room include a fully stocked crash trolley containing oxygen, bag valve mask, non-rebreather mask, naloxone (intranasal and intramuscular),

defibrillator, suction, and emergency medications (e.g., buccal midazolam, adrenaline). Each booth has a secure built-in sharps bin for safe disposal.

Injection and Monitoring

The service user self-injects under staff observation. Staff monitor for any adverse reactions or signs of overdose. Users typically remain in the booth for up to 15 minutes post-injection unless clinical intervention is required.

Disposal and Cleaning

All used paraphernalia is placed in the booth sharps bin. Staff empty full bins and dispose of contents as clinical waste. Booths are cleaned and disinfected between each user using products suitable for bodily fluids.

Aftercare / Observation Room:

By default, all users transition to the aftercare room for up to 30 minutes. Here they can:

- Rest and relax
- Access refreshments (sandwiches, fruit, tea/coffee, juice, biscuits)
- Engage with staff or peers

Staff use this time to provide wound care, harm reduction advice, and link users to other health, addiction, or social services as required. A crash trolley identical to that in the injection room is available for emergencies.

3. MSIF Activity Report – Q3 (from 1st January 2025 to 30th September 2025)

MQI compiles quarterly activity reports for the MSIF. The most recent activity report captures the period 1st January 2025 to 30th September 2025 and provides comprehensive data on the operation and patterns related to the MSIF (**Appendix 3a**).

4. Engagement with Stakeholders on the development and subsequent operation of the MSIF.

The Stakeholder Forum was established in April 2024 by MQI in consultation with the HSE as a mechanism to impart and exchange information regarding the MSIF.

The Stakeholder Forum has met on 12 occasions to date and has facilitated ongoing engagement with community, school, business, non-statutory and statutory representatives, to ensure the efficient operation of the MSIF and to protect the amenity and safety of the local neighbourhood. The Forum has offered meaningful engagement where relevant matters can be highlighted, and measures identified to seek to mitigate concerns. Agreed Terms of Reference outline the purpose, structure and responsibilities of the Stakeholder Forum.

Composition

The membership of the MSIF Stakeholder Forum consists of:

- MSIF Programme Manager (Chair)
- MQI Operations Representative
- MQI Clinical Representative
- Community Representatives x 3
- School Representative
- Business Representative
- Sporting Group Representative
- HSE Representative
- An Garda Síochána Representative
- Dublin City Council Representative
- Drugs Task Force Representative
- Dublin Fire Brigade (DFB) Representative
- Service User representative.
- Dublin Regional Homeless Executive (DRHE) Representative

Functions, Objectives & Responsibilities

The MSIF Stakeholder Forum engages in open dialogue with a view to:

1. Gaining a better understanding of how the MSIF will develop and operate as a clinical service, supervised by trained health professionals.
2. Providing members of the Forum with a clear understanding of the dual objectives of a harm minimisation approach.

3. Ensuring that the MSIF refurbishment and fit-out proceed with minimal disturbance to any home or premises immediately adjacent to the site.
4. Ensuring reporting and two-way communication processes are in place.
5. Discussing the police presence in the area.
6. Considering how the facility could have a positive impact on amenity and safety of the neighbourhood by reducing the visibility of drug related activities in public areas.
7. Improving the visual amenities of the immediate area.

Meeting Arrangements

- Meetings are chaired by the MSIF Programme Manager.
- An agenda was agreed by the parties at the inaugural meeting of the Stakeholder Forum.
- A meeting quorum is six members (or designates).
- Decisions are made by consensus (i.e. members are satisfied with the decisions even though it may not be their first choice). If not possible, the meeting Chair makes the final decision in consultation with the CEO.
- Meetings will be held every two months beginning April 2024, at an agreed time and day to facilitate maximum attendance by members.
- Each meeting will be provided with administrative support by MQI to record minutes and decisions.
- Meetings will be held in Merchants House offices. Members may attend in person or alternatively online attendance will be made available.

Summary

The Forum is considered to have operated successfully, and meetings are continuing in line with condition No. 2 of the Licence to operate the pilot supervised injecting facility. Overall, the Forum meetings have been well attended, and consensus has been achieved between participants. Copies of minutes for each of the 12 Stakeholder Forum meetings held to date are attached (**Appendix 4a**).

5. Stakeholder Observations on the operation of the MSIF.

MQI has been engaged formally with key partners since April 2024 through the Stakeholder Forum. The composition of the Stakeholder Forum was designed to reflect representatives of the community, school, business, non-statutory and statutory sectors.

At the last Stakeholder Forum meeting held on 3rd September 2025 MQI advised that a letter should be issued to all Stakeholder Forum members inviting feedback on the operation of the MSIF to date (**Appendix 5a**). Essentially MQI were seeking to secure the viewpoint of members on the MSIF which could then be submitted with the new planning application. Stakeholder Forum members in a position to provide a frame of reference on the MSIF, in the form of a written observation of no more than one page, were requested to email their submission.

A total of eight submissions were received which are listed in the table below and attached for ease of reference (**Appendix 5b**).

REPRESENTATIVE CATAGORY	ORGANISATION
Community	Oliver Bond Residents Group
Community	Sporting Liberties
Business	Dublin Town
Non-statutory	UISCE (Advocacy for People who use Drugs)
Statutory	An Garda Siochana
Statutory	HSE (Dr Mike Scully, Clinical Director, HSE Addiction Services)
Statutory	HSE (Dr Kevin Lally, Chairperson of the MSIF Clinical Governance Committee)
Statutory	Dublin Fire Brigade (DFB) – Michael O'Reilly, Assistant Chief Fire Officer, DFB

Summary

Oliver Bond Residents Group

"The main goal for MQI is keeping drug users safe and saving lives and we feel this has most definitely been achieved to date and thankfully no one has lost their lives using a safer space.

"We have also built good trusting relationships with MQI with yourself Fergal, Eddie Mullins and Andy O'Hare from Uisce and we hope this continues as we have never had any dealings with MQI before this, so it's really good and important for the community that we are all on the same page and keeping each other informed with any further changes in MQI."

Sporting Liberties

"As noted in the meetings, Sporting Liberties expressed concern from the outset regarding the location of the facility—particularly its proximity to a school and its placement in an area already facing significant social challenges and a severe lack of facilities for young people.

"That said, it must also be acknowledged that there is a serious drug problem in the local area. The introduction of this facility is now providing an essential service to drug users in the immediate vicinity, as well as to individuals who travel from outside the area.
"Before attending the MQI meetings, I had concerns about how the facility would be managed and whether it would contribute to increased anti-social behaviour or drug use locally.

"However, both the project and the facility itself have been professionally managed and run from the outset. At project meetings, there has been a strong focus on potential impacts on the local community, with timely and coordinated actions taken to address these concerns."

Dublin Town

"When the concept of an MSIF was first raised, there were concerns amongst the business community that development could give rise to an increase in drug related activity, primarily dealing and congregation of persons in the immediate district. This concern has not materialised since the MSIF begun its operations. The MSIF has provided a safe space for people who use drugs and has a positive impact on the drug using community, without negative consequences for the business community in the general area.

"We would therefore consider the MSIF to have been a success and believe that the initiative should be continued."

UISCE (Advocacy for People who use Drugs)

"The Medically Supervised Injecting Facility is a resounding success. It saves lives every day. It reduces public health risks. It cleans up our public spaces. It provides a gateway to further support. Most importantly, it affirms the inherent dignity of every human being.

"We implore you to look at the evidence, listen to the voices of the local community, and consider the profound human cost of reversal. Your decision will define our city's approach to public health and social justice for years to come. Please, make the right choice.

"Keep the facility open. Save lives. Build a safer, healthier, and more compassionate community for everyone."

An Garda Siochana

"At the present time there are no matters of concern arising from An Garda Síochána's (AGS) local Divisional perspective pertaining to the operation of the MSIF.

"I wish also to advise in the reports to date to the Department, local Garda management have been supportive of the operation of the MSIF."

HSE (Dr Mike Scully, Clinical Director, HSE Addiction Services

"The opening of the SIF in MQI in December 2024 was a very important development. Since the opening it has seen a steady increase in the number of persons using the facility and it provides safe, hygienic and dignified surroundings for persons who inject drugs. It has facilitated effective engagement with a hard-to-reach population with the possibility of onward referral for medical, addiction and social care.

"It represents a very significant positive addition to the services available to persons who inject drugs in our area(HSE CHO 7) and it is vitally important that it continues to operate after the conclusion of the pilot period."

HSE (Dr Kevin Lally, Chair Person of the MSIF Clinical Governance Committee)

"In my role as chairperson of the MSIF Clinical Governance Committee I've observed first-hand the commitment of the organisation to MSIF provides a valuable and much-needed service to some of the most vulnerable people in Irish society. Its practices are overseen by a Clinical Governance Committee which strives to ensure all clinical practices meet recognised standards. In my role as chair of this committee I see evidence of a collaborative working environment with good communication. There is transparency

around clinical practices, including decision-making, outcomes and risks. This is evidenced in the open, honest and accountable sharing of information. What we've seen over the last 10 months is evidence that the service is:

- *accessible to clients - high number of new attendances;*
- *agreeable to clients – high number of returning service users;*
- *delivered in a safe environment (low number of accidental overdoses with low referrals to the local emergency department)*

"The positive impact of the service is further affirmed by information from the local emergency department (St James Hospital) that reported a significant drop emergency department attendances related to opioid overdose during this period. Furthermore, the organisation is committed to undergoing an external evaluation which will rigorously assess positive and possible negative findings and inform future considerations."

DFB (Michael O'Reilly, Assistant Chief Fire Officer)

"Since the introduction of the treatment centre on site, there has been a significant reduction in the number of ambulance calls received by Dublin Fire Brigades emergency control centre for this address. DFB dispatched 11 ambulances to Merchans Quay Ireland in 2024, This year to date 2025 DFB have dispatched 6 ambulances to Merchans Quay Ireland."

"The stats for calls to Merchants Quay are as follows these are anywhere on Merchants Quay:

2024 = 247 incidents
2025 = 103 incidents"

6. Independent Interim report on the Evaluation of the MSIF from Queens University Belfast

The HSE has commissioned Queens University Belfast to undertake an evaluation of the MSIF. The complete evaluation will take 18 months to complete and will include an evaluation of the MSIF in terms of children and any potential changes in the local environment (Trinity College Dublin have been appointed to complete this piece of the research). A 6-month evaluation has been received and is attached for ease of reference (**Appendix 6a**).

The six-month evaluation report was accompanied with the following statement from Prof. Eamon Keenan, National Clinical Lead, HSE Addiction Services:

"As Clinical Lead of HSE Addiction services I am really pleased to provide the 6 month evaluation report of the Supervised Injecting Facility conducted by researchers from Queen's University Belfast and Trinity College Dublin. The work was supported by a Research Advisory Committee, chaired by the HSE and comprising senior clinicians, academics and people with lived experience. The report indicates clearly that the facility is operating successfully, in line with An Bord Pleanála documents and the Misuse of Drugs Act 2017, with significant numbers of marginalised individuals accessing care on a daily basis. Interventions have been provided both in situations of overdose and also for people with medical conditions that had not previously been treated. The HSE is also aware of the regular and ongoing positive engagements between MQI and key stakeholders. The first six months have passed off smoothly and many marginalised people have been able to access appropriate care in line with a human rights approach to the problem of injecting drug use. The HSE remain very supportive of the project, commend MQI for their expert running of the facility and very much support the extension of the project beyond the pilot phase. The HSE will continue to work closely with MQI, the project evaluators and all stakeholders to ensure that the project maintains it's successful commencement. The full evaluation of the project and the Child impact assessment evaluation are on course to be delivered on time following completion of the pilot phase."

Merchants Quay Ireland
Homeless & Drugs Services

Appendix 3a: MSIF Activity Report – Q3 2025

Merchants Quay Ireland

MSIF Activity Report: Q3 2025

Finalised: 13th October 2025

Introduction

In Quarter 3 2025, 711 individuals used the MSIF during 4,896 visits, 75.8% of service users were men, and 66.8% of visitors were between the ages of 25 and 44.

In total, 1,189 individuals used the MSIF during 10,723 visits during the first nine months of 2025.

There were 89 overdoses in the service during Q3, all of which non-fatal and were responded to with the administration of oxygen alone or with both oxygen and naloxone.

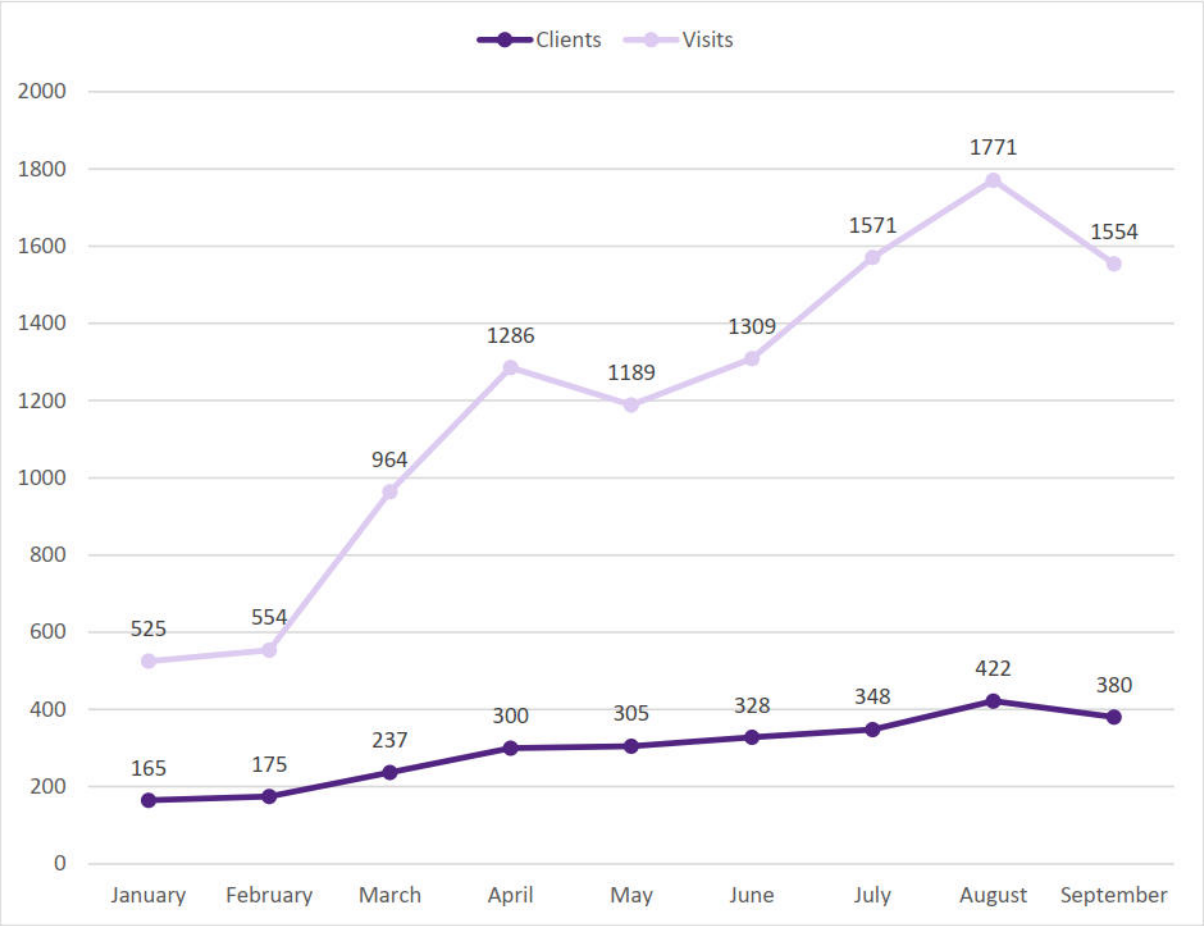
Use of the MSIF

In Q3 2025, 711 individuals used the MSIF during 4,896 visits.

In total, 1,189 individuals used the MSIF during 10,723 visits during the first nine months of 2025.

Use of the MSIF has progressively increased during the year (see Figure 1).

Figure 1: Number of Clients and Visits by Month, Jan – Sep 2025



The average number of visits per day has risen steadily during the first nine months of 2025, from 16.9 visits per day in January to 51.8 visits per day in September 2025, with the greatest peak so far during August at 57.1 visits per day on average (Table 1).

Table 1: Average Daily Visits by Month, Jan – Sep 2025

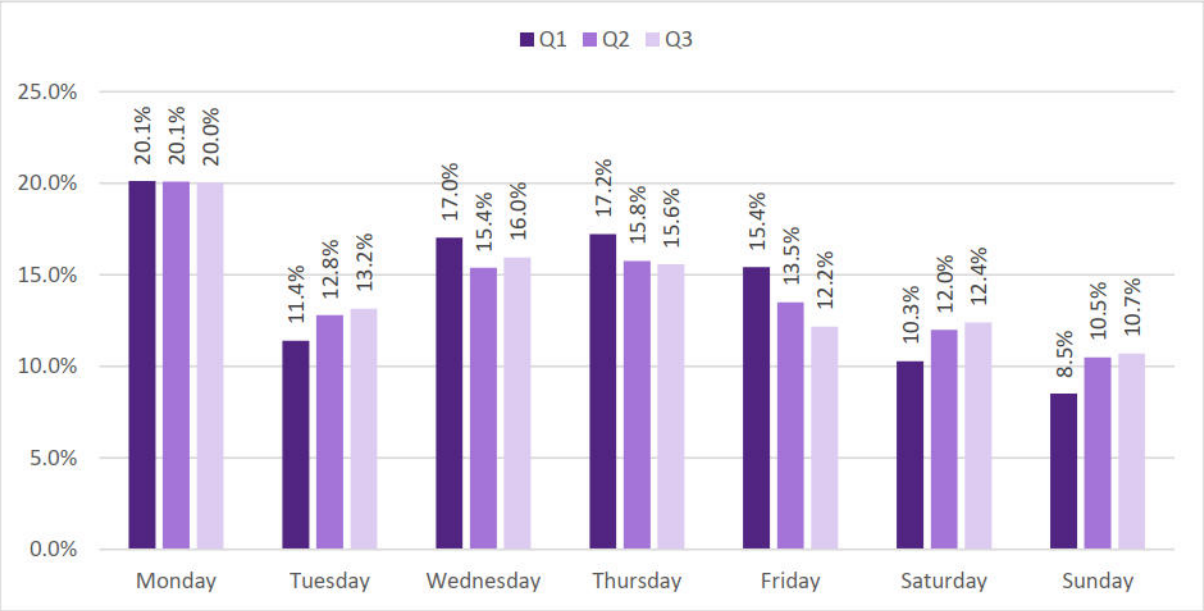
Month	Average Daily Visits
January	16.9
February	19.8
March	31.1
April	42.9
May	38.4
June	43.6
July	50.7
August	57.1
September	51.8

In Q3 2025, 76.9% of visits took place on weekdays (Table 2; Figure 2).

Table 2: Visits by Day of Week, Jan – Sep 2025

Day of the Week	Q1	Q2	Q3
Monday	20.1%	20.1%	20.0%
Tuesday	11.4%	12.8%	13.2%
Wednesday	17.0%	15.4%	16.0%
Thursday	17.2%	15.8%	15.6%
Friday	15.4%	13.5%	12.2%
Saturday	10.3%	12.0%	12.4%
Sunday	8.5%	10.5%	10.7%
Grand Total	**100.0%**	**100.0%**	**100.0%**

Figure 2: Visits by Day of Week, Jan – Sep 2025



Peak hours of usage are broadly consistent across the first three quarters in 2025 during weekdays (Figure 3a) and weekends (Figure 3b).

Figure 3a: Number of Visits by Time of Day (Weekdays), Jan – Sep 2025

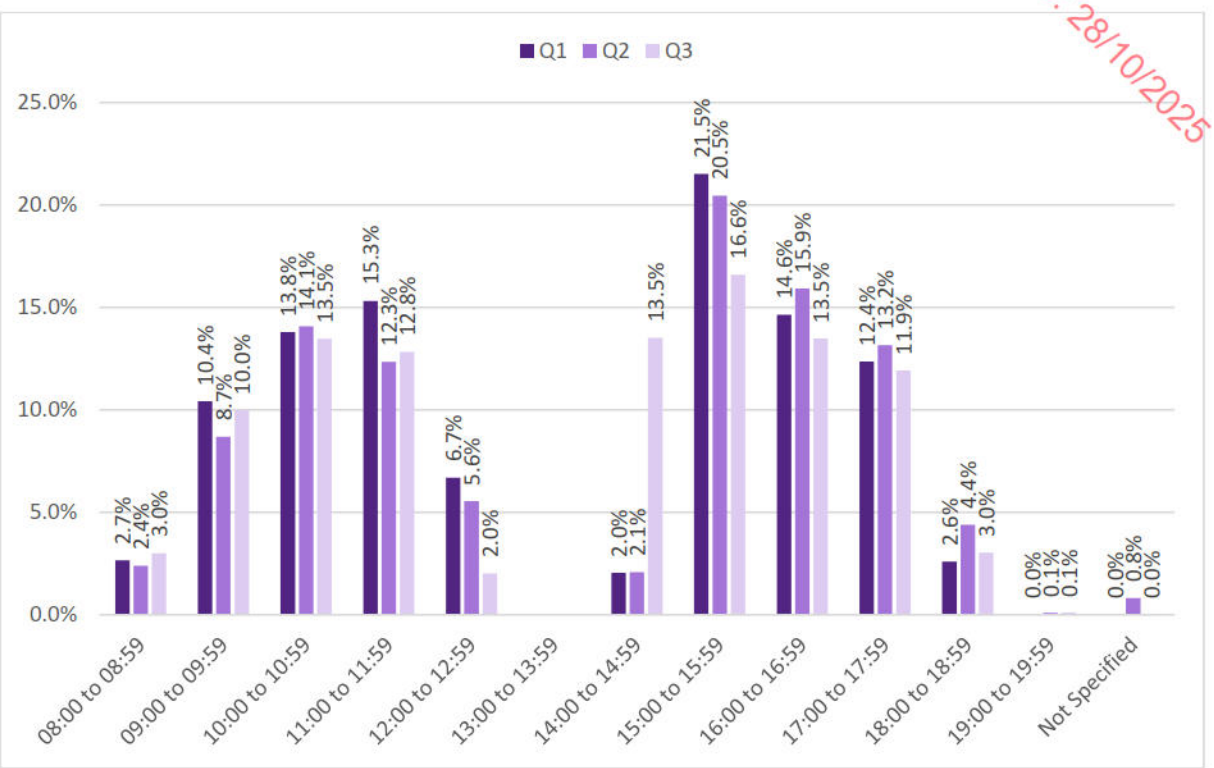
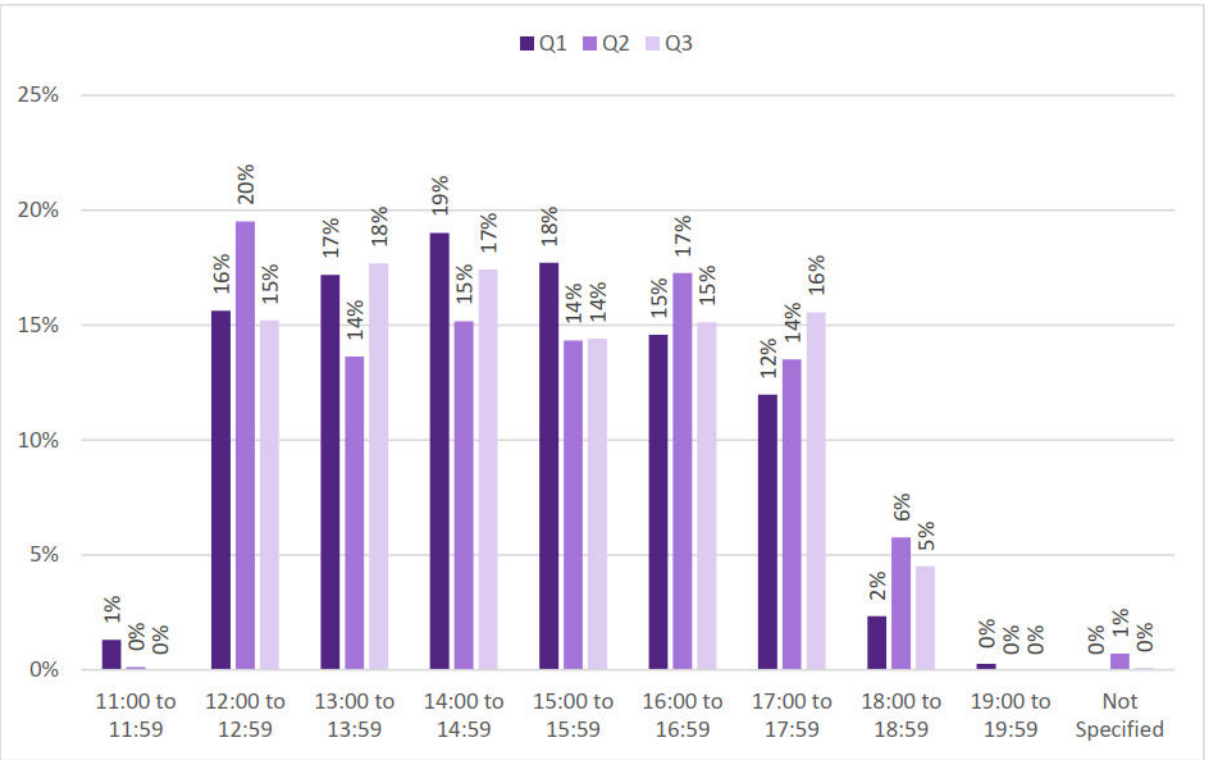


Figure 3b: Number of Visits by Time of Day (Weekends), Jan – Sep 2025

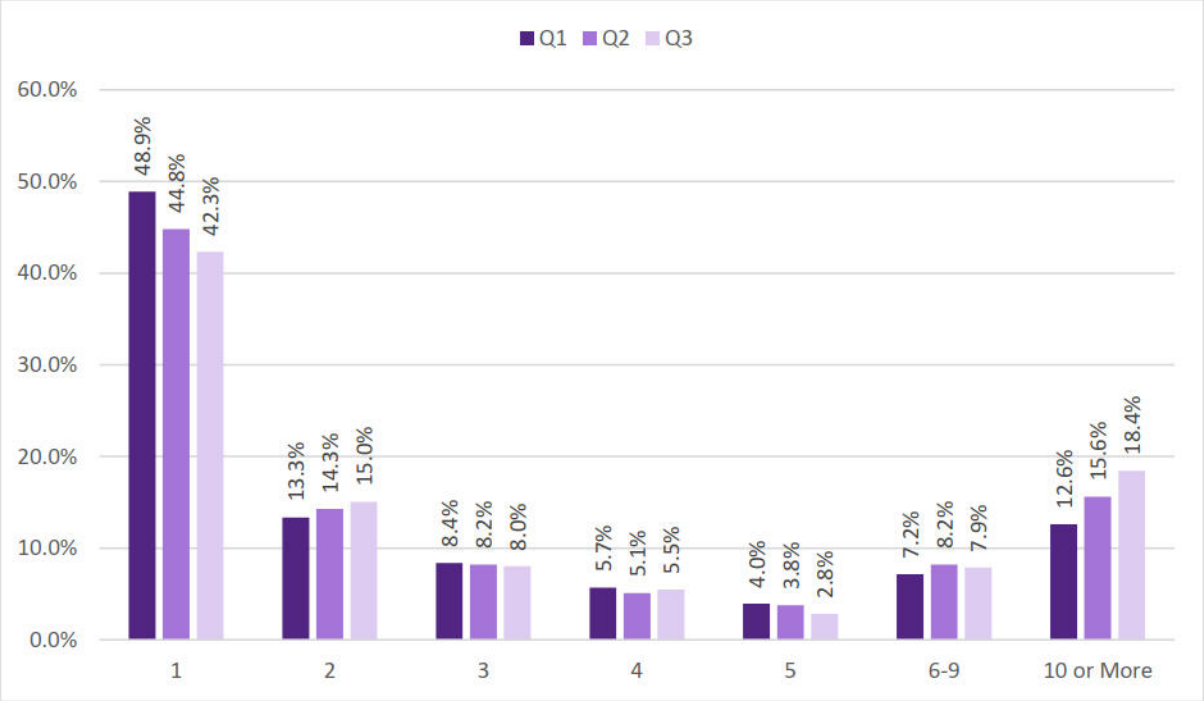


In relation to repeat use of the MSIF, 51.1% of clients used the facility on more than one occasion during Q1, rising to 57.7% of clients during Q3 2025 (Table 3; Figure 4).

Table 3: Client Visit Frequency, Jan – Sep 2025

Visit Frequency Range	Q1	Q2	Q3
1	48.9%	44.8%	42.3%
2	13.3%	14.3%	15.0%
3	8.4%	8.2%	8.0%
4	5.7%	5.1%	5.5%
5	4.0%	3.8%	2.8%
6-9	7.2%	8.2%	7.9%
10 or More	12.6%	15.6%	18.4%
Grand Total	**100.0%**	**100.0%**	**100.0%**

Figure 4: Client Visit Frequency, Jan – Sep 2025



Client Demographics

During Q3 2025, 75.8% of clients presenting to the MSIF were male, females accounted for 23.8% of clients in Q3.

Table 4: Clients by Gender, Jan – Sep 2025

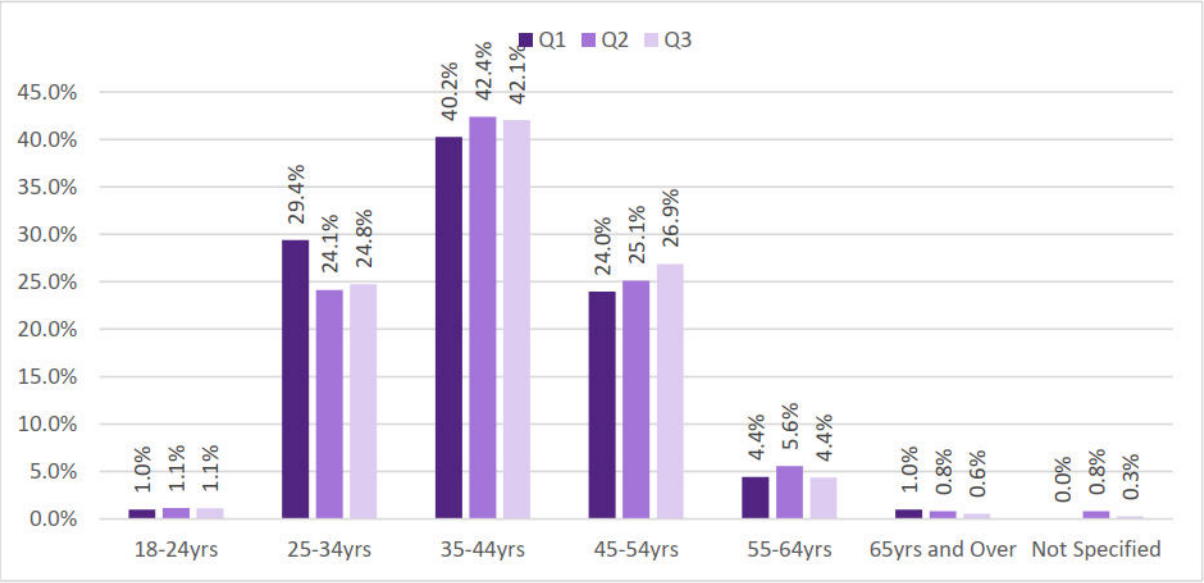
Gender	Q1	Q2	Q3
Male	79.8%	79.3%	75.8%
Female	20.0%	19.0%	23.8%
Transgender	0.2%	0.0%	0.1%
Other	0.0%	0.7%	0.0%
Not Specified	0.0%	1.0%	0.3%
Grand Total	**100.0%**	**100.0%**	**100.0%**

The largest age cohort accessing the MSIF across the first three quarters of 2025 was 35-44yrs (40.2%, 42.4%, and 42.1% respectively). People between the ages 25yrs and 44yrs represented 69.6% of visitors in Q1, 66.5% in Q2, and 66.8% in Q3 (Table 5; Figure 5).

Table 5: Clients by Age, Jan – Sep 2025

Age Band	Q1	Q2	Q3
18-24yrs	1.0%	1.1%	1.1%
25-34yrs	29.4%	24.1%	24.8%
35-44yrs	40.2%	42.4%	42.1%
45-54yrs	24.0%	25.1%	26.9%
55-64yrs	4.4%	5.6%	4.4%
65yrs and Over	1.0%	0.8%	0.6%
Not Specified	0.0%	0.8%	0.3%
Grand Total	**100.0%**	**100.0%**	**100.0%**

Figure 5: Clients by Age, Jan – Sep 2025



Regarding ethnicity and cultural background, 39% of MSIF visitors were recorded as *White Irish* Q3 2025 - with the second largest cohorts being *Other White Background* (4.5%) (Table 6; Figure 6).

Table 6: Clients by Ethnicity, Jan – Sep 2025

Ethnicity/Cultural Background	Q1	Q2	Q3
White Irish	51.1%	42.7%	39.0%
Other White Background	7.9%	5.1%	4.5%
Does not wish to answer	3.7%	3.3%	2.8%
White Irish Traveller	1.0%	1.6%	2.1%
Other, incl. mixed background	0.7%	0.7%	0.1%
Other Black Background	0.5%	0.0%	0.1%
Roma	0.5%	0.3%	0.1%
Other Asian Background	0.5%	0.2%	0.0%
Not Specified	34.1%	46.1%	51.2%
Grand Total	**100.0%**	**100.0%**	**100.0%**

In Q3, 23.2% of MSIF clients were in temporary or emergency accommodation, while 18.3% were living with friends or family, and 15.3% were rough sleeping (Table 7; Figure 7).

Table 7: Clients by Living Situation, Jan – Sep 2025

Living Situation	Q1	Q2	Q3
Temporary / Emergency Accommodation	30.9%	26.3%	23.2%
With Friends/Family	16.0%	16.6%	18.3%
Rough Sleeping	17.0%	14.0%	15.3%
Local Authority / Homeowner	10.9%	13.6%	12.9%
Private Rented	10.1%	7.9%	6.6%
Other	3.2%	3.1%	2.1%
Not Specified	11.9%	18.6%	21.5%
Grand Total	**100.0%**	**100.0%**	**100.0%**

Drugs Used by Clients

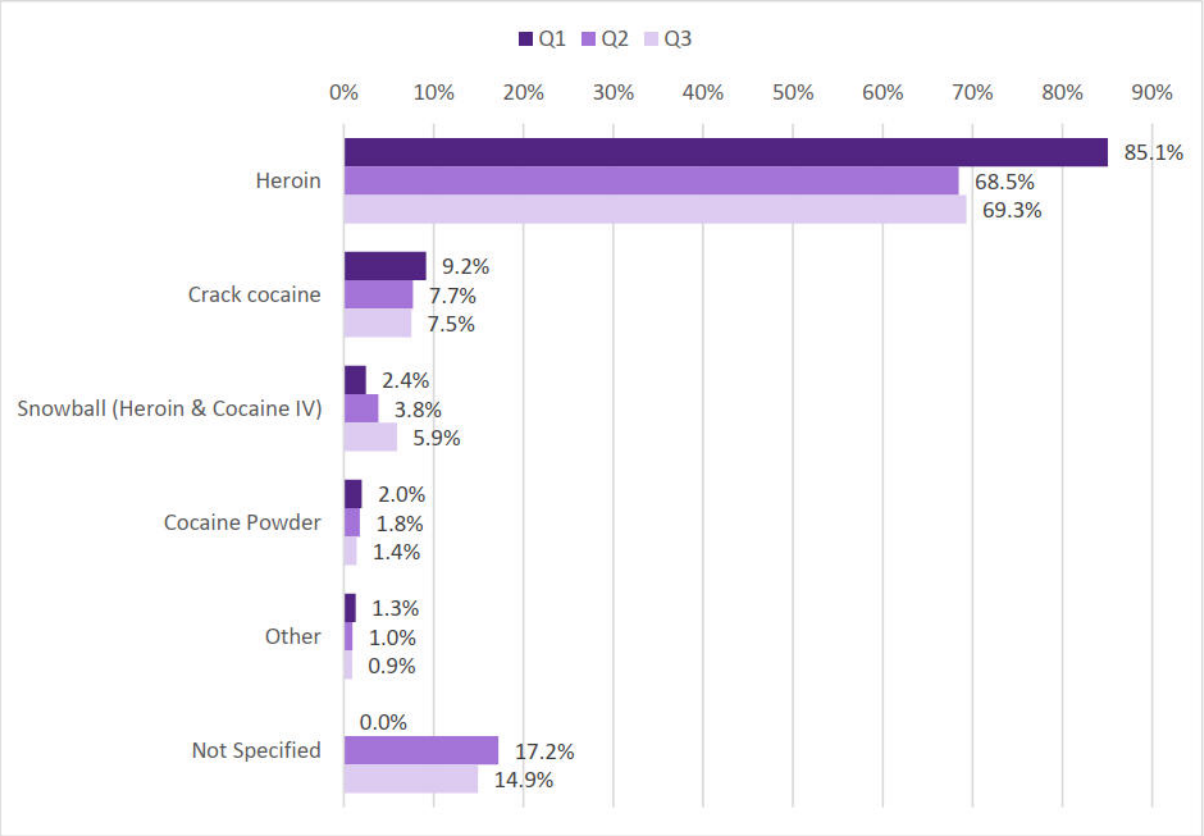
On presentation, all clients are asked to produce and identify the drugs they intend to use at the facility for visual inspection by MSIF staff.

During Q3 2025, Heroin was the most common substance used at the service, reportedly used as the primary drug in 69.3% of visits. Crack Cocaine was the second most common substance, used as the primary drug in 7.5% of visits (Table 8; Figure 8).

Table 8: Primary Drugs Used at MSIF, Jan – Sep 2025[1]

Primary Drug Used	Q1	Q2	Q3
Heroin	85.1%	68.5%	69.3%
Crack cocaine	9.2%	7.7%	7.5%
Snowball (Heroin & Cocaine IV)	2.4%	3.8%	5.9%
Cocaine Powder	2.0%	1.8%	1.4%
Other	1.3%	1.0%	0.9%
Not Specified	0.0%	17.2%	14.9%
Grand Total	**100.0%**	**100.0%**	**100.0%**

Figure 6: Primary Drugs Used at MSIF, Jan – Sep 2025



[1] MSIF clients can record up to two substances being used during their visit. Results are based on the first (primary) drug recorded at each visit.

Overdoses and Interventions

There were 89 overdoses in the MSIF during Q3 2025, 52 of which involved only the administration of oxygen, while 37 involved both naloxone and oxygen. The one ambulance call during Q3 was to respond to a client who presented to the MSIF already affected and was brought directly to the aftercare room before being discharged to the ambulance on arrival.

Table 9: Overdose Interventions, Jan – Sep 2025

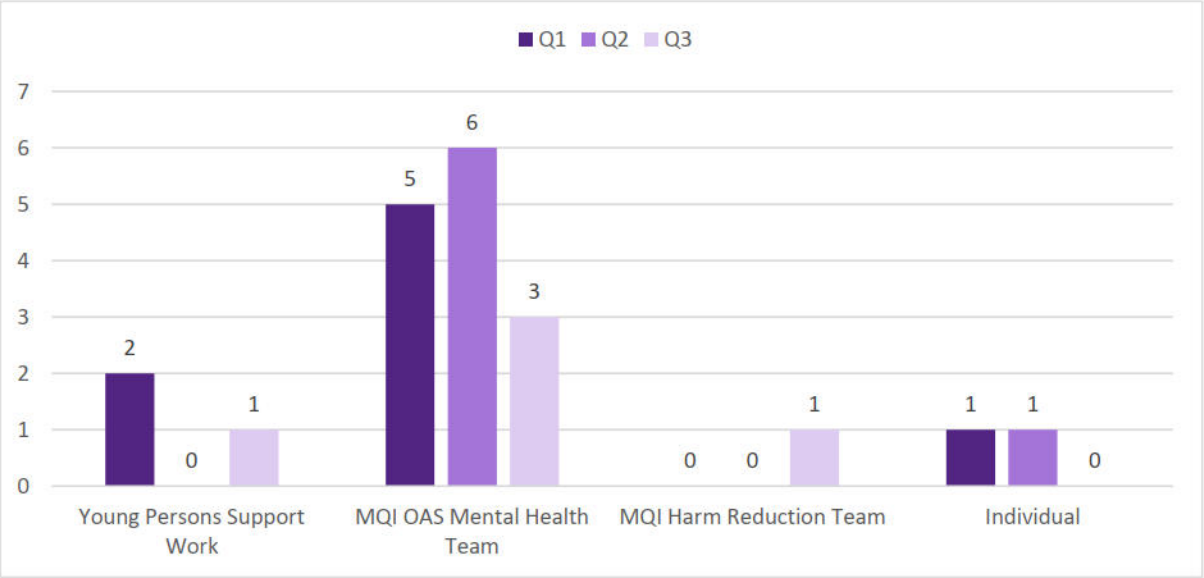
Overdose Interventions	Q1	Q2	Q3	Grand Total
Total Overdoses (Non-Fatal)	19	71	89	179
Only Oxygen Administered	12	34	52	98
Naloxone and Oxygen Administered	7	37	37	81
Ambulance Callouts	0	2	1	3

During Q3 2025, 5 clients were referred to another MQI service (Table 10; Figure 9).

Table 10: Referrals by MSIF Team, Jan – Sep 2025

Referral Destination	Q1	Q2	Q3	Total
MQI Young Persons Support Work	2	0	1	3
MQI OAS Mental Health Team	5	6	3	14
MQI Harm Reduction Team	0	0	1	1
Individual	1	1	0	2
Grand total	**8**	**7**	**5**	**20**

Figure 7: Referrals by MSIF Team, Jan – Sep 2025



Incidents

Table 11: Incident Reports, Jan – Sep 2025

Incident Codes	Q1	Q2	Q3	*Total*	*Total Percentage*
Aggression	2	7	14	*23*	*38.3%*
Risk of Overdose	3	4	-	*7*	*11.7%*
Safeguarding Concern	-	3	4	*7*	*11.7%*
Damage to Property	1	3	1	*5*	*8.3%*
Systems Failure	3	1	-	*4*	*6.7%*
Fire Incident	1	3	-	*4*	*6.7%*
Theft / Alleged Theft	1	1	2	*4*	*6.7%*
Physical Health Concern	-	4	-	*4*	*6.7%*
Needle Stick Incident	1	-	1	*2*	*3.3%*
Grand Total	**12**	**26**	**22**	***60***	***100.0%***

Community Engagement

The MQI Community Engagement team carries out regular high visibility patrols in the areas around the MSIF. Their main role is to collect discarded drug paraphernalia, engage with people who may be using drugs in the local area and provide a point of contact between MQI and local community and commercial stakeholders. See Table 12 for details.

Table 12: Community Engagement Indicators, Jan – Sep 2025

Community Engagement Indicators	Q1	Q2	Q3	*Grand Total*
Total Patrols	192	182	215	***589***
Client Engagements	194	207	300	***701***
Resident Engagements	33	76	70	***179***
Local Business Engagements	95	101	95	***291***
Number of Needles Disposed	463	698	961	***2122***
Number of Crack Pipes Disposed	195	180	211	***586***
Instances of Public Injecting Observed	7	41	25	***73***
Instances of Public Smoking of Crack Cocaine Observed	192	325	489	***1006***
Instances of Public Street Drinking Observed	69	143	88	***300***

Merchants Quay Ireland
Homeless & Drugs Services

Appendix 4a: Stakeholder Forum Meeting Minutes

MSIF Stakeholder Forum Meeting

17 April 2024

Merchants House, 27-30 Merchants Quay, Dublin 8, D08 K3KD

Merchants Quay Ireland
Homeless & Drugs Services

In attendance

Fergal Black (FB)	MSIF Programme Manager (Chair)
Geoff Corcoran (GC)	Operations
Orla Condren (OC)	Clinical
Geoff Finan (GF))	St Audoen's National School
Richard Guiney (RG)	Dublin Town
Sarah Hamza (SH)	HSE
Chief Superintendent Tony O'Donnell (TO'D)	An Garda Siochana
Linda Fanning (LF)	Dublin City Council
Fran Jacobs (FJ)	SICDATF
Caolan O'Cinnieide (CO'C)	National Ambulance Service
Andy O'Hara (AO'H)	Uisce

Apologies

Deirdre Smyth	Oliver Bond Regeneration Project
Kieran Rose	SICDATF
JJ O'Mahony	Liberty Sport
Bevin Herbert	DHRE

Administrator Cliona McCabe (CMcC)

Discussion	Information/Decision	Action
1. Welcome & Introductions	FB welcomed everyone present and asked each attendee to introduce themselves. EM provided a brief update on the MSIF project to date.	
2. Terms of Reference	The revised Terms of Reference were adopted with two amendments incorporated. Firstly, under meeting arrangements as follows "*The views of people with lived experience will be considered at each meeting*". Secondly, it was agreed to invite a representative of DFB onto the Forum.	LF to arrange a nominee from DFB.
3. Standard Agenda	It was agreed that the chairperson will draft the agenda for each meeting and items will be added as required.	
4. Update on MSIF	OC advised how the MSIF will operate. RG raised concerns from the business community that the facility could attract more drug dealing to the area. FJ raised concerns regarding drug related intimidation and the policing plan for the area. TO'D and EM provided clarification regarding the policing presence, the role of AGS and experience of MSIF in other jurisdictions. LF outlined that DCC are actively engaged in projects to improve the streetscape around Merchants Quay and are currently examining the feasibility of CCTV cameras. CO'C sought clarification regarding the attendance of NAS/DFB to deal with overdose situations in the MSIF basement	FB to clarify access for stretcher and parking for NAS/DFB with contractor.
5. Information update on Refurbishment works	EM provided update indicating that works are expected to commence by mid-May.	
6. AOB	The next Stakeholder meeting was scheduled for Tuesday 28 May at 11am in the same venue.	CMcC to clarify if the screen in the meeting room can be used and circulate.

MSIF Stakeholder Forum Meeting

28 May 2024

Merchants House, 27-30 Merchants Quay, D08 K3KD

Merchants Quay Ireland
Homeless & Drugs Services

In attendance

Fergal Black (FB)	MSIF Programme Manager (Chair)
Geoff Corcoran (GC)	Operations
Orla Condren (OC)	Clinical
Richard Guiney (RG)	Dublin Town
Sarah Hamza (SH)	HSE
Chief Superintendent Tony O'Donnell (TOD)	An Garda Siochana
Linda Fanning (LF)	Dublin City Council
Bevin Herbertt (BH)	DRHE
John Keogh (JK)	Dublin Fire Brigade
Andy O'Hara (AO'H)	Uisce
Deirdre Smyth (DS)	Oliver Bond Regeneration Project
Gayle Cullen (GC)	Oliver Bond Resident

Apologies

Kieran Rose	SICDATF
JJ O'Mahony	Liberty Sport
Bevin Herbert	DHRE
Eilish Meaghar	St Audeon's National School

Administrator Cliona McCabe (CMcC)

Discussion	Information/Decision	Action
1. Welcome & Confirmation of Quorum	FB welcomed everyone. It was confirmed that there was a quorum present in line with TOR.	-
2. Actions arising from meeting - 17 April 2024	Dublin Fire Brigade nominee present. JK advised that he represented Operations in DFB and issues remain regarding evacuations from the MSIF. EM agreed to arrange a further meeting on site with DFB Operations.	EM to arrange meeting with DFB Operations and Contractor to explore issues.
3. Terms of Reference	The revised Terms of Reference were adopted.	-
4. Information update on refurbishment works	EM advised that works have not yet commenced due to issues with the location of the water tank for the fire suppression system. A revised design for the location of the tank is being finalised. The new design will fully discharge the conditions of the Fire Certificate. Refurbishment works will commence w/c 4 June 2024.	-
5. Update on MSIF	A discussion took place on proposed opening times for the MSIF which would not conflict with St Audeon's School opening and closing times. GC raised concerns of the potential for increased drug dealing in Oliver Bond when the MSIF opens. TOD reiterated that AGS will continue to actively police the area. EM gave an update on the expansion of the Community Engagement Team, the updated job description with a greater emphasis on engagement with clients and the move from 5 to a 7-day service. RG requested that there be engagement with the business community before the MSIF becomes operational. FB advised that MQI will discuss MSIF opening times with the HSE and will seek to follow up with St Audeon's for observations on the proposal. Community representatives emphasised that their primary concern is the possible adverse impact on children in the neighbourhood.	MQI will seek to engage with St Audeon's on opening times. MQI will meet with HSE to discuss opening times proposal.

6. Views of 'Community' Representatives	GC raised the intention to provide an injecting facility only and that this has not taken account of recent trends in drug use. OC advised that the legislation underpinning the MSIF only allowed for injecting of drugs and was subject to evaluation over the 18-month pilot phase. LF suggested that MQI engage with residents in Cook St, St Audeon's complex and other adjacent residential developments.	MQI to agree arrangements for engaging with residents adjacent to Riverbank.
7. Lived Experience Viewpoint	AOH provided a detailed prospective and overview of the issues being encountered by active drug users in Dublin. AOH highlighted a potential lack of information among IV drug users on MSIF and the negative experiences and fears they harbour. AOH also referenced the drop-in centres and safe spaces for drug users. MQI's Open Access Service was highlighted as a positive in this regard.	Information campaign for IV drug users on benefits of MSIF to be drafted by Comms.
8. Community Fund Priorities & Process	FB outlined that MQI are proposing that the €100k+ Community Fund be targeted in the first instance towards St Audeon's School and Liberty Sports Partnership for circa 60%-80% of funding available. The balance would be subject to a transparent process to improve the visual amenities of the area.	The proposal to target 60%-80% of available funding to support the school and sporting bodies was agreed.
9. Proposed Visit to an Existing MSIF in Europe	EM advised that it is intended to arrange a visit to an existing MSIF and that MQI would seek to invite a cross section of the Stakeholder Forum representatives to join MQI personnel.	EM to decide on representatives from Stakeholder Forum.
10. AOB	SH raised the issue of communication around the opening of the MSIF and developing an easy-to-read MSIF booklet with FAQs and a partner pack.	FB to arrange for MQI Comms to collaborate with SH.

Next meeting – Tuesday, 25 June 2024

MSIF Stakeholder Forum Meeting

16 July 2024

Merchants House, 27-30 Merchants Quay, D08 K3KD

Merchants Quay Ireland
Homeless & Drugs Services

In attendance

Fergal Black (FB)	MSIF Programme Manager (Chair)
Eddie Mullins (EM)	CEO, MQI
Orla Condren (OC)	Clinical, MQI
Corina Fitzsimons	Communications, MQI
JJ O'Mahony	Liberty Sport
Sarah Hamza (SH)	HSE
Aine McCarville (AMcC)	An Garda Síochána
Linda Fanning (LF)	Dublin City Council
Bevin Herbertt (BH)	DRHE
John Keogh (JK)	Dublin Fire Brigade
Andy O'Hara (AO'H)	Uisce
Gayle Cullen (GC)	Oliver Bond Regeneration Project
Caolan O'Cinneide	National Ambulance Service

Apologies

Bevin Herbert	DHRE
Geoff Finan	St Audeon's National School
Richard Guiney (RG)	Dublin Town

Administrator Cliona McCabe (CMcC)

Discussion	Information/Decision	Action
1. Welcome & Confirmation of Quorum	FB welcomed everyone. It was confirmed that there was a quorum present in line with TOR.	-
2. Actions arising from Stakeholder Forum meeting 28 May 2024	A meeting will be arranged between MQI, contractor and DFB to discuss the outstanding issue of how the evacuation of clients from MSIF will be achieved.	FB will arrange meeting with DFB (4-6 weeks' time).
3. Information update on refurbishment works	The works have begun and are proceeding well.	
4. Update on MSIF – Opening hours update & Communication Plan	The proposed opening hours have been to be approved by HSE.	MQI will meet with St Audeon's School to advise re opening hours.
5. Community Fund – Update	FB had circulated the draft policy/process for the Community Fund. It was agreed that community groups applying for funds should also be required to detail any other mainstream funding they are receiving. A meeting between MQI, St Audeon's School and Liberty Sports will be arranged to discuss the projects for which their allocation of the fund will be used. In summary, €70k will be allocated to St Audeon's School and Liberty Sports, €7.5k will be allocated to Uisce for 'What's the Story' and the balance of circa €35k will be allocated through the Community Fund process.	FB to arrange meeting between MQI, St Audeon's School and Liberty Sports to discuss the impact of their proposed projects.
6. Proposed visit to an existing MSIF in Europe	OC advised that the MSIF in Luxembourg are happy to host a visit to their facility.	OC to arrange the visit to Luxembourg.
7. Lived Experience Viewpoint	AOH advised that there are still places on the 'What's the Story' project for this week and requested the participation of the Gardai. AOH will circulate details to AMcC.	AOH to circulate the details of available places on 'What's the Story' project to AMcC.
8. Views of 'Community' Representatives	Nothing of note to report.	

9. Observations of business representative	Not in attendance.	
10. Midas Productions Documentary	FB gave a brief outline of the project being undertaken by Midas Productions on the development of the MSIF and their request for participation in the production to the relevant stakeholders. FB agreed to circulate the contact details of Midas Productions.	FB to circulate contact details of Midas Productions.
11. AOB	There was no other business.	

Next meeting – 11am, Wednesday, 11 September 2024

MSIF Stakeholder Forum Meeting

11 September 2024

Merchants House, 27-30 Merchants Quay, D08 K3KD

Merchants Quay Ireland
Homeless & Drugs Services

In attendance

Fergal Black (FB)	MSIF Programme Manager (Chair)
Eddie Mullins (EM)	CEO, MQI
Geoff Corcoran (GF)	Head of Operations & Delivery, MQI
Corina Fitzsimons	Communications, MQI
Tom Magee	Sporting Liberties
Sarah Hamza (SH)	HSE
Linda Fanning (LF)	Dublin City Council
Andy O'Hara (AO'H)	Uisce
Gayle Cullen (GC)	Oliver Bond Regeneration Project
Richard Guiney (RG)	Dublin Town

Apologies

Orla Condren	Deputy Head of Clinical Services, MQI
Bevin Herbert	DHRE
Geoff Finan	St Audeon's National School
Richard Guiney (RG)	Dublin Town
John Keogh (JK)	Dublin Fire Brigade
Caolan O'Cinneide	National Ambulance Service

Administrator Cliona McCabe (CMcC)

Discussion	Information/Decision	Action
1. Confirmation of Quorum	FB welcomed everyone. It was confirmed that there was a quorum present in line with TOR.	-
2. Actions arising from Stakeholder Forum meeting 16 July 2024	A meeting will be arranged between MQI, contractor and DFB to discuss the outstanding issue of how the evacuation of clients from MSIF will be achieved.	FB will arrange this meeting.
3. Information update on refurbishment works	The refurbishment works are progressing, with a December opening expected.	
4. Update on MSIF	When operational, the MSIF will include seven injecting booths (one of which will be wheelchair accessible), a nurse's station, and observation areas. There will also be a security presence in the facility.	
5. Community Fund – Update	Sporting Liberties and St Audoen's School will forward proposals to MQI outlining how the funds allocated to them from the fund will be used. As a relatively low number of applications have been received, it is planned that the Fund will be advertised again in the future. Some members advised that they were unaware of the Fund and it was agreed that details would be forwarded to them.	
6. Proposed visit to an existing MSIF in Europe	MQI will produce costings of visiting several MSIF facilities in Europe.	CMcC to cost visits to European MSIFs
7. What's the Story' – Collaborative Art/Mural Project	AOH advised that this project has resulted in good engagement with several agencies and local businesses in the area.	
8. 'Lived Experience' viewpoint	Uisce is continuing to engage with service users.	
9. Views of 'Community' Representatives	Nothing of note to report.	
10. Observations of business representative	Nothing of note to report.	
11. Midas Productions Documentary	It was agreed that the contact details of the members of the Stakeholder Forum would be forwarded to Midas Productions.	CMcC to forward contact members' contact details.
12. Any Other Business	-	-

MSIF Stakeholder Forum Meeting

9 October 2024

Merchants House, 27-30 Merchants Quay, D08 K3KD

Merchants Quay Ireland
Homeless & Drugs Services

In attendance

Fergal Black (FB)	MSIF Programme Manager (Chair)
Eddie Mullins (EM)	CEO, MQI
Geoff Corcoran (GF)	Head of Operations & Delivery, MQI
Corina Fitzsimons (CF)	Communications, MQI
Orla Condren (OC)	Deputy Head of Clinical Services, MQI
Tom Magee (TM)	Sporting Liberties
Nicola Corrigan (NC)	HSE
Linda Fanning (LF)	Dublin City Council
Andy O'Hara (AOH)	Uisce
Gayle Cullen (GC)	Oliver Bond Regeneration Project
Richard Guiney (RG)	Dublin Town
John Keogh (JK)	Dublin Fire Brigade

Apologies

Bevin Herbert	DHRE
Geoff Finan	St Audeon's National School
Chief Superintendent Tony O'Donnell	An Garda Siochana
Caolan O'Cinneide	National Ambulance Service

Administrator Cliona McCabe (CMcC)

Discussion	Information/Decision	Action
1. Confirmation of Quorum	FB welcomed everyone. It was confirmed that there was a quorum present in line with TOR.	-
2. Actions arising from Stakeholder Forum meeting 11 September 2024	FB confirmed that the meeting with Dublin Fire Brigade to review the medical evacuation procedure has been arranged.	-
3. Information update on refurbishment works	The refurbishment works are progressing, with a December opening expected.	-
4. Update on MSIF	The project is fully recruited, with only one part-time nurse position remaining unfilled. Case workers are undergoing a robust training program, including insights from colleagues in Lisbon. The development of policies and procedures is nearing completion. IT infrastructure and communication plans are in place, with a focus on crisis communications.	
5. Community Fund – Update	Sporting Liberties and St Audoen's School have provided their proposals for their allocations under the Fund. It is planned that the Fund will be advertised again in the future.	
6. Proposed visit to an existing MSIF in Europe	It is planned that two visits will be arranged, one in the w/c 4 Nov and the other in the w/c 11 Nov. An email requesting expressions of interest will be sent by MQI.	EM will send email re expression of interest.
7. What's the Story' – Collaborative Art/Mural Project		
8. 'Lived Experience' viewpoint	Uisce is continuing to engage with service users.	
9. Views of 'Community' Representatives	The need for open communication and collaboration with local authorities, the importance of addressing community concerns and maintaining trust were highlighted. It was agreed that MQI would review the possibility of the CET including the Oliver Bond location in their patrols.	GC will revert on the possibility of CET including Oliver Bond in their patrols
10. Observations of business representative	Nothing of note to report.	

11. Midas Productions Documentary	FB reiterated that participation in the documentary was completely voluntary and stressed that MQI have no editorial input in the project.	-
12. Any Other Business	-	-

Next meeting – 11am, Tuesday, 19 November 2024

MSIF Stakeholder Forum Meeting

19 November 2024

Merchants House, 27-30 Merchants Quay, D08 K3KD

Merchants Quay Ireland
Homeless & Drugs Services

In attendance

Fergal Black (FB)	MSIF Programme Manager (Chair)
Orla Condren (OC)	Deputy Head of Clinical Services, MQI
JJ O'Mahony (JJ)	Sporting Liberties
Linda Fanning (LF)	Dublin City Council
Andy O'Hara (AOH)	Uisce
Gayle Cullen Doyle (GCD)	Oliver Bond Regeneration Project
Richard Guiney (RG)	Dublin Town
John Keogh (JK)	Dublin Fire Brigade
Chief Superintendent Tony O'Donnell (TOD)	An Garda Siochana
Bevin Herbert (BH)	DHRE

Apologies

Eddie Mullins (EM)	CEO, MQI
Geoff Corcoran	Head of Operations & Service Delivery, MQI
Corina Fitzsimons	Communications, MQI
Geoff Finan	St Audeon's National School
Séan McNicholas	Oliver Bond Regeneration Project
Caolan O'Cinneide	National Ambulance Service
Sarah Hamza	HSE
Linda Fanning	Dublin City Council

Administrator Cliona McCabe (CMcC)

Discussion	Information/Decision	Action
1. Confirmation of Quorum	FB welcomed everyone. It was confirmed that there was a quorum present in line with TOR.	-
2. Actions arising from Stakeholder Forum meeting 9 October 2024	FB advised that the CET will commence patrols in Oliver Bond next week and that patrols will move to a 7-day week once the MSIF is operational.	-
3. Information update on refurbishment works	The refurbishment works are progressing, with a December opening expected. The issuing of the fire cert has been delayed and contact has been made with DCC to try to expedite it.	-
4. Update on MSIF	The project is fully recruited, with only one part-time nurse position remaining unfilled. Case workers are undergoing a robust training programme, including insights from colleagues in Lisbon. The development of policies and procedures is now complete. IT infrastructure and communication plans are in place. The Department of Health are progressing the licence application and various queries have been received and are being worked on by MQI. The licence must be signed on the first day of operations of the MSIF as this will be the date the 18-month pilot period will start.	
5. Community Fund – Update	Proposal from St Audeon's is expected in the New Year once the Board of Management have met to discuss. The proposal from Sporting Liberties is being reviewed by the assessment team. The Fund will be advertised again, probably in the New Year, and organisations who have already received a grant will not be excluded from applying again with a separate proposal.	
6. Proposed visit to an existing MSIF in Europe	FB provided an overview of the recent visit to the Drug Consumption Room service in Lisbon.	
7. 'Lived Experience' viewpoint	Uisce is continuing to engage with service users to encourage them to use the MSIF.	-

8. Views of 'Community' Representatives	Community representatives remain concerned at the level of drug dealing in the neighbourhood.	
9. Observations of business representative	Nothing of note reported.	
10. Midas Productions Documentary	FB reiterated that participation in the documentary was completely voluntary and stressed that MQI have no editorial input in the project.	-
11. Any Other Business	-	-

Next meeting – 12am, Wednesday, 17 December 2024

MSIF Stakeholder Forum Meeting

29 January 2025

Merchants House, 27-30 Merchants Quay, D08 K3KD

Merchants Quay Ireland
Homeless & Drugs Services

In attendance

Eddie Mullins (EM)	CEO, MQI
Geoff Corcoran	Head of Operations & Service Delivery, MQI
Orla Condren (OC)	Deputy Head of Clinical Services, MQI
Andy O'Hara (AOH)	Uisce
Sarah Hamza	HSE
JJ O'Mahony (JJ)	Sporting Liberties

Apologies

Fergal Black (FB)	MSIF Programme Manager (Chair)
Corina Fitzsimons	Communications, MQI
Geoff Finan	St Audeon's National School
Séan McNicholas	Oliver Bond Regeneration Project
Linda Fanning (LF)	Dublin City Council
Gayle Cullen Doyle (GCD)	Oliver Bond Regeneration Project
Richard Guiney (RG)	Dublin Town
John Keogh (JK)	Dublin Fire Brigade
Chief Superintendent Tony O'Donnell (TOD)	An Garda Siochana
Bevin Herbert (BH)	DHRE
Caolan O'Cinneide	National Ambulance Service
Linda Fanning	Dublin City Council

Administrator Cliona McCabe (CMcC)

Discussion	Information/Decision	Action
1. Confirmation of Quorum	EM welcomed everyone. It was confirmed that there was a quorum present in line with TOR.	-
2. Actions arising from Stakeholder Forum meeting 19 November 2024	The action tracker for stakeholders is up to date with no outstanding actions.	-
3. Information update on refurbishment works	Phase 2 and 3 are continuing well with the toilet/shower block expected to be completed by end March.	-
4. Update on MSIF	As of 28 January, there have been 544 visits with 168 individuals using the service. Use of the service seems to decrease in early morning and mid-afternoon visits. MSIF staff have the ability to handle primary health care issues like wound dressings and infected injecting sites and have been well-prepared to handle various situations, including extended stays for individuals who need it. The facility has managed overdoses effectively, preventing ambulance calls. Staff reported a positive experience, and the Aftercare space was highlighted as particularly beneficial. The positive media coverage was noted, with only one critical article. Future plans include community engagement, addressing stigma, and evaluating the program's impact.	-
5. Community Fund – Update	FB will circulate an update on the fund shortly	FB to issue update on Community Fund.
6. What's the Story' – Collaborative Art/Mural Project	-	-
7. 'Lived Experience' viewpoint	Uisce have been actively engaging with clients to encourage them to use the MSIF.	-
8. Views of 'Community' Representatives	There has been no negative feedback to date.	-

9. Observations of business representative	There were no business representatives present.	-
10. Midas Productions Documentary	-	-
11. Any Other Business	SH queried whether the members of the Forum would be willing to engage with the Evaluation Panels once there were in place.	-

Next meeting – 11:00am, Wednesday 5 March

MSIF Stakeholder Forum Meeting

5 March 2025

Merchants House, 27-30 Merchants Quay, D08 K3KD

Merchants Quay Ireland
Homeless & Drugs Services

In attendance

Fergal Black (FB)	MSIF Programme Manager (Chair)
Geoff Corcoran	Head of Operations & Service Delivery, MQI
Orla Condren (OC)	Deputy Head of Clinical Services, MQI
Andy O'Hara (AOH)	Uisce
Sarah Hamza	HSE
JJ O'Mahony (JJ)	Sporting Liberties
Richard Guiney (RG)	Dublin Town
Gayle Cullen Doyle (GCD)	Oliver Bond Regeneration Project
Nicola Corrigan	HSE
Corina Fitzsimons	Communications Coordinator
John Keogh (JK)	Dublin Fire Brigade

Apologies

Eddie Mullins (EM)	CEO, MQI
Geoff Finan	St Audeon's National School
Séan McNicholas	Oliver Bond Regeneration Project
Linda Fanning (LF)	Dublin City Council
Chief Superintendent Tony O'Donnell (TOD)	An Garda Siochana
Bevin Herbert (BH)	DHRE
Caolan O'Cinneide	National Ambulance Service
Linda Fanning	Dublin City Council

Administrator Cliona McCabe (CMcC)

Discussion	Information/Decision	Action
1. Confirmation of Quorum	FB welcomed everyone. It was confirmed that there was a quorum present in line with TOR.	-
2. Actions arising from Stakeholder Forum meeting 29 January 2025	The action tracker for stakeholders is up to date with no outstanding actions.	-
3. Information update on refurbishment works	Phase 2 is expected to be completed by early May, with Phase 3 following shortly after. The ground floor of Riverbank will be refreshed to complement the new entrance and areas. Discussions with Dublin City Council about the gates on the Skipper Valley side have been ongoing. The new gates have reduced loitering and drug-related activities in the area.	-
4. Update on MSIF	There have been 292 unique clients in December and 81% first-time users in January. There were 23 overdoses, with most needing only oxygen therapy.	-
5. Community Fund – Update	The Fund has been advertised again with just under €50k available for grants. Applications will remain open until 28 March. Grants are available for up to €1k with a priority given to first-time applicants. Discussions with the school about a significant grant are ongoing. Organisations who have previously been awarded a grant can apply again.	-
6. 'Lived Experience' viewpoint	AOH highlighted the challenges of engaging women and sex workers with the service and suggested dedicated times for women and outreach work to engage specific groups. There is an ongoing evaluation by the HSE and there may be potential for future changes based on their findings.	-

7. Views of 'Community' Representatives	There has been a positive impact of the MSIF on the immediate community.	-
8. Observations of business representative	There was nothing of note to report.	-
9. Midas Productions Documentary	The details of when the documentary is to be aired will be circulated to the Forum	CMcC
10. Any Other Business	There was no further business	-

Next meeting – 11:00am, Wednesday 16 April

MSIF Stakeholder Forum Meeting

16th April 2025

Merchants House, 27-30 Merchants Quay, D08 K3KD

Merchants Quay Ireland
Homeless & Drugs Services

In attendance

Fergal Black (FB)	MSIF Programme Manager (Chair)
Séan McNicholas	Oliver Bond Regeneration Project
Orla Condren (OC)	Deputy Head of Clinical Services, MQI
Andy O'Hara (AOH)	Uisce
Nicola Corrigan (NC)	HSE
Richard Guiney (RG)	Dublin Town
Alan Dooley (AD)	Community Engagement Tea
Melanie Lambert (ML)	DCC
Chief Superintendent Tony O'Donnell (TOD)	An Garda Siochana
John Keogh (JK)	Dublin Fire Brigade
Jennifer Kitson (JK)	Communications Coordinator

Apologies

Gayle Cullen Doyle (GCD)	Oliver Bond Regeneration Project
Geoff Corcoran (GC)	Head of Operation & Service Delivery
JJ O'Mahony (JJ)	Sporting Liberties
Eddie Mullins (EM)	CEO, MQI
Geoff Finan (GF)	St Audeon's National School
Linda Fanning (LF)	Dublin City Council
Bevin Herbert (BH)	DHRE
Caolan O'Cinneide (COC)	National Ambulance Service

Discussion	Information/Decision	Action
1. Confirmation of Quorum	FB welcomed everyone. There was a quorum present in line with TOR.	-
2. Actions arising from Stakeholder Forum meeting 5th March 2025	The action tracker for stakeholders is up to date with no outstanding actions.	-
3. Information update on refurbishment works	FB provided an update on the refurbishment works that are now expected to be completed by the end of May. The front façade and ground floor of Riverbank will be refreshed to complement the new entrance and shower/toilet block.	-
4. Update on MSIF	OC reported that there have been 466 unique clients and 2708 attendances at the MSIF since the opening in December 2024. Average daily attendances have grown to 32 in March.	-
5. Community Fund – Update	The Fund has been advertised for a third time. Applications will remain open until 9th May. There is €57.5K available for grants. A discussion took place regarding a possible grant to the school located close to the MSIF. Organisations who have previously been awarded a grant can apply again.	-
6. 'Lived Experience' viewpoint	AOH highlighted the targeted approach of UISCE seeking to engage with groups not currently accessing the MSIF including women, sex workers and those who jointly inject. The intention is to establish bespoke peer support and future leaders. UISCE are also seeking to address concerns among clients regarding the use of Neloxone in the MSIF.	-

7. Views of 'Community' Representatives	There has been positive feedback from residents on the impact of the MSIF on the immediate community.	-
8. Observations of business representative	There was nothing of note to report.	-
9. Midas Productions Documentary	The feedback on the documentary was positive and it portrayed a balanced view on the challenges for the wider South Inner-City area	
10. Any Other Business	TOD outlined that AGS are witnessing less activity on Merchants Quay since the installation of the gates. He suggested that there was likely displacement to other areas. He briefly advised regarding "days of action" which are conducted routinely across the Division and was recently a focus on social media following measures in Bridgefoot St. NC stated that there was positive feedback on the MSIF across Social Inclusion in the HSE. She also provided a brief update on the ongoing evaluation by the HSE.	-

Next meeting – 11:00am, Thursday 29th May (It is intended that the Stakeholder Forum will tour the completed works at Riverbank).

MSIF Stakeholder Forum Meeting

25 June 2025

Merchants House, 27-30 Merchants Quay, D08 K3KD

Merchants Quay Ireland
Homeless & Drugs Services

In attendance

Fergal Black (FB)	MSIF Programme Manager (Chair)
Orla Condren (OC)	Deputy Head of Clinical Services, MQI
Geoff Corcoran (GC)	Head of Operation & Service Delivery
Andy O'Hara (AOH)	Uisce
Alan Dooley (AD)	Community Engagement Tea
Una Guerin (UG)	St Audoen's National School
John Keogh (JK)	Dublin Fire Brigade
Jennifer Kitson (JK)	Communications Coordinator
Prof. Eamon Keenen (EK)	HSE
JJ O'Mahony (JJ)	Sporting Liberties

Apologies

Gayle Cullen Doyle (GCD)	Oliver Bond Regeneration Project
Eddie Mullins (EM)	CEO, MQI
Geoff Finan (GF)	St Audoen's National School
Linda Fanning (LF)	Dublin City Council
Bevin Herbert (BH)	DHRE
Caolan O'Cinneide (COC)	National Ambulance Service
Séan McNicholas (SMcN)	Oliver Bond Regeneration Project
Nicola Corrigan (NC)	HSE
Richard Guiney (RG)	Dublin Town
Melanie Lambert (ML)	DCC
Chief Superintendent Tony O'Donnell (TOD)	An Garda Siochana

Discussion	Information/Decision	Action
1. Confirmation of meeting quorum	• Apologies given. Quorum was met.	
2. Actions from prior meeting	• None.	
3. Information update on refurbishment works	• First phase – MSIF opened on 22nd Dec 2024. • Second phase – installation of toilets and showers, additional upgrade work included building façade, alleyway refurbishment, painting internal walls. • At time of meeting, construction is almost fully completed. Facility should be open fully by end of July, subject to BCAR approval. • AOH highlighted that MQI is effectively the only low-threshold drop-in in city centre at present.	
4. Update on MSIF	• GC reviewed MSIF Activity report for Dec 2024 – May 2025. o During weekdays, there has been a spike at 3pm (afternoon opening time). o Over half of people have used MSIF more than once, while approx. a quarter of clients have visited 5 times or more. o The MQI Community Engagement Team have been undertaking more engagements with local residents and businesses. Significantly more crack pipes have been picked up during patrols, which is in line with increase	

	distribution of crack pipes at Needle Exchange. ○ 44 visits by stakeholders since launch of MSIF. • OC added that there have been over 5000 visits by over 800 clients from launch to today. • EK highlighted a drop in needles picked up by CET by 13% between three months before MSIF opening and 8 months of MSIF in operation. • UG reported that there have been several instances of people under influence engaging in anti-social behaviour directly opposite the St Audoen's premises. UG currently doesn't have weekly/monthly counts of incidents. • AOH reported that Uisce's outreach has generally found less people publicly injecting since the MSIF has opened. Feedback from people injecting in public indicates lunch time (i.e. 2pm) as a high-risk time, given MSIF re-opens at 3pm.	• UG will ask GF if St Audoen's has tracked the frequency of incidents, which can be reported at the next meeting.
5. MSIF Lunchtime opening	• FB outlined that opening times have been highlighted by anecdotal evidence that MSIF opening hours don't align with other MQI services, and that extending the afternoon to open at 2pm would help address this issue. • The CET has reported seeing fewer people publicly injecting during the MSIF operation hours, which is further evidence that this would be useful. • MQI aims to start the new opening time in July 2025. The request for approval has been submitted to the Department of Health, in line with the MSIF licence requirements. • AOH reported that Uisce's engagements in recent weeks/months with people who inject has taken place during the 2-3pm period when the MSIF was not open.	• Attendees endorsed the amendment to opening hours from 3pm to 2pm-onwards during weekdays.
6. Community Fund Update	• Community Fund was set up to support initiatives for the benefit of the local community. MQI was appointed to manage it. There have been three funding application rounds to date. Of the total €110,000 fund, €84,000 has been distributed to date, and a balance of €26,000 remains. • FB reported that it had been a challenge to receive applicants. • JJ reported that groups were enthusiastic for funding opportunity and several initiatives have used funding successfully.	
7. Lived Experience viewpoint	• AOH highlighted that feedback to the establishment of the MSIF includes requests for establishing consumption rooms to also match current trends in drug use (i.e. increase in people smoking crack cocaine alongside/instead of injecting crack/heroin)	
8. Community Representatives viewpoint	• JJ asked if there has been any "honey pot" effect where the MSIF has attracted people based outside the local area. While MQI doesn't have this information readily available, OC estimated about 90% of MSIF clients were already engaged in MQI services before their first visit. • JJ highlighted concerns regarding lack of safe or appropriate spaces and facilities for socialising and community activities (especially for children). He also evidenced the negative impact	

	on educational attainment. JJ suggested the North East Inner City initiative could be replicated for the South West inner city.	
9. Community Engagement Team viewpoint – Alan Dooley	• AD highlighted feedback at the recent Community Safety Meeting and other parties recognising that MSIF is "saving lives". • The Dublin 8 Drug Unit was recently established.	
10. AOB	• GC suggested that MQI, St Audoen's, and UISCE work on a joint proposal to DCC to address remaining concerns with visible drug use activity in the St Audoen's school environment. • GC reiterated that when there is an incident at St Audoen's premises, the school can call the CET to come out and support directly. • EK noted that the evaluation of MSIF has been agreed with Queens University (Belfast) and an interim report is due in September 2025. EK also noted that work is ongoing with Children's Ombudsman on the Child Impact Assessment.	
11. Next Meeting	• Provisionally set for Wed 3rd Sept, 11am	

Next meeting – ***11:00am Wednesday 3rd September 2025.***

MSIF Stakeholder Forum Meeting 3

3 September 2025

Merchants House, 27-30 Merchants Quay, D08 K3KD

Merchants Quay Ireland
Homeless & Drugs Services

In attendance

Fergal Black (FB)	MSIF Programme Manager (Chair)
Geoff Corcoran (GC)	Head of Operation & Service Delivery
Bukky Idowu	Clinical Nurse Manager, MSIF
Katie Hennessy	Communications MQI
Andy O'Hara (AOH)	Uisce
Nicola Corrigan (NC)	HSE
Séan McNicholas (SMcN)	Oliver Bond Regeneration Project
Richard Guiney (RG)	Dublin Town
Michael O'Reilly	Dublin Fire Brigade

Apologies

Eddie Mullins (EM)	CEO, MQI
Orla Condren	Deputy Head of Clinical Services
Gayle Cullen Doyle (GCD)	Oliver Bond Regeneration Project
Linda Fanning (LF)	Dublin City Council
Bevin Herbert (BH)	DHRE
Melanie Lambert (ML)	DCC
JJ O'Mahony	Sporting Liberties
Anthony O'Donnell	Chief Superintendent, An Garda Siochana
Melanie Lambert	Dublin City Council
Brian Hanney	SICDATF
Bevin Herbert	DHRE

Discussion	Information/Decision	Action
1. Confirmation of meeting quorum	• Apologies given. Quorum was met.	
2. Actions from prior meeting	• None.	
3. Update on MSIF	• Since the opening of the facility there have been a total of 9246 visits made by 1001 unique clients and 154 non-fatal overdoses. • More than half the clients attending the MSIF are visiting multiple times. • MO'R advised that there has been a significant drop in the number of ambulance callouts in the Merchants Quay area since the opening of the MSIF. • AO'H and BI are working together to encourage more clients to use the MSIF. • UISCE are also working with clients to encourage them to be upfront with MSIF staff about which drugs they are using. Incorrect information on drugs being taken will affect any medical response to overdoses and the accuracy of data being collected. • Funding has been agreed with the HSE and the opening hours have been extended by 1 hour Monday to Friday which is alleviating the issue of big queues of clients building up outside Riverbank at lunchtime.	
4. Information update on refurbishment works	• The showers are now fully operational in Riverbank. There are a few outstanding snags to be completed on the project.	
5. MSIF Evaluation	• Queens and TCD are undertaking the independent evaluation of the MSIF on behalf of the HSE. The Research Advisory Board gave their ethical approval for the evaluation in July and the interim report is due by the end of the month.	

	• FB will be contacting the Stakeholder Forum members to get feedback on the impact of the MSIF to date for the forthcoming planning application.	FB to write to request feedback
6. Community Fund Update	• There have been three rounds of calls for proposals under the Community Fund. 27 requests for funding were received under the fund of which 25 proposals were approved with €84k being distributed and €26k remaining. • There has been no communication from St Audeon's regarding any allocation to the school under the fund.	
7. Lived Experience Viewpoint	• Uisce have been working closely with the Oliver Bond Regeneration Project and DCC to produce a programme of activities for young local people, including fun days and trips, to build better relationships in the local community. SMcN was unaware of these activities and AO'H will clarify the issue with him. • Uisce are feeding back to the MSIF ideas from clients on possible improvements.	
8. Views of Community Representatives	• Legislation concerning the Regeneration Project has led to a change in the minimum size of units which could lead to a loss of housing stock • There are still ongoing issues with drug-related activities in public areas.	
9. Observations of Business Representative	• There is still a certain level of drug taking and smoking in the area. • There is support in the business community's for the MSIF in providing a safe environment for drug users. • Naloxone training has been requested by some local businesses.	
10. Community Stakeholder Forum – Alan Dooley	• N/A – deferred to Stakeholder Forum meeting on 15 October.	
11 AOB	• There was no other business.	

Next meeting – ***11:00am Wednesday 15 October 2025.***

MQI
Merchants Quay Ireland
Homeless & Drugs Services

MSIF Stakeholder Forum

Agenda

11:00am on 15 October 2025

Merchants House, 27 - 30 Merchants Quay

1. Confirmation of meeting quorum
2. Actions arising from Stakeholder Forum meeting 3 September 2025
3. Update on MSIF
4. Information update on refurbishment works
5. MSIF Evaluation (Trinity College Dublin and Queens University Belfast)
6. Community Fund – Update
7. 'Lived Experience' viewpoint
8. Views of 'Community' Representatives
9. Observations of business representative
10. Community Stakeholder Forum – Update Alan Dooley
11. Any other business

Outlook

Merchants quay Ireland

From Michael O'Reilly [DFB] <michael.oreilly@dublincity.ie>
Date Mon 10/13/2025 12:58 PM
To Fergal Black <Fergal.Black@mqi.ie>

Hi Fergal,
Please see data attached for ambulance calls for Merchants Quay Ireland for 2024 and 2025 to date .Since the introduction of the treatment centre on site, there has been a significant reduction in the number of ambulance calls received by Dublin Fire Brigades emergency control centre for this address. DFB dispatched 11 ambulances to Merchans Quay Ireland in 2024,This year to date 2025 DFB have dispatched 6 ambulances to Merchans Quay Ireland. I would like to endorse the project as a successful way of treating patients give credit to your team members for their hard work.
Regards
Michael O'Reilly [DFB]

2024 stats

DA-24-004550	12/01/2024 18:08	DA	D3	MERCHANTS QUAY IRELAND	DUBLIN CITY CENTRE
DA-24-008682	23/01/2024 15:22	DA	D3	MERCHANTS QUAY IRELAND	DUBLIN CITY CENTRE
DA-24-009341	25/01/2024 10:05	DA	D3	MERCHANTS QUAY IRELAND	DUBLIN CITY CENTRE
DA-24-028286	14/03/2024 14:34	DA	D3	MERCHANTS QUAY IRELAND	DUBLIN CITY CENTRE
DA-24-056046	22/05/2024 19:09	DA	D3	MERCHANTS QUAY IRELAND	DUBLIN CITY CENTRE
DA-24-077612	15/07/2024 18:53	DA	D3	MERCHANTS QUAY IRELAND	DUBLIN CITY CENTRE
DA-24-088755	12/08/2024 18:32	DA	D3	MERCHANTS QUAY IRELAND	DUBLIN CITY CENTRE
DA-24-098698	06/09/2024 15:20	DA	D3	MERCHANTS QUAY IRELAND	DUBLIN CITY CENTRE
DA-24-104793	20/09/2024 16:07	DA	D3	MERCHANTS QUAY IRELAND	DUBLIN CITY CENTRE
DA-24-108487	29/09/2024 11:54	DA	D3	MERCHANTS QUAY IRELAND	DUBLIN CITY CENTRE
DA-24-112409	08/10/2024 15:08	DA	D3	MERCHANTS QUAY IRELAND	DUBLIN CITY CENTRE

2025 Stats

ISR_NO	Date	Agency	Station Area	Street & Type	DISTRICT_ID
DA-25-006727	16/01/2025 18:25	DA	D3	MERCHANTS QUAY IRELAND	DUBLIN CITY CENTRE
DA-25-006734	16/01/2025 18:47	DA	D3	MERCHANTS QUAY IRELAND	DUBLIN CITY CENTRE
DA-25-084154	15/07/2025 16:54	DA	D3	MERCHANTS QUAY IRELAND	DUBLIN CITY CENTRE
DA-25-090527	31/07/2025 17:36	DA	D3	MERCHANTS QUAY IRELAND	DUBLIN CITY CENTRE

DA-25-091684	03/08/2025 09:47	DA	D3	MERCHANTS QUAY IRELAND	DUBLIN CITY CENTRE
DA-25-091713	03/08/2025 11:48	DA	D3	MERCHANTS QUAY IRELAND	DUBLIN CITY CENTRE

P.S.

The stats for calls to Merchants Quay are as follows these are anywhere on Merchants Quay

2024 = 247 incidents

2025 = 103 incidents

Michael O Reilly

Michael O'Reilly | Assistant Chief Fire Officer

Operations / E.M.S / Training.

Merchants Quay Ireland
Homeless & Drugs Services

Appendix 6a: Independent Interim Report on the Evaluation of the MSIF from Queens University Belfast

Evaluation of Ireland's Pilot Medically Supervised Injection Facility (Lot 1): 6-month report on impact and effectiveness

Gillian W Shorter, Leo Jefferys, Philip Boland, Cherie Armour, Orfhlaith Campbell, Caoimhe Shields, & Catherine Comiskey

To cite this report

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For inquiries contact the corresponding author Gillian - g.shorter@qub.ac.uk

Acknowledgements

We are grateful to the staff of MQI, especially of the SIF, hosting our visit in July to collect data and understand how the service works. We would like to thank the staff working on those days (whom we will not name) who answered our questions and helped us recruit SIF clients to share their valuable insights in this report. We thank Criomhthann Morrison for supplying anonymized activity data and providing explanations of the datasets. The Research Advisory Group members convened by the HSE were invaluable in shaping the report and direction of the evaluation. Special thanks must go to Dan Iacob, Niall Hickey and Andy O'Hara from UISCE and Padraig Drummond from Streetlink Homeless Support who endorsed our competencies in communities to allow the interviews with people who take drugs to take place. Finally, we are very grateful to the clients of the SIF and other people who use drugs in the community around Dublin for sharing their valuable insights and giving us their time.

1 Contents

1 Introduction

The Misuse of Drugs (Supervised Injecting Facilities) Act 2017 represents an evolution in Ireland's approach to harm reduction and drug policy (Irish Statute Book, 2017). By enabling the establishment, licensing, operation, and regulation of supervised injecting facilities, the legislation aims to provide a safer environment for individuals who inject drugs, improve health, and improve communities. International evidence has suggested SIFs mitigate the risks associated with unsupervised injecting, such as those associated with overdoses, the spread of infectious diseases, drug-related litter, and improving the public realm in addition to improving health and wellbeing of people who use drugs (Shorter et al., 2023). They are thought to operate through mechanisms of safety, trust, and inclusion to reach individual, public health, and community goals (Stevens et al., 2024; Keemink et al., 2025) see Section 1.1 for an explanation. However, there are concerns, including in city planning, about how they operate, and where they are located (Boland et al., 2025a). There are facilities available in 20 countries globally, although most evidence is from Canada and Australia (HRI, 2024; Shorter et al., 2023).

The Health Service Executive (HSE) awarded the contract to Merchants Quay Ireland (MQI) to operate this service. They have extensive experience in supporting vulnerable populations, including those affected by substance use. MQI's Riverbank Centre in Dublin 8 is the pilot site, reflecting its centrality and accessibility to those most likely to benefit from the service. The planned opening of the facility in Q4 2024 marked the efforts spanning years of legislative, operational, and planning work. A previous attempt to open a safe injecting facility in the city met with strong local resistance resulting in refusal of planning permission (McCann & Duffin, 2023). The pilot phase, lasting 18 months, will allow for the evaluation of the facility's impact on public health outcomes, community well-being, and its effectiveness in addressing drug-related harm. This six-month report for Lot 1 focuses on whether there are early indicators of impact or effectiveness of the service.

This report aims to summarise early findings from the first six months of operation. This aims to include the following information:

- If the service has been implemented as intended a per above named documents (An Bord Pleanála documents and the Misuse of Drugs Act),
- The impact and effectiveness of the service at 6 months,
- Recommendations related to the application for an extension of the licence to operate the SIF beyond the pilot period.

1.1 Understanding how safe injecting facilities work

A medically supervised injecting facility (SIF) is a legally sanctioned health service where individuals can consume pre-obtained drugs under the supervision of trained medical staff in a hygienic environment. These facilities aim to reduce overdose deaths, prevent the transmission of blood-borne infections, and connect clients with health, treatment, and social support services. They also help reduce public drug use and related community harms, functioning as a key component of harm reduction strategies (Shorter et al., 2023). Crucially in this instance, a SIF provides support for people who inject drugs and can provide advice for other routes of administration but not supervise the consumption event.

To explain how and why these facilities are effective, Stevens et al. (2024) conducted a theory-building realist synthesis of 390 studies, identifying the first causal pathway that clarifies how safe injecting facilities function[1]. This causal pathway illustrates how evidence demonstrates that the experience of safety and the immediate outcome of survival create conditions that enable people who use SIFs to build trust and experience social inclusion (see

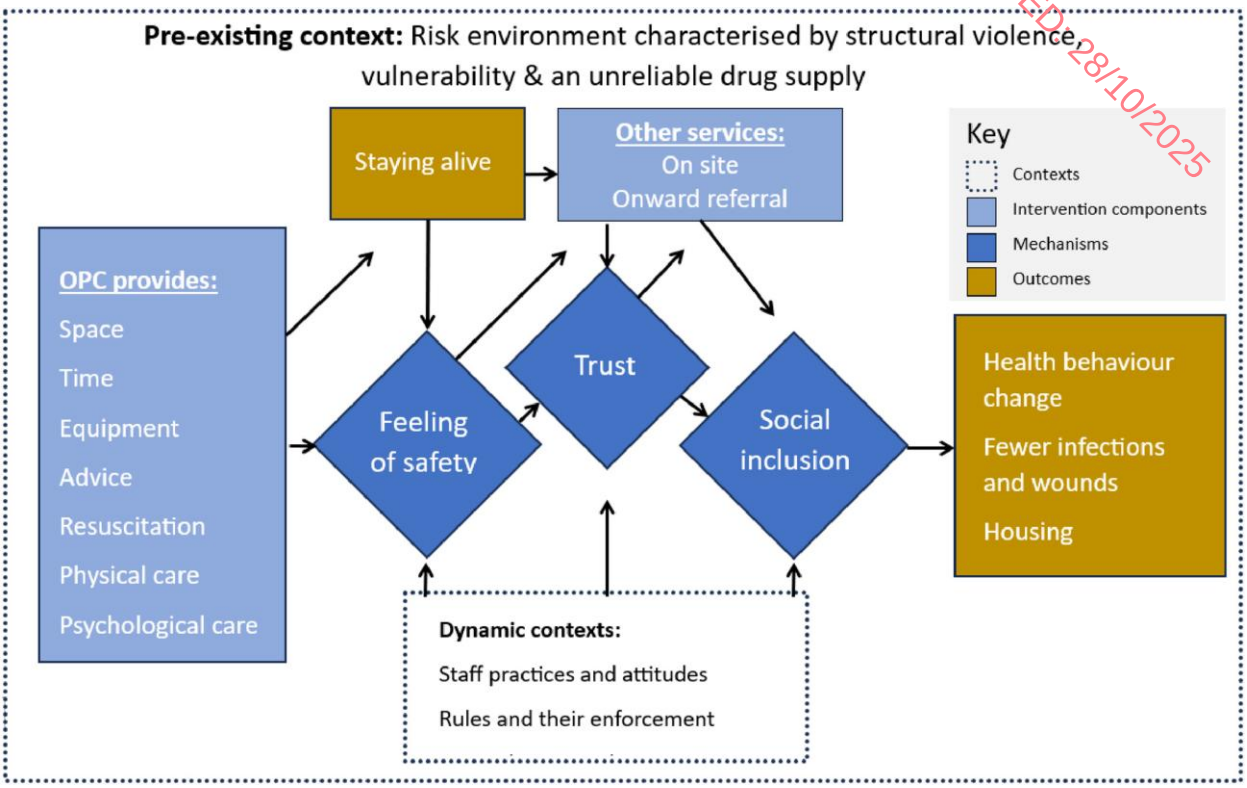
[1] We note there are different terms for these facilities across countries which can refer to the nature of the service and legal matters for their operation (e.g. in Canada, see Barry et al., 2021). Here we refer exclusively to SIF although recognise the evidence may have come with a facility named differently e.g. drug consumption room (DCR) or overdose prevention centre (OPC).

Figure 1). Social inclusion is a core element of SIF operation (Scher et al., 2025) and stigma whether at a societal, organisational, or individual level can limit the effectiveness of a SIF (Nyblade et al., 2019; Tran et al., 2021). The interaction of safety, trust, and inclusion through SIF engagement, can, in certain contexts, generate a range of positive outcomes. These include reduced risky drug use, lower transmission of blood-borne viruses, fewer injection-related infections and wounds, and improved access to housing. These outcomes remain conditional on broader contextual factors, such as the political and legal environment, which may differentially affect women and people from racialised minority groups.

Here

Figure 1 describes how the inputs of space, time, equipment, advice, resuscitation, physical care and psychological care contribute to both staying alive and feelings of safety, trust, and social inclusion. What the inputs of the service also facilitate is access to other services whether on site or by onward referral. These can lead to the outcomes of health behaviour change, fewer infections and wounds (or less severe instances) and housing outcomes. There are dynamic contexts which determine the success of these pathways. SIF operate in a context within a risk environment of structural violence, vulnerability, and an unreliable drug supply. These can and will influence the outcomes of even the most successful SIF services. In the SIF itself, staff practices and attitudes, and the rules of the SIF and their enforcement are contexts which are in the control of the SIF and can greatly influence pathways to effective service delivery and the achievement of outcomes. It is important these remain under review, agile to changing operational conditions, and be established and evolved with meaningful consultation with people who use the service (Fry, 2002; Shorter et al., 2023).

*Figure 1: Causal pathway diagram for Supervised Injecting Facility (Overdose Prevention Centre or OPC) from Stevens et al., 2024: reproduced on a CC-BY-4.0 licence. Please see DOI: **https://doi.org/10.1111/dar.13908** for full context*



The full programme theory is provided in Figure 2 and describes how safe injecting facilities may operate. The model is grounded in a critical realist understanding that, within certain contexts, specific intervention components can trigger mechanisms, leading to improved outcomes. Core components include providing safe and hygienic spaces for drug consumption (injection and/or inhalation); offering personal care and practical support; managing injection-related wounds and infections; educating users on safer consumption practices; providing refuge from violence; responding to overdoses through oxygen or naloxone administration; and linking clients to additional services such as detoxification or treatment (Keemink et al., 2025; Shorter et al., 2023; Stevens et al., 2024).

Figure 2: A programme theory of how overdose prevention centres or supervised injecting facilities work involving contexts, mechanisms, and outcomes (from Keemink et al., 2025, reproduced under a CC-BY-4.0 licence. Please see https://doi.org/10.1186/s12954-025-01178-z for full context and explanation.

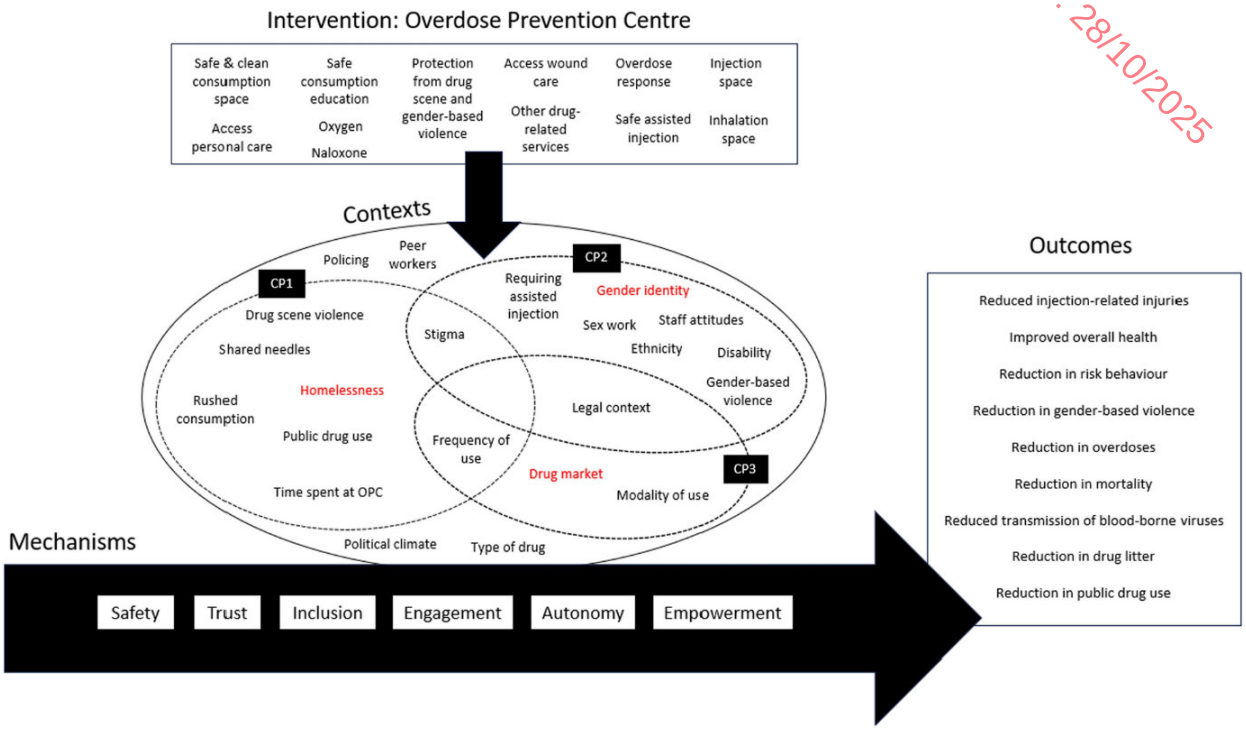


Diagram Notes: CP1 is the causal pathway considering homelessness as a key contextual factor. CP2 is the causal pathway considering gender identity as a key contextual factor. CP3 is the causal pathway considering the drug market as a key contextual factor.

The effectiveness of these components depends on contextual factors, most notably the political and legal environment. Supportive policy frameworks enable broader service provision, while restrictive ones limit the establishment and scope of SIFs. Even in supportive settings like Canada, legal and political shifts can impose constraints on who can use services or what practices are permitted (Day et al., 2022; Greene et al., 2023; McCann & Vadivelu, 2023). In contrast, countries such as Germany and the Netherlands legally accommodate inhalation spaces, illustrating how context and legal frameworks can shape operational models and their delivery (Speed et al., 2020).

Political climates also influence policing practices. In hostile enforcement contexts, people who use drugs often use SIFs as refuge from surveillance and criminalisation. Conversely, harm reduction–oriented policing, such as Copenhagen's "area of non-enforcement" surrounding its largest SIF, facilitates access and safety for users (Houborg & Asmussen Frank, 2014; Houborg & Jauffret-Roustide, 2022).

Local drug markets further determine SIF operations. Where substances such as methamphetamine, cocaine, or synthetic opioids (e.g., fentanyl) dominate, facilities must adapt to meet the risks associated with high-potency drugs and an (unexpected) contaminated drug supply. North American SIFs have been more affected by this trend than those in Europe, although emerging evidence suggests a growing presence of potent synthetic opioids in

European markets (Giraudon et al., 2024; Griffiths et al., 2024; Holland et al., 2024; Seyler et al., 2021). There are also strong demands for smoking facilities in DCRs to support transition from injecting to smoking (Harris et al., 2020) and safer inhalation practices (Speed et al., 2020).

Peer involvement is another key contextual factor. Employment of people with lived experience of drug use enhances trust, safety, and engagement within SIFs evidenced in studies based in Canada and Australia (Jozaghi & Reid, 2014; Mercer et al., 2021). While quantitative evidence of improved outcomes remains limited, qualitative research consistently highlights peer workers as vital to creating inclusive, non-judgemental, and well-functioning environments (Kennedy et al., 2019; Mercer et al., 2021; Shorter et al., 2023).

Across reviewed studies, SIFs have been associated with multiple positive outcomes. Initially implemented to reduce HIV transmission, contemporary evidence emphasises their role in preventing overdose deaths. Beyond these immediate benefits, SIFs contribute to broader harm reduction outcomes, including decreased risk behaviours, fewer injection-related infections, improved physical and mental health, reduced exposure to violence, more stable housing, and greater engagement with treatment and support services (for the largest summary of the literature to date (~570 articles including summaries of 35 reviews) see Shorter et al., 2023).

Specific contexts are highlighted in this explanatory model including the following:

1. For individuals who are **homeless or unstably housed**, SIFs provide a secure, supportive setting for drug use and access to care, resulting in decreased risk behaviours and improved health and wellbeing. These effects vary according to drug type, method of use, and the amount of time spent in the SIF.

2. SIFs offer **refuge from the violence often associated with street-based drug scenes**, especially for women, non-binary, trans, and ethnically marginalised individuals. Their effectiveness depends on factors including drug type, staff approach, and time spent in the facility. Legal restrictions on assisted use may limit access for women who need support to consume drugs.

3. **Local drug market dynamics and consumption patterns** are determining factors in the most effective form of SIF service delivery. Aligning provision with these patterns, including mode of administration enables reductions in overdose and mortality through targeted interventions such as drug checking, overdose management, and safer use education. Equipment and layout of service will need to adapt as drug markets change in an area.

We recognise here, that this is a brief version of the model of how SIF's operate. For a detailed exploration of these contexts, mechanisms, and outcomes evidenced alongside the foundational papers from which they were derived, please see Keemink et al., (2025) for a fuller explanation.

This theory deriving analysis identified a causal pathway in which the experience of safety, and the immediate outcome of survival, create the conditions for people who use SIFs to develop trust and experience social inclusion. The interaction of safety, trust, and inclusion, as triggered through SIF engagement, can, within certain contexts, generate a range of positive outcomes, including reduced risky drug use, lower transmission of blood-borne viruses, fewer injection-related infections and wounds, and improved access to housing. These outcomes remain

contingent on broader contextual factors, such as the policy, political, societal, and legal environment, which may differentially affect certain groups of individuals, often the most marginalised and stigmatised in society. Not all outcomes can be fully controlled by a SIF and must be viewed in the context in which the SIF operates.

2 Methodology

2.1 Introduction

We drew from several different sources in relation to data for this report. These included four different sources of material, documentary analysis of policies and meetings, interviews with people who use drugs who do and do not use the service, activity data from the clinical record and finally staff voice notes illustrative of their experience in the service. Each of these are described below. For more information contact the lead author.

2.2 Documentary analysis

A structured review of key documents was conducted to assess policies, guidelines, reports, and records relating to the SIF's operation, governance, and community engagement.
These documents included

- Internal SIF and MQI documents (e.g., operational policies, risk mitigation strategies, actions from meetings),
- External reports and policies (e.g., An Bord Pleanála Inspectors Report, national drug policy documents),
- Records of engagement with the community.

Documents were reviewed with a view to their content relevant to the aims of this six-month report. Evidence was summarised and extracted to illustrate activity relevant to the report aims. For the purposes of the report and to respect the members of these groups, we did not quote directly from minutes, rather paraphrasing the content.

2.3 Interviews with people who use drugs who do and do not use the service

Across four days in July, Jefferys and Shorter conducted 17 interviews in the SIF service with existing clients. Interviews lasted between 5-10 minutes approximately and followed a topic guide that was adapted to the client. There were 14 males and 3 females interviewed, two voluntarily identified themselves as being of non-Irish ethnicity. A guide to the questions asked are given in Appendix 1. Interviews occurred in a room to the side of the aftercare room following the use of the consumption space. Given this the research team, and the staff in the aftercare space sought frequent updated consent to continue interviews, and the range of time of interviews reflects the degree to which individuals wished to speak to the team. Only one person approached declined to be interviewed.

Shorter and Jefferys also conducted street-based interviews with 18 people who would be eligible to use the service, including 3 females and 15 males, three voluntarily identified themselves as being from non-Irish ethnicity. Interviews were shorter than those in the service, ranging between 10-20 minutes. These occurred in two locations, one in North Dublin working with the Streetlink Homeless Support Team as they met with their clients, and one in the centre of Dublin working with UISCE. We are grateful to both organisations as advocates for the research and researchers. Having established relationships in communities, they could vouch for the research team and answer questions about who we were and the nature of our research intentions. These organisations and their staff approached potential clients, asking if they would

like to learn more about the research. Where permission was granted the research team approached to discuss the research project and sought informed consent. We were conscious here that we are in people's home spaces, and are respectful of this intrusion, always prioritising the wishes of the person at that location. These interviews were shorter in nature with a shorter topic guide. This guide is given in Appendix 2.

Interview participants were acknowledged as experts and paid in cash payments for the time spent speaking with us, as per international best practice (Becu & Allan, 2017; International HIV/AIDS Alliance, 2015; Southwell et al., 2022). We provided €10 for short street interviews, and €20 for longer in-service interviews. Payments were sealed in envelopes and given in private settings, and participants signed off on receipt using a form witnessed by the research team. The process and delivery of payments were made through the PPI lead researcher and EuroNPUD as co-leads in the delivery of this report and findings.

2.4 Activity data for the service

As part of the evaluation, we requested datasets illustrative of the activity in the SIF. Whilst we understand that summary statistics bulletins have been produced, we sought to independently verify the data for the report. By this we mean we accessed carefully controlled aspects of the clinical record that were fully anonymised and in line with ethical approvals. Clients could opt out of this data transfer by indicating to SIF reception their wishes. Data was downloaded directly from the record, and then fully anonymised by the service. To the best of our knowledge, we did not have any clients opt out of the data transfer.

We were provided with two datasets. One illustrative of the medical interventions especially in the event of overdose, and one illustrative of the broader use of the service. Individuals were linked with a single record identification ID. In some cases, there was missing data, where this occurred this was noted in the numerical record. A SIF is a fast-paced environment, and some missing data is to be expected despite best efforts, where the priority will always be the care of the clients in the service. There are numerous examples in the published literature illustrating this in multiple types of SIF around the world (e.g. Auriacombe et al., 2019; Day et al., 2022; Shorter et al., 2023) and/or in reviews of SIF effectiveness (e.g. Dow-Fleisner et al., 2022; Levengood et al., 2021; Shorter et al., 2023; Tran et al., 2021). We also acknowledge that this was a new, computer-based service to collect data which is now in version two. On occasion, there can be missing data. Similarly, data, unless otherwise specified relates to all instances captured from the day of opening of the service on 22nd December 2024 to 30th June 2025 close of service. Some discrepancies are to be expected between the activity data summarised in activity reports (e.g. prepared for the Stakeholder Meetings) and data presented in this 6-month report.

2.5 Staff voice notes

Staff were asked to leave voice notes on a dedicated telephone number to illustrate their experience of running the service and the experiences of the clients. This was a method used successfully elsewhere to capture the day-to-day activities of a busy, and demanding service working with marginalised communities (Shorter & Scher, 2025). It captures elements of a service that are not typically captured in the usual data collection processes and with minimum impact on staff time. Due to delays in ethical approval only two staff members were able to deposit voice notes for analysis, but we hope additional staff will be able to deposit data for the 18-month report. Five members of staff consented to provide voice notes across the year.

Typically, voice notes capture what happen during the day, usually either in the evening or during that same day and can provide information on the challenges as the service moves through the year on behalf of the clients and staff. We have a range of prompts to guide the voice notes which are provided in Appendix 3 and look forward to further insights from staff for the 18-month report. This method has been successfully used to understand service operation in other settings e.g. outreach services (Shorter & Scher, 2025).

2.6 Community representative interviews

There was a plan to interview representatives of key organisations in the wider community such as representatives from An Garda Siochana, Dublin Fire Brigade, Dublin Ambulance Service, Dublin City Council, Business District representatives, and Representatives from Community Organisations which represent individuals who use drugs in the Dublin area. At the time of report, only one of these organisations was able to book an interview spot. As such we paused the interviews to complete this report and will interview these individuals in October/November with reference to the first six months, with a follow up later in the year in time for the 18-month report. A comparison of the views at 6-months and at 18-months should be expected in the 18-month report along with a detailed analysis of the community impact from these perspectives.

2.7 Ethical approval

Ethical approval for Lot 1 was granted by Reference Research Ethics Committee (RREC) for HSE Dublin and Midlands (& HSE Centre) on the 18th of July 2025.

3 Implementation of the SIF as intended

3.1 Summary

The brief to the research team was to note whether the service was implemented as intended through the Inspector's report such that:

> "The development shall be managed and operated in accordance with the measures outlined in the Public Realm and Community Engagement Plan (June 2019) and the Operations Plan (June 2019) as submitted to the planning authority on the 28th day of June 2019.
>
> *Reason: To ensure the efficient operation of the facility and to protect the amenity and safety of the local neighbourhood, including the local school and other community facilities, the resident community, the local economy including tourism business, and the public realm in general."*

Researchers on site visits and working with the service and through documentary analysis of key documents found **no known violations of the operating conditions**. Two key elements were specified for discussion, these are the Expected Number of Service Users and Capacity of SIF and the Requirements of the Service. These are discussed in turn below.

3.2 Expected Number of Service Users and Capacity of SIF

MQI estimated that approximately 60 clients will access the SIF each day. The opening times of the service were initially aimed to be 54 hours a week, from Monday-Sunday. MQI was actively working with schools and businesses in the local area and meeting regularly through various groups to ensure that minimum disruption was caused, balanced with the need to provide an effective service for clients of the SIF. Below we describe findings to illustrate that these intents have been met) exceeded. Some key statistics are provided in Figure 3.

Minutes from Stakeholder Forum, Community Safety Forum, and Clinical Governance meetings revealed that prior to the opening of the facility, it was noted that opening times of SIF should not conflict or interfere with a local school's operation (see also McCann & Duffin, 2023). This was also a concern from the local business community about operational hours and their operation of their businesses. Up to July 2025, the SIF was open seven days a week, Monday to Sunday. The hours were 8:30 to 12:30 and 3 pm to 7 pm Monday to Friday. On Saturday and Sunday, the service opened from 12 noon to 7 pm. In August this changed to open at 2 pm rather than 3pm on Monday to Friday and thus the running hours are now 59 hours per week. The MQI Needle Exchange and Open Access Service in the Riverbank building now opens at 2 pm on weekdays. MSIF clients and MQI staff reported people were arriving at the Needle Exchange between 2 pm and 3 pm seeking to use the MSIF. Previously, clients had to wait for up to an hour before they could access the MSIF when it opened at 3 pm.

There were three risks associated with this peak-time delay. First, some clients might not wait until 3pm and could inject in unsafe, public areas during this period. Second, as the number of MSIF users continues to grow, concentrating demand at 3 pm could make it challenging for staff to adequately support and supervise all clients; this is typically the busiest time, and on occasion, clients may have needed to wait to access the injecting space. Third, when clients

have been waiting for the service to open, staff have observed they often present in more severe withdrawal, which increases the risk of punctured or collapsed veins and other risky injecting practices.

The break in service facilitates time for the staff to rest and have lunch, and a daily meeting to discuss operational matters and debrief on activities occurring in the facility. As a fast-paced service, this is a good balance between SIF service provision and staff welfare. Jefferys and Shorter observed one of these meetings on a data collection day at the SIF. Matters arising included how to support clients through the sections of the service, concerns about the welfare of clients, advice and support, and there was a clear sense of collaboration, cohesion, and problem solving in partnership with each other. **Staff provided mutual support and encouragement to each other** on how they performed in their jobs. Although the meeting was chaired by the Clinical Director, staff appeared to be able to speak freely and without hierarchy, undoubtedly making it easier to solve issues of importance to them on that day. This matters, as recruitment of staff to a demanding, fast-paced service, and retention of staff correlate strongly with quality care (Belackova & Salmon, 2018; Levengood et al., 2021). Reflecting on practice and working together to solve issues flexibly and ethically supports staff safety and wellbeing (Shorter et al., 2023). Other observations, in line with good practice elsewhere include clear visible signage of the rules of the site, walkie-talkie communication tools, and security staff who are trained, empathetic, and are understanding of the needs of clients (McCann & Vadievelu, 2019; Ministry of Health and Long-Term Care, 2018). If a **staff wellbeing policy** is not part of the current standard operating procedures, it would be helpful to co-produce one in collaboration with staff in the SIF. Similarly, it may also be helpful at this stage to review staffing levels on the site and whether the balance of hours, roles, and types of staff meet the needs of the service. This is particularly important in relation to the additional five hours opening.

Clients were asked their views on the operational hours and were mostly happy with the offering. Two persons noted that they might like later opening hours:

> *"I think this should be open an hour extra... at the end of the day" (Participant 16, SIF Interview),*
>
> *"I think they should stay open until 9 o'clock. Most people start making their way for the hostel at that time." (Participant 12, SIF Interview).*

Here clients recognise the intersection between housing (in this case a lack of housing or other space to be during the day), again speaking to the **wider contextual factors which govern effectiveness of SIFs which are not under SIF control**. It was noted by some clients that last entry was around 6.15pm. This is to allow time to transition through the SIF safely as this staff member describes:

> *"And, yes, sometimes we have service refusals because some of them, they might come outside operating hours, so they might be denied to enter because the service would have closed or to be about to close. So, considering that, they might take more time and the outcome won't be known whether they're going to overdose or what, so they will be denied entry." (Staff Member 1)*

Participant 17 (SIF Interview) was confused about the opening hours, thinking the service opened at 3pm, and were pleased at the operational change to reopen for the afternoon at

2pm. One of the busiest times of the day is at 3pm, with around 20% of daily visits at this time, so the change to 2pm should help alleviate the pressure and reduce any queuing in the reception area to enter the consumption space. There were no complaints about this wait in the interviews with clients. Aside from these concerns, clients were mostly happy about, and aware of the hours of operation of the service. It may be **helpful to situate the opening hours on the door of entry** to the service for potential clients to have clarity. Aligned with this, it would also be helpful to have a **welcoming sign on the door** of the facility. As one client of the SIF stated when asked about any barriers people might have on accessing the service they stated:

> *"Put a sign up on the door.*
>
> *Interviewer 1: So people know where it is.*
>
> *Interviewer 2: Is it hard to spot and find?*
>
> *Yeah, people will be mixed up for the first time." (Participant 3, SIF Interview)*

Aligned with this, one client also came up with a name for the service. Often referred to as Downstairs by clients given its location downstairs at the Merchant's Quay Riverbank building, they also referred to it personally as ***"the Spot"*** or ***"Safe Spot"***

> *"I just call it Downstairs. Downstairs, yeah, fair, yeah, yeah. It's just called Downstairs. Somewhere safe, I call it, in my head, I call it Safe Spot." (Participant 11, SIF Interview)*

Post opening, it is noted that there were 292 unique clients in December 2024 and 81% first-time users in January 2025. As of the most recent - June 2025 - meetings, it is noted that there have been over 5,000 visits by over 800 clients since the launch of the facility, accompanied with a drop in drug related litter, and a noticeable decline in street injecting. It is reported, of the overdoses, most needed only oxygen as a therapeutic intervention. Importantly, from a community perspective it is noted that there was a 'positive impact' of the SIF on the immediate residential community. Indeed, on this, it is reported that feedback at the recent - June 2025 - Community Safety Meeting and other parties recognised that the SIF is definitively 'saving lives'. Furthermore, the Community Safety Public Forum - June 2025 - reported that the SIF injection centre is 'going well', and that MQI outreach teams are 'doing good work'. Returning a point raised above, and a historically contentious issue (McCann & Duffin, 2023) the minutes of the July 2025 Clinical Governance Committee Meeting reveal that the local school representative who had attended the most recent SIF Stakeholder Forum has indicated that the school does not object to the proposed change in opening hours. This is a positive development for the accessibility of the SIF and it's integration into the wider context of Dublin city centre.

It has been noted that there has been an **increase in clients and visits over time**. For example, the proportion of clients using the service multiple times in each month is increasing. Moreover, it is estimated that approximately 90% of SIF clients were already engaged in MQI services before their first visit, and that over half of people have used SIF more than once, while approximately a quarter of clients have visited five times or more. The current gender breakdown of clients matches findings internationally where women using drugs are harder to encourage to attend and avail of SIF services regularly. Approximately 70% of attendees at global services are men (Shorter et al., 2023); here it was around 80% male. Although we note from the interviews with women that they find the service meets their needs. Moreover, reports highlighted the 'challenges' of engaging women and sex workers with the service and suggested

dedicated times for women and outreach work to engage specific groups. On this matter, there are concerted attempts to engage with groups not currently accessing the SIF including women, sex workers and those who jointly inject. Interestingly, it is estimated that half of visits by women are accompanied by men. There are also peak days of operation as this staff member explains:

> *"So Mondays, Wednesdays and Thursdays. Sometimes we might see clients ranging from 85 to 90. The number rises on those days." (Staff Member 1)*

Regarding outreach work, it is noted that this project has resulted in 'good engagement' with several agencies including local businesses in the immediate area surrounding the facility. Indeed, the MQI Community Engagement Team have been undertaking more systematic engagements with residents and businesses, and there have been 44 visits by stakeholders since the launch of the facility. As one of the staff members indicated, the visitors are from diverse groups:

> *"We've had various people coming to visit us, we have Guards come at least once a month to visit the service, and I find that their engagement is very respectful of our clients... We have students from different colleges, Trinity, DCU, Liberties, different colleges... We have HSE staff... We've had people from other homeless and addiction service providers... Emergency personnel." (Staff Member 2)*

Indeed, this staff member also noted some benefits for some community partners who attended. For example:

> *"There was a particular day that I was there, the Guards came into the aftercare, and the client asked them, what do you think? Do you think this service makes your job easier or not? And the Guards smiled and said, yeah. There's been less call out from people on the streets [i.e. the public] since we opened the service..." (Staff Member 2)*

Importantly, field observations from outreach work have detected less people are publicly injecting since the SIF has opened. Finally, there are ongoing attempts to address the concerns among some clients regarding the use of naloxone in the facility. Indeed, back in mid-2024 before the facility opened in one of the Stakeholder Forum meetings some comments were raised about the future use of naloxone. However, post-opening in subsequent forum discussions there has been no negative feedback in from the community representatives. Table 1 illustrates the number of engagements with the community to improve the public realm. In summary there were considerable patrols by MQI staff illustrative of a strong commitment to a positive community around the Riverbank site. Overall, there were 374 patrols, with 401 instances of engagement with potential clients, 109 instances of engagement with residents, and 109 instances of engagements with residents. The peak number of client engagements was in June, with peak business and resident engagements in March and April respectively.

Table 1: Community Engagement Indicators by month

	Jan	Feb	Mar	Apr	May	Jun	Grand Total
Total Patrols	73	59	60	55	62	65	374
Client Engagements	78	69	47	42	62	103	401
Resident Engagements	11	7	15	31	25	20	109
Local Business Engagements	27	29	39	33	38	30	196

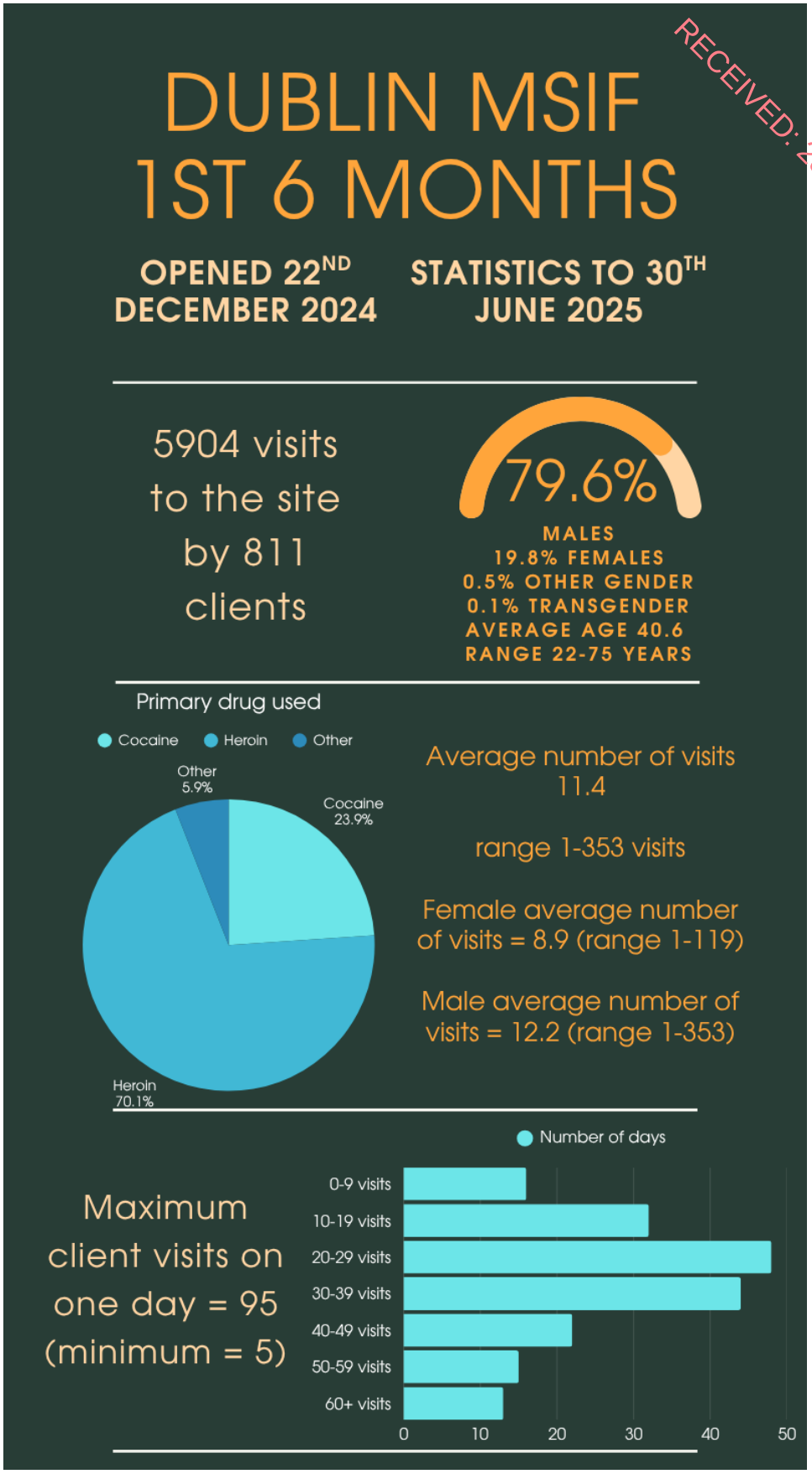


Figure 3: Illustration of some key statistics for the first six months of operation from 22nd December 2024- 30th June 2025

3.3 Requirements of the Service

The requirements of the service are as follows:

- An intake area where basic details of the service user can be obtained and the person is welcomed.
- A Clinical area comprising seven injecting booths where sterile injecting equipment will be distributed and supervised injecting can occur in a space protected from public view. The area will be equipped with essential resuscitation equipment, a desk and chairs for nursing staff and a lockable cupboard for medical consumables.
- An aftercare space where people can relax and be monitored for about 30 minutes post injecting, equipped with a self-service coffee/tea machine, comfortable chairs & small tables for service users. Space will be available for project workers to interact with attendees and access to clinical rooms will be available.
- Access to clinical rooms available for medical interventions, crisis interventions, counselling interventions (if requested) and where referrals to social services/housing/ treatment can occur.
- Naloxone training and distribution in addition to sterile injecting equipment will be available for individuals on leaving the facility.
- The facility will have a separate access for entry than that to be used by those exiting the facility.

Functioning of the Medically Supervised Injecting Facility

The medically supervised injecting facility (SIF) operates as a **structured, health-oriented service** designed to provide a safe and controlled environment for people who inject drugs. Its daily functioning is underpinned by careful assessment, harm reduction interventions, and an emphasis on both safety and dignity for service users. One issue that was raised - in the July Clinical Governance meeting minutes - concerned the accuracy of record keeping but that has now been rectified in an updated version of the software that maintains the clinical record.

Upon arrival, all clients are **assessed at reception** before being permitted to enter the injecting room. As one staff member explained,

> *"Everyone who comes in is assessed before they enter into the injection room when they're in the reception. So, the person in the reception, if they see that this client is heavily affected or they are not able to come in and inject, they call the nurse to come and assess, and then the nurse will talk to the client and tell them the dangers of using while they are under influence already." (Staff Member 1).*

This **triage process** ensures that clients are medically stable and capable of self-administering their drugs safely. Those who are intoxicated or physically unwell are temporarily refused entry and referred for appropriate care:

> *"Sometimes even when you assess and you see that they are physically unwell, we first let them go and be seen by a GP before we encourage them to get in and inject. So those are the reasons why they might be service-refused." (Staff Member 1).*

The intake process at reception also offers the **opportunity to provide advice and support**, particularly around overdose prevention. This is particularly important for those who are new to the service, or who may have a lower tolerance. One of the staff members described this:

> *"So when they start at the reception and they present their drugs, we would observe to see the size and we record that. I'm going to advise them from the get-go. Try not to use everything you brought. Use it in small, particularly if they've abstained for a while. Let's say they're coming from prison or they're coming from the hospital, their tolerance would have gone down. So we would advise them to start slow to prevent overdose." (Staff Member 2)*

In line with current licensing restrictions, the **service operates exclusively for people who inject**, meaning that:

> *"if someone is not injecting, they are also not allowed or refused to use the service because that's only an injecting facility, not a smoking facility." (Staff Member 1).*

This policy, while designed to maintain safety and compliance, highlights **a gap in provision for those who smoke drugs** such as crack cocaine or heroin, which remains a key limitation identified by both staff and clients, and a reason why some are not using the service as this interviewee describes:

> *"I'd never enter the door because I don't inject, but they need somewhere for people to smoke crack" (Participant 3, Street Interview)*

Inside the facility, the key interventions focus on **medical supervision, overdose prevention, and harm reduction**. As one staff member outlined,

> *"the key interventions involved in supervised consumption [are] where they are given a safe space for injecting pre-obtained drugs under medical supervision and overdose prevention through immediate intervention of oxygen, naloxone, and resuscitation, and also providing health monitoring and first aid, monitoring of overdose, monitoring and managing any infections or other acute complications. We also provide wound care, management of abscesses and basic primary care." (Staff Member 1).*

The **distribution of sterile injecting equipment** and the **safe disposal of used needles** form another central pillar of the service, alongside the provision of education on safer injecting techniques.

> *"There is also harm reduction support where there is provision of sterile injecting equipment and safe disposal of used needles. And education of safer injecting practices to reduce infections and injuries. We also distribute harm reduction supplies like condoms, naloxone kits, and clients are also referred to other pathways of care." (Staff Member 1).*

The impact of such interventions extends beyond the facility itself, contributing to wider **community safety**:

> *"There are also community safety interventions whereby clients are encouraged to reduce use in the public and [avoid] discarding needles in public." (Staff Member 1).*

Clients themselves recognised the tangible benefits of these interventions, and it is worth noting that **people who use drugs whether or not they used the SIF service** expressed

multiple concerns about young people and whether they could see visible drug use, or drug litter and/or **actively took steps to reduce the visibility of drug use in their community**. People who use drugs were also happy to see the changes as this example quote illustrates:

> *"Interviewer: And do you think downstairs has made a big difference in the sort of community around here? Do you think it's made a difference in the area?*
>
> *Yeah, big time. Big, big, big time. Because you don't see people out using on the streets. And you don't see needles on the streets at all. At all. And that's bloody brilliant" (Participant 11, SIF Interview)*

One participant reflected on how the service had provided life-saving education and empowerment around overdose prevention and naloxone particularly:

> *"Yeah. And then the [naloxone] injection. I learnt how to do the injection here. Knowing people OD'd." (Participant 3, Street Interview).*

This highlights the SIF's role not only in **preventing overdoses directly but also in disseminating harm reduction knowledge** into the wider community of people who use drugs. It was not clear whether SIF has a **peer-to-peer naloxone training service** which is global best practice to enhance the take home naloxone provision (EuroNPUD, 2024).

Beyond immediate medical care, the SIF fosters a sense of **dignity and wellbeing** through ancillary supports. In addition to injecting services, clients can now access hygiene and comfort amenities:

> *"Recently, Merchants' Quay opened the showers, so clients, if they need a shower, they come in and they get their name written down and then they come in and have a shower. They are also offered some clothes to change." (Staff Member 1).*

This was particularly welcomed amongst women at the facility. Such facilities **meet basic needs often unmet elsewhere**, enhancing engagement and retention.

Environmental conditions also influence service use, as one staff member noted when the weather is good, the numbers of clients using the service are lower:

> *"The weather issues or environmental issues, they affect the coming in of clients because sometimes the clients, when it's sunny outside, the numbers get low because they don't come in and use. But when it's raining or when it's cold, more people would want to come in. After they use, they would know that they have a space to relax and be there for some time having a cup of tea, making themselves warm." (Staff Member 1).*

This underscores how the SIF functions as more than a clinical site, it is also a **social and restorative space** where clients can experience brief respite from the complexities of life and connect with compassionate staff.

Taken together, these accounts illustrate how the SIF operates as a multifaceted harm reduction intervention: providing immediate medical oversight, education, and pathways to broader health and social supports, while simultaneously promoting community safety. Yet, as both staff and clients acknowledge, the exclusion of non-injecting drug users particularly those who smoke, limits the inclusivity of the service and highlights an important opportunity for future development of safer consumption models.

4 The impact and effectiveness of the service at six months

There were eight key elements identified as illustrative of the impact and effectiveness at six months of operation. These are succeeding in accessing people engaged in high-risk behaviours; did not result in an increase in the overall frequency of injecting; promoted safer injecting behaviours to reduce disease transmission; provided a benefit to the local area including a reduction public order offences (Ref: Inspector's Report ABP-312618-22 (2022, p22)), reduced overdose mortality and morbidity; improved connections to addiction and other health and social services; reduced drug related litter and drug use in the locality, including the reduction of public health risks such as needle-stick injuries; and established engagement with People Who Inject Drugs (PWID). Each of these has a subheading below.

4.1 Succeeded in accessing people engaged in high-risk behaviours

Accessing and Engaging People at High Risk

The accounts of both staff and service users demonstrate that the service successfully engaged individuals at high risk of harm, **particularly those who inject drugs in unsafe or unsanitary environments**. Staff described **proactive outreach** and a pragmatic approach to harm reduction, offering equipment such as crack pipes and sterile needles while facilitating links to health care services when acute needs were identified:

> *"If they find clients who need to be assisted, who will be asking for some maybe crack pipes, they offer them and they also refer them to come and get needles changed at the SIF." (Staff Member 1)*

> *"They also encourage, if they meet somebody who needs help, maybe they are physically unwell, they also assist them to come and get to be seen by the GP." (Staff Member 1)*

This responsiveness extended beyond the provision of materials to encompass emotional and relational support. Staff emphasised the value of **non-judgmental** peer engagement and the creation of focal points for support:

> *"Peer support and counselling, because these are some focal places for peers, and also being nonjudgmental when you are engaging with them whenever they come to use the service." (Staff Member 1)*

From the perspective of people who use drugs, the service was experienced as an **alternative to unsafe street-based use**. Participants contrasted injecting in public spaces, described as unsanitary, frightening, and stigmatised, with the safer, hygienic, and more controlled environment of the supervised facility:

> *"Because I don't have to go squeeze into a bleeding ditch. Where there is just going to be kids climbing in the ditch afterwards and then syringes in the bush." (Participant 1, SIF Interview)*

> *"You can take your time. Everything's clean. Everything's fresh. And you're getting rid of everything safely. That's a big yes, isn't it?" (Participant 6, SIF Interview)*

The service was also valued as a space of **safety, comfort, and social connection**. For some, it represented a **"safe haven"** away from the risks of the street, a place where they could relax, feel respected, and be treated as people rather than referred to using stigmatising narratives and words:

> *"It's just like a safe haven, isn't it? It's off the streets and that. Without these places, we wouldn't have anything, would we? It makes you think. It gives you someone to talk to, doesn't it?" (Participant 6, SIF Interview)*

> *"Some people, you know, feel better when people normally speak with me. If the problem is right, but people, ah, you're junkie, you're junkie, you know. Yeah, people are treated like humans in here, yeah." (Participant 13, SIF Interview)*

Notably, the service was accessed by a diverse group, including those who used drugs occasionally in social contexts and those with longer-term patterns of use. For some, the service provided reassurance:

> *"I use drugs a few times per year, just for fun. … You feel safe, clean, normally. Not like in the street, beside the street. … You come, people help you, control you, cover you, something happens, you know?" (Participant 13, SIF Interview)*

Others highlighted the importance of the service in the context of a highly adulterated drug supply, where the risks of overdose and poisoning were magnified:

> *"It's all mixed with other stuff. … It's way harder to do a bag of cocaine when it's 0.2 of cocaine, 0.8 of paracetamol. So that's why we feel that yeah, it is great in that sense." (Participant 15, SIF Interview)*

Across these narratives, a common thread is the way the service **facilitated safer practices** while simultaneously offering **dignity, comfort, and relational support**. It reached people whose risk was heightened by injecting in public, exposure to an adulterated drug supply, or lack of access to health care. At the same time, it was acceptable to occasional users, demonstrating its accessibility to a spectrum of people who use drugs. Taken together, these findings suggest the service not only succeeded in reaching individuals engaged in high-risk behaviours, but also created a trusted and valued space that mitigated harms and reinforced participants' sense of safety and humanity.

Gaps in Access and Unmet Needs

While the service was widely regarded as a safe and supportive environment for people who use drugs, participant accounts also pointed to groups and circumstances where access remained limited, suggesting that not all individuals engaged in high-risk behaviours were fully reached. One key issue concerned the restricted hours of operation. For individuals whose drug use was continuous and unpredictable, the inability to access the facility around the clock created risks of unsafe use outside the service:

> *"I… am usually 24/7, anytime, anywhere.*
>
> *Interviewer 1: So it'd be good if this place was 24-7 because then you could use it 24-7.*
>
> *Yeah, yeah." (Participant 8, SIF Interview)*

This exchange highlights how restricted opening times risk excluding those with unpredictable or round-the-clock patterns of use, potentially leaving them exposed to the harms of injecting in unsafe environments.

Gender-specific needs were another dimension where accessibility gaps were evident. A female participant described how safety concerns and experiences of violence intersected with homelessness to make mixed-gender spaces less approachable. For some women, this meant avoiding harm reduction services altogether, often telling stories of historic traumatic experiences with men as this participant illustrates:

> *"Maybe if it was just for the women. A service just for women. Yeah, women only service. Because there's a lot of just for men ones. Yeah. And it's hard to be homeless as a woman. You know, like, especially because a lot of people are really dismissive of violence and all. So they won't go around where men are." (Participant 1, Street Interview)*

This testimony underscores how services that are not tailored to women's experiences may accidentally exclude them, despite their heightened vulnerability to violence and related harms.

> *"Cos I think for women as well, there's always a risk, there's always lots and lots of risks for women on the street." (Participant 8, Street Interview)*

However, not all individuals felt this way with one female client emphasising the safety in the site including from people outside the site and from police:

> *"Yeah, so it's a safe place in here, away from the Guards, away from getting bullied." (Participant 16, SIF Interview).*

The fears were also identified as barriers for men and illustrate the importance of being attuned to safety in the day-to-day operation of the service. For example:

> *"Like, a lot of people would like to be a part of it. Like, they'd be probably worried. Like, a lot of people like to be paranoid. Do you know what I mean? Thinking they're going to get stuff taken. Yeah. Probably get bullied or something." (Participant 11, SIF Interview)*

> *"I don't like to go there because like many people like aggression." (Participant 16, Street Interview)*

The security staff presence at the SIF remains important. In addition, some participants suggested that the service could broaden its scope beyond immediate harm reduction to encompass activities that promote physical and emotional wellbeing. Ideas such as dance classes, fitness programmes, food provision, and access to showers and toiletries were described as both practical and supportive:

> *"I would start doing dance classes for fitness. I would try that, that would be fun. … Upstairs there's more food. Showers and toiletry." (Participant 17, SIF Interview)*

Such accounts point to a vision of the service not only as a site for safer drug use, but also as a holistic environment that could reduce barriers for those who might otherwise disengage, particularly people with unmet social and gender-specific needs.

An inhalation space

Across interviews, participants consistently expressed a **strong demand for a safer inhalation or smoking space** alongside the safe injecting space, identifying this as a critical unmet need in existing harm reduction services. Many viewed the absence of such provision as a major gap in the current model, particularly given the prevalence of crack cocaine use within their communities. As one participant noted succinctly,

> *"You need a smoking crack room. It's bigger than heroin." (Participant 3, SIF Interview).*

Others echoed this urgency:

> *"We need one [a inhalation space]. Bad." (Participant 4, SIF Interview).*

Participants described crack cocaine use as both widespread and central to many people's drug practices, yet unsupported by current injection-focused services. One person estimated that *"loads of people are smoking, like most people are smoking… it's, say, seven out of ten." (Participant 5, SIF Interview).* This participant went on to consider that the lack of provision for smokers was perceived as exclusionary: *"They never took into account people that smoke." (Participant 5, SIF Interview)*. Another emphasised that *"a lot of people are smoking crack nowadays," (Participant 9, SIF Interview)* reinforcing the need for a service model responsive to evolving patterns of use.

This omission, several participants suggested, limits engagement with harm reduction facilities among non-injectors, despite their own high-risk environments and practices. As one individual explained,

> *"I think it's a good place for people to inject. I'd never enter the door because I don't inject, but they need somewhere for people to smoke crack." (Participant 3, Street Interview).*

The absence of safer inhalation spaces has also forced people into unsafe or criminalised settings. One participant recounted being charged *"for getting into a garden of a burnt out house to have a pipe"* (Participant 3, Street Interview), underscoring how structural gaps in service provision can inadvertently increase harm and criminalisation. Others highlighted the privacy, stigma, and safety concerns associated with smoking in public:

> *"Then I don't have to be afraid… because once you smoke, people tend to know that you are on it." (Participant 15, Street Interview).*

Several participants also emphasised the potential public health benefits of a designated smoking area, noting the growing risks associated with adulterated substances. As one explained,

> *"People can smoke fentanyl and not realise it… and that's why it's important to all of us." (Participant 9, Street Interview).*

Participants imagined safer inhalation spaces not merely as clinical environments, but as supportive, non-judgemental settings where people could use more safely and connect with others. One described this vision vividly: *"Sit around the table, smoke crack, coffee coming." (Participant 7, Street Interview).* Another pointed to the positive ethos already present in some injecting facilities:

> *"It's great the way when you use, they don't just kick you out because they have 20 minutes to get a cup of tea as well." (Participant 12, SIF Interview).*

In sum, participants consistently articulated a vision of inclusive harm reduction that recognises the realities of smoking as a primary mode of drug use. Establishing safer inhalation spaces was viewed to reduce harm and risk and a crucial step toward engaging a wider group of people who use drugs, particularly those who currently remain outside existing supervised consumption services.

Taken together, these perspectives suggest that while the **service successfully engaged many people at high risk**, gaps remain in reaching those with **round-the-clock use patterns**, women who experience **safety concerns** in mixed-gender environments, those who **smoke their**

drugs, and individuals seeking **broader forms of support**. Addressing these barriers may be critical to ensuring that the most vulnerable and excluded populations can also benefit from harm reduction interventions.

4.2 Did not result in an increase in the overall frequency of injecting

The Medically Supervised Injection Facility (SIF) aimed not only to reduce the harms associated with injecting but also to support participants in stabilising or reducing their overall frequency of drug use. The accounts below suggest that for many participants, access to a safe, supervised environment contributed to reduced injecting frequency, greater control, and heightened awareness of health and overdose risks. However, the facility's impact was not universal; for some, increased access to safe injecting spaces coincided with stable or increased use, while others reported new risks related to the absence of safer inhalation options.

Increased Safety, Control, and Reduced Frequency

Several participants described **significant reductions in injecting frequency** since engaging with the SIF. The most direct expression of this came from one participant who encouraged the interviewers to *"Guess how much less I'm using now." (Participant 4, SIF Interview)* and expressed pride with the interviewers in the changes they were able to make to their use. This participant had halved their overall consumption per day from six or more times a day for seven years, describing their use now as:

> *"One in the morning, one in the evening, one in the night. There you go. Yeah. Yeah, yeah.*
>
> *Interviewer: So this service has helped that, do you think?*
>
> *Yep." (Participant 4, SIF Interview)*

Participant 16 also felt they had reduced their use stating *"It's actually got better. Yeah. Like, I'm not... injecting as much." (Participant 16, SIF Interview).*

For others, the sense of **safety and structure provided by the SIF** was central to this change. Participants described how the facility offered a **calm, predictable environment** that helped to reduce the anxiety associated with injecting in public spaces:

> *"It's dropped. So, when I'd be out on the outside, I'd be panicked and that. Like where will I go, where will I go. Now I can come here, set myself up properly and boom boom. That's me, done for the day... Relaxed and safe. I've never OD'd in my lifetime, God but I feel safe. I've got much cleaner and I've got more confidence. More confidence and more awareness. More awareness of how easy it is to...OD." (Participant 11, SIF Interview)*

This was echoed by Participant 9 who stated:

> *"I'm not going to say it's changed but I feel a lot more comfortable with it. Yeah. Does that make sense?... I feel like nothing's going to happen" (Participant 9. SIF Interview)*

This increased sense of security and routine appeared to facilitate reductions in frequency for some and promote more considered, less impulsive injecting practices. Similarly, Participant 2 described using the SIF as their primary injecting location, often replacing outdoor use altogether:

> *"No, I don't do it every day. So yeah, I do most of my injecting here. The odd time outside. We used to have to before this was built last summer." (Participant 2, SIF Interview)*

While this participant's use varied, their account reflects a degree of structure and stability that was not present before the facility opened:

> *"I only come here once a week. Twice a week. Sometimes I come every day. Mostly, three times a week. Say Monday and then Wednesday and Friday." (Participant 2, SIF Interview)*

These accounts together suggest that the SIF enabled many individuals to reduce the frequency and risk of injecting by offering a safer, more controlled environment and reducing the urgency and uncertainty that often drive repeated public injecting.

Stable or Increased Use among a Minority

Not all participants experienced a reduction in use. One participant reflected that while their frequency of injecting may have increased, this was accompanied by increased engagement with other forms of support, indicating that the SIF encouraged a broader form of engagement with services rather than exacerbating harm:

> *"You know, I have... Probably you won't like this question, but probably I use more now. Because it's so handy. Then you go get some food as well and they help you if you need to make a phone call or whatever, you know? They're very supportive if you need to talk to someone." (Participant 8, SIF Interview)*

This suggests that while frequency of use may fluctuate the structured and supportive context of the SIF promoted engagement with ancillary services and fostered stability and wellbeing in other areas of life.

Emerging Risks: Route Shifts and Gaps in Harm Reduction

A critical theme identified across several accounts was the lack of safer inhalation facilities, which created unintended risks for those who smoked crack or cocaine. In some cases, participants reported shifting from inhalation to injecting due to the absence of designated spaces for smoking, resulting in an overall *increase* in injecting frequency and associated harms:

> *"Yeah, it's mainly cocaine now. It's messing with my mental health. I'm going around the corner thinking there's people with guns after me. No, there's no one after me." (Participant 1, SIF Interview)*

Another participant explained:

> *"There's one thing missing, right, they never took into account people that smoke. And loads of people are smoking, like most people are smoking. It's, say, 7 out of 10, yeah... So people that want to go, they're injecting crack, which is not good." (Participant 5, SIF Interview)*

This highlights an important paradox: while the SIF may reduce injecting frequency for those who primarily inject, the lack of inhalation options may inadvertently lead others to recommence injecting when they previously were smoking. It may be useful to **consider mechanisms and legal frameworks for a safer inhalation service.** A designated safer inhalation space, such as a ventilated outdoor tent, or indoor ventilated room would engage clients who do not inject, encourage movement from injecting to smoking, and potentially reduce frequency of use. There are many European facilities to draw from (e.g. Portugal, Greece) for models of operation. See also Gehring et al., (2022), Shorter et al., (2023) and/or Speed et al., (2020).

Summary

Overall, the qualitative evidence indicates that the SIF has contributed to **reductions in injecting frequency** for a most who were interviewed by providing a safe, supportive, and structured environment that reduces panic, promotes awareness, and fosters engagement with other services. However, the absence of safer inhalation facilities and limited on-site training represent ongoing barriers to progress in this area. While most participants described positive behavioural change, a minority experienced stable or increased use, including shifts to injecting, underscoring the need for continued investment in **comprehensive harm reduction infrastructure** that addresses both injecting and non-injecting drug use. Clients who made the shift clearly suggested the change to injecting could be reduced if inhalation facilities were feasibly incorporated into the service model.

4.3 Promoted safer injecting behaviours to reduce disease transmission

Participants described the medically supervised injecting facility (SIF) as a critical intervention for promoting safer injecting behaviours and reducing the risk of blood-borne virus transmission. The availability of sterile injecting equipment, a hygienic environment, and on-site guidance were seen as essential to reducing harms associated with injecting drug use in public or unsafe conditions. For many, the simple fact of injecting indoors within a hygienic, supervised space represented a improvement in safety. As one participant explained,

> *"Yes. Yes. It has. Because, number one, I'm not putting myself at risk by doing shit on the street and injecting it." (Participant 10, SIF Interview).*

Another reflected on the sense of security and dignity that the space provided:

> *"It's just safer all around. There's nothing negative you can say about it. It's off the streets, you know what I mean, with diseases and sharing things and all that sort of stuff. I think it does a lot for that." (Participant 6, SIF Interview).*

This was also a key pull factor for two people we interviewed in the streets who were thinking of attending the service in the future:

> *"I have to go there and see it myself because it's more, yeah, anything you like privacy, yeah, it's a very good thing to have" (Participant 17, Street Interview)*

> *"So it's the place... I'm going to start going there." (Participant 18, Street Interview)*

The hygienic environment and consistent access to sterile injecting equipment were repeatedly highlighted as key protective factors. Participants contrasted this with the unsanitary and rushed conditions of street injecting, which heighten infection risk:

> *"You can take your time. You can watch what's around you. When you're out there and you're using water and you're using pins, it's not very clean. It's not hygienic, is it? Here you can take your time. Everything's clean. Everything's fresh... And you're getting rid of everything safely as well." (Participant 6, SIF Interview).*

Similarly, another participant noted that the facility ensured the use of *"the right clean needles and everything," (Participant 1, Street Interview)* protecting against injecting-related infections and illnesses. This was echoed by staff who said

> *"so we try to make sure that everyone has a clean supply, even if they are the same person that used it, we still tell them not to use it already, straight away we have enough, we'll give you a new fresh supply. We educate them about not sharing needles." (Staff Member 2).*

This access to hygienic equipment and safer conditions also helps to prevent the reuse and sharing of injecting materials, practices that are strongly associated with the transmission of blood-borne viruses such as HIV and hepatitis C. As one street-based participant observed, the facility's influence extended beyond its walls:

> *"Yeah. Or people being sick, like, you know, from using dirty needles, or things like that, you know. And they're probably using the right doses, maybe, as well." (Participant 2, Street Interview).*

While the core harm reduction infrastructure was universally valued, participants described varying levels of access to **formal safer injecting education**. Some noted that explicit training or instruction was not routinely provided on-site unless requested. One person remarked,

> *"Interviewer: Is there any safer injecting training and stuff that you get in there when you come in?*
>
> *Upstairs. You've got to go upstairs for it.*
>
> *Interviewer: So there's no safer injecting [training downstairs].*
>
> *Basically, they just assume you're a seasoned user." (Participant 5, SIF Interview).*

This suggests that while the facility fosters safer behaviours through its environment and resources, more proactive education could further strengthen its preventive impact. However, when advice was sought, participants described staff as knowledgeable, approachable, and responsive to individual needs.

> *"It's basically what you ask for, they tell you. You need advice, they tell you. If it's something you don't know and they do, they tell you." (Participant 6, SIF Interview).*

Others praised the quality and consistency of the harm reduction support available, with one participant affirming,

> *"Yeah, alright. Everything is perfect. I've never seen a place so new to be run so well." (Participant 9, Street Interview).*

The aftercare space was seen as particularly important for advice and support. One staff member explained

> *"So we'll keep them in aftercare, give them refreshment, engage them, and in that process, we'll talk about overdose prevention. Talk about safe injecting practices in the aftercare. "(Staff Member 2)*

Overall, the SIF was understood as a space that both directly reduces risks of infection through hygienic equipment and controlled conditions and indirectly promotes safer injecting norms by modelling good hygiene and harm reduction practices. Participants' accounts illustrate that the combination of environmental safety, access to sterile equipment, and supportive staff interactions fosters not only immediate physical safety but also long-term behavioural change

toward safer injection practices. The SIF offers a unique opportunity to reach high risk populations for rapid HCV testing. Promoting these connections to testing treatment and care for HCV, HIV and other BBV through peer-to-peer knowledge sharing and exchange has been proven to increase the likelihood of positive health outcomes for vulnerable populations (EuroNPUD, 2023)

4.4 Provided a benefit to the local area including a reduction public order offences (Ref: Inspector's Report ABP-312618-22 (2022, p22))

Participants and staff described how the Medically Supervised Injecting Facility (SIF) contributes significantly to improving the safety, hygiene, and public order of the surrounding area. Staff reported that the service maintains a visible community presence through dedicated engagement and patrol teams who engage with individuals:

> *"There is a team of community engagement workers who do patrols right around the area." (Staff Member 1).*

> *"We also have a community engagement team, they go about the area, looking for clients who are injured in the corner, or in the bush, they engage with them to get them to come back to the service. They would remove all the paraphernalia from the floor" (Staff Member 2)*

These patrols extend through nearby streets, alleyways, parks, and even around local schools, ensuring that any drug-related paraphernalia is promptly removed. As one staff member explained,

> *"Usually, they go through to the nearby school there, trying to pick if there is any drug paraphernalia in the area there, and they also go around through the alleys where most of the clients will be. And sometimes they also go to the nearest park. They interact with the clients when they are doing their patrols." (Staff Member 1).*

Clients also highlighted how the SIF reduces the need for public or unsafe injecting, which previously exposed them to both health risks and criminalisation. One participant described how, before the facility opened,

> *"you were always looking for a spot to go. You were going to squats, and you were going to go into buildings. And fields. And then the Guards would be called, whatever, getting arrested for trespassing. Yeah, yeah. It was never comfortable." (Participant 10, Street Interview).*

The provision of a safe, sanctioned indoor space has therefore decreased the visibility of public drug use and reduced arrests and trespassing incidents. The SIF also mitigates the risk of drug-related litter and accidental needle-stick injuries in the community. As one participant emphasised,

> *"It is helpful and it is great for the simple fact is to know the needles and things like that... rubbish and shite that would be in there if they were laying for little kids to pick up and god forbid get pricked by a needle." (Participant 15, SIF Interview).*

Importantly, several accounts demonstrated that when the facility is closed, people often return to public spaces out of necessity, leading to renewed exposure to legal sanctions. One

participant recounted being charged under Section 8 legislation for public injecting when the SIF was unavailable:

> *"I got Section 8 charge sheet last week when I was in the park and I was getting a hit away from everybody [because they were closed]... I got charged sheet, for Section 8." (Participant 9, SIF Interview).*

This highlights how consistent access to the SIF directly reduces the occurrence of public drug use and associated offences. Participants reported a reduction in public use either by observation or by themselves no longer having to use publicly, resulting in less interactions with law enforcement, less public stigma, and overall healthier outcomes. Despite the reduction in public use, the safe injection site cannot meet all the needs of every person who is injecting. Staffing capacity, locational issues, and limited hours of operation mean that one site is inefficient to respond to the greater need. The approach to safer use needs to be applied to all low threshold services to be truly effective. Overall, both staff and service users recognised that the SIF contributes to a safer and more hygienic community environment by reducing public injecting, minimising discarded paraphernalia, and lowering rates of drug-related public order offences. The facility's proactive community engagement approach and on-site harm reduction infrastructure collectively enhance neighbourhood safety and wellbeing. The positive outcomes of the first injection facility in Ireland should be modelled for other services to implement, combining the evaluation of safer consumption in the Irish context, adapted with international best practice and wider availability of safer use. Data was not available to the team on policing matters but will be sought and reported on in the 18-month report.

4.5 Reduced overdose mortality and morbidity

Below we outline the nature of overdose response in the SIF drawing on the activity data supplied by the centre. The numbers of overdoses responded to was a positive indicator. Another positive indicator was the low ratio of overdose responses to the need for emergency health care. That this was low shows a strong performance on behalf of the staff in their clinical interventions preventing deaths and saving tax-payer money. As with all indicators, this is also in the context of increasing contamination of the illicit drug supply with high strength opioids, so we should not be surprised if there is a rise in the need for overdose response between the 6-month and 18-month reports.

On site observations revealed a positive, client centred response. During our four days of data collection, in between interviews, we observed four clients who required oxygen (this was outside the six-month data period). All received dedicated, and compassionate care in the aftercare room, illustrative of the importance of this space, and were successfully supported back to full consciousness and conversation. All clients were positive and expressed gratitude for the care received from the staff at the time. In addition, there was no indication that any of these interventions were unnecessary, again speaking to the professionalism of staff in detecting and responding to overdose sensitively, and that prioritises client need, wellbeing, and satisfaction.

4.5.1 Number of medical interventions

There were 107 medical interventions listed between 28th December 2024 and 26th June 2025. There was one in December, six in January , 11 in February, six in March, 24 in April, 27 in May, and the remainder in June. Most of these medical interventions were overdoses (n=91; 85%),

with 14 other, and 2 not recorded (but with no indication that these were overdoses from the interventions provided).

Of the 14 other interventions, one required an additional nurse (n=13), one required an ambulance call out and were transported to hospital (n=14), seven were described as a requirement for wound dressing, two were classed as medical emergencies.

Two additional records were listed as medical emergencies, but with no details on the nature of the emergency. Note we would not consider this excessive missing data given the nature of the service, and this would be typical of a fast-paced SIF environment where the priority is always client care.

4.5.2 Overdose interventions

There were 91 instances of overdose intervention up to the 30th June 2025, oxygen was provided in all these instances, and none were fatal (Table 2). An ambulance was called 12 times and were mostly cancelled after dispatch by mutual agreement with the dispatcher, two arrived at the SIF and transported clients to hospital. Of these overdoses, 44 (48%) also involved the use of naloxone. Note there was one other ambulance call out, which was not for an overdose but response to a head trauma that had occurred elsewhere, but the client presented at the SIF for support.

Table 2: Overdose interventions in the SIF from opening to 30th June 2025

	Total
Total number of overdose events	91
Total number of non-fatal overdose events	91
Total number of fatal overdose events	0
Oxygen used as an intervention	91
Naloxone used as an intervention	44
Ambulance call outs from overdose events	12
Ambulance arrivals	2
Ambulance transfers to hospital	2

4.5.3 Participant perspectives

Participants and staff consistently described the supervised injecting facility (SIF) as a critical life-saving service that directly reduced overdose-related mortality and morbidity through supervised use, timely medical intervention, and targeted education. At its core, the SIF provides a controlled environment where people can inject pre-obtained drugs under medical supervision. Staff are trained to identify early signs of overdose and respond immediately with oxygen, naloxone, and resuscitation where needed. As one client explained, *"If someone was to OD, there's staff there to help." (Participant 1, Street Interview)*. This rapid response capability was repeatedly cited by participants as the defining feature that "*saves people's lives*." One participant emphasised,

> *"Number one. It saves people's lives. They go into overdose, don't they? So anyone that goes into an overdose, they bring them back, save them, get them out. They're very good. It's brilliant what they do. Brilliant, really, yeah... Saved my life. Saved other people's lives." (Participant 9, Street Interview).*

Others echoed this, reflecting on the loss of peers prior to the SIF's establishment:

> *"I have about 20 friends that'd be still here if this had of been here a year ago. Every week I'm losing someone." (Participant 2, SIF Interview).*

Witnessing overdoses within the facility was described as vastly different from those occurring in public spaces. Whereas overdoses on the street often result in fatalities due to delayed emergency response, those **in the SIF are promptly managed**:

> *"It's good because I have seen people where they had, you know, the [overdose]... And there was nobody around them. And the ambulance came... If it is like that, in a secure area, then at least the people know that was happening." (Participant 15, Street Interview).*

Another participant reflected on the **ethical and community dimensions** of this safety:

> *"I think a lot of people are ignorant to drug use. But, you know what, I'd rather someone... overdose in here than out in the street. I mean, where kids are walking by." (Participant 10, SIF Interview).*

Staff and clients also recognised the role of the facility in reducing the frequency and severity of overdoses through **ongoing education and awareness**. Staff provide clients with updates about emerging drug trends, potency, and risks:

> *"Clients get education whereby the key workers share with them some data about the trends of overdose and also if there is any trend of a strong drug that is circulating, they share that information... so that they might be aware whenever they are buying or whenever they are using their drugs." (Staff Member 1).*

Such information helps clients make more informed decisions about their use in a **rapidly changing and unpredictable drug market**:

> *"The challenges that are faced by individuals... sometimes some clients might come in with strong stuff, that wherever they would have bought that stuff, because they don't know the strength of that stuff." (Staff Member 1).*

Participants also highlighted the **therapeutic and procedural strengths** of the SIF's overdose response model. The facility's approach, using oxygen administration as the first-line response, was experienced positively:

> *"No. Oxygen, they go oxygen first here, which is kind of nice. Yeah. A little bit easier. Helps." (Participant 4, SIF Interview).*

This method often prevents unnecessary naloxone use and its associated precipitated withdrawal, aligning with evidence that oxygen administration in opioid overdose management improves client experience and safety (Suen et al., 2023).

Although the SIF provides immediate protection against overdose, both staff and participants noted the **limitations imposed by the lack of formal drug checking**. The increasingly toxic and unstable drug supply was a shared concern. One participant suggested,

> *"The only thing they should start doing is testing drugs before they bring them in. That would be good if they could test drugs." (Participant 15, SIF Interview).*

Staff similarly acknowledged that while they can visually assess substances brought in by clients, without proper access to drug analysis, staff are limited in how they can support and influence client outcomes:

> *"And also patterns like drug use in the community, the type of drug, impurity of the drugs, and the availability. Outcomes vary depending on what substances are circulating locally or at a given time." (Staff Member 1)*

Despite these challenges, participants overwhelmingly associated the SIF with safety, reduced fear, and a sense of reassurance. One described feeling secure knowing that **help was close by**:

> *"I'm not going to say [my drug use] changed, but I feel a lot more comfortable with it. Especially when I use it. I feel like nothing's going to happen." (Participant 9, SIF Interview).*

Others recognised the broader community impact, noting that overdoses occurring within the facility are managed discreetly and professionally rather than in public view, protecting both users and the wider public. Overall, the SIF demonstrably reduces overdose mortality and morbidity by providing **immediate medical intervention**, **education on overdose risks**, and a **safe, supervised environment** that removes drug use from public spaces. There remains gaps in access to real-time drug checking and consistent coverage when the service is closed, participants' testimonies highlight that the facility has already saved numerous lives and continues to mitigate the consequences of an increasingly volatile drug supply in Europe.

4.6 Improved connections to addiction and other health and social services

A central aim of the Medically Supervised Injection Facility was to strengthen clients' connections to addiction treatment, health, and social supports. Analysis of staff and participant accounts suggests that the facility achieved considerable success in facilitating engagement with multiple services, though these gains were constrained by wider systemic limitations, under-resourced external systems, and persistent social inequalities.

Facilitating Access and Immediate Support

Both staff and clients described the **SIF as a crucial gateway** to a range of supports. Through active referral and on-site engagement, clients were able to access addiction treatment, healthcare, and social assistance. As one staff member explained,

> *"There is also involvement of the addiction treatment services where the clients are referred for opioid substitution therapy. And they also have access to detox or rehabilitation whereby they link them with other services like the Dublin Simon Community, or they also link them with other methadone clinics if they need to be prescribed methadone." (Staff Member 1)*

Participants' accounts reinforce this sense of connection and accessibility. The co-location of services and the proactive support provided by staff enabled many to engage in multiple forms of care that previously felt out of reach:

> *"I use the doctor's support for methadone. I do my benzo detox. I do my drug counselling. Addiction worker. And I use The Exchange. And I use The Spot..." (Participant 11, SIF Interview)*

"The staff are very helpful, yeah. They help with other services as well. Phone calls, emails. They help you link in with other services, you know. If you have nowhere to stay for the night, they get you a hostel. You have a doctor here, a nurse. They let you ring your solicitor or whatever... They helped me on the computer before because I'm not great with computers." (Participant 12, SIF Interview)

The SIF's model of **low-threshold, person-centred care** was also reflected in the small, everyday forms of care and compassion extended by staff:

"Basically... when you're done injecting or anything like that, they'll be like, how are you doing? Do you need some deodorant? Do you need some underwear? They just always ask if we need anything like body stuff or anything like that or even emotional support." (Participant 10, SIF Interview)

For many clients, particularly those experiencing homelessness, the service provided a vital point of stability and safety within their lives.

"I try to link in with the service as much as I can... Because I am homeless and I have been for a number of years. So, I do go in and see the doctor or go and see the dentist or even to go and get an exchange. I'm in and out here all day, every day, you know." (Participant 7, SIF Interview)

"Yeah, you've got nearly everything you need really. They give you clothes if you need clothes. There's food... Without these places, I'd be lost." (Participant 6, SIF Interview)

Systemic Constraints and the Limits of Integration

While the SIF enhanced immediate connections, both staff and clients recognised that long-term progress was frequently undermined by systemic barriers beyond the facility's control. Staff reflected on how structural factors such as housing shortages, poverty, and inadequate external resources constrained the effectiveness of the service:

"Some of the challenges that they face is sometimes they might come in in need of getting accommodation. And when you try to assist them by calling the free phone, sometimes you find out that they'll be put in a long queue... until they give up." (Staff Member 1)

"If external systems are under-resourced, the facility's ability to create long-term outcomes will be limited. And social determinants of health like being homeless, unemployment, and lack of family support, they heavily shape our client outcomes." (Staff Member 1)

"Some of them are that the complexity of the clients' needs because many clients present with some health issues like HIV, hepatitis, abscesses." (Staff Member 1)

Participants' experiences mirrored this frustration. Some described the broader service environment as fragmented or inconsistent, with limited capacity to provide sustained support.

"I am trying, months, for a referral into Simon to stabilise. Just to stabilise." (Participant 5, SIF)

"More respite places. More places to go and have rehab. More places to go and get help... You have to get down to 40mls and no benzos to get into rehab. It doesn't make sense. (Participant 6 Street Interview)

"They are starting to come into existence, but it's like, what can you actually offer?... I just don't think there is any service in Ireland that actually caters correctly or properly for cocaine users." (Participant 13, Street Interview)

Others commented on changes to previously valued services, reflecting a sense of loss and disconnection:

"Merchants' Quay was good. They changed it... Before, I could go there, have a shower. And they would give me socks. And I would feel half clean, you know. They stopped giving... They even refused the shower. They said we don't provide that facility anymore. So I didn't go." (Participant 15, Street Interview)

It is notable that this valued service has now returned to Merchant's Quay, and that the client was informed of this at the time. This is a valued addition to provision.

The Role of Dignity and Respect in Engagement

Across accounts, the relational aspects of care emerged as critical to sustained engagement. Participants valued being treated with respect and empathy, contrasting this with more transactional or stigmatising encounters elsewhere. When asked to reflect on the other harm reduction services elsewhere (i.e. not the SIF), they said:

"To be honest, I'd get them to speak a bit better and treat you a little bit better, you know. Like, treat you like you're needed around the place... Like, that you're meant to be around the place." (Participant 12, Street Interview)

Such reflections highlight that trust, dignity, and consistency are essential elements in fostering continued connection and recovery. One staff member discussed their approach to engagement and why it worked. Dignity and an emphasis on client preferences was a key part of this care, and a wide range of potential services were available if they were needed:

"Connecting clients to other services, internally and externally, what we do is when they get to the aftercare, it's nice and quiet there, they can relax, they engage with us better. Unlike the reception or in the booth, when they get to aftercare they're more relaxed, we can engage them. So, at that stage we talk about everything social, their accommodation, their current GP, if they're on methadone with their prescriber, if they're not methadone, if they're looking for support around that, we link them to that. Our doctor upstairs, they do prescribe, and we can link them so we can refer them to the drug diagnosis team upstairs, where they can avail of primary care, or mental health support, or even addiction support. And then externally, if they want accommodation, we can ring the free phone on their behalf, we can advocate for accommodation, we've had some of our clients, that staff have been able to advocate for them to get into hostels." (Staff Member 2)

Client Recommendations for Enhanced Support

Participants offered constructive suggestions for strengthening the service's capacity to promote recovery and connection. Some called for greater psychological and group-based supports focused on relapse prevention and self-management:

"Do you know what I would recommend? Like, do a course. Like, once a week. Who wants to do, like, get off crack. Or get off heroin. And psychological support, how to deal with fight, do groups and stuff, yeah. I would attend, yeah. Like, you know... somebody, some professional. Telling me the tips and the triggers. You know. Like, from his experience. All his

knowledge. Tools and stuff. Yeah, yeah. Well, tools. How to fight, you know." (Participant 8, SIF Interview)

These insights emphasise a desire among service users for continued learning, self-efficacy, and community-based recovery pathways.

Summary

Overall, the SIF succeeded in **enhancing immediate connections** to addiction treatment, healthcare, and social supports through its integrated, non-judgemental model of care. Staff and participants consistently highlighted its role as a **gateway** to broader systems of support and as a **safe, stabilising environment** in which engagement could occur.

However, the service's capacity to generate **long-term, sustained outcomes** was **limited by external systemic factors**, including under-resourced housing pathways, inadequate provision for stimulant users, and broader social inequalities that shape health outcomes. The findings suggest that while the SIF effectively bridges clients to other services, **true continuity of care requires structural investment** across the wider network of addiction and social supports.

4.7 Reduced drug related litter and drug use in the locality, including the reduction of public health risks such as needle-stick injuries

Data collected from MQI staff in relation to monthly community indicators of drug related litter and instances of drug use are provided in Table 3. The Community outreach patrols disposed of 1161 needles in the community across six months from January to June. There was a slight increase in finds during May and June, which could be due to more individuals spending time outside during good weather. As staff indicated on the voice notes, on good days, clients may be more reluctant to come inside during good weather. It may also reflect good intelligence from the staff on outreach patrols in keeping the area safe. Trends are to be observed over longer periods of time. By contrast visible public injecting remained very low throughout the census period, with increases in crack cocaine smoking observations in May and June.

Table 3: Community Engagement Indicators in relation to drug related litter and instances of drug use

	Jan	Feb	Mar	Apr	May	Jun	Grand Total
Number of needles disposed	148	176	139	200	253	263	1161
Number of crack pipes collected	64	63	68	60	52	68	375
Instances of public injecting observed	4	3	0	16	12	13	48
Instances of public smoking crack cocaine observed	85	62	45	80	125	120	517
Instances of public street drinking observed	27	32	10	45	62	36	212

Cleaner Streets, Safer Communities

Participants and staff consistently highlighted that the Supervised Injecting Facility (SIF) has led to a noticeable reduction in discarded needles, drug paraphernalia, and public injecting in the surrounding area. Clients and community members attributed this improvement to the safe, contained environment the SIF provides for drug consumption. It was evident **that those who use drugs and use the service genuinely cared for wider members of the community** and

shared community concerns for reductions in drug related litter, and visible drug use. There were concerns highlighted about children and their wellbeing coming through strongly in the narratives. As one participant noted:

> *"It's a safe place... it stops less needles from being on the streets as well, with kids picking them up... and stops people using it on the streets, around schools and playgrounds." (Participant 6, SIF Interview).*

Staff confirmed that the **service plays an active role** in maintaining cleanliness through daily community patrols:

> *"Usually, they go through to the nearby school there, trying to pick if there is any drug paraphernalia in the area there, and they also go around through the alleys where most of the clients will be. And sometimes they also go to the nearest park. They interact with the clients when they are doing their patrols." (Staff Member 1).*

Clients observed that the **visible difference** in the local environment was immediate and striking. One commented,

> *"Since I came to the service, the lane at the back and the lane across the road behind the shop have way less needles. Actually, the other day, there was no needles at all, which was a surprise." (Participant 12, SIF Interview).*

Another emphasised the broader community impact:

> *"It's keeping it clean... There's no syringes or anything like that, you know." (Participant 4, Street Interview).*

Several participants reflected on the **benefit for families and children**, noting that the SIF prevents distressing or unsafe encounters with public injecting. As one put it,

> *"To alleviate the stress from children, seeing people injecting heroin. Obviously, you have, if you don't have veins, they start taking their pants down and looking everywhere... Mommy don't want to see that. So, it's better if people reside in a safer place to use." (Participant 19, Street Interview).*

Similarly, several others remarked,

> *"The kids aren't growing up looking at people in corners, using pins." (Participant 2, Street Interview).*

> *"There'll be no-one around, no kids or anything like that, you know?" (Participant 4, Street Interview)*

The consolidation of use within the SIF was also seen as reducing visibility and risk:

> *"Yeah, because, yeah, the people, they all in one place and not all everywhere... not in every doorway." (Participant 8, SIF Interview).*

> *"It's definitely working. Because you can see the change on the street. Less people out and about. Warm and safe." (Participant 3, SIF Interview).*

Overall, participants recognised that the SIF had improved both community safety and local perceptions:

> *"I assume the ones who have lived here a long time would be happy with it because there's less needles." (Participant 12, SIF Interview).*

Despite these successes, participants identified **restricted opening hours** and **limited geographic coverage** as significant weaknesses that undermine the SIF's potential to fully eliminate public injecting and drug-related litter. When the facility is closed, people often return to public spaces to use drugs, leading to renewed visibility and associated risks. As one participant explained,

> *"If this place was closed, look, I'd end up using on school grounds again." (Participant 1, SIF Interview)*

Another echoed this concern:

> *"I think they should stay open until 9 o'clock... A lot of people like to use before they go to the hostel for the night. Then in the morning, when people open their eyes, they're sick." (Participant 12, SIF Interview).*

Accessibility was also raised as a barrier, particularly for those living or using drugs outside the immediate vicinity of the centre. The first quote raises issues for some who might use a site but **would not or could not travel** to MQI Riverbank, the second illustrates the need to find somewhere, and the risks aligned with that when you were homeless:

> *"I think maybe one or two more because sometimes if you aren't honest with people who are too far away you won't make the journey. Definitely one on the other side of the quays. Yeah, north side. Parnell Street, Dorset Street. Beside the Granby maybe. There's a Granby Centre there, maybe one there. Where people are already, you know. Makes sense, yeah. I definitely think you need one on the other side of the quay because to be honest if I'm at Dorset Street and I'm sick in the morning it's very hard to make the journey. Barely walk a block, it's not great. Just being honest..." (Participant 12, SIF Interview).*
>
> ***"****Because you were always looking for a spot to go. You were going to squats, and you were going to go into buildings and fields.*
>
> *Interviewer: Dangerous as well, aye? Yeah.*
>
> *And then the Guards would be called, whatever, getting arrested for trespassing. Yeah, yeah. It was never comfortable." (Participant 10, Street Interview)*

Similarly, another participant noted they would only attend if they were in town not in North Dublin where they lived

> *"Interviewer: Would you ever attend the facility?*
>
> *I would if I was in town, yeah." (Participant 1, Street Interview)*

These comments illustrate that while the SIF effectively reduces litter and public use locally, its **limited coverage** constrains its broader community impact.

Expanding Reach and Enhancing Impact

Participants offered clear recommendations to strengthen the SIF's effectiveness in reducing drug-related litter and public drug use.

First, extending operating hours into early morning and evening periods would reduce the likelihood of people resorting to public spaces when the facility is closed. Second, establishing **additional sites**, particularly in other high-use areas such as Dublin's north inner city, would increase accessibility for those unable to travel long distances when unwell or in withdrawal.

As one participant summarised,

> *"I haven't got anything bad to say about the service. The service is very good. I think you should have more like it." (Participant 12, SIF Interview).*

Others reinforced that broader coverage would protect communities and further improve local conditions:

> *"It's safer for everyone... better for the likes of myself or anyone else that's injecting to go into somewhere where they can do it privately and safely instead of doing it outdoors where there's kids and families walking by." (Participant 7, SIF Interview).*

The SIF has had a demonstrable positive impact on community safety and environmental cleanliness by reducing visible drug use and the presence of drug-related litter. The inclusion of community patrols, the safe disposal of injecting equipment, and the provision of supervised indoor spaces have created a tangible improvement in public health and order. However, the benefits remain **partially limited by restricted hours and geographic reach**, which compel some individuals to continue injecting in public spaces outside operational times or in locations not served by the Riverbank site.

4.8 Established engagement with People Who Inject Drugs (PWID)

There is a clear engagement coming through from the participants interviewed. In many cases, the strengths of the staff team were discussed as being central to **trust and social inclusion** – Participant 4, SIF stated *"Has it helped me? Respect. Respect. Respect. It's nice, it's nice company"*. Participant 9 extends this noting the SIF engagement is by consent:

> *"Yeah, the staff are excellent here. If you really want to have it, they will help you. The staff have just come in once every now and then. If you really want it and show them, they will bend over backwards for you. Which is good to know." (Participant 9, SIF Interview)*

> *"Some of them can be, like, once you get to know them. It's all about relationships, isn't it? You build it up by the time, you get me? So, I could never say bad about anyone here." (Participant 14, SIF Interview)*

This was also echoed by staff members, who recognise that this **partnership working** takes time to build. That it has already been built for many shows the value of the staff:

> *"Sometimes also the issue of trust and engagement, building trust with marginalized populations. It takes time. Many clients avoid traditional services due to stigma or previous negative experience... And also external perceptions, considering that some people misunderstand them." (Staff Member 1)*

> *"So we do engage people who are reluctant at first... So the doctors are very good, they don't stay in their office and expect them [clients] to walk to them, no, they leave their office and go to each station from the reception, the booth, or the aftercare, they come to whatever level, talk to them, engage them, and we find that because of that, the clients are engaging well with them... It's all about relationships, we can build that relationship with them over time." (Staff Member 2)*

Safety was a key consideration of clients for both individuals and families. In these quotes, safety took several forms, around **cleanliness**, around **shelter**, being **close to children and family but not exposing them to drug use**, and **being out of view**

"So, like, this is nice. I can come in and clean up and sit down and know that I'm safe for a bit." (Participant 10, SIF Interview)

"I really like it, yeah. I think it's great. It's much better than using outside. I have two kids, three-year-olds and an eight-year-old, so I can't use it in the house anyways. My mum lives next door and the kids live with my mum. It's very hard to try and stop them from running into the house because they were with me for a while so it's hard to stop them at the door. I'm still using it but I still don't want them in the house." (Participant 12, SIF Interview)

Again this safety was a constellation of being in a safe place, with supportive staff, and having space to be that was out of the view of the public.

"...*this is about us. Like, we're going through a hard time in our life. If we're in an addiction and we need somewhere safe and clean and helpful, they can. And we're in a building. It's like we're not on show. You know what I mean?" (Participant 10, SIF Interview)*

Often the **provision of very basic amenities** was a big plus for clients such as food, and equipment. Many clients did not have their basic needs met. These two excerpts describe how even the light snacks (e.g. sandwiches and biscuits) were of help due to hunger and weight loss.

"Yeah, we have smoke and pipes which is what we came for and there's needles. What I find really helpful is a few biscuits and sandwiches and stuff like that so you can get obviously if you're starving going in here. Yeah." (Participant 9, SIF Interview)

Staff and clients both noted the importance of hot meals and how this improved people's quality of life and wellbeing. For example one staff member mentioned:

"also supporting with food programs whereby they come into the Merchants' Quay dining room and they get hot meals." (Staff Member 1)

People who used drugs who used the service were often central in bringing in more clients to the service with one client stating that *"nobody knows about it. So I'm actually spreading the word first" (Participant 17, SIF)*. Another quote highlights the safety aspect noting that individuals who might benefit from the service are naturally cautious given previous experience.

"It's getting much busier. I was one of the first to find people coming down here. I think I was the first person. I think I was the first person to come down here. You have that safety. I'm aware of it. Like, a lot of people would like to be a part of it. Like, they'd be probably worried. Like, a lot of people like to be paranoid." (Participant 11, SIF Interview)

Others have recommended the service to people they have known for some time, who now regularly engage with the service.

"I know people that have been users for a long time and I brought them here the first time.

Interviewer: *And what did they say? Did they like it?*

Yeah, yeah. They did yeah

Interviewer: *Oh, good. Do they still come back?*

Oh Yeah" (Participant 8, SIF Interview)

There is a privileged access that people who use drugs have in communicating the benefits of the SIF to the wider community. **Clients of the SIF were often the biggest advocates for the**

service. They take an active role in preventing public drug use, engaging future clients, and improve other individuals' health as these two quotes illustrate:

> *"Just two weeks ago, I met a girl on the tram. She was getting off the Four Courts to use in the lane over there. She didn't know the service was here. Me and my girlfriend were coming here. I brought her with us you know." (Participant 12, SIF Interview)*

> *"Not enough people know to see it, and Like in the clinic, I know there's a lot of people around town no-one wants to see us about town, they're sick of that. Let us know if there's somewhere we can go. I was only told through another addict." (Participant 5, Street Interview)*

There were **concerns about the lack of smoking provision** at the SIF as a barrier to engagement. Some of those who were interviewed who might use the service described substantial consequences to continuing to smoke on the streets.

> *"You just go on the streets. Quiet streets. Every smoker goes to the same place where he smokes. It's like an anchor point. You know? It's just like you think you go there and you're safe. Whether you are or are not is another question. You don't want to be too excluded. Yeah. Because then you get harmed. You get robbed.. And if you're a man of colour then it's another story. Yeah, see, we got robbed by the dealers. I mean, anyone who can't pick on no one, they can pick on us. I got assaulted just last week... My vision is still disturbed, I can't see. My medical card expired. And I went to [SERVICE] and they gave me a letter. I went to the hospital. I was waiting there all night. And then one of the doctors said, we will let you know. And then, it was Friday, in the park, I fell asleep and I had a fever. And they phoned me and they said, you come back. And I said, I've got a fever, I can't even walk to that corner. They said, come by two o'clock. And I couldn't go back. And I'm still, my one side is blurred. Right, okay. I can't see. But I can't go back because I don't have the medical card. ..that's what you go through. It's so difficult. I had a medical card, I had a job. Yeah. The worst part was, I got a job again. After going home again. And then I was in a hostel and I was doing night shifts and there was no sleep. So I was sleeping. And then, so I lost it. So..." (Participant 15, Street Interview)*

Some participants noted staff could do with **more training around intravenous drug use** to help build trusted partnerships between clients and staff. Whilst most staff were praised on occasion, there were some issues. Here was an illustration of a training need:

> *"Some of them, they're all good, but some of them need more training. 100%. She's taking me, she has me now, and she's pushing to. Not pushing me, she's telling me to push it in. ... looking at it, you know what I mean? Looking at it, there's no blood going in there. Not passive-aggressive, but aggressive. If I feel that atmosphere, I just keep myself: I can feel that atmosphere, so I just sit down. We need a bit more training. More knowledge. I would talk to people more. Not passive aggressive. We are human beings as well. So more training on the service itself and what it actually means. Yeah, and the worst thing would be someone trying to rush you. I've often picked up over the rushing. It's putting pressure on me. Which makes you rush, which is not what it's supposed to be. That made me fuck up once or twice." (Participant 11, SIF Interview)*

Staff turnover was a factor raised. There was a recognition that other services at Merchant's Quay might have more established and long-term staff teams.

"I think you should have a dedicated team for the way that it's upstairs for down here. And that way then people can get to know certain people. You know what I mean? Build relationships up with them and then. Yeah. That's the big one. Build a relationship up with someone and open up, get someone to open up. With the staff upstairs, it's nothing got to do with drug use or anything like that. It's got to do with food or clothes or...I think the main focus would be to focus on the drug issue. And have a little base down here. Communication is the key, isn't it? I think you have to have dedicated staff that know. So you're talking from a drug issue. There could be a staff member up there that's not too sure of it. And they wouldn't understand what you're talking about. You need to meet people that can communicate and know what the other person is talking about. And be able to take something from it. And do something from it." (Participant 6, SIF Interview)

Most of the participants noted that having **SIF staff with lived and living experience of drug use** would be of benefit to the service. Several of the participants spoke of the importance of having someone on the staff who knows exactly what it is like to experience their lives and substance use: For example:

"Oh, I'd love that. I'd love that. I really would love to have people in addiction. My mindset, is that I can see it helping a lot of people. Yeah. You know it shows you also don't know how powerful your stories are, how much it means to them." (Participant 9, SIF Interview)

"Because they know what we're going through and they know the feeling and they know how vulnerable we can be as well, do you know what I mean? We do be fairly vulnerable when we're feeling the emotions. We don't want, we're hard enough on ourselves, we don't need other people to make us feel even more hard on ourselves." (Participant 11, SIF Interview)

"...sometimes you need to get it from the kettle. You need that water from the kettle. It means that the person helping you doesn't get it, they don't have poor mental health. Yeah, yeah. No judgement and that. As long as they have experience of drugs and that. That's the important thing." (Participant 4, SIF Interview)

"....sometimes people explain but they don't understand. .. so having those people working... people with experience can always help, you know...You always understand this, if you're looking at it from a different point of view. They always understand if you're looking at it from a different point of view. Some people I've often heard saying people saying to me who've never used it in their life 'Oh, why can't you just stop? ' I think that's people who've never done drugs saying you should just stop. They say it's a bad flu. It's uneducated. They don't understand. Even when you get clean, it's very hard to stay clean. You get to that point where you have to take it to feel normal." (Participant 12, SIF Interview)

"Yeah. I feel that they're should be a client involved in sort of staff, but not as staff, but as a liaison. A peer worker." (Participant 3, SIF Interview)

Others thought this was a role that they could potentially perform themselves, and bring their experience to help the service develop and evolve over time, and serve the client base:

"[The guy who works here who has experience of injecting] Yeah he's been down there. And he's from here. They know him. They don't have to mess with him. He told me it's gone way down. Yeah I could really do something with that, not yet. I'm not procrastinating. One day. I don't know. I could do it. Believe me, I could do it." (Participant 2, SIF Interview)

"Like, I would volunteer my time, really. Yeah, yeah. I'd do it.. Yeah. I really would. That's exactly what I'd put it down as a peer worker. They do, they need someone like that... I'm on to it, you know, like I've already got me apartment, so I'm in the middle of doing that up, and then literally skip and clear and everything up. But, I was back to homelessness after 16 years of being housed, so that gave me such a fucking huge wake up call, that I want to do something productive. And I want to help. And I want to give back to Merchant's Quay, they've done so much for me...so then there's a grassroots level. Who can talk to the clients. I do have skills. You learn from 39 years of experience. Boots on the ground. They're understaffed, like. They're understaffed. You know? And I'm like, please God, please somebody, come here, I need to talk. You know? Peers are needed. You know?" (Participant 5, SIF Interview)

"That's what you need. Yeah. I've got a level four diploma in it. A distinction in drug and alcohol counselling. I'm back at the bottom again, so I have to climb back up. But they're the people you want. People that's been there, people know that you've been there. They know you're not talking out of a book. They know you're talking from experience. People listen to you a lot more then. Yeah. They know you're being sincere though. You know what you're talking about basically." (Participant 6, SIF Interview)

"So, take it like this. You walk into a room. And I'm sitting there, what's up, how are you? The direction is going to be totally different... Where somebody dressed as official, even if they're not official... You can see by his demeanour, things like that, so the interaction is going to be more personable ...So, we have a power as, as volunteers...But I'm not volunteering anymore, but I was for a long period of time. As people with experience. Yeah, so a person with experience would reach the targets. Or the organization will." (Participant 19, Street Interview)

Majority of the participants positively **recommended additional sites** throughout the city, as well as across the island of Ireland.

" I think there should be a place like Merchant's Quay in every vicinity... In every vicinity where people use drugs." (Participant 1, Street Interview)

There were several suggestions for other sites in the Dublin area that would serve individuals who use drugs:

"If we were in charge, I'd put one over the north side and have this one here. Put it up near Hardwick Street." (Participant 1, SIF Interview)

"They should have one on the north side of the city as well." (Participant 3, SIF Interview)

"One more, I'd keep it on the north side. Ana Liffey." (Participant 5, SIF Interview)

"All around the city centre, basically. And on the outskirts." (Participant 6, SIF Interview)

"Yeah. I'd probably go...Sort of five, ten minutes walk, kind of thing." (Participant 2, Street Interview)

"Ana Liffey." (Participant 7, Street Interview)

"I think personally they should have more. Like more places for them to go, safe places, you know, for them to use their drugs, you know? Like, you know Merchant's Quay. That's actually a good thing that they are doing at Merchant's Quay you know. I think they need more. Yeah, I think you have to actually approach it as an emergency, you know? I think you

need more, you know what I mean? One for the whole city. It's disgraceful." (Participant 8, Street Interview)

"Probably down near next to the Ana Liffey and that.. South Dublin, probably. I think Killinarden there or something." (Participant 11, Street Interview)

"If they have around the city, it'll be good enough. Yeah. Yeah." (Participant 15, Street Interview)

"Southside, Northside. One in Southside, one in Northside. Just stick around, yeah, in the middle of Dorset Street. Go past the Garden of Remembrance, anywhere around there, just before you get to Dorset Street. And there's already, like, um, little places up around Dorset Street that you could probably rent off from the services, like, the drug service, the Ana Liffey Drug Project, they have, like, a little, they have a lovely, like, lovely, uh, very modern little, uh, place. Yeah, well, [Granby Clinic] is where I'm on about....Yeah, that's Dorset Street. That would be great." (Participant 9, SIF Interview)

Others suggested exploring the needs and possibilities elsewhere (sometimes alongside recommendations for Dublin):

"Limerick and Cork. Dublin. In the busiest clinics in Dublin. Amiens Street. Connolly. And the one after that they would have to have like a mobile thing. Like a bus or something. So anyone can attend from all angles. Because if people miss at certain times. And they say no I didn't go at all. It would be discreet, as you said it's all about confidentiality and making people feel safe." (Participant 9, Street Interview)

"I think there should be one in mainly every, like, top, like, see Belfast. Derry. Belfast, Derry. Donegal. And probably Galway and Cork. Tallaght. In Tallaght? Big time. And Ballymun. Ballymun and Finglas." (Participant 11, SIF Interview)

"Another centre like this, because as I said, there's so many things that are going in the right direction from when I came in when I was 18 to now. And it's so different in a positive way. Perfect. And they've always fed me. You know what I mean? They could never have put the place down." (Participant 1, SIF Interview)

This report has established needs may exist elsewhere, and as such it would be helpful to plan for scale, conducting a needs assessment for additional sites to address distance barriers and spread benefits to other communities where they might be needed.

5 Plans for the 18-month report

We plan to collect the same data here for the 18-month report to explore the trends over a longer period. This will include:

- Documentary analysis with novel documents since this report and an overall picture from the entire corpus of documents to date
- Staff voice notes which will span a year of activity in the SIF
- Interviews with people who use drugs who do and do not use the service to reflect any changes

- Activity data for the service will reflect all 18 months of the service provision
- We will compare reflections of community representatives and wider organisations across the 6-month and 18-month census points for changes in perspectives.

It is hoped that we will use the same or similar interview schedules or data collection instruments as in the 6-month period, although we may make minor adjustments or additions based on comments from this report.

6 Recommendations related to the application for an extension of the licence to operate the SIF beyond the pilot period

The key issue for the future success of the SIF is to be sensitised to, and address the concerns of local stakeholders, to support the local delivery of SIFs (Longhurst & McCann, 2016). Engaging with and allaying fears that may exist is crucial, particularly from a planning – i.e. location – perspective (Boland et al., 2025). In this sense, there is argument that planning – as the instrument the plans and designs the built environment and makes decisions on land- and building-use and professional planners will play increasingly important roles in the future location of SIFs in Ireland and elsewhere in the European Continent (Boland et al., 2025b). Indeed, this connects to the need for planning and planners to more be more attentive to *caring* for others including those who use drugs as members of communities (Davoudi & Ormerod, 2025). This connects to debates in Planning that have relevance to the future success of SIFs including societal anxieties over the spatial location of SIFs, Tulumello (2015) encourages Planners, who ”yearn to create a just and cohesive city" (pg. 491) to engage with the fear practically to establish safer communities for all, including those who use drugs.

6.1 Headline strengths of the SIF operating from December 22, 2024 – June 30, 2025

- **High uptake and reach**. 5,904 visits by 811 unique people; mean age 40.6; ~80% men. Average 11.4 visits per client (range 1–353), indicating repeat engagement, and acceptability of the service to clients.
- **Responsive to client need**: The expansion of service operation from 2pm-3pm is likely to have a positive impact on the service reducing waiting times, and engaging clients at the busiest time of day
- **Delivered as intended.** Operating seven days a week with structured intake, seven booths, aftercare space, and clinical rooms; hours adjusted mid-August to improve flow and support increased access to the service in line with client need and feedback.

- **Life-saving overdose care.** 107 medical interventions, including 91 overdose responses with oxygen used in all and no fatalities recorded. Ambulance use was infrequent, and undoubtedly, saved taxpayer money.

- **Reduced drug related litter and reduced public injecting.** Outreach patrols removed 1,161 needles in six months and observed low levels of public injecting; community forums reported a positive local impact and fewer people injecting in public.

- **Successful public-realm and community engagement.** 374 patrols; 401 client engagements; 196 business and 109 resident engagements in the first six months.

- **Safer injecting & infection risk reduction.** Clients consistently described safer conditions, hygienic equipment, and time to inject safely, key to lowering blood borne virus risk. There was much praise for the dedicated staff from clients.

- **Gateway to wider care.** On-site teams connected clients to opioid substitution therapy, detox/rehab, primary care, housing and legal supports; clients highlighted every day, low-threshold help that kept them engaged.

- **Staffed with a strong, client-centred culture.** Observations showed cohesive, reflective practice supporting quality and retention in a fast-paced service. Staff were happy and provided a consistent, client focused service.

- **Provision of the basic needs clients have.** Aside from the health needs being met, the provision of food, clothing, and conversation was warmly welcomed. The provision of showers is a welcome addition to the care.

Overall, the service accessed people at highest risk, intervened successfully in overdose situations, improved client health, improved local amenity, and built bridges to treatment and support within six months of operation. It stands comparably with other services globally (Shorter et al., 2023) and reflects the understanding of the model of operation reflected in Keemink et al., (2025) and Stevens et al., (2024).

6.2 Recommendations to support continued operation (licence extension)

- **On-site safer injecting training:**
  Providing safer injecting education within the SIF (rather than only in other parts of the building) to improve accessibility and reinforce harm reduction practices among both new and experienced users. This could be established with peers, and would normalise brief, proactive coaching.

- **Encourage clients to notify and report needle litter to reception:** This would help the outreach team with their effectiveness and help continue the improvement of the public realm. Peers might also be employed by the outreach team as peer workers to enhance the service.

- **Develop a staff wellbeing policy and review staffing model.** A staff wellbeing policy co-produced with staff in the service would help to deepen partnership in the new team

(only operational for six months but showing great signs of cohesion) and help sustain quality in a high-intensity environment. Aligned with this it may be timely to review the staffing models given the additional opening hours with respect to required roles, number of staff, and hours worked.

- **Consider ways to Incorporate drug checking in the operational model.** Pilot drug checking would support a response to a toxic, changing supply and inform real-time harm-reduction messaging and surveillance (both for clients of the service and wider Public Health efforts in Ireland).

- **Create a sign for the door (and maybe name the facility).** To welcome prospective clients and lower barriers consider a sign for the door (does not have to be large or obtrusive) and a sign which illustrates opening hours. This could be co-designed with people who use the space. Some suggestions for names are given in the report.

- **Employ peer- workers to improve the cohesiveness of the space.** The employment of peer workers would enhance the service, deepen trust and cohesion, and formalise roles in aftercare and outreach. This was endorsed by all asked this question, and many existing clients could be supported to take this role and "give back" to the SIF. These roles should also be paid, and would provide meaningful employment, which many clients would like to achieve. They would also be able to feedback the issues facing clients which people might not want to talk to staff about and generally build a stronger sense of trust, partnership, and social inclusion at the SIF.

- **Enhance the service to improve accessibility and inclusivity:**
There were some concerns about inclusivity which might prevent those attending, particularly women. Women's safety and accessibility may need focused attention and understanding; some women avoid mixed settings, and there were some concerns about bullying or harassment by some who might use the space. Training of all staff including those in the service and outside (e.g. security) can all contribute to an enhanced supportive environment. Connecting also with peer communities should help this

- **Improve signage and signposting to make pathways to health and other supports explicit.** There was some confusion at times about how to access parts of the service and onward referral (simple visual guides; warm handovers) for addiction, housing, health, and legal supports. Some of these can be simple e.g. sign in Vancouver with "Ready for a break call [NUMBER]". Some clients expressed surprise at the range of services available amidst the warm welcome of the service.

- **Consideration to expanding the opening hours and keeping opening hours under revision:** When closed, public injecting reappears, and some clients face risks; demand peaks around mid-afternoon. Extending or fine-tuning hours (e.g., later evening) may help cover known risk windows before hostel curfews and early mornings.

- **Maintain and publicise outcomes (especially those in relation to overdose):** The overdose response was gold standard, it prioritised the wellbeing of clients, and the use of oxygen first.

- **Maintain the stakeholder engagement forum** to identify and discuss emerging issues which might arise around operation or the site. Review meeting times of the forum to ensure that all can attend.

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8 Appendices

Appendix 1: Prompts for street-based interviews with people who use drugs

- Do you attend any harm reduction services?
- How do you decide where to use?
- Have you heard of the SIF, if so, what are your views on it?
- Would you ever attend the facility? Why?
- How do you think the SIF has impacted the community?
- Is there anything else you would like to add?

Appendix 2: Prompts for interviews with people who use drugs who also use the Medically Supervised Injection Facility

What has your experience been of the SIF and does it meet your expectations?
Probes may include:

a. Do you feel a sense of community ownership at the SIF, is it an inclusive, relaxing space? (*Community ownership can be further described as a sense of agency, belonging, or value in the space. Alternative wording: Do you feel like you a part of the space, and have a say in how things are run?)*
b. Are the medical, health or other supports effective? Are there other services needed?
c. What services have you used?
d. Do people who use drugs have a voice in the service/are people who use drugs consulted?
e. Is it meeting local needs of people who use drugs?
f. Do you have all the equipment you need?
g. Is the service located appropriately, is it available when it is needed, are the rules appropriate (e.g. opening hours)
h. Has your drug use changed in any way since attending (e.g. reductions in use, reductions in frequency of injecting, reductions in rushing the injection, change in route of administration ie. smoking to injecting)
i. How has it influenced your health, wellbeing or quality of life; are there any future goals you have that the SIF can help with?

Now the service is open, what do you think would encourage people to come to the facility for the first time?

a. Probe: you, others, or any specific groups

Now the service is open, what do you think would encourage people to come back to the facility multiple times?

a. Probe: you, others, or any specific groups

Now the service is open, what is putting people off coming to the service?

a. Probe: you, others, or any specific groups

How do you judge if the service is a success?

a. Is this different for people who use drugs, service providers, police, policy makers, or any other specific groups.

How do you think the SIF has impacted the community?

Is there anything else you would like to add?

Appendix 3: Prompts for Staff Voice notes

Thank you for considering contributing to our research on the staff experience of the SIF. Here we hope to understand how the service operates, the perspectives of the staff, an understanding of what outside influences (e.g. weather, housing, health) influence the service experience, and how the SIF contributes to the community.

You can leave as few or as many voice notes as you wish even after you have provided your consent. We have some prompts below, but you are welcome to contribute what you feel is appropriate:

- How many people were seen today
- Any service refusals and why
- The nature of how the day went from your perspective in your own words
- The general mood and outlook of those seen
- Any weather issues or other environmental issues
- Key challenges faced by the individuals seen on that day
- Contextual factors which influence outcomes of the SIF that may not be understood by people not working in the service
- Key interventions provided
- Overdose response and/or interactions with emergency staff
- Interactions with community partners outside of the SIF