

Safe Injection Sites as a Public Health Response to the Opioid Crisis: Research Evidence and Policy Recommendations

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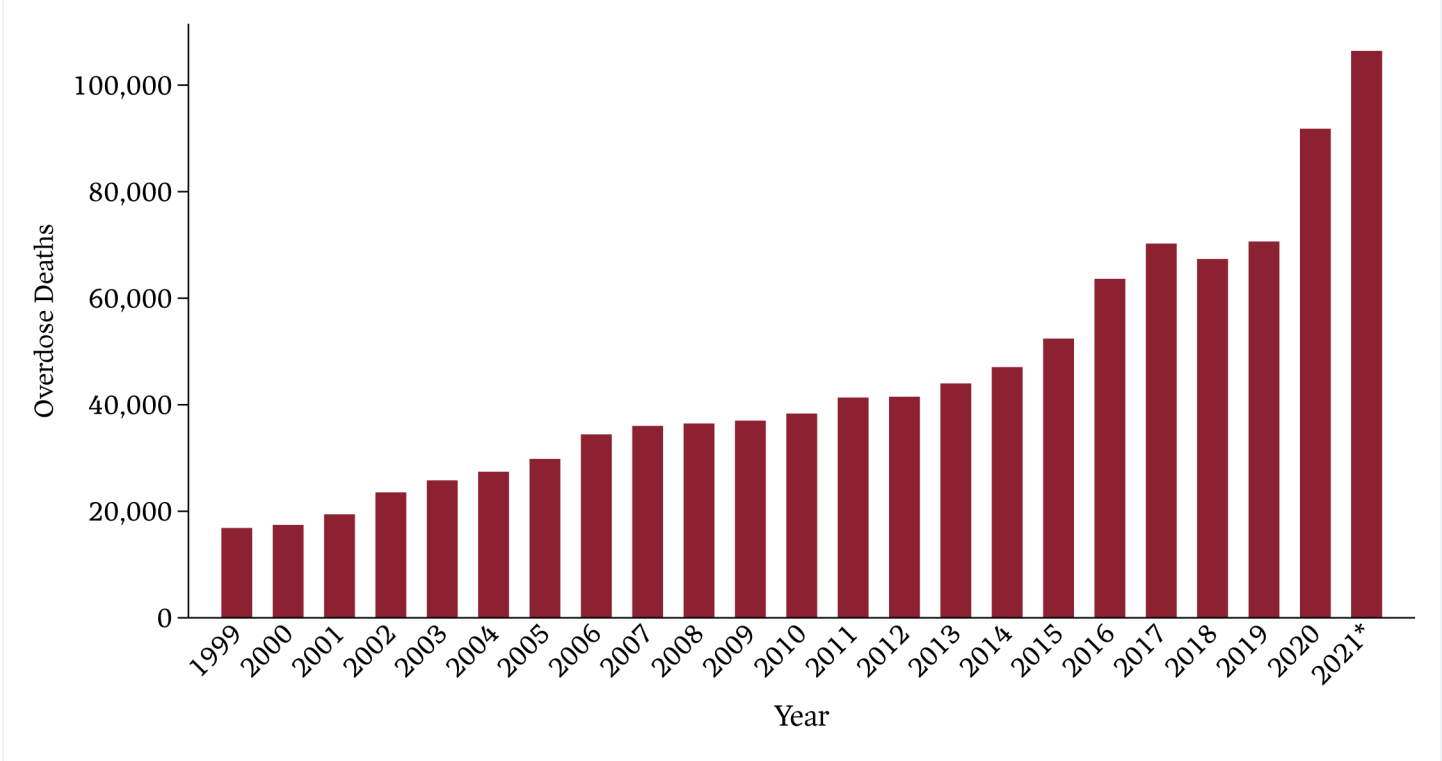
Introduction

Over the past two decades, the US has been experiencing an epidemic of fatal drug overdoses fueled initially by the over prescribing of opioid pain medications and more recently by the widespread dominance of fentanyl in the illicit drug supply. The Centers for Disease Control and Prevention (CDC) estimate that since 1999, fatal drug overdoses have increased five hundred percent with an estimated 932,000 Americans losing their lives to an overdose.¹ The COVID-19 pandemic seems to have exacerbated this crisis, with the number of drug fatalities in 2021 increasing by thirty-one percent over the previous year and exceeding 100,000 deaths for the first time in history.² Preliminary data show more than 106,000 Americans died from an overdose in 2021 (see Figure 1),³ and there was a record high of 1,250 fatal overdoses in Philadelphia that year.⁴ The vast majority of fatal overdoses involve opioids, particularly fentanyl. While previously viewed as primarily affecting White Americans, overdose deaths have been recently increasing faster among some minority populations to the point where, starting in 2020, non-Hispanic Black individuals now have a higher rate of fatal overdose than non-Hispanic White persons, with Non-Hispanic American Indian and Alaskan Natives having the highest rate.⁵

The overdose crisis has led to a number of strategies at the federal, state, and local levels that attempt to address this problem, including increased access to Narcan (an overdose reversal

Highlights

- Since 1999 nearly one million Americans have died from fatal drug overdoses.
- Overdose fatalities increased in 2021 by thirty-one percent over the previous year, exacerbated by the COVID-19 pandemic, and exceeded 100,000 for the first time in US history.
- Safe Injection Sites (SISs), facilities where people who use drugs can inject under the supervision of medical professionals are a controversial harm reduction strategy for preventing fatal overdoses and providing other health and social services to people who inject drugs (PWID).
- Research conducted mostly in Canada, Europe, and Australia suggests SISs are effective in reducing fatal overdoses and have other positive outcomes without increasing local crime and drug selling.
- While some US states and cities are either considering or beginning to establish SISs, substantial legal barriers as well as governmental and public opposition remain as major impediments to implementing this form of public health intervention.



*2021 estimate based on provisional data

Figure 1. National Drug-Involved Overdose Deaths by Year, 1999-2021

Sources: Centers for Disease Control and Prevention, National Center for Health Statistics. National Vital Statistics System, Mortality 1999-2020 on CDC WONDER Online Database, released in 2021 and Centers for Disease Control and Prevention, National Center for Health Statistics. National Vital Statistics System, Provisional Mortality on CDC WONDER Online Database (provisional data for 2021), accessed July 19, 2022.

Note: The definition of overdose deaths used in Figure 1 follows that of the National Institute on Drug Abuse, <https://nida.nih.gov/research-topics/trends-statistics/overdose-death-rates>

medication); expanded treatment access to medications for opioid use disorder (MOUD) such as buprenorphine, naltrexone, and methadone; reduced prescribing of opioid pain medications through prescription drug monitoring programs and other means; expansion of police diversion programs to treatment instead of incarceration; expanded recovery support programs; and increased support for harm reduction strategies.⁶

Harm reduction, a public health philosophy that involves seeking pragmatic solutions to the harms that drugs and drug policies cause, has in recent years received greater recognition and acceptance as government and public health organizations struggle with addressing the opioid overdose crisis. Programs that distribute Narcan and fentanyl test strips, which can reverse or prevent overdose, as well as sterile

syringes that reduce HIV and Hepatitis C risk for people who inject drugs (PWID) are examples of harm reduction strategies associated with opioid use.

Overview of Safe Injection Sites⁷

One particularly controversial harm reduction strategy that has been employed in other countries but, until last year, not in the US is the establishment of Safe Injection Sites (SISs), variously known as Drug Consumption Rooms, Supervised Consumption Services, Supervised Injection Facilities, Overdose Prevention Sites, and Comprehensive User Engagement Sites. SISs are facilities where illicit drugs can be used under the supervision of trained staff to prevent the harms associated with injection drug use. A primary goal is to prevent drug-related overdose deaths. They are also intended to reduce

the risks of disease transmission resulting from unhygienic injecting by providing sterile syringes and a safe environment for training PWID in safer injecting practices as well as connecting them with addiction treatment and other health and social services.

The History and Geography of SISs: The first SIS was established in 1986 in Bern, Switzerland. Currently there are more than 160 SISs in over one hundred cities and towns in at least fourteen countries worldwide, mostly in Europe and Canada. They were established initially as a public health response to address the HIV/AIDs epidemic as well as to prevent drug overdoses. Some of the nations that have established sanctioned SISs include Australia, Belgium, Canada, Denmark, France, Germany, Greece, Luxembourg, the Netherlands, Norway, Portugal, Spain, and Switzerland. SISs are also under active consideration in several other countries including Iceland, Ireland, the United Kingdom, and Slovenia. In addition, there have been media reports of unsanctioned sites and “pop-up” SISs that have arisen as informal local responses to the overdose crisis in a number of nations including Mexico, Ireland, Scotland, and the US. Since the opening of Insite, the first sanctioned SIS in North America, in Vancouver in 2003, Canada has greatly expanded the number of SISs. They are located in more than forty cities and towns throughout the country, including multiple sites in the major cities of Toronto, Montreal, Vancouver, Edmonton, and Ottawa as well as facilities in smaller cities and towns. They are usually placed in areas where there is an open drug scene and where injecting in public spaces is common.

What is Provided in Safe Injection Sites? Safe Injection Sites vary in the types of services provided and whether they are located in a fixed site or in mobile units. At a minimum, users are provided with sterile injecting equipment and open carrels where individuals can inject drugs with staff present who can provide emergency medical care in the event of overdose. Advice on safe injection practices and overdose prevention, distribution of Narcan and fentanyl test strips, space where users can remain under observation after drug consumption are also typically provided. Some facilities provide low-

barrier gateways to other services essential to helping high-risk, underserved drug-using populations such as wound care and primary medical care; health education; referral to addiction treatment; case management and referral to appropriate social and other healthcare services; and the provision of food, showers, and clothing. Some facilities also provide drug sample testing and allow for the smoking of drugs.⁸

Barriers to Establishing Safe Injection Sites

Although many public health officials and harm reduction proponents have been advocating for the establishment of SISs in the US, there has been, and continues to be, considerable government, public, and local community opposition. According to a recent federal case discussed below, SISs are still technically illegal under federal law, and opponents at the local level in many communities have voiced various concerns about SISs. Some of the major arguments in opposition to SISs are that they enable drug use; that it is like legalizing heroin use; that they will increase crime, drug dealing, and drug use in neighborhoods by attracting greater numbers of people who inject drugs into a community; and that resources should be devoted toward prevention and treatment for those struggling with addiction, not for enabling people to continue to use.⁹

Community opposition, which can take the form of active demonstrations against the establishment of SISs can impede or even prevent the opening of SISs as it did in Philadelphia in 2020.¹⁰ City council members and municipal governments may be reluctant to place SISs in certain neighborhoods in the face of strong local voter opposition fueled by the concerns mentioned above. Concerns about legal barriers, since the consumption of these substances is illegal at the state and federal levels, may also prevent local governments from supporting SISs. Because of the stigma and fears concerning what will happen if these kinds of facilities are established, even in cities where local governments favor opening SISs, community opposition presents a major barrier to locating them where they may be most needed. Since most of the major opposition against SISs centers around fears of increased crime, drug selling, and

Outcome	Impact
Overdose Deaths	Decrease
Risky Injection Behaviors	Decrease
Incidence of HIV and HPC among Participants	Decrease
Incidence of HIV and HPC among Wider Area	No Difference
Public Injecting	Decrease
Treatment Engagement	Increase
Withdrawal Management Initiation	Increase
Syringe Litter	Decrease
Access to Health Services	Increase
Access to Social Services	Increase
Crime in Neighborhood	No Difference
Drug Selling in Neighborhood	No Difference
Incidence of Relapse among PWID	No Difference
Initial Community Opposition	Increase

Table 1. Summary of Impacts of Safe Injection Sites from the Research Literature

Source: Author

Note: Whether the direction of change in an outcome (Increase, No Difference, Decrease) is positive, neutral, or negative is dependent on the outcome. In Table 1 positive impacts are green, neutral impacts are black, and negative impacts are red.

drug use, an important question is whether or not these consequences actually happen.

Empirical Research on Safe Injection Sites

There has been considerable research on the impact of SISs on participants and local communities, mostly conducted in Canada and Australia, as well as several comprehensive systematic reviews summarizing the evidence on the impact of SISs on various outcomes. As Table 1 shows, the consensus of evidence suggests that SISs do indeed reduce overdose deaths, one of the primary public health objectives for these facilities. In addition, research suggests that there is reduced syringe sharing and reuse among participants as well as less injecting in public spaces, less injection-related litter, increased access and engagement into addiction treatment, and a reduction in HIV and Hepatitis C incidence among participants. Moreover, contrary to the fears of SIS opponents, research suggests that neighborhood crime and drug selling have not increased as a result of these facilities.¹¹

Safe Injection Sites in the US

Although highly controversial, a number of states have introduced legislation to establish SISs including California, Colorado, Illinois, Massachusetts, Maryland, New Mexico, New York, Rhode Island, and Vermont; and at the local level a growing number of municipalities have been similarly considering opening SISs including Baltimore, Boston, Burlington, Denver, Ithaca, Philadelphia, Portland, Seattle, and San Francisco. Until 2021 there were no legal SISs operating in the US. In July 2021, the Governor of Rhode Island signed a bill that allowed for a two-year pilot program to establish “harm reduction centers” (Safe Injection Sites), but Rhode Island has yet to open a site.¹² In November 2021, New York City opened two SISs becoming the first city in the US to open an SIS.¹³

Philadelphia’s Safehouse: Philadelphia was on track to become the first city in the US to open a Safe Injection Site. In 2017 the Mayor’s Task Force to

Combat the Opioid Epidemic recommended the establishment of “comprehensive user engagement sites,” and this recommendation was endorsed by the mayor and health commissioner. Partly in response to this recommendation and with city government support, a nonprofit organization, Safehouse, was incorporated by former Mayor and Governor Ed Rendell and others to open an SIS. The organization was sued by the Justice Department in 2019 alleging that such a facility would violate the 1980s “crackhouse” statute of the Controlled Substances Act, but a federal district court ruled in favor of Safehouse. After an appeal by the Justice Department, in 2021 the Third Circuit Court of Appeals overturned the lower court’s decision in a 2-1 decision and the Supreme Court refused to consider Safehouse’s appeal.

The Biden Administration has adopted a somewhat different stance from the Trump Administration, and the Justice Department is now “evaluating supervised consumption sites, including discussions with state and local regulators about appropriate guardrails for such sites, as part of an overall approach to harm reduction and public safety.”¹⁴ According to Safehouse’s President, Jose Benitez, the Justice Department will be negotiating with Safehouse to settle the federal lawsuit that was initiated by the Trump Administration.¹⁵ It is likely that such a settlement would have national implications for how the Justice Department under the Biden Administration enforces federal laws that may pertain to Safe Injection Sites. Regardless of federal law enforcement, and despite considerable evidence supporting the effectiveness of SISs in preventing fatal overdoses and other harms, establishing SISs in the US will likely remain highly controversial and challenging at the local level.

Conclusion

There is a preponderance of evidence that Safe Injection Sites save lives, reduce the incidence of HIV and Hepatitis C, reduce public injecting and syringe litter, and increase access to treatment and health and social services for people who are at particularly high risk for overdose and other health and mental health conditions. Stigma towards individuals with an

addiction, negative moral judgments, misinformation, fear, community opposition, and legal barriers all create massive impediments toward establishing this controversial form of public health intervention. However, given the current opioid overdose crisis, the empirical research evidence of effectiveness, and the accelerating level of overdose deaths resulting from the various social and economic consequences of the COVID-19 pandemic, this type of response represents an important public health tool that is currently needed to help save the lives of some of the most at-risk, disadvantaged, and stigmatized people in the US.

Policy Recommendations

1. *Safe Injection Sites should be established:* Given the substantial evidence that Safe Injection Sites save lives and reduce other harms associated with addiction, and given the magnitude of the current overdose crisis, it should be not so much a question of *whether* SISs should be established but rather *how* to do so in the most effective way given the substantial legal and political barriers.
2. *Maximize community stakeholder input:* Community opposition represents a significant hurdle even if legal barriers are reduced or eliminated. Therefore, it is essential for SISs to maximize the inclusion of local community stakeholders in their early discussions and planning, involve local residents to serve on advisory and oversight boards, remain as sensitive to local neighborhood concerns as possible, and develop innovative strategies to overcome political and community opposition.
3. *Safe Injection Sites should be located where they can best serve the target population:* A great deal of consideration needs to be given to the location of where SISs should be established since they need to be proximate to those who are most likely to use them. It is unlikely that people who are at greatest risk for overdose will travel very far to use these facilities. In most cases, they should be located proximate to where there are high overdose rates and where public injecting is common.
4. *Safe Injection Sites should serve as gateways to other services:* Safe Injection Sites are likely to serve the

most marginalized and underserved people in urban areas—those who inject drugs, who lack housing, and who also may have a multitude of other health, mental health, and social service needs. Therefore, it is advantageous to have these facilities serve as a gateway to other low-threshold health and social services. Services such as wound care, access to addiction treatment and withdrawal management, housing assistance, and case management that are either provided on-site or nearby should be provided.

5. Resources should be devoted to research and evaluation: Although there has been substantial research on SISs conducted elsewhere, SISs still represent a new and controversial form of public health intervention in the US. Our knowledge about SISs is incomplete. Rigorous mixed methods evaluation studies should be incorporated as part of the planning process for establishing SISs. In addition to traditional outcomes research methods, implementation science and qualitative methodologies should be incorporated to improve our understanding of the impact of this intervention on participants and local communities and what organizational and service delivery models and strategies are most effective in implementing this type of intervention. In addition, establishing new SISs as time-limited, experimental interventions to be evaluated in response to a public health emergency may be more palatable to local political leaders in overcoming local opposition.

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