

BRINGING SAFER CONSUMPTION SPACES

TO THE UNITED STATES

A REPORT BY

AIDS
United

P
PROJECT
INFORM

ACKNOWLEDGEMENTS

Thank you to the staff and clients of the twelve agencies that hosted us and contributed to our research. We appreciate your hospitality, trust, and honesty. Your contributions made this a better report.


Thank you to the organizations and individuals that run programs and advocacy campaigns for safer consumption spaces.

Thank you to those that run unsanctioned safer consumption spaces. Your willingness to provide a safer space at personal risk is honorable.

We acknowledge and honor the hundreds of thousands of people we have lost to fatal overdose. We remember you. We love you.

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INTRODUCTION



SOURCE: Downtown Eastside, Vancouver, photo by Global Platform for Drug Consumption Rooms

There were an estimated 72,000 deaths from drug poisoning,¹ including both illicit and prescription drugs, in 2017, and in 2016, the CDC determined that people who inject drugs accounted for 9% (3,425) of HIV diagnoses in the United States² and approximately 68% of new hepatitis C infections, an epidemic in which new cases have grown 350% since 2010.³

Syringe services programs are shown to greatly reduce the transmission of HIV and hepatitis C by providing sterile syringes to people who inject drugs. These efforts, however, are not enough to stymie the steady rise of

overdose-related death in the United States. Research indicates that safer consumption spaces dramatically reduce fatalities,⁴ reduce infectious disease transmission,⁵ increase initiation of and retention in care (which leads to better long-term substance use treatment outcomes),⁶ and are cost effective.⁷

With the widespread non-medical use of opioids across many communities, the transition to injection drug use, and the resultant increases in overdose deaths, more attention and resources are dedicated to combating substance use and overdose than ever before. However, if the response is limited solely to traditional investments in treatment and law enforcement, it will

ultimately fail to adequately address the complex health and psychosocial needs of people who use drugs. A holistic, comprehensive approach to drug user health, prevention and social inclusion, which includes a spectrum of evidence-based prevention, treatment, and social services to maximize quality of life and health outcomes is necessary to properly address this crisis.

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AIDS United and Project Inform are both alarmed by the nation's drug poisoning crisis and the lack of an evidence-based response from the federal government.

¹ Ahmad FB, Rossen LM, Spencer MR, Warner M, Sutton P. Provisional drug overdose death counts. National Center for Health Statistics. 2018.

² Centers for Disease Control and Prevention

³ Centers for Disease Control and Prevention. (2018). Viral Hepatitis Surveillance United States, 2016.

⁴ Ng, J. Sutherland, C. and Kolber, M. (2017) "Does Evidence Support Supervised Injection Sites?" *Canadian Family Physician* 63.11: 866.

⁵ Milloy, M. and Wood, E. (2009), [Commentary] Emerging Role of Supervised Injecting Facilities in Human Immunodeficiency Virus Prevention. *Addiction*, 104: 620-621.

⁶ Tyndall, M. W. et al. (2006) Attendance, drug use patterns, and referrals made from North America's first supervised injection facility *Drug & Alcohol Dependence*, Volume 83, Issue 3, 193 - 198

⁷ Andresen MA, Boyd N. A cost-benefit and cost-effectiveness analysis of Vancouver's supervised injection facility. *Int J Drug Policy*. 2010 Jan;21(1):70-6.

The philanthropic field has a history of involving itself in matters where the federal government is slow to respond. This paper will provide an overview of the situation people who use drugs and syringe services programs currently face, the most significant barriers to legalizing safer consumption spaces, benefits of safer consumption spaces, and how and why the philanthropic community should step in to back organizations as they fight to provide lifesaving services the federal government refuses to support.

Several syringe services programs in the United States have been operating underground safer consumption spaces for many years, with varying sets of practical strategies. These range from minimal efforts of repurposing bathrooms to the full refurbishing of rooms, modeled after sanctioned safer consumption spaces in other countries.

In a brief survey of fifty syringe services programs conducted by AIDS United in early 2018, 24 reported they accommodate the use of drugs by participants, with accommodations varying from bathroom adaptations to off-site spaces organized by participants. As support for evidence-based approaches to drug use and drug policy continue to gain traction, many of these programs are looking to move these operations above ground and gain legal status.

Safer consumption spaces have significant evidentiary support for preventing and reducing drug-related harm and providing community benefits.⁸ Safer consumption spaces confer significant infectious disease and overdose prevention benefits to their participants^{9,10,11,12,13} and serve as an effective route for prevention and linkage to medical care for injection-related abscesses, bacterial infections such as endocarditis, HIV, and viral hepatitis.^{14, 15} Public drug injection, improper disposal of syringes and injection-related litter, and injection-drug-use-related crimes have all been shown to decrease in communities that house safer consumption spaces.^{16, 17, 18} When implemented as part of an integrated care delivery model, safer consumption spaces are extremely effective at linking participants to substance use treatment, mental health care, housing, and other social services.¹⁹

Finally, safer consumption spaces are cost-effective.^{20, 21} Insite, the only authorized safer consumption space in North America (Vancouver, Canada), saves nearly \$6 million annually through averted HIV infection alone;²² never mind cost

⁸ 1 Potier, C. e. (2014). Supervised injection services: what has been demonstrated? A systematic literature review. *Drug and Alcohol Dependence*, 145, 48-68.

⁹ Hagan, H. E. (2011). A systematic review and meta-analysis of interventions to prevent hepatitis C virus infection in people who inject drugs. *Journal of Infectious Diseases*, 204(1), 74-83.

¹⁰ Hagan H. T. (2001). Sharing of drug preparation equipment as a risk factor for hepatitis C. *American Journal of Public Health*, 91(1), 42-62.

¹¹ Milloy, M. e. (2008). Non-fatal overdose among a cohort of active injection drug users recruited from a supervised injection facility. *American Journal of Drug and Alcohol Abuse*, 34(4), 499-509

¹² Dolan, J. C. (2000). Drug consumption facilities in Europe and the establishment of supervised injecting centres in Australia. *Drug and alcohol review*, 19(3), 337-346.

¹³ de Jong, W. a. (1999). The professional acceptance of drug use: a closer look at drug consumption rooms in the Netherlands, Germany and Switzerland. *International Journal of Drug Policy*, 10(2): p. 99-108.

¹⁴ Lloyd-Smith, E. e. (2012). Determinants of Cutaneous Injection-Related Infections Among Injection Drug Users at an Emergency Department. *The Open Infectious Diseases Journal*, 6, 5-11.

¹⁵ Fink, D. e. (2013). Abscess and self-treatment among injection drug users at four California syringe exchanges and their surrounding communities. *Substance Use & Misuse*, 48(7), 523-5310

¹⁶ Beletsky, L. e. (2011). The roles of law, client race and program visibility in shaping police interference with the operation of US syringe exchange programs. *Addiction*, 106(2), 357-365. Wolf, J. L. (2003). Drug consumption facilities in the Netherlands. *Journal of Drug Issues*, 33(3), 649-661.

¹⁷ Wood, E. e. (2006). Service uptake and characteristics of injection drug users utilizing North America's first medically supervised safer injecting facility. *American Journal of Public Health*, 96(5), 770-773.

¹⁸ Wolf, J. L. (2003). Drug consumption facilities in the Netherlands. *Journal of Drug Issues*, 33(3), 649-661.

¹⁹ Tyndall, M. e. (2006). Attendance, drug use patterns, and referrals made from North America's first supervised injection facility. *Drug and Alcohol Dependence*, 83(3), 193-198.

²⁰ Jozaghi, E. A. (2013). A cost-benefit/cost-effectiveness analysis of proposed supervised injection facilities in Montreal, Canada. *Substance Abuse Treatment, Prevention, and Policy*, 8(1), 25-32.

²¹ Jozaghi, E. e. (2014). A cost-benefit/cost-effectiveness analysis of proposed supervised injection facilities in Ottawa, Canada. *Substance Abuse Treatment, Prevention, and Policy*, 9(1), 31.

²² Andresen MA, Boyd N. (2010). A cost-benefit and cost-effectiveness analysis of Vancouver's supervised injection facility. *Int J Drug Policy*. 2010 Jan;21(1):70-6.

savings from reduced emergency department utilization, increased insurance coverage, and increased connection to social services. Impact studies in some U.S. cities predict even higher savings.²³

Safer consumption spaces are strategically aligned with the integrated, comprehensive services delivery framework called for in the Department of Health and Human Services' 2016 implementation guidance for using federal funds for syringe services programs.²⁴ Safer consumption spaces, particularly if integrated or co-located within a harm reduction service



SOURCE: Medically Supervised Injecting Centre, Kings Cross, Sydney, Australia

organization, can provide direct access to medical care for people who use drugs who may be at high risk within a comfortable and accessible space. Safer consumption spaces represent prime “outreach” to people who use drugs and offer an initial contact point to a host of medical, behavioral, and structural health interventions. Safer consumption spaces allow for clinical contact to a population that has historically underutilized medical services due to stigma and fear of discrimination and offer the opportunity to extend the benefits of a “medical home” to people who use drugs.

Unfortunately, the federal government has a history of opposition to harm reduction.

There are no sanctioned safer consumption spaces in the United States, but people who use drugs and their advocates are building a significant movement toward opening safer consumption spaces in several U.S. cities and towns. A safer consumption space operating underground has the ability to initiate services quickly and avoid community opposition. A constructive consequence of operating without sanction is that participants of underground, invitation-only spaces share in the responsibilities of operating the site and have meaningful involvement in decision-making.^{25 26} However, legality would allow for improvements in integration with other services, increased safety and protection from legal consequences for participants and staff, and broader community investment.

Unfortunately, the federal government has a history of opposition to harm reduction, including to syringe services programs long after evidence made clear that such programs reduce the incidence of HIV while not increasing drug use. Already, the U.S. Department of Justice has made their opposition to safer consumption spaces clear. AIDS United and Project Inform are calling on private philanthropy to step in and support organizations working to implement and legalize these life-saving services.

²³ Irwin A1,2, Jozaghi E, Weir BW, Allen ST5, Lindsay A, Sherman SG. Mitigating the heroin crisis in Baltimore, MD, USA: a cost-benefit analysis of a hypothetical supervised injection facility. *Harm Reduct J*. 2017 May 12;14(1):29.

²⁴ Department, of Health and Human Services. (2016). Implementation Guidance to Support Certain Components of Syringe Services Program.

²⁵ Kral, Alex H. et al. (2017) Addressing the Nation's Opioid Epidemic: Lessons from an Unsanctioned Supervised Injection Site in the U.S. *American Journal of Preventive Medicine*, Volume 53, Issue 6, 919 - 922.

²⁶ Davidson PJ, Lopez AM, Kral AH. Using drugs in un/safe spaces: Impact of perceived illegality on an underground supervised injecting facility in the United States. *Int J Drug Policy*. 2018 Mar; 53:37-44.

METHODS

AIDS United and Project Inform produced this paper to develop practical strategies for providing funding to and advocating for legally sanctioned safer consumption spaces that focus on the leadership and needs of people who use drugs. In July 2016, AIDS United's Public Policy Council released the first statement in support of safer consumption spaces of its kind among national HIV/AIDS policy organizations. Then, AIDS United was among several organizations who sponsored the Project Inform-led think-tank on safer consumption spaces, held in Baltimore in 2016. AIDS United's relationships with harm reduction-oriented organizations, through its Capacity Building Assistance program, Syringe Access Fund, and Public Policy Council membership, places it in a strategic position to inform the funding and advocacy landscape of safer consumption spaces in the United States.

AIDS United and Project Inform conducted thirteen interviews with fifteen staff members and fifteen clients at twelve agencies that provide services to people who use drugs and/or advocate for safer consumption spaces, from seven regions of the U.S.

Hour-long interviews were conducted with a loose structure that fostered discussion around four main topics:

- types of safer drug use accommodations fostered within the organization,
- funding for safer consumption spaces and advocacy,
- meaningful involvement of people who use drugs, and
- legalization of safer consumption spaces.

The questions were designed to determine whether safer consumption practices were occurring on site:

- how an organization handles allocating funding to make accommodations for safer drug use consumption,
- how involved participants are in the process of running safer consumption and/or advocating for safer consumption policies, and
- whether staff and clients felt legalization was the most effective route.

HIGHLIGHTS



13 Interviews



15 Staff



15 Clients



12 Agencies



7 Regions



6 Agencies Ready to Implement



4 Agencies Facing Barriers



2 Agencies are Advocacy Only

FOCUS ON

1. Safer drug use accommodations
2. Funding for services & advocacy
3. Meaningful involvement of people who use drugs
4. Legalization advocacy

The identities of the programs and individuals interviewed are confidential out of respect for the need for privacy and anonymity that arises from the ongoing criminalization of people who use drugs and the sometimes-precarious position of syringe services programs in the current political landscape. For the purposes of this paper, we utilize the World Health Organization's classification of police brutality as a form of violence, and the definition of violence itself as:

“the intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community that either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment or deprivation.”²⁷

Further, the accounts of police brutality that were discussed as part of the interviews are best characterized within the physical, sexual, and psychological types of violence that arise from relentless stop and frisks and militarized policing, especially SWAT teams. Some interviewees also described a fourth type of violence – the violence of neglect – as it relates to the shift in resources toward drug-related offenses that results in certain crimes receiving less attention when neighborhoods are characterized as drug hotspots.²⁸

Many of the agencies interviewed are considered thought leaders on harm reduction, as they were leaders in establishing syringe services programs since the 1990s. The agencies have been operating for an average of 17 years, ranging from one year to nearly 30 years.

The sampled regions represent rural and urban areas affected heavily by drug overdose and transmission of injection-related infectious diseases, in particular HIV and viral hepatitis. Five of the seven regions experienced statistically significant increases in the drug overdose rate from 2015 to 2016, with a total combined drug-related death rate above the national average (21.12 drug related deaths per 100,000; national rate is 19.69).²⁹ The HIV prevalence rate is an average of 663.2 per 100,000 — much higher than the national average of 362.3.³⁰ The cohort's average 12.6 estimated acute hepatitis C cases per 100,000 is below the national average of 13.9.³¹ However, those interviewed work specifically within communities with rising rates of hepatitis C. Nationally, hepatitis C infection increased about 3.5-fold from 2010 through 2016, reflecting rising rates of injection-drug use.

The interviews explored the agencies' roles in the movement to establish authorized safer consumption spaces in their regions. Six of the agencies are well positioned to transform or add to their existing syringe services programs to establish safer consumption spaces within the next year. Four face significant barriers to operationalizing such a facility, due to lack

²⁷ Krug, E.; Dahlberg, L.; Mercy, J.; Zwi, A.; Lozano, R., editors. World Report on Violence and Health. World Health Organization; 2002.

²⁸ Cooper, Hannah. War on Drugs Policing and Police Brutality. *Subst Use Misuse*. 2015; 50(8-9): 1188–1194. doi:10.3109/10826084.2015.1007669.

²⁹ Centers for Disease Control and Prevention. (2016). Underlying Cause of Death, Detailed Cause of Death data and includes ICD-10 codes X40-X44, X60-X64, X85, and Y10-Y14.

³⁰ Centers for Disease Control and Prevention. (2015) Estimated HIV incidence and prevalence in the United States, 2010–2015. HIV Surveillance Supplemental Report 2018;23(No. 1).

³¹ Centers for Disease Control and Prevention (2016) Estimated number of acute (newly diagnosed) cases of hepatitis C in one year, per 100,000 population, calculated from CDC reported cases



SOURCE: Berlin, Germany, Photo by Santiago Perez

of physical space and lack of approval of internal and external decision makers. Two others are agencies that advocate for the authorization and implementation of safer consumption spaces but that are not service providers.

Interview notes and transcripts were studied, and three areas of focus were identified, including background issues, barriers to implementing evidence-based harm reduction strategies, and benefits to implementing safer consumption spaces as a piece of a broader harm reduction approach. Categories were identified within each of the three focus areas: Background issues are organized into subject matter related to drug-related overdose, infectious disease consequences, less safe injecting practices, and ineffective use of public funds. Barriers to implementation of safer consumption spaces were mainly categorized by community buy-in, legality, and funding. Benefits included increased safety at the individual level, increased safety at the community level, and addressing drug-related stigma, all with additional subsections. Each interview transcript was assigned three subject matter areas with primary, secondary, and tertiary-weighted values, according to their importance to the interviewee. The highest-weighted subject matter areas from all interviews combined are explored in this report. Find the breakdown of subject matter content and weighted values in the appendix.

Additional information was sought from subject matter experts on public health law, people who have used drugs in safer consumption spaces, and people who have provided funds to agencies operating safer consumption spaces. Interviews with subject matter experts were not included in developing the data analysis. However, quotes are included from subject matter experts where their expertise provides context.

BACKGROUND

When asked to describe the situation faced by people who use drugs and syringe services programs in their regions, interviewees discussed rising overdose rates, ineffective testing and treatment of infectious diseases, less safe drug consumption practices, and ineffective and inefficient use of public funds, such as for ambulatory and emergency services.

Background issues were organized into subject matter related to drug-related overdose, infectious disease consequences, less safe injecting practices, and ineffective and inefficient use of public funds.

The problem area that was discussed in nine interviews and identified as a top priority in five of the interviews was the ineffective and inefficient use of public funds. Interviewees described a lack of funding dedicated toward increasing the quality of life and survival of

The annual cost of the country's opioid crisis has increased from \$29.1 billion in 2001 to an estimated \$115 billion in 2017.

people who use drugs, while their regions face increasing costs of emergency medical services, including ambulatory, emergency department services, reactive medical care, and detoxification and drug treatment programming. Indeed, according to analysis released by Altarum, a nonprofit health research institute, the annual cost of the country's opioid crisis has increased from \$29.1 billion in 2001 to an estimated \$115 billion in 2017.³²

Interviewees pointed to the public health care cost savings when comparing harm reduction services to reactive care, and they emphasized impact studies that show the costs savings of safer consumption spaces implementation. For example, a report commissioned by the City of Philadelphia estimated annual savings of one safer consumption space to be between \$1,512,356 and \$1,868,205 related to hospitalization for skin and soft tissue infections, \$123,776 from ambulance costs, \$280,683 from a reduction in hospital emergency department utilization, and \$247,971 from reduced hospitalizations. The total value of overdose deaths averted was found to be between \$12,462,213 and \$74,773,276 annually.³³

If harm reduction services help reduce the cases of endocarditis, then the savings can be available to repay an investment in safer consumption spaces on behalf of the public.

One subject matter expert noted that social impact bonds are a viable way to finance harm reduction services through savings in hospital costs, especially those costs associated with infective endocarditis. For example, in a study that examined a nationally representative sample of U.S. inpatient hospitalizations,

hospitalizations related to opioid abuse/dependence with associated serious infection both significantly increased from 2002 to 2012, from 3,421 to 6,535. Correspondingly, inpatient charges have almost quadrupled over the same period, reaching more than \$700 million in 2012. The study found that Medicaid was the most common primary payer for both

³² Rhyan, C. (2017). The Potential Societal Benefit of Eliminating Opioid Overdoses, Deaths, and Substance Use Disorders Exceeds \$95 Billion Per Year. Altarum.

³³ Abernathy, B., Gladstein, E., Farley, T., and Jones, D. (2018). Report on Exploratory Site Visits for Comprehensive User Engagement Sites (CUES). The City of Philadelphia.

types of hospitalizations, characterizing the financial burden on the healthcare system as one of the more serious downstream complications of the opioid crisis.³⁴ If harm reduction services help reduce the cases of endocarditis, then the savings can be available to repay an investment in safer consumption spaces on behalf of the public.

Ineffective and inefficient use of public funds was not limited to public health costs. Rather, many interviews discussed their region's funding prioritization of the criminal/legal system and lack of coordinated support systems for education, food, jobs, housing, and other survival needs. The role of gentrification in

"We are talking about deep, historical racial tension in this city. You can go to the outskirts of the city that are 100% Black generationally and they have no resources, or the only resource is a for-profit methadone clinic."

"pushing people aside" was used to describe the situation being faced in a predominantly Black city: "We are talking about deep, historical racial tension in this city," the interviewee described, "you can go to the outskirts of the city that are 100% Black generationally, and they have no resources, or the only resource is a for-profit methadone clinic."



SOURCE: Vancouver VANDU Drop-In, Photo by: Global Platform for Drug Consumption Rooms

³⁴ Ronan MV, Herzig SJ. (2016). Hospitalizations related to opioid abuse/dependence and associated serious infections increased sharply, 2002–12. *Health Aff (Millwood)*; 35:832–7.

The second most significant problem described in the interviews was the issue of less safe injection practices. Less safe injection practices cover a wide array of issues, including public injecting, needle litter, solitary consumption, and consuming in public bathrooms that are not designed for safer drug consumption. Twelve of the thirteen interviews described the unregulated use of bathrooms as a priority in their push to legalize safer consumption spaces. Ten of the thirteen interviews identified public injection as a priority. An interviewee describes this situation,

“There was an incident in the bathroom a couple weeks ago. A guy was coming out of the bathroom and fell backwards and hit his head on the door. The staff arrived immediately and distributed naloxone. I was so proud to say that I am a part of this.”

We are very conscious of talking about the fact that we are a syringe service provider and acting responsible by monitoring our bathrooms because we think it would be a tragedy if someone died here. But we tell them [community members and legislators] there are injection sites all over, they are called public bathrooms and parks and alleys. They exist, and we want them [bathrooms, parks, and alleys] to be monitored and we believe in creating appropriate policies that help keep people safe.

A common theme throughout the discussion on less safe injection practices was the overdose risk present when an individual uses a service agency bathroom, public bathroom, or public space to consume drugs. Opioids — prescription and illicit — are the main driver of fatal overdoses in the United States, according to the CDC, and were involved in 49,068 deaths.³⁵ CDC data shows that from 2002-2017 there was a 4.1-fold increase in the total number of deaths from opioid overdose. Staff and participant interviews demonstrated a similar crisis and highlighted the influx of fentanyl and carfentanil in the drug supply that contributes to rising fatal overdose rates.



SOURCE: Medically Supervised Injection Centre at Kings Cross, Sydney, Australia

Interviewees recognized that people who use drugs would do so in a service provider’s bathroom, despite a prohibition against on-site drug consumption, because they felt safer and knew their life could be saved among staff or peers at that organization. According to one participant, there is a level of pride with being connected to an agency willing to risk their funding, status in the community, and livelihood, “There was an incident in the bathroom a couple weeks ago. A guy was coming out of the bathroom and fell backwards and hit his head on the door. The staff arrived immediately and distributed naloxone. I was so proud to say that I am a part of this.”

³⁵ National Center on Health Statistics, CDC WONDER <https://www.drugabuse.gov/related-topics/trends-statistics/overdose-death-rates>

One consequence of public injecting is the problem of improperly discarded syringes and other related injection equipment, also known as syringe litter. Many syringe services programs attempt to address this problem by providing small biohazard containers to participants and volunteers, so they can pick up and properly dispose of used syringes. This action, however, is a reactive solution to public injection, which led one interviewee to identify addressing public drug use and syringe litter in their communities as a top priority and four others listed it as a secondary or tertiary priority. One participant that was interviewed summed up the situation simply by saying, “If there was a safer consumption space, a lot of the syringes wouldn’t be in the street either.”

Public injecting also has consequences on the health and safety of the people injecting publicly. According to a 2006 study,³⁶ people who inject in public locations are two to five times more likely than those who inject in private residences to share syringes and other injection supplies, leading to increased risk of blood-borne infections such as viral hepatitis and HIV. In describing the challenges of public injection, one interviewee said, “Users are cognizant of not wanting to be

“If there was a safer consumption space, a lot of the syringes wouldn’t be in the street either.”

completely obscured from view, so they can be revived if they overdose, but they also must be shielded from police, from having their stuff stolen, and they feel personally responsible of not being visible to children.” Participants had

experienced victimization as a result of theft and police harassment when publicly injecting, and this high-risk public use demands that individuals rush the injection process, which can lead to injury or further harm.



SOURCE: Vancouver Downtown Eastside informal pop-up, Photo by: Global Platform for Drug Consumption Rooms

³⁶ Rhodes, T., Kimber, J., Small, W., Fitzgerald, J., Kerr, T., Hickman, M., & Holloway, G. Public injecting and the need for ‘safer environment interventions’ in the reduction of drug-related harm. *Addiction*, 101(10), 1384-1393, 2006.

Ten of the interviews included discussion on housing vulnerability and street homelessness in relation to public drug use and/or unregulated use of bathrooms for drug consumption. Housing was a secondary or tertiary priority issue in five interviews with one participant noting, “The rates of homelessness are increasing, and people do not have a private space to use.”

“The rates of homelessness are increasing, and people do not have a private space to use.”

Some people who are experiencing unstable housing rely on homeless encampments for community and a consistent place to rest and store belongings. Some interviewees described situations where people living in homeless encampments were forcibly removed by law enforcement and even arrested. The displacement of people living in homeless encampments leads to people moving into parts of a city where syringe services are not established and semi-public locations for consuming drugs are unknown, leading to an uptick in public injecting and syringe litter.

One interviewee described a situation in their city where the displacement of people living in a homeless encampment also led to an increase in fatal overdose rates. As people migrated to new areas of the city, they no longer had access to syringe services programs they relied on for life-saving services, including Naloxone distribution. Participants who had once utilized their services were now fatally overdosing because of being displaced from their encampment.

In addition, lack of training for people who use drugs as peer service providers and a lack of access to culturally sensitive medical personnel was identified as a secondary or tertiary priority issue in three interviews. In conceptualizing safer consumption spaces, ten of the thirteen interviews conceived of safer consumption spaces as being supervised by medical staff or operating concurrently with medically-staffed clinics on-site. Interviewees expressed concerns about identifying medically-trained individuals with the cultural humility to provide non-coercive and compassionate care to people who use drugs at a safer consumption space.

There were additional concerns about meaningful involvement of people who use drugs who may face additional barriers to medical licensing and may be marginalized from jobs at a safer consumption space. Participants at one site noted that this is one of their primary concerns around the legalization of safe consumption, saying,

We have a community feeling here and that lets everyone have a contextual experience because people are friends and look out for each other. This helps address stigma because you can be yourself here and get away from the nonsense that happens outside. One of my worries would be that a publicly funded site would be focused more on moving people in and out as efficiently as possible, rather than making people feel like they are cared for and seen.

“There is a lot of stigma with people who are visually too dirty and have had no stable jobs. A lot of participants do not get benefits, so it would be nice to create a system that complements their lifestyle; a system where we could provide a service to keep them employed and help them gain skills and eventually better positions.”

The desire to have community members design and operate sites was shared widely by interviewees. There was a shared sense that decades of lived experience qualified participants in ways beyond formal medical training, with one interviewee saying, “There is a lot of stigma with people who are visually too dirty and have had no stable jobs. A lot of participants do not get benefits, so it would be nice to create a system that complements their lifestyle; a system where we could provide a service to keep them employed and help them gain skills and eventually better positions.”

At a small program that trains and hires peer specialists for most positions, an interviewee expressed concerns about staffing a safer consumption space that would be expanded off-site from their syringe services program, “My understanding is we will

have to hire a whole crew and it hopefully won’t take our services staff away. Some of our services staff will want to go work on the safer injection facility; I don’t know if registered nurses are gonna want to.”



SOURCE Barcelona Interior C, Spain, Photo by: Delphine Vaisset

BARRIERS

Barriers to implementation of safer consumption spaces were mainly categorized by community buy-in, legality, and funding. At present, all those interviewed are advocating for authorization of safer consumption spaces. In addressing legal barriers to safer consumption spaces, advocates aim to reach decision-makers and community members and to broaden public support. In order to cultivate favorable public opinion enough to implement authorized safer consumption spaces, interviewees agreed that the spaces are likely to include medical personnel and research components, which come at a relatively high cost.

Legality is the main barrier that service organizations and advocacy groups are currently navigating in their process to authorize safer consumption spaces. In seven interviews, the prospect of police interfering with a safer consumption space is a primary or secondary concern. While cities or states may authorize the operations of safer consumption spaces, law enforcement would still be responsible for enforcing state and federal possession and trafficking laws.

One interviewee described this conflict by saying,

Currently, law enforcement is not too bad, but we do have undercover police come into the exchange and who position themselves across the street to watch who is coming in and accessing services. We have had participants ticketed for jaywalking and others who are harassed for looking street homeless. A top priority is securing a commitment from law enforcement that they will not come after people accessing the safer consumption space.

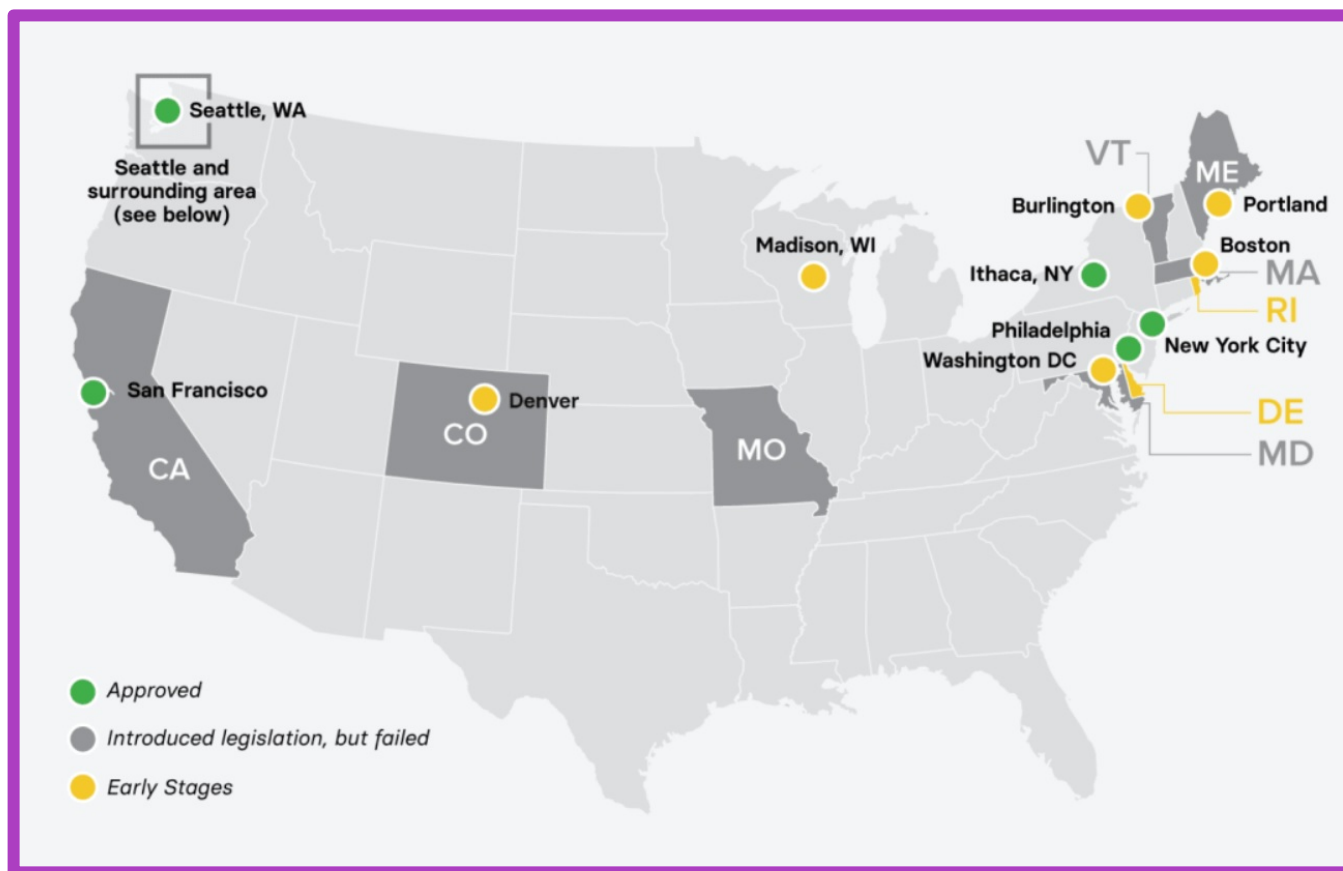
Legislative authorizations were secondary or tertiary issues for five interviewees. Interviewees prioritize policies and procedures that keep safer consumption spaces low barrier for people who use drugs, while still protecting the agencies and their clients from crimes under the Controlled Substances Act. Agencies also hope to protect their clients from drug possession charges when coming to and from a safer consumption space. For one interviewee, the main issue was protecting staff from arrest and from discipline by professional licensing boards, “There is a fear among our lawyers that federal authorities will seize our property or revoke the medical licenses of our staff. The board of health may be able to deputize the people who are working at the site as health agents sanctioned by the city, which would give them additional protection.”

“There is a fear among our lawyers that federal authorities will seize our property or revoke the medical licenses of our staff.”

Eight of the thirteen interviewees described advocating for legislative authorizations of safe consumption spaces in their areas. Indeed, states have the authority to act on matters of public health and, depending on local government design, states may delegate their power to enact measures to preserve and protect safety, health, and welfare of the public to municipalities.

State legislators have introduced authorizing bills in California, Colorado, Maine, Maryland, Massachusetts, Missouri, and Vermont. Cities like San Francisco, Ithaca, New York City, Denver, and the county-city governments of King County (Seattle) and Philadelphia have also acted to authorize safer consumption spaces.

Other regions are in the early stages of discussing safer consumption spaces, like Boston, MA, Burlington, VT, Delaware, Madison, WI, Portland, ME, Portland, OR, Rhode Island, and Washington, DC. With such state or local authorizations in place, safer consumption spaces would be protected by law from state or local police interference.



SOURCE: Safe Injection Site Proposals. Ben Kothe / BuzzFeed News³⁷

State or local law, however, may not protect a safer consumption space from interference by federal law enforcement agencies.³⁸ In seven of the interviews, the Controlled Substances Act, and in two interviews, Section 856 of the Controlled Substances Act, the Crack House Statute, were predicted to be used against a safer consumption space. Interviews revealed that the legal team of a safer consumption space is expected to prepare a defense in case this violation is alleged.

³⁷ Ghorayshi A. (2018) The Feds Say Safe Injection Sites Are Illegal. Here Are All The Places Considering Them Anyway. BuzzFeed News. <https://www.buzzfeednews.com/article/azeenghorayshi/safe-injection-site-proposals-map>

³⁸ George, S. (2018). Statement of the U.S. Attorney's Office concerning Proposed Injection Sites. The United States Attorney's Office, District of Vermont.

Four interviews discussed lessons learned from medical marijuana, explaining that federal interference is unlikely and oversteps state's rights. Another defense would question Congress's intentions behind the Crack House Statute. One subject matter expert commented, "Section 856 as applied to a health facility is not direct. One could argue that it is unclear, and that Congress should not interpret this law as overcoming a state law."

Further, Congress recently proposed but did not enact a ban on federal funding for safer consumption spaces. "This language," said a subject matter expert, "allows you to make a footnote argument in a brief: Congress obviously believes it is legal to open a safer consumption space, otherwise they wouldn't attempt to include language to stop federal funds from going towards paying for it."

The second highest priority barrier to safer consumption spaces is community buy-in. According to two recent public opinion polls, the majority of Americans oppose safer consumption spaces. In July 2018, a POLITICO-Harvard T.H. Chan School of Public Health poll on "Americans' Views on Policies to Address Prescription Drug Prices, the Opioid Crisis, and Other Current Domestic Issues" found 56% opposed safer consumption spaces, believing these programs send the message that it is alright to use injectable drugs and encourage riskier behaviors because people know someone will step in to save their life. Another poll from June 2018 by Johns Hopkins Bloomberg School of Public Health study found 71 percent of respondents opposed legalizing safer consumption spaces in their communities.



SOURCE: Photo by Mikola De Roo for Housing Works.

Significant public education and advocacy campaigns are underway in order to influence community buy-in of the safer consumption spaces, and messaging is being refined. In the same Johns Hopkins study referenced above, public approval for safer consumption spaces shifted significantly when the name was changed to "overdose prevention sites," where 45% of those surveyed approved of them and only 55% opposed.

While the agencies interviewed play differing roles in the public education process — some are advocacy organizations and others are service providers — nearly all recognized that media attention, community meetings, and informational resources were valuable efforts. Four of the interviews recognized that "not-in-my-backyard" or "NIMBY" attitudes were a major barrier to receiving public support, and one interview identified their region's favorable attitudes toward law enforcement as the number one hurdle.

The need for furthering education was identified both for the general public and within the interviewees' harm reduction communities: one interviewee said that members of their syringe services program and affiliated advocacy programs were ready for safer consumption spaces, but that they were hesitant to open up to neighbors, the business community, and regional stakeholders about the new initiative. When it comes to community meetings, the interviewee said, "We plan ahead to deal with major opposition. We decide which of our supporters will come with us and who will say what. Then, the opposition will get rational and say, 'okay we'll give this a try.'"



SOURCE: Vancouver Insite, photo by Laura Thomas, Drug Policy Alliance

Meanwhile, one service provider said they were well positioned with the support of community leaders, the business community, law enforcement officers, and other first responders, but that participants in their program experienced fear of the program's heightened attention and hesitancy about changing the space. "Some of the participants have been to Insite in Vancouver and they tell everyone else about it. They think we will be really popular," the interviewee continued, "and they want us to be small and theirs. Change is hard for a lot of people."

"Even if legalized [safer consumption spaces] tomorrow, for police, it would be like fish in a [barrel]."

Another interviewee identified that the conversation is not ripe for proposing a safer consumption space yet. This interview raised community organizing around structural violence — mass incarceration, the war on

drugs, racism, and poverty — as a foundational priority, which must come before the implementation of a safer consumption space. The interviewee said, "we are not solely focused on legalization. It is not our end goal. Just as important, if not more important, is community level support for such spaces because we want to avoid NIMBY issues, and the violent police interactions that are unique to us. This is a unique city: a large portion of the city is under parole and probation and has a relationship to the criminal-legal system. Even if legalized [safer consumption spaces] tomorrow, for police, it would be like fish in a [barrel]."

Given the widespread concern about police interference, interviewees discussed compromises to consider in garnering the community buy-in of law enforcement. On a practical note, law enforcement officers are likely to appreciate the public safety benefits of a safer consumption space in their communities because, after implementation, safer consumption spaces have led to fewer calls for services — police or ambulance — related to drug disturbances.

"We plan ahead to deal with major opposition. We decide which of our supporters will come with us and who will say what. Then, the opposition will get rational and says, 'Okay, we'll give this a try.'"

When a safer consumption space is still theoretical, however, law enforcement may not have reason to support one. Interviewees who named supportive law enforcement officers were also able to name those who oppose. According to one interviewee in a rural region, some law enforcement officers considered safer consumption spaces as a solution to

the problem of driving while intoxicated. “There have been a couple of high-profile incidents of people overdosing while driving. A lot of people have encountered inebriated drivers, and it’s hard to be against getting inebriated drivers off the road. It [safer consumption space discussion] is another way to engage a

community of people that are quite isolated, to get people from injecting in public domain and into safe places.”

“[Safer consumption space discussion] is another way to engage a community of people that are quite isolated, to get people from injecting in public domain and into safe places.”

Others noted that law enforcement was generally opposed. The approach of not intervening when people consume illicit drugs requires a paradigm shift in the law enforcement role. One service provider in an urban setting said they were considering a compromise, “It is not ideal [to compromise with law enforcement], but we needed something that would win favor with local police.”

When subject matter experts were asked whether they would elect to use the services of a safer consumption space that compromised with law enforcement, three offered a resounding “no,” while the fourth said if the service providers were trusted, then yes.



SOURCE: Oslo, Norway photo by Global Platform for Drug Consumption Rooms

All interviews discussed particularities regarding funding for safer consumption spaces. Interviewees agreed that legal safer consumption spaces come with high costs because they are regarded as requiring licensed professionals on-site.

“The state needs to be on the hook to fund these things [safer consumption spaces], but you need someone to put up the money in the beginning, and then the state comes in and funds them after a couple years.”

Finding appropriate liability insurance coverage and negotiating rental agreements with landlords were identified as potentially costly concerns relating to implementation. Further, some programs expect they will be unable to access public funds early in the implementation process. One interviewee said, “the state needs to be on the hook to fund

these things, but you need someone to put up the money in the beginning, and then the state comes in and funds them after a couple years.” Thus, the costs associated with medical personnel and the concern around accessing philanthropic monies are identified in the interviews as the major funding barriers. “When you look at the budget to run a safer consumption space,” said one interviewee, “operationalizing these spaces is expensive! You don’t want to make it so that a safer consumption space can’t operate because the funder is sucking up all the money with administrative fees. I tell

one of our funders, ‘it is great that you are funding people, but if you are funding at \$50,000 and what’s needed is \$500,000, you aren’t really accomplishing anything.’”

In one interview, the lack of funding for community organizing was identified, and in almost all others, service providers were splitting their time between providing other services and advocating for safer consumption spaces,

Right now, 50% of my time is spent on this project. Our board is not saying not to spend time on this, they are saying be cautious because you have 12,000 participants in other services. Two of our staff work on the safer consumption space for the protection of the rest of the organization. We have to find additional support on this [so] it doesn’t take away all the other responsibilities I have.

Said one interviewee,

How privileged it is that I have a job where I only focus on advocating. It gives me the time to be intentionally working with people who are peers, with people who are in limited jobs. I am trying to get them skills to move into more permanent roles. That relationship building is happening around the advocacy. Folks doing syringe access have different relationships with folks [regarding the relationship between service providers and clients].

Another also shared this feeling,

I’m lucky because I have a good staff. They were all volunteers and now they’re paid, and we have the organization’s ‘moms’ [volunteers who support staff and participants with food and other help], so I am able to break away and do the legislative work. For me, prioritizing [legislation] is simple.

BENEFITS

Safer consumption spaces are expected to significantly increase safety at the community and individual levels, but the greatest benefit identified in the interviews is in addressing drug-related stigma. Interviewees challenged the criminalization of people who use drugs and the medicalization of drug use, arguing that a safer consumption space is a place where people who use drugs can engage in nonjudgmental community support.

“Safe consumption spaces have the power to strip a lot of the shame and stigma involved in using [drugs]. Isn’t that what keeps us sick anyway? The shame and disconnect from everything,” said one interviewee.

The role of addressing drug-related stigma was paramount in five of the interviews, and in six others the benefit was more specifically linked to a physical space that fosters emotional wellbeing. Interviews often focused on the notion of a safe space where people who use drugs can use under the supervision of a noncoercive service provider, safe from dying of overdose or incurring injury from injection.

“Participants say ‘if this had been available before, then I would not have been HIV positive, or then my mother would not have died,’” said one service provider, who continued, “When participants hear about these things [safer consumption spaces], they see how much we are with them, understanding them.”

Further, interviewees identified that safer consumption spaces would increase training and employment opportunities for people who use drugs and change the way communities view drug users.

Interviewees identified a variety of public health benefits that would come from safer consumption spaces, with an overall high expectation that these spaces would increase community safety. Five interviews identified that, above all else, safer consumption spaces would link more people to nonmedical supportive services, and two prioritized engagement in health care, with one staff member saying,



Increased safety at community level



Increased safety at individual level



Addressing drug-related stigma



Safe space



Job opportunities



Community support



Better for businesses



Care & services



Less demand on 911



Less police harassment



Less rushing



Increased survival

Everything is not about drug use. People who are using drugs need to take care of themselves. There are other things going on in their lives. They need case managers, housing assistance, and HIV/HCV testing. In a safer consumption space, you will have all these things in one location, including linkage to care and going to court with people to advocate on their behalf, education, substance use counseling, and holistic healing. There are things outside of drug use that people need assistance with and that are important to the operation of a safer consumption space.

Two interviews prioritized the benefits of safer consumption spaces on the business community, stating that fewer nearby businesses would witness drug overdoses and find injection equipment on their properties. One interviewee said, “Businesses were unexpected allies. About 50 local businesses signed up to join the business coalition that advocates for safer consumption spaces in our city.”

Another interview suggested that the main benefit to safer consumption spaces was reduced demand on law enforcement and first responders, due to less public drug

“Businesses were unexpected allies. About 50 local businesses signed up to join the business coalition that advocates for safer consumption spaces in our city.”

consumption and fewer drug overdoses. Another interview suggested there would be greater access to testing and treatment of infectious disease and another prioritized reduced public spending on reactive care, such as hospitalization for endocarditis or long-term treatment of HIV or viral hepatitis. Tertiary benefits included reduction in crimes related to drug use and a decrease in driving while intoxicated.

Safety on the individual level was also identified as a major benefit to safer consumption spaces. A major theme within the interviews was the intersection of time and safety. People who use drugs indicated experiences of police violence and



SOURCE: Strasbourg Ville, Germany, photo by Global Platform for Drug Consumption Rooms

of being robbed or harassed on the street, as part of a pattern of feeling rushed. Interviews suggested that a safer consumption space represents a unique opportunity for interrupting anxiety about time and danger. Four interviews prioritized the benefit of preventing drug-related overdose deaths on-site and reducing the rates of overdose death community-wide, and two interviews suggested safer consumption spaces would afford increased access to survival and peace of mind.

SOLUTIONS

Evidence from over 100 sites in Australia, Europe, and Canada supports safer consumption spaces as an intervention that seeks to address drug-related harm and aims to provide community benefits. People who use drugs are allowed to bring their drugs into a space and consume drugs under the supervision of trained staff, who are equipped to provide harm reduction-focused help and offer social and medical services. Peer reviewed studies show that safer consumption spaces lower fatalities, hospitalizations, and transmission rates of infectious diseases; increase the number of people who access substance use treatment and do not increase crime or drug use³⁹.

Across the United States, increasing rates of injection drug use demand a holistic, comprehensive approach to drug user health and prevention. Some regions are newly implementing syringe services programs, while others are ready to transform their decades-old programs into safer consumption spaces. As early as July 1991, the National Commission on AIDS prepared a report for the federal government that outlined the relationship between the AIDS epidemic and substance use, stating,

“The federal government’s strategy of interdiction and increased prison sentences has done nothing to change the stark statistics...Despite this insidious and indisputable link between substance use and HIV infection, the Office of National Drug Control Policy continues to virtually ignore it, and neglect the real public health and treatment measures which could and must be taken to halt the spread.”⁴⁰

³⁹ Potier, C; Lapr v te, V; Dubois-Arber, F; Cottencin, O; Rolland, B. Supervised injection services: What has been demonstrated? A systematic literature review, Drug and Alcohol Dependence, Volume 145, 48-68, 2014.

⁴⁰ National Commission on Acquired Immune Deficiency Syndrome (1991). Full Report: The Twin Epidemics of Substance Use and HIV.



SOURCE: Copenhagen, Denmark, Photo by Kasper Løftgaard
ready for treatment.

“We meet regularly with the City and a group of volunteer lawyers to look at budgets, procedures, and legal issues. The group of lawyers [working with us] are very conservative on this issue. They expect there will be arrest, seizure of property, and licenses revoked.”

In the nearly three decades since publishing this report, the federal government continues to place the burden on private philanthropy to support syringe services programs and refuses to allow federal dollars to be spent on injection equipment. In fact, in 2017 the U.S. Department of Health and Human Services announced its 5-point Opioid Strategy, including \$800 million in grants to support substance use treatment and recovery — with zero dollars towards harm reduction strategies for people who actively use drugs and are not

Further, members of the 115th Congress proposed — but did not enact — a ban on federal funds for “safe drug consumption facilities,” similar to the ban on federal funding for syringe services programs. The ban on federal funding for syringe services programs was introduced in 1988, partially lifted in 2009, reinstated in 2011, then partially lifted again in 2016. The ban had a chilling effect on the expansion of syringe services programs, with few programs able to access adequate resources. Some programs developed complicated arrangements to avoid the use of the institution’s federally-funded resources during syringe services programming. A similar ban on federal funding for safer consumption spaces would have an even more devastating effect, as programs that implement the spaces may be marginalized from federal resources for research and salaries.

While syringe services policies have been advanced around the country at the state and local level, the lesson on federal funding assistance from syringe services programs is clear. Not only can safer consumption advocates expect zero dollars from the federal government, but given public statements of administrative personnel, it can be presupposed the current administration will react as an adversary. Our research shows that jurisdictions on the brink of legalizing safer consumption are preparing substantial legal defenses that support the legality of safer consumption, with one interviewee stating, “We meet regularly with the City and a group of volunteer lawyers to look at budgets, procedures, and legal issues. The group of lawyers [working with us] are very conservative on this issue. They expect there will be arrest, seizure of property, and licenses revoked.”

The due diligence process was common among all organizations working on advocating for the legalization of safer consumption. This critical phase is important for any syringe services program looking to launch a safer consumption space.

Those agencies that are ready to implement safer consumption spaces within the next year benefit from lawyers and legal scholars who have interrogated the legal uncertainties surrounding safer drug consumption spaces from every angle, including as it relates to federal, state, and local law. Based on relevant case law, defenders of safer consumption spaces have a range of legal defenses to protect them from prosecution. Further, policymakers have many opportunities to protect safer consumption spaces in their jurisdictions with legislative authorizations or regulatory mechanisms.

Lessons learned from the legalization of syringe services programs – whether from decades ago or within the last few years – apply to safer consumption spaces. At present, those regions of the U.S. that led the nation in the movement for syringe access are the most prepared to

“Participants play a big role by deciding what is important and how the facility should look. Their voices matter the most.”

implement safer consumption spaces. However, regions that have more recently mobilized on syringe access have also developed unique partnerships and built momentum that may soon allow for safer

consumption spaces to be implemented in various, diverse regions around the country. The single most important lesson from advancing syringe access that must be applied to safer consumption is the meaningful involvement of people who use drugs. Our research shows two schools of thought have emerged on when and how to incorporate participant involvement and leadership, although both agree that the spaces should not be operated entirely by healthcare professionals.

One side expressed that the push to open a safer consumption space is massive enough that organizations should focus

The single most important lesson from advancing syringe access that must be applied to safer consumption is the meaningful involvement of people who use drugs.

solely on the legalization process and that changes could be made after opening. Part of this argument is that most participants have never used a fully operational and legal safer consumption space, so they won’t know what they like and dislike until the space opens.

One interviewee describes this line of thinking by saying, “[Participants] have never used an actual, legal safer consumption space because they do not exist in the U.S. In my mind, way more education needs to happen for people to be able to answer these questions with any kind of real depth.” While this perspective does not include participants in the design of the program, a key piece of this argument is that the safer consumption space be staffed by participants from the very beginning and that operational changes be made after participants have had the opportunity to use the space. In response to this point of view, one interviewee said, “If the barrier to us knowing what we need to is not having seen safer consumption spaces in Europe, for example, then maybe we need to be sent there to see.”

On the other side of this argument is the belief that the advocacy and legalization process should be led by people who use drugs and that their input should be used to design the space. One interviewee describes the role of participants in their program by saying, “Participants play a big role by deciding what is important and how the facility should look. Their voices matter the most.” The role of advocate for safer consumption is played by someone who would eventually be using and running the space. The conversation around participant advocacy prompted one interviewee to say, “We provide information on advocacy opportunities as well as travel cost. [Our participants] now have more experience speaking

publicly and only needed some initial hand-holding to get them confident enough to want to get their voices heard.”

“Any organization with a mission to support people at risk or living with HIV needs to consider safer consumption spaces or a need will continue to go unmet.”

There was a general fear among interviewees that governmental regulation can lead to policies that infringe on accessibility and participant leadership. “I worry about the professionalization of harm reduction. For example, with Medicaid reimbursement, it is a huge bureaucracy, which makes it harder for our staff [who are users themselves] to

be the approved people. Medicaid wants people with licenses; a lot of our people have lots of lived and professional experiences but not the degrees” disclosed one interviewee. A lesson learned from syringe access legalization is that participant involvement and leadership is necessary at every stage of the process — from advocacy to program monitoring and evaluation, including design and implementation. “Getting into medical spaces, we have to be careful,” said one interviewee, “We need to be sure they are low threshold and drug users have space to be not only peers but also executive directors of programs.”

Programs that are led by people who use drugs themselves incorporate the knowledge of lived experience and drive to

“Getting into medical spaces, we have to be careful. We need to be sure they are low threshold and drug users have space to be not only peers but also executive directors of programs.”

participate in mutual aid that saves and uplifts lives. These programs are not faced with issues like retaining participants or “finding drug users,” as programs overly steeped in bureaucracy and operated by outsider institutions are.

Further, the programs with meaningful engagement of people who use drugs save money by avoiding steep administrative costs and keeping their operations focused on directly impactful and efficacious activities. Such effective, drug user-led programs exist both in regions where there is little regulatory power over syringe services programs and in places with detailed legal parameters for operation, extensive regulations overseen by departments of health, and broad institutionalization. However, advocacy led by people who use drugs has called for and resulted in people who use drugs occupying positions of power and being paid for their skilled labor in regions with highly institutionalized syringe services programs, as well. A diversity of operational practices has been seen in the expansion of syringe services programs since the late 1980s in the U.S., and it can be expected within the implementation of safer consumption spaces too.

The programs best positioned to expand into safer consumption spaces have the status of nonprofit organizations in good standing. Each of the twelve agencies interviewed meet this description and are among the best positioned to operationalize safer consumption spaces, to participate in research pilots to evaluate the nation's first spaces, and to advocate for and broaden community support. A subject matter expert on private philanthropy participated in the interview process and responded to this by saying, "Any organization with a mission to support people at risk or living with HIV needs to consider safer consumption spaces or a need will continue to go unmet. As long as we are funding a nonprofit organization in good standing, private philanthropists and foundations are not at risk." Another subject matter expert explained the role of funding for safer consumption space operations and evaluation on the legalization process: "a donor on board will signal this is an important and urgent need."

There are hundreds of nonprofit organizations in the United States who are similarly identified as 501(c)(3) organizations with histories of providing evidence-based, noncoercive programming within drug-using communities that improves community-wide and individual level health. Such organizations must be supported by philanthropy, elected officials, health authorities, and other stakeholders with endorsements and funding, as they begin implementing safer consumptions spaces.

Through broad community partnerships, safer consumption spaces are increasingly achieving community buy-in and local sanction. One interviewee said,

"By surrounding the safer consumption space with other services, the space becomes more palatable to the public. Partnerships make syringe access [and safer consumption spaces] more palatable to those who would oppose. In ten years of meetings, we focused on strategic collaboration. We found partners that had the clout to negotiate offering services [instead of criminalization]."

Like the opioid crisis itself, which touches all aspect of community life, the movement for safer consumption spaces is best positioned by engaging stakeholders in related issues like behavioral health, homelessness, food, job readiness, and other community supports. “Whatever organization runs the safer consumption space,” said one interviewee, “partners with whoever, developing multiple partnerships to evaluate different aspects of the project. Support services and comprehensiveness will come from the city. Everybody in the city has to be supportive of this.”



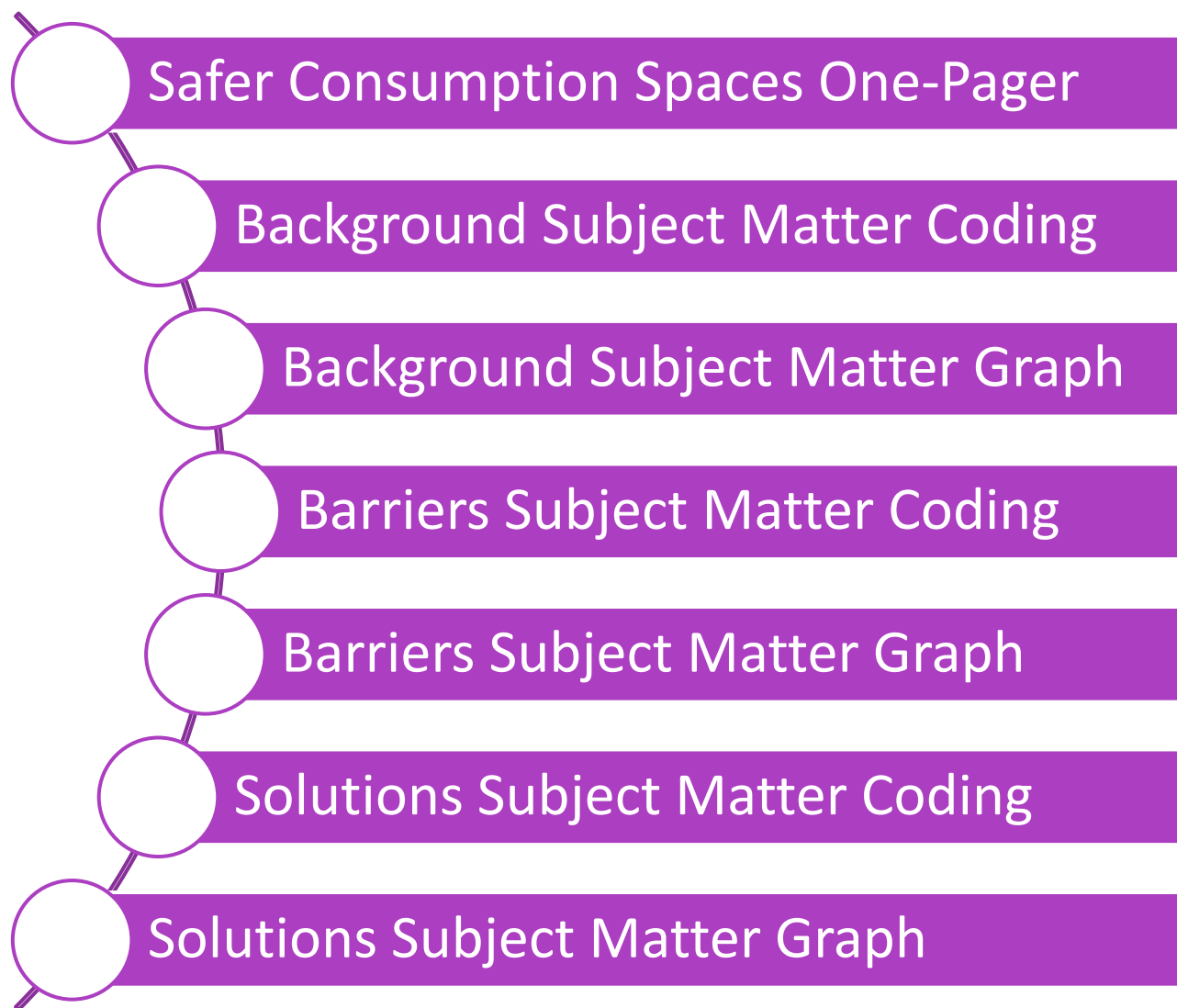
SOURCE: Medically Supervised Injecting Centre, Kings Cross, Sydney, Australia

CONCLUSION

This paper found safer consumption spaces to be the next generation of programmatic strategies to achieve improved health outcomes within communities of people who use drugs. They are an innovation being pursued in rural and urban regions across the United States that are impacted by drug-related stigma and criminalization, opioid overdose, and the infectious disease consequences of injection drug use. The most significant barriers to legalizing safer consumption spaces include the legalization process, the lack of community buy-in, and the need for significant funding opportunities, including for advocacy, community organizing, implementation and evaluation.

As the movement in support of safer consumption spaces in the United States continues to build, opportunities abound for the programs operating them, community members in the regions where they will be implemented, philanthropic funders, and policy makers.

APPENDIX



SAFER CONSUMPTION SPACES

Safer consumption spaces (SCS) are healthcare facilities where drug users can consume their own drugs under the supervision of trained staff. They seek to attract hard-to-reach populations of users, especially those who use in public spaces or in other risky and unhygienic conditions. One of their primary goals is to reduce morbidity and mortality by providing a safe and unhurried environment. Health care staff offer training and education on the prevention of overdose death, injury, and infectious disease transmission. At the same time, they seek to reduce public drug use. An additional aim is to promote access to social services, health care, and drug treatment facilities.



Safer Consumption Spaces Save Lives

- In Vancouver, the rate of overdose deaths within 500 meters of the SCS dropped by 35 percent
- The City of Philadelphia commissioned a report on the impact of an SCS and found that just one facility serving 2000 clients a month could prevent between 24 and 76 deaths per year
- A similar New York City report concluded that establishing SCS could prevent between 67 and 130 overdose deaths annually



Reduce Need for Expensive Medical Care

- Hospital Admittance among people who inject drugs in Vancouver fell from 35 to 9 percent annually following the opening of an SCS
- SCS client stays in hospital were on average 8 days shorter than non-clients
- A Baltimore study found that one SCS could save the city \$7.8 million annually: 374 days in the hospital for skin and soft tissue infection, 108 overdose-related ambulance calls, 78 emergency room visits and 27 hospitalizations



Prevent HIV/HCV Infections

- According to mathematical modelling, between 6 and 57 HIV infections are prevented annually thanks to one of Vancouver's SCS
- Baltimore researchers concluded that an SCS could prevent 3.7 HIV infections and 21 hepatitis C infections
- Philadelphia's impact report concluded an SCS there could prevent 1 to 18 cases of HIV and 15 to 213 cases of hepatitis C



Increased Engagement in Care

- Use of safer consumption spaces is associated with increased uptake both of detoxification and drug dependence treatment

*There is no standard name for these types of spaces, and the names can vary by geography. **Drug Consumption Rooms**, for example, are what they're commonly called in Europe. This makes sense as many of the European sites allow for smoking of drugs as well as injection. Sydney, Australia calls their space a **Medically Supervised Injection Center**, with the idea that using "medically supervised" would make it more acceptable to the public. Along those lines, recent research in the US has shown that the public is much more accepting of these sites when they are called **Overdose Prevention Sites**. We have elected to use **Safer Consumption Spaces** in our research.*

Pinkerton SD. How many infections are prevented by Vancouver Canada's supervised injection facility? *Int J Drug Policy*. 2011; 22(3):179-83.
New York City Department of Health and Mental Hygiene. *Overdose Prevention in New York City: Supervised Injection as a Strategy to Reduce Opioid Overdose and Public Injection*. December 2017.
Abernathy B, Gladstein E, Farley T, Jones D. Report on Exploratory Visits for Comprehensive User Engagement Site. January 22, 2018.
Irwin A, Jozaghi E, Weir BW, Allen ST, Lindsay A, Sherman S. Mitigating the heroin crisis in Baltimore, MD, USA: a cost-benefit analysis of a hypothetical supervised injection facility. *Harm Reduction Journal*, 2017, 14:29.
Andresen MA, Boyd N. A cost-benefit and cost-effectiveness analysis of Vancouver's supervised injection facility. *Int J Drug Policy*. 2010; 21(1):70-6.

BACKGROUND SUBJECT MATTER CODING

Overdose Deaths

- Weighted Value: 17
- Subject Matter Included in 9/12 Interviews

Subject Matter	Weighted Value	# of Interviews
Overdose Rates	0	1/12
Increased Risks	0	5/12
Release from Correctional Institutions	0	4/12
Intersections with Housing	4	6/12

Ineffective Diagnosis/Treatment

- Weighted Value: 0
- Subject Matter Included in 3/12 Interviews

Subject Matter	Weighted Value	# of Interviews
Endocarditis	0	0/12
HIV	0	3/12
Viral Hepatitis	0	5/12
STIs	0	0/12

Less Safe Injecting

- Weighted Value: 35
- Subject Matter Included in 2/12 Interviews

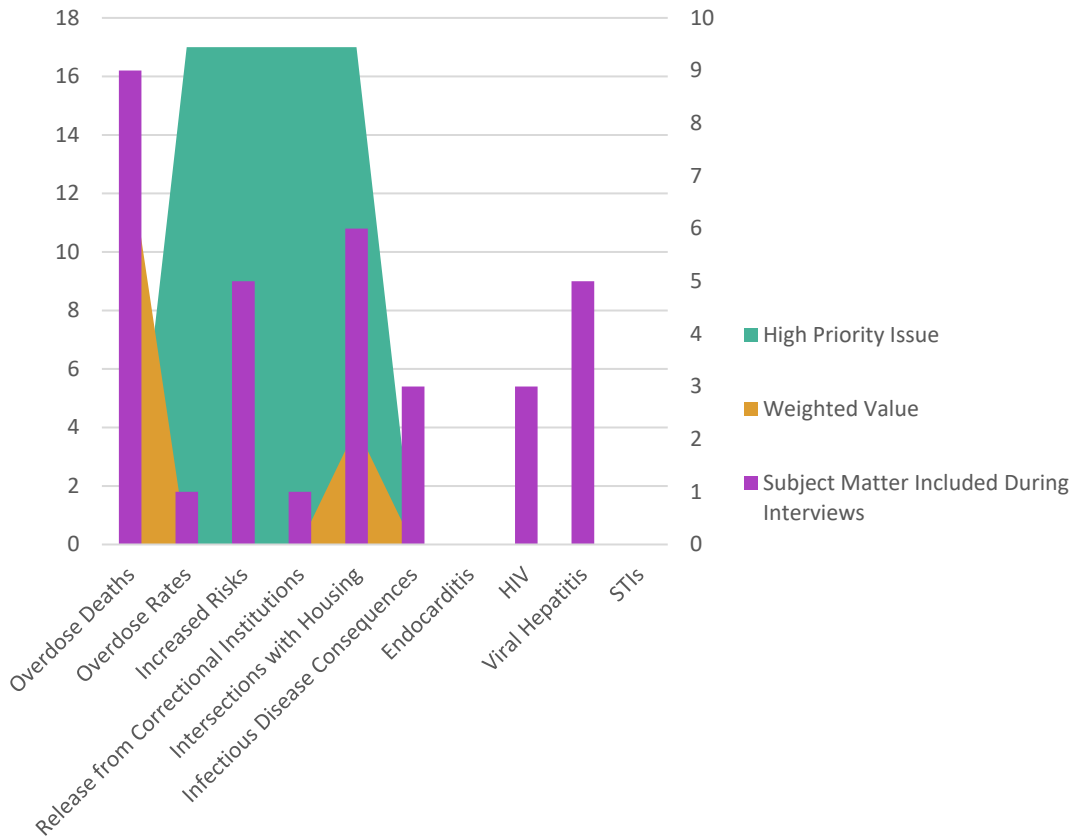
Subject Matter	Weighted Value	# of Interviews
Public Injecting, Needle Litter	9	10/12
Using Alone	0	4/12
Unregulated Bathrooms	16	12/12
Lack of Trained Peers/Medical Personnel	4	8/12
Injury	1	5/12
Housing	5	9/12

Ineffective & Inefficient Use of Public Funds

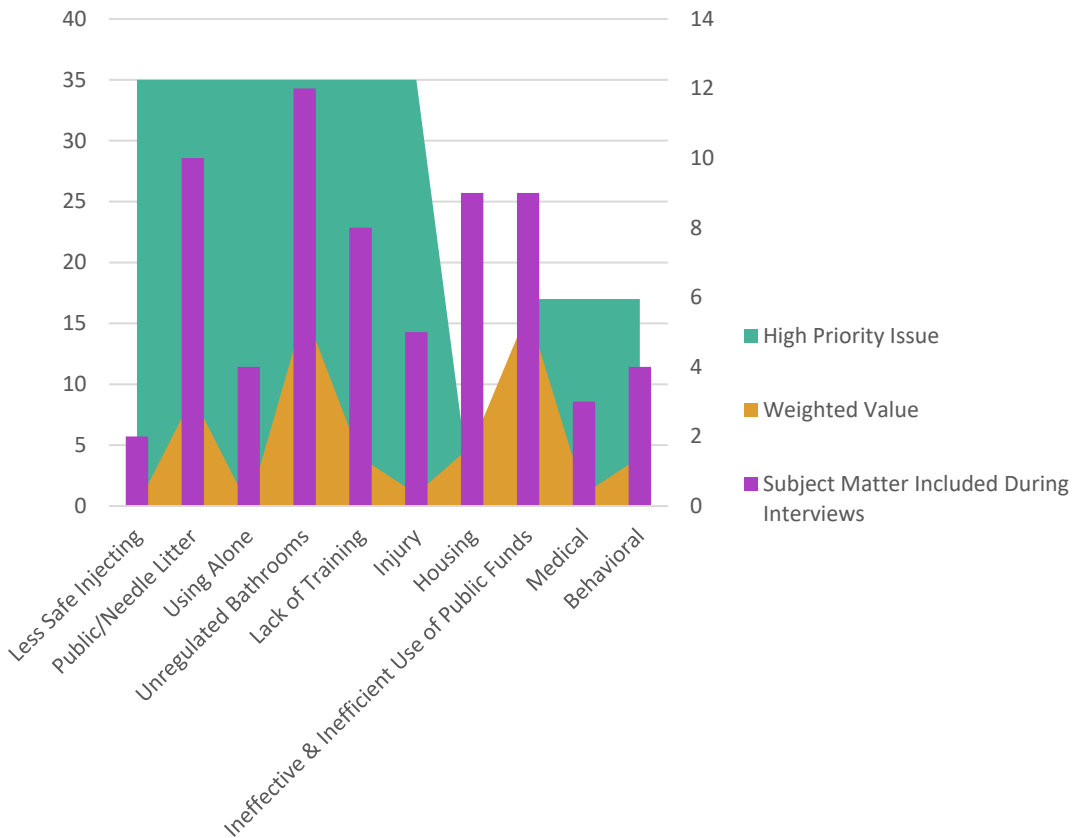
- Weighted Value: 17
- Subject Matter Included in 9/12 Interviews

Subject Matter	Weighted Value	# of Interviews
Ambulatory	0	1/12
Emergency Room	0	1/12
Focus on Detox/Rehab	1	4/12
Reactive Care	0	1/12

Background Subject Matter, Part 1



Background Subject Matter, Part 2



BARRIERS SUBJECT MATTER CODING

Community Buy-In

- Weighted Value: 26
- Subject Matter Included in 12/12 Interviews

Subject Matter	Weighted Value	# of Interviews
Favorable Attitudes Toward Police	3	6/12
Sends Wrong Message	0	6/12
NIMBYism	8	11/12

Legality

- Weighted Value: 39
- Subject Matter Included in 10/12 Interviews

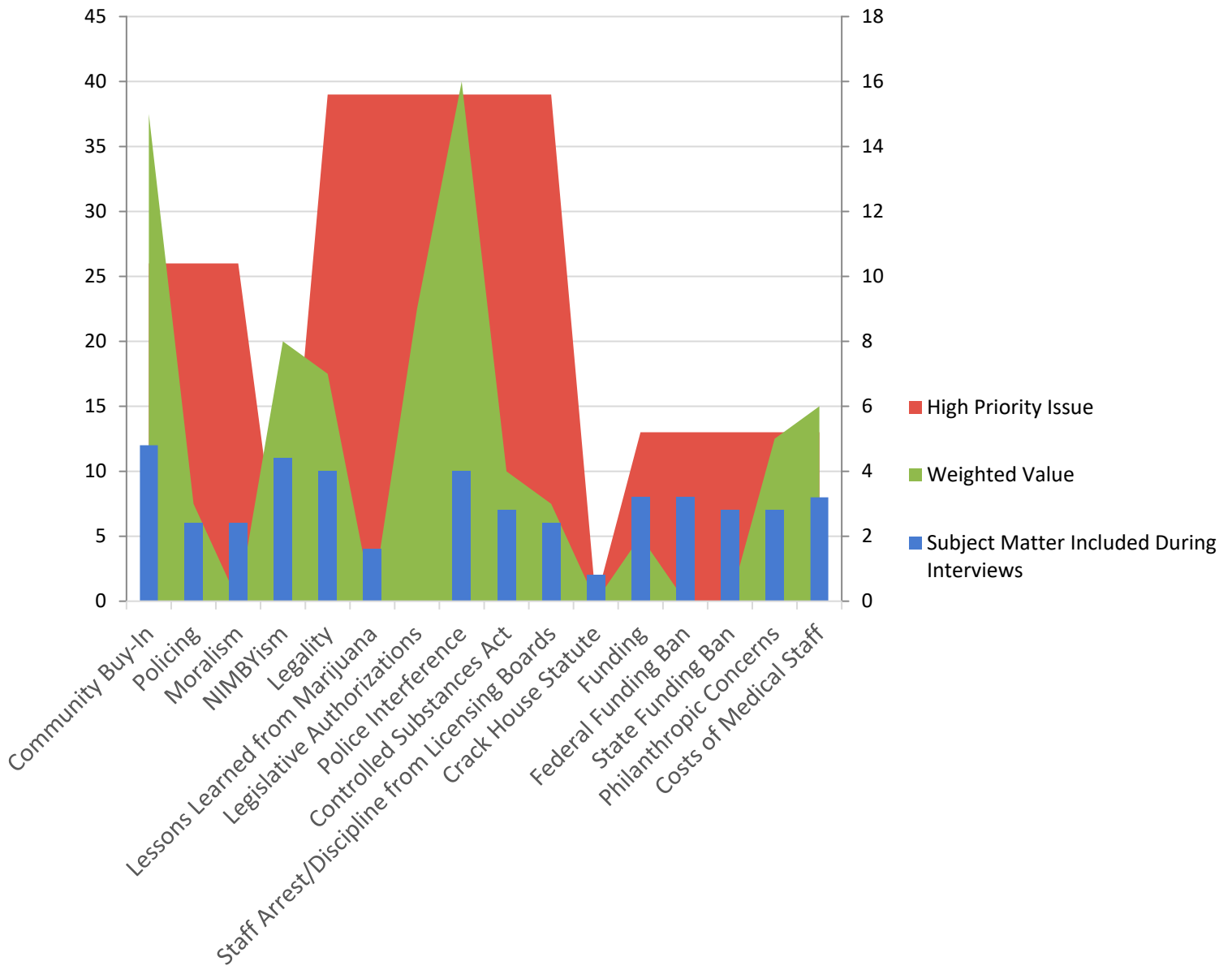
Subject Matter	Weighted Value	# of Interviews
Lessons Learned from Medical Marijuana	0	4/12
Legislation	9	8/12
Police Interference	16	10/12
Controlled Substances Act	4	7/12
Staff Arrest/Discipline from Licensing Boards	3	6/12

Funding

- Weighted Value: 13
- Subject Matter Included in 8/12 Interviews

Subject Matter	Weighted Value	# of Interviews
Federal Funding Ban	0	8/12
State Funding Ban	0	7/12
Philanthropic Concerns	5	7/12
Costs of Medical Staff	6	8/12

Barriers Subject Matter



SOLUTIONS SUBJECT MATTER CODING

Various

Subject Matter	Weighted Value	# of Interviews
Survival	9	9/12
More Healthcare Treatment	2	8/12
Less Public Injection and Needle Litter	3	10/12
Better for Business Community	4	4/12
Less Public Money Spent on Reactive Care Community	2	4/12
More People Connected to Supportive Services Community	13	9/12
Jobs and Training for People Who Use Drugs	8	0/12
Less Demand on Law Enforcement and Other First Responders	3	6/12

Increased Safety on the Individual Level

- Weighted Value: 6
- Subject Matter Included in 7/12 Interviews

Subject Matter	Weighted Value	# of Interviews
Less Vulnerability to Police Violence	0	5/12
Less Theft of Personal Items	0	2/12
Fewer Injection Injuries	0	2/12
Psychological Safety (Less Stress, Anxiety, Rushing)	3	8/12

Increased Safety on the Community Level

- Weighted Value: 3
- Subject Matter Included in 5/12 Interviews

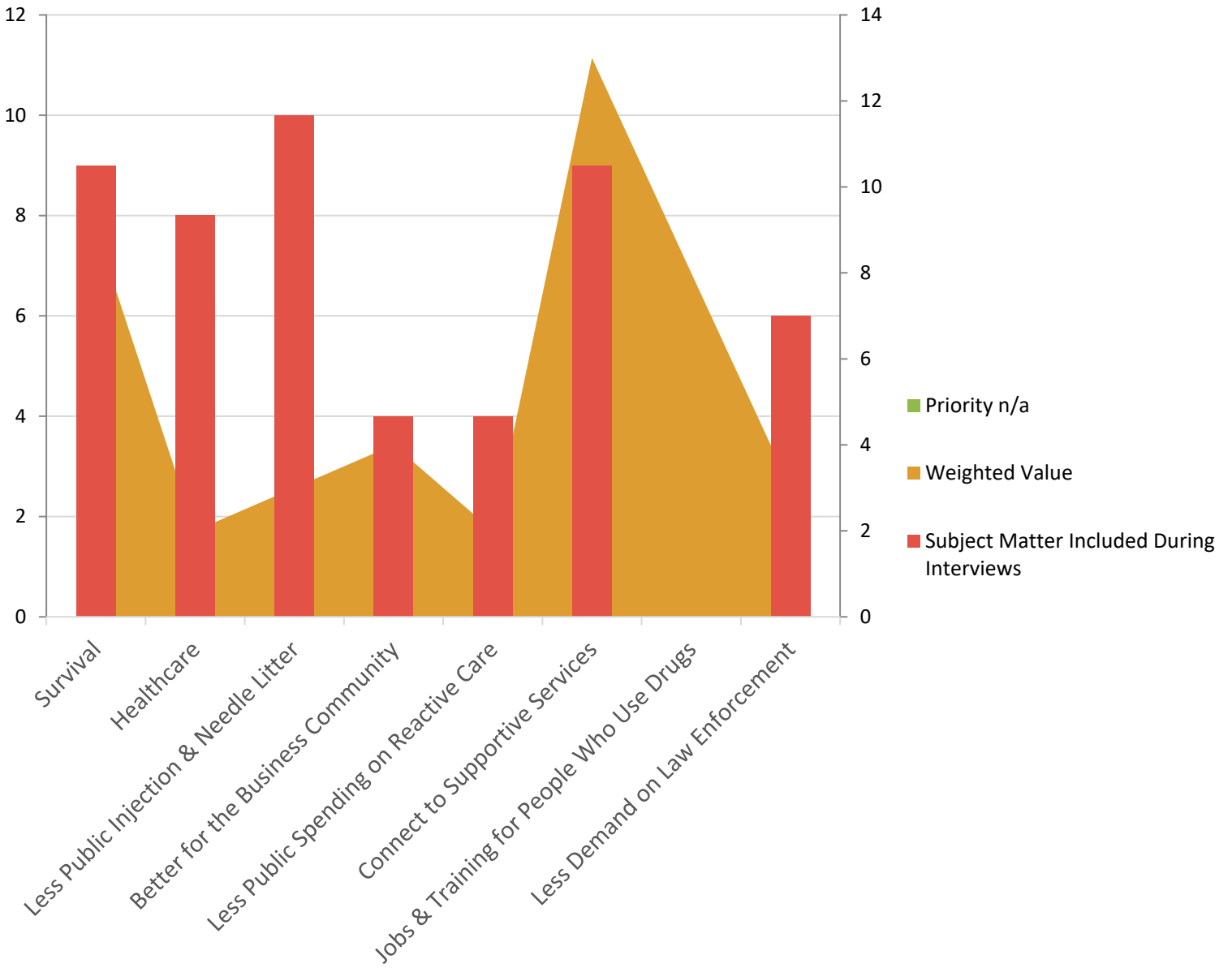
Subject Matter	Weighted Value	# of Interviews
Fewer Crimes Related to Drug Use	1	3/12
Less Syringe Litter	0	1/12
Less Driving While Intoxicated	1	2/12

Addressing Drug Related Stigma

- Weighted Value: 24
- Subject Matter Included in 10/12 Interviews

Subject Matter	Weighted Value	# of Interviews
Changing How A Community Views People Who Use Drugs	4	6/12
Place of Safety for People Who Use Drugs	8	12/12
Able to Be A Person, Not Just A Drug User	0	9/12

Solutions Subject Matter, Part 1



Solutions Subject Matter, Part 2

