SCS Commission Meeting

The Boston Users Union strongly supports the opening of Safe Consumption Spaces (SCS) in Boston. The following outlines the current state of drug use in Boston, as well as how an SCS would benefit our community.

1. Where We Are Now:
   a. Unsafe Unsanctioned Unsanitary Spaces
      i. Currently because of drug policy laws there are only unsafe spaces to use substances that are not hygienic and lead to extremely high health and safety risks.
      ii. Often these spaces are public bathrooms. This is not safe or sanitary since bathrooms inherently contain human and other waste that increase bacterial and viral risk factors for people ingesting substances. Additionally, in many cases injection episodes are rushed leading to soft tissue and bacterial infections including endocarditis and also increase risk of accidental overdose from an injection episode being rushed and individuals possibly mistakenly using of more than an average dose as a result of time and security factors.
      iii. Private apartments and homes
           1. These are safer and more common - however some spaces require a nominal fee for use. Sterile supplies are not always provided which can lead to sharing injection equipment and transmission of viral infections.
           2. Risk of assault and theft, especially for women.
   b. Abandoned / Unused indoor spaces
      1. Often may be physically unsafe and unsanitary because of being uninhabited and unmaintained.
      2. Risk of sexual and physical assault if not monitored by trusted individuals
      3. May not have an individual present to monitor all use or the monitor may be using at the same time, which makes the risk for late overdose response increase.
v. Visible public drug use
   1. A harm reduction strategy sometimes preferred by people (especially women) to ensure they are visible if something unexpected happens such as sexual assault after consumption, over sedation and accidental overdose

vi. Supportive Environment & Medical Monitoring
   1. Crucial to engaging in risk reduction education and accessing services as well as important to building sense of community and connection to our peers. For many this is the ONLY space people access medical and other services as well as get access to treatment options.
   2. Individuals who are high or feeling good are able to relax and not be on alert constantly as many are while on the street
   3. Avoiding the exhausting existence trying to survive on the street. Able to step away from the hustle and noise and get some space

2. What We Want
   a. Safety
      i. From sexual and physical assault
      ii. From unsanitary conditions
      iii. Disease, infections and other health risks
      iv. Offer respite from being hyper-vigilant
      v. Offer stress-free space
      vi. Safety from physical violence harassment and arrest from law enforcement as well as public and private security officers
      vii. Reduction of Stigma
      viii. Increase sense of community-building to keep our spaces and each other safe
      ix. SCS / SIF provide proper lighting, temperature and a clean environment
   b. Managing Dosage of Drug
      i. Public use is challenging because people do not have the space, supplies, materials, time to accurately dose themselves when rushing to avoid arrest and feeling ashamed
      ii. Availability for on-site real-time drug checking with tech that can provide more details of what is in a product before it’s consumed
c. Access to Sterile Supplies
   i. “If I get high there I’d probably get my harm reduction supplies and Narcan while I’m there”
      1. Reduce sharing of supplies and syringes if they’re provided and accessible as well as if it’s the norm to use sterile supplies in the space
      2. Access to a SCS might change the habits of people if they’re comfortable and become used to using there and feel safe and respected

d. Developing Community
   i. “Nothing about us without us!”
   ii. So much of the community dynamics on the streets are fueled by hustling and making money
      1. SCS would provide space for PWUD to develop community in an environment that is welcoming supportive
   iii. Ability to control the environment we stay in
   iv. Reduce public syringe disposal
   v. Ability to overcome their own internalized stigma and in turn help dispel external stigma from society

e. Safer Stimulant Use Spaces
   i. Services for people who use stimulants, especially cocaine and methamphetamine have historically always been severely lacking if any services are offered at all. As a result people who use stimulants are very often overlooked while policy makers create new resources for people who use drugs and public health efforts are not at an adequate level for this community.
   ii. What’s Needed
      1. Safer smoking equipment and supplies
      2. Sterile new pipes for methamphetamine and crack so sharing is reduced thereby reducing viral hepatitis and many other health complications that arise from using shared equipment
   iii. Safer Smoking Spaces need to be seamlessly embedded in any SCS so stimulant users are offered risk reduction and harm reduction services just as opiate users have traditionally been for years.