Supervised Consumption Sites: Opposition Response Guide

HEALTH IN JUSTICE ACTION LAB
Northeastern University School of Law

Author: Katie McCreedy, research assistant — mccreedy.k@northeastern.edu

Supervised Consumption Sites (SCSs) are based on a **harm reduction** philosophy. SCSs are facilities where people can use drugs under the supervision of trained professionals, preventing overdoses from turning fatal, increasing safe injection hygiene, and improving access to SUD treatment. There are currently more than 100 sites in 11 countries worldwide. Many US cities are considering implementing these facilities to combat the overdose crisis. However, no sanctioned SCSs operate in the US due largely to community opposition and political roadblocks that are often rooted in stigma. This factsheet was developed from a review aimed to address those concerns through a discussion of the evidence-based support for SCSs. In order to better understand public opposition to SCSs specifically in the Boston community we first conducted a review of comments and social media responses to news media from Boston news outlets about SCSs. We also queried SCS experts for the community concerns they have heard.

Media Review: Bostonian Perceptions of Supervised Consumption Sites

Incoming Boston Mayor Kim Janey expressed interest in supporting supervised consumption sites in a 2019 interview. However, former Mayor Marty Walsh highlighted two major concerns: funding and the legal barriers posed by U.S. Attorney Andrew Lelling's opposition to safe consumption sites. In order to assess the negative perceptions related to supervised consumption sites in Boston, the lab conducted an online news media search for content posted since 2017 with key terms related to SCSs in November 2020 on the websites of major Boston news outlets. The public comment section, quotes from Boston citizens, and Tweet replies from 63 stories were reviewed to identify the key concerns of Bostonians who oppose supervised consumption sites. Importantly, analyzing these reactions highlights what stigmas and beliefs will need to be overcome by Boston's public health community in order to successfully enact SCSs. The graphic to the right displays the themes about concerns generated from the media review.

Boston Community Fears About SCSs

- Area safety and cleanliness
- Honey pot effect
- Legal barriers
- Financial barriers
- Ethical opposition to condoning drug use
- SCSs furthering drug use

How to Respond to Public SCS Stigmas, Myths, and Concerns

"Would the 'honey pot effect' increase drug use in my area if it implements an SCS?"

No. The honey pot effect is the idea that SCSs will lead to increased drug use and drug-related crime by attracting more people who use drugs to the area. But, the scientific evidence from international SCSs denies this effect's existence.

- A study in Sydney, Australia saw no evidence that a new SCS led to any changes in theft and robbery incidents or drug offenses in the area near the SCS.
- A case study review noted that police in Vancouver, British Columbia found in practice that SCSs increased public safety by reducing public drug use in unsafe locations.
- The Ontario HIV Treatment Network reviewed the effectiveness of Canadian SCSs in 2014 and every study they examined noted either no increase in crime near the SCS or an increase in public safety, which was attributed to the reduction of public injections.

"Supervised Consumption Sites work abroad, but would not work in the US."

False. The concern that supervised consumption sites work abroad but will not work in the US was addressed in a series of studies on a SCS that a harm reduction group operated in secret in the US. One of these studies found that "participants reported that having a safe space to inject drugs had led to less injections in public spaces, greater ability to practice hygienic injecting practices, and greater protection from fatal overdose."

"Will this be expensive for the city or increase my taxes?"

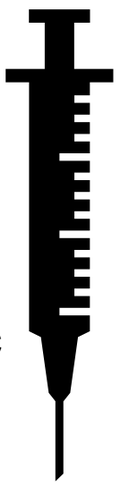
No. If implemented effectively. SCSs represent an economic benefit to the communities that implement them according to recent financial reviews. The New England Comparative Effectiveness Public Advisory Council conducted an economic analysis to determine whether supervised injection sites would reduce municipal costs for a handful of major cities, including Boston. They estimated that Boston would see savings upwards of $4 million a year, this is including the operation costs of the facility. Much of this calculation is based on the ability to avoid the average, excess 773 ambulance rides, 551 emergency room visits, and 264 hospitalizations related to overdose each year.

Internationally, SCSs directly led to:

- Reduction in needling sharing, which can reduce risk of HIV and Hep C
- Reduction of drug-related overdose deaths
- Greater use of substance use disorder treatment

"Would there be an increase in public injection and disposal of needles?"

No. Supervised Consumption Sites will actually reduce this issue by moving drug use from public spaces to supervised facilities. amFAR, an AIDS research foundation, compiled a literature review on the effectiveness of SCSs and determined that "the absence of private, secure, and hygienic spaces often drives people who inject drugs to do so in public, with discarded syringes posing a health hazard."



“Is jail time more effective at curbing drug use?”

No. The overdose crisis is worsening in the United States, despite high levels of incarceration for drug-related offenses. Research over the last few decades has clearly shown that criminal punishment alone is not effective in curbing drug use. The National Institute on Drug Abuse examined SUD treatment in the criminal justice system in a 2010 study and concluded that: “Punishment alone is a futile and ineffective response to drug abuse, failing as a public safety intervention for offenders whose criminal behavior is directly related to drug use.”

Not only is jail time not an effective deterrent to drug use, but the criminal justice system falters greatly in its “treatment” of SUD for the individuals who they physically commit to involuntary treatment. Involuntary commitment is the legal practice of people who use drugs being forced into treatment programs that often fail to meet clinical international standards for SUD treatment. Involuntary commitment is not the result of an arrest related to committing a crime, but rather its legal basis is rooted in civil commitment under the broad police powers to protect citizens from harm.

According to the Health in Justice Action Lab’s 2019 research:

- **0 states** require evidence-based treatment be used in involuntary commitment settings
- 16 states allow people with SUD in the justice system to be subjected to this treatment **without their consent**
- In 2018, MA conducted **10,770** involuntary commitments
- Of which, **6,048** individuals for substance use under Section 35

“Legal barriers exist making this illegal, so why condone it?”

Massachusetts Governor Charlie Baker objected to the implementation of supervised consumption sites in MA under the concern that there are substantial legal barriers. Legislators often cite the Controlled Substances Act’s “Crackhouse Statue” as including SCSs making them illegal to operate since they would fall under the broad definition of a “crackhouse.” However, legal precedence exists to overcome this objection in other states. Philadelphia’s proposed supervised consumption site, called Safehouse, was supported under Judge Gerald McHugh’s decision that no argument would place supervised consumption sites under the Controlled Substances Act’s “Crackhouse Statue” definition.

Nonetheless, state legislature approval is not necessary for a supervised consumption site to open, although it would be ideal in preventing future federal legal opposition. They can also be approved through state administrative action or they can implemented by local governments under their discretion to protect and promote public health. Historically, state legislatures have approved harm reduction interventions similar to SCSs, like needle exchanges. There is also a concern that supervised consumption sites would be exposed to tort liability because legal precedent holds social hosts accountable for their clients’ actions after leaving an event. In theory, SCSs could be held to the same accountability. However, RAND researchers note that waivers could mitigate some of the risk of client suits against the SCSs.

“Should the government assist people who use drugs?”

Yes. Drug addiction is often the result of predisposed environmental and genetic factors and can be attributed to socioeconomic biases in policy and policing. Prenatal exposure to drugs, genetic vulnerability, lack of parental support, and peer drug use push adolescents to drug use.
Mental illness is a risk factor for addiction, about 20% of Americans who have depression or an anxiety disorder also have a substance use disorder.
Public stigma should not be a factor in determining implementation as it is transient — community stigma related to SCSs dissipated over time in countries like Switzerland and Canada after SCS implementation.

Importantly, private substance use disorder treatment is difficult to access as an individual because of a host of legislative and socioeconomic barriers.

- Of the estimated 21 million Americans in need of substance use treatment in 2016, only 3.1 million received it.
- Health insurance status, poor geographic distribution of treatment centers, and financial barriers all prevent people from seeking help.
- Private substance use disorder treatment in US rehabilitation facilities is also flawed: under half of the 12,000 addiction rehabilitation facilities in the US offer evidence-based medications for opioid addiction like buprenorphine, despite support for these treatments from the CDC.

“Will this even work? Is this the best public health response?”

Yes. In Canada, overdose mortality reduced because of the introduction of supervised consumption sites and drug users became more likely to receive on-site nursing services that improved their overall health. SCSs reduce the spread of infectious disease by combatting needle sharing. The greater Boston area is currently experiencing an HIV outbreak, which the Boston Public Health Commission states is occurring among people who use drugs and are experiencing homelessness. SCSs are also supported by major organizations including:

- The American Medical Association
- The Massachusetts Medical Society
- The Harm Reduction Coalition

“Would SCSs discourage people who use drugs from seeking substance use disorder treatment?”

No. Research on Vancouver, Canada’s Insite SCS showed that after the site opened, the area saw a 33% increase in detoxifications service use and Insite visitors were 3.7 times more likely to participate in addiction treatment. Of 1,000 Insite visitors over the period from 2003-2005, 18% enrolled in detoxification services. The study ultimately concluded that, “contrary to fears that Insite might be deterring drug users from seeking treatment, these findings strongly suggest that Insite is facilitating entry into detoxification services among its clients.”

References

1. Addiction Statistics - Facts on Drug and Alcohol Use. (2020, November 24). Retrieved January 21, 2021, from https://www.addictioncenter.com/addiction/addiction-statistics/
2. Beletsky, L., Davis, C. S., Anderson, E., & Burris, S. (2008). The law (and politics) of safe injection facilities in the United States. American journal of public health, 98(2), 231–237. https://doi.org/10.2105/AJPH.2006.103747
3. Bresler, J., & Beletsky, L. (2019, October 16). Time for action on safe consumption facilities. Retrieved January 21, 2021, from https://commonwealthmagazine.org/drug-addiction/time-for-action-on-safe-consumption-facilities/
4. Chandler, R. K., Fletcher, B. W., & Volkow, N. D. (2009). Treating drug abuse and addiction in the criminal justice system: improving public health and safety. JAMA, 301(2), 183–190. https://doi.org/10.1001/jama.2008.976
5. Civil Commitment and the Mental Health Care Continuum: Historical Trends and Principles for Law and Practice (Rep.). (2019). Retrieved https://www.samhsa.gov/sites/default/files/civil-commitment-continuum-of-care.pdf
6. Donna Harati, Inside Insite: How a Localized Social Movement Led the Way for North America’s First Legal Supervised Injection Site (Harvard Law School, Irving Oberman Memorial Student Writing Prize: Law and Social Change, June 2015).
7. Edited by Editorial Staff Last Updated: January 6, 2. (2021, January 06). What Are the Barriers to Accessing Addiction Treatment? Retrieved January 21, 2021, from https://americanaddictioncenters.org/rehab-guide/treatment-barriers
8. Freeman, et. al (2009, May) The impact of the Sydney Medically Supervised Injecting Centre (MSIC) on crime. From https://doi.org/10.1080/09595230500167460
9. HIV and Injection Drug Use. (2020, November 03). Retrieved January 21, 2021, from https://www.cdc.gov/hiv/basics/hiv-transmission/injection-drug-use.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fhiv%2Frisk%2Fidu.html
10. Jensen, E. L., Gerber, J., & Mosher, C. (2004). Social Consequences of the War on Drugs: the Legacy of Failed Policy. Criminal Justice Policy Review, 15(1), 100–121. https://doi.org/10.1177/0887403403255315
11. Kilmer, Beau, Jirka Taylor, Jonathan P. Caulkins, Pam A. Mueller, Allison J. Ober, Bryce Pardo, Rosanna Smart, Lucy Strang, and Peter Reuter, Considering Heroin-Assisted Treatment and Supervised Drug Consumption Sites in the United States. Santa Monica, CA: RAND Corporation, 2018. https://www.rand.org/pubs/research_reports/RR2693.html
12. Lopez, G. (2019, January 08). Despite an opioid crisis, most ERs don't offer addiction treatment. California is changing that. Retrieved January 21, 2021, from https://www.vox.com/future-perfect/2019/1/8/18099534/opioid-epidemic-addiction-treatment-emergency-room-er-california
13. Nash, S. G., McQueen, A., & Bray, J. H. (2005). Pathways to adolescent alcohol use: family environment, peer influence, and parental expectations. The Journal of adolescent health : official publication of the Society for Adolescent Medicine, 37(1), 19–28. https://doi.org/10.1016/j.jadohealth.2004.06.004
14. Pauly, B., Wallace, B., Pagan, F., Phillips, J., Wilson, M., Hobbs, H., & Connolly, J. (2020). Impact of overdose prevention sites during a public health emergency in Victoria, Canada. PloS one, 15(5), e0229208. https://doi.org/10.1371/journal.pone.0229208
15. SIF Evidence Report. (2020). Retrieved January 21, 2021, from https://documentcloud.adobe.com/link/track?uri=urn%3Aaaid%3Ascds%3AUS%3Aa4b53069-b3c2-486d-b2fa-1a110d7808d3#pageNum=104
16. What is the effectiveness of supervised injection services? (Rep.). (2014, May). Retrieved January 21, 2021, from https://www.ohtn.on.ca/Pages/Knowledge-Exchange/Rapid-Responses/Documents/RR83-Supervised-Injection-Effectiveness.pdf
17. “Where Multiple Modes Of Medication-Assisted Treatment Are Available, " Health Affairs Blog, January 9, 2018. DOI: 10.1377/hblog20180104.835958

MA Overdose Crisis Fast Statistics

- Overdose deaths quintupled from 2000 to 2016
- Just under 70,000 Americans died from drug overdose in 2018
- Massachusetts remains saw an increase in overdose deaths from 2017 to 2018
- Massachusetts saw 2,241 drug overdose deaths in 2018, which is about six overdose deaths a day
- As a result of the COVID-19 pandemic, experts predict that overdose deaths will increase over 2020