

Safe Consumption Spaces: A Strategy for Baltimore City

A Forthcoming Abell Report by Dr. Susan Sherman, Bloomberg School of Public Health Executive Summary

The Need

There is an opioid epidemic in the United States, and it is ravaging families and communities in Baltimore City and nationwide. In Baltimore City, there are currently an estimated 19,000 people who inject drugs. During the first half of 2016, 290 people died from fatal overdoses, of which 51 percent involved fentanyl, a cheap synthetic that dramatically increases overdose risk.

Opioid use in the context of unsterilized injection environments leads to an increased risk of HIV and hepatitis C and other morbidities. Efforts to combat drug use through the war on drugs have proven ineffective, fueling the highest rates of incarceration in the world and deleteriously affecting public health. Taken together, these challenges have fueled interest in creative and effective interventions aimed to reduce harm to drug users and the broader community.

What are Safe Consumption Spaces?

Safe Consumption Spaces (SCSs) are facilities in which drugs are consumed under supervision in an effort to reduce harm and improve medical outcomes for high-risk individuals. SCSs are staffed by medical or case management staff as well as current or former drug users, who do not assist in drug administration. SCS staff provide support by answering questions about safe consumption practices, providing sterile equipment and condoms, administering naloxone in the event of an overdose, and providing linkages to medical care and substance abuse treatment.

Currently, 97 SCSs exist in 66 cities in 11 countries. Two are in North America: Insite and the Dr. Peter Centre located in Vancouver, British Columbia, both of which allow for injection only. Owing to the precipitous rise in opioid overdose deaths in Canada, plans are underway to open SCSs in Ontario, including Toronto, as well as in five additional sites in Vancouver. In January 2017, Seattle became the first U.S. city to approve the establishment of an SCS.

Research supports the benefits of SCSs

- **SCSs reduce overdose deaths in the area immediately surrounding the facility.**
 - In Vancouver, there was a 35 percent reduction in overdose events around the Insite facility compared with the city as a whole, and in Sydney, there was a 68 percent reduction in ambulance calls in the vicinity of its SCS.
- **SCSs reduce drug use and connect users to addiction services.**
 - SCSs provide access to health and social services to a population that is otherwise difficult to engage.
 - In Vancouver, 57 percent of people at Insite who inject drugs started addiction treatment, and 23 percent stopped injecting drugs altogether.
- **SCSs do not increase crime, nuisance, or drug use in their communities.**
 - Data collected over a 10-year period in Sydney revealed no increase in offenses related to trafficking or public drug consumption in the areas that surrounded the SCS.
 - Insite is associated with decreased public injection in Vancouver.
 - In Sydney, two random sample studies found that more than 70 percent of the local residents and 58 percent of the companies located around the SCS were in favor of the SCS.

- In Vancouver, there is evidence that police are accepting of Insite and even refer people who inject drugs to the facility. Among a cohort study of Insite users, 16.7 percent (n=1,090) were referred to Insite by police, and 2 percent learned about Insite from police.

Safe Consumption Spaces are Cost Effective

SCSs have been posited to reduce costs associated with this public health crisis by reducing needle re-use and sharing, and, therefore, incidences of HIV/Hepatitis C (HCV) and SSTI; reducing the costs to society of addictions and overdose deaths; and increasing the uptake into addiction counseling services. A recent study of Insite in Vancouver showed that annual societal benefit exceeds \$6 million in Canadian dollars. Using the same modeling in San Francisco, a separate study concluded an SCS there would save approximately \$2.33 for each dollar spent.

It is expected that an SCS in Baltimore City would translate to considerable medical and social cost-savings. The scale of the opioid crisis in Baltimore City is considerably higher than some of the contexts in which modeling has already been conducted. Approximately 24 percent and 84 percent of people who inject drugs in Baltimore City are HIV- and HCV-positive, respectively, and overdose-deaths are frequent. The concentrated regions of drug use and drug-using populations within the city suggest that the initial introduction of a single SCS would translate to considerable savings via averted infections and overdose death.

Legal Analysis

Under current federal and state law, SCS clients, staff/operators, and property owners would be exposed to certain legal risks. However, all states and some municipalities have the authority to sanction the operation of an SCS, including the use and possession of illegal drugs on the premises. States and municipalities have the duty to protect and preserve the welfare of their citizens. The legal authority to fulfill this duty, called the “police power,” has been recognized as a basic attribute of the state since the founding of the nation. Given the evidence from existing consumption sites, a state or municipality could view an SCS as a reasonable public health measure with the potential to address the host of problems associated with injection drug use. Authorizing an SCS would therefore be a logical and prudent exercise of the police power. Despite the power to authorize an SCS under state or local law, however, federal authorities could still interfere with these facilities under the Controlled Substances Act. Explicit SCS authorization by the Maryland State legislature is the optimal legal course because it not only eliminates uncertainty about the legality of an SCS, but it legitimizes the operation in the eyes of subordinate governmental agencies.

Recommendations:

- Establish SCSs in Baltimore City that:
 - Provide housing, legal, and mental health referrals to partner agencies and tailor support to special populations;
 - Are located in existing community-based organizations, one on the east side of Baltimore and one on the west side; and
 - Reflect the variety of drug consumption methods in addition to injection.
- Engage partners across multiple sectors—including civic and public health authorities, law enforcement, business owners, and community leaders—in open dialogue on SCS and harm-reduction strategies.
- Include current and former people who use drugs in planning and implementation of SCSs.
- Apply a racial and criminal justice framework to SCSs.
- Rigorously evaluate SCSs in terms of their health impact on people who use drugs and the communities in which they are situated.