Supervised Injection Facilities: How Facilitating Opioid Injections Can Save Lives (and Money)

Alyssa Wruble

Public Policy

The opioid crisis has quickly become one of the most urgent threats to American lives. The CDC reports that on average, 130 Americans die each day from opioid overdoses (CDC, 2018). The New York City Department of Health and Mental Hygiene stated in their 2018 opioid crisis report that someone in New York City dies every six hours from a drug overdose, and overdoses in New York City have increased for seven consecutive years. Life expectancy has also decreased for the past three years, partly due to opioid abuse. Just in the past few years, hundreds of lives have been lost, and the fatality count is still rising. The economic impact of these overdoses has also been noted. The White House Council of Economic Advisers (CEA) published a report in 2017, which divided estimated costs of opioid overdoses into two categories: cost of nonfatal opioid use and the cost of fatal opioid use. Nonfatal opioid use includes healthcare and substance abuse treatment costs, criminal justice costs, and costs incurred by "reduce[d] productivity among those who do not die of overdose" (CEA, 2017, p. 7). Fatal opioid costs include the economic costs of those who die from an overdose. The CEA estimated that the overall cost of the opioid crisis, including costs of fatal and nonfatal opioid use, in 2015 was 504 billion dollars, 2.8% of the GDP that year, with fatality related costs comprising 85% of total. From a humanistic perspective, lives are being lost at a staggering rate. From an economic perspective, these lives have enormous economic costs. The combined economic and humanistic costs of the opioid crisis are unprecedented. With thousands more predicted to succumb to this epidemic, it is imperative that drastic measures be taken and creative solutions be considered. One creative solution that is still being evaluated and debated at state and national levels is the legalization of supervised injection facilities.

With a public health emergency like the opioid crisis, policymakers and public health workers are eager to find a solution that saves lives and curbs addiction. Supervised injection

facilities (SIFs) are a new, controversial strategy supported by public health officials that would combat the opioid crisis. The NYC Department of Health and Mental Hygiene (DOHMH) describes a SIF as a legally sanctioned place that "offer[s] hygienic spaces for people to inject drugs obtained offsite using sterile equipment under medical supervision" (2018, p.3). In their recent report on SIFs, the DOHMH attempts to prove that a SIF would "reduce overdose deaths, infectious disease transmission, and public drug use" (2018, p.3). The implementation of such a policy, however, is widely debated. An article in the *City Journal*, a magazine published by the conservative-leaning think tank, the Manhattan Institute, argues that a consequence of legalizing a SIF would be "the normalization of serious drug use" and calls SIFs "state-sponsored shooting-up galleries" (Titus, 2018). This article sums up the opposing argument to SIFs: "Encouraging [opioids] open use undermines the rule of law and will do nothing to quell their continued abuse, let alone the problems underlying mass addiction" (Titus, 2018). SIFs are a new policy proposal on the table that seems politically difficult to implement, but worthwhile based on effectiveness. According to the data, would the implementation of SIFs be a policy worth enacting in order to save lives and curb addiction so we can finally put an end to this epidemic? After analyzing data from SIFs around the world, it is clear that they do reduce overdoses and other harms related to unsafe and public injections. It is not as clear, however, if SIFs decrease drug use or simply foster addiction. An effective policy would be to implement SIFs in order to save lives, but only in conjunction with other opioid crisis-combating measures.

Before enacting such a policy in the United States, policymakers must review the data from countries that have already legally instituted SIFs. According to the DOHMH report, "Approximately 100 SIFs operate in 10 countries and 67 cities worldwide, with six additional facilities scheduled to open across Europe and Canada over the next two years" (2018, p.20). A

literature review aimed at collecting and analyzing all evidence on supervised injection services (SIS) evaluated 75 articles detailing various types of studies relating to SIFs. The results of the review stated that no death by overdose was ever reported by a SIF, and "In Vancouver, SIS implementation led to a 35% decrease in the number of lethal overdoses in the vicinity of the SIS" (Potier, Laprévote, Dubois-Arber, Cottencin, & Rolland, 2014). Studies also showed that rates of overdose did not increase in any place SISs were implemented. Overall, the main results of this review were the following:

> All studies converged to find that SISs were efficacious in attracting the most marginalized PWID (people who inject drugs), promoting safer injection conditions, enhancing access to primary health care, and reducing the overdose frequency. SISs were not found to increase drug injecting, drug trafficking or crime in the surrounding environments. SISs were found to be associated with reduced levels of public drug injections and dropped syringes (Potier et al., 2014).

This literature review, which analyzed 75 studies on SIFs, proved that SIFs do indeed decrease unsafe and public injections while reducing the number of overdoses. SIFs effect on addiction is not mentioned, which may mean that a SIF does not decrease the number of addicts, but it does keep them alive.

Studies have also been conducted that assess the benefits of implementing a SIF in the United States. Amos Irwin, Ehsan Jozaghi, Ricky N. Bluthenthal, and Alex H. Kral (2017) conducted a cost-benefit analysis of a potential SIF in San Francisco. Among economic evaluations of SIFs (to be discussed below), Irwin et al. recognizes that SIFs "reduce risky injecting behavior, 911 overdose calls, public drug use, and syringe littering" (2017). The study continues to say that SIFs are able to "accomplish all of these things without creating crime, increasing drug use, or attracting new users" (Irwin et al., 2017). Thus the authors conclude that the benefits of a SIF make implementation worthwhile. This report also brings up the interesting point that while SIFs may not decrease addiction, they do not add to the problem either. There is

no increased crime or drug use that results from the implementation of a SIF. SIFs do not solve every problem associated with the opioid crisis, but it does solve an important one— mass fatalities— without adding any new problems.

The DOHMH 2018 report on SIFs summarizes all these evidence-based benefits. The report provides detailed data to prove that SIFs reduce fatal overdoses and harms related to public and unsafe injection—an example being data from the SIF in Sydney, Australia, which "demonstrated reductions of up to 80% in overdose-related emergency medical service calls in areas surrounding SIFs" (DOHMH, 2018, p.20). The report goes on to say that SIFs improve access to healthcare and social services by providing on-site medical services, and reduce injection-related health risks such as infections like HIV or Hep C by providing sterile injection equipment and a safe environment to inject. The report states that "Conservative estimates from Vancouver suggest that a single SIF can prevent up to 35 new cases of HIV per year" (DOHMH, 2018, p.21). In addition to these benefits, SIFs increase referrals to drug treatment, they reduce healthcare expenditures, do not increase crime or drug use, and "reduce the number of publicly-discarded syringes in communities where they are located and thus reduce community exposure to injection drug use" (DOHMH, 2018, p.22). The DOHMH report summarizes many of the findings of other reports on SIFs, but also stresses the reduction of infections due to unsafe injection. By providing sterile equipment, people who were going to be using drugs anyway are able to inject at least in a way that does not cause them further harm. Unclean or used syringes can result in infections like HIV, which significantly affects the life of the person, as well as those they come in contact with, and causes increases in healthcare expenditures. SIFs can help people reduce the harm experienced when participating in risky behaviors such as taking drugs by allowing them to do so as safely as possible.

One article has been published that studies an unsanctioned SIF in the United States. The authors of this article were approached by the social service agency that opened the SIF to help evaluate the program. The article found similar conclusions to other reports, including SIFs allowing for rapid response to overdoses, opportunities for education about safe injection, and safer injection practices due to sterile equipment and a place in which PWID do not need to rush the injection out of fear of being caught. The article also describes the SIF, as well as the process one goes through when utilizing its services, which includes a 12-question survey before using the facility's services. Based on this survey data, the authors determined the following:

> More than 90% of people using the site reported that, if not for the site, they would have been injecting in a public restroom, street, park, or parking lot. As such, this site has averted over 2,300 instances of public injection in the neighborhood during a 2-year period. The proportion (67%) reporting recent unsafe disposal of used equipment is very high. In contrast, all syringes from injections at the supervised injection site were safely disposed, representing an estimated 1,725 (67% of 2,574) episodes of averted public disposal of injection equipment (Kral & Davidson, 2018).

The article continues to point out that if SIFs became legally sanctioned "more people could be served, licensed clinicians could provide on-site healthcare services, other agencies could collaborate to provide co-located, wrap-around services, and there would be more options for funding site activities and increasing operating hours" (Kral & Davidson, 2018). This SIF already has had an enormous impact, but legally sanctioning it would allow it to help more people in more significant ways. The data already gathered proves that it is successful in increasing the public health of its community (preventing public disposal of syringes) while saving people from possible overdose.

Beyond the health-related benefits, the economic benefits have also been recorded in many of these studies. The study regarding a potential SIF in San Francisco assesses the economic savings resulting from the implementation of a SIF. The study lists the savings

incurred by averted HIV and HCV infection, from reduced SSTI (skin and soft tissue infection), averted overdose deaths, and increased medication assisted treatment (MAT). In conclusion, this study found that "each dollar spent on a SIF would generate US$2.33 in savings, for total annual net savings of US$3.5 million for a single 13-booth SIF" (Irwin, 2017). In the DOHMH report, it is predicted that "Establishing a single SIF in a neighborhood heavily affected by opioid overdose could save [New York] City $1 million annually in direct health care expenses. Establishing four SIFs in the most impacted neighborhoods could save up to $7 million annually in avoidable acute health care costs…The anticipated $1 to $7 million saved excludes the law enforcement and criminal justice costs associated with overdose response" (2018, p.34-35). This economic impact is enormous. New York City alone stands to save millions of dollars, in addition to all the lives it could be saving if a SIF were to be legally sanctioned. SIFs around the country could have a similar impact. The savings that result from preventing infection, death, and healthcare expenses makes a case in and of itself, yet is still only secondary to the possibility of saving thousands of lives.

It seems that implementing legally sanctioned SIFs would be beneficial when it comes to increasing health, decreasing overdoses, and benefitting economically. Politically, however, there are many obstacles this policy proposal still faces. Despite data saying that areas with SIFs do not have higher crime rates or increased public drug use, people still do not want a SIF in their neighborhood. People, and policymakers, are hesitant about allowing SIFs as it may mean condoning harmful and illegal drug use and are worried about creating new drug markets or concentrated areas of people who use drugs. The main argument against these facilities is that they do not help addicts overcome addiction, they just make it easier for addicts to stay addicted. An opinion article in *The New York Times* sums up this argument: "Americans struggling with

addiction need treatment and reduced access to deadly drugs. They do not need a taxpayer-sponsored haven to shoot up" (Rosenstein, 2018). He even brings in an interesting point about the consequences of legalizing a SIF, saying "Injection sites normalize drug use and facilitate addiction by sending a powerful message to teenagers that the government thinks illegal drugs can be used safely" (Rosenstein, 2018). Opponents of SIFs push instead for an increased emphasis on getting addicts into treatment and decreasing the supply, and access, to deadly drugs.

The question remains: According to the data, would SIFs be a policy worth enacting in order to save lives and curb addiction in order to finally put an end to this epidemic? The authors of the study regarding an unsanctioned SIF in the US provide somewhat of an answer: "Although supervised injection sites may not substantially reduce the number of people who use opioids and other injection drugs, they do attenuate the serious medical sequelae of this epidemic, including preventable infections and deaths" (Kral and Davidon, 2018). With extensive data on existing SIFs, it is clear that supervised injection does indeed reduce fatal overdoses and the transmission of other infections such as HIV, among other benefits. In other words, SIFs save lives. But do they curb addiction? There is limited data available to answer this question. Some studies report that those who utilize the services of a SIF are more likely to eventually seek out treatment, but as Kral and Davidson point out, SIFs do not seem to substantially reduce the number of those addicted to drugs, at least according to the current data. So would enacting a policy that legally sanctions SIFs end the opioid crisis? Based on the data, SIFs could save thousands of lives and would increase public health overall, but it would be a temporary fix, as it would not solve the underlying problems of addiction. In order to have the largest effect, the enactment of SIFs must be in conjunction with other measures aimed at decreasing the drug supply, increasing access to

addiction medication and treatment, decreasing physicians' prescriptions of opioids, among other possible approaches to ending this epidemic.

References

CDC. (2018, Dec 19). Understanding the epidemic. *Centers for disease control and prevention.* Retrieved from https://www.cdc.gov/drugoverdose/epidemic/index.html

Irwin, A., Jozaghi, E., Bluthenthal, R. N., & Kral, A. H. (2017). A cost-benefit analysis of a potential supervised injection facility in San Francisco, California, USA. *Journal of Drug Issues*, *47*(2), 164-184.

Kral, A. H., & Davidson, P. J. (2017). Addressing the Nation's opioid epidemic: lessons from an unsanctioned supervised injection site in the US. American journal of preventive medicine, 53(6), 919-922.

New York City Department of Health and Mental Hygiene. (2018). Overdose prevention in new york city: supervised injection as a strategy to reduce opioid overdose and public injection. Retrieved from: https://www1.nyc.gov/assets/doh/downloads/pdf/public/supervised-injection-report.pdf

Potier, C., Laprévote, V., Dubois-Arber, F., Cottencin, O., & Rolland, B. (2014). Supervised injection services: what has been demonstrated? A systematic literature review. Drug and alcohol dependence, 145, 48-68.

Rosenstein, R. (2018, Aug 27). Fight drug use don't subsidize it. *The New York Times.* Retrieved from https://www.nytimes.com/2018/08/27/opinion/opioids-heroin-injection-sites.html

Titus, A. (2018, May 11). Nothing "safe" about safe injection sites. *City Journal.* Retrieved from https://www.city-journal.org/html/nothing-safe-about-safe-injection-sites-15899.html

White House Council of Economic Advisers. (2017, Nov). The underestimated cost of the opioid crisis. Retrieved from https://www.whitehouse.gov/sites/whitehouse.gov/files/images/The%20Underestimated%20Cost%20of%20the%20Opioid%20Crisis.pdf