Public drug use is a longstanding problem in Oakland, CA, and has important implications for health and safety. Harm reduction programs offer syringe exchange and support services to people who use drugs (PWUD) but the drug use and associated risk factors occur in other places. People who use drugs in public spaces are at greater risk of overdose, disease transmission, emergency room admission, and arrest. 

Advocates across the country have called to create supervised drug consumption services (SCS), a public health tool widely used in other countries, to protect health and safety and remove drug use from the streets. The findings in this data brief are derived from the Oakland sample (n=98) of the National Public Drug Use Survey (see reverse side for more details about the study).

**PUBLIC DRUG USE IN OAKLAND**

- Of those sampled, 46% reported recent (past three months) injection drug use and 84% reported recent smoking of illegal drugs.
- **54% of people reported frequent street drug use, defined as reporting that the street or park were one of two most common place of drug use in the past 3 months.**
- People who reported frequent street drug use were mostly male (58%), Black (46%), and over the age of 50 years old (62%).
- People who are street-homeless were 28 times more likely to report frequent street drug use (Odds Ratio: 28.33, 95% Confidence Interval =5.2-128.0) compared with people who are stably housed.
- People who identified their gender as female were 67% more likely to report frequent street drug use (CI: .73-.86).

**INJECTION DRUG USE**

- 93% of people who inject drugs report frequent street drug use; they were also more likely to be under the age of 30 years of age (11% vs 4%), identify as White race/ethnicity (39% vs 17%), report street-homelessness or unstable housing (83% vs 69%), and report daily heroin use (79% vs 20%)
- People who inject drugs are 5 times as likely to report lifetime overdose (CI: 2.16-13.80), 81% more likely to report they had witnessed an overdose in the past year (CI: .80-.4.10) compared to non-injectors. Fortunately, they were also over than 6 times more likely to know about naloxone, the opioid overdose medication (CI: 2.39-16.7).
RISKS ASSOCIATED WITH PUBLIC DRUG USE

Overdose: People who report frequent street drug use were over twice as likely to report lifetime overdose (OR=2.27, CI 1.19-4.99).

Sharing drug use equipment: People who inject drugs and report frequent street drug use reported receptive re-use of syringes (4%), cookers (24%), cotton filters (24%), and mixing water (24%). People who use most frequently in the street or park were 76% more likely to report reuse of a syringe (CI: .35-8.89) and 18% more likely to report reuse of a cooker (CI: .63-2.24). People who smoke drugs in public spaces were 32% more likely to report sharing crack pipes and stems (CI: .79-2.12).

Emergency Department Use: People who report frequent street drug use were 25% more likely to report having been admitted to an emergency department (ED) in the past year (CI: .56-2.78); among those who reported they had been admitted to the ED, people who use drugs in public were 85% more likely to report they were admitted for injection-related infection (CI: .47-7.32).

Arrest: People who report frequent street drug use were more than 21% more likely to have been arrested for drug possession, use, or sale in the past year (OR 1.21, CI .39-3.80). Nearly half (48%) of public drug users reported that they almost always worry about arrest when using in public.

POTENTIAL BENEFITS OF A SCS

Participants were asked to identify potential benefits of a SCS if it were available in Oakland. The most popular responses were:

#1 - Decrease risk of arrest (65%)
#2 - Reduce risk of bacterial infections (55%)
#3 - Prevent overdose (52%)
#4 - Reduce risk of HIV and Hepatitis C transmission (44%)
#5 - Improve access to safe disposal of used equipment (42%)
#6 - Improve connection to other services (41%)

A recent San Francisco-based study¹ found that a single SCS could result in a net savings of approximately $3.5 million annually; international studies of operating SCS have all determined cost-benefit to the local healthcare system.

SCS operate in more than 100 locations in ten countries around the world.² Numerous scientific studies have demonstrated that SCS decrease disease transmission and fatal overdose, reduce publicly discarded syringes and other public disorder, and increase access to drug treatment and other supportive services while not increasing local drug use.³

For more information about the study, please contact resources@saferdrugusespaces.org

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