

# How do SCS impact public safety and community?

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## Overview

Safer drug consumption services (SCS) are legally sanctioned spaces where people who use drugs are free to inject on the premises, using clean equipment, while under the supervision of trained staff. This harm reduction approach brings significant benefit to local residents and businesses by reducing public injection and increasing safe disposal of syringes and other injection-related equipment, while having a neutral or positive impact on levels of crime. Partnering with law enforcement has been shown to assist in successful implementation of SCS in other cities. In addition to the extensive health and safety benefits, these facilities have also been shown to bring significant cost-savings to local communities.

## Public Injection

Public injection is very common. In San Francisco, nearly three-quarters of people who use injection drugs reported injecting in public locations such as parks, alleyways, or public bathrooms in the previous six months.<sup>1</sup> SCS are effective in reducing public injection by accommodating drug consumption that would otherwise take place in these shared public spaces.<sup>2</sup> Significant decreases in public injection have been recorded in Vancouver, Sydney and cities across Europe after the opening of these facilities.<sup>3</sup>

## Syringe Disposal and Litter

Proper disposal of injection equipment brings vast health and safety benefits, particularly by reducing the risk of accidental needle stick injuries to community members, sanitation workers, and law enforcement officers.<sup>4</sup> Availability of SCS has consistently been associated with safer syringe disposal and less drug-related litter in the areas surrounding the facilities. In Copenhagen, nearly 60 percent of individuals accessing services at a SCS reported changes in syringe disposal practices, of which over 95 percent always disposing safely after the opening of the facility.<sup>5</sup> Near an SCS in Vancouver, the number of syringes and injection-related litter dropped on a daily basis declined significantly after the opening of the facility.<sup>6</sup>

## Crime

Objections to the establishment of SCS often center on concerns that these facilities will encourage migration of drug dealers and people who use drugs to the neighborhood, resulting in increased criminal activity.<sup>7</sup> Data from existing facilities, however, fail to substantiate these apprehensions. In Australia, no influx of users was found after the opening of SCS, and acquisitive crime was shown to decrease in the immediate vicinity of the site.<sup>8</sup>

Similarly, levels of vehicle break-ins and thefts significantly decreased after the opening of Vancouver's SCS, while levels of drug trafficking, assaults, and robberies remained constant in the surrounding neighborhoods.<sup>9</sup>

## Law Enforcement Allies

Collaboration with law enforcement is important for successful operation of SCS. In Vancouver, the majority of local police officers support SCS as a means to improve public order. In fact, among individuals accessing services at Vancouver's facility, 17 percent reported ever being referred to *Insite* by police, and 2 percent reported first learning of the SCS via police.<sup>10</sup> San Francisco Police Chief Bill Scott has expressed interest in SCS as a complementary approach to addressing the issue of drug use.<sup>11</sup>

## Cost-Effectiveness

SCS have shown to be a cost-effective intervention. Cost-benefits are derived primarily from the aversion of HIV and Hepatitis C infections, reduced skin and soft tissue infections (SSTIs), fewer overdoses, and increased uptake of treatment.<sup>12</sup> Predictive modeling using data from San Francisco estimates that the establishment of one SCS of the same size and scope of Vancouver's *Insite* would bring about a total net savings of \$3.5 million each year, translating to nearly \$2.33 per dollar spent.<sup>13</sup>

|                         |   |
|-------------------------|---|
| <b>HIV</b>              | 3.3 cases averted, \$1.3 million saved  |
| <b>HCV</b>              | 19 cases averted, \$1.3 million saved   |
| <b>SSTI</b>             | 415 less days in hospital due to SSTI-related injuries, \$1.7 million saved             |
| <b>Overdose Deaths</b>  | 0.24 lives per year prevented, \$284,000 saved  |
| <b>Treatment Uptake</b> | 110 new people will enter treatment as a result of SCS, \$1.5 million financial benefit |

*Adapted from Irwin et al. (2016)<sup>14</sup>*

## Recommendations

SCS brings drug consumption from public spaces to facilities where individuals can easily access clean equipment and medical support. Similarly, proper disposal of syringes and drug-related equipment makes streets safer for community members by minimizing the risk of accidental injection or needle stick injuries. Cost-benefits expected from the implementation of SCS provides a convincing financial argument. Given the neutral to positive impact on crime, positive impact on public order, and extensive public health benefits,<sup>15</sup> SCS belong in a comprehensive drug strategy.

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<sup>1</sup> Kral, A. H., Wenger, L., Carpenter, L., Wood, E., Kerr, T., & Bourgois, P. (2010). Acceptability of a safer injection facility among injection drug users in San Francisco. *Drug and Alcohol Dependence*, 110(1), 160-163.

<sup>2</sup> Hedrich, Dagmar. *European Report on Drug Consumption Rooms*. Luxembourg: Office for Official Publications of the European Communities, 2004.

<sup>3</sup> Kinnard, E. N., Howe, C. J., Kerr, T., Hass, V. S., & Marshall, B. D. (2014). Self-reported changes in drug use behaviors and syringe disposal methods following the opening of a supervised injecting facility in Copenhagen, Denmark. *Harm Reduction Journal*, 11(1), 29; MSIC Evaluation Committee. (2003). *Final report of the evaluation of the Sydney Medically Supervised Injecting Centre*. MSIC Evaluation Committee; Wood, E., Kerr, T., Small, W., Li, K., Marsh, D. C., Montaner, J. S., & Tyndall, M. W. (2004). Changes in public order after the opening of a medically supervised safer injecting facility for illicit injection drug users. *Canadian Medical Association Journal*, 171(7), 731-734.

<sup>4</sup> Semaan, S., Fleming, P., Worrell, C., Stolp, H., Baack, B., & Miller, M. (2011). Potential role of safer injection facilities in reducing HIV and hepatitis C infections and overdose mortality in the United States. *Drug and alcohol dependence*, 118(2), 100-110.

<sup>5</sup> Kinnard, E. N., Howe, C. J., Kerr, T., Hass, V. S., & Marshall, B. D. (2014). Self-reported changes in drug use behaviors and syringe disposal methods following the opening of a supervised injecting facility in Copenhagen, Denmark. *Harm Reduction Journal*, 11(1), 29.

<sup>6</sup> Wood, E., Kerr, T., Small, W., Li, K., Marsh, D. C., Montaner, J. S., & Tyndall, M. W. (2004). Changes in public order after the opening of a medically supervised safer injecting facility for illicit injection drug users. *Canadian Medical Association Journal*, 171(7), 731-734.

<sup>7</sup> Freeman, K., Jones, C. G., Weatherburn, D. J., Rutter, S., Spooner, C. J., & Donnelly, N. (2005). The impact of the Sydney medically supervised injecting centre (MSIC) on crime. *Drug and Alcohol Review*, 24(2), 173-184; Hedrich, D. (2004). *European Report on Drug Consumption Rooms*. Luxembourg: Office for Official Publications of the European Communities; Wood, E., Tyndall, M. W., Lai, C., Montaner, J. S., & Kerr, T. (2006). Impact of a medically supervised safer injecting facility on drug dealing and other drug-related crime. *Substance Abuse Treatment, Prevention, and Policy*, 1(1), 13.

<sup>8</sup> MSIC Evaluation Committee. (2003). *Final report of the evaluation of the Sydney Medically Supervised Injecting Centre*. MSIC Evaluation Committee.

<sup>9</sup> Wood, E., Tyndall, M. W., Lai, C., Montaner, J. S., & Kerr, T. (2006). Impact of a medically supervised safer injecting facility on drug dealing and other drug-related crime. *Substance Abuse Treatment, Prevention, and Policy*, 1(1), 13.

<sup>10</sup> DeBeck, K., Wood, E., Zhang, R., Tyndall, M., Montaner, J., & Kerr, T. (2008). Police and public health partnerships: Evidence from the evaluation of Vancouver's

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supervised injection facility. *Substance Abuse Treatment, Prevention, and Policy*, 3(1), 11.

<sup>11</sup> Knight, H. (2017). "Safe injection sites offer hope in scourge of syringes." *The San Francisco Chronicle* (April 21, 2017). Retrieved from: <http://www.sfchronicle.com/news/article/Safe-injection-sites-offer-hope-in-scurge-of-11087892.php>

<sup>12</sup> Irwin, A., Jozaghi, E., Bluthenthal, R. N., & Kral, A. H. (2016). A Cost-Benefit Analysis of a Potential Supervised Injection Facility in San Francisco, California, USA. *Journal of Drug Issues*, 0022042616679829; Irwin, A., Jozaghi, E., Weir, B. W., Allen, S. T., Lindsay, A., & Sherman, S. G. (2017). Mitigating the heroin crisis in Baltimore, MD, USA: a cost-benefit analysis of a hypothetical supervised injection facility. *Harm Reduction Journal*, 14(1), 29.

<sup>13</sup> Irwin, A., Jozaghi, E., Bluthenthal, R. N., & Kral, A. H. (2016). A Cost-Benefit Analysis of a Potential Supervised Injection Facility in San Francisco, California, USA. *Journal of Drug Issues*, 0022042616679829.

<sup>14</sup> Irwin, A., Jozaghi, E., Bluthenthal, R. N., & Kral, A. H. (2016). A Cost-Benefit Analysis of a Potential Supervised Injection Facility in San Francisco, California, USA. *Journal of Drug Issues*, 0022042616679829.

<sup>15</sup> Potier, C., Lapr votte, 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.