Overview
Safer drug consumption services (SCS) are a vital component of a comprehensive public health approach to reducing the harms associated with drug misuse. SCS provide a legal, safe space for people to consume pre-obtained drugs in controlled health care settings, under the supervision of trained staff, and with access to sterile injecting equipment. Participants can also receive health care, counseling, and referrals to health and social services, including drug treatment. SCS are intended to complement existing prevention, harm reduction and treatment interventions.

An estimated 22,500 people use injection drugs in San Francisco. Despite access to existing programs such as syringe exchanges, naloxone, and medication-assisted treatment for opioid addiction, rates of overdose continue to climb and people who inject drugs account for 21 percent of people living with HIV and 70 percent of active Hepatitis C infections in the city. Evidence points to SCS as an effective and financially responsible way to help improve the lives of these individuals as well as the public safety and health of the larger communities.

SCS around the World
While there are approximately 100 SCS currently operating in over 65 cities around the world in ten countries (Switzerland, Germany, the Netherlands, Norway, Luxembourg, Spain, Denmark, France, Australia, and Canada), none exist in the United States. There are plans for the opening of SCS in Scotland, Ireland, major cities across Canada, and most recently in Seattle, WA.

State of SCS in the U.S.
Local efforts are currently underway in cities across the country, including San Francisco where key stakeholders like Mayor Ed Lee and Barbara Garcia, Director of the Department of Public Health, have expressed openness and support for the establishment of SCS. Board of Supervisors President London Breed recently appointed a task force to assess if and how SCS could become a reality. Findings will be released at the end of the summer.

State-level legislation has been introduced in California, Maryland, New York, Vermont and Massachusetts. California Assemblywoman Susan Eggman’s AB 186 proposes narrow exemptions to controlled substances laws to allow the opening of SCS in 8 cities and counties in California on a pilot basis. The bill has since progressed from the Assembly to Senate – the first state bill on SCS to ever win legislative votes in the U.S.

Public Health and Safety Benefits
Evidence from existing SCS demonstrate a range of associated public health and safety benefits, including:

- higher rates of detoxification services use among participants and increased rates of long-term addiction treatment initiation;
- reductions in public injection, unsafe syringe disposal and drug-related litter in areas surrounding facilities;
- safer injection practices, fewer abscesses and bacterial infections, and reduced transmission of blood-borne diseases, such as HIV and Hepatitis C;
- reduced risk of overdose;
- and connection of the most marginalized individuals who inject drugs to critical health and social services.

Furthermore, there has been no evidence of increased community drug use, initiation of injection drug use, or drug-related crime in areas surrounding these facilities.

Cost-Effectiveness
In addition to bringing about exceptional public health outcomes, SCS are also cost-effective. Vancouver’s SCS – Insite – is estimated to save more than $6 million per year after accounting for programming costs. Predictive modelling suggests that establishment of one facility in San Francisco of the same size and scope of Insite would bring about a total net savings of $3.5 million for the city each year, translating to nearly $2.33 per dollar spent.

Considerations for SF
To maximize use, SCS must be located in close proximity to those seeking access to services. Among individuals who use injection drugs in San Francisco, 85 percent reported that they would use SCS, 72 percent of whom would travel up to 20 minutes to get there. In addition, engagement with local communities and partnerships with law enforcement have shown to facilitate operation of these facilities.

Recommendations
SCS are an effective gateway to critical health and social services for a population difficult to reach by conventional methods and who often experience stigmatization when seeking services. This harm reduction approach has been proven to save lives and money for local communities. Despite extensive evidence of the positive health and social outcomes, SCS continue to be a contentious topic in the U.S. and progress has been hindered by regressive policy decisions. It is due time for SCS to become a reality and California is poised to lead the way.


