Understanding the Drug Epidemic: The Role of Safe Injection Facilities in Harm Reduction

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Abstract

Opioid overdose rates have seen substantially elevated numbers globally since its recognition as a public health crisis in the 1990s. Throughout its history as a public health issue, activists have strived for change with notably renewed calls for action in recent years. This argumentative essay will discuss the implementation of safe injection facilities (SIFs) as one evidence-based, yet controversial solution. SIFs may provide resources to not only prevent overdose deaths but additionally offer holistic care that addresses both physical and emotional aspects of addiction. This is achieved by giving people who inject drugs (PWID) access to a wide variety of support, such as nurses, peer support workers, and mental health professionals. Furthermore, SIFs promote harm reduction strategies to PWID and help address any gaps in drug-use knowledge that may exist and lead to harmful practices. Contrary to misconceptions, SIFs are also a more cost-efficient way of increasing safety in neighborhoods, with studies showing a decrease in discarded syringes and crime rates while saving millions of dollars per year in drug-related medical costs. Moreover, SIF implementation is rooted in the community, bringing together many individuals to support the drug epidemic cause, such as peer support workers and the local police force. The British Columbia Coroners Service found that 79% of those who died from overdose had contact with health services in the year preceding death, indicating a problem with the medical systems available to PWID, and calling attention to harm-reduction models such as SIFs.

Keywords: safe injection facility, opioid crisis, harm reduction, addiction

Introduction

In 2016, British Columbia's Provincial Health Officer declared the opioid crisis a public health emergency (2). In the 6 years following this, Canada saw a total of 32,632 opioid toxicity deaths (1). Between 2020 and 2021, there was a 96% increase in deaths over the same period in the year preceding (1). With drug poisonings continuing to rise globally, government response is becoming increasingly crucial, and is garnering more attention from citizens. One solution that experts are looking towards is safe injection facilities (SIFs). The first of these sites to be government-sanctioned in North America was Vancouver's Insite, which opened in 2003. Prior to this, people who use drugs faced forceful regulation by police, and in protest, they spearheaded the establishment of unsanctioned SIFs, along with the help of nurses, researchers and activists (3). Many of these sites eventually closed due to police and government pressure. Insite was finally approved due to the need for scientific data on SIFs, which was quite limited at the time, and under the stipulation that it would be tightly regulated (3). Between January 2017 and October 2023, there were 47 sanctioned SIFs in Canada, receiving a total of 4,480,823 visits over the 6-year period (4). Such sites provide a clean and safe environment for people who inject drugs (PWID) to do so under medical supervision, with the aim of reducing harms associated with drug use. SIFs have shown progress towards creating reliable solutions for the opioid crisis: safe injection sites are shown to reduce deaths while providing educational opportunities, increasing safety in neighborhoods, and inviting community-based intervention.

SIFs as a harm-reduction and educational model

Safe injection sites positively impact drug users by allowing ease of access to different forms of harm reduction that not only treat the addiction itself, but also allow PWID to be more engaged in discussions pertaining to their health, since they do not need to be concerned about hiding their substance use.

The primary aim of SIFs is reducing overdose deaths through intervention provided by trained experts, and not necessarily just medical professionals. Nurses are able to supervise the injection of drugs to ensure that physically safe quantities are used and social workers and trained peer workers are able to provide mental health support and help create social environments free of judgement. This non-traditional method of supervision helped Vancouver reach a 35% reduction in overdose events in the 500 meters surrounding its safe injection site, Insite, between 2003 and 2005 (5). Addressing both the physical and mental consequences of addiction allow SIFs to take a holistic healthcare approach, playing an important role in an individual's long-term well-being. In addition to creating a space with better equipped staff, SIFs allow PWID to learn more about harm reduction strategies and therefore be more engaged in their care plans. An example of this is nurses advising clients on proper injection techniques to avoid injury. One study done at Vancouver's Insite in 2008 involved client interviews, and many of them credited Insite for their healthier habits. Multiple users reported fewer medical complications after learning how to clean the injected skin and inject properly (6). Furthermore, a 2015 study by Roux et al. showed that after an extended period of supervised injections, unsafe injection practices in drug usage dropped from 66% to 39%, as opposed to the control group which remained mostly stable (7).

While many citizens see the advising as "enabling" drug users, an important reality to note is that drug users are tempted to inject, whether they are taught how to or not. A common misconception is that these facilities serve to cure drug addiction, which is simply not true. As opposed to completely preventing injections, SIFs aim to reduce risk to PWID, and treat them with dignity, whether the SIFs help lead them to recovery or not. Furthermore, drug users are not the only population that may benefit from the education SIFs provide. Studies conducted for the Canadian Expert Advisory Committee on Supervised Injection Site Research in 2008 illustrated that the majority of Vancouver police officers are in support of Insite's operation, while national law enforcement groups shared opposing views (8). For individuals with less understanding of PWID, such as law enforcement officers outside of heavily drug-influenced communities, SIFs may be the key to spreading educational resources. These resources lead to more informed populations and consequently, improved harm-reduction solutions. Additionally, safe injection sites provide other resources such as access to medication, social services, rehabilitation centers, medical care, and STI testing, which drug users otherwise may not know about or have access to (9). One popular resource introduced at Insite called "drug checking" allows PWID to get their drugs tested for fentanyl, a rising concern due to the drug's extreme potency. According to Vancouver Coastal Health, users were ten times more likely to reduce their dose upon a positive fentanyl test, and this was associated with a 25% reduction in overdose events, showing the benefits of injection facilities (5). Overall, SIFs are crucial for providing drug users with a safe, monitored environment to inject, as well as improving drug knowledge and creating access to relevant education.

Increasing safety in neighborhoods while saving taxpayer dollars

A major concern raised by citizens where there is a particularly high density of people who use drugs is the danger posed by discarded syringes and a lack of public order. Due to a high density of drug users, places like Vancouver's Downtown Eastside may be littered with used syringes, increasing risk of disease transmission, community exposure, and accidental overdose if contaminated with toxic substances. Public injections and altercations are also common, creating disturbances that may lead to danger for both non-drug users and drug users alike. Many opponents to safe injection sites argue that their implementation will only exacerbate discarded syringes and crime rates; however, studies done in Vancouver and Sydney, Australia prove the opposite. After the implementation of SIFs, both cities observed a decrease in drug-related crimes, drug soliciting, and discarded used syringes (10). Citizens also voice concerns that SIFs expose the community to drug use, particularly youth, and encourage drug-use initiation. However, a cohort study done at Insite in 2007 showed that the average time of drug use was sixteen years, indicating that users were not influenced by the facility and had been injecting drugs long before Insite was established in 2003. Only one person in the study reported performing their first injection at a safe injection facility (11). The results indicate that SIFs do not prompt drug-use initiation and do not attract a large number of youth (11). In fact, it is hypothesized that the result of decreased public injections may serve as a preventative measure for youth drug-use initiation, in that PWID are given private places to inject rather than doing so in public spaces (12). SIFs drawing in large numbers of drug users from other communities that may have higher rates of crime is an additional raised safety concern. Research has shown, however, that the majority of SIF clients travel less than twenty minutes to a facility, due

to the strategic accessibility of these services (10). For this to remain true, however, SIFs must be implemented differently depending on geographic area. For example, Insite works well for Vancouver due to the very concentrated population of drug users in a commercial area. However, in provinces like Saskatchewan, where the drug user population is more isolated (5), mobile SIFs can see more clients. A mobile SIF has similar benefits to sites such as Insite, however, it is packaged into a recreational van so that SIF services can be brought to rural areas. By adjusting SIF operations, the safety that they provide is consistent. The improved safety is also cost-efficient, contrary to many opponents' beliefs. Many taxpayers do not support subsidizing drug equipment, believing this to enable drug users and increase taxes. Yet, amongst Vancouver drug users, for every 83.5 HIV infections prevented by Insite, eighteen million dollars are saved by the Canadian government in life-time HIV-related medical costs, while Insite's operating cost is only three million dollars per year (13). A similar cost-benefit analysis study of a supervised consumption site in Calgary from November 2017 to January 2020 concluded that another two million dollars are saved in emergency service expenses for overdose (14). Taxpayers save a significant amount of money compared to the costs of the opioid crisis, meanwhile increasing the levels of safety in their own neighbourhoods.

Intervention rooted in community

The several resources that SIFs provide share a common theme of being rooted in community. SIFs use various community members' services to provide more specific harm-reduction treatment. This is critical in ensuring that all of an individual's specific needs are met. A study conducted in Melbourne, Australia interviewed drug users who had experienced both hospital-based support and a community-based support program at the Healthy Liver Clinic (HLC) (15). Many participants reported attending the community-based program simply because it was not a hospital. The clients described facing much less stigma than in a hospital setting and feeling more connected to employees working at HLC than anywhere else due to their advising and listening abilities. One client at HLC described peer support workers as relatable human beings, explaining the threat many people feel from doctors, and preferring communication through a peer support worker (15). While doctors may endorse a more compassionate system, busy schedules in hospitals make it unrealistic, often leading to dehumanizing treatment. Drug users therefore have a tense relationship with the public health system, deterring their recovery process. However, when various community members act as liaisons for medical professionals, drug users are able to receive better treatment, and also have better communication and relationships with doctors. Furthermore, peer support workers can help introduce SIF services such as peer-assisted injection. This service not only aims to reduce harms associated with injections, but promotes safe relationships between PWID. Some PWID require assistance with injecting due to physical and psychological hinderances or inexperience. However, some relationships between the injection provider and receiver can be established through violence, particularly in relationships with power imbalances in the social context. Peer-assisted injection programs allow PWID to be injected by someone with experience, and who will treat the client as an equal (16). Additionally, the community's police force must play a significant role in SIF implementation, due to the connection between the criminal justice system and drug prohibition. Historically, drug users maintain a tense relationship with law-enforcing systems. In a study done in British Columbia, 57% of PWID reported a disinterest in forming positive relationships with the police (17), which may be due to experiencing abuses of power, harsh sentences, and confiscation of clean equipment and drugs. Consequently, the relationship between drug users and the police may create an increase in overdose events and injection complications. For instance, a 2003 Vancouver study found a 27% decrease in the number of sterile syringes distributed four weeks after the implementation of high police presence around needle exchange services. A 2010 Swiss study had similar results: increased policing led to increased drug-related mortalities (17). The police force must complement the strategies of SIFs. Otherwise, they run the risk of creating fear that prevents clients from visiting facilities and seeking help during drug poisoning and overdose events. While the police are required to play a role in SIFs, this may involve new approaches. An SIF-supported policing method might include physically distancing police forces from injection facilities and altering their role to encouraging drug users' visits to SIFs instead of confiscating drugs. A gentler approach to policing drugs may improve the relationship between PWID and the justice system. Ultimately, without the joint support of community members, SIFs would not differ from other harm reduction models already in place, such as rehabilitation centers. While these models are certainly important, combinations of various organizations provide real impact for drug users.

Conclusion

The discussion of safe injection facility implementation reveals ingrained stigmas, and the extreme lack of education about the science and impacts of addictive substances

creates a population that fails to invest their attention in those suffering from the drug epidemic. There are many factors that may lead to drug addiction, such as chronic pain, trauma, mental illness, and homelessness. Viewing addiction as a multifaceted issue rather than reducing the epidemic to merely drug consumption may start new conversations that help bridge the gap between non-drug users and drug users. In doing so, harm-reduction services like SIFs may receive more support, leading to more widespread implementation, and thus offering opportunities for rehabilitation and education, effectively enhancing safety and public order, and encouraging community-led intervention. By approaching addiction with a comprehensive treatment plan that addresses all facets of the disease, the benefits will not only impact drug users, but create informed change for other generations as well. Thousands of future deaths can be prevented, and thousands of current lives can be supported by moving past misplaced stigma to implement truly effective harm-reduction models.

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