



## Research Paper

## Using drugs in un/safe spaces: Impact of perceived illegality on an underground supervised injecting facility in the United States

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## ABSTRACT

**Background:** Supervised injection facilities (SIFs) are spaces where people can consume pre-obtained drugs in hygienic circumstances with trained staff in attendance to provide emergency response in the event of an overdose or other medical emergency, and to provide counselling and referral to other social and health services. Over 100 facilities with formal legal sanction exist in ten countries, and extensive research has shown they reduce overdose deaths, increase drug treatment uptake, and reduce social nuisance. No facility with formal legal sanction currently exists in the United States, however one community-based organization has successfully operated an ‘underground’ facility since September 2014.

**Methods:** Twenty three qualitative interviews were conducted with people who used the underground facility, staff, and volunteers to examine the impact of the facility on peoples’ lives, including the impact of lack of formal legal sanction on service provision.

**Results:** Participants reported that having a safe space to inject drugs had led to less injections in public spaces, greater ability to practice hygienic injecting practices, and greater protection from fatal overdose. Constructive aspects of being ‘underground’ included the ability to shape rules and procedures around user need rather than to meet political concerns, and the rapid deployment of the project, based on immediate need. Limitations associated with being underground included restrictions in the size and diversity of the population served by the site, and reduced ability to closely link the service to drug treatment and other health and social services.

**Conclusion:** Unsanctioned supervised injection facilities can provide a rapid and user-driven response to urgent public health needs. This work draws attention to the need to ensure such services remain focused on user-defined need rather than external political concerns in jurisdictions where supervised injection facilities acquire local legal sanction.

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## Introduction

## Background

Supervised injection facilities (SIFs, also called safe injection sites or drug consumption rooms) are facilities that provide a hygienic space for people to inject pre-obtained drugs under the supervision of staff trained in overdose response as well as injection-related risk reduction strategies. SIFs aim to reduce health and public order problems such as overdose, public

injection, and street-discarded needles by providing high-risk, socially marginalized people who regularly inject drugs in public spaces with a safe location to consume drugs out of the public eye. Ten countries currently have specific legislation or regulation authorizing the operation of SIFs (Switzerland, Germany, France, the Netherlands, Norway, Luxembourg, Spain, Denmark, Australia, and Canada), with over 100 facilities operating in 66 cities (European Monitoring Centre for Drugs & Drug Addiction, 2016; Hedrich, Kerr, & Dubois-Arber, 2010). As the terminology and precise approaches to ‘legalizing’ such sites differ from country to country and even city to city, throughout this paper we use the terms “legal” or “sanctioned” to indicate any kind of legal sanction through formalized legislation, or political sanction through agreement or approval of relevant local or state actors and authorities. “Unsanctioned” refers to any facility which has not

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formally received such recognition. In the United States, no SIF currently operates with formal acknowledged sanction, however, some state and local jurisdictions have recently begun considering authorizing such facilities (CBS Baltimore, 2017; Foderaro, 2016; Gutman, 2017; Sapatkin, 2017), largely in response to a quadrupling of overdose deaths nationally over the past 15 years (Centers for Disease Control & Prevention, 2017).

Of the sanctioned facilities outside the United States, the InSite facility in Vancouver, Canada, and the MSIC facility in Sydney, Australia have been the most comprehensively described in the peer reviewed literature, with over 75 papers describing health and social order outcomes from these two facilities (Potier, Lapr evote, Dubois-Arber, Cottencin, & Rolland, 2014). A smaller number of papers (most in non-English language journals) describe health and social order outcomes from European sites (Hedrich, 2004; Hedrich et al., 2010). Collectively, this literature consistently describes decreases in overdose deaths near facilities, along with other substantial positive health and social outcomes for both those using the facility and for the surrounding community (DeBeck et al., 2008; Fitzgerald et al., 2010; Kerr et al., 2006; Marshall, Milloy, Wood, Montaner, & Kerr, 2011; Salmon, Van Beek, Amin, Kaldor, & Maher, 2010; Small et al., 2008). A limited literature also exists on unsanctioned sites, describing the role of an unsanctioned site in Vancouver in meeting needs not met by InSite (McNeil, Kerr, Lampkin, & Small, 2015; McNeil, Small, Lampkin, Shannon, & Kerr, 2014), and the role of the short-lived ‘Tolerance Room’ in Sydney, Australia, in pushing the state government of New South Wales to approve a sanctioned site in the early 2000 s (Wodak, Symonds, & Richmond, 2003).

We describe here the results of qualitative research conducted at a facility operating without sanction in an urban area of the United States since 2014. This work sought to broadly examine the impacts of having access to the space for people who used it, and to explore how the ‘underground’ and potentially illegal status of the site either positively or negatively impacts the utility of the space for its clients.

## Setting

While legislatively authorized facilities operating solely or primarily as SIFs do not yet exist in the United States, people who inject drugs and the social service agencies who serve them have come up with a range of strategies to create supervised or semi-supervised spaces that reduce the risk of overdose death. For example, many social service organizations in the United States which directly serve people who inject drugs are aware that people sometimes use their bathrooms<sup>1</sup> to consume drugs as people seek safety, more hygienic conditions, and privacy from police surveillance. Due to the difficulty of preventing such use in one of the last truly private spaces in American culture, to reduce the risk of fatal overdose many agencies have adopted some level of harm reduction practice. These practices range from minimal efforts such as cutting the bottom few centimetres off bathroom doors (to allow easier detection of an unconscious person), making sure the door can be unlocked and opened from the outside and installing syringe disposal facilities, to having a naloxone-equipped staff member stationed outside the bathroom to allow frequent checking of individuals using the bathroom to ensure they have not overdosed (Frost, 2017; Mata et al., 2014; Wolfson-Stofko et al., 2016). In recent years, at least one state health department (New York) has mandated that needle exchanges must have minimum safety standards for bathrooms to reduce fatal overdose

risk (New York State Department of Health Institute, 2016). While the precise legal status of a SIF operated for public health purposes is unclear in U.S. law (Beletsky, Davis, Anderson, & Burris, 2008), concerns about potential legal consequence have meant nearly every agency practising such harm reduction measures in the United States has also chosen to operate on a ‘don’t ask, don’t tell’ model, in which drug use on the premises remains officially prohibited and users who are indiscreet may be banned from the facility or otherwise penalized.

In April 2014, in response to increases in overdose deaths in public spaces, a community based organization in an urban area in the United States took a step beyond the ‘don’t ask, don’t tell’ bathroom model, and remodelled a bathroom with drug consumption in mind, before explicitly informing people who used the organization’s existing services that they could use the bathroom to consume drugs. Injection supplies were provided, and a staff member trained in emergency response and equipped with naloxone was stationed outside the bathroom door. The bathroom door was usually left open while the person consumed drugs, and ~40 centimetres was removed from the bottom of the door to facilitate emergency access in the event the door was closed. In addition, the agency developed a quantitative survey to help them evaluate the impact of the facility, and approached authors Kral and Davidson for technical assistance in implementing the survey with every person who used the bathroom. Over the next six months, the bathroom was used to consume drugs 1452 times. However, it quickly became apparent that having only a single-use room available to consume drugs was logistically problematic, as the number of people wishing to use the bathroom to consume drugs greatly exceeded the capacity of the space. This rapidly led to long lines, arguments between clients and staff, people choosing to leave the facility and consume drugs in less safe public spaces nearby rather than wait, and, in effect, loss of the bathroom for its original purpose.

In September 2014, the organization decided to cease use of the bathroom as a space to consume drugs and to re-furnish two adjoining rooms as a supervised injecting room and a space to relax after using drugs. The physical layout of this new space was modelled loosely on the InSite SIF in Vancouver, being equipped with five separate stainless steel injection stations and a comprehensive array of injection supplies. A staff member trained in emergency response and equipped with naloxone is stationed in the room at all times. The staff member also administers the brief quantitative survey to each person each time they use the facility. As the staff member is in the room rather than outside it, the agency expected that there would be improved opportunities to provide education around skin care and injection technique, as well as additional opportunities for referring people to other social services including drug treatment. From September 2014 to October 2017 inclusive, the facility was used for 4623 injecting events by approximately 120 people. Six overdoses occurred, with all six individuals successfully revived by staff using naloxone.

In early 2016, the authors obtained funding (see acknowledgements) to support a qualitative project examining the impact of having access to the space on people who used it, and to explore whether the fact that the space was ‘underground’ and unsanctioned was having either positive or negative impacts on the utility of the space for its clients.

## Methods

### Data collection

Qualitative interviews were conducted at the facility between June and August 2016 with 23 individuals, 22 of whom regularly use the facility themselves, and one staff member who does not

<sup>1</sup> In the United States ‘bathroom’ refers to any room which includes a toilet; we retain this usage throughout this paper.

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