

Despite federal threats, injection site movement must move forward

This week, U.S. Deputy Attorney General Rod Rosenstein penned an opinion piece in the New York Times in response to the momentum building around safe injection sites for intravenous drug users.

Specifically, the column came on the heels of one of the strongest state legislative actions toward harm reduction in addressing the opioid crisis: California State Legislature's passage of a bill that will create a pilot program in San Francisco that includes opening a safe injection

site to reduce opioid overdoses and encourage treatment. As of press time, the bill was awaiting Gov. Jerry Brown's signature.

EDITORIAL

Controversial and unconventional, safe injection sites are breaking through the puritanical "war on drugs" attitudes that have failed us for decades – and continue to stifle real discussions around addiction. There's no question that addiction is an incredibly challenging problem that seldom delivers us to comfortable answers, but we also don't have to live with the tragically dismal status quo, which is clearly where Rosenstein and the federal government want to keep us.

First, safe injection sites are not new, just new to us.

The Drug Policy Alliance recognizes 120 safe injection sites, or SIFs, operating in 12 countries, including Australia, Switzerland, Norway, Spain, Denmark, France and Germany. They're also referred to as safe consumption sites or overdose prevention sites.

The first SIF to open in North America is in Vancouver, B.C. Insite opened in 2003, and in its 15 years has been credited in numerous studies for saving lives, reducing the spread of HIV and hepatitis C, and saving millions of dollars in police and other service expenses. Worldwide, numerous studies back up the beneficial role these facilities have in preventing deaths, the spread of disease and shepherding users toward treatment.

Instead of reviewing the global analysis, Rosenstein instead lists several reasons to condemn SIFs, starting with the big federal bugaboo: it's illegal. And for that reason, "cities and counties should expect the Department of Justice to meet the opening of any injection site with swift and aggressive action."

The line in the sand isn't about the best or most effective way to end addiction and treat people and communities that are suffering. It's about enforcing federal law, without question. Criminalization is not, and never has been, the answer to a health crisis.

His next premise is that injection sites create serious public safety risks, connecting the infiltration of fentanyl in the street drug supply with these facilities. He offers no correlating evidence between the two, and in fact the lethal consequences of fentanyl, and other dangerous concoctions, are shown to be best monitored in an injection facility.

He also discredits the impact SIFs have on helping drug users overcome addiction. He cites a statement from a November 2017 article where the chief medical officer for the company running SafePoint, a facility in Surry, B.C., estimated that about 10 percent of SafePoint users enter treatment (as if that's a bad thing). It's worth noting that at the time of that article's publication, SafePoint had been open for less than five months.

And then there's the claim that injection

sites "destroy the surrounding community." His example is the neighborhood where InSite is located – Vancouver's Downtown Eastside, which since at least the 1990s has been notorious for having one of the highest concentrations of drug users in North America. It was also ground zero for the spread of HIV and hepatitis C infections, which is precisely why InSite opened there in 2003. (It's also telling that he has to describe InSite to his readers through the eyes of a visitor from Redmond, Wash., casting doubt that Rosenstein has ever even visited a SIF before concluding they destroy communities.)

This commentary from Rosenstein is important because it explicitly threatens federal aggression against the increasing number of communities looking for real answers. The federal bureaucracy is pushing a black-and-white scenario, while local communities are forced to explore the complicated gray areas of addiction and harm reduction.

Last year, King County Board of health voted to support opening two sites in the Seattle area, and in June, announced it intended to launch a mobile medical van for safe injection use. Earlier this year, Ithaca, New York, announced plans to open multiple injection sites. Philadelphia is hosting community forums on the issue and hopes to compel a private company to open a SIF there. Among Philadelphia's leading arguments is the economic savings: A safe injection site is expected to save the city \$2 million a year in emergency and direct health care costs.

For Portland and Multnomah County, the issue has lingered on the periphery long enough. It's time for Portland to seriously explore the options an injection site could provide. Of course this would have to be in tandem with adequate and effective treatment programs and related legal and health care efforts to help people who are struggling with addiction heal.

David Bangsberg, founding dean of the joint Oregon Health & Science University-Portland State University School of Public Health, told Street Roots that the "epidemic of overdoses" from opiates is entirely preventable with safe, effective medical intervention. The data from Vancouver suggests that this is a very, very effective intervention – harm reduction strategy – to prevent the harm related to overdoses, particularly death."

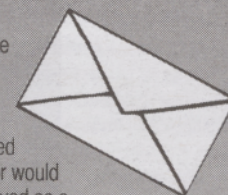
He pointed out that "it also creates an opportunity to get people from using drugs on the streets into a safe supervised site which has a number of other positive social effects in terms of getting needles off the street, to create safe sites for people to use clean equipment, and also the opportunity for people with substance use disorders to have easy access to treatment for when they are ready to ask for help to lessen their drug use."

There are people already exploring such a facility in Portland, and it should move forward with a community-wide discussion and education process. Even further, we should be networking with other cities who are exploring the same option, dealing with the same challenges.

The opioid crisis is in full swing on our streets. Let's use every tool in the box.

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