

Res. A-02-18

December 13, 2017

TITLE: Supervised Injection Facilities as Harm Reduction to Address Opioid Crisis

Introduced by: Zachary Nicholas, MHS

Endorsed by:*

*Endorsement not required

WHEREAS, the prevalence of heroin dependence increased by 90 percent between the period of 2002-2004 and that of 2011-2013¹; and

WHEREAS, the number of deaths attributed to heroin injection overdoses have quadrupled nationally since 2010^{2,3}; and

WHEREAS, persons who inject drugs (PWID) are more likely to contract infectious diseases like HIV, hepatitis C, and soft tissue infections^{4,5}; and

WHEREAS, supervised injection facilities (SIFs) are sites that “allow PWID to inject self-provided drugs within a supervised framework in enhanced aseptic conditions with medical monitoring and no risk of police control”⁶; and

WHEREAS, in areas where they are established, SIFs reduce the number of overdose deaths⁷, reduce transmission rates of infectious disease^{8,9}, increase the number of individuals initiating substance use therapy^{10,11}, improve access to care for those that would not otherwise access the health care system^{6,12,13,14}, and to date have had no documented fatalities^{11,12,17}; and

WHEREAS, SIFs effectively attract and provide services for PWID who are at greatest risk due to homelessness, daily use, and recent nonfatal overdose^{12,17}, and it has been shown that youth in high-risk categories are more likely to use SIFs^{18,19}; and

WHEREAS, SIFs do not increase overall illicit drug use, encourage drug use, or promote first-time drug experimentation^{10,20}; and

WHEREAS, North America’s only currently existing SIF has created significant healthcare savings due to averted infections and deaths, and cost-benefit projections for potential SIFs in other North American cities have predicted similarly favorable results^{21,22,23}; and

WHEREAS, SIFs in other locations have demonstrated social benefits of reducing public injecting, syringe litter, and local crime including vehicle break-ins and thefts^{24,25}; and

WHEREAS, multiple state legislatures and localities are currently involved in efforts to create legal frameworks for and facilitate the creation of SIFs or similar facilities to further combat the opioid addiction crisis^{26,27,28,29}; and

WHEREAS, CAFP policy is to support increased funding for drug treatment programs and increased number of physicians to deliver medication-assisted treatment; now, therefore be it

RESOLVED, that our CAFP work with state and local health departments to achieve the legalization and implementation of facilities that provide a supervised framework and enhanced aseptic conditions for the injection of self-provided illegal substances with medical monitoring, with legal and liability protections for persons working or volunteering in such facilities and without risk of criminal penalties for recipients of such services.

Speaker's Notes:

Fiscal Note:

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