A Public Health & Safety Analysis in Support of Supervised Injection Facilities (SIFs)

Commission Findings

November 2017

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Glossary

Executive Summary

The Supervised Injection Facility Commission was created in response to the rising number of overdose related deaths in Vermont, and has been meeting since March of 2017. The focus has been to realistically consider the potential impact a Supervised Injection Facility could have on individuals who struggle with opioid dependence, as well as the larger community. This work has been done with the goal of informing the Chittenden County State's Attorney, legislators and the public about Supervised Injection Facilities, and creating recommendations that will promote the health, safety and welfare of all Vermonters struggling with addiction or the secondary effects of the same.

Data collected from two syringe exchange programs (SEP's) in Vermont indicates that there is a critical need for life saving overdose prevention services such as those provided at Supervised Injection Facilities. The Chittenden County SEPs survey data revealed that the vast majority of clients have used alone in the past year, with no one there to call emergency services or intervene on an overdose should it occur. Further, over 57% of Chittenden County SEP clients had experienced an overdose. Both SEP's that collected data also reflected that the majority of clients would use a Supervised Injection Facility (over 90% at the Chittenden County site) if it were available to them. Many other concerns that a Supervised Injection Facility could address were also reflected in the Commissions research, such as; healthcare costs associated with contracting HCV, and experiencing adverse health problems related to injection drug use, as well as using drugs in public or in motor vehicles.

Throughout the Commission's work period, all evidence has highlighted the strong need for advocacy related to promoting the health and safety of individuals struggling with opioid dependence, especially regarding the risk of a fatal overdose. Therefore, the Commission recommends not only the implementation of a Supervised Injection Facility in Chittenden County (and others around the State), but also the expansion of our treatment capacity, to effectively respond to meeting these needs. These measures should be strongly considered, as they will save lives and prove advantageous to the community, and the State of Vermont.

Overview of Supervised Injection Facilities

Overview[1]

Supervised injection facilities (SIFs) – also called safe injection spaces and drug consumption rooms – are legally sanctioned facilities that provide a hygienic space for drug users to inject pre-obtained drugs under the supervision of trained staff.[i] SIFs aim to reduce health and public order issues by targeting high-risk, socially marginalized drug users who would otherwise inject in public spaces, including on the street or in public restrooms.[ii]

Most SIFs operate under the same general procedures. Clients must first register and provide written consent to participate. General admission criteria are that clients are regular or dependent substance users over 18 years old. Occasional or first-time users are excluded. Once a client has registered and entered the facility during its hours of operation, he or she sits at a table, either alone or with others, and injects under the supervision of a trained professional, which could include a nurse, doctor, or other staff member such as social or outreach worker. The rooms are well-stocked with sterile needles, cotton swabs, band aids, and other injection supplies.[iii] Facility staff members do not directly assist in injection or handle any drugs brought in by clients, but are present to provide sterile injection supplies, answer questions on safe injection practices, administer first aid if needed, and monitor for overdose. SIF staff also offer general medical advice and referrals to drug treatment, medical treatment, and other social support programs.[iv] Staff also record and track a number of metrics, typically at a minimum the demographic makeup of clients, the frequency of visits, and the number of medical and counseling referrals.[v] Facility rules prohibit drug sharing or dealing and specify basic hygiene requirements and safety procedures.

There are at least 98 SIFs operating in 66 cities around the world in ten countries (Switzerland, Germany, the Netherlands, Norway, Luxembourg, Spain, Denmark, Greece, Australia, and Canada).[vi]

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[1] This Overview was prepared by the Drug Policy Alliance.

SIFs, of course, cannot prevent all risky drug use or alleviate all drug-related morbidity, and must be part of a wider framework of public policy and direct services aimed at reducing the risks associated with drug using.[vii] Existing evidence strongly suggests, however, that SIFs can be effective in reaching high-risk drug users, with positive effects on those users and positive or neutral effects on the community in which they are sited.

Key Research Findings

Numerous evidence-based, peer-reviewed studies have proven the positive impacts of SIFs (*see* Annotated Bibliography). Indeed, data indicate that SIFs are uniquely effective in sustaining contact with the most marginalized and chaotic users who inject drugs in public places. These users are at the greatest risk for disease and death, and are also the least likely to engage directly in a traditional abstinence-based health services. SIFs can reduce drug overdose deaths, minimize the risk of HIV, hepatitis C and hepatitis B transmission, and increase referral to drug treatment and other health services, while improving public order and nuisance concerns.

<u>SIFs Reduce Overdose Deaths</u>

There has not been a single overdose fatality at any SIF operating worldwide.[viii] When an overdose does occur, which is not uncommon, staff are immediately available to respond with emergency treatment, including the administration of naloxone, a call for ambulance support, as well as the administration of oxygen. A life that would have otherwise been lost is saved as a result of the supervision SIFs provide. Indeed, a study of the SIFs in Switzerland concluded that SIFs help to "reduce the incidence of fatal overdoses and, therefore, the mortality rate in this population."[ix] An evaluation of the Canadian SIF reached a similar conclusion: ". . . [O]verdose mortality was reduced after the opening of a SIF."[x] Specifically, "[r]eductions in overdose rates were most evident within the close vicinity of the facility—a 35% reduction in mortality was noted within 500 m of the facility after its opening[,] [whereas] overdose deaths in other areas of the city during the same period declined by only 9%."[xi]

SIFs Do Not Encourage Additional Drug Use

After a thorough review of the evidence, the European Centre on Drugs and Drug Addiction concluded that "[c]onsumption rooms achieve the immediate objective of providing a safe place for lower risk, more hygienic drug consumption without increasing the levels of drug use or risky patterns of consumption."[xii] The Centre further stated: "[n]o evidence was found to suggest that naïve users are initiated into injecting as a result of the presence of consumption rooms."[xiii] A study of the SIFs in Switzerland similarly determined that SIFs had "no detrimental effect on the number of drug users and the frequency with which they use drugs."[xiv] Rather, that study found that "the figures are falling in both cases."[xv] Finally, one study of the Canadian SIF found that the SIF "did not result in increased relapse among former drug users, nor was it a negative influence on those seeking to stop drug use."[xvi]

SIFs Provide an Entry to Treatment and Even Abstinence

Data show that SIFs reach the intended target groups of long-term addicts, street injectors, homeless drug users and drug-using sex workers and are thus facilitating contact with the most problematic and marginalized drug users.[xvii] One study of the Canadian SIF found that "regular use of the SIF and having contact with counselors at the SIF were associated with entry into addiction treatment, and enrollment in addiction treatment programs was positively associated with injection cessation."[xviii] Another study concluded that "SIFs provide greater opportunities for health workers to connect with injectors, and to move them into primary care, drug treatment, and other rehabilitation services."[xix] Indeed, one study found that in a single year the Canadian SIF made more than 2,000 referrals to community-based services: 37% were for addictions counseling, 12% for detoxification, 16% for community health centers, 4% for methadone maintenance therapy, and 3% for long-term recovery houses.[xx] Another evaluation of the Canadian SIF demonstrated that the SIF "was associated with a greater than 30% increase in the rate of detoxification service use among SIF users in comparison to the year prior to the SIF's opening" and that "[s]ubsequent analyses demonstrated that detoxification service use was associated with increased use of methadone and other forms of addiction treatment, as well as reduced injecting at the SIF."[xxi] The study even concluded that SIFs

"helped to reduce rates of injection drug use among users of the facility."[xxii] An evaluation of the 17 SIFs in Germany found that more than half of the clients had received referrals for detox, social services, and counseling.[xxiii] In Australia, 1,385 referrals to assistance were provided to 577 clients during an 18-month period; the most frequent referrals were for drug treatment (43%), in particular buprenorphine maintenance treatment (13%), detoxification programs (10%), and methadone maintenance treatment (9%).[xxiv]

SIFs Reduce Risky Injecting and Transmission of Infectious Diseases

Consistent use of the Canadian SIF has been associated with reusing syringes less often, injecting less hurriedly, injecting outdoors less frequently, using clean water for injecting, cooking or filtering before injecting, injecting in a clean place, safer disposal of syringes, and less difficulty finding a vein.[xxv] A study of the SIFs in Spain similarly showed that SIFs are associated with not borrowing used syringes.[xxvi] An evaluation of clients at a Netherlands SIF found that 90% of the interviewees reported positive changes in their drug use-related behavior since visiting the SIF.[xxvii] A study of Switzerland SIFs concluded that SIFs "reduce risk behaviour likely to lead to the transmission of infectious diseases, particularly HIV/AIDS, among the population of the worst affected drug users."[xxviii] An evaluation reviewing the evidence in support of SIFs similarly found that SIFs "minimize risks for abscesses, bacterial infections and endocarditis [as well as] minimise the risk of HIV, hepatitis C and hepatitis B transmission . . ."[xxix]

SIFs Improve Public Order by Reducing Discarded Syringes and Public Injecting

SIFs target the "nuisance factor" of drug scenes – the hazardous litter and potentially intimidating presence of injectors congregating in city parks, public playgrounds, and on street corners – by offering them an alternative, supervised, and safe space. One study of the Canadian SIF found "significant reductions in public injection drug use, publicly discarded syringes and injection-related litter after the opening of the medically supervised safer injections facility in Vancouver."[xxx] Moreover, these findings appeared to be independent of several potential confounders, and were supported by external data sources.[xxxi] A study of the SIFs in Switzerland similarly found that SIFs help to "reduce public order problems, particularly by doing away with open drug scenes, reducing drug use in public places, recovering used

syringes, and reducing the impact of drug problems on residential areas."[xxxii] The European Monitoring Centre on Drugs and Drug Addiction's review of the evidence in support of SIFs found that "[s]urveys of local residents and businesses, as well as registers of complaints made to the police, generally show positive changes following the establishment of consumption rooms, including perceptions of decreased nuisance and increases in acceptance of the rooms."[xxxiii] The Centre also found that "[p]olice, too, often acknowledge that consumptions contribute to minimising or preventing open drug scenes."[xxxiv] Benefits to improved public order is not surprising given that that a commonly reported reason for public drug use is the lack of an alternative place to inject and that users who utilize SIFs are often homeless or marginally housed.[xxxv]

Crime is Not Increased in the Areas in Which SIFs are Located

Studies of SIFs in multiple cities in both Switzerland and Australia revealed that the establishment of SIFs did not lead to an increase in crime in the area in which they were located.[xxxvi] The Australian study, for example, concluded: "The evidence . . . shows that there was no increase in acquisitive crime, particularly robbery and theft, in the Kings Cross area attributable to the [SIF]. There was an overall decrease in crime attributable to the reduction in heroin supply. There was also no increase of any significance in drug-related loitering associated with the SIF . . . ."

SIFs Are Cost Effective

In evaluating the cost-effectiveness of the SIF in Canada, one study found that when "focusing on the base assumption of decreased needle sharing as the only effect of the supervised injection facility, we found that the facility was associated with an incremental net savings of almost $14 million and 920 life-years gained over 10 years."[xxxvii] The study further concluded: "When we also considered the health effect of increased use of safe injection practices, the incremental net savings increased to more than $20 million and the number of life-years gained to 1070. Further increases were estimated when we considered all 3 health benefits: the incremental net savings was more than $18 million and the number of life-years gained 1175."[xxxviii]

[i]Evan Wood et al., *Service Uptake and Characteristics of Injection Drug Users Utilizing North America's First Medically Supervised Safer Injecting Facility*, 96 AM. J. PUB. HEALTH 770, 770 (2006); Robert S. Broadhead et al., *Safer Injection Facilities in North America: Their Place in Public Policy and Health Initiatives*, 32 J. DRUG ISSUES 329, 347–48 (2002); Benedikt Fischer et al., *Safer Injection Facilities (SIFs) for Injection Drug Users (IDUs) in Canada: A Review and Call for an Evidence-Focused Pilot Trial*, 93 CAN. J. PUB. HEALTH 336 (2002); Craig L. Fry et al., Editorial, *The Place of Supervised Injecting Facilities Within Harm Reduction: Evidence, Ethics and Policy*, 101 ADDICTION 465 (2006).
[ii] Hedrich, D. *European Report on Drug Consumption Rooms.* European Monitoring Centre

for Drugs and Drug Addiction, Luxembourg: Office for Official Publications of the European Communities. 2004.

[iii] *Id.*

[iv] Nat M.J. Wright & Charlotte N.E. Tompkins, *Supervised Injecting Centres*, 328 BRIT. MED. J. 100, 100–01 (2004).
[v] Dolan, K., Kimber, J., Fry, C., Fitzgerald, J., McDonald, D., Trautmann, F. *Drug Consumption*

Facilities in Europe and the Establishment of Supervised Injecting Centres In Australia, 19 DRUG ALCOHOL REV. 337-46 (2000).

[vi] International Drug Policy Consortium, *Drug Consumption Rooms: Evidence and Practice* (2012), http://idpc.net/publications/2012/06/idpc-briefing-paper-drug-consumption-rooms-evidence-and-practice; Hedrich, D., *supra*, note 2.
[vii] Hedrich, D., *supra*, note 2.

[viii] Nat M.J. Wright, Charlotte N.E. Tompkins, *Supervised Injecting Centres*, 328 British Medical Journal 101 (2004).
[ix] Zobel, Frank & Françoise Dubois-Arber, "Short appraisal of the role and usefulness of Drug consumption facilities (DCF) in the reduction of drug-related problems in Switzerland: appraisal produced at the request of the Swiss Federal Office of Public Health" (Lausanne: University Institute of Social and Preventive Medicine, 2004), p. 27.
[x] Marshall, Brandon D L; Milloy, M-J; Wood, Evan; Montaner, Julio S G; Kerr, Thomas, "Reduction in overdose mortality after the opening of North America's first medically supervised safer injecting facility: a retrospective population-based study," The Lancet (London, United Kingdom: April 18, 2011) Volume 377, Issue 9775, pp. 1429-1437.
[xi] *Id.*
[xii] Hedrich, D., *supra*, note 2.

[xiii] *Id.*

[xiv] Zobel, *supra*, note 9.
[xv] *Id.*
[xvi] Dooling, Kathleen and Rachlis, Michael, "Vancouver's supervised injection facility challenges Canada's drug laws," Canadian Medical Association Journal (Ottawa, Ontario: September 21, 2010), Vol. 182, Issue 13, p. 1441.
[xvii] Hedrich, D., *supra*, note 2.

[xviii] DeBeck, K., et al., "Injection drug use cessation and use of North America's first medically supervised safer injecting facility." Drug and Alcohol Dependence. (2010).
[xix] Broadhead, Robert S., Thomas Kerr, Jean-Paul C. Grund, and Frederick L. Altice, "Safer Injection Facilities in North America: Their Place in Public Policy and Health Initiatives," Journal of Drug Issues (Tallahassee, FL: Florida State University, Winter 2002), Vol. 32, No. 1, p. 347-8.
[xx] M. W. Tyndall et al., *Attendance, Drug Use Patterns, and Referrals made from North America's First Supervised Injection Facility*, 83 Drug & Alcohol Dependence 804 (2006).

[xxi] Wood, Evan; Tyndall, Mark W.; Zhang, Ruth; Montaner, Julio S.G.; and Kerr, Thomas, "Rate of Detoxification Service Use and its Impact among a Cohort of Supervised Injecting Facility Users," Addiction (2007), Vol. 102, p. 918.
[xxii] *Id.*
[xxiii] Hedrich, D., *supra*, note 2.
[xxiv] MSIC Evaluation Committee (2003) *Final report of the evaluation of the Sydney Medically Supervised Injecting Centre*.
[xxv] Stoltz, J., Wood, E., Small, W., Li, K., Tyndall, M., Montaner, J., & Kerr, T. (2007). Changes in injecting practices associated with the use of a medically supervised safer injection facility. *Journal of Public Health*, 29(1), 35-39.
[xxvi] Bravo, M. J., Royuela, L., De la Fuente, L., et al. (2009). Use of supervised injection facilities and injection risk behaviours among young drug injectors. *Addiction, 104*, 614-619.
[xxvii] Hedrich, D., *supra*, note 2.

[xxviii] Zobel, *supra*, note 9.
[xxix] Barbara Tempalski and Hilary McQuie, "Drugscapes and the role of place and space in injection drug use-related HIV risk environments," International Journal of Drug Policy, (2009), p. 9.
[xxx] Wood, Evan, Thomas Kerr, Will Small, Kathy Li, David C. Marsh, Julio S.G. Montaner & Mark W. Tyndall, "Changes in Public Order After the Opening of a Medically Supervised Safer Injecting Facility for Illicit Injection Drug Users," Canadian Medical Association Journal, Vol. 171, No. 7, Sept. 28, 2004, p. 733.
[xxxi] *Id.*
[xxxii] Zobel, *supra*, note 9.
[xxxiii] Hedrich, D., *supra*, note 2.

[xxxiv] *Id.*

[xxxv] Wood, Evan, Thomas Kerr, Will Small, Kathy Li, David C. Marsh, Julio S.G. Montaner & Mark W. Tyndall, "Changes in Public Order After the Opening of a Medically Supervised Safer Injecting Facility for Illicit Injection Drug Users," Canadian Medical Association Journal, Vol. 171, No. 7, Sept. 28, 2004, p. 733.
[xxxvi] Hedrich, D., *supra*, note 2.

[xxxvii] Bayoumi, Ahmed M. and Zaric, Gregory, "The cost-effectiveness of Vancouver's supervised injection facility," Canadian Medical Association Journal (Ottawa, Ontario: November 18, 2008), Vol. 179, Issue 11, p. 1143.
[xxxviii] *Id.*

Related Bills

Related Bills

HOUSE BILL AS INTRODUCED (http://legislature.vermont.gov/bill/status/2018/H.108)

VT LEG #320381 v.1

H.108

Introduced by Representatives Colburn of Burlington and Rachelson of Burlington

Referred to Committee on

Date:

Subject: Health; regulated drugs; immunity from liability

Statement of purpose of bill as introduced: This bill proposes to limit drug-related criminal liability and civil forfeiture actions against persons associated with an approved safer drug consumption program.

An act relating to limiting drug-related criminal liability and civil forfeiture actions against persons associated with an approved safer drug consumption program

It is hereby enacted by the General Assembly of the State of Vermont:

Sec. 1. 18 V.S.A. § 4254 is amended to read:

§ 4254. IMMUNITY FROM LIABILITY

* * *

(j)(1) The following persons shall not be cited, arrested, or prosecuted for a violation of this chapter or subject to the property forfeiture provisions of this chapter for participation in or with an approved safer drug consumption program:

(A) a person using the services of an approved safer drug consumption program;

(B) a staff member or administrator of an approved safer drug consumption program, including a health care professional, manager, employee, or volunteer; or

(C) a property owner who owns real property at which an approved safer drug consumption program is located and operates.

(2) The immunity provisions of this section apply only to the use and derivative use of evidence gained as a proximate result of participation in or with an approved safer drug consumption program.

(k) A safer drug consumption program shall:

(1) provide a space supervised by health care professionals or other trained staff where people who use drugs can consume pre-obtained drugs;

(2) provide sterile injection supplies, collect used hypodermic needles and syringes, and provide secure hypodermic needle and syringe disposal services;

(3) answer questions on safe consumption practices;

(4) administer first aid, if needed, and monitor and treat potential overdoses;

(5) provide referrals to addiction treatment, medical, and social services;

(6) educate participants on the risks of contracting HIV and viral hepatitis;

(7) provide overdose prevention education and access to or referrals to obtain naloxone;

(8) educate participants regarding proper disposal of hypodermic needles and syringes;

(9) provide reasonable security of the program site;

(10) establish operating procedures for the program as well as eligibility criteria for program participants; and

(11) train staff members to deliver services offered by the program.

(l) An entity may apply to the Vermont Department of Health or a district or municipal board of health for approval to operate a safer drug consumption program. Entities may apply to establish and operate more than one program. The Department of Health or district or municipal board shall approve or deny the application within 45 days of receipt of the application and shall provide a written explanation to the applicant of the basis for a denial. Approval for a program shall be for a period of two years and may be renewed. An entity operating a safer drug consumption program shall submit an annual report to the approving agency at a date set by the agency which shall include:

(1) the number of program participants;

(2) aggregate information regarding the characteristics of the program participants;

(3) the number of hypodermic needles and syringes distributed for use on-site;

(4) the number of overdoses experienced and the number of overdoses reversed on-site; and

(5) the number of participants directly and formally referred to other services and the type of services.

Sec. 2. EFFECTIVE DATE

This act shall take effect on July 1, 2017.

SENATE BILL AS INTRODUCED (http://legislature.vermont.gov/bill/status/2018/S.107)

VT LEG #320381 v.1

S.107

Introduced by Senators Pearson and Rodgers

Referred to Committee on

Date:

Subject: Health; regulated drugs; immunity from liability

Statement of purpose of bill as introduced: This bill proposes to limit drug related criminal liability and civil forfeiture actions against persons associated with an approved safer drug consumption program.

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Medical Statement

Medical Statement

Opioid abuse and addiction has plagued the United States for decades and continues to worsen. Medical providers are faced with the challenge of addressing complications from opioid use disorders and associated injection drug use. Unsafe injection practices among people who inject drugs can lead to several complications requiring acute care encounters in the emergency department and inpatient hospital. Serious infection (for example infections of the blood stream, heart, bones, spinal canal and skin) is a recognized complication of IV drug abuse and a major cause of morbidity and mortality among people who inject drugs.

Hospitalizations related to opioid abuse both with and without associated serious infections increased significantly from 2002 to 2012. Additionally, inpatient hospital charges for both types of hospitalizations almost quadrupled during the same time period.

IV drug use and resulting injections have reached epidemic proportions in the United States in terms of the numbers of people who are dependent on opioids, abusing opioids, switching to IV opioids including heroin and fentanyl, suffering consequences of IV opioid use including serious infection and death. It is time for our communities to take a hard look at how to optimize the health and safely of people who inject drugs. This approach should be comprehensive and multi-modality and should consider true harm reduction measures for people who are not yet ready to discontinue IV drug use.

Safe Injection Facilities encourage safe injections techniques, promote overdose prevention, improve access to primary care and increase access to substance use treatment. As a result, they have been shown to reduce the incidents of serious infections and resulting hospitalizations, reduce the transmission of chronic infections like Hepatitis C and HIV and reduce mortality in people who inject drugs. Safe Injection Facilities should be considered as one option to improve the morbidity and mortality of people who inject drugs.

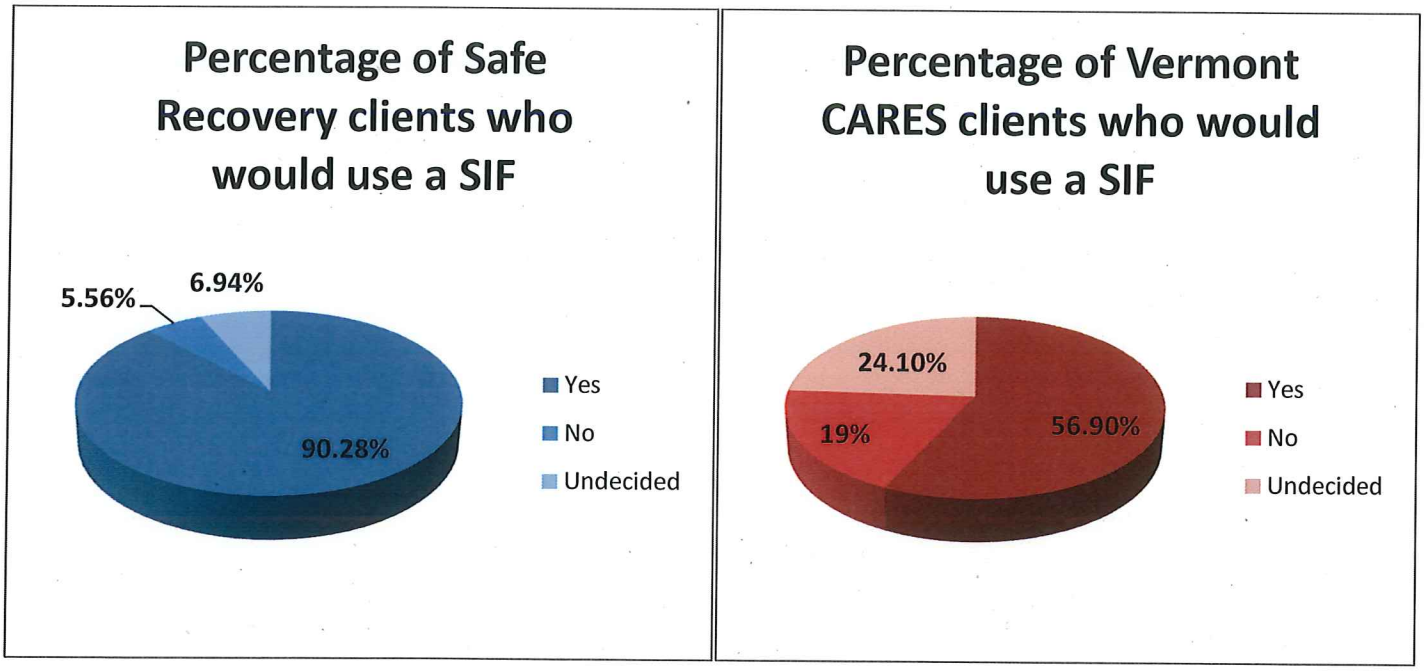
Survey Findings

Survey Reponses

Determining client interest in Safer Injection Facility (SIF) at existing syringe exchanges.

The following survey was conducted by interviewing 74 syringe exchange clients exchanging at Safe Recovery in Burlington, VT as well as 58 syringe exchange clients at Vermont CARES in Barre, St. Johnsbury and Rutland. Clients were asked to fill out a survey regarding their drug consumption habits. These surveys aimed at determining interest in a Safer Injection Facility (SIF) being part of their local syringe exchange as well as determine high risk behaviors and costs of drug consumption. All surveys were anonymous, and survey collection occurred between July 5th and November 14th 2017.

Question 1 – Would you use a Safer Injection Facility (SIF) or Safer Consumption Space (SCF) as part of your current Syringe Exchange Program?



Safe Recovery Responses question 1

Answer Choices	*Responses*	*Percentage*
Yes	65	90.28%
No	4	5.56%
Undecided	5	6.94%

Vermont CARES Responses question 1

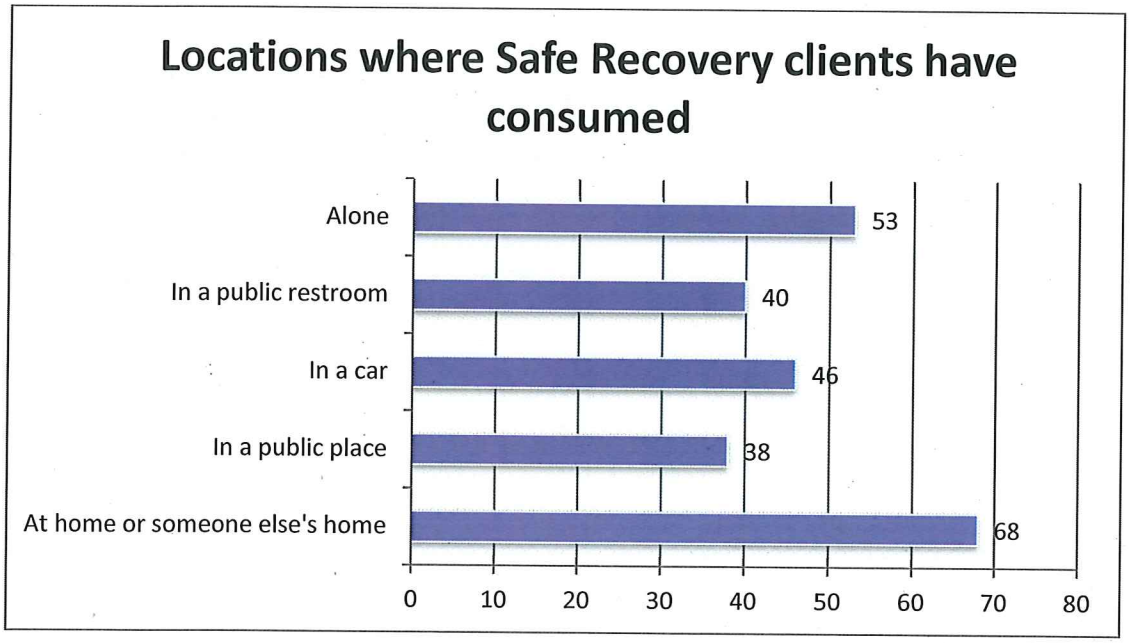
Answer Choices	*Responses*	*Percentage*
Yes	33	56.9%
No	11	19.0%
Undecided	14	24.1%

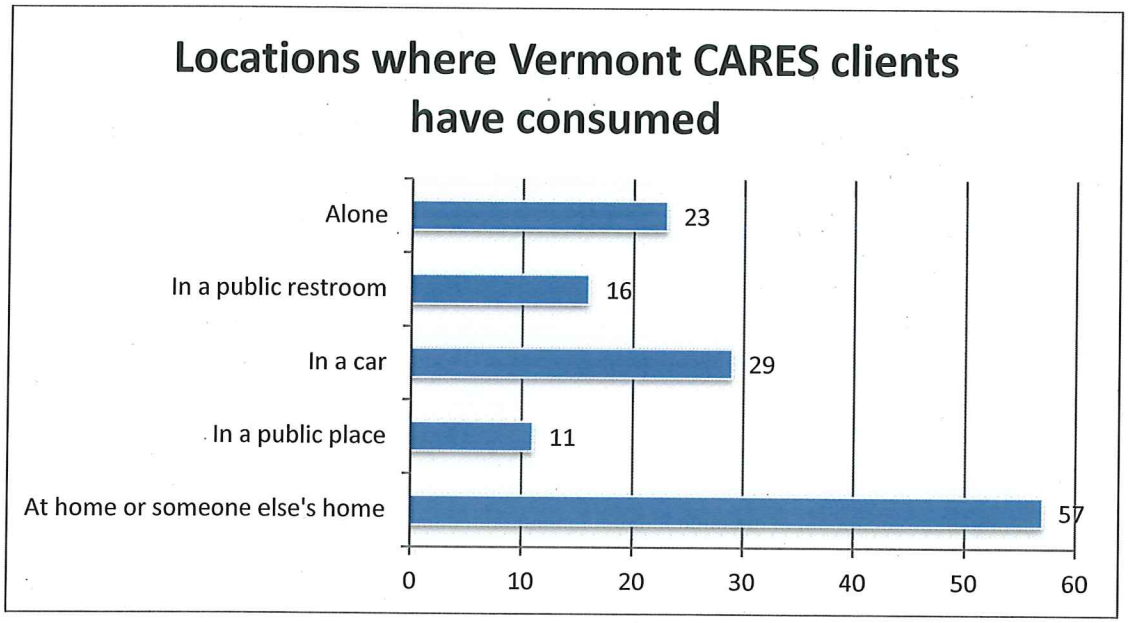
The vast majority of Safe Recovery clients, 90.28% (65) say that they would utilize a SIF if it was part of their current syringe exchange program. Overall, 5.56% (4) Safe Recovery clients noted that they would not be interested in an SIF becoming part of their normal syringe exchange. Please note that 2 of the clients who answered no to the question made a note that they are currently not using; however, when they were actively using they would have been interested in this option. Of the Safe Recovery clients surveyed, 6.94% (5) stated that they were undecided if they would use an SIF as part of their normal syringe exchange. Of the clients that were undecided, many of them noted that they were unsure if they wanted to be seen walking in and out of a

known SIF. Many of the Safe Recovery clients interested in an SIF noted that access to these spaces would decrease their need to consume drugs in settings that may put their health at risk.

The majority of Vermont CARES – 56.9% or 33 respondents – also stated that they would use a SIF if it was available with their current exchange program. Vermont CARES data also shows that a higher percentage of respondents were unsure (24.1%) if they would use an SIF comparted to those who would definitely not use a SIF facility if part of their current syringe exchange.

Question 2 – In the past 12 months tell us which locations you have consumed at? (Pick all that apply)





Safe Recovery Responses question 2

Answer Choices	*Responses*	*Percentage*
At home or someone else's home	68	95.77%
In a public place – example: park, alley, outdoors	38	53.52%
In a car	46	64.79%
A public restroom	40	56.34%
Alone	53	74.65%

Vermont CARES Responses question 2

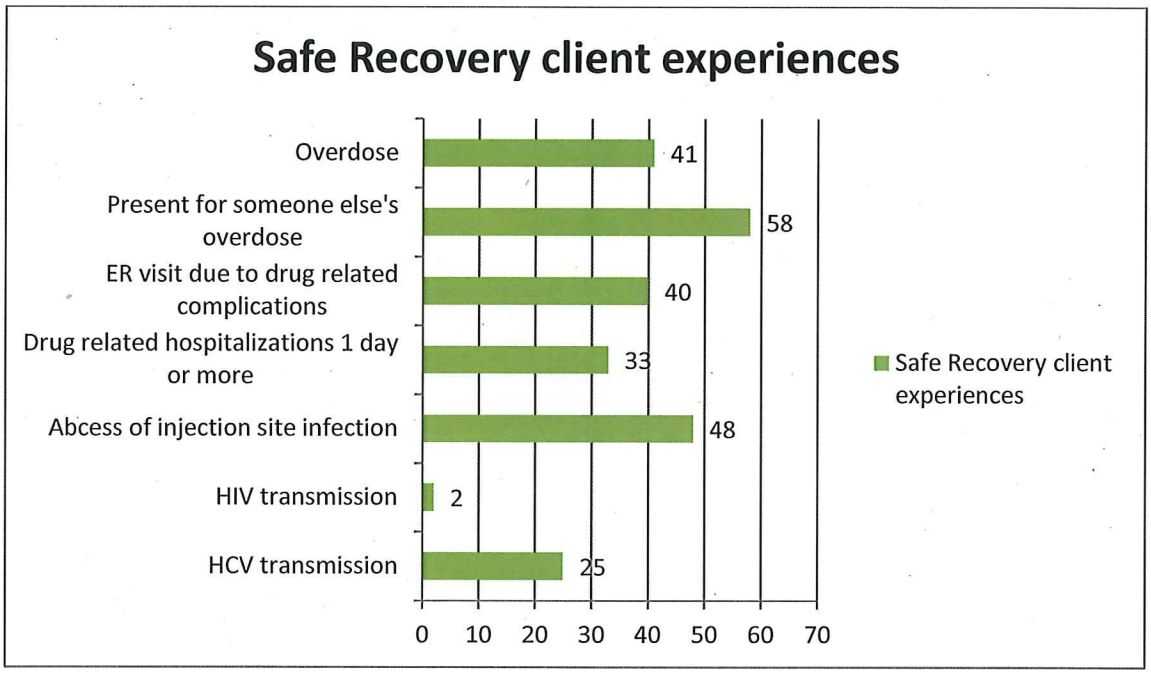
Answer Choices	*Responses*	*Percentage*
At home or someone else's home	57	98.2%
In a public place – example: park, alley, outdoors	11	18.9%
In a car	29	50%
A public restroom	16	42.1%
Alone	23	39.6%

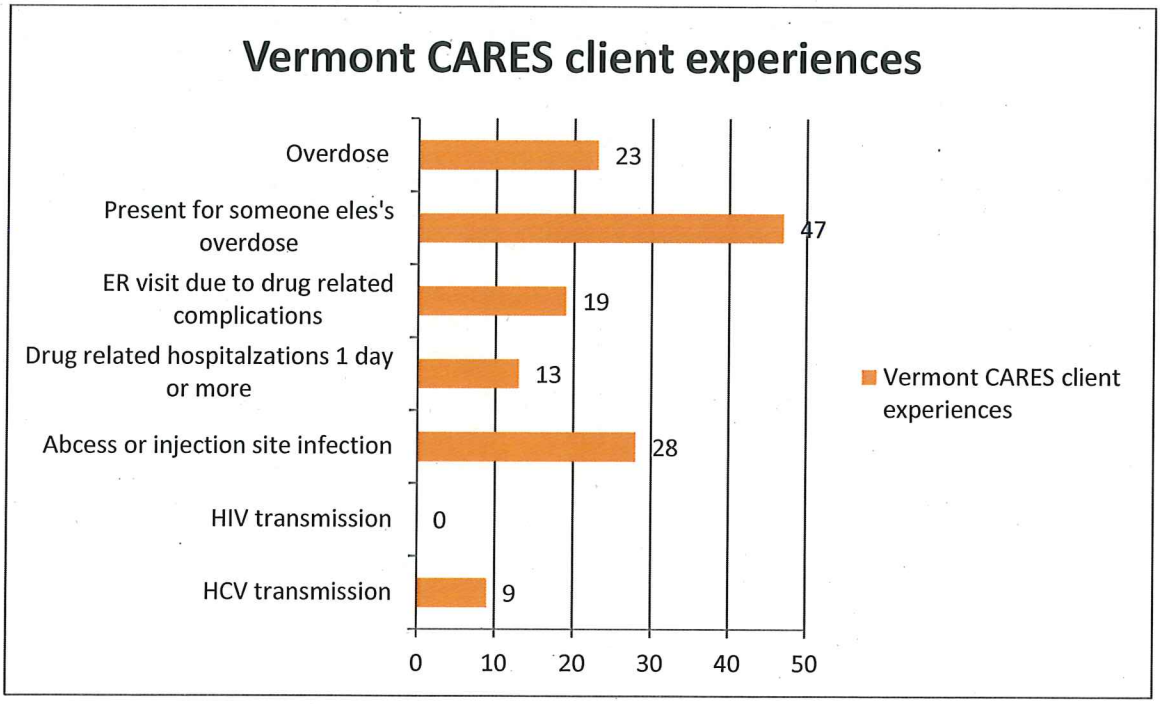
In question two, clients were allowed to pick as many answers that applied to them. The majority of Safe Recovery clients surveyed (95.77%), stated that they have consumed at home or someone else's home in the last 12 months. Also 74.65% (47) of Safe Recovery clients reported using alone. Consuming alone is considered high risk behavior as no one is present to call 911 or assist in case of an overdose. It is important to note that

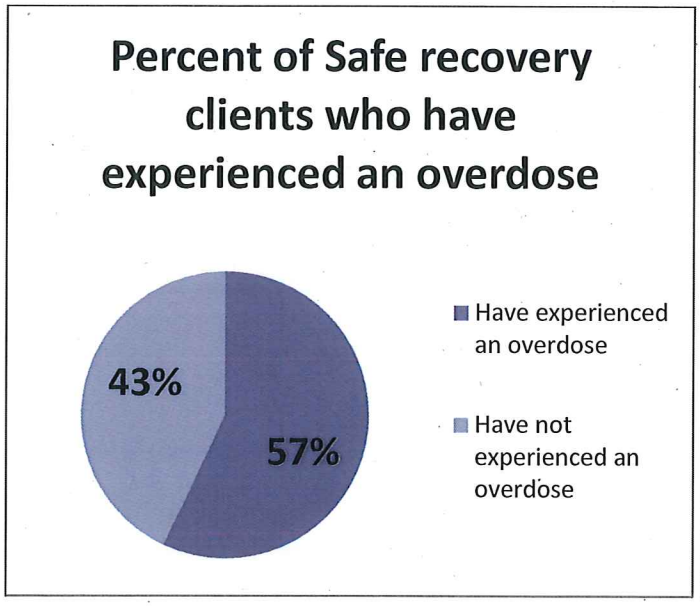
frequency of consumption inside of homes does not indicate that drug consumption does not occur in public spaces. Respectively, 53.52% of Safe Recovery clients identified consuming in a public place, 56.34% report having consumed in a public restroom, and 64.79% report having consumed in a car at some point in the last 12 months. Risks associated with using in public include, but are not limited to, consuming in unsanitary spaces, not having access to naloxone in the case of an overdose, and not having easy access to communication in the event of an overdose. People who use in cars often drive to remote locations to avoid being discovered; many times those locations do not have reliable cell service in case of emergency especially given the rural nature of Vermont.

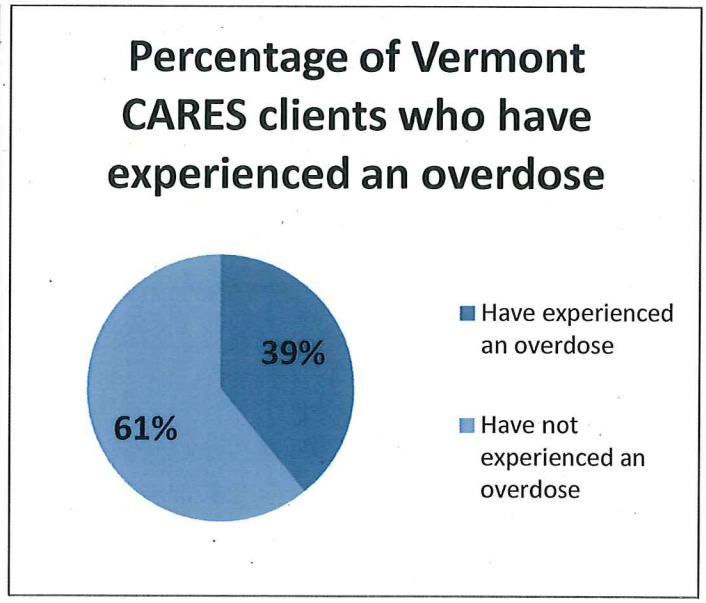
Of the 58 respondents who replied to Vermont CARES survey, 57 checked that they have consumed substances in their home or someone else's in the past 12 months. Half (29 of 58) used in their car, and a sizable portion (23 of 58) used alone. Fewer Vermont CARES respondents used in public generally or a public restroom (11 of 58 and 16 of 58 respectively).

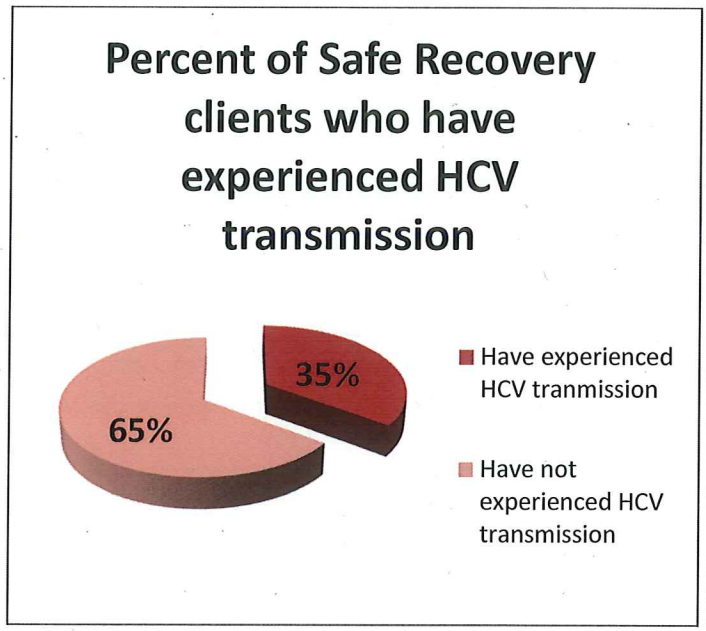
Question 3 – Have you experienced any of these? (Pick all that apply)

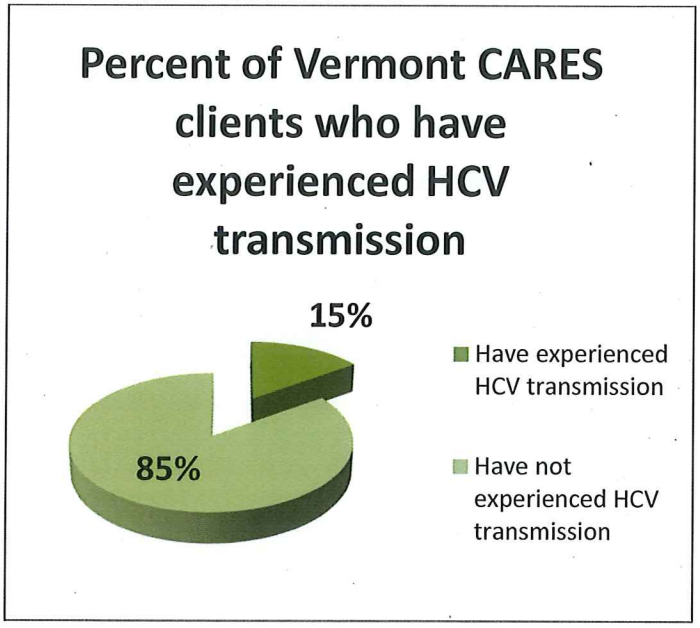


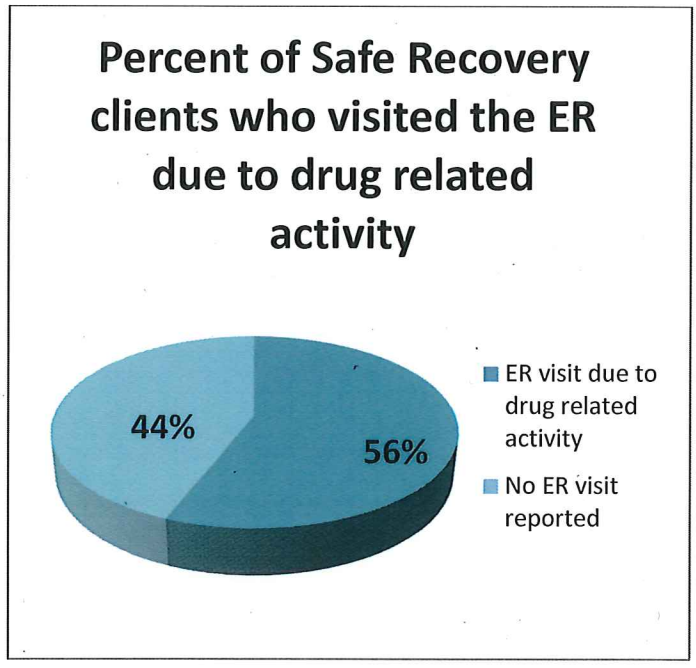

Vermont CARES client experiences
Overdose
23
Present for someone eles's overdose
47
ER visit due to drug related complications
19
Drug related hospitalzations 1 day or more
13
Abcess or injection site infection
28
HIV transmission
0
HCV transmission
9
0
10
20
30
40
50
Vermont CARES client experiences

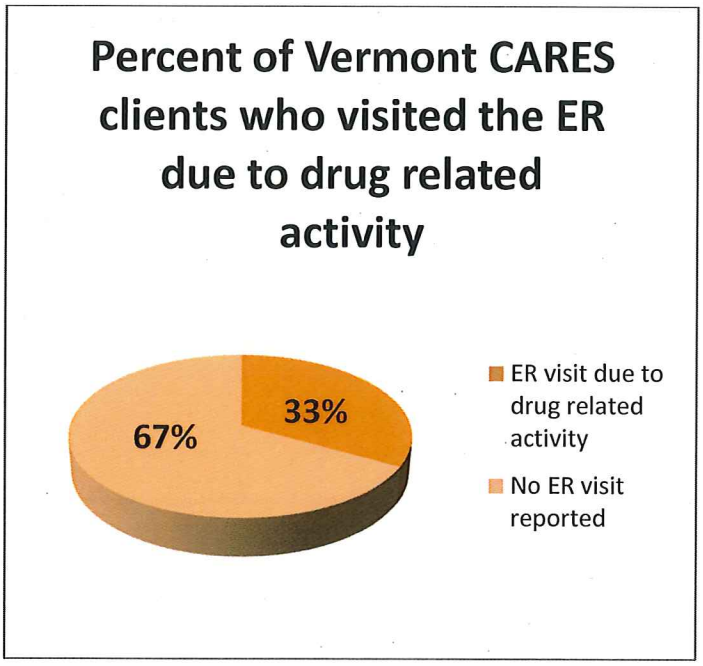

Percent of Safe recovery clients who have experienced an overdose
43%
57%
Have experienced an overdose
Have not experienced an overdose

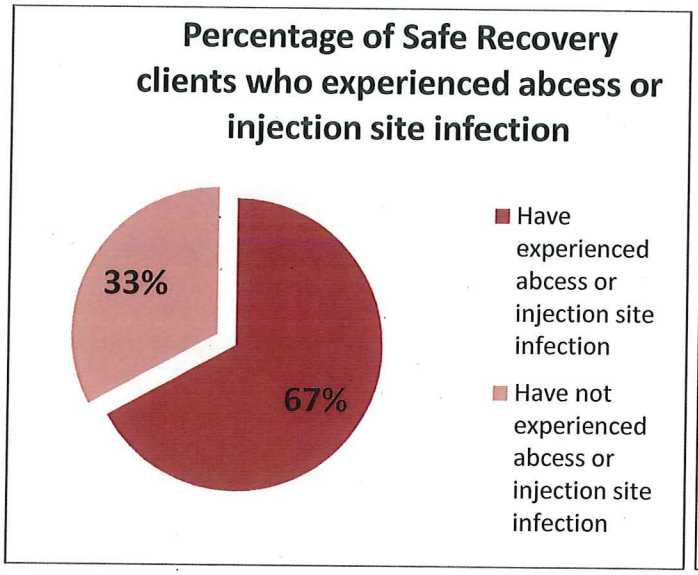

Percentage of Vermont CARES clients who have experienced an overdose
39%
61%
Have experienced an overdose
Have not experienced an overdose

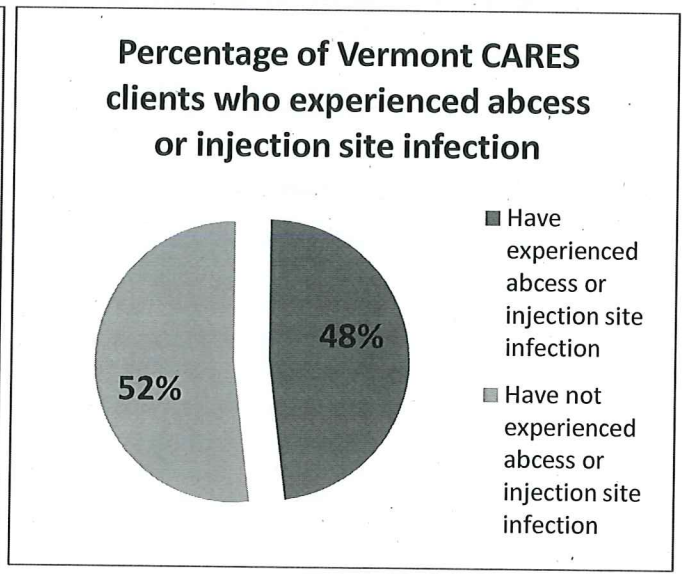

Percent of Safe Recovery clients who have experienced HCV transmission
35%
65%
Have experienced HCV tranmission
Have not experienced HCV transmission


Percent of Vermont CARES clients who have experienced HCV transmission
15%
85%
Have experienced HCV transmission
Have not experienced HCV transmission


Percent of Safe Recovery clients who visited the ER due to drug related activity
44%
56%
ER visit due to drug related activity
No ER visit reported


Percent of Vermont CARES clients who visited the ER due to drug related activity
33%
67%
ER visit due to drug related activity
No ER visit reported





Safe Recovery Responses question 3

Answer Choices	*Responses*	*Percentage*
Overdose	41	56.94%
Present for someone else's overdose	58	80.56%
ER visit due to drug related complications	40	55.56%
Drug related hospitalizations 1 day or more	33	45.83%
Abscess or injection site infection	48	66.67%
HIV transmission	2	2.78%
HCV transmission	25	34.72%

Vermont CARES Responses question 3

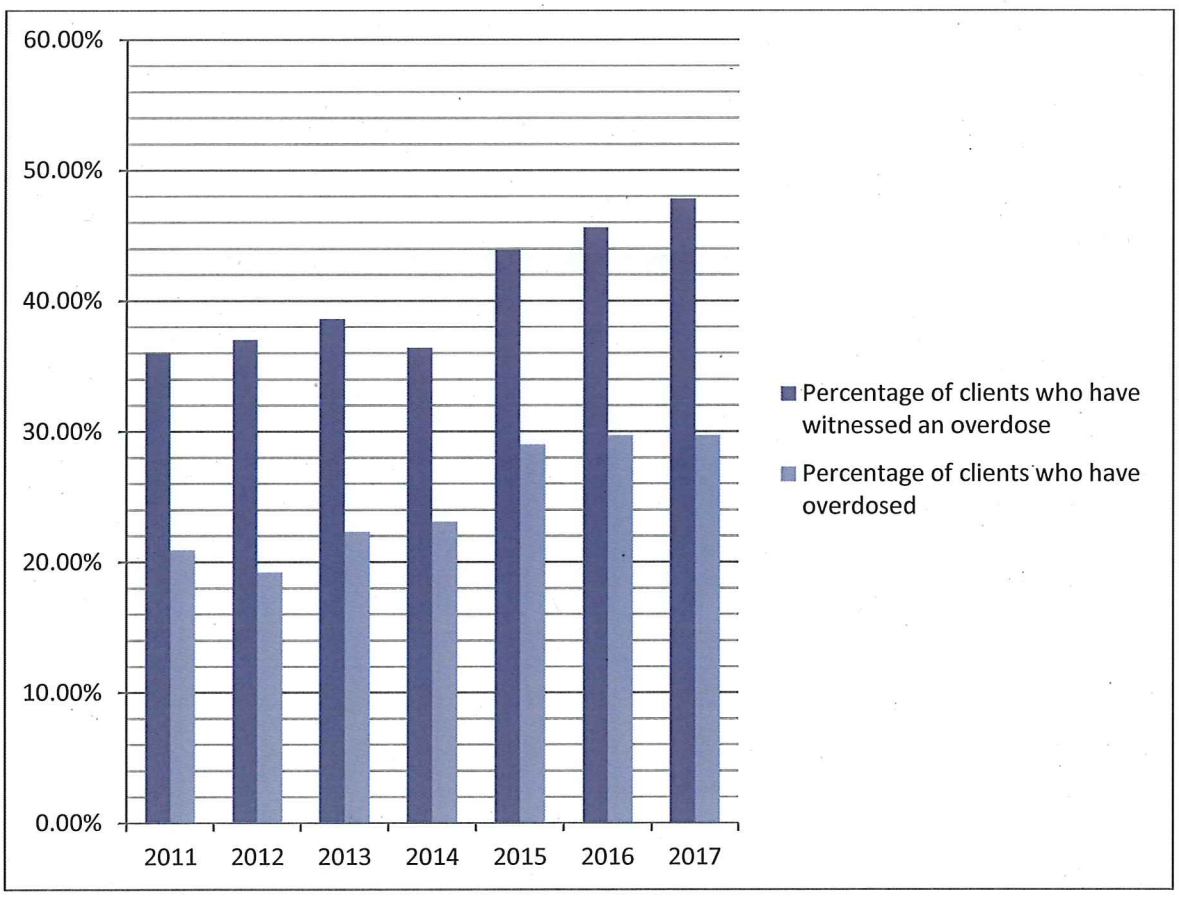
Answer choices	*Responses*	*Percentage*
Overdose	23	39.6%
Present for someone else's overdose	47	81%
ER visit due to drug related complications	19	32.7%
Drug related hospitalizations 1 day or more	13	22.4%
Abscess or injection site infection	28	48.2%
HIV transmission	0	0%
HCV transmission	9	15.5%

In question three, clients could choose as many answers as applied to them. An overwhelming majority of Safe Recovery clients surveyed, 80.56% or 58 people, have reported being present for someone else's overdose. Additionally, 56.94% of clients reported experiencing an overdose. This is further evidence of the importance of Naloxone funding, education, and distribution. Safe Recovery clients also reported experiencing a wide array of health complications resulting from drug consumption. Many Safe Recovery clients reported visits to the emergency room due to drug related complications (55.56%) and/or reported being hospitalized for 1 day or more (45.83%) due to drug complications. Additionally, around 66.67% of clients experienced having an abscess or injection site infection. These numbers show that clients are at high risk for other complications besides overdose, and many often require extended medical treatment as a result of drug consumption. Many health complications are a result of unsanitary consumption areas or reusing syringes. Sharing syringes can result in the transmission of HIV and Hepatitis C (HCV) and 2.78% of Safe Recovery clients surveyed reporting contracting HIV and 34.72% of safe recovery clients surveyed reporting contracting HCV. These drug related harms indicate the need for increased education and support surrounding Safer Injection, which could be implemented at a proposed SIF facility.

An overwhelming majority (47 of 58) of Vermont CARES clients have witnessed an overdose, with almost half (23 of 58) experiencing one themselves. Again, these statistics support the importance of Naloxone funding, education and distribution across the state. About half of Vermont CARES clients (28 of 58) had also had an abscess or site infection of some sort. Sizeable proportions have had ER visits due to drug related complications (19 of 58) or hospitalizations of 1 day or more related to drug use (13 of 58). All three of these issues indicate the need for increased education and support surrounding Safer Injection, which could be implemented at a proposed facility. While the nonexistent portion of respondents reporting HIV transmission (0 of 58) is expected based on current Vermont Epidemiological data, the low portion of those reporting HCV transmission (9 of 58) raises further questions. A larger sample size might yield a higher proportion, otherwise further surveying is needed to identify whether this is a result of our clients being tested properly, not being tested regularly enough, or a need for us to improve targeting of high risk populations.

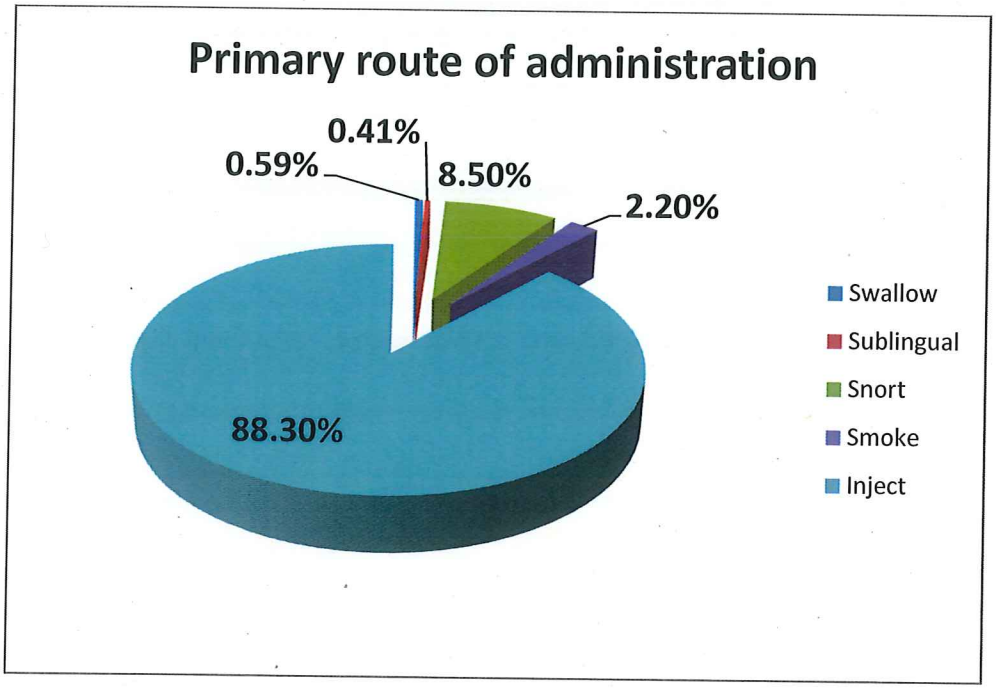
Important Safe Recovery Statistics

- As high as 82% of our clientele have reported experiencing homelessness at some point in their lives
- Upon intake 40.7% of clients report having witnessed at least one overdose in their lifetimes
    - Over the last 6 years, the number of clients who witnessed an overdose has increased by almost 10%
- Also 25.5% of clients report having experienced an overdose at least once in their lifetimes
    - Over the last 6 years, the number of clients who have overdosed has increased by almost 12%



Intake Data

- 1.6% of clients have reported testing positive for HIV
- 20.6% of clients have reported testing positive for Hepatitis C.
- 56.7% of clients have reported that they had been incarcerated at some point during their lifetime.
- 96.1% of clients have reported that they had injected at some point during their lifetime.
    - 88.3% of clients report that injection is their primary route of administration.


Primary route of administration
0.41%
0.59%
8.50%
2.20%
88.30%
Swallow
Sublingual
Snort
Smoke
Inject

Burlington Police Department Memo

POLICE DEPARTMENT
CITY OF BURLINGTON

TO:	Sarah George, Chittenden County State Attorney
FROM:	Shawn Burke, Deputy Chief of Police
VIA:	Brandon del Pozo, Chief of Police
DATE:	August 15th, 2017
SUBJECT:	Safe Ingestion Site Commission

The concept of a safe ingestion site for opiate addicts is a vexing topic for the police. No human can ignore the value proposition of safe ingestion sites given the most important metric, reducing fatal overdoses. However, the core tenet remains an act prohibited by State statute which the police cannot ignore. If there were a legislative change our outlook on safe ingestion sites could be much more expansive.

The following BPD data points, using the range of January 2016 to present, outline the direct impact the opiate crisis is having on our resources:

- BPD has responded to 96 opiate overdose related calls for service.
- Overdose incidents require a two Officer response, often accompanied by a Supervisor.
- BPD Officers have administered Narcan 29 times at the scenes of these overdose incidents.
- BPD has investigated 8 overdose related deaths in the time period. These investigations consume hours of Detective work and did not result in sufficient evidence to identify and charge the source of supply.
- Chittenden County has seen an 84% increase in fatal overdoses from 2010 to 2016.

I have spoken with Sonny Provetto who is our licensed psychological consultant about the trauma officer's experience when responding to overdose incidents. Sonny explains that beside the cumulative effect of responding to death or death like incidents, overdose responses are more difficult. An officer's psychological well being relies on three factors when responding to incidents; feeling safe, feeling in control, and feeling competent to resolve the issue. Overdose incidents exert the pressure of life saving responsibility onto Officers, who are relying on a small dose of Narcan and a minimal amount of training. Additionally, these incidents involve victims of all ages which can tear at an Officer's ability to cope with outcome of their efforts.

The work of the commission has been challenging and insightful related to the potential efficacies of safe ingestions sites. The scope of the opiate epidemic continues to have a tremendous impact on the City's Police force. The Police Department cannot endorse a safe injection site in Chittenden County absent a legislated and coherent path forward.

Recommendations

Recommendations

The Commission regarding Safe Injection Facilities formed by the Chittenden County State's Attorney recommends the office take the following actions to promote the health, safety and welfare of persons struggling to live with and overcome an addiction to opioids, their families and communities:

1. Advocate to ensure that Vermonters who are experiencing an opioid crisis have emergency, same-day access to MAT using a low barrier model in order to limit overdose risk, reduce crime, and improve treatment access and retention.

2. Advocate to improve the capacity to provide drug treatment options counseling and case management at Vermont Syringe Exchange Programs.

3. Encourage Syringe Exchange Programs in Vermont to implement the procedures designed to reduce the risk of on-site overdose fatalities or other medical emergencies set forth in the New York State Department of Health AIDS Institute's Policies and Procedures for Syringe Exchange programs (September 2016) (see Appendix A attached).

4. Advocate to establish capacity for medical supervision of drug consumption in Vermont.

5. Seek to ensure that medically-supervised drug consumption sites have the capacity to respond to an overdose in progress, assess injection-related injuries and infections, make comprehensive referrals, and actively facilitate rapid entry into primary medical care, drug treatment and mental health services.

6. Establish a police liaison for each medically-supervised drug consumption site.

7. Advocate with policy leaders and elected officials at the local and state levels for legislative, regulatory and funding support for these recommendations.

8. Convene a capacity-building and implementation work group to address funding and implementation issues relating to these recommendations.

9. Partner with UVMMC researchers or other researchers to study and evaluate the effectiveness of these recommendations as implemented.

Appendix A

NEW YORK STATE DEPTARTMENT OF HEALTH AIDS INSTITUTE
POLICIES AND PROCEDURES FOR SYRINGE EXCHANGE PROGRAMS
(September 2016)

B. Bathroom/washroom procedures to reduce incidences of overdose fatalities or other medical emergencies:

a. Bathrooms and/or washrooms should be readily accessible to participants during SEP hours of operations. Hygiene is of critical importance to avoid injection site infections especially for homeless individuals who may need to access bathrooms and washrooms on a regular basis. Bathroom and shower tables should be made of a non-porous material so they can be thoroughly cleaned.

b. The agency should post its bathroom/washroom policies in a conspicuous place and at a literacy level appropriate for agency participants.

c. Participants should be made aware of any restrictions related to use of the bathroom and/or washroom.

d. Participants' dignity and privacy should be respected. There needs to be a reasonable expectation of privacy as the person could be in various stages of undress. For this reason, there should be a way to secure the bathroom door and individuals can expect not be disturbed for a reasonable time frame. If possible a flat surface such as a table or counter should be made available to avoid having participants place possessions on the floor. As previously stated, these need to be non-porous so they can be thoroughly cleaned. When space allows, there should also be a chair, to avoid chance of a participant falling and being injured.

e. Internal agency response protocols should be established in the event of a possible emergency, including an overdose. This includes a means for staff to access the shower, bathroom, washroom, or restroom lounge if entry is deemed warranted.

f. To improve the agency's ability to respond to emergency situations, having a shower, washroom or bathroom door that swings out rather than into the space will maximize access to anyone experiencing an emergency inside.

g. The agency should also consider having an intercom system so agency staff can communicate with participants using the bathroom, washroom, or showers.

h. If feasible, a separate space that does not contain toilet facilities should be provided for individuals who need to administer an injectable medication (e.g. insulin) or as a quiet space to gather composure in the event of an incident (e.g. on-site altercation or overdose).

C. All communal areas, and especially showers, kitchens, washrooms and bathrooms, must have a regular cleaning schedule. The schedule should be posted at the supervisor's workstation and signed by the employee when cleaning is done so cleanliness can be monitored and good sanitation practices followed.

D. SEPs may order locked sharps containers from amfAR for installation in bathrooms. The sharps container will enable staff and clients who need injectable medications (e.g insulin) to discreetly dispose of their syringes.

Conclusion and Statement of Support from Chittenden County State's Attorney Sarah F. George

Statement of Support

In February of this year, I formed a Commission to study the possibility of having Supervised Injection Facilities (SIFs) in Chittenden County. As a prosecutor, I see people in our community committing countless crimes, losing their jobs, losing custody of their children, and dying, because of this crisis. As part of the law enforcement community, I have an obligation to examine all potential solutions that could reduce overdoses and deaths, reduce crime, and keep our community safe. The Commission was created in response to the rising number of overdose related deaths in Vermont. The focus has been to realistically consider the potential impact a Supervised Injection Facility could have on individuals who struggle with opioid dependence, as well as the larger community. This work has been done with the goal of informing myself, legislators and the public about Supervised Injection Facilities, and creating recommendations that will promote the health, safety and welfare of those who are struggling to live with opioid dependence, their families, and the community.

I believe that to truly make a significant impact, we have an obligation to explore all possible solutions to the opioid epidemic to honestly say that we are doing everything we can to combat it. Governor Scott, Attorney General Donovan, Mayor Weinberger, Chief del Pozo and many other Chittenden County Chiefs have all made this crisis a priority and are all working on possible solutions. I, as State's Attorney, am a part of those strategies and initiatives and will continue to do everything I can in my capacity to make a real impact on the number of opioid overdoses that we see.

Since becoming State's Attorney, I am constantly doing research on what other jurisdictions are doing and have consistently seen good research out there that demonstrates that Supervised Injection Facilities do work. There are nearly 100 sites currently in place around the world and many are now in the process of opening within the United States. When the commission first met I myself was skeptical of the idea of SIF's as many in our community likely are. But, it was clear by our last meeting together that this was not a question of whether they make sense, or

whether they work to reduce overdoses, but more a question of when and how can we get them started.

It is important to remember that heroin and other opioid addictions impacts our entire community not just the one addicted. Individuals who are using are often unwillingly putting their families second to their addiction, they are often making poor decisions and committing crimes to feed it. In return, we are increasingly incarcerating them or otherwise supervising them for those crimes, costing taxpayers an enormous amount of money. Safe Recovery is exchanging 10-15K needles a week, and yet, needles are still being recklessly disposed of in our parks, on our beaches, in our neighborhoods and in public restrooms, on a regular basis. Significant users are generally not able to be fully productive members of our community as they are unable to keep stable employment or housing, engage in healthy longterm relationships, or have financial independence.

However, I have found that without fail, they want to be. These individuals do not want to commit crimes, they do not want to be in jail or have felony convictions, they certainly do not want to end up another fatal overdose statistic, leaving their families behind to wonder what they could have done differently to avoid this outcome; they want to put their families first, to be healthy, and trustworthy, and have reliable jobs, but they need our help and solutions to get them there.

I know that many people are skeptical of supervised injection facilities. I admit that, at first, the concept of them sounds raw, and might leave many to wonder, "where does this end?" and to those people I want to assure you that I hear that concern, loud and clear, and it is not lost on me. I ask each of you only to keep an open mind and do some research on the sites open worldwide before you make a final judgment. By having individuals from the law enforcement community, the medical community and the treatment community, I assure you that all of those concerns were discussed. Every benefit and every single potential risk to both the individual user and the community, has been examined.

I want to address a few of the most popular concerns that have been raised.

Enabling Drug Use

The research is very clear that SIFs do not enable drug use. Anyone who would use a SIF is already using intravenous drugs, and likely using in their home or public spaces and restrooms, and often by themselves. There is enormous evidence showing that when you are criminalized for drug use behaviors, it drives you away from services and it drives drug use underground, which leads to more unsafe injection and keeps people in need completely disconnected from those services. That isolation then prevents them from accessing available resources, leading to unsafe use that increase their risk of a fatal overdose. SIFs remove their fear of stigma and legal consequences, which in turn make it easier for them to access treatment and to further integrate into a positive, law-abiding, lifestyle.

The Chittenden County Syringe Exchange Programs survey revealed that the vast majority of clients have used alone in the past year, with no one there to call emergency services or intervene on an overdose should it occur. The numbers of clients who have already experienced an overdose is extremely concerning. Over 57% of Chittenden County SEP clients had experienced an overdose. Both SEP's that collected data also reflected that the majority of clients would use a supervised injection facility (over 90% at the Chittenden County site) if it were available to them.

There is no evidence to show that people would use more if they had access to a SIF, only that they would be safer when using. In fact, by providing individuals a safe space to inject and with clean needles and medical personnel nearby, we are enabling them to make safer choices than they were before, and hopefully they will take advantage of the other services provided at the facility while they are there which may help move them towards recovery.

Costs

I fully recognize that this is a very important question and one that we need to address. However, it is impossible to know the costs at this point in the process. Costs would depend on many factors, including where one was opened, how many individuals it could serve at a time,

how many medical personnel it would need on staff and for how many hours each day, and what other services we want to have available at the facility. Each facility that opens will need different funding depending on their location, their clientele and the services already available in their community. For example, opening a SIF from scratch could cost significant amounts of money given the construction, staffing and additional funding that would be involved. However, opening a SIF in a location such as Safe Recovery, or other needle exchanges around the State, which already serve many of these same purposes, could require far less funding.

From my perspective, when speaking of costs, it is important to note the potential cost savings of an SIF in that, the use of a SIF could save the State a significant amount of money in healthcare costs, supervision costs and incarceration costs. As to healthcare costs: unsafe injection practices can lead to several complications requiring acute care encounters in the emergency department and inpatient hospital. Serious infections are a recognized complication of IV drug abuse and a major cause of morbidity and mortality among people who inject drugs. Hospitalizations related to opioid abuse both with and without associated serious infections increased significantly from 2002 to 2012. SIFs encourage safe injection techniques, promote overdose prevention, improve access to primary care and increase access to substance use treatment, and as a result they have been shown to reduce the incidence of serious infections and resulting hospitalizations, reduce the transmission of chronic infections like Hepatitis C and HIV and reduce mortality in people who inject drugs.

As to the supervision and incarceration costs: If an individual goes to a SIF and has services available to them each time they go, we can hope that more individuals will in fact engage in services. Whether that be medically assisted treatment, inpatient rehabilitation, or other counseling services, the more individuals who receive services, the more individuals we will have working towards recovery, and not engaging in criminal behavior.

Operation of Motor Vehicles

It is extremely important to me that nobody leaves the facility while under the influence of drugs, and operate a motor vehicle. This, to me, is the greatest potential risk to the public and

must be addressed. We already see individuals in our community who are using in their cars or in public restrooms and then driving, and each one of those individuals puts every other person on the roads at risk. This is unacceptable and will not be tolerated. It is essential that any individual leaving a SIF and operating a motor vehicle be screened by a medical professional.

In speaking with trained Drug Recognition Experts about how to best determine a safe time between ingesting an opiate and operating a vehicle, I was told that the effects of opiates are so individual that there is no way to quantify the amount of time a person would need to operate free of impairment. To that end, there is no per se limit for any drug categories and the law simply prohibits operation while "under the influence" of a drug. I do not believe we can assure the public that any person driving away from a SIF would be safe to do so unless they are screened by someone, prior to leaving.

On that point, I would hope that anyone who chooses to go to a SIF to engage in safer drug injection practices, does not want to drive while under the influence of drugs, endangering others on the roadways. However, if they choose to do so by either leaving before being screened or before being cleared, there must be an expectation that police will be called and will pursue an investigation against those individuals for Driving Under the Influence.

I want to be sure everyone understands that I am going to support the legislation regarding Supervised Injection Facilities, but we still have work to do before they can be implemented. We need to be sure that our community is equipped to run them, that we have the resources we need to make them successful, and that we can be assured that they will reduce the number of opioid related overdoses in our State without having a negative impact on our community.

I want to stress that Supervised Injection Facilities are not the only answer and they cannot prevent all risky drug use or save every life. But they are absolutely part of a wider framework for harm reduction associated with drug use. Throughout the Commission's work period, all evidence has highlighted the strong need for advocacy related to promoting the health and safety of individuals struggling with opioid dependence, especially regarding the risk of a fatal

overdose. As the Commission's recommendations state, the implementation of a Supervised Injection Facility in Chittenden County (and others around the State) and an expansion of treatment capacity are an effective response to meeting these needs. These measures should be strongly considered, as they will save lives and prove advantageous to the community, and the State of Vermont.

Sarah F George