

Supervised Consumption Facilities — Review of the Evidence

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Background — Philadelphia, PA

- Philadelphia Department of Public Health (PDPH) reported 907 deaths attributed to overdose in 2016.¹
 - 46.8 overdose deaths per 100,000 city residents
 - 729 of the 907 attributed to opioids
 - More than 3x the rate of Chicago and 4x the rate of New York City
- PDPH estimates around 469,000 individuals used prescription opioids in the past year, and 168,000 individuals currently use prescription opioids.¹
- Findings from the 2017 Mayor’s Task Force report²:
 - Approximately 50,000 people in Philadelphia misused prescription pain medications in the past year.
 - Philadelphia has an estimated 70,000 current heroin users.

What are SCFs?

- A Supervised Consumption Facility (SCF) provides a designated space for drug use under the supervision of medical professionals.
- SCFs draw in populations who inject drugs intravenously, providing a touchpoint to engage with populations generally disconnected from other social and public health access points.
 - A SCF in Sydney, Australia, showed that 15,054 people registered to use the Medically Supervised Injection Center, and 10,538 of those had never accessed any local health service prior.³
- Today there are over 100 SCFs in 66 cities and 11 countries worldwide.⁴
 - There are currently no “sanctioned” SCFs in the United States.

Harm Reduction and SCFs

Overdose Mortality Reduction

- Evidence shows that SCFs have a substantial effect on reducing mortality from overdose.⁵
- A study on overdose mortality near the Insite facility in Vancouver, Canada, found a 35% reduction in mortality within 500 meters of the facility within 3 years of its opening.⁶
- Significant reductions in overdose mortality have been noted in European SCFs.
 - Reductions in mortality are not only sustained but increase over time.
 - Spain’s SCF has been credited with reducing overdose deaths by over 50%, from 1,833 in 1991 to 773 by 2008.⁷

Injection Cessation

- European research on SCF clients (i.e., people who inject drugs [PWID]) has shown increased understanding regarding hygienic and safe injecting practices, as well as a reduction in syringe sharing.^{8,9}
- Evidence from Vancouver’s Insite SCF has shown clients who regularly visit the facility and have contact with counselors were more likely to seek entry into addiction treatment services.
 - Insite participants (2003 - 2005) who were part of the Scientific Evaluation of the Supervised Injecting cohort had a 30% increase in detoxification service use referrals attributed to the SCF opening.¹⁰

Reduction of Infections (HIV, HCV)

- Bacterial infections remain a significant issue for PWIDs due to shared needles, old needles and haste in injecting to avoid detection.
- SCFs worldwide report reduced bacterial infection by providing clean injection equipment, cleaning wounds and identifying serious infections early.^{6,11}
- The Insite clinic has provided evidence that SCFs can reduce blood-borne disease transmission by providing clean needles and safer injection education.
 - Analysis of a closed, unsanctioned SCF in Vancouver, Canada, showed that the facility prevented around 30 HIV and 81 HCV cases among PWID annually.¹²
- Conservative estimates on the reduction of HCV and HIV cases for a hypothetical SCF in Montreal, Canada, demonstrated each additional SCF would prevent 11 cases of HIV and 65 cases of HCV annually.¹³

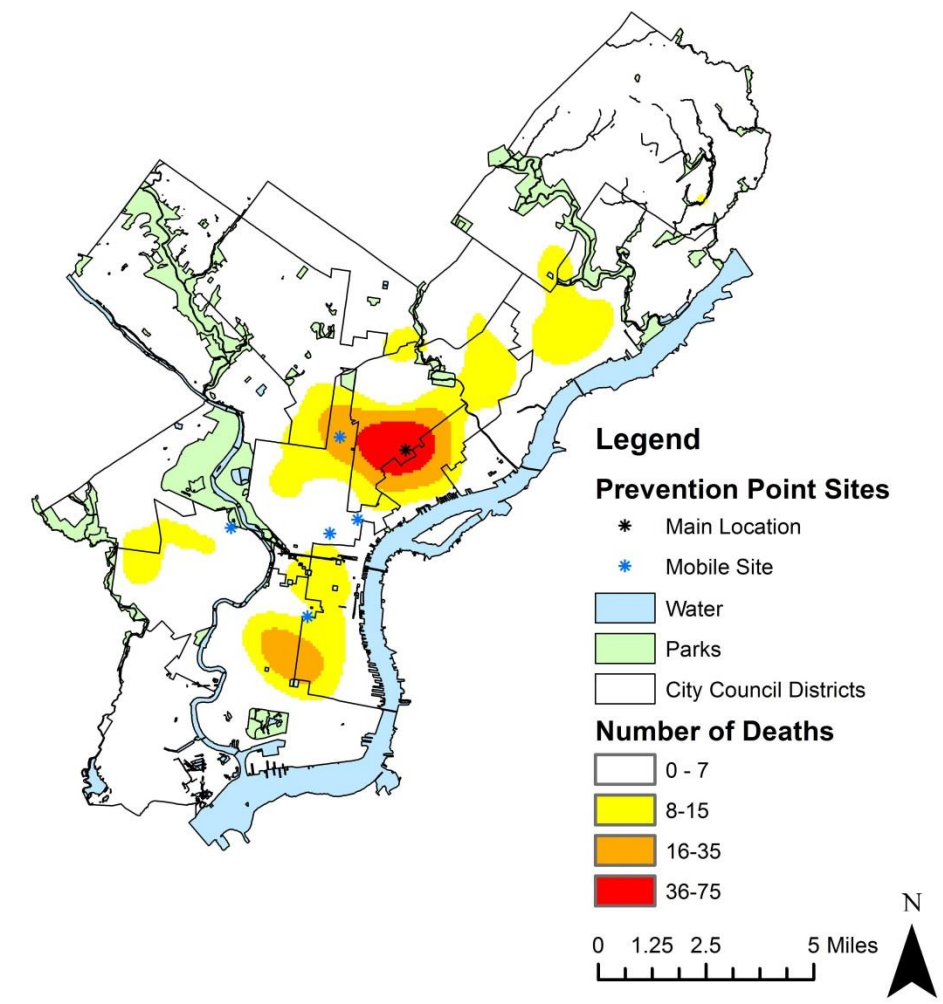
Automobile Crashes

- Drug-impaired driving is an increasingly serious issue. In 2009, 32.8% of fatally injured drivers tested positive for drugs in the United States, and this rate increased in 2015 to 43%.¹⁴
- Automobile crashes caused by drivers who overdose on opioids are becoming so common that rescue crews in some areas are immediately administering naloxone to unconscious drivers.¹⁵
- However, we found no evidence reported in the available literature to support or negate a hypothesis that there is increased or decreased drugged driving in communities with a SCF.

Neighborhood Disorder

- Within 10 blocks of the Insite facility, Wood et al. (2004) found that the 12-week period after the facility’s opening was independently associated with reductions in the following numbers¹⁶:
 - injection drug users seen in public, from a daily mean of 4.3 to 2.4
 - publicly discarded syringes found, from a daily mean of 11.5 to 5.4
 - pieces of injection-related litter found, from a daily mean of 601 to 310

Incidence of Overdose Deaths in PHL by ZIP, 2016



Largest concentration was in the Kensington neighborhood.

Source: Medical Examiner’s Office, Philadelphia Department of Public Health

Potential Impacts of a SCF in Philadelphia

Variable	Low Case	High Case	Units
Population Health			
Estimated SCF-averted HIV infections	1	18	Cases
Estimated SCF-averted HCV infections	15	213	Cases
Marshall et al. (2011) estimated number of annual overdose deaths averted within 500m of SCF ⁶	27	48	Deaths
Milloy et al. (2008) estimated number of averted overdose deaths from opening a SCF ¹⁷	24	76	Deaths
Financial Impact			
Estimated annual savings due to SCF skin and soft tissue infection reduction	\$1,512,356	\$1,868,205	
Estimated total value of overdose deaths averted	\$12,462,213	\$74,773,276	
Estimated annual savings due to SCF reducing ambulance calls for overdose	\$123,776		
Estimated annual savings from keeping PWID out of emergency rooms	\$280,683		
Estimated annual savings on hospitals for PWID who overdose	\$247,971		

Conclusions

- SCFs provide cost savings, particularly in hospitalizations and other health services.
- SCFs prevent overdose deaths and reduce neighborhood disorder.
- The City of Philadelphia should develop a thoughtful evaluation that examines the implementation of these services.
 - Evaluation should pay attention to anticipated measurable outcomes that are directly or indirectly related to the selected interventions.

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