

San Francisco Board of Supervisors Public Safety and Neighborhood Services Committee Hearing on Overdose Prevention Sites

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Evaluation of an Unsanctioned Safe Consumption Site in the United States

6 Citing Articles

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Metrics

TO THE EDITOR:

Table 1. Injections, Opioid-Involved Overdoses, and Overdose Deaths at an Unsanctioned Safe Consumption Site, 2014 through 2019.*

Year	Injection Events	Opioid Overdoses	Overdoses per 1000 Injections	Overdose Deaths
2014	350	0	0.00	0
2015	1,076	1	0.93	0
2016	1,536	1	0.65	0
2017	1,759	3	1.71	0
2018	2,867	13	4.53	0
2019	2,926	15	5.13	0
Total	10,514	33	3.14	0

Reduced emergency department visits and hospitalization with use of an unsanctioned overdose prevention site for injection drug use in the US

Lambdin, Davidson, Browne, Suen, Wenger, and Kral

Under review at a peer-reviewed medical journal

People using the overdose prevention site were:

- 27% less likely to visit the emergency department,
- Had 54% fewer emergency department visits,
- Were 32% less likely to be hospitalized, and
- Spent 50% fewer nights in hospital.



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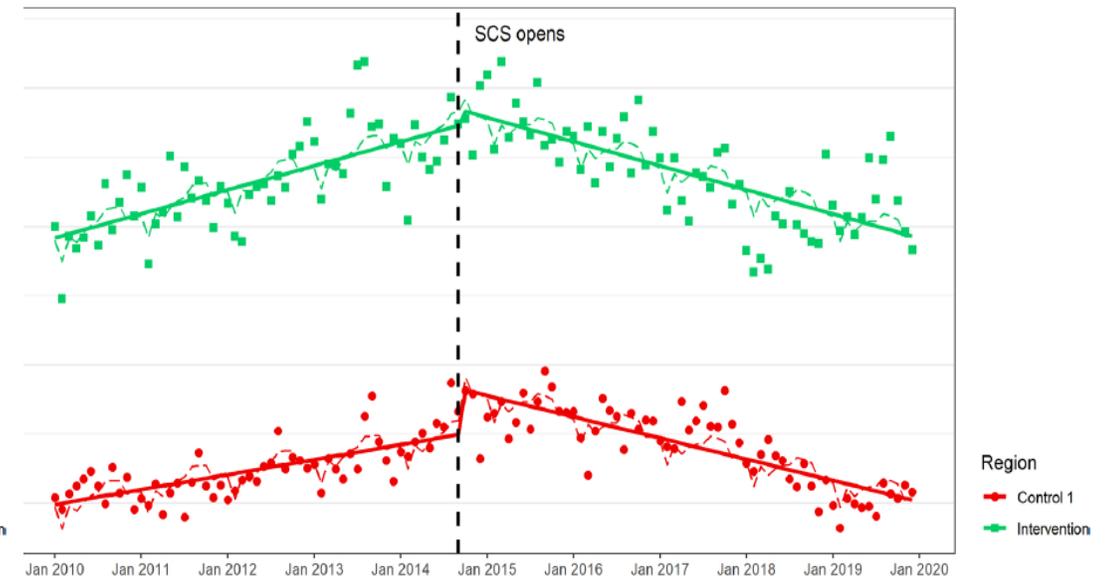
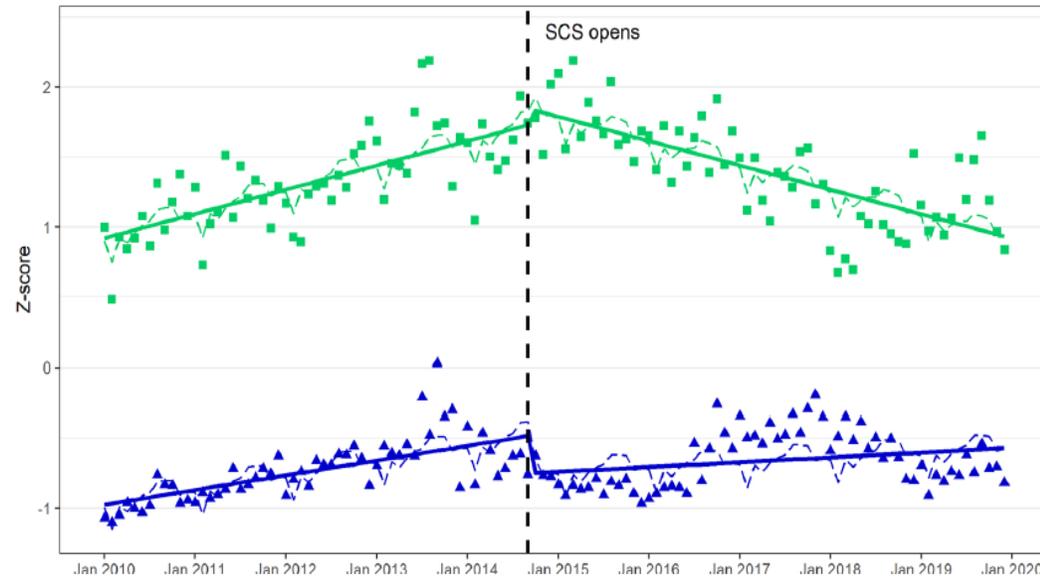
Drug and Alcohol Dependence

journal homepage: www.elsevier.com/locate/drugalcdep



Impact of an unsanctioned safe consumption site on criminal activity, 2010–2019

Peter J. Davidson^{a,*}, Barrot H. Lambdin^b, Erica N. Browne^b, Lynn D. Wenger^b, Alex H. Kral^b





Improved syringe disposal practices associated with unsanctioned safe consumption site use: A cohort study of people who inject drugs in the United States

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ABSTRACT

Background: Community opposition to safe consumption sites often centers around improper syringe disposal. People are concerned these sites might attract people who inject drugs to the neighborhood, which might in turn lead to more used syringes left in public settings.

Methods: We evaluated an unsanctioned safe consumption site in an undisclosed United States city in 2018–2020 to assess whether use of the site was associated with improper syringe disposal practices. We recruited people who inject drugs (N=494) using targeted sampling methods, and interviewed participants at baseline, 6 months, and 12 months. We employed a quasi-experimental design involving inverse probability of treatment weighting using propensity scores. We used generalized estimating equations and Poisson models to calculate relative risk and incidence rate ratios of improper syringe disposal.

Results: The risk of any improper syringe disposal was comparable among people who used and did not use the unsanctioned safe consumption site in prior 30 days (relative risk 1.03; 95% confidence interval=0.53, 1.17).

The rate of improperly disposed syringes per number of injections in prior 30 days was significantly lower among people who had used the unsanctioned safe consumption site during the same period (incident rate ratio 0.42; 95% confidence interval=0.18, 0.88).

Conclusion: When people used this unsanctioned safe consumption site, they disposed of significantly fewer syringes in public places, including streets, sidewalks, parks, or parking lots, than people not using the site. This study helps allay concerns that implementing safe consumption sites in the US would lead to increases in

A Cost-Benefit Analysis of a Potential Supervised Injection Facility in San Francisco, California, USA

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and Alex H. Kral⁵

Abstract

Supervised injection facilities (SIFs) have been shown to reduce infection, prevent overdose deaths, and increase treatment uptake. The United States is in the midst of an opioid epidemic, yet no sanctioned SIF currently operates in the United States. We estimate the economic costs and benefits of establishing a potential SIF in San Francisco using mathematical models that combine local public health data with previous research on the effects of existing SIFs. We consider potential savings from five outcomes: averted HIV and hepatitis C virus (HCV) infections, reduced skin and soft tissue infection (SSTI), averted overdose deaths, and increased medication-assisted treatment (MAT) uptake. We find that each dollar spent on a SIF would generate US\$2.33 in savings, for total annual net savings of US\$3.5 million for a single 13-booth SIF. Our analysis suggests that a SIF in San Francisco would not only be a cost-effective intervention but also a significant boost to the public health system.

Summary of Peer-reviewed Research

Overdose prevention sites help the people who use them by

- Preventing overdose deaths
- Preventing emergency department use and hospitalization

Overdose prevention sites help the neighborhoods in which they are located by

- Reducing crime
- Reducing syringes in public settings

Overdose prevention sites save the city money

American Medical Association voted to approve Overdose Prevention Sites in June 2017



assign Schedule I classification to approximately 250 dangerous new synthetic substances identified by the Drug Enforcement Administration since 2012.

In an effort to consider promising strategies that could reduce the health and societal problems associated with injection drug use, the AMA today voted to support the development of pilot facilities where people who use intravenous drugs can inject self-provided drugs under medical supervision.

Studies from other countries have shown that supervised injection facilities reduce the number of overdose deaths, reduce transmission rates of infectious disease, and increase the number of individuals initiating treatment for substance use disorders without increasing drug trafficking or crime in the areas where the facilities are located.

“State and local governments around the nation are currently involved in exploratory efforts to create supervised injection facilities to help reduce public health and societal impacts of illegal drug use,” said Dr. Harris. “Pilot facilities will help inform U.S. policymakers on the feasibility, effectiveness and legal aspects of supervised injection facilities in reducing harms and health care costs associated with injection drug use.”