



# Safe Injection Facilities Opioid Coordination Council

Information is based on DRAFT report under development/not for publication

# What We Will Cover

- Legislative Request/OCC Review
  - ▣ S.107
- Summary of Draft Report
  - ▣ Legal Obstacles to the Establishment of a SIF
  - ▣ Efficacy and Outcomes of SIFs
  - ▣ Costs and Benefits of SIFs
  - ▣ The Rights of Local Governments and Communities to Limit Establishment of a SIF

# S.107

- Approves the Establishment of SIFs
- Limit criminal liability for:
  - ▣ Persons using SIF
  - ▣ Staff or Administrator of SIF
  - ▣ Property owner at which SIF located
- Defined Requirements of SIFs
- Established Approval Process
  - ▣ Approval by VDH or “District or Municipal Board”
- Established Annual Reporting Requirements

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# Senate Judiciary Request

- Examination of the efficacy, outcomes and impact, including public safety impacts, of SIFs in locations where they operate or are contemplated;
- Identify the relevant data points to measure health-related and public safety outcomes;
- Legal and liability issues (State and Federal) in connection with the operation of SIFs;
- Whether operating such facilities is cost effective as compared to other prevention, treatment, and harm reduction programs;
- Whether towns should be allowed to prohibit or restrict SIFs

# Conclusions

- ❑ The legal obstacles alone, including potential federal criminal prosecution and civil liability of anyone involved in the operation of a SIF, make the opening of a SIF in Vermont virtually impossible.
- ❑ the efficacy of SIFs in reducing overdose deaths, providing a pathway to treatment, and reducing the spread of infectious disease is currently unproven and requires significantly more scientific study.

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# Conclusions

- Vermont's limited resources are more wisely invested in
  - ▣ proven harm reductions models in particular syringe service programs (SSPs)
  - ▣ proven treatment models like the Hub-and-Spoke system
  - ▣ Placement of trained recovery coaches and other intervention professionals in SSPs, emergency departments, police departments

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# Summary of Legal Issues

- Federal Law – Criminal Violations
  - 21 U.S.C. § 841; 18 U.S.C. § 2: Aiding and Abetting the Distribution of Controlled
  - 21 U.S.C. § 856: Maintaining Premises for the Use and Distribution of Controlled Substances
  - 21 U.S.C. § 844: Possession of Controlled Substance
- Federal Law – Civil and Forfeiture
  - 21 U.S.C. § 856: civil penalty of \$250K or 2 times the gross receipts, either known or estimated, that were derived from each violation; injunctive relief
  - 21 U.S.C. § 881: Forfeiture of all Property used or intended to be Used in any manner to facilitate the commission of a violation of federal drug laws.

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# Other Legal Considerations

- Potential Tort liability for State and Entity Running SIFs
  - ▣ Torts committed by SIFs user after utilizing SIF (e.g., motor vehicle crash).
  - ▣ Potential liability to SIF user or estate if SIF user dies or is injured after utilizing SIF.
  - ▣ Potential Liability to SIF employees injured by SIF user.
- Administrative Actions
- Insurance Issues



# Efficacy and Outcomes of SIFs Worldwide

- Safe Injection Sites have Existed for 30 Years
- Onset in Europe but little in way of published research
  - ▣ Most research from Sydney and Vancouver
- Most are in urban, densely populated areas with high rate of IVDU

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# Efficacy and Outcomes of SIFs Worldwide

- Current research does not support whether or to what extent SIFs reduce
  - ▣ fatal opioid overdose
  - ▣ the spread of disease, or
  - ▣ help offer pathways out of drug misuse (i.e. by offering access to treatment, etc.).

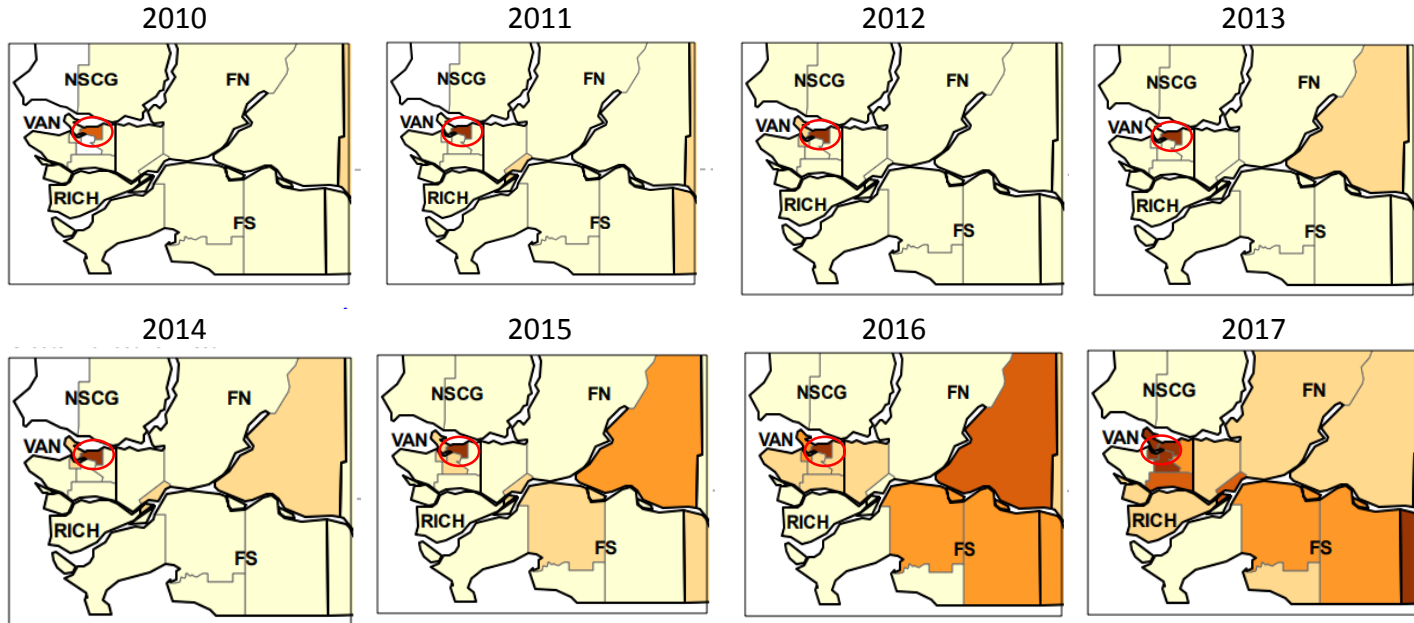
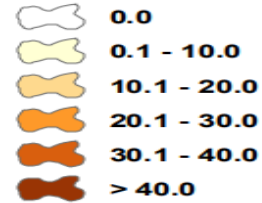
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# Insite 2017 Data (Q2)

- 175,464 visits by 7,301 unique individuals
  - average InSite participants used SIF less than once per week, or an average of 24 times per year.
- Average 415 injection room visits per day
- 2151 overdose incidents
- 88% of heroin test positive for fentanyl
- Probable prevention HIV infection (est. 4-57 cases)

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Figure 2  
City of Vancouver Overdose Death Rate per 100,000



2010-2017

<http://www.bccdc.ca/resource-gallery/Documents/Statistics%20and%20Research/Statistics%20and%20Reports/Epid/Other/Illicit%20Drug%20Overdose%20Deaths%20by%20LHA%20-%20No%20Counts.pdf>

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# Public Safety Issues

- There has not been adequate research into whether jurisdictions with operating SIFs experience an increase or decrease in crimes in or around the area the SIF operates
- 2014 Study suggests that violent, drug-related crime was highly visible eight years after the establishment of the Vancouver SIF

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# Direct Costs of SIFs

- Insite = \$3M/year
- Montreal SIF = \$2.182M/year
- Toronto SIF = \$1.6M/year
- Estimate for proposed Seattle facility:  
\$1.3M/year

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# Indirect Costs of SIFs

- Increased need for law enforcement in the area of the SIF;
- Local community-based costs, such as providing intervention for an increased number of overdose cases for first responders and emergency departments;
- Need for regulatory and administrative oversight by the State of Vermont; and
- Addressing potential neighborhood degradation.

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# Appropriate Measures to Gauge Outcomes

- Public safety/local community:
  - Increase/decrease in the number and type of interactions with law enforcement, especially in the local area the SIF is located (and an analysis of the related costs for enforcement);
  - Increase/decrease in the number and type of arrests in the area the SIF is located (drug trafficking, theft, assault, robbery, disorderly conduct, violence, etc.);
  - Increase/decrease in drug trafficking activity in the area the SIF is located;

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# Appropriate Measures to Gauge Outcomes

- Public safety/local community:
  - Increase/decrease in the number of complaints related to SIF presence, compared to citizen complaints relating to drug activity prior to SIF presence; and
  - An analysis pre/post-SIF of EMT/first responder resources and related costs.

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# Appropriate Measures to Gauge Outcomes

- Public health:
  - ▣ Increase/decrease in the frequency of SIF use (percentage of an individual's drug use at the SIF compared to outside the SIF);
  - ▣ Increase/decrease in injection overdoses among SIF participants, at the SIF or outside the SIF;
  - ▣ Increase/decrease in overdose deaths among SIF participants;
  - ▣ Increase/decrease in overdose deaths in the area the SIF is located, before and after the SIF is operational;

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# Appropriate Measures to Gauge Outcomes

## □ Public health:

- A comparison of HIV and HCV infection rates among SIF participants, before and after SIF opens;
- Injection site infection rates (soft tissue damage);
- Comparison of infection rates and illnesses related to injection drug use before and after the opening of a SIF, and the costs of their treatment (endocarditis, etc.);
- Comparative costs of treatment of infections among participants and non-participants; and
- Number of referrals to treatment provided, and rate of **successful transition to treatment.**

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# Rights of Local Government

- Legislative Determination
- VLCT
  - ▣ The delegation of power that would allow cities and towns to determine whether a safe injection facility could be established could be established by a provision added in statute.
  - ▣ Generally supports local control

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# Other Considerations

- Potential Intervention through Syringe Services Programs (SSPs)
- Cost Considerations

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# Conclusions

- Safe Injection facilities are illegal under federal law, highly controversial and, most importantly, have an unproven track record of harm reduction and providing a pathway to treatment
- Support and increased investment in syringe service programs will provide Vermont many of the desired outcomes sought through the SIF model
- Placement of trained recovery coaches and other intervention professionals in SSPs, emergency departments, and in partnerships with law enforcement and first responders, also expands the reach of intervention.

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