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AIDS United Statement on Supervised Injection Facilities

Executive Summary:

AIDS United supports the implementation, with community support, of local Supervised Injection Facilities (SIFs) as an HIV/HCV prevention strategy for people who inject drugs. Further, research indicates that SIFs dramatically reduce overdose related death, increase both initiation and retention of care, lead to better long-term substance use treatment outcomes, and are cost effective. Subsequently, they further represent an excellent overdose and substance use prevention and intervention strategy.

AIDS United's Position Statement:

AIDS United supports the operation of SIFs as part of a comprehensive prevention and treatment strategy for people who inject drugs that includes: increased access to Medication Assisted Therapy, layperson-naloxone distribution, Good Samaritan protections for individuals who administer naloxone or call emergency services in the event of an overdose, syringe services programs, HIV and hepatitis C screening, prevention, and treatment, hepatitis A and hepatitis B vaccination, access to wound care and primary medical care, access to behavioral health care, and access to non-abstinence based Housing First supportive housing programs with low barrier of entry and high barrier of exit.

In Addition, AIDS United:

- Strongly supports an evidence-based, public health response to the opiate crisis which centers the health and dignity of people who inject drugs and is based in increased access to harm reduction services and access to non-coercive treatment instead of criminalization.
- Specifically supports SIFs as part of an integrated service delivery system providing non-coercive supportive services, including
    - integrated primary, infectious disease, and mental health care,
    - integrated Medication Assisted Therapy for Opioid Use Disorder,
    - access to case management, housing navigation, and other social services.
- Supports programs that are designed to divert people who inject drugs away from involvement with the criminal justice system and into treatment and care, preferably under their own volition, including Law Enforcement Assisted Diversion and other pre-booking diversion programs.

Supporting Information:

With the widespread non-medical use of opiates across many communities and the resultant increase in overdose, we are seeing more attention and resources dedicated to combatting addiction and overdose than ever before. AIDS United applauds this effort, but is deeply concerned that such a response, if limited solely to

Prescription Drug Monitoring Programs or first responder naloxone funding, will ultimately fail to adequately address the complex health and psycho-social needs of people who inject drugs. As such, AIDS United supports a holistic, comprehensive approach to drug user health and prevention which includes a spectrum of evidence-based prevention, treatment, and social services to maximize quality of life and health outcomes.

SIFs have significant evidentiary support for preventing and reducing drug-related harm and providing community benefits.[1] SIFs by their very nature confer significant infectious disease and overdose prevention benefits to their participants.[2, 3, 4, 5, 6] SIFs also serve as an effective route for prevention and linkage to medical care for injection-related abscesses, bacterial infections such as endocarditis, and HIV/HCV.[7, 8] Public injection-drug use, improper disposal of syringes, and injection-drug use related crimes have all been shown to decrease in communities home to SIFs.[9, 10, 11] When implemented as part of an integrated care delivery model, SIFs are extremely effective at linking participants to substance-use treatment, mental health care, housing, and other social services.[12] Finally, SIFs are cost-effective,[13, 14] with InSite, the only operating SIF in North America (Vancouver, Canada), showing annual savings of nearly $6 million through averted HIV infection alone;[15] never mind cost savings from reduced emergency department utilization, increased insurance coverage, and increased connection to social services.

Further, SIFs are strategically aligned with the integrated, comprehensive services delivery program framework called for in the Department of Health and Human Services' 2016 implementation guidance for using federal funds for syringe services programs.[16] SIFs, particularly if integrated or co-located within a harm reduction service organization, can provide direct access to medical care for high risk people who inject drugs within a comfortable and accessible space. SIFs represent prime "outreach" to people who inject drugs, and offer an

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[1] Potier, C. e. (2014). Supervised injection services: what has been demonstrated? A systematic literature review. *Drug and Alcohol Dependence, 145*, 48-68.

[2] Hagan, H. E. (2011). A systematic review and meta-analysis of interventions to prevent hepatitis C virus infection in people who inject drugs. *Journal of Infectious Diseases, 204*(1), 74-83.

[3] Hagan H. T. (2001). Sharing of drug preparation equipment as a risk factor for hepatitis C. *American Journal of Public Health, 91*(1), 42-62.

[4] Milloy, M. e. (2008). Non-fatal overdose among a cohort of active injection drug users recruited from a supervised injection facility. *American Journal of Drug and Alcohol Abuse, 34*(4), 499-509

[5] Dolan, J. C. (2000). Drug consumption facilities in Europe and the establishment of supervised injecting centres in Australia. *Drug and alcohol review, 19*(3), 337-346.

[6] de Jong, W. a. (1999). The professional acceptance of drug use: a closer look at drug consumption rooms in the Netherlands, Germany and Switzerland. *International Journal of Drug Policy*, 10(2): p. 99--108.

[7] Lloyd-Smith, E. e. (2012). Determinants of Cutaneous Injection-Related Infections Among Injection Drug Users at an Emergency Department. *The Open Infectious Diseases Journal, 6*, 5-11.

[8] Fink, D. e. (2013). Abscess and self-treatment among injection drug users at four California syringe exchanges and their surrounding communities. *Substance Use & Misuse, 48*(7), 523-5310.

[9] Beletsky, L. e. (2011). The roles of law, client race and program visibility in shaping police interference with the operation of US syringe exchange programs. *Addiction, 106*(2), 357-365.

[10] Wood, E. e. (2006). Service uptake and characteristics of injection drug users utilizing North America's first medically supervised safer injecting facility. *American Journal of Public Health, 96*(5), 770-773.

[11] Wolf, J. L. (2003). Drug consumption facilities in the Netherlands. *Journal of Drug Issues, 33*(3), 649-661.

[12] Tyndall, M. e. (2996). Attendance, drug use patterns, and referrals made from North America's first supervised injection facility. *Drug and Alcohol Dependence, 83*(3), 193-198.

[13] Jozaghi, E. A. (2013). A cost-benefit/cost-effectiveness analysis of proposed supervised injection facilities in Montreal, Canada. *Substance Abuse Treatment, Prevention, and Policy, 8*(1), 25-32.

[14] Jozaghi, E. e. (2014). A cost-benefit/cost-effectiveness analysis of proposed supervised injection facilities in Ottawa, Canada. *Substance Abuse Treatment, Prevention, and Policy, 9*(1), 31.

[15] Andresen, M. a. (2010). A cost-benefit and cost-effectiveness analysis of Vancouver's supervised injection facility. *International Journal of Drug Policy, 21*(1), 70-76.

[16] Department, of Health and Human Services. (2016). *Implementation Guidance to Support Certain Components of Syringe Services Program.*

initial contact point to a host of medical, behavioral, and structural health interventions. SIFs allow for clinical contact to a population that historically underutilizes medical services due to stigma and fear of discrimination, and offer the opportunity to extend the benefits of a "medical home" to people who inject drugs.

For all of these reasons, AIDS United supports the legalization and implementation of Supervised Injection Facilities as part of a comprehensive and holistic health intervention for people who inject drugs.

About the AIDS United Public Policy Committee:

The AIDS United Public Policy Committee (PPC) is the oldest continuing federal policy coalition working to end the HIV/AIDS epidemic in the United States since 1984. It is the largest body of community based HIV/AIDS Prevention, Treatment, Research, Education and Service organizations and coalitions in the U.S. The PPC has been instrumental in creating and developing important programs including the Ryan White Program and the National HIV/AIDS Strategy. Its national membership covers jurisdictions that include more than two-thirds of the population of People Living with HIV/AIDS and advocates for the millions of people living with or affected by HIV/AIDS in the U.S. & the organizations that serve them. Get more information at policy.aidsunited.org

PPC Member Organizations:

AIDS Action Committee of Massachusetts; AIDS Alabama (Birmingham); AIDS Arms (Dallas); AIDS Foundation of Chicago; AIDS Project Los Angeles; AIDS Resource Center of Wisconsin; Amida Care (New York City); Association of Nurses in AIDS Care; BOOM!Health (New York City); Cascade AIDS Project (Portland OR); Christie's Place (San Diego), Collaborative Solutions (Birmingham); CrescentCare (New Orleans); Delaware HIV Consortium; Equitas Health (Ohio); Foundation for a Healthy St. Petersburg (Florida); GMHC (New York City); God's Love We Deliver (New York City); Harlem United; Housing Works (New York City); Howard Brown Health (Chicago); IV-CHARIS (Cleveland); JRI-Health (Boston); Latino Commission on AIDS (New York City); Los Angeles County Division of Public Health; Legacy Community Health Services, Inc. (Houston); Metro Wellness & Community Centers (Tampa); Minnesota AIDS Project; Nashville CARES; National Alliance for HIV Education & Workforce Development; National Black Justice Coalition; Positive Women's Network – USA; Project Inform (San Francisco); Puerto Rico Community Network for Clinical Research on AIDS (PR CoNCRA); San Francisco AIDS Foundation; Southern AIDS Coalition; Southern HIV/AIDS Strategy Initiative; Thrive Alabama (Huntsville); Treatment Access Expansion Project (Boston); Urban Coalition for HIV/AIDS Prevention Services; Whitman-Walker Health (Washington, DC), The Women's Collective (Washington, DC)