

Safe Consumption Sites are Critical to Reducing Drug Overdoses

Alexandra Punch

Fatal drug overdoses surpassed 100,000 in the United States (U.S.) in 2021, making it the deadliest year in history. Much of the increase in drug overdose rates over the past several years has been due to fentanyl, a highly potent manufactured opioid with high risk of overdose. Coupled with the risk of transmission of blood-borne diseases, such as HIV and Hepatitis C from sharing drug paraphernalia, individuals who use drugs face numerous challenges for safely consuming drugs. Because of these challenges, advocates in the U.S. have been pushing for the implementation of Safe Consumption Sites (SCS), which provide safe, medically supervised spaces for individuals to use drugs. However, there has been substantial pushback from courts and the U.S. government, who are concerned that such establishments would violate 21 U.S. Code 856 - maintaining drug-involved premises, also known as the Crack House Statute.

KEY TAKEAWAYS

- In 2021, over 100,000 people died from drug overdoses in the United States, resulting in the country's deadliest year on record for drug overdoses.
- Safe Consumption Sites (SCS) which provide safe, medically supervised spaces for individuals to use drugs, not only save lives, but they reduce crime, public nuisance, and drug-related litter.
- SCS should be implemented across the country as a harm reduction strategy to decrease overdose rates and increase access to supportive services for people who use drugs.

This brief describes the Crack House Statute, argues for its revocation, and calls for the implementation of SCS as an important mechanism to decrease overdose rates, increase the uptake of supplemental support services for people who use drugs, and create safer neighborhoods.

What is the Crack House Statute?

Federal Title 21 U.S. Code 856, "Maintaining drug-involved premises", makes it unlawful to knowingly open, lease, rent, use, or maintain any place, whether permanently or temporarily, for the purpose of manufacturing, distributing, or using any controlled substance.¹ Established in the 1980s in response to the crack epidemic and colloquially referred to as the "Crack House Statute", the statute lives within the Anti-Drug Abuse Act of 1986. The focus of the Anti-Drug Abuse Act, passed under the Reagan Administration, was to shift the response to drug use from a rehabilitative approach to a punitive one. The largest components of the bill increased spending limits for drug enforcement by \$1.7 billion and set mandatory minimums for certain drug offenses. Only 12% of the funding went toward prevention

education for youth and no funds were earmarked for harm reduction services such as syringe access.

The Crack House Statute is a direct regulatory policy that uses the government to fully enforce compliance through a centralized system of law enforcement and specifically targets both dwellers and owners of properties in the illegal use or distribution of drugs. The Crack House Statute was established to ensure that drug activity and associated criminal activity do not occur within neighborhoods.

There are several challenges with this policy as it relates to the opioid epidemic, overdose rates, and the implementation of SCS in the United States. For example, this policy rigidly enforces how private and public dwellings must operate under the assumption that all drug use and users are criminal and ignores the science and evidence behind the societal and health benefits of SCS.² Several cities, including Philadelphia, New York, San Francisco, and Seattle have recently attempted to implement SCS but have been met with a swift negative response from the federal government. In January 2021, the 3rd U.S. Circuit Court of Appeals issued a 2-1 ruling against the development of a SCS by a nonprofit organization in Philadelphia (Project SafeHouse), enforcing the legal context of the Crack House Statute.³ Those in favor of the Anti-Drug Abuse Act's intent applaud the upholding, citing that SCS enable drug use, cause public nuisance, and increase crime in the neighborhoods where they are established.

However, some progress has been made. In July 2021, Rhode Island became the first state to legalize the development of SCS in the U.S. Enacted through state legislation, the policy legalizes SCS and stipulates that local municipalities must approve their development during a two-year pilot program.⁴ Unlike previous attempts at establishing SCS, this is the first bill to pass through a state legislature and the first to not face immediate federal oppositional response. If the policy remains unchallenged by the federal government, it may be a signal from the Biden Administration that his drug policy agenda would be opened to amending the Crack House Statute.⁵

Safe Consumption Sites Keep People Who Use Drugs Safe

SCS help reduce the risk of overdose and help connect people who use drugs to substance use treatment and health care services. While variation exists among the services they provide, SCS typically provide private, sterilized, safe spaces for an individual to consume an illegal drug (typically through injection). There are mirrors and/or windows in each space that allow for a medical professional to observe an individual while they use, monitor their behavior, and medically intervene when necessary. Overall, SCS provide care, comfort, safety, and access to valuable supportive resources for individuals with problematic substance use.

Safe Consumption Sites Save Lives

Studies from other countries where SCS are allowed show that, among people who use drugs, drug overdose rates declined at a greater magnitude among those living within the vicinity of a SCS compared to those who did not.^{6,7} A study on an unsanctioned SCS in the U.S. shows that the site was able to reverse all 33 overdoses that occurred among the 10,514 injections that took place during its five years of operation (2014-2019).⁸ The implementation of a safe consumption site in Vancouver, BC Canada reduced drug overdose mortality by 35% between 2003 and 2005.⁷

Safe Consumption Sites Help Reduce Other Harms Associated with Drug Use and Connect People with Treatment

SCS also reduce other health risks associated with drug use and help people who use drugs to access substance use treatment and health care services. People who live near SCS are less likely to share drug paraphernalia, and in turn, less likely to develop injection related skin infections.⁶ SCS also reduce drug use trauma (e.g., PTSD, Acute Stress Disorder, violence), and connect people who want to decrease their drug use to substance use treatment.

Most SCS also provide access or referrals to substance use treatment. A 2021 study⁶ found that frequent use of SCS increased the rate of accessing substance use treatment between 1.4 and 1.7 times, with the likelihood increasing with the number of times an individual accessed the site.

Opponents of SCS are concerned that these facilities enable drug use, but this concern is not warranted. SCS build trusting connections with people who use drugs⁹ and in so doing, allow them to feel worthy of services that may be available to them. These sites do not ignore the realities and risks associated with drug use, but rather provide safe spaces for individuals to examine their situations and take steps toward healthier choices while staying live.

Safe Consumption Sites Promote Neighborhood Wellbeing

Residents of communities considering SCS are often concerned about a potential increase in drug-related litter and criminal activity in their neighborhoods. However, studies in other countries where SCS are legal show that they improve neighborhood wellbeing and safety, including reductions in crime, drug-related paraphernalia and other litter, and public nuisances and loitering.^{10,11,2}

Examination of an unsanctioned U.S. SCS documented a significant decrease in criminal activity (e.g., possession, dealing, assault, larceny theft, robbery) in the area surrounding the site. These findings parallel those from Germany, Australia, and Canada, where SCS are legal, that placement of a SCS (especially in areas of high drug related crime) reduced the incidence of neighborhood crime.¹¹ It is likely that providing safe spaces for use of and recovery during drug use minimizes needs (e.g., clothing, food, shelter, counseling, sterilized drug use equipment), altercations, and public interactions.

In localities where SCS are placed, there is also mutual understanding between the organization running the site and first responders.¹⁰ Police and EMTs are aware of the purposes of the SCS, and while they will not ignore illegal activity occurring within the vicinity outside of a SCS, there is an understanding that people who use drugs must feel safe to enter and exit facilities without the fear of legal repercussions. Therefore, individuals are less likely to “act out” in the vicinity of a SCS for fear that negative interactions with first responders or the public may lead to the closure of a site.

In concert with decreasing criminal activity, multiple studies have also shown that SCS and other harm reduction programs have a positive impact on improper syringe disposal. What has been shown for over 20 years through Syringe Exchange Programs, and what continues to be clear with SCS, is that these sites drastically reduce syringe litter.¹² Data from Vancouver, BC showed a 67% reduction in emergency calls for naloxone treatment and a decrease in drug related hospital admittance by 26%.² While these statistics highlight positive impacts on the health of people who use drugs, they also demonstrate a reduction in public nuisance related to these activities. Frequent ambulance calls may be seen as a public nuisance because they disrupt public activity. People who use drugs are often

underinsured or lack medical insurance, and therefore, the costs of their medical care often fall to taxpayers, representing an economic burden to local and state communities. By reducing the number of ambulance calls to high density drug use locations and the number of hospital admittance, SCS are decreasing neighborhood disruptions and reducing economic strains within healthcare systems.

We Must Amend the Crack House Statute to Enhance Safe Consumption

While time will tell whether Rhode Island or New York City will be successful in establishing sanctioned SCS, we must not forget that the Crack House Statute, though important to crime reduction, was established during the height of the War on Drugs. It is an archaic policy that blocks progress - progress that is being made in multiple countries with empirically proven success. If the United States genuinely wants to reduce drug overdoses, drug-related criminal activity, and negative social consequences of drug use, the federal government must immediately amend the Crack House Statute to allow states to establish their own legislation governing SCS.

References

1. Cornell Law School (2021) Legal Information Institute, Retrieved from: <https://www.law.cornell.edu/uscode/text/21/856>
2. Ng, J., Sutherland, C., & Kolber, M. R. (2017). Does evidence support supervised injection sites? *Canadian family physician Medecin de famille canadien*, 63(11), 866.
3. Feldman, Nina (2021), In Philadelphia, Judges Rule Against Opening 'Supervised' Site To Inject Opioids, NPR, Retrieved from: <https://www.npr.org/sections/health-shots/2021/01/14/956428659/in-philadelphia-judges-rule-against-opening-a-medical-site-to-safely-inject-hero>.
4. Jaegar, Kyle, (2021), Rhode Island Makes History by Legalizing Safe Consumption Sites, Filter Magazine, Retrieved from: <https://filtermag.org/rhode-island-safe-consumption-site-bill/>.
5. The White House (2020). Executive Office of the President. Office of National Drug Control Policy. *The Biden-Harris Administration's Statement of Drug Policy Priorities for Year One*. Retrieved from: <https://www.whitehouse.gov/wp-content/uploads/2021/03/BidenHarris-Statement-of-Drug-Policy-Priorities-April-1.pdf>.
6. Levensgood, T. W., Yoon, G. H., Davoust, M. J., Ogden, S. N., Marshall, B. D. L., Cahill, S. R., and Bazzi, A. R. (2021, July 1). Supervised injection facilities as harm reduction: A systematic review. *American Journal of Preventive Medicine* 61, 5, 738-749.
7. Marshall, B. D., Milloy, M. J., Wood, E., Montaner, J. S., & Kerr, T. (2011). Reduction in overdose mortality after the opening of North America's first medically supervised safer injecting facility: a retrospective population-based study. *Lancet* (London, England), 377(9775), 1429-1437.
8. Kral, Alex., Lambdin, Barrot H., Wenger, Lynn., (2020). Evaluation of an Unsanctioned Safe Consumption Site in the United States. *The New England Journal of Medicine*, 383, 589-590.
9. Hay B, Henderson C, Maltby J and Canales JJ (2017) Influence of Peer-Based Needle Exchange Programs on Mental Health Status in People Who Inject Drugs: A Nationwide New Zealand Study. *Front. Psychiatry* 7:211.
10. Otter, Daniel (2017). Lessons from Abroad: What the United States Can Learn from European Drug Consumption Rooms [Unpublished Master's thesis] University of Washington.
11. Davidson, P. J., Lambdin, B. H., Browne, E. N., Wenger, L. D., & Kral, A. H. (2021). Impact of an

unsanctioned safe consumption site on criminal activity, 2010-2019. *Drug and Alcohol Dependence*, 220, 108521.

12. Kral, A. H., Lambdin, B. H., Wenger, L. D., Browne, E. N., Suen, L. W., & Davidson, P. J. (2021). Improved syringe disposal practices associated with unsanctioned safe consumption site use: A cohort study of people who inject drugs in the United States. *Drug and Alcohol Dependence*, 229, 109075.

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About the Author

Alexandra Punch (aepunch@syr.edu) is the Associate Director of the Lerner Center for Public Health Promotion in the Maxwell School of Citizenship and Public Affairs at Syracuse University.

The mission of the SU Lerner Center for Public Health Promotion is to improve population and community health through research, education, and outreach focused on the social, spatial, and structural determinants of physical, mental, and behavioral health and health disparities.

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