End Overdose in New York: Consider Safe Consumption Spaces at Safe Shape Tour

Nationally, opioid and heroin overdoses killed 52,404 people in 2015: more people than traffic accidents and homicides combined and rates are increasing in New York State (20.4% from 2014 to 2015). In the midst of a fatal opioid overdose epidemic and rising hepatitis C infection rates, we urge our communities to consider the establishment of safer consumption spaces (SCSs), also known as supervised injection facilities or drug consumption rooms. SCS are places where people can legally consume previously-purchased illicit drugs and peers and healthcare professionals can help participants to make their drug use safer. Internationally, there are more than 100 SCS and legislation has been introduced to establish them in multiple cities across the United States. Studies show safer consumption spaces have not caused increases in relapse, decreases in rehabilitation, increases in crime, and/or increases in initiation of use.

We believe that a comprehensive and compassionate response to drug use only begins with expansion of access to naloxone, safer drug use equipment (e.g. syringes), and drug treatment. To address an epidemic of these staggering proportions, we are holding a statewide tour of Safe Shape SIF, screenings of Everywhere But Safe, and forums to discuss the establishment of safer consumption spaces to address public injection and the opioid epidemic in NYS. Safe Shape SIF is a traveling SCS model exhibit that both demonstrates what an SCS looks like and educates the public on the use of harm reduction philosophy and practices to engage people in care. Everywhere But Safe is a documentary about public injection in the State. We recognize that many stakeholders have valid concerns about the logistics of safer consumption spaces; these events will provide space for people to have questions and concerns addressed. This tour is an opportunity to come together and have an informed discussion about innovative solutions rooted in compassion and public health.

Why We Should Consider Safe Drug Consumption Spaces in New York State:

Opioid overdoses are on the rise in New York State:
- NYS saw a **20.4% increase in overdose death** between 2014 and 2015 alone.
- Emergency departments across NYS saw **37,347 opioid-related outpatient visits** (73.1% increase from 2010) and **75,110 opioid-related inpatient hospital admissions** (3% increase from 2010) in 2014.
- Overdose deaths have now reached **more than 100 deaths per 100,000 population** in Dutchess, Suffolk, Bronx, Westchester, Kings, New York and Nassau counties.

Public injection is common and associated to improper disposal and risky drug use behaviors:
- **46% of people who inject drugs inject in public locations** (e.g. street, park or subway; 60% inject in semi-public locations (e.g. public restrooms, shooting galleries or cars)
- Public injectors are: **twice as likely to be arrested or overdose, four times more likely to reuse equipment** than those who inject in private locations.

Hepatitis C (HCV) is spreading across New York State:
- **HCV infection rates increased by 3 to 48% in all regions of New York between 2010 and 2014.**
Due to increases in injection drug use, Baby Boomers are no longer the primary population affected; people under the age of 30 and women of childbearing age are increasingly infected.

NYS’ rates of HCV-related transplants and death are higher than the national average, studies indicate rising morbidity and mortality in adults living with hepatitis C.

All regions of NYS have seen a 3-48% increase in new cases of hepatitis C since 2012.

Regional Data

Albany - Preliminary 2016 data indicates a significant increase in overdoses in (Albany County)
- More than 12 fatal overdoses (opioids and heroin) from January to June
- More than 66 Emergency Department visits (opioids and heroin) from January to June
- More than 10 hospital admissions (overnight) from January to June

Bronx - Preliminary 2016 data indicate the city’s highest rate of unintentional overdose deaths in the Bronx
- There was a 46% increase in unintentional overdose deaths from 2014 to 2015
- The Bronx has the highest rate of overdose in the city at 22.6 per 100,000.
- Four of the most heavily impacted neighborhoods are in the Bronx: Hunts Point-Mott Haven (18.8 per 100,000), Crotona-Tremont (18.4 per 100,000), Highbridge-Morrisania 15.9 per 100,000), and Fordham-Bronx Parkway (15.4 per 100,000).

Buffalo - Preliminary 2016 data indicates increasing burden of overdoses on hospitals in Erie County
- More than 155 fatal overdoses (opioids and heroin) from January to June
- More than 1,257 Emergency Department visits (opioids and heroin) from January to June
- More than 148 hospital admissions (overnight) from January to June

Ithaca - Preliminary 2016 data indicates (Tompkins County)
- More than 12 fatal overdoses (opioids and heroin) from January to June
- More than 48 Emergency Department visits (opioids and heroin) from January to June

New York City - Preliminary 2016 data indicate that unintentional overdose rates will increase
- There were 937 overdose deaths in NYC in 2015 and preliminary 2016 data indicate an more than 1,300 died in 2016.
- Unintentional overdose deaths have increased the most rapidly(170%) from 2014 to 2015 Downtown Brooklyn-Heights-Slope and rapidly (50%) in Flushing and Southwest Queens, Washington Heights-Inwood, Highbridge-Morrisania, Fordham-Bronx, and Borough Park
- Residents of NYC’s highest poverty neighborhoods had a higher rate of overdose death involving heroin (12.5 per 100,000 population) than residents of the lowest poverty neighborhoods (5.5 per 100,000).

Poughkeepsie - Preliminary 2016 data indicates steady rates of overdose in Dutchess County
- More than 37 fatal overdoses (opioids and heroin) from January to June
- More than 60 Emergency Department visits (opioids and heroin) from January to June
- More than 18 hospital admissions (overnight) from January to June
Rochester - Preliminary 2016 data indicates an increasing burden of overdoses on hospitals in Monroe County
● More than 58 fatal overdoses (opioids and heroin) from January to June
● More than 303 Emergency Department visits (opioids and heroin) from January to June
● More than 72 hospital admissions (overnight) from January to June

Staten Island - Preliminary 2016 data indicate rapidly increasing rates of unintentional overdose deaths in Staten Island.
● Of the 5 boroughs, unintentional overdose deaths have increased the most rapidly in Staten Island - reaching 10.7 per 100,000 population in 2015.
● Residents of NYC’s highest poverty neighborhoods, including Stapleton, had a higher rate of overdose deaths involving heroin (12.5 per 100,000 population) than residents of the lowest poverty neighborhoods (5.5 per 100,000).
● South Beach - Tottenville is the neighborhood with the 2nd highest rate of overdose, at 23.2 per 100,000 population in 2013 and 24.9 per 100,000 population in 2015.

Syracuse - Preliminary 2016 data indicate increasing burden of overdose on hospitals in Onandaga County.
● More than 49 fatal overdoses (opioids and heroin) from January to June
● More than 614 Emergency Department visits (opioids and heroin) from January to June
● More than 72 hospital admissions (overnight) from January to June

International Research on Safer Consumption Spaces indicates community benefits.

Safer Consumption Spaces are effective at:
● Reducing risk behaviors associated with hepatitis C and HIV infection
● Preventing fatal opioid overdoses and injection-related hospitalizations
● Decreasing improper syringe disposal and improving public order
● Increasing access to health care, health education and a wealth of social services from basic needs (food, hygiene, shelter), to health and drug treatment services
● Engaging populations most likely to overdose or contract bloodborne diseases.

Safer Consumption Spaces have not led to:
● Increases in crime or nuisance
● Increases in relapse and decreases in rehabilitation
● Increases in initiation of use or initiation of injection

SCSs do not exist in the United States yet, but there is national interest and progress:
● Kings County in Washington State has been approved to open the nation’s first SDCS.
● Maryland and Vermont have both introduced legislation to approve SDCS
● California legislators have expressed interest in introducing legislation
● Philadelphia is proposing SDCSs and 1,353 supporters have signed a petition of support
● Massachusetts is considering SCSs as part of a comprehensive approach to opioid use