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Supervised Injection Facilities: Legal and Policy Reforms

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The US Centers for Disease Control and Prevention reported that more than 70 000 deaths from drug overdoses occurred in 2017, including prescription and illicit opioids, representing a 6-fold increase since 1999. Innovative harm-reduction solutions are imperative. Supervised injection facilities (SIFs) create safe places for drug injection, including overdose prevention, counseling, and treatment referral services. Supervised injection facilities neither provide illicit drugs nor do their personnel inject users. Supervised injection facilities are effective in reducing drug-related mortality, morbidity, and needle-borne infections. Yet their lawfulness remains uncertain. The Department of Justice (DOJ) recently threatened criminal prosecution for SIF operators, medical personnel, and patrons.

Public Health Benefits
Although the data are limited, SIFs provide public health benefits and are associated with substantial decreases in overdose fatalities among patrons and in surrounding communities. A SIF in Sydney, Spain, reported a 50% reduction in overdose mortality in the vicinity from 1991 (1833 deaths) to 2008 (773 deaths). Declines in publicly discarded syringes have also been observed. Monthly averages of unsafely disposed syringes collected near the Barcelona SIF decreased from 13 000 in 2004 to 3000 in 2012. Importantly, SIFs do not increase overall drug or other related crime rates in surrounding areas.

SIFs supervise clients’ drug injections and administer naloxone or other lifesaving procedures when needed. These interventions are similar to services drug users receive from emergency medical personnel, but which often come too late after overdoses involving high-potency heroin and fentanyl.

After the first SIF opened in Bern, Switzerland, in 1986, sites in multiple countries followed. As of April 2018, 78 official SIFs operated in Europe (Denmark, France, Germany, Luxembourg, Norway, Spain, and the Netherlands), as well as in Australia and Canada. Ireland and Portugal recently authorized SIFs. Clandestine SIFs have operated in the United States since 2014. Similar practices are undertaken in other settings; for example, a New York, New York, needle exchange program allows patrons to inject in its bathrooms, providing emergency services if necessary. Although no state or locality openly operates SIFs, several have proposed their creation (an eFigure map appears in the Supplement).

Legal Controversy
Despite public health benefits, state and local efforts to authorize SIFs have generated a legal and political firestorm. Critics charge that the government should not subsidize or incentivize harmful and unlawful behaviors. Some states have preempted the opening of SIFs. In 2017, the municipalities of Kent and Snohomish in Washington State restricted zoning to prohibit them. The state’s supreme court is considering whether a SIF ban should be put to a public vote. Additional concerns in-
clude legal liability for health professionals overseeing or staffing SIFs and limitations on malpractice insurance coverage for engaging in unlawful activities.

In late August 2018, Deputy Attorney General Rod Rosenstein characterized SIFs as “taxpayer-sponsored havens to shoot up.” “Because federal law clearly prohibits injection sites,” he argued, “[jurisdictions] should expect [DOJ] to meet the opening of any [SIF] with swift and aggressive action.” Later, the DOJ labeled New York City’s planned SIF as incompatible with appropriate opioid response efforts.

The DOJ claim that SIFs violate federal drug laws resulted in state and local reluctance to open these facilities. The governor of California vetoed legislation authorizing SIFs in San Francisco. The governor of Pennsylvania said he could not support SIFs without a change in federal law. Undeterred, San Francisco, California; Philadelphia, Pennsylvania; Denver, Colorado; Seattle, Washington, and other localities continue to explore the formation of SIFs.

**Misapplication of Federal Criminal Laws**

Courts have yet to review the DOJ interpretation of the Controlled Substances Act (CSA), which prohibits any person from possessing illicit drugs or operating places that knowingly allow use of illicit drugs on the premises.

The CSA explicitly immunizes state, tribal, or local officers “lawfully engaged in the enforcement of any law or municipal ordinance relating to controlled substances.” Although this immunity applies mainly to conducting drug investigations or raids, it could offer a creative defense if states or localities authorize SIFs. The DOJ, moreover, could decline to enforce federal drug laws that are incompatible with state legalization of SIFs. Despite its threats, for example, the DOJ has not aggressively enforced federal laws in states that have legalized marijuana.

The CSA prohibition on premises allowing illicit drug use presents the most difficult legal challenge to SIFs. However, this provision is targeted historically against crack houses or other drug enclaves, not public health enterprises. Supervised injection facilities are not drug havens, but rather places to help safeguard the health of the public. In April 2017, a Massachusetts task force characterized SIFs as medical treatment for at-risk patrons.

**The Criminalization of Public Health**

The criminalization of public health initiatives has a long, sordid history, including resistance to needle exchanges and expedited partner therapies. In each case, legislators and judges have come to view criminal strategies as unjustified. Armed with evidence of effectiveness, health officials have persuaded policy makers to value harm reduction. Greater respect for states’ public health powers could considerably narrow the DOJ’s ability to prosecute SIF patrons and staff.

**Use of SIFs for Research**

If the DOJ persists in threatening prosecution of SIFs, states could seek a research exemption under CSA §823(f), which permits government-funded public health studies. Registered health professionals may allow research participants to use heroin or other scheduled drugs on the premises.

**Public Health Prevention and Response**

Punitive drug laws have failed to curtail the opioid epidemic. Whether SIFs will succeed in the United States is undetermined, but harm-reduction strategies abroad have prevented overdose deaths and promoted drug dependency treatment for decades. Wise implementation of drug laws can be compatible with harm reduction. In community settings, police could enforce the CSA, bringing offenders before drug courts. These specialized courts screen and assess health risks and needs using graduated sanctions and incentives to usher offenders into treatment and rehabilitation. However, criminal law has no value in public health initiatives like SIFs designed to prevent harms and counsel clients. The opioid crisis remains a national public health emergency that demands therapeutic strategies guided by scientific evidence, and not inappropriate applications of punitive criminal laws.

**ARTICLE INFORMATION**

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Conflict of Interest Disclosures: None reported.

**REFERENCES**


9. Immunity of federal, state, local and other officials under the Controlled Substances Act. 21 USC §885(d).