The SCS Act and You:
Frequently Asked Questions about New York's Safer Consumption Services Bill

We are the Drug Policy Alliance.

What does the SCS Act do?
The SCS Act creates a framework for safer consumption spaces (SCS), also known as supervised injection facilities (SIFs), to operate–likely within the structure of existing syringe exchange programs (SEPs), which would integrate safer consumption services into their operations. It provides a space in which people can legally consume previously-obtained illicit drugs with supervision from trained staff.

How does the SCS Act legally protect participants and staff?
The SCS Act extends legal protections to participants, the property owner, and the program's staff members and administrators (including health care professionals, managers, employees, and volunteers). The legal protections/immunity extended within the SCS Act prohibits the denial of any right or privilege that are solely based on the protected individual's affiliation with an approved SCS program. This protection protects individuals from arrests, charges, or prosecution for criminal offenses, civil/administrative penalties (i.e., seizure or forfeiture of assets or real property) and disciplinary action by a professional licensing board.

Who will be responsible for overseeing an SCS program and how will it be evaluated?
Under the SCS Act, programs are to be overseen by the agency that approved its operation, i.e., a local health district or the New York State Department of Health. Programs are required to submit annual reports to the approving agency that include data about: the number of program participants, general information about the characteristics of participants, the number of hypodermic needles/syringes distributed for on-site use, the number of overdoses experienced and reversed on-site, and the number of individuals referred to other services and the type of service.

What is required of sites seeking to become an SCS?
Under the SCS act an "entity" must apply for authorization to operate a SCS program through the New York State Department of Health or local health district. Any community-based organization that provides one of the following services is eligible to apply to be a program under the SCS Act: educational, health, harm reduction, housing, or social services. Additionally, any entity that provides medical care can apply for authorization (i.e., hospital, medical clinic/office, health center, nursing care facility, mental health facility).

Once sites are authorized SCS programs they must also apply to be authorized SEPs and registered providers of an opioid overdose prevention program.

Who is a SCS program for?
Generally, SCS programs are for anyone who is in need of services provided by the authorized entity. However, under the SCS Act, the authorized SCS program is required to independently establish specific eligibility criteria for participants.

Can an individual open a SCS program?
No. Under the SCS act only entities authorized by the New York State Department of Health or a local health district can open an SCS program.

Will "shooting galleries" be protected under this law?
No. The SCS Act only applies to programs that are authorized/approved to operate by the New York State Department of Health and/or a local health district. Additionally, immunity is only provided for property owners, staff members, managers, employees, volunteers, and individuals operating within authorized/approved SCS programs and do not extend immunity from criminal prosecution for activities that are not approved within the SCS Act and within the specific SCS program's operating procedures.

What are safer consumption spaces?
Safer Consumption Spaces (SCS), also known as supervised injection facilities (SIFs), are legally sanctioned facilities where people who use drugs can inject or otherwise consume pre-obtained drugs in a sterile and supervised environment. SCSs are public health interventions designed to reduce the health and societal problems associated with injection drug use. Currently, there are over 100 SCSs being operated in over 60 cities throughout the world. Currently, Canada is the only place in North America with such services; however, many states and municipalities have introduced legislation and/or discussed the implementation of an SCS, including California, Maryland, Vermont, Philadelphia, Ithaca Massachusetts, and Washington State.

How does an SCS fit with existing community health options?
SCSs DO NOT replace current resources/responses to drug use such as drug treatment programs, recovery programs, and medication-assisted treatment. SCSs fit within existing community health options by adding a complementary tool to decrease the number of fatal overdoses in New York State. The potential for SCSs to expand upon the services that are currently provided within SEPs help increase the health and

well-being of more than just people who use drugs by reducing risky drug use practices, decreasing the transmission of disease and infection, and decreasing public use and syringe disposal.

What are the positive impacts of an SCS?
Aside from the many public health benefits that SCSs provide, they also provide an opportunity for service providers to meet people where they are and for people who use drugs to engage with individuals and systems that humanize them despite the societal stigma about drugs and people who use drugs.

Since 1988, when the first legal SCS/drug consumption room (DCR) was established in Switzerland, SCSs have been considered a sound public health intervention and response to drug-related crises.

International research has shown that SCSs effectively: reduce risk behaviors associated with hepatitis C and HIV infection[1]; prevent fatal opioid overdoses[2] and injection-related hospitalizations[3]; decrease improper syringe disposal and improving public order[4]; increase access to health care, health education and a wealth of social services, from basic needs (food, hygiene, shelter) to health and drug treatment services[5]; prevent abscesses and bacterial infections; and engage populations most likely to overdose or contract bloodborne diseases[6].

In the neighborhood surrounding the SCS InSite in Vancouver, there was a 35 percent decrease in fatal overdose deaths. Other areas of Vancouver that did not have an SCS only had a 9 percent decrease in overdose deaths. Since its opening in 2003, there has not been a single death at InSite.[7]

Additionally, SCSs have been found to be very cost efficient. Some cost-benefit analyses have estimated that InSite (Vancouver's SCS) has saved about $6 million per year in costs associated with averted HIV, HCV, and overdose deaths alone[8]—not accounting for reduced criminal justice and incarceration costs, decreased medical treatment costs, and decreased public sanitation needs.

What services is an SCS program required to provide?
Under the SCS Act, authorized programs are required to provide the following: a hygienic space to consume pre-obtained drugs, adequate staffing by healthcare professionals or other trained staff, sterile supplies, sterile/secure hypodermic needle and syringe disposal, educational materials in multiple languages, first aid services and monitoring for potential overdose, sexual health resources and supplies, education about the risks of transmitting/contracting viruses and bacterial infections, naloxone access and referrals, adequate site and equipment security, and means of maintaining participant confidentiality.

The NY State Legislature should choose compassion and humanity: save lives, respond to the public health crisis of skyrocketing drug overdose deaths with a well-studied, proven public health intervention—say yes to SCS.

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[1] M-J. Milloy and Evan Wood. "[Commentary] Emerging Role of Supervised Injecting Facilities in Human Immunodeficiency Virus Prevention." Addiction. March 17, 2009. Retrieved from http://onlinelibrary.wiley.com/doi/10.1111/j.1360-0443.2009.02541.x/full.

[2] Brandon D. L. Marshall, M-J Milloy, Evan Wood, Julio S. G. Montaner and Thomas Kerr. "Reduction in overdose mortality after the opening of North America's first medically supervised safer injecting facility: a retrospective population-based study." *The Lancet* (2011). Retrieved from http://www.cfenet.ubc.ca/publications/reduction-overdose-mortality

[3] T. Kerr, E. Wood, E. Grafstein, T. Ishida, K. Shannon, C. Lai, J. Montaner and M.W. Tyndall. "High rates of primary care and emergency department use among injection drug users in Vancouver." *Journal of Public Health*, 27(2004): pp. 62-66. Accessed at https://www.researchgate.net/profile/Mark_Tyndall2/publication/8163633_High_Rates_of_Primary_Care_and_Emergency_Department_Use_Among_Injection_Drug_Users_in_Vancouver/links/00b7d5273d6b370516000000.pdf

[4] Evan Wood, Thomas Kerr, Will Small, Kathy Li, David C. Marsh, Julio S.G. Montaner and Mark W. Tyndall. "Changes in public order after the opening of a medically supervised safer injecting facility for illicit injection drug users." *Canadian Medical Association Journal,* 171(2004): pp. 731-734. Accessed at: http://www.cmaj.ca/content/171/7/731.full.pdf

[5] Ibid.

[6] Evan Wood, Mark W. Tyndall, Kathy Li, Elisa Lloyd-Smith, Will Small, Julio S.G. Montaner and Thomas Kerr. "Do Supervised Injecting Facilities Attract Higher-Risk Injection Drug Users?" *American Journal of Preventative Medicine* 29(2005): pp. 126-130. Accessed at https://www.researchgate.net/profile/Mark_Tyndall2/publication/7738361_Do_Supervised_Injecting_Facilities_Attract_Higher-Risk_Injection_Drug_Users/links/0c9605273d4b3ddaef000000/Do-Supervised-Injecting-Facilities-Attract-Higher-Risk-Injection-Drug-Users.pdf

[7] Brandon D. L. Marshall, M-J Milloy, Evan Wood, Julio S. G. Montaner and Thomas Kerr. "Reduction in overdose mortality after the opening of North America's first medically supervised safer injecting facility: a retrospective population-based study." *The Lancet* (2011). Retrieved from http://www.cfenet.ubc.ca/publications/reduction-overdose-mortality

[8] Martin A. Andresen and Neil Boyd. "A cost-benefit and cost-effectiveness analysis of Vancouver's supervised injection facility." *International Journal of Drug Policy,* 21(2010): pp. 70-76. Accessed at http://dx.doi.org/10.1016/j.drugpo.2009.03.004