# HARM REDUCTION POLICIES

THE SAFER, MORE EFFECTIVE ALTERNATIVE TO THE "WAR ON DRUGS"

#### HARM REDUCTION

incorporates **safer use, managed use,** and **abstinence** into holistic policies to address the conditions of drug use along with the use itself <sup>1</sup>

## WHY IT MATTERS

- Americans are 5% of the world's population but account for 80% of global opioid consumption!
- In 2017, 47,000 Americans died from opioid overdose and 1.7 million Americans suffered from opioid related substance-abuse disorders?
- Illicit opioid use increases the spread of HIV, hepatitis C, and other infectious diseases, blood-borne pathogens, & skin/soft tissue infections?
- The Economic burden of the opioid epidemic is \$504 billion per year.
  - Over ½ of costs come from increased health care, substance abuse treatment, and criminal justice costs; over ¼ of costs are borne by the public sector.

### PUNITIVE PROGRAMS ARE A PROBLEM

## TERMS TO KNOW

**OPIOIDS** 

Pain relieving drugs such as heroin, fentanyl, and oxycodone.9

OPIOID EPIDEMIC Widespread misuse of both prescription and non-prescription opioids in America.9

PUNITIVE DRUG PROGRAMS The imprisonment and criminalization of people who use illegal drugs. 10

SAFE CONSUMPTION SITE (SCS)

Sites where people can use pre-obtained drugs under the supervision of trained staff who can intervene and prevent fatal overdoses.<sup>8</sup>

NEEDLE EXCHANGE PROGRAM (NEP) Programs provide access to free, sterile needles and syringes, and facilitate safe disposal of used syringes.<sup>8</sup>

"CRACKHOUSE STATUTE"

Controlled Substances Act Section 856: it is illegal to manage any place for the purpose of unlawfully using a controlled substance.<sup>7</sup>

- Punitive drug reduction programs treat drug control as a fight against crime and criminals, as
   opposed to a public health concern.
- In the US, the majority of resources spent on curbing illicit drug use is spent on the enforcement of drug laws and the punishment of drug users, rather than prevention techniques, rehabilitation, or mental and physical health intervention or support.
- Incarceration is a poor deterrent against future opioid use. The leading cause of death among recently released individuals is overdosing, with a 129% greater risk of death by overdose than the general public in the two weeks after release.

# ECONOMIC BENEFITS

- Each \$1 spent on a SCS would generate \$2.33 in savings, for a total annual net savings of \$3.5 million for a single 13booth SCS- making SCSs 98.8% cheaper than sending drug-users to prison.<sup>20</sup>
- NEPs provide savings of \$1.3 million per year, four times their operation costs.<sup>12</sup>

# Syringe Infected AIDS Patient US Prisoner SCS User | \$30211 NEP User | \$2012

\$20,000

\$0

# THE LEGALITY OF HARM REDUCTION

\$40,000

\$60,000

- States and some municipalities have the power to authorize harm reduction programs under the state "police power," doctrine.<sup>14</sup>
- Health agencies in all states have rulemaking authority to protect public health.<sup>14</sup>
- 12 states have laws banning NEPS; federally, they are legal, but federal NEP funding is banned.<sup>14</sup>
- In October 2019, the Justice Department sued Philadelphia-based SCS Safehouse, claiming it violated the "Crack House Statute". 15
- U.S. District Judge Gerald McHugh found that Safehouse did not violate federal law, finding that its purpose was to save lives and reduce drug consumption, not facilitate drug use- making it the first legally sanctioned SCS in the US.<sup>15</sup>

## GLOBAL RESULTS

Barcelona, Spain: overdose deaths/year decreased from 1,833 in 1991 to 773 in 2008<sup>17</sup>

### Vancouver, Canada:

50% decrease in the number of drug users injecting in public 18



Kuala Lumpur, Malaysia:

over 300,000 kits of fresh needles and syringes distributed per year!

Brasília, Brazil: 62% reduction in HIV infection rates among NEP users 19

Sydney, Australia: SCS clients were 44% more likely to start drug treatment than nonclients<sup>18</sup>

### POLITICAL FEASABILITY

- Public acceptance of SCSs and NEPs are high in most of the locations where they have been established, despite concerns of low public approval.<sup>13</sup>
- In 2019 the California State Senate passed a bill that would allow San Francisco to operate a pilot SCS program and grant legal immunity to the drug users who visit them. 15
- In 2019, the US Secretary of Health advocated for country-wide expansion of NEPs. 16
- There are currently 357 NEPs across 39 states.8
- Across 8 states, there are thirteen proposed SCSs seeking approval.8

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