



# Safer Consumption Spaces in the United States:

**UNITING FOR A NATIONAL MOVEMENT**

FROM A THINK TANK HELD  
September 27–28, 2016. Baltimore, MD.



This report provides a summary of the think tank, review of key issues related to SCS, and lists some of the best practices and lessons learned for advocacy and educating people around SCS to teach the value and benefits these sites provide to people who use drugs and the communities where they live.

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# EXECUTIVE SUMMARY

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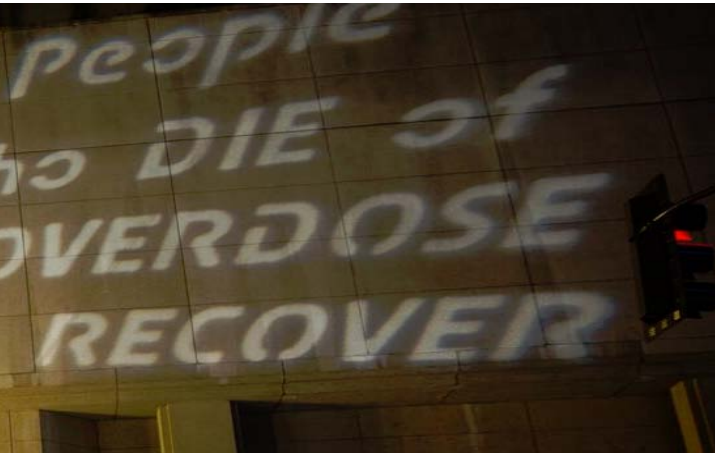
**ON SEPTEMBER 27 AND 28, 2016**, Project Inform convened a 2-day think tank in Baltimore, MD entitled, “Safer Consumption Spaces in the United States: Uniting for a National Movement”.

The meeting brought together a group of 50 harm reductionists, epidemiologists, lawyers, policy experts and people who use drugs to share experiences and discuss strategies for moving forward to bring safer consumption spaces (SCS) to the U.S.

At the time the think tank was conceived, there was significant movement towards opening SCS/SIFs in several U.S. cities and towns. Ithaca, NY included SCS in their report, “The Ithaca Plan: A Public Health and Safety Approach to Drugs and Drug Policy” as an important component of their response to the opioid crisis. Similarly, the Seattle and King County formed the “Yes to SCS” coalition, a group of people who use drugs, lawyers, medical providers, businesses, and other stakeholders to

push the SCS agenda in their city. From there, a task force was formed and they published the “Heroin and Prescription Opiate Addiction Task Force: Final Report and Recommendations” which called for the opening of at least two SCS (called “Community Health Engagement Locations” or “CHELS”) in their community. The Harm Reduction Coalition released a report entitled “Alternatives to Public Injecting.” New York City embarked on a campaign—SIF NYC—to build a coalition of public health service providers and criminal justice reform advocates to call on the city to implement SCS to address problems related to substance use. In addition to these formal approaches, a number of other cities were at various stages of development in their respective SCS advocacy.

The first day of the meeting consisted of discussions and presentations by people who use drugs (PWUD), advocates, researchers and other stakeholders to ground the think tank in some central themes: Beginning with a panel discussion



## MEETING THEMES

from people who use (or used) drugs, a review of a currently operating underground SCS, the importance of including racial justice, and closing with a review of current efforts on the part of 7 cities to bring SCS to their respective communities.

On the second day of the meeting, the group began with a discussion of bringing in new and diverse allies beyond the traditional harm reduction, medical and social service providers. Small groups were divided into breakout groups to discuss the following:

- 1) Keeping SCS Led by People Who Use Drugs
- 2) Program Strategies
- 3) Funding Strategies
- 4) Tools for Organizing
- 5) State/Local Advocacy
- 6) Federal Advocacy Strategies

The meeting closed where we began: Discussing our values in the SCS movement to ensure that we make them happen on our own terms.

**People who use drugs must be at the head of this movement in all aspects of planning, operating, evaluating and organizing.**

**SCS must include safer smoking spaces to address the needs of people who do not inject drugs.**

**SCS are intimately related to criminal justice and drug policy reform as they offer alternatives to the policing of drug use.**

**SCS advocacy and organizing must include people of color in places of leadership.**

**Racial justice and equity must be prioritized.**

**To be successful in our SCS advocacy, we need to expand our outreach to communities beyond the harm reduction, HIV and HCV advocacy movements, including but not limited to LGBTQ organizations, racial justice organizations, sex worker organizations, faith communities, business communities and families impacted by the opioid crisis.**

**The SCS movement must stay true to harm reduction values and pursue SCS as a moral imperative.**

# WHAT ARE SAFE CONSUMPTION SPACES?

**IN AN EFFORT TO ADDRESS PROBLEMS** associated with injection drug use, the first legal supervised consumption space (SCS) was established in Berne, Switzerland in 1986. Soon thereafter, SCS were opened in cities throughout Western Europe, with one in Sydney, Australia and another in Vancouver, Canada. Today there are approximately 100 SCS operating worldwide. There are currently no legal SCS operating in the United States.

There are several different terms in use for safer consumption spaces, with corresponding

definitions to match. Throughout the literature on the subject, there are a number of names for these spaces, including, but limited to: safe injection facilities, drug consumption rooms, safe injection sites, medically supervised injection centers, supervised drug consumption facilities, etc.

Regardless of the name, there are several unifying themes and services that they all share. The International Drug Policy Consortium, refers to them as drug consumption rooms (DCRs) and defines them as follows: ▶▶

“

... protected places used for the consumption of pre-obtained drugs in a non-judgmental environment and under the supervision of trained staff. They constitute a highly specialized drugs service within a wider network of services for people who use drugs, embedded in comprehensive local strategies to reach and fulfil a diverse range of individual and community needs that arise from drug use

The aim of DCRs is to reach out to, and address the problems of, specific high-risk populations of people who use drugs, especially injectors and those who consume in public. These groups have important health care needs that are often not met by other services and pose problems for local communities that have not been solved through other responses by drug services, social services or law enforcement” (IDPC 2012).

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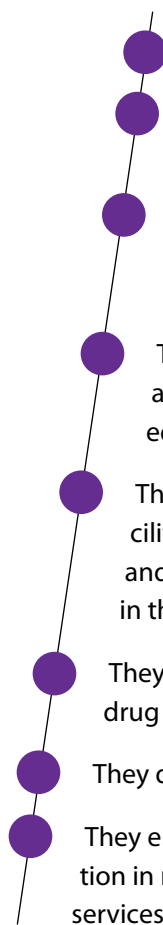


CREDIT: Mehdi Chebil

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## Benefits of safer consumption spaces

There have been hundreds of scientific articles and reports about safer consumption spaces from around the world. These evidence-based, peer-reviewed studies have demonstrated the positive impacts for both individual's and the public's health. The benefits are listed to the right:

- 
- They are cost-effective;
  - Increased uptake into drug treatment programs and lead to drug use cessation;
  - They reduce public drug use and other social order problems, including discarded syringes and other associated injection litter;
  - They prevent infectious diseases like HIV and HCV due to reduced sharing of injection equipment;
  - They eliminate drug overdose death in these facilities due to immediate access to medical care and naloxone, and also reduce overdose deaths in the communities they are located;
  - They do not lead to increased injection drug use;
  - They do not lead to increased crime;
  - They engage a typically hard to reach population in medical, mental health and other social services.

*Drug Policy Alliance;*

*"Safer Drug Consumption Spaces: A Strategy for Baltimore City," The Abell Foundation;*

*"Alternatives to Public Injecting," Harm Reduction Coalition*

# WHAT'S IN A NAME? A DISCUSSION

## *Safe injection facility vs. safer consumption space*

**COMING UP WITH A NAME** is more than just an intellectual exercise, as the name indicates the services that can be provided. SIFs/SCS (or drug consumption rooms, medically supervised injection centers or any other name that has been used) are more than just “injection sites.” They are also places for healthcare, mental health and counseling services, and referral and linkage to drug treatment services. There’s also branding and marketing considerations with a name as we work to promote SIF/SCS in our communities.

There were some key questions to help guide the discussion:

- While we are not looking to come up with a standard definition of what to call these places, a standard working definition will help frame future discussions as we argue for establishing SIFs/SCS, especially if we are looking for a unified message to build critical mass in our advocacy.
- What do people think about the following names:
  - ... Supervised injection facilities
  - ... Safe consumption spaces
  - ... Supervised consumption spaces
  - ... Drug Consumption Rooms
  - ... Medically Supervised Injection Centres (the name of Sydney’s SIF)
  - ... Others?
- What about not naming them at all? What are the merits of arguing for supervised injection services as part of an array of services built into homeless shelters, navigation centers, and syringe access sites and so on? Seattle provides a model here: “CHELs” or “community health engagement locations.”

The term “safer drug use spaces” was ultimately decided upon. The group agreed that this was an

all-encompassing term: “Safer” acknowledges that drug use can be risky, but there are things we can do to keep people healthier and safer, and minimize the risk of drug-related problems. “Drug use” allows for all manner of ways in which people use drugs, including injecting, smoking, sniffing and taking pills. Finally, “spaces” allow for all manner of places to provide safer drug use services from specialized sites to mobile vans to pop-up tents in homeless encampments.

Although we do not claim to make this the standard definition that everyone must use, and we recognize the various needs of respective communities to name them as they see fit, the group did agree that coming to a consensus around what to call these has several benefits:

- A unified term that everyone uses is a means of connecting the movement together across the country.
- Similarly, a single term that is commonly used is easier for the general public to recall and understand. It facilitates a unified message in the media, too.
- As with the media, a commonly used term that stays consistent is better for research, presentations and publications within public health and the social sciences.

For the purposes of this report, Project Inform will use as safer consumption spaces to reflect the more commonly used terminology for these sites. Moving forward, with continued PWUD and community involvement, we will discuss the utility of a common name and decide which, if any, to use.

For more discussion on the importance of a name, see “The Name Matters” section on page 11.



# WHAT DO PEOPLE WHO USE DRUGS WANT IN A SAFER CONSUMPTION SPACE?

**FACILITATOR:** Terrell Jones, New York Harm Reduction Educators;  
**PANEL:** Anonymous participants to protect privacy and maintain anonymity.

**HARM REDUCTION PROGRAMS** are most successful when they include PWUD in all aspects of their programming. Indeed, in its definition of harm reduction, the Harm Reduction Coalition lists the following as core principles of its philosophy:

- Ensures that drug users and those with a history of drug use routinely have a real voice in the creation of programs and policies designed to serve them.
- Affirms drug users themselves as the primary agents of reducing harms of their drug use, and seeks to empower users to share information and support each other in strategies which meet.

It is with this in mind that we began the think tank with a panel discussion of people who use drugs, facilitated by Terrell Jones of New York Harm Reduction Educators (NYHRE). In this session, the panel addressed a number of questions and issues related to the needs of PWUD/PWID and SCS, and made suggestions and recommendations for ensuring that these programs are most effective and culturally competent.

The themes over the next four pages emerged, and should be considered by all when planning and, when the time comes, operating a SCS.



*One of many SAFE SPACE installations*

## *What do people who use drugs want in a SCS?*

# 01

## KEEP PEOPLE WHO USE DRUGS INVOLVED



**CREDIT:**  
Delphine Vaisset

Inclusion of people who use drugs is the single, most essential element of any successful harm reduction intervention, and it is no different for SCS. PWUD need to be included in all aspects of SCS, from planning and design to operation and staffing to evaluation.

PWUD are often experts in drug use, and many have the experience to work effectively with its participants. We have community examples of peer-to-peer health education and prevention counseling and their effectiveness, and we should extend that to work in SCS. There is a role for professionals like social workers and nurses, but peers must be involved and work the front-lines.

Employing peers has many benefits, not the least of which is that it will create a space that PWUD will trust and feel welcome to attend. Employing PWID has the added benefit of creating jobs for a population that is often viewed as unemployable. In this respect, SCS become sites not only for health and relieving of suffering, but also as places to change perceptions of PWUD and reduce stigma.

“We need everybody’s involvement on every level of the program. A peer should always be involved. I’ve been on boards around the city where people create programs off of drug users’ experiences, but when it comes to the implementation of the programs, we don’t get invited to participate.”

### 02

## INCLUDE SMOKING SPACES

Any safer drug use space should include rooms for people who smoke their drugs. Recognizing that this may be a challenge given space constraints or problems with ventilation, harm reduction programming, including access to health and social services and access to safer smoking kits and new pipes should be available for people who smoke their drugs.

Research has shown that people who smoke crack or crystal methamphetamine have a host of medical problems including higher rates of HIV, HCV, tuberculosis and other medical conditions. Additionally, people who smoke their drugs face many, if not all of the public problems that PWID have: Public drug use and lack of privacy, risk of arrest and harassment, and problems associated with using drugs alone.

The goal of safe consumption spaces must be inclusion of all people who use drugs regardless of mode of administration. In fact, to have spaces for injection while leaving out spaces for smoking creates an unequal public health setting, and may exacerbate health disparities between the two groups. There are also people who use different substances in different ways, so smoking spaces are a means of including people regardless of their preferred method of administration.

There are challenges to creating smoking spaces: There are questions about legality and how to address smoking rooms in the context of smoking bans. These rooms should have proper ventilation and safety measures in place to keep staff and other PWUD safe from secondhand smoke, thus potentially increasing costs and resources.

In the meantime, the need for safer smoking spaces demands creative actions. Outdoor smoking areas, or rooftop spaces are possible solutions. The question of how to do this is challenging, but the conversation must be had.

Isaac Jackson, President and Lead Community Organizer of the Urban Survivors Union (USU) in San Francisco has been a strong advocate for the health and safety of people who smoke drugs. Beginning in the spring of 2014, Jackson and a group of volunteers began an underground crack pipe distribution and outreach program, distributing new pipes and health education to reduce risk of infectious disease and other problems.



**People who smoke drugs have similar issues and needs to people who inject them. We gotta give smokers a safe place, too.**



## ***What do people who use drugs want in a SCS?***

### **WHEN ASKED ABOUT THE IMPORTANCE OF INCLUDING SMOKING ROOMS IN SCS, JACKSON SAID THE FOLLOWING:**

#### **Why is it important to reach out to people who smoke drugs?**

“People who smoke drugs often don’t have access to the same services as those who inject them. I know that access to clean syringes and injection equipment varies across the country, but even in cities that have great needle exchange programs, there’s little offered to smokers. Even if there are safer smoking kits, they are often distributed at needle exchange sites and many non-injectors don’t go to those so they miss out. People who smoke still have potential risks from anything to burned lips to HIV or HCV and even bacterial infections. Canada has shown that if you offer harm reduction supplies to crack smokers, you lower the risk of on getting any of these, and increased contact with service providers opens the door to other health and social services. So, in a nutshell: It’s important because people who smoke need and are deserving of care. To put simply: It’s just the right thing to do.”

#### **Why do we need smoking rooms in SCS?**

Again, there are disease prevention needs that smoking rooms can address. Giving people their own pipe in a safe space means less sharing. The room will be better ventilated. If something goes wrong while smoking and someone needs immediate medical attention, an SCS would provide that. There’s also the

social needs. It gets people off the streets and avoids all the problems with using in public. People have a safe space to smoke, so they’re not out in public at risk of arrest or as targets of robbery. It reduces public smoking, which is good for the community overall. There will be less drug-related litter because people have a place to use and dispose of things safely.

#### **How is including smoking rooms an act racial justice and inclusion?**

Well, in my experience in San Francisco distributing pipes and providing health education, smoking crack cuts across racial and ethnic lines. The stereotype of crack smoking is that its black men and women who use it. They do, but so do many other groups. But the war on drugs, and this stereotype and the fear and stigma that’s been raised around crack starting in the 80s, has led to a disproportionate number of African Americans getting arrested and thrown in jail. If you include smoking spaces where black men and women can use safely, you’re keeping them out of jail and prison. Plus, if you don’t reach out to black people, then we continue to be placed at risk for disease, overdose and other medical problems, while white people reap the benefits of SCS. This will only widen the already too wide gap in health disparities. And again: It’s just the right thing to do.”

### 03

## THE NAME MATTERS

When planning a space for people to use drugs safely, making sure it's a place of inclusion for all who use drugs is important: If you call it a "safe injection facility," then you leave out people who take drugs by other means. Using a term that is not injection specific such as "supervised consumption spaces" or "drug consumption room" or "safer drug use spaces" is inclusive for both people who may smoke or sniff drugs.

As the opioid crisis rages in the U.S., it is also important to include space for people who use pills. They may not be at risk of HIV or HCV, but there is significant overdose risk, and this population would benefit from many of the services provided at these sites. A safer "consumption" room (or any variation of a name that doesn't limit it to injection) is the most open to all types of people who use drugs. This is not to say we can't have facilities that focus specifically on the needs of PWID—there are specific needs that people who inject have, and tailoring sites and services to them is important. Each city or town that is planning on bringing SCS to their communities should consider the needs of their local community of PWUD, and design a site and implement services that will accommodate all of them.

There is also an option to not to name these sites with any drug-related language at all. This option has the benefits of removing potential stigma associated with words like "injection" or "drug consumption," making it more acceptable to the general public. Seattle provides us with an example in their proposed name for SCS: Community Health Engagement Locations, or "CHELs." This also highlights that these are sites where more than just drug use occurs: They offer an array of medical and social services for people.

Choosing the name can also help shape the debate around SCS. Opponents of SCS/SIF will likely choose to stoke fears and stereotypes by exaggerating the "drug use" and "injecting," but highlighting that these are spaces where a variety of health and social services are delivered can blunt this negative message.

# 04

## INTEGRATE OTHER SERVICES INTO SCS

In addition to offering a safe and healthy space to use drugs, these are spaces where PWUD can relax, escape the outside world and receive a wide array of services. In fact, SCS are quite successful in creating low threshold opportunities for PWUD to access medical care, mental health care, and referral to drug treatment. These spaces have also been highlighted as being particularly effective in reaching typically “hard to reach” clients, including PWUD who do not trust traditional medical and social services.

All SCS in the U.S. should offer “chill-out rooms,” that is, spaces where people can just hang out (whether they’ve used drugs or not) until they are ready to leave. This model reflects drop-in homeless drop-in centers where people can come, get a reprieve from the streets and have access to care and services. It also gives people time to sit and get medical attention should something go wrong over time.

There are also opportunities to create new services to keep people healthy and minimize risk of overdose. With the current spate of fentanyl laced opioids (and other drugs, for that matter), testing the drugs that people bring in would be a valuable addition to alleviate the crisis, allowing people to know what they are using to take the necessary precautions to stay safe.

Further, rather than establishing a new location for an SCS, it may be prudent and cost effective to consider integrating SCS services within existing programs that serve PWUD. There are existing brick-and-mortar places like drop-in clinics, homeless shelters, and syringe access programs where placing rooms for safer drug use can be a highly effective and relatively easy thing to do.

## SERVICES OFFERED IN EUROPEAN SAFE CONSUMPTION SPACES

A survey of European drug consumption rooms lists a wide-range of services provided, which serves as examples of what U.S.-based ones can offer, including:

- Snacks and coffee or tea
- Warm meals
- Needle exchange
- Access to injection equipment
- Personal care opportunities such as laundry and shower facilities
- Storage lockers
- Mailing address/post office box
- Free phone access
- Support for financial and administrative needs
- Health education
- Medical care: Nursing and primary care
- Referral services for drug treatment, mental health and other social services
- Work/reintegration opportunities
- Employment referrals
- Recreational activities

### SOURCE:

“Drug Consumption Rooms in Europe: An Organisational Review” (2014)

## *What do people who use drugs want in a SCS?*

### 05 LOCATE SCS IN DRUG SCENES

Following on the integration discussion above, the facility should be convenient for people who use drugs. Often, PWUD have limited options for commuting and transit, so keeping SCS in the neighborhoods and communities where they live is important. It is also essential that these sites remain accessible to people with disabilities and are wheelchair accessible.

Finally, mobile injecting vans can reach people in other neighborhoods where it may not be feasible to place an SCS. Employing “pop-up” SCS in homeless encampments would also be highly effective.

The needs will differ from urban to rural areas, and even city to city. The location and types of sites used will depend upon the local drug scene, too. A community and strategic planning process, led by and with significant input from PWUD and their allies will maximize the chances for successful location, implementation and services provided.



**CREDIT:** Courtney Large

## NOTES FROM AN UNDERGROUND SIF

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**IN THIS SESSION, GREG SCOTT** of DePaul University in Chicago and Sawbuck Productions showed a selection of his documentary video on a currently operating, underground SIF/SCS in “Somewhere, USA.” Following the film and a question and answer period, Alex Kral of RTI International and Peter Davidson of UC San Diego presented data on their evaluation of this site.

The SCS in “Somewhere, USA” has been in operation for over 2 years. Prior to opening, the undisclosed organization was operating a safer

bathroom. This set-up created a safer place to inject, but it was not ideal: Long lines and waiting—for both people who were there to use drugs and for those who wanted to go to the bathroom—were the norm, and it created a stressful situation for both staff and clients. Most significantly, it was an unpleasant and undignified place to inject.

The staff built out a space to create 2 rooms: One to inject and the other to relax and “chill out.” The injecting room (there is no smoking allowed in this site as it is not set-up for it) has 5 stainless steel tables, allowing for up to 5 people to inject at a time. The room is stocked with safe injection supplies, and there is always a staff-person on-site to provide health education, safer injecting tips and administer naloxone should someone overdose.

The documentary film provided the meeting participants with a visual of a space that no one other than the participants and staff of the program get to see. As an underground site in an undisclosed location, there is little financial support and certainly no department of public health support, so the SCS has a relatively simple, basic look. The film demonstrates that these places can operate in many different ways, and can be relatively “low-tech.” A clean, well-lit room with safe injection equipment and cleaning supplies can operate very well.

Kral and Davidson provided quantitative and qualitative data to provide more context to the film. In over two years, this site had over 2500 observed injections. For nearly all of these participants, public injecting would be the only option available to them: 92% reported that they would have to use in a public restroom, in a park, on the street, or in



**CREDIT:** Santiago Perez



a parking lot. The presence of this SCS gave them space to inject slowly and safely in a controlled manner, and to safely dispose of their syringes and injecting equipment. The site has been very well received by PWID, and there have been no negative consequences—no violence, no sharing of injection equipment and no acute health problems-- for either the individuals who use it or the community where it is located.

A selection of quotes from participants further illustrates the important role an SCS can play in the health of PWUD:

“It affects me in a positive way because I have less of chance of catching something, I have less of chance of not knowing what I’m doing and hurting myself. I have less of a chance of OD’ing and it’s like I said, it builds a community and it builds trust and it builds a foundation within all of us to take the tension and the animosity, to be able to be amongst one another and be comfortable and peaceful. I feel when I come in here now, I feel peace, I feel comfortable, I feel peaceful, like the people around me are not all out to get me or they don’t just want to be in my face or something.”

“So it’s the difference between sitting on a curb next to feces and you got people walking by you, and cops driving by constantly, and anytime kids come by, the majority of us we keep an eye out for them. We’ll put it away and not expose the kids to that, but then you’re rushing your shot in, you don’t even really get to enjoy your high that much because there’s always people out there bumming off you and stuff. It’s really crazy and dirty out there.”

### The presentation closed with a discussion that Davidson had with a participant:

- Davidson: I guess my final, final question is, if you were trying to explain this thing (providing safer spaces for people to use drugs) to people completely outside the drug world, what would you say about it?
- Participant: Please have faith.
- Davidson: Trust us we’re doing something sensible?
- Participant: Please trust us. It might not be tomorrow, it might not be next week, but you’ll see a change in a lot of things.

For those outside the harm reduction community, SCS may be so utterly foreign to them that they will immediately oppose them. Trust the research. Trust the evidence. Trust the people who provide the services. And trust the people who use the services.

The research of Kral and Davidson is important as it demonstrates that a SCS can operate safely in the U.S. It is well-received by PWID, but it also has been able to operate anonymously without any social problems or trouble. The general community may or may not know it exists, but the fact that it has been able to operate for over 2 years without any negative consequences serves as a sort of “proof of concept” that SCS can work here. The pioneering work of the staff of this organization, and careful documentation by Kral and Davidson to support their work, serves as inspiration for us all.

# RACIAL JUSTICE IS HARM REDUCTION

## *SIFs/SCS, Policing and the War on Drugs*



— *Kassandra Frederique, September 27, 2016*

The idea that we need to frame SCS in racial justice is problematic because the idea that harm reduction is separate from racial justice is problematic. Harm reduction is about radical resistance. It is about people who are considered undeserving being different and demanding what they want. When we think about how to increase racial equity and reduce harm in people of color within this work, they're connected and cannot be separated.

The idea here is that racial justice IS harm reduction because it is about reducing the harm that is included with drug policy and mass incarceration and police interactions. If we are talking about harm reduction reducing the harms of drug use then we should also be talking about how racial justice reduces harm.

**ON JUNE 21, 2016**, Kristen Maye and Kassandra Frederique, both of the Drug Policy Alliance, wrote a blog for the Huffington Post entitled “Supervised Injection Facilities are Safe Houses, Not Crack Houses” (CITE). This essay marked a seminal moment in the SCS movement: Traditionally SCS have been thought of as public health and drug treatment interventions, but here Maye and Frederique highlight the role these sites can play in racial justice and resistance to the racist war on drugs:

**“A safer injection facility is a public health intervention. But it doesn't stop there. SIFs not only reduce the potential harms associated with drug use; they also reduce the harms associated with failed drug policies—namely, the over policing and criminalization of Black and Latino people. SIFs aren't just an answer to issues surrounding drug related health issues; they're also a step toward the reduction of criminalization for those communities most targeted by the war on drugs, which may be kinder and gentler for white people, but which continues to rage unabated for Black and Latino people.”**

Kassandra Frederique and Monique Tula presented on the racial justice components of SCS and the importance of including race within any SCS--indeed, within any harm reduction and drug policy--discussion that we have. This session is a small start for what needs to be a larger on-going conversation. The following are some key points and recommendations and strategies for meaningful inclusion of people of color in the SCS movement.

- There is a long history of health advocacy with the black and brown community: Both the Black Panthers in Oakland and the Young Lords of Chicago and New York City made access to health care a central tenet of their respective platforms. They were practicing harm reduction before the term was ever coined.
- Imani Woods, a central figure in the founding of the harm reduction movement in the U.S., spoke clearly and directly to ways in which harm reduction served white drug users, but black and brown people, particularly as targets for arrest and incarceration, were often left out of important discussions about how to effectively practice harm reduction in their communities.

- As we are in the early stages of SCS advocacy and organizing, we can correct past mistakes and include people of color in all aspects of the work.
- Sustained, intentional effort to ensure racial justice and equity remain front and center of the harm reduction movement: It is not achieved from a one-time diversity or cultural competency training. Our organizations must have an on-going assessment of policies and practices that marginalize people of color.
- A brief review of the history of using drug use as a means of vilifying and criminalizing a group of people to stifle political organizing. The war on drugs as we know it was started in the late 1960s by the Nixon Administration. John Erlichman, President Nixon's Chief of Domestic Policy, related the goals of this policy: "The Nixon campaign in 1968, and the Nixon White House after that, had two enemies: the antiwar left and black people. You understand what I'm saying? We knew we couldn't make it illegal to be either against the war or black, but by getting the public to associate the hippies with marijuana and blacks with heroin, and then criminalizing both heavily, we could disrupt those communities. We could arrest their leaders, raid their homes, break up their meetings, and vilify them night after night on the evening news. Did we know we were lying about the drugs? Of course we did."
- The Black Panthers and Young Lords were systematically dismantled given the perception that they were a significant threat to governments entrenched in white supremacist tactics. Harm reduction, on the other hand, has survived and has expanded as the opioid crisis moved into suburban and rural areas, and the faces of drug addiction and suffering

have become increasingly whiter. This 'kinder, gentler' approach is a welcome shift. However, if this shift does not include people of color, we perpetuate a racist system designed to keep economically disadvantaged black and brown people who use drugs at the lowest rung of society and cycling in and out of the prison industrial complex.

- We must include SCS within efforts of criminal justice reform: SCS can be spaces where people of color—who are the targets of the war on drugs—will have less risk of interacting with police.
- The harm reduction community must reach out to other racial and social justice groups, educate them about the benefits of SCS as one way of mitigating the harms caused by the war on drugs.

This session could be a think tank on its own. As the harm reduction field advances, it is essential that our commitment to racial justice stands side-by-side with our commitment to the health of people who use drugs.

### **Whose voices are we listening to? Who do we allow at the table?**

#### **A SELECTION OF QUESTIONS FOR ORGANIZATIONS TO ASK THEMSELVES**

- What aspects of our organization actively work to create inequalities?
- What power dynamics are at play?
- Whose voices are at the table? Whose are not?
- What do we need to support a diverse range of views?
- Who benefits from the way things are done?

## LESSONS FROM SEATTLE

# INCORPORATING RACIAL JUSTICE INTO SAFE CONSUMPTION SPACE ADVOCACY

**The Seattle Heroin and Opiate Addiction Task Force made a concerted effort to include racial equity at the center of their organizing and safe consumption space work from the beginning. There was a recognition that the war on drugs disproportionately impacts people of color and any effort to enact SCS must include them from the beginning and serve their needs. To that end, the task force developed a statement and strategy for including racial equity and social justice in their work. It serves as an excellent example for us all to follow:**

“The Task Force will apply an Equity and Social Justice (ESJ) lens to all of its work. We acknowledge that the “War on Drugs” has disproportionately adversely impacted some communities of color, and it is important that supportive interventions now not inadvertently replicate that pattern. Interventions to address the King County heroin and opiate problem will or could affect the health and safety of diverse communities, directly and indirectly (through re-allocation of resources). Measures recommended by the Task Force to enhance the health and well-being of heroin and opiate users or to prevent heroin and opiate addiction must be intentionally planned to ensure that they serve marginalized individuals and communities. At the same time, the response to heroin and opiate use must not exacerbate inequities in the care and response provided among users of various drugs. All recommendations by the Taskforce will be reviewed using a racial impact statement framework. The Task Force will not seek to advance recommendations that can be expected to widen racial or ethnic disparities in health, healthcare, other services and support, income, or justice system involvement. Whenever possible, these concerns should lead to broadening the recommendations of the Task Force, rather than leaving behind interventions that are predicted to enhance the health and well-being of heroin and opiate users.”

# SCS ORGANIZING AND ADVOCACY LESSONS FROM SEVEN CITIES

*In this session, representatives from 7 cities across the U.S. provided the group with an overview of SCS advocacy.*

## SEATTLE

*Patricia Sully, Kris Nyrop, Michael Ninburg*

### **Don't just preach to the choir.**

It's relatively easy to get service providers on your side: Medical providers, social workers and others who work with PWUD will see the benefits of an SCS. It is equally, if not more, important to reach out to public safety and community groups. Go to community meetings and talk with people about the issues related to public drug use and take the opportunity provide some basic information about SCS and harm reduction as an approach to addressing the problems.

### **Organize across sectors.**

There are many groups that are impacted by substance use and its related health and social problems, and including them in your education and outreach events is essential. Build wide-ranging coalitions from impacted groups, including, but not limited to someone who uses drugs, someone in recovery, a business owner, a parent who lost a child to overdose, a defense attorney, a housing advocate, a policeman/woman, a doctor, a park and rec worker and so on. You can and should also organize specialized coalitions (for example "Doctors for Safe Consumption Spaces"), too. Work with them on this issue and bring them to community meetings and other public events as the diversity of experiences, community roles and expertise will speak to a wider range of people.

### **Don't be afraid of engaging the public.**

The best and most effective awareness events that Seattle has done are the ones that have placed them in the middle of the public. For example, bringing the SCS discussion to the general public in parks has been remarkably successful. It's an easy and relatively low-threshold activity. Using Safe Shape (see appendix) in parks was a very effective way to engage hundreds of people who otherwise would not have an idea or opinion on SCS, and certainly would not come to a panel discussion or film showing. Additionally, doing fun, non-adversarial public events are a direct way to reach people in a friendly manner before they've hardened their opinions based on misinformation, and introduce the topic on your own terms. Finally, holding it in neutral, public setting makes it easier to talk to people when they weren't in a fear-based mode of 'is one of these going to be in my neighborhood tomorrow?' It creates a space for a compassionate response to drug use in your community.

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## LESSONS FROM SEVEN CITIES: PORTLAND

*Haven Wheelock, Sam Junge*

### **Keep the impacted community front and center.**

The local street newspaper, “Street Roots,” has been keeping this issue alive in Portland. This paper has stories driven and written by and for homeless persons, advocates, and those most directly impacted drug use and the resultant health and social problems. They are leading a policy push and conversations about SCS are happening in arenas other than syringe exchange programs and other harm reduction services. This brings in new allies from different organizations and other like-minded individuals who might not otherwise now about the subject.

In Portland’s last mayoral debate, it was Street Roots that specifically asked each of the candidates if they would support an SCS. Some said yes and some said maybe, but no one said no. In recent months, a report was issued recommending that Portland look at the feasibility of an SCS. We can’t say for sure that the two are related, but it was Street Routes and their constituencies that brought this to the attention of Portland policy-makers.

### **Incorporate SCS into as many community discussions as you can.**

It’s important to attend community meetings and any time drug use, crime and public order, homelessness, etc. is discussed you should stand up and state of SCS can address these social problems. Portland has brought the SCS discussion into community meetings about obvious issues like HIV and HCV prevention or overdose prevention, but also for other homeless services like creating a drop-in space where homeless people can access clean showers. Normalizing the SCS discussion across different public sectors and highlighting their utility to people who want to address homelessness had been very valuable.

### **Build (or deepen) your harm reduction culture.**

Admittedly, it would be hard to open up a SCS in a community where harm reduction services like syringe access or naloxone distribution are not already established. It’s such a new and radical idea that people need to be primed to accept it. So, if you have existing harm reduction programs in your community, bring SCS into the discussion as the next logical step in providing services. Even in the absence of harm reduction programs in your community, raising SCS as potential interactions to deal with the problems of HIV, HCV and/or drug overdose in conjunction with other services will bring it to the table. It may take longer to convince someone to open a SCS as opposed to a needle exchange site, but the conversation has to begin somewhere.



— *Sam Junge,*  
*People’s Harm Reduction Alliance*

In my opinion, the best way to get the public to warm up to the idea of a SIF is to proactively initiate other practices that assert the ethical legitimacy of harm reduction.

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## LESSONS FROM SEVEN CITIES: ITHACA

*Lilian Fan, John Barry*

### Don't rule out a SCS.

Injection drug is not just an urban problem: Rural and sub-urban areas have problems related to it, too. The opioid crisis has exacerbated this. The issues of rural New York State mirror those of West Virginia and Kentucky: Overdose deaths, HCV and HIV transmissions, and other medical and social problems. PWID in these areas need better access to syringe access programs and opioid substitution therapy, but SCS is an important intervention, too. They may be difficult to pull off politically and economically, but it is still worth exploring and including SCS in any conversation about how to deal with drug use in rural areas.

### Don't wait for an SCS.

Certainly establishing an SCS and all of its related services is the ultimate goal, but in the meantime, don't wait to provide harm reduction and safe injection services. The Southern Tier AIDS Project initiated a safer bathroom program as a pragmatic response to the fact that PWID were already using it as a place to inject. Rather than deny that the problem exists, or worse, enact measures to prevent injection drug use from happening in their bathroom, STAP choose to create a safer space for people to use. Safer bathrooms where people have access to clean injection supplies and can be monitored and revived in the case of an overdose are by no means the gold standard for safer injection facilities, but they are better than leaving people on their own in public settings where there at risk for any number of things, including arrest or overdose death.

### Work with your allies in local government.

It's certainly true that many areas of the country may not have an ally in local (or state) government, but if you do, work with them on SCS (and other harm reduction measures). The mayor of Ithaca, Svante Myrick wanted to put together a municipal drug strategy that would best meet the needs of PWID (and other PWUD), so he reached out across sectors for input. Local harm reduction advocates, and the Drug Policy Alliance played a key role in educating local policy-makers and the community at-large, but having a high-ranking government official certainly helped push the agenda forward.



CREDIT: GPDCR

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## LESSONS FROM SEVEN CITIES: NEW YORK CITY

*Matt Curtis, Taeko Frost, Shantae Owens*

### **Include people who use drugs and would benefit from SCS early and often.**

Provide real participation, compensation for time, and support for speaking/advocating/etc. Create space for authentic leadership AND put in the time to make sure that people are informed, supported, and skilled up as needed. The ideal way to approach this is through structured community organizing. While that can take an unlimited amount of time and energy (especially in bigger communities), you can scale down to meet your capacity. But there's no substitute for doing something along these lines, and all time and effort you put into this will be well worth it: Your movement will be the better for it.

### **Build relationships with your immediate local community.**

If you're a service provider that has plans to bring on SCS sooner or later, build relationships with everyone who may have anything to say about SCS implementation down the road - start those conversations early, informally, be patient, and create space for opposition or indifference. It doesn't click for everyone right away.

### **Educate politicians, journalists before you start a campaign, never stop.**

Get at least a couple key thought leaders on your side before you create opportunities for them to misunderstand or feel threatened by the issue. You can turn people around later, but if you can avoid putting people on the spot (e.g. a key politician you've never met with getting a negatively framed question from a journalist and feeling backed into a corner) it's always better. While the approach to educating politicians and journalists is a little different, they are two classes of people that work in symbiosis around political issues, and you can often use one to steer the other (as well as other constituencies that pay attention to them).

### **Lead with values.**

Campaigns of all stripes are won because decision makers understand the whole context of the problem you raise and solution you're proposing, and they internalize the solution as a good and viable. The issue and solution must ultimately be widely and deeply felt. And while having a clear public health / epidemiological case is essential for winning SCS campaigns, it's far from the whole picture. Asking decision makers to support SCS is asking them to overturn decades of American drug war ideology in which they and their constituents are deeply schooled. They need to understand SCS (and harm reduction) as a moral imperative as well as a pragmatic or science-based solution.



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## LESSONS FROM SEVEN CITIES: DENVER

*Preston Murray, Vernon Lewis*

### Work with your local media to raise awareness.

The first step of addressing the social and medical problems that come with illicit drug use is often to educate the general public about it. Community events and town halls are certainly a part of this, but working with local press—print, television and radio—has the capacity to reach even more people. And if you bring the story to media, you have a greater control of the narrative and shape the story towards harm reduction and compassion, rather than towards a punitive criminal justice-only one.

### Get creative with technology and social media.

HRAC has created videos to address awareness and fight stigma, as well as employed a social media strategy called “Our Stories” to fight stigma and highlight the problem of overdose in a humanizing way. These stories build compassion and open the mind for alternative ways of addressing problems. They don’t mention SCS specifically, but they serve as a foundation for later SCS advocacy and awareness campaigns.

### Engage with local businesses.

Local business located in and around drug scenes have in interest in reducing the social problems related to public drug use. Even if they may not share the same harm reduction ethic as we might, they are likely to have similar goals: Less injecting in public, loitering and other social problems that may keep customers away. Additionally, using drugs in the bathrooms of restaurants and other businesses is both problematic for the businesses and is not safe for the person injecting. To that end, the Harm Reduction Action Center (HRAC) has formed an “SCS Business Coalition,” to educate restaurant and retail store owners on the value of SCS and gather support for them and recommend that Denver open an SCS as a public health intervention that is also good for business.



CREDIT: Kirkens Korshær

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## LESSONS FROM SEVEN CITIES: BALTIMORE

*Susan Sherman, Natanya Robinovitch, William Miller, Sr., William Miller, Jr.*

### **Work with existing social justice coalitions.**

SCS are sites for harm reduction and health. They are also sites for racial and social justice. Making connections with other racial/social justice coalitions is an excellent way of broadening your base. Collaborating with anti-racism organizations, coalitions that mobilize against gentrification and displacement, and other social justice organizations that may not have SCS central to their mission but likely to agree with the need for SCS for the communities they work in will expand your influence.

### **Incorporate SCS as a response to the failed war on drugs.**

A recognition that the criminalization of drug use and incarceration of people who use drugs has been a failure to stem the tide of drug use, and has exacerbated the harms and damage done to communities, especially African American and Latino ones is essential to positioning SCS as an acceptable alternative. Baltimore advocates have been spending a lot of time working in and building community support in areas of the city that are highly impacted by policing, mass incarceration and other social and medical harms, and offering the idea of SCS as a different means of dealing with drug use. These are the populations most heavily impacted by the failed policies of the drug war, and have the greatest to gain from a more compassionate approach.

### **Engage in real listening.**

Including people who use drugs at all levels of SCS planning is essential, and included in this is a deep and serious listening to affected communities, both those who use drugs and those who don't. Engage with residents of poor, divested neighborhoods, and meet them where they're at in terms of solutions to the war on drugs. Work with these diverse communities and stay committed to them for the long run. These relationships are not only the moral thing to do, they will improve the chances for successfully establishing SCS in these communities.



CREDIT: GPCR

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## LESSONS FROM SEVEN CITIES: SAN FRANCISCO

*Laura Thomas, Michael Siever*

### **Prepare and build community and political support.**

In 2007, a group of advocates called the “Alliance for Saving Lives” organized a day-long summit on safe injection facilities. The event was very well-received locally: The SF Department of Public Health co-sponsored it, there was positive coverage in the local press—including from a columnist who wasn’t always on-board with harm reduction, and community members were emboldened and inspired to move forward on SCS. For all of the success locally, news of the event made it into the national press, including the right wing press and talk radio news cycles. The backlash was strong, and made its way to the Senate, where a conservative Senator threatened to block all federal dollars from coming to SF should they open an SCS. This threat was effective, as the lack of prior groundwork to build political cover from local representatives did not allow for room to resist, and it left local policy makers and advocates uncomfortable. The work to make SCS a reality in SF continued, but the pace slowed down and the proper groundwork has been laid.

### **Work with other task forces and civic groups.**

Introduce SCS into as many policy discussions as possible. San Francisco has had a series of task forces and planning groups whose work crossed into drug user health, and enlisting them as allies and incorporating SCS into their recommendations and plans has been an effective tool in broadening support, raising awareness and maintaining a high profile. The inclusion of SCS can be found in reports from “The Mayor’s Hepatitis C Task Force” (2011), the Human Rights Commission’s community report on the war on drugs (2014) and the HIV Prevention Planning Council and HIV Services Planning Council (2015).

### **Work with local merchants and other potential allies.**

You must continually reach out to people and get them on-board with the idea of SCS. Work with your local department of public health and educate them on the issue. Attend neighborhood meetings and offer SCS as solutions to problems that concern them, such as public injecting and discarded syringes. Work with merchants and business owners to discuss the role that SCS can play in reducing the use of their bathrooms for injecting. Give opponents an opportunity to state their concerns and engage in respectful dialogue with them. Stay true to your values, support and promote the needs of people who use drugs, and shape the way people talk about drug use.



CREDIT: GPDCR

## BEYOND THE ECHO CHAMBER: ENGAGING NEW ALLIES

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**SAFER CONSUMPTION SPACES** are clearly sites for people who use drugs, so engaging PWUD and their harm reduction allies, as well as other service providers is a relatively easy thing to do: The evidence and effectiveness of harm reduction interventions overall, and SCS in particular, is strong enough that we're already convinced these are effective interventions for dealing with the personal and public health problems of drug use. Additionally, there are natural intersections with a number of groups that may not directly work in issues related to injection drug use, but are more likely to come on-board with SCS after some discussion and education.

Data and evidence alone, however, have not been enough to bring the general public on-board to harm reduction interventions into the mainstream in the U.S. As Johan Hari writes, abstinence-only drug treatment and criminalization of drug use as the only response to drugs is "etched into our subconscious." How do we overcome this and bring new allies under the SCS tent?

A number of groups were highlighted as potential allies, found in the chart below:

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- HIV/AIDS advocates and organizations
  - HCV advocates and organizations
  - LGBTQ advocates and organizations
  - Racial justice advocates and organizations
  - Homeless advocates and organizations
  - Legal organizations
  - Criminal justice reform groups
  - Harm reduction organizations
  - Faith-based groups
  - Business groups
  - Drug treatment programs
  - Merchants associations
  - Sex worker rights advocates and organizations
  - Medical associations (Nurses, Physicians, medical students)
  - Family service organizations
  - Mental health organizations
  - Youth organizations
  - Neighborhood groups
  - Local political parties/clubs
  - Anti-violence advocates and organizations
-



**Several additional points were made to help shape the conversations about SCS and engage new allies:**

- Don't limit ourselves to thinking about natural allies, but also reach out to businesses and other community groups. There may be different motives to support SCS, but there are lots of people who want to work and help alleviate suffering.
- Highlight the effectiveness of SCS in engaging PWUD who do not always use other services: People come to use safely, and they stay for the variety of other services offered.
- While it is true that there are many benefits to SCS, we shouldn't oversell these additional benefits over the direct, drug-related harms of overdose, HIV and HCV transmission. This remains the primary mission of SCS and the most effective means of achieving it.
- We have facts on our side: SCS are cost effective, reduce public injecting and related social problems, and reduce medical harms related to drug use. All of this is true, but in our conversations with people, discussing values and compassion are often more effective than data.
- There are many interested stakeholders that the movement should employ to promote SCS: People who formerly used drugs can speak to the needs of people currently using, and would likely be more readily listened to by individuals who have pre-existing biases against drug use. Similarly, the parents of children lost to overdose have been effective change-makers in the naloxone and opioid substitution therapy access advocacy movements. They, too, can be employed in SCS community education and advocacy.
- While there is a diverse array of stakeholders to employ in SCS advocacy, active PWUD are still the primary group to lead this movement. In maintaining our values, we cannot fall into the trap of erasing their voices from the public discourse because people who don't use would be more acceptable to the general public. PWUD as leaders and spokespeople is essential and in and of itself a de-stigmatizing action.
- A central tenet of harm reduction service provision is "meet them where they're at." This applies to the general public, too: It will likely take time and effort to convince people that SCS are safe and effective for the community as well as the individual PWUD.

# MEETING PEOPLE WHERE THEY ARE

*engaging the public to raise awareness*

Greg Scott is a visual sociologist, filmmaker, and artist at DePaul University in Chicago, IL. His work focuses on harm reduction policy and practice, drug user activism, and the social practices among injection drug users. Greg is also the founder and president of Sawbuck Productions, Inc., a non-profit media production company that works to inspire social change through images and sound. For more information, please visit [sawbuckproductions.org](http://sawbuckproductions.org).

Greg is also the creative designer behind Safe Shape, a mobile pop-up traveling exhibit that demonstrates how safer consumption spaces operate (for more information on Safe Shape, see the resource section). He has taken Safe Shape to cities all across the United States, engaging the public and educating them on how SCS work and the benefits they offer to everyone in the community, regardless of their level and type of drug use. In this capacity, he has spoken to thousands of people and in this experience has developed a list of effective short messages. Here is a selection of them:

- "We already have drug consumption spaces—they just happen to be in public and other unsafe areas of the community. Wouldn't we rather have them be indoors, monitored, and safe?"
- "We already have drug consumption rooms: They're called bars. Bars are effective ways to frame spaces for people to use alcohol, control doses with consumption rules, have clear operating hours, etc. They help keep people who drink alcohol stay safer and they help protect the community from the disorder of public drinking."
- "You have to be alive to quit drugs. Having a pulse is a prerequisite for drug treatment and recovery."
- "If your child was using drugs, where would you rather have them use: In an alley alone or in a space with medical or peer supervision to keep them safe?"
- "These are the next responsible thing to do: For decades we've been supplying people with clean syringes and injecting equipment to keep them healthy but then sending them out into dangerous situations to inject. Providing a consumption space closes the circle of safety and hygiene."
- "Safer consumption spaces protect everyone in the community, regardless of their level and type of drug use."
- "Safer consumption spaces do not condone or encourage drug use. They exist simply to protect everyone in the community against the harms associated with drug use."
- "Safer consumption spaces have nothing to do with 'enabling' drug users. That's not the issue. What they do is help drug users stay alive and as healthy as possible, help communities reduce death and disease, and empower everyone in the community to chart a humane path forward."
- "Safer consumption spaces save the taxpayers money. It's far less expensive to run these spaces than to cover the costs associated with the overdose deaths, diseases, and social disorder that arise from public drug use."
- "Safer consumption spaces are a concrete way to elevate the standard of care we expect of each other in our communities. Not only are they scientifically proven to improve community health, and not only are they cost effective; they're the humane thing to do."

# ADDRESSING CENTRAL ISSUES IN SCS ADVOCACY



**A series of breakout groups met to discuss a range of issues that are important to the SCS advocacy movement.**

CREDIT: GPDCR

## ENSURING SCS ARE LED BY PEOPLE WHO USE DRUGS

This small group was charged with discussing the importance of keeping PWUD at the forefront of SCS advocacy and education. This discussion focused on the importance of employing PWUD to staff SCS. There is significant concern that as PWUD often have criminal records, they are excluded from many employment opportunities. Organizations that open an SCS must make a concerted effort to hire PWUD to staff them, and then support and develop said staff accordingly. Placing PWUD in positions of management and leadership is important, too.

Other considerations/recommendations include:

- Protecting PWUD with criminal records from further charges and arrest (particularly for any underground SCS).
- Pay a living wage. Too often, PWUD are used as peer volunteers where their labor is used but they are not compensated. Similarly, even when paid positions are available, they are often low-level positions where salaries are low.
- Place PWUD on the board of directors of organizations operating SCS. Forming community advisory boards (CABs) of PWUD to inform the operation of SCS, and to serve as a voice for the people who use SCS.

## PROGRAM STRATEGIES

This group was charged with discussing how we can start SCS. There was an agreement that there is a sense of urgency in moving forward with these spaces: SCS are well-established in other parts of the world, are proven evidence-based interventions, and yet, they are still not operating in the U.S. despite being talked about for years.

As we move to start SCS in our community, several considerations were discussed:

- No matter what we end up with, the core principles of involving PWUD and peers in the work and creating an open, welcoming space must be prioritized;
- Don't let perfection be the enemy of good: We can't get stuck in an ideal program type as there is room for a variety of models and service delivery;
- Even if you start small, it's still a start. Once a program is established, there will be opportunities to expand to an array of other services to provide;
- Plan and prepare for media coverage: Engage with the media early and often and do everything you can to frame the message around SCS.

This group developed 3 recommendations:

- The movement wants progress in establishing SCS, ideally legal ones, but underground programs if necessary;
- Programs must be low-threshold, peer-driven;
- Flexibility in program design allowing for local communities to establish SCS that meet their needs.

## FUNDING STRATEGIES

The group identified 3 potential areas for funding opportunities/needs: (1) Advocacy, (2) Research and Evaluation, and (3) Programmatic (running a SCS). Each of these areas have different funding opportunities, and some are easier to fund than others: Funding for SCS advocacy, for example, is more readily available than is funding for an underground SCS. Prioritizing funding for advocacy is important as that could both free up funding opportunities from other funders, but it is also a necessary first step to make these programs legal, which will open up funding from others, including departments of public health.

Potential strategies include:

- A funder leveraging drive: A major funder can reach out to communities interested in opening and operating an SCS, and bring other funders to the table to combine grants/funding for funding SCS.
- A funder convening: We can hold a meeting of foundations and other grant-makers—both those that have traditionally funded harm reduction but also new ones—to educate them on SCS and the need to fund advocacy and operations.

The need for funding advocacy and programs is high: Most of the non-profits that would be willing to open and operate an SCS are already on limited budgets, stretched thin with both staff and volunteers and may not have the ability to take on an entirely new program.



## TOOLS FOR ORGANIZING

This breakout group identified 7 tools that would assist advocates in both local, state and national advocacy and awareness activities. Some of these tools are already available, some in process and others to be developed.

- **A WEBSITE:** This website would serve as a national resource hub for people to access information and tools for organizing and campaigns. The components of this website will serve as a repository for existing and new material, including, but not limited to the following: Videos with facilitator guides; factsheets; research studies and bibliographies; documentation of history and current activities; interviews with stakeholders with a variety of perspectives speaking on the importance of SCS; advocacy and stories from the front-lines; lessons on how to engage in local activism; statements of core principles; a media repository; a legal section with briefs and analyses; templates for program operations; technical assistance options. This website is under construction by Taeko Frost and Matt Curtis, and will be launched in 2017.
- **A PUBLIC WEBSITE.** In addition to the above website, designed for people working in the SCS space, there is a need for a public-facing website that is simple and clear, providing information around the issues surrounding the need for SCS and harm reduction. This is not in place yet, but something that an agency like Project Inform or Harm Reduction Coalition can curate.
- **A NATIONAL SCS LISTSERV.** A national listserv is already in place to facilitate communication and sharing of best practices among SCS advocates. This listserv is used to announce local news, ask questions and get advice from peers

and disseminate information and best practices. This listserv is [sisan@googlegroups.com](mailto:sisan@googlegroups.com).

- **A FACEBOOK PAGE.** A Facebook page is a simple tool to create a forum for ongoing campaigns, news, and events.
- **RESEARCH.** There is a rich history of using evidence-based research to support harm reduction interventions, and we have a wealth of research on SCS/SIF in Canada and Australia, with less in the English-language press from Western Europe. This research is important for U.S.-based advocacy, but we also need feasibility, cost-effectiveness and other related research here. Alex Kral and Peter Davidson demonstrated the value of their research at this meeting (and both are engaged in on-going research), and several other scholars have work in progress or in press as well. Community groups should reach out to medical, public health, and social science researchers to conduct research related to SCS in their respective community.

In addition to conducting the research, the work needs to be disseminated in traditional manner of scientific conferences and journals, but also in community forums and other settings where the research will reach the impacted communities and those who would most benefit from the information.

Finally, reflecting comments from earlier in the meeting, it's important to bring people who use drugs into the research process with a community-based participatory research agenda.

The website, Facebook page and listserv listed above will also serve as tools for dissemination of research.

## STATE ADVOCACY STRATEGIES

Working on a state-by-state advocacy agenda is a viable option for legalizing and opening SCS. At the time of publication, several states—California, Maryland, Vermont, Massachusetts and New York—have bills either in the planning stages or actually in front of their respective state legislatures. Indeed, at the time of this publication, California saw AB 186—a bill that allows local jurisdictions to permit SCS and legally protect both the programs operating them and the participants who use them—pass the state assembly. It still must pass the state Senate and then get signed into law by the governor, but this marks the first time a bill relating to SCS has been passed by a legislative body in the U.S.



**CREDIT:** Delphine Vaisset

The group discussed several strategies for pursuing an SCS agenda at a state level:

- Avoid siloing within various government agencies. There are different people working across different programs, and it is as important to connect allies within government as it is in the community.
  - Link SCS to other related policies such as state HIV/AIDS or HCV elimination strategies, or overdose response plans.
- Keep lines of communication between local advocates and those working at a state level: State legislatures want to know that there is a local health department that wants to authorize an SCS, while local health departments want to know that the state would support the opening of one. Putting the two together and formulating a unified plan will help move things forward.

There are 4 recommendations for state advocates to undertake:

- Frontload information and education to policy-makers early;
- Spend a lot of time building coalitions of community groups, professional societies, advocates and so on to support SCS;
- Set benchmarks to serve as a roadmap to victory: What do you need to do to make SCS a reality in your state, and how do you know you're getting there?
- Find a state legislator who will serve as a champion for SCS, work with her/him to draft legislation and educate their colleagues to pass it.

## FEDERAL ADVOCACY STRATEGIES

Any clear, organized federal strategy is in its infancy. In fact, for now there is no need to ask Congress to anything in terms of legislation or the like, but rather, focus on preventative advocacy so as to avoid a scenario where an opponent to SCS might threaten to withhold federal dollars from jurisdictions looking to start one. A more productive goal would be to educate Congress now, and seek action later.

There are 3 potential goals for advocates working at the federal level:

- Building support for SCS;
- Mitigating potential harms from federal policymaking;
- Provide support for local and state organizing.

There are a number of potential activities for federal advocates to undertake:

- Educate Congress on the issue through a policy brief or congressional briefing;
- Set-up Congressional staffer visits to InSite in Vancouver, or other Canadian SCS once they open;
- Strategize around effective ways to integrate SCS into other federal efforts related to overdose deaths and syringe access funding, including the Comprehensive Addiction and Recovery Act (CARA);
- Explores ways in which we can work with the Department of Justice (DOJ) on clarifying the legality of SCS within federal law.

- Develop relationships with relevant administrative offices: Department of Health and Human Services (HHS), Housing and Urban Development (HUD), Veterans Administration (VA), Office of National Drug Control Policy (ONDCP), Office of National AIDS Policy and DOJ.

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***Author's Note: Much of what could be done on a federal level was dependent upon the outcomes of the election. At the time of the meeting, President Barack Obama was in office and there was evidence to suggest that his administration would be receptive to harm reduction and alternative approaches to drug policy. With the election of President Donald Trump, we do not yet have a sense of where the current administration will stand on SCS. Admittedly, the rhetoric of ramping up the war on drugs, and the appointment of an Attorney General with a racist past who has a poor record of ignoring evidence-based interventions for drug treatment or harm reduction while supporting incarcerating people who use drugs, does not leave one room for much optimism. There may be opportunities for partnership, or at minimum opportunities to educate our federal partners on alternative strategies to address the opioid crisis and other drug use***

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# MAKING SCS OUR OWN: KEEPING VALUES WITHIN THE MOVEMENT

**AS WE MOVE FORWARD** with our SIF/SCS advocacy there will likely be competing voices calling for compromises or enacting certain conditions in order to allow them happen, particularly from people who may not be deeply invested in harm reduction values. As we fight for SIF/SCS, it's important for us to identify our values as we engage new allies and try to convince potential allies to join us. The meeting closed with a large group discussion reviewing many of the themes we talked about throughout the two days, and further articulating what we want to see in SCS, and how we can keep our values while advocating for and operating them.

A summary of recommendations that the group collectively endorsed for how to proceed in the SCS movement and what services we want to see delivered once these SCS are implemented can be found to the right.

**This list is not end of this discussion. Some of these ideas are controversial and may face resistance from the general public. SCS advocates will need to take the time to educate people about SCS and provide rationale for goals and services.**

**This list will likely expand as this movement goes forward. As long as we keep the needs of the people who use drugs at the forefront of this movement and it remains true to the above values, we know we will be doing it right.**

## SCS PRINCIPLES AND VALUES

- Keep it a drug user led movement;
- Keep these spaces to all PWUD, regardless of how they use their drugs;
- Must be centered in racial and social justice;
- Build positive relationships across local/state campaigns;
- Any program model must be based on respect and inclusion;
- They should be spaces for radicalization: SCS are political projects, fighting against a war on drugs and seeking a society that is demilitarized and without stigma.

## SCS OPERATING GOALS AND SERVICES

- Open 24 hours, 7 days a week, 365 days per year;
- Keep it low threshold;
- No mandated discussion of drug treatment or other services: "Meet them where they're at;"
- Allow for assisted injecting ("doctoring");
- No age limits: If you use drugs, you're welcome to attend and receive services;
- No pregnancy limits: We want to engage all people and be open and inclusive;
- Childcare should be available;
- They should be pet friendly;
- SCS should be staffed by PWUD who are paid a living wage.

## CONCLUSIONS AND NEXT STEPS

**WITH INCREASED AWARENESS** of injection related HIV and HCV outbreaks across the U.S., attention to the opioid crisis and the suffering that results from overdose deaths, as well as a renewed commitment to social justice and racial equity among advocates and the communities most impacted by the failed, racist war on drugs, there is now much public discussion about the ways to reduce the harm associated with injection drug use and alternatives to criminalization. Along those lines, there has been increased discussion—indeed, in the cases of Ithaca, Seattle and California, there has been action—about safer consumption spaces and the role they can play in alleviating these harms.

It will not be easy to overcome the barriers and meet the challenges related to establishing safer consumption spaces in the United States. There are significant barriers to establishing most, if not all, harm reduction interventions in the U.S., and SCS will be no exception. Socially and politically, insistence on abstinence and criminalization of drug use have been the primary means of dealing with this issue. A significant challenge to establishing SCS is overcoming public perception among both policy-makers and community members that these programs will create a host of negative consequences to the areas in which they exist, and that the programs condone and will increase drug use.

The participants of this think tank made an important contribution to the critical and ongoing process of achieving social justice, equity and improved health of PWUD. This think tank is built on the foundations laid by drug user unions and their advocates. There is much work to be done, and this meeting is but a step towards a more humane and just society. How will we know we are doing it



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right? When we are led by people who use drugs. When we have a commitment to racial justice and social equity. We'll know when we have opened SCS throughout the U.S.

Project Inform will continue this work. In addition to municipal, state and federal advocacy, Project Inform will produce a "Safer Consumption Spaces Toolkit" to help people organize and advocate for SCS in their communities. We are forming a national SCS community advisory board comprised and led by PWUD. Finally we will produce a monthly webinar series devoted to SCS and related topics.

There are many others across the U.S. working to establish SCS in their communities. We are excited to be a part of this movement to push this lifesaving agenda forward.

If you have any questions or comments, please contact Andrew Reynolds at [areynolds@projectinform.org](mailto:areynolds@projectinform.org).

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For a PDF of this report,  
go to [www.projectinform.org/SIFs](http://www.projectinform.org/SIFs).

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