Final Data Story\_OnPoint NYC (1946 words)

By Alexander Bernhardt Bloom

December 15th, 2022

*Supervised Injection Sites, Overdose Interventions;*

*Reversing the push of the needle in a devastating opioid crisis;*

A life-saving NYC drug-treatment initiative faces opposition and obstacles in spite of data showing its success and efficacy

*By Alexander Bernhardt Bloom*

In November of 2021 New York City saw the opening of two Supervised Injection Sites, clinics which operate on a bold harm-reduction strategy for supporting intravenous drug users by inviting them to safe spaces to use their drugs in the company of medical staff who provide them with clean equipment, stand by to offer counseling and referrals, and can intervene if they are in danger or overdose. They were the first of their kind legally sanctioned anywhere in the United States, and the two centers, operated by a nonprofit group called OnPoint NYC, continue their work now after a year with strong statistical data to support their efficacy.

In spite of this, the centers’ work remains limited and their existence delicate. Critics of the model and methods speak loudly in opposition, securing funding is challenging, and the legal framework in which the OnPoint clinics operate is hazy and uncertain.

A proposed State Senate bill, the Safer Consumption Services Act, seeks to provide a solution to many of these challenges and to support the expansion of the kind of services OnPoint provides. In spite of abundant data regarding the dire need and documenting the social context that inspired the SIS model and the obvious successful results the model has, the bill and the NYC centers continue to face great opposition.

\* \* \*

Public health officials trace the origins of the opioid crisis in the United States to the 1990’s and the proliferation of the distribution and use of pain-relievers in the form of prescription pills. These were introduced by pharmaceutical companies as safe remedies for chronic pain or for recuperation from operations or accidents, but analysts in years since have attributed widespread and devastating problems to these powerful and highly addictive drugs and the manner in which they were promoted through the market.

The legal use of pills yielded the illegal use of pills which yielded the increased use of illicit opioids, many intravenously administered. The more recent appearance of Fentanyl, a synthetically-produced drug whose use is similar to Heroin, has complicated the situation in the US and made the crisis more dire yet. Because it is relatively easy and cheap to produce and represents an extremely powerful potency, illegal drug distributors have introduced the newer drug into the illegal drug markets in large amounts, and often in disguise, in place of or as an additive to other drugs which have better recognition and demand. An increased number of overdoses has been associated with the often unwitting use of Fentanyl, which appears similar but is about 50 times more powerful than Heroin by the CDC’s measure.

The year 2016 saw a historic 42,000 opioid overdoses in the US, and it was the following year that the US Department of Health and Human Services declared the situation a “Public Health Emergency,” opioid use representing not an issue but an “epidemic.” In 2017 the agency spent some $900 million on “opioid-specific funding,” including treatment and training programs and also the increased investigation of new initiatives which might better address a now desperate need.

Unfortunately, by most measures the crisis has only worsened a half decade later, spurred on by the COVID 19 pandemic, which saw a sharp uptick in illicit drug use, often in private and without the possibility of interventions to prevent harm and loss of life. In 2020 a new historical mark was set with 91,000 deaths in the US due to drug overdoses, as reported by the Center for Disease Control and Prevention. New York State residents accounted for 4,965 of them, about two-thirds of which involved opioids. Discussion had begun among state health officials about new and less conventional techniques that might help to reverse these trends.

\* \* \*

One proactive solution which has become a subject of conversation related to the opioid crisis in the US is the supervised injection site (SIS). The idea is not brand new. There are more than 90 SISs worldwide (Jennifer Ng), and these type of clinics have been operating legally since 1986 in Australia, Europe, and Canada (Jorge Finke, MD, & Jie Chan, MD).

“Services at SISs include emergency response to overdoses; injection-related first aid; assessment and referral to primary health care; harm reduction counseling; exchange of needles and other drug paraphernalia; and condom provision. These sites support users to seek counseling, detoxification, and treatment for addiction” wrote Dr. Michael R. Kolber with Jennifer NG, who as a medical student at the University of Alberta in Edmonton in 2017 published a study examining the objectives and efficacy of SISs using a center opened in Vancouver in 2003 as a case study.

They found dramatic reductions in the rate of new HIV infections, incidence of syringe sharing, and number of emergency response calls for ambulance services or delivery of Naloxone treatment, a drug which can be used to reverse an overdose. And the clinic saved lives. The rate of overdose deaths was found to have dropped city-wide since the Vancouver SIS’s opening, and the study observed “about 1 overdose at the SIS per 1000 injections; no fatal overdoses have been reported.”

The Vancouver Coastal Health group, which operates Insite, the SIS in question, reports similarly impressive results from their registration data. In the calendar year of 2019 the clinic hosted 170,731 visits by 5,111 individuals, with an average of 312 injection room visits per day. Staff made 1,314 overdose interventions, successfully (VCH.CA). Among the 3.6 million distinct visits to Insite between 2003 and 2019 medical staff there made 48,798 clinical treatment calls, to examine or care for wounds or conduct pregnancy or disease-identifying tests. They made 6,440 overdose interventions. There were no deaths.

A bottom line analysis of the model stands up as well. “By preventing HIV, hepatitis C, hospitalizations for skin and soft-tissue infections, overdose deaths, ambulance calls, and emergency department visits and by increasing uptake of addiction treatment,” argue Doctors Jorge Finke and Jie Chan of Dorchester, Massachusetts, municipalities can reduce health care costs by great measures. “A cost-benefit analysis of a hypothetical site in Baltimore, Md., predicted that it would generate $7.8 million in savings at an annual cost of $1.8 million,” - this beside the positive health outcomes, said the physicians in an editorial piece this year.

\* \* \*

A bold approach, SIS programs have always faced criticism and existed amid controversy. Critics voice safety concerns and fears of increased crime because of SIS visitors comings and goings, and imagine risky behaviors spilling out onto the streets surrounding centers. Associating other, even violent, criminal behavior with drug use on general terms, they argue SISs invite bad actors and bad activity to the neighborhoods nearby. They worry that by allowing such programs a message is implicitly communicated that condones drug use, treats it as normal or commonplace, even encourages people to try substances or use them more. In addition, opponents point to the concentration of drug treatment service providers in usually poor neighborhoods with a myriad of existing problems already. SISs only bring more needy people and their troubles to areas in need, they argue.

The legal question is a major part of criticisms as well, opponents arguing that sanctioned illegal drug use would exist in conflict with the law, and creates a situation in which law enforcement officials could be compelled to conduct raids or even pursue charges against visitors or SIS staff. The Trump administration was vocally opposed to such programs on these grounds, and the Justice Department during his presidency sued and blocked the opening of a center in Philadelphia in 2019. In Canada, by contrast, a 2011 Supreme Court decision granted exemption to the country’s SISs from the enforcement of laws prohibiting possession and use of illegal drugs, declaring in the determination brief that the priority of saving lives was superior to criminal prosecution in this context.

The clinics in New York City emerged thus from many years of study and debate.

\* \* \*

When the nation’s first SISs opened in Manhattan’s East Harlem and Washington Heights in November of 2021 they received the blessing of outgoing Mayor Bill de Blasio, who had for some time advocated for this model and sent a letter from his office to the centers promising safety from law enforcement interference.

Previously needle-exchange centers, the two locations and the nonprofit organization coordinating their work, OnPoint NYC, had been up until then receiving public funding. Mayor de Blasio couldn’t promise this. Because of the prohibition of activities conducted in SISs in state and federal laws the direction of public funds for their function was determined off-limits. The organization would rely on private grants and donations.

In their first three weeks the centers received more than 2,000 visits and their staff intervened to address 59 overdoses, announced the NYC Department of Health. Before the end of their second month those numbers had grown to nearly 5,000 visits by 585 registered people who recorded 114 overdoses during which center staff made interventions. None died.

An external study conducted for the Medical Journal *Jama Network* later in the year looked more closely at data collected from visitors and registration records. Three-quarters of visitors submitted that the substance they used in the, what OnPoint calls, Overdose Prevention Centers, was Heroin or Fentanyl. Three-quarters of visitors reported that if the centers’ services had not been available that they would have made their consumption in a public place. The majority of the center’s users were people of color. The majority had unstable housing situations. The majority received additional services like testing, first-aid and counseling during their visits.

While no evidence has appeared in the areas nearby of the sort of vagrancy and criminal behavior critics fear, it has been reported that the centers’ visitors sometimes seek refuge in adjacent subway stations after hours. The two sites, whose staff also undertake street-cleaning sweeps as a part of their program, have acknowledged this possibility.

The Washington Heights center opens weekdays from morning until eight at night, and on weekends for half-days only. In East Harlem there are no weekend hours. For people who conduct habitual use of addictive drugs these apertures can easily prove narrow. The solution, says OnPoint director Sam Rivera, is an obvious one, made difficult only because of restricted access to funding. An annual operating budget of $2 million, says Rivera, would be sufficient for keeping the two centers open 24/7.

\* \* \*

## A current piece of proposed state legislation - Senate Bill S603, the Safer Consumption Services Act - would legalize SIS centers in New York State, and free the direction of public funding to support them. It would require approval by votes in both the State Senate and Assembly, to be then submitted for approval by the governor. The bill remains, however, in the Health Committee after being twice referred by the State Senate for review there, in January 2021 and again in January 2022.

In an urgent public health advisory, the NYC Board of Health on December 20, 2021 called on state officials to “TAKE ACTION TO PREVENT DRUG OVERDOSE DEATHS.” The board urged the State Health Department to continue and expand programs that address the opioid epidemic, including “authorization of such overdose prevention centers [as those in NYC] and continue to expand funding and support for harm reduction services and medications for opioid use disorder treatment.”

Citing the increasing damage wrought by opioids on New Yorkers, the board pointed to the effectiveness of such programs, and the righteous path represented in this initiative to counteract historical inequalities also closely associated with race and class. They called on lawmakers to approve programs that will save New Yorker’s lives.

Recent and historical data analyses indicate that they’ve got it right.

Resources / Contacts:

<https://www.aafp.org/pubs/afp/issues/2022/0500/p454.html#afp20220500p454-b4> (JORGE FINKE, MD, AND JIE CHAN, MD)

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5685449/> *(Jennifer Ng)*

<https://scc-csc.lexum.com/scc-csc/scc-csc/en/item/7960/index.do>

<https://www.npr.org/sections/health-shots/2018/07/12/628136694/harm-reduction-movement-hits-obstacles>

<https://www.nytimes.com/2021/11/30/nyregion/supervised-injection-sites-nyc.html>

<https://www.thecity.nyc/2022/5/17/23076577/safe-injection-sites-subway-harm-reduction>

<https://twitter.com/samrivera1111/status/1522280277543956481?s=20&t=1jofW9EJXADd1A0pA4wDPw>

<https://www.nysenate.gov/legislation/bills/2021/S603>

<https://www1.nyc.gov/assets/doh/downloads/pdf/notice/2021/boh-statement-on-action-preven-overdose.pdf>

<https://www1.nyc.gov/assets/doh/downloads/pdf/public/supervised-injection-report.pdf>

<https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2794323>

<https://gothamist.com/news/nyc-is-flush-with-opioid-settlement-money-yet-prevention-centers-are-still-scrambling-for-funds>

<https://gothamist.com/news/harlem-residents-protest-against-opioid-clinics-after-data-shows-most-are-used-non-residents>

<https://www.cdc.gov/stopoverdose/fentanyl/index.html#:~:text=Fentanyl%20is%20a%20synthetic%20opioid,nonfatal%20overdoses%20in%20the%20U.S>.

<https://public3.pagefreezer.com/browse/HHS.gov/31-12-2020T08:51/https://www.hhs.gov/about/news/2017/10/26/hhs-acting-secretary-declares-public-health-emergency-address-national-opioid-crisis.html>

<https://www.cdc.gov/drugoverdose/fatal/dashboard/index.html>

<https://www.hhs.gov/opioids/about-the-epidemic/index.html>

<http://www.vch.ca/public-health/harm-reduction/supervised-consumption-sites/insite-user-statistics>

<http://www.vch.ca/public-health/harm-reduction/supervised-consumption-sites>

<http://www.vch.ca/about-us>

<http://www.vch.ca/Documents/VCH-fact-sheet.pdf>

<https://www.nytimes.com/2019/02/06/health/safe-injection-opioids-overdose.html>

<https://www.vox.com/policy-and-politics/2019/2/6/18214021/philadelphia-safe-injection-site-trump-justice-department>

<https://www.nyc.gov/site/doh/index.page>

<https://onpointnyc.org/>