



## Short report

## The prospect of implementing a Safer Injection Facility in San Francisco: Perspectives of community stakeholders

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## ABSTRACT

**Background:** Government-sanctioned Safer Injection Facilities (SIFs) have been implemented around the world to address public health and public order concerns associated with injection drug use. The goal of this study was to investigate how community stakeholders in San Francisco's Tenderloin district respond to the idea of implementing a SIF.

**Methods:** Qualitative in-depth interviews were conducted with 20 purposively sampled stakeholders including representatives from neighbourhood and business associations, politicians, law enforcement, religious leaders, school officials, community activists and service providers. Data were analysed using an inductive approach.

**Results:** Stakeholders were concerned that implementation of a SIF would further degrade a community struggling with safety and cleanliness and questioned the efficacy of harm reduction strategies to address drug use. Stakeholders were open to dialogue about how a SIF might support neighbourhood goals, stressed the importance of respect and collaboration between stakeholders and those potentially implementing a SIF, and were interested in evidence of the impact SIFs have on communities. Government protection and political leadership would be necessary to implement a SIF.

**Conclusions:** Employment of a community collaborative model combined with political leadership could move the policy debate about implementation of a SIF in San Francisco forward.

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## Introduction

To address public health and public order concerns associated with injection drug use, Safer Injection Facilities (SIFs) have been instituted around the world (Hedrich, Kerr, & Dubois-Arber, 2010). There are currently no government sanctioned SIFs in the United States (Tempalski & McQuie, 2009). The SIF in Vancouver, BC has been rigorously evaluated and demonstrated a number of individual and public health benefits (Kerr, Tyndall, Li, Montaner, & Wood, 2005; Wood et al., 2006). SIFs are effective in communicating educational messages, reducing syringe sharing, improving access to services and reducing fatal overdose (Bravo et al., 2009; Fast, Small, Wood, & Kerr, 2008; Kimber, Dolan, & Wodak, 2005; Milloy et al., 2008). There is also evidence that SIFs reduce public injection (Wood et al., 2006), reduce injection-related litter (Wood et al., 2004), and improve perceptions of public amenity over time (Salmon, Thein, Kimber, Kaldor, & Maher, 2007).

In previous research, we found that 85% of injection drug users (IDUs) reported they would use a SIF in San Francisco and that pub-

lic injection was associated with intent to use a SIF (Kral et al., 2010). To establish the acceptability of a SIF from the community standpoint, this study investigates how community stakeholders responded to the idea of a SIF in San Francisco.

## Methods

We conducted 20 in-depth qualitative interviews with stakeholders in the Tenderloin (TL) district of San Francisco, a neighbourhood that is densely populated with IDUs and would be a likely SIF location. Stakeholders included representatives from TL neighbourhood and business associations ( $n=4$ ), the Mayor's office ( $n=2$ ), the San Francisco Board of Supervisors ( $n=2$ ), law enforcement ( $n=2$ ); TL religious leaders ( $n=2$ ), a school official ( $n=1$ ), community activists ( $n=2$ ), and IDU service providers ( $n=5$ ).

All data were collected by the first author [LDW] between June and October 2009 using a semi-structured interview guide. Interviews were digitally recorded and transcribed in their entirety. Data were analysed using an inductive analysis approach (Thomas, 2006). The study protocol was approved by the RTI International Institutional Review Board (Approval #12337).

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## Results

### *Community concerns and solutions*

#### *Degradation of community*

The TL is a poor neighbourhood zoned for low-income housing, primarily made up of single room occupancy hotels. Community and merchant groups are active, committed to cleaning up the neighbourhood and improving the quality of life for its residents. Community members were concerned that a SIF in the TL would undermine these goals and add to degradation of the neighbourhood.

The Tenderloin is oversaturated with providers and services and this makes the TL unlivable – a neighborhood that outsiders are afraid of. (Neighborhood and business association member #002)

So a safe injection site is not appealing because of the peripheral activity. You go to any drop-in center and there are the drug dealers. They're smart and they're doing business and they know where their customers are. (Neighborhood and business association member #003)

Something like this (a SIF) would bring people they (the neighborhood) would deem to be undesirable to the community. . . (Member SF Board of Supervisors #008)

#### *Scepticism about the harm reduction model*

Concerns were expressed about having harm reduction and abstinence-focused programmes in the same neighbourhood.

A SIF would send mixed messages about what we do here. Our recovery program is not a harm reduction model program. It is an abstinence model – you can't be intoxicated when you come here. We have so many people in recovery coming through here we need to be a place they can come and feel safe. (Service provider #016)

Some feared that harm reduction causes rather than reduces harm.

Supervising injection is equal to standing by and watching someone hurt themselves (School Official #013)

As a treatment provider I have some reservations about SIFs. . . On the surface – it allows folks to defer their interest in getting into treatment. To an extent a SIF makes using easier, thus people would be less likely to get into treatment. . . A person might go to a SIF, overdose and die and they might have accessed treatment that day. (Service provider; 019)

#### *Mitigating solutions*

Despite considerable apprehension, stakeholders expressed a willingness to learn more about SIFs, and came up with solutions that may ameliorate their concerns. One religious leader who initially had a negative view of SIFs described how having access to information was essential to shifting his beliefs:

What I've read about InSite [SIF in Vancouver] is that it has had a positive impact on the community. . . I've listened to [neighborhood police captain] say 'I can't stop the problems on the street.' What power do we have? Criminalizing the situation does not help. Perhaps having a SIF would get them [IDUs] off

the streets and into a safe place. We spend so much money on ambulance services and I've read that in Vancouver there has been a decrease in ambulance services since they established the SIF. (Religious leader #012)

There were requests for information including scientific evidence from cities where SIFs were already established, costs and benefits that could be expected from a SIF, and evidence of SIF need.

That's where education is key, so people understand this is not you bringing something into a neighborhood you are bringing a service in to address a population that is already there and that is already engaging in activity and by virtue of the fact that they don't have this service they are making the neighborhood less safe. (Member SF Board of Supervisors #008)

Several community members recommended and were willing to participate in an ongoing dialogue with SIF supporters.

It's simple and it's complicated; the resolutions and the solutions can be complicated, but once you start the dialogue, you've taken a step in the right direction. You're not just at a meeting saying 'No, I don't want this injection site here, no matter what' or 'you're going to have it here no matter what. This is where it belongs.' So then you don't have a heated argument without getting anywhere (Neighborhood and business association member #003)

One community member described similarities between the community's reaction to SIF implementation to their reaction to the implementation of the Community Justice Center (CJC), a collaborative community court programme in SF, and made the following suggestion:

When the city wanted to establish the CJC in the TL many community members were against it. The Mayor's office flew 10 people to NY to spend the day at the CJC and when they came back they were much more positive about it. If community members could go to Vancouver and see a Safe Injection Facility it would go a long way. (Neighborhood and business association member #004)

Another potential avenue for supporting SIFs was to open them in a variety of neighbourhoods rather than only 'burdening' the TL.

People think that drug users will come to the Tenderloin to shoot up if it is the only one. There needs to be a city wide effort to establish safer sites in the City. This needs to be on the heels of an educational component to teach people why a SIF is a positive thing (Neighborhood and business association member #001)

It was suggested that if a SIF was established, the programme would need to be respectful of the larger community and work to become an integral part of the community.

The Community would need assurances that they [SIF providers] would be mindful of the impact SIF services have on the neighborhood. There would need to be a designated program person who would engage with community members to hear our concerns and interact with the community. SIF staff would need to be present at community events and become part of the community, not just provide service from 9–5 (Neighborhood and business association member #004)

## Political landscape

Other concerns emerging from stakeholder interviews were political in nature. Some questioned whether City Hall would incur the legal risks by supporting a SIF.

Will City employees associated with SIF face prosecution? This would come into play with City Hall – even if it is a good idea from a public policy standpoint. . . the potential for losing millions of dollars in federal funding is too much of a risk. (Member SF Board of Supervisors #008)

Participants thought it would be difficult to leverage funding for a new programme when many existing programmes were being cut.

We've been in this – more or less triage level of engagement just around annual budget problems. Our stance has been so defensive – we haven't had the footing to push to expand service areas like this one – especially when it is sensitive and there are legal issues and a lot of community concerns. (Member SF Board of Supervisors #007)

Another concern was that those in power had conflicting priorities and seemingly without the political will to move forward and support a SIF.

I can't imagine any politicians having the spine to do it – with a Mayor who is running for Governor and a District Attorney running for Attorney General. . . with much bigger audiences that they are considering. The head of Department of Public Health probably can't push it because he's appointed by someone who is running for Governor. (Service provider: #019)

Finally, participants felt there was a need for a political leader to champion the effort to help shape the political agenda.

I think if we had a mayor who was able to convince folks that it's a good idea and then put the resources in it and take the heat from it, I think that's what it would take. . . It's exciting and it makes so much sense and I really think there is a place for it; we just need the political will for it. (Service provider #018)

## Discussion

For stakeholders, the overarching concern was whether SIFs would burden or benefit the community. Stakeholders feared that a SIF would further stigmatize the TL, a hub for injection drug use, and increase illicit activities that would deter visitors from patronizing neighbourhood businesses. They worried that a SIF would further encumber a neighbourhood already saturated with programmes serving the poor. Some were concerned about the legal risks involved in implementing a SIF, and others described a need for a political champion to move the policy agenda forward.

Despite their concerns and the legal uncertainty surrounding implementation of a SIF (Beletsky, Davis, Anderson, & Burris, 2008), stakeholders were open to discussing how a SIF might support neighbourhood goals, beginning with access to evidence-based data on the community impact of SIFs. They stressed the importance of respect and collaboration between stakeholders and SIF proponents.

This study has several limitations. These data are derived from a small sample of interviews. Study participants were recruited

through snowball sampling methods and were not a representative sample. Thus, our analysis sheds light on some of the community concerns related to implementation of a SIF but may not represent all of the issues. In addition, the interviews were conducted during a time of economic crisis and political uncertainty in San Francisco, and may not reflect concerns in more stable times.

Data from SIFs in Vancouver and around the world indicate that SIFs have a positive impact on individuals and communities (Bravo et al., 2009; Kerr et al., 2005; Milloy et al., 2008; Salmon et al., 2007). Successful community collaborative model programmes that reduce drug-related harm have been developed by fostering relationships and creating opportunities for dialogue between key stakeholders (Rogers & Anderson, 2007; Wenger, Leadbetter, Guzman, & Kral, 2007). These data in combination with the findings from this study show promise for moving this policy debate forward.

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