

ESTABLISHING A GOVERNMENT RUN SAFE INJECTION FACILITY
IN THE CITY OF PHILADELPHIA

by
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A capstone project submitted to Johns Hopkins University in conformity with the requirements
for the degree of Master of Arts in Public Management

Baltimore, Maryland
May 2022

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Abstract

The City of Philadelphia is currently facing an opioid epidemic of unprecedented proportions, with 1,214 drug related overdoses in 2020 alone. The problem has been so detrimental that in 2019, the city had the highest rate of overdose deaths in the country among counties with a least one million residents. The city has made multiple efforts to combat the public health crisis including supporting a nonprofit organization's attempt to establish the nation's first safe injection facility within the city. The attempt would ultimately fail in the Third Circuit Court with a ruling that safe injection sites violate federal law. The following memorandum provides an alternative solution for the City of Philadelphia to implement a government-run safe injection facility under a provision in the Controlled Substances Act.

Advised by: Paul Weinstein Jr.

Acknowledgments

To Paul Weinstein Jr., for your continued support and guidance.

To Douglas E. Baker, for your mentorship, encouragement, and friendship.

To Sydne, for your unwavering support, patience, and love.

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MEMORANDUM

TO: Mayor James F. Kenney, City of Philadelphia, PA

FROM: Travers J. Oliver

DATE: May 4, 2022

SUBJECT: Proposal to combat the opioid epidemic in Philadelphia, PA

I. Action-Forcing Event

According to the city of Philadelphia, the city is currently facing the greatest public health crisis in a century.¹ This health crisis accounts for one of the highest opioid overdose fatality rates in the United States.²

II. Statement of the Problem

The opioid epidemic has had a significant impact on the City of Philadelphia. In 2020 alone, the city's Department of Public Health reported that there were 1,214 drug overdoses in the city which was an increase of 9% and 6% from 2018 and 2019, respectively.³ The problem has been so detrimental that in 2019, the city had the highest rate of overdose deaths in the

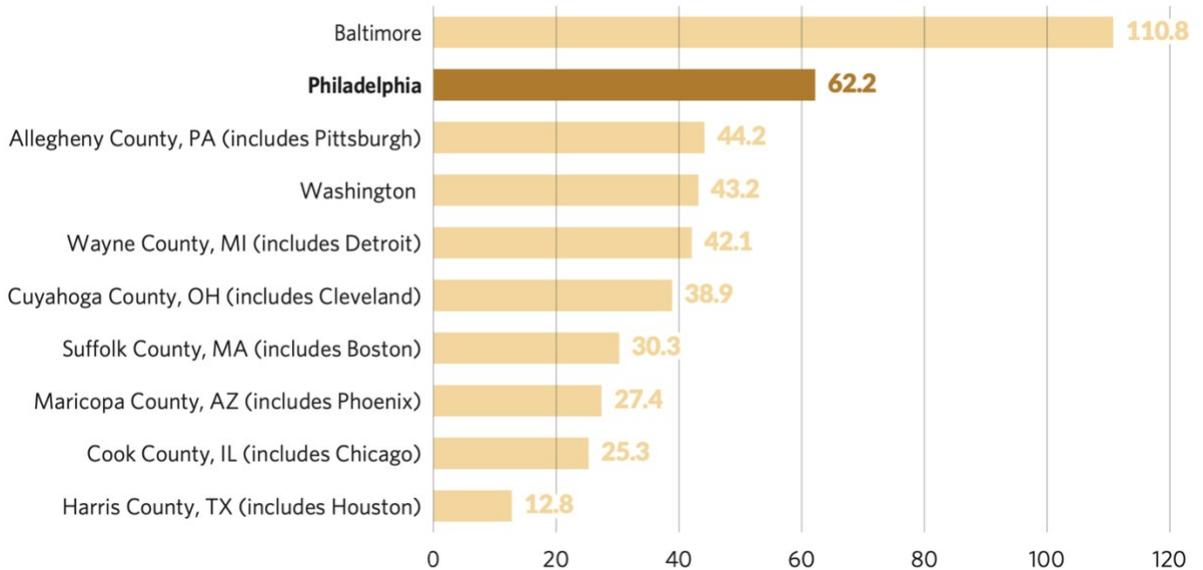
¹ "Combating the Opioid Epidemic: Programs and Initiatives," City of Philadelphia, February 22, 2021, <https://www.phila.gov/programs/combating-the-opioid-epidemic/>.

² J. Ford et al., "67 Risk-Based Assessment of the Opioid Crisis in Philadelphia, Pennsylvania Utilizing Global Information Systems as a Template for Public Health Reform," *Annals of Emergency Medicine* 78, no. 4 (2021), <https://doi.org/10.1016/j.annemergmed.2021.09.076>.

³ Philadelphia Department of Public Health. "Unintentional Drug Overdose Fatalities in Philadelphia, 2020." CHART CHART 6, no. 5 (June 2021).

country among counties with a least one million residents.⁴ The Pew Charitable Trusts found that, Philadelphia’s drug overdose death rate was second only to Baltimore in 2019, as detailed in the chart below:

Drug Overdose Deaths Per 100,000 Residents, 2019



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While the data is still being assembled for the total number of opioid related deaths in 2021, the city found that “...306 deaths were confirmed between January and March (compared to 273 in 2020), and 333 deaths were confirmed between April and June (compared to 309 in 2020).”⁶ The city’s death rate in 2020 was highest among Hispanic males aged 55-64 years old and has disproportionately impacted men, with a 26% increase in male opioid related deaths over

⁴ Larry Eichel, Elizabeth Lowe, and Erika Compart, “Philadelphia 2021 The State of the City,” The Pew Charitable Trusts, April 2021, <https://www.pewtrusts.org/-/media/assets/2021/04/philadelphia-2021-state-of-the-city.pdf>.

⁵ Eichel, “Philadelphia 2021 The State of the City.”

⁶ “Health Department Releases Update on 2021 Overdose Death Counts: Department of Public Health,” City of Philadelphia, December 2, 2021, <https://www.phila.gov/2021-12-02-health-department-releases-update-on-2021-overdose-death-counts/>.

2019. This increase has also significantly impacted black individuals. The city's Health Department found that "overdose rates increased 31% among non-Hispanic Black individuals and decreased 9% among non-Hispanic White individuals."⁷

While the whole city has been impacted by the epidemic, the primary area of impact is what was once referred to as the "Walmart of Heroin" by the New York Times, Philadelphia's Kensington-Fairhill neighborhood.⁸ Pennsylvania's Attorney General Josh Shapiro stated that the neighborhood's drug market is "...approaching a billion-dollar enterprise," and is considered by many to be the largest open-air drug market on the East Coast.⁹ This market is one that not only caters to Philadelphia residents, but also to out-of-town visitors looking to access the city's readily available supply of opioid drugs. A report issued by Temple University found that "...in 2018, more than a quarter of Philadelphia overdose victims (28%) traveled over one-half of a mile to their overdose location. And roughly 13% of 2018 overdose deaths were of non-Philadelphia residents coming from other parts of Pennsylvania, the larger tri-state area, and beyond."¹⁰ The study also found that "Kensington-Fairhill ranks higher than other neighborhoods in Philadelphia for a number of years on rates for accidental overdose deaths,

⁷ Philadelphia Department of Public Health. "Unintentional Drug Overdose Fatalities in Philadelphia, 2020." CHART CHART 6, no. 5 (June 2021).

⁸ Jennifer Percy, "Trapped by the 'Walmart of Heroin'," The New York Times (The New York Times, October 10, 2018), <https://www.nytimes.com/2018/10/10/magazine/kensington-heroin-opioid-philadelphia.html>.

⁹ Lauren Aguirre, "Inside Kensington's Booming Heroin Trade: Morning Newsletter," <https://www.inquirer.com> (The Philadelphia Inquirer, May 21, 2021), <https://www.inquirer.com/newsletters/morning/kensington-philadelphia-heroin-trade-johnson-and-johnson-vaccine-expiring-20210521.html>.

¹⁰ Courtney S Harding, et al., "The Kensington Initiative: The Violent Crime and Opioid Reduction Partnership," Temple University, March 2021, https://liberalarts.temple.edu/sites/liberalarts/files/KI_Brief_formatting_final_2.pdf.

drug arrests, and shooting victims. Since 2016, Kensington- Fairhill has outpaced other neighborhoods in the rate of overdose deaths by more than threefold.”¹¹

The upward trend of the city’s opioid related death rate can largely be attributed to a synthetic opioid drug called fentanyl. Fentanyl is incredibly dangerous when produced and administered illegally. The Center for Disease Control and Prevention states that the drug is “...50 to 100 times more potent than morphine” and is “...often mixed with heroin and/or cocaine as a combination product—with or without the user’s knowledge—to increase its euphoric effects.”¹² The drug’s potency isn’t the only reason it has become more prevalent. The drug is also easier to produce than other drugs and more cost effective for drug traffickers. One analysis noted that \$800,000.00 worth of fentanyl could be produced for just over \$800.00.¹³ The city of Philadelphia found that while “fentanyl was involved in less than 10% of drug overdose deaths in Philadelphia in 2010, it was involved in 81% of all drug overdose deaths in 2020.”¹⁴ Studies have shown that fentanyl has become so prevalent in the city that presence of fentanyl in drugs seized by law enforcement have increased by 560% since 2016.”¹⁵ The increase of fentanyl has also led to the rise of infectious diseases in the city. Since the drug is more potent, it wears off faster than other opioids and causes users to inject themselves more

¹¹ Courtney S Harding, et al., “The Kensington Initiative: The Violent Crime and Opioid Reduction Partnership.”

¹² “Fentanyl,” Centers for Disease Control and Prevention (Centers for Disease Control and Prevention, February 16, 2021), <https://www.cdc.gov/opioids/basics/fentanyl.html>.

¹³ Jeanne Whalen and Brian Spegele, “The Chinese Connection Fueling America's Fentanyl Crisis,” *The Wall Street Journal* (Dow Jones & Company, June 23, 2016), <https://www.wsj.com/articles/the-chinese-connection-fueling-americas-fentanyl-crisis-1466618934>.

¹⁴ Philadelphia Department of Public Health. “Unintentional Drug Overdose Fatalities in Philadelphia, 2020.” CHART CHART 6, no. 5 (June 2021).

¹⁵ Philadelphia Department of Public Health, “Infectious Diseases Continue to Spread Among People Who Inject Drugs,” CHART 6, no. 2 (February 2021).

frequently. The need to inject more frequently has led to users reusing dirty syringes and has ultimately led to a 151% increase of HIV infections among those who inject drugs since 2016 and other infections such as viral hepatitis, bacteremia, and infective endocarditis.¹⁶ The report also found that drug use-related infections have led to a 263% increase of hospitalizations since 2010 and users that reported to have always used clean syringes have declined by 30% since 2012.¹⁷

III. History

Like the rest of the United States, the start of Philadelphia's opioid epidemic can largely be traced back to the late 1990s. At this time there was an increased focus on pain management as many felt that physicians were leaving their patients to needlessly suffer and many saw the prescription of opioid pain relievers as the solution.¹⁸ Despite this, many physicians worried about both the regulatory and legal repercussions of prescribing this type of medications. In response to this, "...a document was prepared by the Federation of State Medical Boards (FSMB), which suggests a set of guidelines meant to be endorsed or adopted by individual medical licensing boards on how to approach this particular aspect of practice."¹⁹ Additionally, many states passed intractable pain treatment acts, which gave physicians liberty to use controlled substances without fear of prosecution.²⁰ Unfortunately, very few properly estimated

¹⁶ Philadelphia Department of Public Health, "Infectious Diseases Continue to Spread Among People Who Inject Drugs."

¹⁷ Philadelphia Department of Public Health, "Infectious Diseases Continue to Spread Among People Who Inject Drugs."

¹⁸ Furrow, Barry R. "Pain Management and Provider Liability: No More Excuses," *The Journal of Law, Medicine & Ethics* 28, no. 4_suppl (March 2001): 28–51. <https://doi.org/10.1111/j.1748-720X.2001.tb00038.x>.

¹⁹ J. David Haddox, and Gerald M. Aronoff. "Commentary: The Potential for Unintended Consequences from Public Policy Shifts in the Treatment of Pain." *The Journal of Law, Medicine & Ethics* 26, no. 4 (December 1998): 350–52. <https://doi.org/10.1111/j.1748-720X.1998.tb01680.x>.

²⁰ J. David Haddox, and Gerald M. Aronoff. "Commentary: The Potential for Unintended Consequences from Public Policy Shifts in the Treatment of Pain."

just how addictive opioid pain relievers would become. While there were those who warned of the potential negative consequences, the actions taken were the main contributor to our current crisis.²¹ As a result of the measures taken, the National Institute on Drug Abuse (NIDA) suggests that “...pharmaceutical companies reassured the medical community that patients would not become addicted to prescription opioid pain relievers, and healthcare providers began to prescribe them at greater rates. This subsequently led to widespread diversion and misuse of these medications before it became clear that these medications could indeed be highly addictive.”²² Unfortunately, what started as an attempt to control pain management in the United States inevitably led to our current opioid epidemic.

While the groundwork for opioid addiction was laid in the late 1990s, the city of Philadelphia didn’t see a significant impact of opioid-related overdoses until the mid-to-late 2000s. As fentanyl became readily available on the illegal drug market, the city and country as a whole saw a dramatic increase in its opioid-related deaths. While the country saw sporadic opioid-related deaths in the 1980s and 1990s, the country didn’t first see a surge of fentanyl-related deaths until 2006. One study found that “a total of 1013 deaths in six states occurred from April 4, 2005, to March 28, 2007. Since then, the prevalence of opioid-related mortality has increased persistently, and the number of reported fentanyl-related deaths more than doubled (from 2628 to 5544) between 2012 and 2014.”²³ Data from the city of Philadelphia notes that

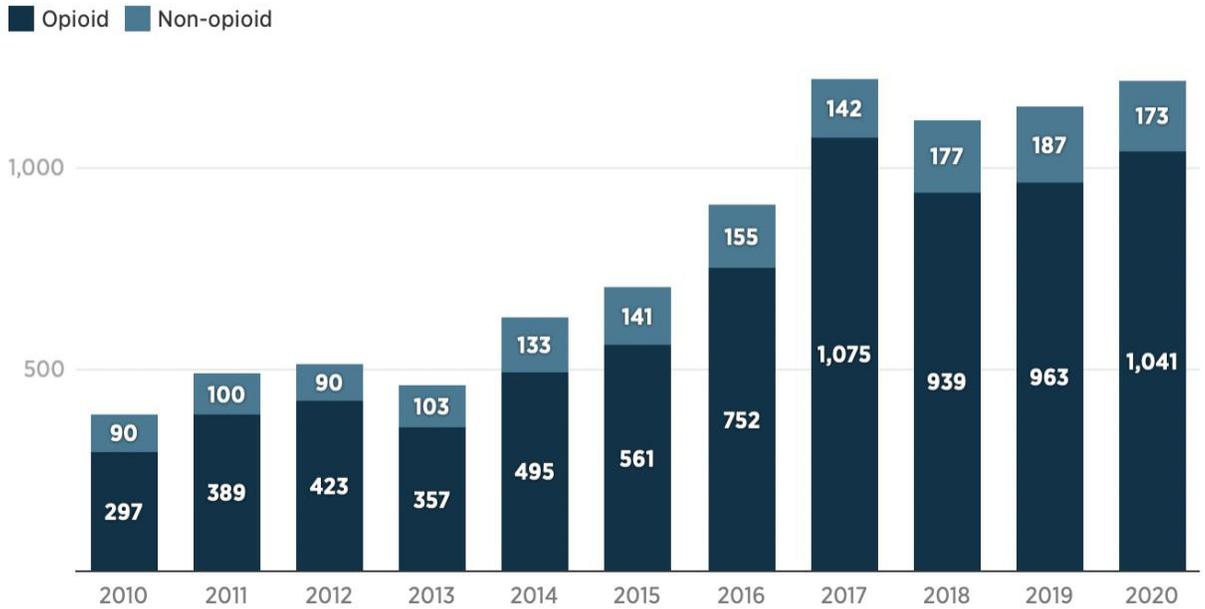
²¹ Haddox, and Aronoff.

²² “Opioid Overdose Crisis,” National Institutes of Health (U.S. Department of Health and Human Services, January 16, 2022), <https://nida.nih.gov/drug-topics/opioids/opioid-overdose-crisis>.

²³ Ying Han et al., “The Rising Crisis of Illicit Fentanyl Use, Overdose, and Potential Therapeutic Strategies,” *Translational Psychiatry* 9, no. 1 (November 2019), <https://doi.org/10.1038/s41398-019-0625-0>.

opioid sales in the city more than doubled between the years of 2000 and 2012 and by 2016, fentanyl was found nearly half of all opioid overdose deaths.²⁴ As fentanyl became more prevalent in the city, Philadelphia’s overdose deathrate also grew as detailed in the chart below:

Annual Overdose Deaths in Philadelphia



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As shown above, the city’s opioid problem became significantly worse from 2016-2017. While the epidemic took hold of the city, the city made significant efforts to combat the rise in opioid related deaths. Under the current administration, the mayor’s office assembled the Mayor’s Task Force to Combat the Opioid Epidemic in 2016. In their initial report in 2017, the

²⁴ “Final Report & Recommendations,” City of Philadelphia (The Mayor’s Task Force to Combat the Opioid Epidemic in Philadelphia, May 19, 2017), <https://www.phila.gov/media/20180606131257/Mayors-task-force-to-combat-the-opioid-epidemic-in-Philadelphia-final-report.pdf>.

²⁵ Aubrey Whelan and Jeremy Roebuck, “A Timeline of Key Supervised Injection Site Moments,” Philadelphia Inquirer. (The Philadelphia Inquirer, February 11, 2022), <https://www.inquirer.com/health/opioid-addiction/supervised-injection-site-overdose-crisis-philadelphia-timeline-20220210.html>.

task force issued a series of eighteen recommendations to implement across the city to both combat and prevent further opioid usage and deaths.²⁶ Their recommendations centered around four different categories:

- Prevention and Education
- Treatment
- Overdose Prevention and Harm Reduction
- Involvement of the Criminal Justice System

While these recommendations primarily led to changes within the city’s Department of Public Health and the Department of Behavioral Health and Intellectual Disability Services, they also had a city-wide impact, leading to policy changes and program implementations within a variety of city departments. One example is the police-assisted diversion (PAD) pilot in the 22nd Police District. The program was made as a “...collaborative partnership among police officers, service providers, and community members to provide a pathway to services for those in need. Through this initiative, police officers are able to redirect low-level offenders engaged in drug and prostitution activity to community-based services instead of prosecution and jail.”²⁷

Since first issuing their recommendations, considerable progress has been made, particularly with the distribution of the life-saving drug, naloxone. In their most recent quarterly report, the task force noted that “... the city has distributed over 70,000 doses of naloxone and

²⁶ “Final Report & Recommendations,” City of Philadelphia (The Mayor’s Task Force to Combat the Opioid Epidemic in Philadelphia, May 19, 2017), <https://www.phila.gov/media/20180606131257/Mayors-task-force-to-combat-the-opioid-epidemic-in-Philadelphia-final-report.pdf>.

²⁷ “City Announces Police-Assisted Diversion (PAD) to Fight Opioid Epidemic.” *City of Philadelphia*, March 16, 2018. City of Philadelphia. <https://www.phila.gov/2018-03-16-city-announces-police-assisted-diversion-pad-to-fight-opioid-epidemic/>.

trained over 2,000 individuals in overdose education and naloxone use.”²⁸ One recommendation that has attracted both controversy and support is that of exploring overdose prevention sites. The sites, which are often referred to as “safe injection sites” were first supported by the city government in January of 2018.²⁹ Its support, however, was limited only to permitting an organization to operate within city limits and not to providing funding. By the end of 2018, the city had partnered with a 501(c)(3) nonprofit organization called Safehouse, which had initially planned to be the first “...safe injection site in the U.S. providing a range of overdose prevention services, including safe consumption and observation rooms staffed by a medical staff prepared to administer overdose reversal if needed.”³⁰ Safehouse’s planned operation was halted when in February of 2019, U.S. Attorney William M. McSwain filed a lawsuit to declare safe injection sites illegal under current federal law which led to Safehouse countersuing the federal government.³¹ ³² The legal battle to bring a safe injection site to Philadelphia would continue further. In October of 2019, U.S. District Court Judge Gerald A. McHugh ruled that Safehouse’s

²⁸ “The Opioid Epidemic in Philadelphia: Implementation of the Mayor’s Task Force Recommendations,” City of Philadelphia, January 9, 2019, <https://www.phila.gov/media/20190110101212/The-Opioid-Epidemic-in-Philadelphia.pdf>.

²⁹ Aubrey Whelan, “Safe Injection Sites to Fight Opioid Overdose Deaths Get Green Light from Philadelphia Officials,” Philadelphia Inquirer. (The Philadelphia Inquirer, January 23, 2018), <https://www.inquirer.com/philly/health/addiction/safe-injection-sites-overdose-deaths-opioids-philadelphia-officials-support-20180123.html>.

³⁰ “Frequently Asked Questions: What Is Safehouse?,” Safehouse, 2018, <https://www.safehousephilly.org/frequently-asked-questions#faqgeneral>.

³¹ Jeremy Roebuck and Aubrey Whelan, “U.S. Attorney Sues to Stop Supervised Injection Sites in Philadelphia” Philadelphia Inquirer. (The Philadelphia Inquirer, February 6, 2019), <https://www.inquirer.com/news/supervised-injection-sites-philadelphia-stop-safehouse-us-attorney-opioid-crisis-20190206.html>.

³² Aubrey Whelan, “Supervised Injection Site Supporters Countersue Feds, Saying Their Philly Mission Comes from Religious and Medical Imperatives,” Philadelphia Inquirer (The Philadelphia Inquirer, April 3, 2019), <https://www.inquirer.com/health/supervised-injection-site-religious-beliefs-safehouse-lawsuit-philadelphia-20190403.html>.

operation in Philadelphia would not violate federal law.³³ However, before any successful operation could be implemented in the city, the Justice Department appealed the ruling to the U.S. Court of Appeals for the Third Circuit in Philadelphia, stating: “What Safehouse proposes is a radical experiment that would invite thousands of people onto its property for the purpose of injecting illegal drugs. In our view, this would plainly violate the law...”³⁴ By January of 2021, the Third Circuit would rule that it is a federal crime to open a supervised injection site, noting that “though the opioid crisis may call for innovative solutions, local innovations may not break federal law.”³⁵ In a failed attempt to appeal the Third Circuit’s decision, Safehouse would ultimately be denied a hearing from the Supreme Court by the end of 2021.³⁶

Currently, efforts are being made by both Safehouse and the city of Philadelphia to address the legal issues facing a potential safe injection site within the city limits. While Attorney General Merrick Garland had previously remained silent on the issue, the Justice Department stated that they are “evaluating supervised consumption sites, including discussions with state and local regulators about appropriate guardrails for such sites, as part of an overall approach to harm reduction and public safety.”³⁷ While the current administration’s Justice Department has not commented on the ongoing legal battle over the sites in

³³ “U.S. Department of Justice to Appeal District Court Ruling Regarding Drug Injection Sites,” The United States Department of Justice, February 25, 2020, <https://www.justice.gov/usao-edpa/pr/us-department-justice-appeal-district-court-ruling-regarding-drug-injection-sites>.

³⁴ “U.S. Department of Justice to Appeal District Court Ruling Regarding Drug Injection Sites.”

³⁵ “Appellate Court Agrees with Government That Supervised Injection Sites Are Illegal under Federal Law; Reverses District Court Ruling,” The United States Department of Justice, January 13, 2021, <https://www.justice.gov/opa/pr/appellate-court-agrees-government-supervised-injection-sites-are-illegal-under-federal-law>.

³⁶ Safehouse, Petitioner, v. United States Department of Justice, et al., Respondents. (September 10, 2021).

³⁷ Jennifer Peltz, “Justice Dept. Signals It May Allow Safe Injection Sites,” AP NEWS (Associated Press, February 8, 2022), <https://apnews.com/article/business-health-new-york-c4e6d999583d7b7abce2189fba095011>.

Philadelphia, the Justice Department’s policy shift was followed by the opening of two safe injection facilities in New York City, neither of which have received any pushback from the federal government.³⁸ Since opening, the Associated Press noted that the site has “...intervened in more than 125 overdoses among more than 640 users, many of whom have made multiple visits.”³⁹ This shift is a considerable one as the city and Safehouse look to further appeal the current court ruling and establish a safe injection site within the city.

IV. Policy Proposal

In its current state, the nonprofit organization Safehouse is unable to operate within the Commonwealth of Pennsylvania due to the Third Circuit’s court ruling. As it currently stands, the operation of a safe injection site would violate the federal statute, 21 U.S. Code § 856 (Maintaining a Drug-Involved Premises - “Crack House Statute”) which makes it illegal to knowingly open, lease, rent, or maintain a premises for drug manufacturing, use or distribution.⁴⁰ While it is still being debated in the courts and nongovernmental safe injection sites are unable to operate within the Commonwealth, the City of Philadelphia is still able to take an action that would likely decrease the opioid-related mortality rate, infectious disease transmission rate, and save the city money in its battle against the opioid epidemic. To accomplish this goal, the City of Philadelphia would need to support a city-sanctioned and run

³⁸Jeffery C. Mays and Andy Newman, “Nation’s First Supervised Drug-Injection Sites Open in New York,” The New York Times (The New York Times, November 30, 2021), <https://www.nytimes.com/2021/11/30/nyregion/supervised-injection-sites-nyc.html>.

³⁹ Jennifer Peltz, “Justice Dept. Signals It May Allow Safe Injection Sites,”

⁴⁰ “Frequently Used Federal Drug Statutes.” The United States Department of Justice, May 21, 2020. <https://www.justice.gov/usao-nh/frequently-used-federal-drug-statutes>.

safe injection facility. Doing so would not only save lives and resources but would also be permissible under current federal law.

The financial costs of implementing a government run safe injection site are likely to be minimal in comparison to the money that would be saved by decreasing opioid overdoses, disease transmission, and the subsequent EMS, ambulance, and hospital services required. Further, the facility's role in facilitating treatment programs for at-risk residents would result in less of a financial burden on the city long-term. One study found that the health-benefits associated with opening a safe injection facility (SIF) in the city of Seattle would, "...correspond to a monetary value of \$5,156,019. The annual estimated cost of running the SIF is \$1,222,332. The corresponding cost-benefit ratio suggests that the pilot SIF would generate \$4.22 for every dollar spent on SIF operational costs. The pilot SIF is projected to save the healthcare system \$534,453."⁴¹ Similarly, the financial cost of operating a facility in Philadelphia is estimated to save money, according to the Institute for Clinical and Economic Review.⁴²

V. Policy Authorization Tool

To accomplish this task, Mayor James F. Kenney would need to execute the powers vested to him by the Philadelphia Home Rule Charter to amended Executive Order, 3-18: Opioid Emergency Response.⁴³ This amendment would call for the opening and operation of a city-run

⁴¹ J.E. Hood et al., "The Projected Costs and Benefits of a Supervised Injection Facility in Seattle, WA, USA," *International Journal of Drug Policy* 67 (2019): pp. 9-18, <https://doi.org/10.1016/j.drugpo.2018.12.015>.

⁴² Esther Armbrrecht et al., "Supervised Injection Facilities and Other Supervised Consumption Sites: Effectiveness and Value; Evidence Report." Institute for Clinical and Economic Review, November 13, 2020. <https://icer-review.org/material/supervised-injection-facilities-evidence-report/>

⁴³ James Kenney, "Executive Order, No. 3-18: Opioid Emergency Response," City of Philadelphia, October 3, 2018, <https://www.phila.gov/media/20210602145015/executive-order-2018-03.pdf>.

safe injection facility. The facility should fall under the jurisdiction of the Opioid Emergency Response Group and be managed by the Philadelphia Department of Public Health (PDPH) and the Office of Behavioral Health and Intellectual Disability Services (DBHIDS). Such an executive order amendment is permissible under the Philadelphia Home Rule Charter and would bypass the issues that have arisen in the Third Circuit Court, due to a provision within the Controlled Substances Act (CSA). As noted in the Boston College Law Review, “Buried within the Controlled Substances Act is a provision that confers immunity on federal, state, and local officials who commit federal crimes while enforcing drug laws. The statute provides, in relevant part, that ‘no civil or criminal liability shall be imposed by virtue of this subchapter upon . . . any duly authorized officer of any State, territory, political subdivision thereof, the District of Columbia, or any possession of the United States, who shall be lawfully engaged in the enforcement of any law or municipal ordinance relating to controlled substances.’”⁴⁴ Under such provisions, the city and its duly authorized officers would be permitted to run and operate a safe injection facility. If the proposal is adopted, the city should consider incorporating the following public engagement aspects of a previously introduced Philadelphia Code amendment:

“(a) Any plan to operate a Supervised Injection Site shall be publicized to every resident, business, and institution within a half mile radius of the proposed location at least six months prior to planned operation of such site.

(b) The proposed Supervised Injection Site shall provide a detailed plan of operation to the residents, businesses, and institutions three months prior to holding a public hearing.

⁴⁴ Alex Kreit, “Safe Injection Sites and the Federal ‘Crack House’ Statute,” *Boston College Law Review* 60, no. 2 (February 25, 2019): pp. 442-443.

(c) The hearing must be held at least three months prior to the planned date of operation.”⁴⁵

VI. Policy Implementation Tool

To implement this policy, Mayor James F. Kenney’s administration and the Mayor’s Opioid Task Force would expand upon the already existing “Don’t Take the Risk” media campaign that was launched by the city in 2018.⁴⁶ This media campaign would be revisited and reinstated to better address the city’s opioid epidemic and the positive impact a safe injection facility would have on the city and its residents. The campaign would expand upon previous efforts to raise awareness of the issue and provide short video segments on the risk opioid drugs pose to users. Additionally, the campaign would highlight the safe injection facility’s role in providing a safe place for opioid users to receive care. The campaign’s target audience would focus on three demographics: at-risk residents, opioid users, and non-at-risk residents. For the at-risk residents, the campaign content would include first-person stories of those affected by the opioid epidemic, highlighting the risks involved with using prescribed opioid pain killers. This model was previously used and should be further expanded for the city’s media campaign. The second demographic targeted is that of opioid users. The goal for this component of the media campaign should be to encourage users to receive treatment at the city’s safe injection facility. This message would primarily be communicated by print media and dispersed to neighborhoods with the highest opioid drug usage. Lastly, the third demographic targeted would be non-at-risk

⁴⁵ Philadelphia, PA. Amending Chapter 6-1100 of The Philadelphia Code, entitled "Nuisance Health Establishments," by adding a definition for Supervised Injection Sites, creating a presumption that they are Nuisance Health Establishments and establishing criteria to obtain the support of the community by requiring a hearing before City Council.

⁴⁶ “City Launches ‘Don’t Take the Risk’ Campaign to Prevent Opioid Deaths: Department of Public Health,” City of Philadelphia, February 28, 2018, <https://www.phila.gov/2018-02-28-city-launches-dont-take-the-risk-campaign-to-prevent-opioid-deaths/>.

residents. This groups includes those who are not at risk for using opioid drugs. This message should primarily focus on the fiscal and health benefits of a safe injection facilities for the community. It would also work to damper any skepticism and it should be communicated by trusted city, medical, and media officials. The primary medium used would be public speeches, press releases, and television commercials.

VII. Policy Analysis

The question then arises, how effective would a government run safe injection site be in reducing overall infectious disease transmission and opioid related deaths? A study published in the official publication of the College of Family Physicians of Canada found that "...SISs are associated with lower overdose mortality (88 fewer overdose deaths per 100 000 person-years [PYs]), 67% fewer ambulance calls for treating overdoses, and a decrease in HIV infections. Effects on hospitalizations are unknown."⁴⁷ While the current legality of safe injection sites make it difficult to gather data on a potential site in the United States, the Main Line Health System and Thomas Jefferson University conducted a study to determine the potential impact of a safe injection site or "safe consumption site" in Philadelphia. They found that, "...the infection-related impact associated with a hypothetical SCF in Philadelphia would be:

- between 1 and 18 averted cases of HIV infections annually; and
- between 15 and 213 averted cases of hepatitis C infections annually.

Given the complexity of estimating the potential impact on deaths from drug overdose, we apply two different models from the literature. In the first one, using data from the

⁴⁷ Christy Sutherland, Jennifer Ng, and Michael R. Kolber, "Does Evidence Support Supervised Injection Sites?" *Canadian Family Physician* 63, no. 11 (November 2017), <https://doi.org/PMC5685449>.

Philadelphia Department of Public Health, we estimate that overdose deaths could be reduced by a range 6 Supervised Consumption Facilities--Review of the Evidence between 27 and 48 each year. In the second model, we estimate the potential of averted deaths from drug overdose to be between 24 and 76 annually."⁴⁸ While the findings do not conclusively deal with the city's high opioid related death and infectious disease rates, the evidence does suggest that it would have a positive impact.

While only recently new within the United States, safe injection sites have been successfully operating in other countries. One facility in Vancouver, Canada known as Insite has been the subject of more than thirty research studies in several peer-reviewed journals. A report prepared by the Urban Health Research Initiative of the British Columbia Centre for Excellence in HIV/AIDS found that, "The first several years of evaluation have yielded an array of scientific outputs, including more than 30 peer-reviewed studies describing the program's impacts. These publications indicate that Insite provides a range of benefits to its clients and the greater community, including a reduction in public injecting, lower levels of HIV risk behaviors (e.g., syringe sharing), and an increase in uptake of addiction treatment among the facility's clients. Furthermore, studies seeking to identify potential harms of the facility found no evidence of negative impacts. Studies were independently peer-reviewed and published in top scientific periodicals, including the *New England Journal of Medicine*, *The Lancet* and the *British Medical Journal*."⁴⁹ One study also noted that Insite's effectiveness has been "consistent with

⁴⁸ Sharon Larson et al., "Supervised Consumption Facilities – Review of the Evidence" (Philadelphia, PA: Main Line Health Center, 2017), pp. 6-7.

⁴⁹Urban Health Research Initiative. "Findings from the Evaluation of Vancouver's Pilot Medically Supervised Safer Injection Facility – Insite," British Columbia Centre for Excellence in HIV/AIDS (Vancouver Coastal Health and the Canadian Institutes of Health Research, June 2009), <https://www.bccsu.ca/wp-content/uploads/2016/09/insite-report-eng.pdf>.

the experience of over two dozen European settings where SIF exist, and more recently Sydney, Australia.”⁵⁰

Similar concerns are often raised about safe injection sites’ efficiency. As previously mentioned, a cost-benefit analysis of a safe injection site was found to save money according to the Institute for Clinical and Economic Review.⁵¹ Their study analyzed the potential impact of safe injection facilities and syringe-service programs in six major U.S. cities. They found that cities that operate safe injection facilities and safe-syringe programs save more lives and money than that of cities like Philadelphia that only administer a safe-syringe program, as recorded in the chart below:

Outcome	Boston			Philadelphia		
	SIF+SSP	SSP-Only	Incremental	SIF+SSP	SSP-Only	Incremental
Total Cost	\$2,261,000	\$6,270,000	-\$4,009,000	\$1,896,000	\$5,796,000	-\$3,899,000
Annual Cost of Facility	\$2,153,000	\$1,641,000	\$511,300	\$1,794,000	\$1,433,000	\$361,500
Ambulance Costs	\$7,100	\$411,400	-\$404,400	\$6,600	\$383,400	-\$376,800
ED Visit Costs	\$46,600	\$1,947,000	-\$1,901,000	\$46,600	\$1,947,000	-\$1,901,000
Hospitalization Costs	\$54,300	\$2,270,000	-\$2,215,000	\$48,600	\$2,032,000	-\$1,983,000
Overdose Deaths	9	13	-3	43	58	-15
Ambulance Rides	14	787	-773	14	787	-773
ED Visits	14	564	-551	14	564	-551
Hospitalizations	6	271	-264	6	271	-264

ED: emergency department, SIF: supervised injection facility, SSP: syringe service program

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⁵⁰ Evan Wood et al., “Methodology for Evaluating Insite: Canada’s First Medically Supervised Safer Injection Facility for Injection Drug Users,” *Harm Reduction Journal* 1, no. 1 (2004): p. 9, <https://doi.org/10.1186/1477-7517-1-9>.

⁵¹ Armbrecht, *Supervised Injection Facilities*, ES14.

⁵² Armbrecht.

As referenced in the chart above, the annual cost of a safe injection site is almost four million dollars cheaper than operating only a syringe service program when factoring in the medical costs associated with opioid related overdoses and infections. The figures also highlight the significant amount of attention needed from medical personnel due to opioid related incidents, occupying emergency departments, ambulances, and hospitals. Similar conclusions were made in the previously mentioned study conducted by the Mainline Health System and Thomas Jefferey University. Their findings for a hypothetical safe injection site in one of Philadelphia’s hardest hit neighborhoods included:

- “Reduced costs related to hospitalization for skin and soft tissue infections (SSTI) are estimated to be between \$1,512,356 and \$1,868,205 per year.
- We estimate the total value of overdose deaths averted is between \$12,462,213 and \$74,773,276 annually.
- Our estimates for the impact on health care costs annually are:
 - a reduction of \$123,776 from ambulance costs,
 - \$280,683 savings from a reduction in hospital emergency department utilization, and
 - \$247,971 savings from reduced hospitalizations.”⁵³

The most significant finding of the study is that of the estimated total value of overdose deaths averted, a model that was conducted by analyzing the expected rate of overdose death reduction within a five-hundred-meter radius of the hypothetical site. It is important to note that while these studies point to safe injection sites being financially efficient, the financial cost

⁵³ Larson et al., “Supervised Consumption Facilities – Review of the Evidence”, pp. 7.

cannot be totally quantified as the above listed models are hypothetical. Further, a government run facility could pose additional costs when factoring in the administrative steps and the personnel needed to implement a safe injection site as a government facility. These costs could be difficult to allocate from the city's public health budget, which only saw a 2% growth in fiscal year 2022.⁵⁴ However, the recently issued five-year plan made a commitment to invest time and resources into combating the city's opioid epidemic. The proposal suggests that "FY23 will see the continuation of the critical work of the Opioid Response Unit to spearhead our multi-departmental effort and strengthen the City's ability to address the ongoing opioid crisis across the city. We will invest \$5.5 million, and \$17 million over the Five-Year Plan, to maintain low-barrier emergency and permanent housing services for people who have been chronically homeless and have Opioid Use (or other substance) Disorders, plus an additional \$5.1 million in FY23 to support services and safety in Kensington."⁵⁵

It is important to note that if the city were to implement this policy there is always a potential for legal push-back from police agencies, the state, or the federal government. By implementing this policy through local ordinance, the city would need to ensure that there is sufficient financial capital for any potential litigation it'll likely face. The process of litigation would also result in a considerable time delay as well.

A crucial component of efficiency is that of time. Given the safe-injection site's extensive legal history in the courts, it is likely that a significant amount of time would be required to handle any potential litigation in the courts. Further, stakeholder buy-in would be crucial to the

⁵⁴ James F. Kenney, "The Mayor's Operating Budget in Brief for Fiscal Year 2022," Office of the Controller, April 2021, <https://www.phila.gov/media/20210414133527/FY22-Budget-in-Brief-Proposed-FINAL.pdf>.

⁵⁵ Office of the Director of Finance, "Mayor Proposes Fiscal Year 2023 Budget and Five-Year Plan," City of Philadelphia, March 2022, <https://www.phila.gov/2022-03-30-mayor-proposes-fiscal-year-2023-budget-and-five-year-plan/>.

facility's success and would require a considerable amount of time to plan, develop, and execute an educational media campaign. One study found that of those surveyed, only 29% of respondents supported safe injection sites.⁵⁶ An article published in the *American Journal of Public Health* noted that "If SIFs are to be tested in the United States, state authorization is desirable if not absolutely necessary, and would itself be a political challenge. Once approved by a state or local government, there would still be the question of winning federal support or at least tacit acceptance. Implementation of SIFs in this country will therefore require careful planning and a sustained political effort. The US experience with syringe exchange programs, — as well as the SIF experience in Australia and Canada—suggests that progress will be slow and will depend on: activists willing to push the agenda, public officials willing to exercise leadership, researchers able to present authoritative findings, and proponents who effectively mobilized resources and worked to build community coalitions, using persistent but nonadversarial advocacy."⁵⁷ As noted above, the time needed to implement a government run safe injection site would be a considerable drawback and require careful planning that could span several years.

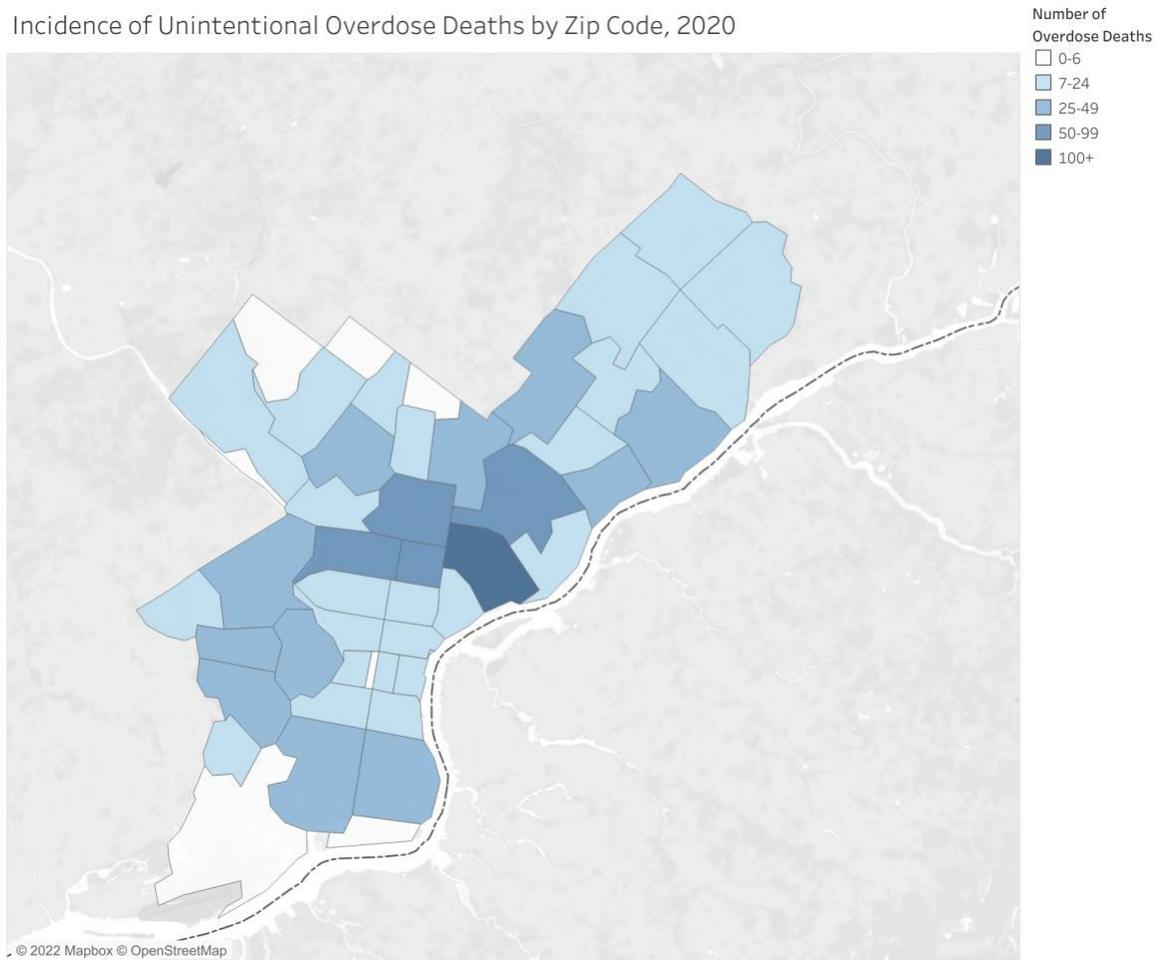
Another aspect to consider is the question of equity. The most recent data compiled by the city's Medical Examiner's Office found that the opioid overdose rate disproportionately impacted non-Hispanic white and black males. The city's Department of Public Health noted that, "Prior to 2002, unintentional overdose deaths were highest among non-Hispanic white Individuals. However, in 2020 the number of overdoses among non-Hispanic Black individuals

⁵⁶ Colleen L. Barry, Susan G. Sherman, and Emma E. McGinty, "Language Matters in Combatting the Opioid Epidemic: Safe Consumption Sites versus Overdose Prevention Sites," *American Journal of Public Health* 108, no. 9 (2018): pp. 1157-1159, <https://doi.org/10.2105/ajph.2018.304588>.

⁵⁷ Leo Beletsky et al., "The Law (and Politics) of Safe Injection Facilities in the United States," *American Journal of Public Health* 98, no. 2 (2008): pp. 231-237, <https://doi.org/10.2105/ajph.2006.103747>.

increased 29%, while the number of overdoses among non-Hispanic white individuals decreased 10%. The shift in demographics first occurred in the second quarter of 2020.”⁵⁸ Their findings also show that the city’s highest opioid overdose deaths disproportionately take place in the 19134-zip code and the surrounding area as shown below:

Incidence of Unintentional Overdose Deaths by Zip Code, 2020



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The question then arises, where should a facility be established to ensure that the highest impacted populations have access to treatment. A mathematical study published in the

⁵⁸ Philadelphia Department of Public Health, “Unintentional Overdose Deaths,” Substance Use Philly, 2021, <https://www.substanceusephilly.com/unintentional-overdose-deaths>.

⁵⁹ Philadelphia Department of Public Health, “Unintentional Overdose Deaths.”

Harm Reduction Journal found that an opioid user's proximity to a safe-injection site or as they refer to it an "overdose prevention site" (OPS), directly corresponds to the user's likelihood of using the facility. The researchers conducted this study based on a hypothetical facility placed in the 19134-zip code and found that, "...the proposed site is more likely to benefit White opioid users as they represent over 80% of fatal overdoses that occurred within 1.5 miles of the proposed OPS (even though only 69.7% of fatal overdoses are in the White population). Similarly, the site also disparately benefits Hispanic opioid users as they represent over 30% of fatal overdoses that occur within 1.5 miles of the proposed site (even though only 12.8% of fatal overdoses are in the Hispanic population)."⁶⁰ Based on their findings, the researchers suggested that cities looking to implement safe-injection sites should consider "introducing more than one site and distributing sites equally across neighborhoods with different racial and demographic characteristics would have the broadest public health impact."⁶¹

VIII. Political Analysis

This raises a larger question, namely what does public support for safe injection sites look like? On the national level, a 2018 poll conducted by researchers at Johns Hopkins Bloomberg School of Public Health found that on average, Americans viewed the sites negatively.⁶² The study noted that "Twenty-nine percent of Americans supported legalizing safe consumption sites and 39% supported legalizing syringe services programs. Respondents

⁶⁰ Joanna R. Wares et al., "Predicting the Impact of Placing an Overdose Prevention Site in Philadelphia: A Mathematical Modeling Approach," *Harm Reduction Journal* 18, no. 1 (2021), <https://doi.org/10.1186/s12954-021-00559-4>.

⁶¹ Joanna R. Wares et al., "Predicting the Impact of Placing an Overdose Prevention Site in Philadelphia: A Mathematical Modeling Approach."

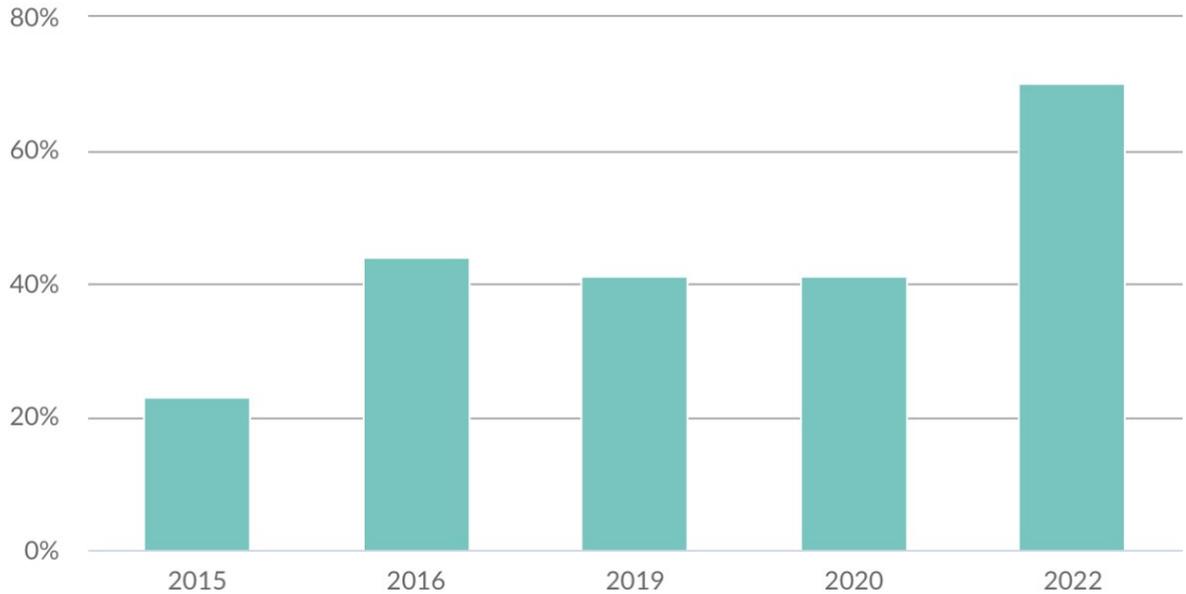
⁶² Emma E. McGinty et al., "Public Support for Safe Consumption Sites and Syringe Services Programs to Combat the Opioid Epidemic," *Preventive Medicine* 111 (February 23, 2018): pp. 73-77, <https://doi.org/10.1016/j.ypmed.2018.02.026>.

reported high levels of stigmatizing attitudes toward people who use opioids: 16% of respondents were willing to have a person using opioids marry into their family and 28% were willing to have a person using opioids start working closely with them on a job, and 27% and 10% of respondents rated persons who use opioids as deserving (versus worthless) and strong (versus weak).⁶³ The study also noted that higher stigmatization toward opioid users resulted in lower levels of support for safe injection site facilities. However, this study was conducted to determine the public support level on the national level and is not necessarily reflective of public support within the city of Philadelphia. Recent polls suggest 70% of city residents view crime, drugs, and public safety as the most important issue facing the city of Philadelphia, a sharp increase from only 23% in 2015 as shown in the chart below:

⁶³ Emma E. McGinty et al., "Public Support for Safe Consumption Sites and Syringe Services Programs to Combat the Opioid Epidemic."

Percentage of Philadelphians Mentioning Crime, Drugs, and Public Safety as the Most Important Issue Facing the City

Sharp increase from 2015 to 2022



Note: Polls were not conducted in 2017, 2018, and 2021, so data is not available for those years.

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A number of factors may have contributed to the data referenced above. In addition to the city's opioid problem, the city is also currently its highest homicide and shooting victim rates since the 1960s.⁶⁵ Additionally, the data cannot account for whether respondents view safe injection sites as a solution to or contributor to the city's drug problem. However, the data does point to the city's growing concern over its worsening drug problem. The Pew Charitable Trusts also polled resident's opinion on whether they approve of a safe injection site in the city and the

⁶⁴ "Pew Poll: Gun Violence, Covid-19 Have Hit Philadelphians Hard," The Pew Charitable Trusts, April 6, 2022, <https://www.pewtrusts.org/en/research-and-analysis/issue-briefs/2022/04/pew-poll-gun-violence-covid19-have-hit-philadelphians-hard>.

⁶⁵ "Pew Poll: Gun Violence, Covid-19 Have Hit Philadelphians Hard."

respondents were nearly split with 50% of respondents approving, 44% opposed to it, and 6% offering no opinion.⁶⁶ The survey also noted that, “support for such a site was high among those who have lived in Philadelphia 10 years or less (73 percent) and 18- to 29-year-olds (62 percent). Those ages 50-64 and African Americans were most likely to oppose the idea (56 and 51 percent, respectively).”⁶⁷

Interestingly, support for safe injection sites is largely determined by the way in which the questions are phrased, and the facilities are described. The above listed data was collected by prompting respondents with the following question: “Philadelphia is considering creating a safe site where opioid users could take their drugs under medical supervision. Is this something you favor or oppose?”⁶⁸ Compared with a similar poll conducted by the Philadelphia Inquirer in which 67% of respondents were opposed and only 22% were in favor when asked, “Should the city of Philadelphia designate an area where those who wish to inject themselves with illegal drugs are allowed to do so, free from the risk of arrest?”⁶⁹ The difference in level of support based on language and description was highlighted in a recent publication of the journal of *Criminology & Public Policy*, in which it was found that the main driver behind public support of safe injection sites was the label used to describe the facility.⁷⁰ The study compared the level of

⁶⁶ “Crime, Drugs, Public Safety Are the Issues That Matter Most to Philadelphians in 2019,” The Pew Charitable Trusts, May 1, 2019, <https://www.pewtrusts.org/en/research-and-analysis/articles/2019/05/01/crime-drugs-public-safety-are-the-issues-that-matter-most-to-philadelphians-in-2019>.

⁶⁷ “Crime, Drugs, Public Safety Are the Issues That Matter Most to Philadelphians in 2019.”

⁶⁸ “Poll Results,” The Pew Charitable Trusts, 2019, <https://www.pewtrusts.org/-/media/assets/2019/05/toplines-philadelphia-poll-report.pdf>.

⁶⁹ Abraham Gutman, “Where Philadelphia Stands on Supervised-Injection Sites, per Two Polls: Opinion,” (The Philadelphia Inquirer, May 6, 2019), <https://www.inquirer.com/opinion/commentary/supervised-injection-sites-philadelphia-opioid-overdose-public-opinion-pew-20190503.html>.

⁷⁰ Kelly M. Socia et al., “Focus on Prevention: The Public Is More Supportive of ‘Overdose Prevention Sites’ than They Are of ‘Safe Injection Facilities,’” *Criminology & Public Policy* 20, no. 4 (December 8, 2021): pp. 729-754, <https://doi.org/10.1111/1745-9133.12566>.

support for the facilities at both the local and national level when the terms “safe injection facilities” vs. “overdose prevention sites” were used. The study noted that, “...support for these facilities at both the national and local levels was dramatically higher when they were called OPSs, rather than SIFs. However, framing the effects of these facilities using either a crime control or a public health frame did not significantly change support levels compared to not providing any information, nor were there significant interaction effects.”⁷¹

Ensuring public support is vital if the policy is to be enacted. Previous attempts to open a safe injection site resulted in not only public outcry, but also considerable city council opposition.⁷² The frustration and opposition was largely a result of poor planning and communication on the part of Safehouse, the nonprofit organization working to open the facility. Once Safehouse received confirmation that a facility could be opened, the group announced that they would open a facility in South Philadelphia and not in the city’s greatest impacted neighborhood of Kensington. Additionally, the group made the announcement without any community engagement efforts, a decision that confused and shocked many. In response, both the Kenney administration and Safehouse faced significant criticism from residents, business owners, community groups, and a legislative attempt to amend Title 6 of the Philadelphia Code by the City Council.⁷³ The amendment called for safe injection sites to be classified as a “Nuisance Health Establishment,” multiple public hearings before opening a

⁷¹ Kelly M. Socia et al., “Focus on Prevention: The Public Is More Supportive of ‘Overdose Prevention Sites’ than They Are of ‘Safe Injection Facilities.’”

⁷² Sean Collins Walsh, “Philadelphia City Council Helped Corral Opposition to the Country’s First Supervised Injection Site” (The Philadelphia Inquirer, February 28, 2020), <https://www.inquirer.com/politics/philadelphia/philadelphia-supervised-injection-site-city-council-20200227.html>.

⁷³ Nina Feldman, “Legislation to Prevent Philadelphia Supervised Injection Sites Advances,” WHYY (WHYY, March 10, 2020), <https://whyy.org/articles/bill-to-prevent-supervised-injection-sites-from-opening-in-philly-advances/>.

facility, and would have to receive the approval of the Council and “...90% (later brought down to 80%) of the residents, businesses, and institutions within the one mile radius of the facility.”⁷⁴

While not enacted, the amendment received significant support from the City Council and any attempt to establish a government-run safe injection site today would likely result in Council scrutiny or opposition.

The City Council isn’t alone in their scrutiny and opposition toward safe injection sites. The state’s Attorney General, Josh Shapiro has been a vocal critic of safe injection sites, stating that “...a ‘safe injection site’ presents significant public safety concerns, and changes in state and federal law would need to occur for these sites to operate legally.”⁷⁵ Similarly, Governor Wolf has also taken a firm stance on safe injection sites, reiterating his opinion during a recent visit to Kensington in September of 2021, stating that he’s “...not convinced by supporters who argue that such facilities have been shown to decrease overdose deaths.”⁷⁶ Despite his stance on safe injection facilities, Governor Wolf continues to commit his administration’s resources to combatting the opioid epidemic and has been a vocal supporter of various harm-reduction strategies.⁷⁷

Arguably the greatest opinion shift regarding safe injection sites has been that of the Justice Department under President Biden’s administration. As previously stated, the Justice

⁷⁴ Philadelphia, PA. Amending Chapter 6-1100 of The Philadelphia Code, entitled "Nuisance Health Establishments," by adding a definition for Supervised Injection Sites, creating a presumption that they are Nuisance Health Establishments and establishing criteria to obtain the support of the community by requiring a hearing before City Council. 6-1100 - Nuisance Health Establishments. 2020.

⁷⁵ Michael Nedelman, “Philadelphia Pursues Drug Injection Sites,” CNN Health, January 24, 2018, <https://www.cnn.com/2018/01/24/health/philadelphia-supervised-injection-sites/index.html>.

⁷⁶ Jack Tomczuk, “Wolf Tours Kensington, Calls for Renewed Focus on Opioids,” Metro Philadelphia, September 16, 2021, <https://metrophiladelphia.com/wolf-tours-kensington-calls-for-renewed-focus-on-opioids/>.

⁷⁷ “Governor Tom Wolf,” Governor Tom Wolf, October 27, 2021, <https://www.governor.pa.gov/newsroom/wolf-administration-highlights-need-to-expand-access-to-life-saving-harm-reduction-services/>.

Department's current stance on the matter is that they are "...evaluating supervised consumption sites, including discussions with state and local regulators about appropriate guardrails for such sites, as part of an overall approach to harm reduction and public safety."⁷⁸ This is a considerable shift from the Trump administration's stance which argued that such facilities violated federal law. Perhaps the greatest testament to the Justice Department's policy shift is their silence regarding New York City's authorization of two safe injection sites in Manhattan. Despite opening in November of 2021, the facilities have received no legal push-back from the Justice Department and the Associated Press noted that, "in their first three months, the sites in upper Manhattan's East Harlem and Washington Heights neighborhoods halted more than 150 overdoses during about 9,500 visits — many of them repeat visits from some 800 people in all."⁷⁹ Other states including Rhode Island, New Mexico, New Jersey, California, and Illinois have all had bills introduced to legalize safe injection sites.⁸⁰

There are several factors to consider when implementing a policy to establish a government-run safe injection site. First, there's not a clear consensus among the city's populace as to whether they support safe injection sites. However, the data does point to a slight majority of those in support of it, and Philadelphians overwhelmingly see the city's drug, crime, and public safety problems as the most important issues facing the city. If safe injection sites can be destigmatized and rebranded using language such as overdose prevention sites, it is likely that the city could further increase public support for the facilities. Secondly, the majority

⁷⁸ Jennifer Peltz, "Justice Dept. Signals It May Allow Safe Injection Sites,"

⁷⁹ Jennifer Peltz, "A Look inside the 1st 'Safe Injection Sites' in the US ...," U.S. News, March 22, 2022, <https://www.usnews.com/news/health-news/articles/2022-03-09/they-make-sure-you-dont-die-inside-nycs-drug-use-sites>.

⁸⁰ Aubrey Whelan, "As U.S. Overdose Deaths Soar, Rhode Island Legalizes Supervised Injection Sites. Philly's Effort Remains in Limbo." (The Philadelphia Inquirer, July 19, 2021), <https://www.inquirer.com/health/opioid-addiction/supervised-injection-site-rhode-island-philadelphia-20210719.html>.

of opposition from the City Council came in response to Safehouse’s failure to engage in community outreach before opening a facility. However, this policy proposal seeks to satisfy the previous demands of the city council by implementing the public engagement aspects of the previously introduced Philadelphia Code amendment, which states:

“(a) Any plan to operate a Supervised Injection Site shall be publicized to every resident, business, and institution within a half mile radius of the proposed location at least six months prior to planned operation of such site.

(b) The proposed Supervised Injection Site shall provide a detailed plan of operation to the residents, businesses, and institutions three months prior to holding a public hearing.

(c) The hearing must be held at least three months prior to the planned date of operation.”⁸¹

Incorporating these aspects of the Code amendment would not only ensure sufficient community outreach but would also work to partially satisfy the requests of the City Council. One of the greatest challenges in implementing this proposal would be the legal challenges it could face. As previously stated, the Third Circuit ruled that it is a federal crime to open a safe injection site. Despite there being a provision within the Controlled Substances Act which would allow for a municipally run facility, there is still a potential for legal pushback. However, recent policy shifts and the inaction of the Justice Department under President Biden’s administration

⁸¹ Philadelphia, PA. Amending Chapter 6-1100 of The Philadelphia Code, entitled "Nuisance Health Establishments," by adding a definition for Supervised Injection Sites, creating a presumption that they are Nuisance Health Establishments and establishing criteria to obtain the support of the community by requiring a hearing before City Council.

suggests that the department may not pursue further action against an effort to establish a safe injection site within the city.

IX. Recommendation

There is a significant amount of evidence to support the argument that safe injection sites prevent opioid related deaths and disease transmissions. Further, studies have suggested that a safe injection facility in Philadelphia would save money, finding that the estimated the total value of deaths averted to be "...between \$12,462,213 and \$74,773,276 annually."⁸² Despite the benefits associated with implementing this proposal, I am recommending against implementing a city-run safe injection facility.

While I am confident that a city-run safe injection facility would have a positive impact on the opioid epidemic in the city of Philadelphia, the potential legal and political consequences associated are too significant to ignore. As it currently stands, the Third Circuit Court ruled that opening a safe injection facility would be in direct violation of federal law. While it is true that a provision within the Controlled Substances Act could permit the operation of a government-run facility, there is currently no legal precedent to support using the provision to do so. Further, while the Justice Department under President Biden has been largely silent in response to New York City's first safe injection sites, there is no guarantee that the Justice Department will support or accommodate a government-run facility in Philadelphia. Additionally, Governor Wolf and his administration have not changed their position on safe injection facilities and would

⁸² Larson et al., "Supervised Consumption Facilities – Review of the Evidence", pp. 7.

likely not support a city-run facility in Philadelphia. As such, there is potential for severe legal consequences if the city were to implement this proposal.

The potential legal consequences are not the only concern. As previously stated, public support for safe injection sites in Philadelphia is only around 50% of city residents.⁸³ While studies suggest that this is largely based on the stigmatization of opioid users, a considerable amount of work would need to be done to raise the percentage of public support among city residents. Likewise, the stigmatization of opioid users is of particular importance as many Philadelphians fear worsening crime in the city. While studies suggest there is little-to-no connection between increased crime and safe injection sites, many assume that the facilities will increase crime in the surrounding areas.⁸⁴ This concern over a safe injection site's presence within the community was previously raised when a facility was to be opened in South Philadelphia. The concern of residents and business owners led to the City Council introducing legislation that would make it nearly impossible for a future facility to open and received overwhelming support from Council members.⁸⁵ Should this policy be implemented; it would likely receive a similar reaction from both the public and the City Council.

As such, I cannot recommend implementing this proposal at this time. However, it is important to note that a safe injection facility would likely have a positive impact in the City of Philadelphia. If the legal and political concerns subside, a safe injection facility should be reevaluated as potential tool for combatting the city's opioid epidemic.

⁸³ "Crime, Drugs, Public Safety Are the Issues That Matter Most to Philadelphians in 2019."

⁸⁴ Jonathan P. Caulkins, Bryce Pardo, and Beau Kilmer, "Supervised Consumption Sites: A Nuanced Assessment of the Causal Evidence," *Addiction* 114, no. 12 (2019): pp. 2109-2115, <https://doi.org/10.1111/add.14747>.

⁸⁵ Nina Feldman, "Legislation to Prevent Philadelphia Supervised Injection Sites Advances."

X. Curriculum Vitae

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Travers was born in Miami, Florida in 1994 and currently resides in Philadelphia, PA. He received his Bachelor of Arts in Religion and Cultural Studies from the University of Central Florida in 2018.