

Understanding supervised safe injection sites

August 29 2022, by Ellen Mbuqe



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This week, California Governor Gavin Newsom vetoed a bill that would have allowed supervised injection sites in the state. The legislation would have allowed supervised injection sites to operate in Los Angeles, San Francisco and Oakland through the end of 2027, "providing a hygienic space supervised by trained staff where people who use drugs can consume pre-obtained drugs."

Newsom said in a letter to the state Senate that he was concerned about "the unlimited number of safe injection sites that this bill would authorize," as they "could induce a world of unintended consequences."

For reporters covering stories about supervised injection sites and the ongoing addiction epidemic, please see comments from Syracuse University professor and addiction expert Dessa Bergen-Cico.

Bergen-Cico is a Professor in the Department of Public Health, Coordinator of the Addiction Studies program and faculty in the Interdisciplinary Neuroscience Program at Syracuse University. She has also been studying and teaching about [addiction](#) and supervised injection sites for many years.

Bergen-Cico provided some answers to common questions on the issue.

Q: As someone who has studied addiction, what have you seen with the supervised drug-use sites?

A: I have quite a bit of experience with safe [injection](#) sites and safe drug consumption facilities. I've been studying these facilities and programs since 2007 across Europe and used to teach an SU Abroad course that took students to visit these facilities in the Netherlands.

Q: Can they be part of a public health plan to reduce overdoses?

A: Yes these are based in public health harm reduction. These sites not only save lives but they greatly reduce public nuisance, open drug scenes, used needles and disease spread and perhaps most importantly they provide a point of contact between chronic [drug](#) users and health care staff and [social workers](#).

Q: Do they encourage drug use?

A: No, they do not encourage [drug use](#). Data does not indicate this—these are not social clubs and are more akin to a medical facility.

Q: What do politicians need to understand about these places?

A: Site visits to existing facilities by [law enforcement](#), politicians, and public health professionals are essential for understanding how these programs work. In the Netherlands, where these were first implemented, they were proposed by police because otherwise the police spent all their time rearresting people who were chronically addicted and using drugs in [public spaces](#) and causing problems for public health and safety. Establishing these facilities keeps people who are homeless and chronically using drugs in a safe centralized location and the quality of life for the surrounding communities greatly increased; overdoses declined; HIV and Hepatitis C dropped significantly.

Provided by Syracuse University

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