



# Supervised Injection Facilities: Recommendations for Action

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America's opioid epidemic continues to cause unprecedented overdose deaths and fuel increases in new cases of hepatitis B and C, and HIV. According to the CDC, in 2016 over [64,000 people died of accidental overdose](#) and over [60% of new hepatitis C cases](#) and approximately [10%](#) of new HIV cases were related to injection drug use. [From 2004-2014 there was a 400% increase in acute hepatitis C among 18-29-year olds that is correlated with dramatic increases in heroin and prescription opioid injection.](#) Overall, among people who inject drugs, [prevalence of HCV is estimated to be as high as 80%](#). Hepatitis B is also increasing as a result of the opioid epidemic. [From 2006-2013 the number of new hepatitis B infections in three states \(Kentucky, Tennessee, and West Virginia\) increased among young PWID by 114%.](#) In terms of scale of the opioid crisis, recent numbers from SAMHSA indicate that in 2015, [11.8 million people misused prescription opiates or heroin and 2.4 million, or 20%, of those met diagnostic criteria for an opioid use disorder.](#) This leaves millions of people actively using opioids and at risk of overdose and HIV and HCV transmission while not yet engaged in or ready for treatment.

As the nation grapples with how to effectively respond to these epidemics, NASTAD urges policymakers, public health and safety leaders, and impacted communities to embrace a comprehensive approach to end these intersecting epidemics. As one element of a comprehensive strategy, NASTAD supports Supervised Injection Facilities (SIFs) as an important, evidence-based, intervention. These programs operate with legal sanction in 10 countries and number well over 100 worldwide. SIFs have been shown to [reduce HCV/HCV transmission risks](#) and [link participants to testing, infectious disease treatment, medication-assisted treatment, and physical and behavioral health services.](#) [Studies of SIFs have shown that they do not lead to increases in drug use, frequency of injection, or levels of drug-related crime while effectively reducing overdose death and occurrence.](#)

We recognize that stakeholders may have differing roles in these efforts. Herein, we outline potential avenues to support these lifesaving programs and opportunities for engagement and education among various stakeholder groups.

## RECOMMENDED ACTIONS

### NASTAD recommends that Health Departments:

- Become familiar with literature and evidence surrounding SIFs and provide community education on the role of SIFs as an effective element of a comprehensive response
- Consider the health department role in, and potential for, implementing SIFs in your jurisdiction
- Provide data on overdose deaths, hepatitis B and C, HIV, and injection drug use to community partners
- Become familiar with and support SIF advocacy efforts by providing data and technical assistance
- Evaluate SIFs as they are implemented
- Work with local law enforcement to increase support of SIF programs
- Adopt policies to support SIF implementation and other harm reduction efforts such as syringe service programs

### NASTAD Urges Elected Officials and Policymakers to:

- Advocate for legislation and legal exemptions to allow for, and fund, SIFs and other harm reduction interventions
- Consult health departments and other resources on current research and evidence surrounding SIF programs
- Work with local law enforcement to increase support of SIF programs
- Meaningfully engage communities impacted by the opioid crisis, hepatitis B and C, and HIV in discussions and decision-making processes

### NASTAD Encourages Community-Based Organizations and Advocates to:

- Utilize health departments and other stakeholder groups as a resource for SIF campaign support, monitoring and evaluation, and referral sources
- Consider including health department representatives in coalitions and other efforts that support SIFs
- Partner with health departments to increase awareness among policymakers, law enforcement, and community members on the benefits of SIFs and other harm reduction interventions