City of Philadelphia

REPORT ON EXPLORATORY SITE VISITS FOR COMPREHENSIVE USER ENGAGEMENT SITE (CUES)

Prepared by: Brian Abernathy, Eva Gladstein, Thomas Farley, David Jones

January 22, 2018

SCOPE OF THE PROBLEM

We are facing a crisis in overdose deaths in Philadelphia and around the country. In 2016, more than 63,000 people in the United States died of drug overdoses, more than triple the number of fatal drug overdoses in 2000. In Philadelphia, this growth has been particularly stark over the last several years: fatal drug overdoses doubled in just four years, from 459 deaths in 2013 to 907 deaths in 2016. In 2017, the City expects to see approximately 1,200 drug overdose deaths. By comparison, Philadelphia's rate in 2015 of 46.8 drug overdose deaths per 100,000 residents far outpaced other large cities, such as Chicago (15.4) and New York City (11.2). Approximately 80 percent of drug overdose deaths in Philadelphia involve opioids, including prescription opioids, heroin, and fentanyl. The increasing presence of fentanyl, a potent synthetic opioid pain medication that is 50 to 100 times stronger than morphine, is contributing to overdose fatalities. In 2016, fentanyl was found in 412 drug overdose decedents in Philadelphia, a sharp increase from nine deaths in 2012.

Approximately 14,000 people were treated for opioid use disorder in Philadelphia's publicly funded system in the 12-month period from October 2015 through September 2016. The patients actively seeking and participating in care still represent only a fraction of those with opioid use disorder, including those who use heroin and those in need of treatment. The City, including the Philadelphia Department of Public Health and the Department of Behavioral Health and Intellectual disAbility Services, is using several approaches to reduce opioid overdoses. These include working with health insurers and hospital systems to address over-prescribing of prescription opioids by physicians; increasing outreach and access to Medication-Assisted Treatment; developing "warm hand-offs" from Emergency Departments and the EMS system so that someone who has recently overdosed is connected as quickly as possible to treatment; distributing naloxone (the opioid overdose antidote) to first responders, people who use drugs and community members; providing "low-barrier" housing options that do not require sobriety, and many other efforts.

SUPERVISED INJECTION SITES/COMPREHENSIVE USER ENGAGEMENT SITES

In January 2017, Mayor Jim Kenney formed the Mayor's Task Force to Combat the Opioid Epidemic in Philadelphia with the charge of developing a comprehensive and coordinated plan to reduce opioid use disorder and its associated morbidity and mortality in Philadelphia, including a report of findings and recommendations for action for the mayor. The report, issued in May 2017, outlined 18 recommendations in the areas of prevention and education; treatment; overdose prevention; and criminal justice system issues. Recommendation #13 called for the City to explore the development of one or more Comprehensive User Engagement Sites (CUES), on a pilot basis, in which essential services are provided to reduce substance use, the harms associated with substance use, and fatal overdose (including referral to treatment and social services, wound care, medically supervised drug consumption, and access to sterile injection equipment and naloxone) in a walk-in setting.

Supervised Injection Sites (SIS) have a long record of success in reducing the health and social harms of drug use among persons injecting heroin and other drugs. SIS have been in operation since 1988, beginning in Europe and extending to Australia and Canada. The continuing rise in opioid overdoses, now driven in part by highly dangerous fentanyl products, has brought new salience to supervised consumption as a potentially valuable intervention in the U.S. With the assistance of a grant from the Robert Wood Johnson Foundation, the City has commissioned a report (titled *Supervised Consumption Facilities – Review of the Evidence)* on the harm reduction potential of supervised injection sites in Philadelphia that will be issued in January 2018. Specifically, the report reviews existing evidence on supervised injection sites and uses local data to estimate the potential reduction in overdose deaths, new HIV and hepatitis C infections, and health care utilization as a result of a CUES. The report concludes that SIS have been shown to:

- Reduce overdose deaths, disease transmission (including HIV and hepatitis C), injection-related infections, and other adverse health outcomes associated with drug use;
- Serve as an access point for drug and alcohol treatment, medical services, social services, and housing services that in turn reduce the burden on the Emergency Departments, Police and Fire; and
- Improve perceived public order and neighborhood safety by reducing public drug consumption and improper disposal of drug use equipment.

The report also uses other cities' experience to make estimates about the potential impacts of a CUES in Philadelphia. The report's authors estimate that in Philadelphia, each year a CUES that saw about 2,000 unique visitors a month would prevent:

- 24 to 76 deaths from drug overdose;
- 1 to 18 cases of HIV infection; and
- 15 to 213 cases of hepatitis C infection.

In addition, the City sent a delegation to the cities of Vancouver, British Columbia and Seattle, Washington in November 2017 to study similar facilities and efforts in those cities. Participants from the City of Philadelphia included:

- Brian Abernathy First Deputy Managing Director
- Anthony Boyle, Chief, Narcotics Unit, Philadelphia Police Department (Vancouver only)
- Thomas Farley, Commissioner of the Department of Public Health (PDPH) (Vancouver only)
- Eva Gladstein, Deputy Managing Director, Health and Human Services
- Jeffrey Hom, Policy Advisor, PDPH (Seattle only)
- David Jones, Commissioner of the Department of Behavioral Health and Intellectual disAbility Services (DBHIDS)
- Roland Lamb, Deputy Commissioner, DBHIDS (Seattle only)
- Adam Thiel, Fire Commissioner
- Dennis Wilson, Deputy Commissioner, Philadelphia Police Department (Seattle only)

We were joined on the Vancouver visit by Katherine Hempstead, Senior Adviser to the Executive Vice President, Robert Wood Johnson Foundation. The group met with health and human service and public safety officials in Vancouver, British Columbia and Seattle, Washington. Sites visited included research facilities; supervised injection sites; overdose prevention sites; low-barrier housing facilities; needle exchanges; and medical clinics. In Vancouver, supervised injection sites have been in use for more than ten years, while in Seattle, the city is in the planning stages.

VISIT OBSERVATIONS

The City representatives made the following observations from these site visits:

SIS AS PART OF A CONTINUUM

- Supervised injection sites of many types were well integrated into Vancouver's overall approach to opioid addiction and overdose. The original supervised injection site (Insite), which opened approximately a decade ago, continues to operate in a storefront in the downtown neighborhood with the greatest concentration of injection drug use. More recently, in response to the increase in overdose deaths involving fentanyl, additional sites for supervised injection have opened in respite centers, homeless shelters, medical clinics, and in extremely low-barrier "overdose prevention sites" in a variety of structures, both temporary and permanent, staffed with peers instead of medical personnel.
- CUES should not only be viewed as harm reduction – a safe place to inject or use drugs, but an opportunity to engage the user with other services. The close nexus between providing access to low-barrier housing resources and engaging participants in treatment and services was clear in both Seattle and Vancouver.
- Advocates in Vancouver emphasized the value of maintaining easy access to the site by drug users, rather than unnecessarily "medicalizing" the service in a way that deters use. Conversely, Seattle government officials seemed focused on a formal setting to allow collection of data and appropriate controls.

REDUCING FATAL OVERDOSES

- The various supervised injection sites manage many drug overdoses, but to date none reports any fatal overdoses. Often, overdoses are managed without the use of naloxone.

LAW ENFORCEMENT AND COMMUNITY PERSPECTIVES

- Supervised injection sites were one part of a broader harm reduction strategy that included safe disposal of needles, peer-to-peer outreach and needle exchange.
- The need for good communication and coordination between health and public safety officials was evident in both cities. There is widespread support for harm reduction, including supervised injection, among Vancouver City officials, including the Chief of Police. At the same time, there is recognition that supervised injection facilities do not reduce crime. These sites are seen as part of a fatality-prevention strategy, not a crime-prevention strategy. In Seattle, a lack of recent communication between health officials and police (due to personnel changes) was expressed as a concern.
- In Vancouver, the widespread support for harm reduction did not occur overnight but took concentrated efforts to communicate the benefits, a community outreach strategy and consistent advocacy. A similar process is underway in Seattle, where the public are encouraged to learn more about safe consumption sites and the evidence behind them at the "Yes to SCS" website (http://www.yestoscs.org).

ROLE OF LOCAL GOVERNMENT

- Legal structures and political dynamics in Vancouver and Seattle differ from each other and from Philadelphia, leading to different models.

    - In Vancouver, SIS are operated by non-profit providers and largely funded by the Provincial government with the City's support. Providers advocated for a model that was less formal and bureaucratic to reduce barriers to access.
    - In Seattle, the City intends to use a state law that provides broad powers in a health emergency to open a SIS. The City, rather than a nonprofit organization, will open and manage the site. This initiative enjoys broad support from their Council and Mayor. Local officials emphasized that because the City is running it as a pilot, they recognize the need for it to be a more formal, medical/clinical environment that will support their ability to evaluate the pilot.

RECOMMENDATIONS

While the focus of this effort was an exploration of the potential development of Comprehensive User Engagement Sites in Philadelphia, the learnings apply to other areas of the Mayor's Task Force Report on Opioids, such as prevention/education and criminal justice, and community concerns. Thus, we offer several sets of recommendations.

COMPREHENSIVE USER ENGAGEMENT SITE

Taking into account the learnings from the trips, as well as the findings of the *Supervised Consumption Facilities –Review of the Evidence* report, we conclude that the development of one or more CUES is a harm reduction strategy, that taken together with multiple other strategies identified in the Opioid Task Force Report, will move our City forward in addressing the opioid crisis by saving lives and reducing the public disorder caused by open air drug use. While we recognize that City government is not well positioned to develop the capacity to directly operate or fund the site with the speed that this crisis requires, we recommend that the City act now to actively encourage the creation of one or more CUES by taking on the following functions:

- convening interested stakeholders;
- working with elected officials to conduct community education and engagement activities at the citywide and neighborhood level;
- identifying funding sources.

The City can potentially help in other ways such as reviewing potential sites, and supporting wrap-around services at the site.

Access to addiction services, treatment on demand, benefits and other social service programs, housing options or counseling, and crisis intervention services are key to engaging those using the site. Careful consideration should be given to the degree to which medical staff are necessary and to the functions that could be carried out by peers.

We understand that while crime is not associated with CUES in other cities, site security, neighborhood impact and the potential predators that may prey on users will all be issues that deserve significant attention. CUES will raise additional concerns on the part of residents and businesses. Careful consideration of those concerns in partnership with stakeholders will be important.

OTHER HARM REDUCTION SERVICES

The City should seek to expand other harm reduction services. In Seattle, we observed that multiple sites offered needle-exchange programs, thereby reducing barriers to this critical life-saving service. We should consider expanding needle exchange to health centers and shelters, particularly to address the surge in hepatitis C that we are seeing. This could also provide additional locations to distribute naloxone, the life-saving antidote for opioid overdoses.

NEIGHBORHOOD ENVIRONMENT IMPROVEMENTS

The City should consider additional programs to reduce litter in neighborhoods of high outdoor drug usage, such as: deploying a team of peers who are trained to pick up needles and to use naloxone; providing small grants for community organizations to clean corridors, and installing manufactured sharps boxes for disposal in strategic areas.

TREATMENT

Philadelphia should continue to explore how to mitigate the effects of detox. There is a recognition that the risk of overdose is higher should someone leave a detox or abstinence program. DBHIDS is currently studying overdoses among individuals who have recently completed detox in an abstinence program. The results of this analysis will inform communications with the DBHIDS provider community about the role of medication assisted treatment (MAT) in avoiding overdoses.

CRIMINAL JUSTICE

Philadelphia should increase coordination between law enforcement and service providers. Seattle's efforts at linking service providers and law enforcement has broken down barriers and fostered respect and understanding of different perspectives. Replicating some of the structures that Seattle created – monthly operational meetings that include law enforcement and service providers, co-sponsored policy groups, etc. - could have long-term benefits. Philadelphia has a new opportunity for this collaboration with PPD's new Assisted Diversion program based on Seattle's LEAD program. This program is meant to allow PPD to transport individuals suffering with addiction to a designated service provider rather than arrest the individual.

ADDITIONAL OPPORTUNITIES TO LEARN FROM OTHER CITIES

This report was generated based upon approximately six months of work, but the scourge of the opioid epidemic is such that constant attention is needed to track data, research best practices, and ask critical questions to advance our work on this issue. One mechanism to enhance our opportunity to learn is to be able to share information on a real-time basis with other large US cities that are exploring supervised injection facilities. The ability to learn from peer cities is key. The City should consider asking a health-related philanthropy to fund staff to create and maintain a learning collaborative.

CONCLUSION

SIS have been proven to be effective in other cities at reducing deaths, infectious diseases, and outdoor drug use. Philadelphia's fatal overdose rate is the worst in the nation among large cities. The Mayor's Task Force to Combat the Opioid Epidemic recommended Philadelphia consider a SIS structured as a CUES—with a specific focus of not only reducing deaths, but increasing the opportunity for engagement in treatment services. The expert report commissioned by the City estimates that a CUES could save as many as 75 lives per year. The City should actively encourage potential private funders and service providers to establish one or more CUES in Philadelphia, adding an additional important tool to the City's efforts to address the largest public health crisis the City has seen in a century.