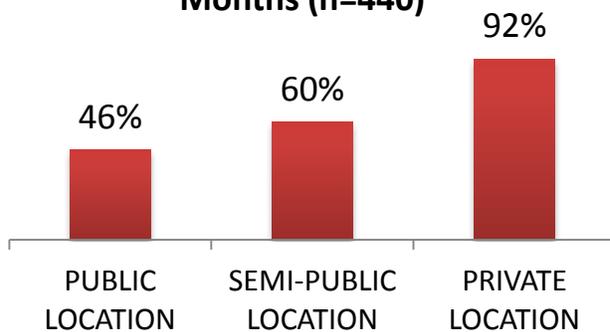


Public Injection Drug Use among NYC Harm Reduction Participants

Public injection drug use has individual health, social, and legal implications, as well as consequences to the community as a whole.¹⁻² For example, people who inject in public locations (such as parks) or semipublic locations (such as abandoned buildings and shooting galleries) are two to five times more likely than those who inject in private residences to share syringes and other paraphernalia, leading to increased risk of blood-borne diseases such as hepatitis C and HIV.³

Reported Locations of Injection Drug Use by Type in the Past 3 Months (n=440)



“ As a former nurse and injection drug user, I know public injection is a problem. In my own experience, I've had staph and MRSA infections because I didn't have a safe, clean place to inject. People injecting in public are forced into isolated areas, and when people finally do find a "safe" space everyone goes, shares equipment, it's outside of mainstream society-- a breeding ground for disease, crime, death and rape . . . People would use [safer injection facilities] and word would spread quickly. We need them and people who care. ”

-Patty, syringe exchange program participant

Public: street, park, subway/bus/train, stairwell, telephone booth

Semi-Public: abandoned building, public bathroom, shooting gallery, car/other vehicle, SEP bathroom, hospital, methadone clinic, shelter

Private: own home, friend or family's home, hotel room

Who is injecting in public and semi-public locations and why does it matter?

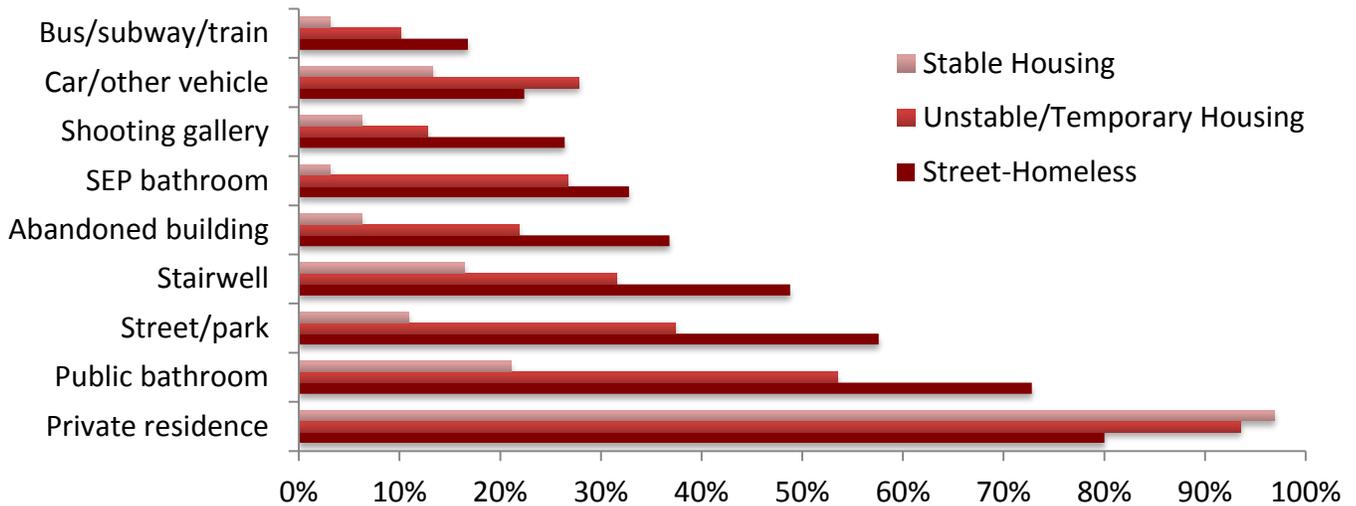
- ✓ **One third of harm reduction program participants reported injecting drugs in the past 3 months;** the majority were male (72%), Latino (54%), and over the age of 40 (64%)
- ✓ **Public injectors were almost twice as likely to have been arrested or incarcerated in the past year compared to people who do not inject drugs in public**
- ✓ Participants who inject drugs were more likely to report being street-homeless; **those who were street-homeless were 9.2 times more likely to report injecting drugs in a street or park and 8.2 times more likely to inject in a public bathroom**
- ✓ More than a quarter (27%) of people who inject drugs reported reuse of at least one type of drug preparation paraphernalia in the past 3 months (syringes, cookers, cotton); **public injectors were 4.1 times more likely to report reuse of drug paraphernalia, which is implicated in hepatitis C and bacterial infections**
- ✓ **Participants who use heroin were 2.5 times more likely to report injecting in a non-residential location compared to other types of drug use**
- ✓ **Public and semipublic injectors are twice as likely to have overdosed in the past year compared to those who inject in only in private residences;** participants who had reported injecting in a public location such as a street, park, bus or subway were 62% more likely to have witnessed an overdose in the past year

¹ Beletsky, L., Heller, D., Jenness, S. M., Neaigus, A., Gelpi-Acosta, C., & Hagan, H. (2014). Syringe access, syringe sharing, and police encounters among people who inject drugs in New York City: a community-level perspective. *International Journal of Drug Policy*, 25(1), 105-111.

² Hagan, H., Pouget, E. R., & Des Jarlais, D. C. (2011). A systematic review and meta-analysis of interventions to prevent hepatitis C virus infection in people who inject drugs. *Journal of Infectious Diseases*, 204(1), 74-83.

³ Rhodes, T., Kimber, J., Small, W., Fitzgerald, J., Kerr, T., Hickman, M., & Holloway, G. (2006). Public injecting and the need for 'safer environment interventions' in the reduction of drug-related harm. *Addiction*, 101(10), 1384-1393.

Reported Locations of Injection Drug Use in the Past 3 Months by Housing Status (n=440)



Policy & Program Recommendations

- Public injection increases the risk of fatal overdose, disease transmission, and compromises public safety through improperly discarded injecting equipment. Measures to prevent injection in locations where people who inject drugs receive services, such as policies for limiting bathroom access at syringe exchange programs, are not effective at reducing drug use⁴ and increase risk by inadvertently encouraging drug use in streets and parks where community members could be exposed to discarded syringes.
- Programs serving people who inject drugs should adopt policies and procedures to reduce health and public order risks related to injection drug use or improperly discarded injection equipment. Steps such as integrating syringe disposal containers, instituting monitoring systems, training staff members to respond to on-site overdose and improperly discarded paraphernalia, and maintaining accessible naloxone onsite are crucial first steps in reducing the consequences associated with public injection.
- Individual and community-level health risks would be reduced by implementing supervised injection facilities (SIFs) in New York City. SIFs operate in at least 66 cities in ten countries around the world. Numerous scientific studies have demonstrated that they decrease HIV, hepatitis C, and fatal overdose,⁵ reduce publicly discarded syringes and other public disorder,⁶ and increase access to drug treatment and other supportive services.⁷
- The criminalization of people who use drugs and the housing and homelessness crisis in New York City are root causes of public injection drug use.⁸⁻⁹ Access to affordable housing, especially for currently homeless people, and integrated supportive services including mental and behavioral health care, are key components to reducing the prevalence of public injection drug use and its effects.

⁴ Crabtree, A., Mercer, G., Horan, R., Grant, S., Tan, T., & Buston, J. A. (2013). A qualitative study of the perceived effects of blue lights in washrooms on people who use injection drugs. *Harm Reduction Journal*, 10, 22.

⁵ International Drug Policy Consortium. (2012). Drug Consumption Rooms: Evidence and Practice. Retrieved from <http://idpc.net/publications/2012/06/idpc-briefing-paper-drugconsumption-rooms-evidence-and-practice>

⁶ Dagmar, H., Kerr, T., & Dubois-Arber, F. (2010). Chapter 11: Drug consumption facilities in Europe and beyond. In *Harm reduction: evidence, impacts and challenges* (pp. 305-331). Lisbon: European Monitoring Centre for Drugs and Drug Addiction.

⁷ Tyndall, M. W., Kerr, T., Zhang, R., King, E., Montaner, J. G., & Wood, E. (2006). Attendance, drug use patterns, and referrals made from North America's first supervised injection facility. *Drug and alcohol dependence*, 83(3), 193-198.

⁸ DeBeck, K., Wood, E., Qi, J., Fu, E., McArthur, D., Montaner, J., & Kerr, T. (2012). Socializing in an open drug scene: The relationship between access to private space and drug-related street disorder. *Drug and alcohol dependence*, 120(1), 28-34.

⁹ Linton, S. L., Celentano, D. D., Kirk, G. D., Mehta, S. H. (2013). The longitudinal association between homelessness, injection drug use, and injection-related risk behavior among persons with a history of injection drug use in Baltimore, MD. *Drug and alcohol dependence*, 132(3), 457-465.