Exploring Stakeholder Perceptions of Safe Injection Facilities as a Harm Reduction Method to Combating the Opioid Crisis in North Carolina

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Abstract

Despite significant efforts to curtail the impact of the opioid epidemic, overdose deaths continue to grow exponentially across the United States (Ahrnsbrak et al., 2017). With 22 of the top 25 cities for opioid abuse in the Southeastern United States, including 4 in North Carolina alone, it is crucial to consider new and innovative interventions in the political context of the South to effectively combat the negative effects of this crisis (Knopf, 2017). Safe injection facilities are a harm reduction method that have been proven to decrease the likelihood of drug overdose and connect injection drug users to reliable healthcare information in other countries, but they have yet to launch in the United States due to social and legal obstacles (Small et al., 2008). Using in-depth interviews with public health officials, medical providers, and law enforcement officers across North Carolina, I explored the potential benefits and concerns that key stakeholders have concerning the potential implementation of safe injection facilities in response to the opioid crisis. Interviews were audio-recorded with consent, transcribed, and coded by hand for thematic analysis to identify prevailing claims, concerns, and challenges associated with the implementation of SIFs in North Carolina. By using the themes and related information collected in this study, public health workers, legislators, and policy advocates can make informed decisions about how to effectively and efficiently pass policy that benefits the overall health and safety of injection drug users and the general population in North Carolina.

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Introduction

Despite significant efforts to curtail the impact of the opioid epidemic, overdose deaths in the United States continue to grow at rates far above those in other countries (Lopez, 2017). With approximately 52,000 drug overdose deaths in 2015, the opioid epidemic remains a major public health crisis (Lopez, 2017). Historically, many interventions, such as prescription monitoring and pharmacy lock-in programs, have focused on addiction prevention. Alternatively, harm-reduction methods, defined as interventions that reduce the negative consequences of a problem rather than prevention, can help prevent accidental overdose in the population of those that are addicted. In particular, safe injection facilities (SIFs) are a harm reduction approach that aims to decrease opioid overdose by providing a medically supervised environment where drug users can consume illicit drugs intravenously (Small et al., 2008). SIFs help decrease the likelihood of drug overdose by providing sterile injection equipment, reliable drug and healthcare information, and quick access to medical staff in the case of an emergency (Hedrich, 2004).

The threat of political backlash hinders the implementation of SIFs in the United States. Critics of SIFs often prefer to direct taxpayer dollars towards interventions focused on addiction prevention and treatment, and claim that SIFs would exacerbate the overall issue by enabling drug abuse and normalizing illicit substances (Elliot, Malkin, Gold, 2002). This argument has prevented the adoption of SIFs in the United States, despite significant evidence of their efficacy and effectiveness in other countries. Due to the politically volatile climate surrounding this topic, it is important for policymakers to consider all of the involved stakeholders before implementing such an intervention.
Few stakeholder analyses of safe injection facilities have been published, and fewer are focused on the political environment in the Southeastern United States, which has 22 of the top 25 cities in America for opioid abuse. Moreover, North Carolina has four cities from this list, including the number one city (Knopf, 2017). Thus, implementing SIFs across the Southeast could vastly decrease the rate of overdose deaths caused by opioid abuse. Due to the lack of agreement in which strategies to implement, it is important to critically examine the stakeholders that would be involved in this specific region to determine the feasibility and efficacy of implementing such an intervention. This stakeholder analysis is crucial to determine if potential positive effects can outweigh opposing political repercussions.

**Research Question**

By analyzing qualitative data from interviews with medical providers, law enforcement officials, public health advocates, and health policy experts, I will address the following questions:

- What claims and concerns do various stakeholders express about the use of SIFs as a harm reduction method?
- What are the challenges that limit the feasibility of implementing SIFs for the use of opioid users in the state of North Carolina?
Background

The opioid epidemic is one of the largest public health problems ever experienced in the United States. Over the past 2 decades, this epidemic has grown at unprecedented rates, with the consumption of hydrocodone increasing by more than 200% and 500%, respectively, between 1999 and 2011 (Kolodny et al., 2015). The Substance Abuse and Mental Health Services Administration estimated that almost 12 million Americans misused opioids in 2016, with almost 1 million of those being heroin users (Ahrnsbrak et al., 2017). Furthermore, the rate of overdose death related to opioid pain relievers quadrupled during this time frame, which coincided with a 900% increase in people seeking treatment for addiction to opioid pain relievers between 1997 and 2011 (Kolodny et al., 2015). These striking increases in opioid consumption and related deaths has led to what the Center for Disease Control (CDC) has labeled the “worst drug overdose epidemic in [US] history” (Paulozzi 2010, p. 47).

Additionally, the total economic burden of the opioid crisis is estimated to be $78.5 billion, with costs directly linked to fatalities from opioid overdose estimated at $21.5 billion (Florence et al., 2016). This economic burden is mostly borne by the government on local, state, and federal levels, with an estimated 25% of the economic burden being funded by public sources (Florence et al., 2016). As a result, society is paying dearly for the opioid epidemic, through increased health care costs and insurance premiums, forgone productivity and tax revenue, and social programs aimed at treating substance abuse.

In North Carolina, the opioid epidemic has been particularly destructive. North Carolina is home to four of the top 25 cities for opioid abuse in America as determined by the percentage of prescription holders who abuse, including Wilmington and Hickory, which are ranked number 1 and 5, respectively (Knopf, 2017). Throughout the state, there are approximately 3 opioid
overdose deaths, 9 related hospitalizations, 12 related emergency room visits, 1,140 instances of opioid misuse, and 25,500 opioid prescriptions dispensed every day (NC State Center for Health Statistics, 2016). The number of unintentional opioid deaths in North Carolina has increased 10-fold since 1999, with heroin and other synthetic narcotics being involved in over half of these cases in 2016 (NC State Center for Health Statistics, 2016). As the opioid crisis continues to facilitate greater utilization of injection drug use, the public safety of North Carolina’s citizens is jeopardized by the increased crime (Small et. al., 2007), violence (Haynes, 2015), hepatitis and HIV cases (Metz, Sullivan, Jones, 2018), loss of productivity (Birnbaum et. al., 2011) and incapacitated driving (Searle, 2017) that are associated with these behaviors. The consequences of this crisis create a major financial burden, with the CDC estimating the total cost of the opioid crisis to North Carolina at over $1.3 billion in 2015 alone (CDC WISQARS, 2010). Ultimately, the opioid epidemic results in three major consequences for North Carolina and its citizens: increased morbidity and mortality connected to prescription opioids and related drug use, negative externalities and societal risks that harm public safety, and an overwhelming economic burden that is largely borne by public funds.

While most public health professionals agree on the severity of the opioid epidemic, there is much debate about how to best respond to this crisis. This debate can be broken into three
categories of solutions: addiction prevention, treatment, and harm reduction (Hawk, Vaca, D’Onofrio, 2015). Each of these solutions aims to tackle a different aspect of the crisis and alleviate the consequences of increased morbidity and mortality, decreased public safety, and increased financial burden as summarized in Figure 1. More specifically, harm reduction methods center around individuals who are already addicted, with a focus on eliminating the consequences of the opioid crisis and increasing the quality of life for addicts (Marlatt et al., 2011). These methods are primarily controversial because do not directly prevent addiction from occurring, nor directly provide treatment, and they involve extensive policy changes that involve exceptions in criminal law for addicts.

One harm reduction method that has been creating extensive dialogue in public health spheres for over two decades are safe injection facilities (SIFs). SIFs are medically supervised facilities that provide a secure, hygienic place for injection drug users (IDUs) to self-administer previously obtained illicit drugs with healthcare providers on hand to intervene in the event of any complications or overdose (Small et al., 2008). Additionally, SIFs serve as a link to healthcare and health education for IDUs who are more likely to lack important preventative healthcare resources due to barriers from cost, transportation, stigma, and discrimination (Small et al., 2008). These facilities are currently found in a handful of large cities throughout Europe, Canada, and Australia, with no legally sanctioned SIF currently operating in the United States.

Since many IDUs lack sterile injection equipment or an innocuous place for injecting, SIFs are essential to providing a secluded environment for IDUs to avoid public injection and administer drugs outside of public parks or department store restrooms, and to receive helpful, reliable healthcare information. Additionally, SIFs are even more important when considering the stigma IDUs face from law enforcement, resulting in an increased anxiety that deters IDUs
from following safe, hygienic injection practices (Small et al., 2006). This fear of the criminal justice system discourages IDUs from utilizing needle exchange programs, resulting in increased syringe sharing and improper syringe disposal (Small et al., 2006). All of these factors increase the risk of infectious disease transmission and fatal overdose, despite the wide availability of needle exchange programs and initiatives to distribute naloxone for reversing the onset of overdose. This environment of fear among IDUs increases the risks from public injection, which acts as a significant barrier to maintaining public safety and controlling crime (Small et al., 2007). Thus, local officials must consider small-scale harm reduction interventions, such as SIFs, that do not compromise the health and safety of IDUs and the general public.

As a harm reduction method, SIFs have been shown to reduce the negative consequences of injection drug use associated with the opioid crisis, including reductions in needle/syringe sharing (Kerr et. al., 2005 & Stolz, Wood, Small, 2007) public injecting and publicly discarded syringes (Wood, Kerr, Small, 2004, Thein et. al., 2005, & Kerr et.al., 2007) overdoses (Hedrich, 2004) and increased enrollment in drug treatment (Wood, Tyndall, Zhang, 2006) without increases in relapse rates (Kerr, Stolz, Tyndall, 2006) or drug related crime (Wood et. al. 2006). IDUs have an increased risk of fatal overdose and transmission of blood borne infections, and this is only exacerbated by the social and legal factors that work against IDUs (Fairbairn et al., 2008). Through SIFs, IDUs have increased access to healthcare resources, including addiction treatment, which has been shown to decrease their risky health behaviors and improve their health outcomes (Small et al., 2008). Despite this evidence, SIFs are fiercely debated due to their facilitation of illicit substance use by IDUs.

As with any controversial issue, it is necessary to consider all involved parties using a stakeholder analysis. This technique developed out of business management practices as a
method of attending to “any group or individual who can affect or is affected by the achievement of an organization’s objectives” (Bryson 2004, p. 46). This tool is used to answer questions about the position, influence, and invested interests of stakeholders on a particular issue, and to understand the decision-making process that stakeholders utilize in a specific context (Brugha and Varvasovszky, 2000). This is particularly important for public health organizations, and can be critical in launching an intervention by distinguishing potential allies from prospective threats. Stakeholder analysis has been a fundamental part of implementing many controversial public health interventions in the past, including needle exchange programs for IDUs (Philbin and FuJie, 2014), wide-spread availability of contraceptives (Petruney et al., 2010), and mandatory vaccine programs (Nodulman et al., 2015).

In the case of SIFs, stakeholders are defined as any person, group, or organization that is affected by or has influence over the implementation and operation of an intended SIF. This includes government officials, pharmacists, health care providers, IDUs, local public health organizations, drug treatment providers, law enforcement personnel, and community leaders. By conducting qualitative interviews with these stakeholders, we can map the dialogue surrounding SIFs in North Carolina and explore the feasibility and acceptance of this intervention as a method of reducing opioid-related harm. Due to the scale of the opioid epidemic and its consequences, we must consider controversial harm reduction interventions such as SIFs as a possibility to reduce the overall harm and cost to society. By conducting a stakeholder analysis, we will examine the position, influence, and interests of all involved parties and begin to understand the potential benefit of SIFs and how these compare to their disadvantages. From this understanding, public health leaders can make decisions about the political possibility of SIFs and how to further proceed with developing their structure, position, and promotion.
**Methods**

**Research Design and Data Source**

Using in-depth qualitative interviews conducted from February 2018 - March 2018, with 8 key stakeholders -- legal professionals, public health officials, law enforcement personnel, and medical providers -- I explored the current dialogue and acceptability of safe injection facilities for the purpose of reducing drug-related harm in North Carolina. These groups were identified as stakeholders based on their influence and interaction with drug related policy and injection drug users. To ensure a diverse array of perspectives and understanding of acceptability of safe injection facilities in this region, I used a targeted sampling method adapted from the Rapid Policy Assessment and Response (RPAR) techniques for interviewing two levels of stakeholders, experts and interactors, across three concentrations -- public health, policy, and treatment. RPAR techniques were first developed as a legal analysis that uses empirical data to evaluate how structural factors can impact local-level public health interventions (Burris & Lazzarini, 2006).

**Participants and Sampling Methods**

Upon identification of an initial list of experts and informants, each interviewee was approached with an explanation of the study. After obtaining informed consent, each individual was then asked background questions to assess key demographics, such as education level, age, and gender. The interviews themselves were semi-structured, with a focus on general opinions and awareness of IDUs and the opioid crisis, barriers and limitations to safe injection facilities and other harm reduction methods, and implementation recommendations (Appendix A). Interventions-specific questions were prefaced with definitions and explanations in an effort to standardize the minimum level of understanding for each participant. In each interview, potential
candidates for future interviews were solicited and snowball sampling was used to further explore critical stakeholders and experts. These interviews were conducted telephonically to maximize convenience, accessibility, safety, and comfort for the participants.

**Data Analysis Methods**

Interviews were approximately 30 minutes long, and digitally recorded. These recordings were destroyed after being transcribed and coded to ensure anonymity. To reflect the new information found during the study, content analysis was conducted simultaneously with interviewing and interview guides were adjusted accordingly. A thematic analysis was conducted in an adapted style of that created by Guba and Lincoln (1989), categorizing themes into claims, concerns, and challenges that stakeholders express. Claims identified assertions that stakeholders held about favorable aspects of the program, concerns characterized assertions regarding unfavorable aspects of the program, and challenges represented potential occlusions to reconcile before successful implementation of the program (Guba and Lincoln, 1989). The data identified general themes concerning harm reduction in North Carolina, the acceptability of safe injection facilities, barriers and limitations foreseen by stakeholders, and implementation suggestions. The transcripts of the interviews were hand-coded, and a codebook was created with key themes and concepts. These concepts were used to identify the general claims, concerns, and perceived challenges of each stakeholder in relation to safe injection sites.

**Limitations**

As with other stakeholder analyses and snowball sampling studies, this study has the strength of adaptation, and aims to characterize the dynamic environment around self-injection sites. As a result, a limitation of this study is that many interviewees have limited knowledge
about safe injection facilities, or harm reduction and the opioid crisis in general, which made it difficult for them to form fully informed and thoughtful opinions about the issue. Since a brief description was provided in the interview, these results may more effectively characterize the initial reactions to stakeholders rather than their fully formed opinions. Additionally, this study was limited by the number of stakeholders that could be interviewed with the resources at hand, as well as by which stakeholders were willing to speak about such a politically contentious issue, and therefore may not be fully representative of the population in North Carolina.

**Ethical Considerations**

Since this study is concerned with the use of illicit substances and injection drug users, there are ethical concerns with maintaining anonymity and privacy of individuals who consent to being interviewed. Every measure was taken to protect the privacy of individuals and de-identify their responses so they would be free of any emotional, legal, or social repercussions. The Institutional Review Board at the University of North Carolina at Chapel Hill reviewed and exempted this study.
Results

The eight stakeholders interviewed consisted of 4 expert level and 4 interactor level participants. As described in Figure 2, their professions included public health advocacy and operations (n=3) and health policy law (n=1) as expert level stakeholders, as well as local law enforcement (n=2) and emergency medical services (EMS) (n=2) composing the interactor level stakeholders. Despite the different professions of the participants, they were all familiar with the basic consequences of the opioid crisis in relation to North Carolina, with some varying degrees of knowledge into specific local consequences and comparisons on a national level. They all expressed awareness of harm reduction methods and many of the participants have spent significant time in their professional careers interacting with the North Carolina Harm Reduction Coalition. In relation to perceived benefits and concerns surrounding safe injection facilities, attitudes were assessed for each stakeholder group in regards to three main areas: claims, concerns, and challenges. In regards to these themes, claims represent the perceived benefits and factors that support the implementation of SIFs, concerns characterize the worries that these stakeholders hold, and challenges signify the hurdles that are currently obstructing a clear path towards the possible implementation of SIFs within North Carolina.

Figure 2: Stakeholder Groups
Claims

*SIFs are Effective at Promoting Health and Safety for IDUs*

All of the public health experts interviewed demonstrated extensive knowledge and personal experience with SIFs, and were adamant that SIFs achieve their designed goals of improving public safety and reducing morbidity and mortality amongst injection drug users. They referenced peer reviewed research that informed these claims, and demonstrated familiarity with the positive effects that SIFs have had in communities outside of the United States.

“We know that the highest risk of overdose is when you’re actually consuming the drug, so if you can be in a place where if you do overdose, it’s not gonna lead to overdose death—that’s a good thing. That’s what they are designed to do, that’s what they do—the evidence is overwhelming.”

–Health Policy Lawyer

“I think if it was purely based off of scientific merits, then there wouldn’t even be a conversation about this.”

–Public Health Advocacy Organization Staff Member

These opinions were echoed in the interviews with law enforcement officials, as well as EMS providers. While both groups demonstrated less knowledge on the secondary benefits of SIFs, many indicated confidence in their effectiveness for decreasing mortality, with one EMS provider stating “no one has ever died at a safe injection or safe consumption center.” They also expressed understanding in the consistency with harm reduction philosophy and other harm reduction methods, despite the presence of personal comfort with the intervention.

“I understand the science behind safe injection sites and how that can be a good thing, but like I still am like, “I don’t know man, it’s kind of weird.” I think you’d get that gamut of opinions across law enforcement.”

–Law Enforcement Officer

*SIFs are Effective at Improving Public Safety*

Law enforcement officers focused on potential benefits of SIFs for public safety, primarily including the effects of decreasing public intoxication and publically discarded
syringes. These opinions were influenced by personal anecdotes on the job that primarily involved the harm or increased harm of innocent bystanders as a result of IDU behavior.

“People who are using are gonna try to find places to use and often times leave behind byproducts of that use. So, the potential there for a child to come in contact with that needle or anyone else for that matter is one of concern. So immediately when you talk about safe injection facilities, I think about maybe that reduces the number of encounters at a McDonald’s bathroom.”

–Law Enforcement Officer

While EMS providers did not express as much familiarity with public safety benefits of SIFs, the theme of effectiveness towards improving public safety was reflected in the responses of many of the public health experts. These perceived benefits were influenced by peer reviewed research on both underground SIFs in the United States and legally operating SIFs abroad, resulting in “decreased public nuisance and injection in the public domain,” “decreased HIV and hepatitis,” and “decreased crime in the public domain.”

“Most importantly, it will decrease drunk driving and inebriated driving. So, in cities which are being hard hit by traffic fatalities and traffic injuries related around drug use, what a fabulous thing to do and help people not use while in motor vehicles, and not use in parking lots and drive off because you can medically check people.”

–Public Health Advocacy Organization Staff Member

*Common Sense Policy*

Despite differing comfort with the possibility of SIF implementation, members from each of the four stakeholder groups expressed understanding of how SIFs fit into the overall harm reduction philosophy and spoke to how much it aligned with common sense. This idea of common sense policy was more comfortable for the public health advocates and the EMS providers who expressed more familiarity with harm reduction, but it was also present in the responses of law enforcement despite clear discomfort with the concept of medically supervised and legally-authorized injection drug use.

“With safe injection facilities, the benefits are amazing—it’s just common sense.”
“I think the safe injection idea is a logical pretty big step forward—but also a logical extension of those other philosophies…To me, the idea of administering narcan to someone is not that different from having medical supervision while someone uses, and those things are not philosophically very far apart in my head.”

—Law Enforcement Officer

*SIFs Demonstrate Compassion and Humanity*

Another common claim that several public health experts and EMS providers expressed is the idea that SIFs are an intervention that demonstrate humanity and compassion towards IDUs. This theme primarily focuses on SIFs as a way to show support to those that are in the throes of addiction, and to demonstrate concern for the lives of this vulnerable population. This epidemic has had a major effect in close-knit rural communities, where everyone has been directly impacted by the crisis, and SIFs are an intervention that can rebuild a ravished community by demonstrating compassionate care.

“I think when you humanize healthcare, it can become incredibly fulfilling as a provider, but it also is incredible for the patient to feel like they’re cared for. And I think the nature of IV drug use, most of these folks are very disenfranchised, with their social support networks, and I think trying to reconnect them to that becomes really an essential part of their recovery.”

—EMS Provider

“Now in a lot of rural communities, which I think have had an undue burden of the opiate epidemic, the people who are dying are people who everybody know. So, I think there will be a shocking amount of support [for SIFs] in some of the rural areas and conservative jurisdictions because that’s where everybody grew up together and they’re sick of seeing their loved ones die.”

—Public Health Advocacy Organization Staff Member

“It’s just a hotbed of harm reduction down here [in North Carolina], and people are really engaged and they want to work, and they want to save lives…harm reduction is treating people with dignity and respect, that’s the golden rule—do unto others as you’d have others do unto you.”

—Public Health Advocacy Organization Staff Member

“The majority of people who are injecting drugs would prefer not to be, if there was a way that they could—and it’s a really, really hard transition and you need people you are
going to treat you like a human being, [which is a foundational belief of harm reduction and SIFs].”

–Health Policy Lawyer

**Concerns**

*SIFs Stifling Treatment*

One of the primary concerns expressed in the interviews across stakeholder groups is the concern that SIFs would become a substitute to implementing treatment interventions which increase access to medication assisted treatment. While these stakeholders viewed SIFs as a necessary piece of the puzzle for solving the opioid crisis, they were not convinced that SIFs were the most impactful intervention. Ultimately, they believed that SIFs should be utilized as a part of a greater response to the opioid crisis that provides a comprehensive set of public health policy targeting prevention, treatment and harm reduction.

“I think that supervised injection facilities are great, they should absolutely be part of the response. [But,] it doesn’t replace evidence-based treatment.”

–Health Policy Lawyer

“I believe that monitored injection sites are the next step in that continuum of harm reduction. I don’t know how heavily they would be utilized, but I do know that at a monitored site, the likelihood of a fatality from an overdose is exponentially lower. So, from the medical side it makes a lot of sense to me that it would be available in our continuum, and do that along with safe injection practices and other harm reduction strategies.”

–Law Enforcement Officer

“I think [the most effective way to promote health and safety among injection drug users in North Carolina is] a combination between safe consumption sites and targeted mobile outreach and syringe exchange. Because even if we do create safe consumption sites, not everyone is going to visit and not everyone is going to be able to visit.”

–EMS Provider

*SIFs Stifling Prevention*

Related to the concern of SIFs being perceived as a replacement for treatment, stakeholders also expressed concern for SIFs becoming implemented as a replacement for
addiction prevention. Since SIFs are inherently targeted at opioid abusers in the latest stages of addiction, there is a tendency to overlook interventions that can prevent users from reaching the stage of injecting. While SIFs are proven to help people in this stage, there is concern that this intervention could dilute the focus on prevention and mental health services that are necessary for combating the opioid crisis.

“Sometimes I think we do people a disservice by jumping to people who are injecting drugs and all of the stereotypes that come with that. They kind of sort of [portray] people who are using drugs in a way that is harmful to themselves and to their families, but [separate themselves from IDUs by saying] ‘Wow, I never shot heroin, I’m not one of those people.’”

–Health Policy Lawyer

“The lack of investment in mental health services in North Carolina is a primary driver of the opioid crisis [and should be a priority].”

–Public Health Advocacy Organization Staff Member

SIFs’ Relation to Other Drug Use

While SIFs have been widely debated in the public within the context of the opioid crisis, many stakeholders expressed concern for how this intervention would work for users of other intravenous drugs. The framework for existing SIFs abroad is not set up exclusively for opioid users, and many of the public health officials echoed the idea that successful implementation of SIFs must also include access for users of cocaine, methamphetamines, and other illegal drugs, especially since the opioid epidemic is so intertwined with the use of other drugs. In regards to associated stigma of these drugs, stakeholders also expressed concern that the general public regarded the use of all IV drugs as unacceptable. While it is reasonable that the general public may allow the implementation of SIFs as a response to the extenuating consequences from the opioid crisis, stakeholders expressed concern that many may not consider this intervention acceptable for non-opioid associated drugs.
“I am deeply concerned that they’ll do this [SIFs] for opiates only and if the opiates ever get under control then they’ll throw everybody else under the bus, especially meth users.”
–Public Health Advocacy Organization Staff Member

“I think that there’s large scale education that really needs to happen, like really regionally. There’s certainly a lot of conversation in the media, you know, like what does it mean to have safer injection facilities. That’s not just opioids, we’re talking about people who are into shooting crack, or methamphetamine, or [et cetera].”
–Public Health Advocacy Organization Staff Member

Privacy for IDUs

One of the primary concerns expressed by both public health advocacy staff members and law enforcement is that of privacy for IDUs. Since SIFs typically operate on a bring your own policy, those who would use a SIF are likely participating in illegal activity with a dealer and individually in the form of possession of a controlled substance. The concern with this, is that people may be hesitant to use a SIF if they believe a law enforcement officer could monitor their activity at the site, proceed with surveillance, and ultimately arrest the user or their dealer off site from the SIF.

“Clearly someone walking in the front door, as you said, it’s BYO. Which means someone has acquired these substances and almost undoubtedly acquired them illegally and therefore the possession is also illegal. So, on its face, that’s a legal hurdle that you just kind of have to reconcile.”
–Law Enforcement Officer

“My biggest concern, what I stated earlier is, my fear of law enforcement, like waiting outside, or waiting around the corner, or hiding somewhere watching these drug users come and go. Watching them, and then following them to the big-time drug dealers, just that would be my biggest fear over all, is continuing the secret or public criminalization of drug users in general.”
–Public Health Advocacy Organization Staff Member

Not in My Backyard (NIMBY)

Another common concern with the logistics of implementing SIFs that was mentioned by the public health experts is that of the “not in my backyard” contingent. This theme centers on the idea that people do not want to live next to a facility that caters to drug users and potentially
attracts crime, violence, and other negative externalities that are associated with drug use. While most of the stakeholders that were interviewed did not cite this as a personal concern, they did discuss this as a common concern for the general public.

“Then you have the NIMBY [Not In My Backyard] people who are kind of like “well, you know I’m not saying I don’t understand what you’re saying but I don’t want a bunch of junkies in my backyard.” And that’s not, not understandable. You know, of course the counter to that is that people are already using drugs and overdosing in your backyard.”

–Health Policy Lawyer

As mentioned by some stakeholders, this can be combated with statistics and anecdotes about people using injection drugs regardless of the implementation of a safe injection facility; however, some people still expressed discomfort with the implementation of SIFs even with a close connection to addiction in their own neighborhood.

“I’ve kind of seen it firsthand, personally, and when it comes to safe injection sites, I mean I understand conceptually the science behind it, I understand the thinking behind it, I understand the harm reduction philosophy behind it. It still is a little bit far of a reach for me to be completely comfortable with it.”

–Law Enforcement Officer

SIFs are Perceived as Enabling Drug Use

One of the universal concerns that was expressed across stakeholder groups was the belief that SIFs (along with harm reduction interventions in general) enable IDUs to use and promote illegal and unhealthy behavior. This has been a concern in every educational campaign related to harm reduction, from syringe exchange to naloxone distribution, and continues to be a struggle with SIFs. While there are ways to educate people on the effectiveness of SIFs as an intervention, this preconceived notion of SIFs enabling dangerous and illegal activity is a major concern if they are going to be successfully implemented in North Carolina.

“I think the other thing we continue to fight is the whole stigma of, we’re enabling drug use. When I started first doing naloxone distribution, that was the most common thing that we heard [but] the reality is that they were already using the drugs”

–EMS Provider
“People think we’re just enabling people to shoot more drugs. I presume that’s the number one thing. It’s the same reason that people fought us on naloxone, and people fought us on syringe exchange for a while.”

–Public Health Advocacy Organization Staff Member

“I think there are certain moral parts of our country that struggle with the idea that you in some ways enable the behaviors [of injection drug use] … and fundamentally that would be a challenge for some people [to overcome].”

–Law Enforcement Officer

**Challenges**

**Reframing the Dialogue Around Effectiveness**

Taking into account the claims and concerns above, one of the main challenges discussed by the stakeholders regarding the potential implementation of SIFs was the need to reframe the public dialogue around the effectiveness of this intervention. Several stakeholders mentioned the need to educate the public on the benefits that this intervention has for a community rather than to let people maintain a negative image on IDUs and drug use in general. As explained, many people immediately assume that this intervention encourages and enables drug use, which is a challenge to the overall feasibility of this intervention.

“Obviously when I say safe injection facilities, it sounds like I’m enabling people to get high, but if you frame it and teach people exactly what is happening inside a facility like this, I think you’d have a better shot at changing the public’s mind.”

–Public Health Advocacy Organization Staff Member

“I think just the pitch to the general public can be a bit of a challenge too. I think it would have to be framed carefully. Because some people are gonna see it as ‘so you just want a spot where people can come use drugs?’’”

–Law Enforcement Officer

**War on Drugs Rhetoric**

Another challenge that was widely discussed, especially by law enforcement officers, was the “war on drugs” attitude that has been the primary driver of drug policy in recent American history. Ultimately, injection drug use is illegal and the US justice system has spent
many years punishing those who use by imprisoning them, rather than connecting them to
treatment and harm reduction resources. This attitude is still endorsed in North Carolina by many
federal and state laws, and it is apparent in the actions of many law enforcement officials when
working a drug case. Although a slight shift in this mindset has begun to spread across the US
with the movement for legalization of marijuana, the war on drugs rhetoric persists as a major
challenge to overcome in presenting IDUs as worthy of treatment and life-saving harm reduction
interventions.

“We’re not far removed from the war on drugs kind of mindset in law enforcement, and
not just law enforcement, kind of in our communities. So, harm reduction philosophies
are actually a pretty significant departure from the idea of the war on drugs, and it’s
gonna take a little time to undo that sense in our community”
–Law Enforcement Officer

“We have to walk the walk and talk the talk. We have to do both, which means if your
police chief is saying certain progressive things about harm reduction strategies, but your
operational employees are actually acting like it’s still the war on drugs then you’re not
gonna be successful. So, you need to have policies in place, training in place to police to
understand why these strategies are important.”
–Law Enforcement Officer

“Well, we’ve done everything wrong, and therefore we have everything that we thought.
We’ve criminalized drugs, we’ve locked people up instead of giving them help. The
criminal justice system is the largest treatment provider which is the worst thing that you
could do. We have historically criminalized harm reduction, we’ve historically
criminalized harm reductionists. We’ve criminalized people who do drugs, we’ve
criminalized people who treat them. We’ve prevented people from gaining treatment due
to their criminal record.”
–Public Health Advocacy Organization Staff Member

**Legal Framework**

In relation to the war on drugs rhetoric, another significant challenge that occludes the
implementation of SIFs is the lack of a current legal framework. SIFs are not an intervention that
can currently exist under federal laws or North Carolina state laws and unless these are altered to
allow for an exception, anyone who operates a SIF puts themselves at risk for criminal
prosecution. While this challenge has been present with other harm reduction interventions such as syringe exchange, as well as the legalization of marijuana, the degree to which SIFs defy the current laws that are in place is more extreme and unpredictable. Additionally, stakeholders expressed interest in observing the implementation and operation of SIFs in a legally sanctioned context within the United States before forming a final opinion on the logistics of implementation in North Carolina. Ultimately, if SIFs are ever going to be widespread across North Carolina, there will need to be major alterations to both federal and state drug policy that allow for it, and close examination on previously existing frameworks is necessary to ensure stakeholder buy-in on new legislation.

“I would say the greatest legal barrier is that it’s federally illegal to use drugs or to have a place for people to be using drugs. I think that’s a major barrier.”

–Public Health Advocacy Organization Staff Member

“The law is symbiotic with social norms—we create them, we can reinforce them, and American drug law kind of says ‘well, it’s okay to use some drugs, but it’s not okay to use others.’ And of course, the drugs that are largely used in supervised consumption spaces are in the not okay category. So, in general, most people want to obey those laws most of the time, and they take their cues from the law, and if the law says these are illegal then a lot of people who haven’t looked into the matter too closely, you know, [their] standard first pass rubric is ‘well if something’s illegal, then it’s probably bad.’ So, they think well this is probably a bad idea.”

–Health Policy Lawyer

“The federal law [that makes it illegal to maintain any place for the purpose of manufacturing, distributing, or using any controlled substance] is called the Crack House Act, [which] wasn’t designed to stop or limit public health interventions. And that’s the argument about why the federal law shouldn’t be enforced this way, and the same with the state laws. States cannot be forced to follow federal law, you know if the feds want to come in and shut down a SIF under federal law, they can do that. Of course, if the feds want to come in and shut down syringe exchange programs under federal law, they can do that too. They never have.”

–Health Policy Lawyer

“First somebody else needs to do it. I know like Philadelphia, San Francisco, Seattle, New York, are all looking at it [legislation that allows for SIFs]. I think a lot of it is that we are interested in how the feds respond to this.”

–Public Health Advocacy Organization Staff Member
Funding for SIFs

Stakeholders also identified funding as a challenge to overcome if SIFs are to be effectively implemented in North Carolina. While there is a lot of dialogue in the media about the opioid crisis, there is a severe lack of funding for the necessary interventions which is only exacerbated with politically contentious and legally questionable interventions such as SIFs. Especially in the early stages of implementation, it will be nearly impossible to fund these facilities with state or federal dollars, making its success dependent on private funding.

“I think other barriers [to overcome if SIFs are to be implemented in North Carolina] are public criticism [and] cost barriers—[there’s] not a lot of funding for it.”

–EMS Provider

“I think [SIFs are] a good model, I just think the challenge is always, resources, funding, you know that’s the big thing for long term therapy for a lot of these folks that are addicted, because as I understand it, it’s a hell of a challenge to get off this stuff.”

–Law Enforcement Officer

“The other thing is that we still don’t have funding for syringe exchange, [so] who’s gonna fund SIFs? They’re not gonna want to put any state dollars to this. Maybe RTI or somebody else could help us get funding for it. I think UNC, Duke, NC State, RTI, FHI360 are all viable funding sources. RTI has already invested in safe injection facilities in the United States underground for research. So, I think that there’s definitely interest in it, and you know having a base in the research triangle I think there’s a lot of interest in there.”

–Public Health Advocacy Organization Staff Member

Racial Implications

The racial undertone of the opioid crisis is another nuanced challenge that stakeholders discussed in their interviews. This epidemic, as well as the response of the media and the public to this epidemic, are not independent of racial factors that dictate social patterns across the United States. While this challenge is not directly apparent to many who are directly impacted by the opioid crisis, there are factors of race that put people at greater risk of overdose or death from opioid use, and this has guided the public health response to this issue in comparison to
responses to previous drug crises. In order to successfully implement SIFs and provide equitable care across racial and socioeconomic divides, it is critical to consider the impact of America’s racist drug history and how this history has created the current disparities that exist.

What’s different [about the opioid crisis now]? I mean a few things are different. One, there’s a lot more people dying. Two, they’re differently hued and they’re taking different drugs then people were taking in the ‘90s. They’re not gay. So, it’s a more socially acceptable epidemic now, which certainly has something to do with [the public dialogue and current public health response].

–Health Policy Lawyer

“There’s a strong correlation with race and religion that are really risk factors for overdose, and I’m keenly aware of that.”

–Public Health Advocacy Organization Staff Member

**Summary of Thematic Analysis**

In consideration of all of the claims, concerns, and challenges revealed above, each of these themes were evaluated by stakeholder group for levels of awareness, concern, and priority, respectively. This was measured on a scale of high, medium, or low with regard to two factors: the prevalence in which the theme arose in interviews and a subjective measurement of apparent significance within each group. The summary of this assessment is presented in Tables 1-3 on page 27 below. Ultimately, while each of the themes outlined previously was identified across several stakeholder groups, a handful of the topics were determined to hold a high level of interest. The claim of highest awareness level was identified as the effectiveness of SIFs in relation to promoting health and safety of IDUs. In terms of concerns, the worries of SIFs stifling efforts at prevention, as well as efforts for treatment, were of the most concern across the stakeholder groups, but each of the other concerns was of high interest to specific stakeholders. The two primary challenges identified were the reframing of dialogue to focus on effectiveness and developing the legal framework to effectively establish and operate SIFs.
### Table 1: Degree to which each stakeholder group states these claims

<table>
<thead>
<tr>
<th>Claims</th>
<th>Public Health Advocacy and Operations</th>
<th>Health Policy Law</th>
<th>Local Law Enforcement</th>
<th>Emergency Medical Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Effectiveness of Promoting Health and Safety for IDUs</td>
<td>High</td>
<td>High</td>
<td>Medium</td>
<td>High</td>
</tr>
<tr>
<td>Effectiveness of Improving Public Safety</td>
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<td>Medium</td>
<td>High</td>
<td>Medium</td>
</tr>
<tr>
<td>Common Sense Policy</td>
<td>High</td>
<td>High</td>
<td>Medium</td>
<td>Medium</td>
</tr>
<tr>
<td>Demonstrate Compassion and Humanity</td>
<td>High</td>
<td>High</td>
<td>Medium</td>
<td>Medium</td>
</tr>
</tbody>
</table>

### Table 2: Degree to which each stakeholder group states these concerns

<table>
<thead>
<tr>
<th>Concerns</th>
<th>Public Health Advocacy and Operations</th>
<th>Health Policy Law</th>
<th>Local Law Enforcement</th>
<th>Emergency Medical Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stifling Treatment</td>
<td>Medium</td>
<td>High</td>
<td>Medium</td>
<td>Low</td>
</tr>
<tr>
<td>Stifling Prevention</td>
<td>High</td>
<td>High</td>
<td>Low</td>
<td>High</td>
</tr>
<tr>
<td>Relation to Other Drug Use</td>
<td>High</td>
<td>High</td>
<td>Low</td>
<td>High</td>
</tr>
<tr>
<td>Privacy for IDUs</td>
<td>High</td>
<td>Low</td>
<td>Low</td>
<td>High</td>
</tr>
<tr>
<td>NIMBY</td>
<td>Low</td>
<td>High</td>
<td>High</td>
<td>Low</td>
</tr>
<tr>
<td>Enabling of Drug Use</td>
<td>Low</td>
<td>Low</td>
<td>High</td>
<td>High</td>
</tr>
</tbody>
</table>

### Table 3: Degree to which each stakeholder group states these challenges

<table>
<thead>
<tr>
<th>Challenges</th>
<th>Public Health Advocacy and Operations</th>
<th>Health Policy Law</th>
<th>Local Law Enforcement</th>
<th>Emergency Medical Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reframing Dialogue</td>
<td>High</td>
<td>Medium</td>
<td>High</td>
<td>High</td>
</tr>
<tr>
<td>War on Drugs Rhetoric</td>
<td>Medium</td>
<td>Medium</td>
<td>High</td>
<td>Low</td>
</tr>
<tr>
<td>Legal Framework</td>
<td>High</td>
<td>High</td>
<td>Medium</td>
<td>Medium</td>
</tr>
<tr>
<td>Funding for SIFs</td>
<td>High</td>
<td>Low</td>
<td>Medium</td>
<td>Medium</td>
</tr>
<tr>
<td>Racial Implications</td>
<td>High</td>
<td>High</td>
<td>Medium</td>
<td>Medium</td>
</tr>
</tbody>
</table>
Discussion

This qualitative study among key stakeholders with interests in the North Carolina opioid epidemic primarily examined the acceptance and potential feasibility of SIFs across the state. While the methods used were not designed to assess the overall frequency of opinions and their distribution in the general public, many themes were recurrently discussed amongst stakeholder groups. Each of these themes, representing different claims, concerns, and challenges of implementing SIFs, characterized the dialogue surrounding this intervention from the perspective of both public health experts and those who interact directly with the crisis. The experiences of these stakeholders suggest that there is much to consider before SIFs can be effectively implemented in North Carolina in the current social and political context of the state.

Overall, there is lot of optimism amongst experts in the public health field, as well as law enforcement officers and EMS providers, in regards to favorable factors for implementing SIFs in North Carolina—effectiveness of promoting health and safety for IDUs, effectiveness of improving public safety, perception of SIFs as a common-sense policy, and the idea that SIFs demonstrate compassion for IDUs as people. These claims are accompanied by equally valid concerns—fear of SIFs stifling treatment or prevention efforts, external effects on non-opioid drug use and policy, privacy for IDUs, the NIMBY aversion, and the stigma of enabling drug use. Each of these factors are important to consider in overcoming the challenges that stakeholders identified—reframing the dialogue to focus on effectiveness, combating the war on drugs rhetoric, developing a comprehensive legal framework, procuring adequate funding and resources, and remaining sensitive to the racial implications of the crisis.

There are several potential reasons that these themes emerged in this study. Countless factors contribute to individual perspectives on drugs and drug addiction, and each of these
perspectives evolves into a unique approach to managing drug use in society. Harm reduction is a specific category of intervention that does not neatly conform to the current set of US drug legislation, and SIFs are an extreme representation of this philosophy. Both people and institutions are often resistant to change, and SIFs represent a disruption to the status quo in American societal norms. Ultimately, the implementation of SIFs are a large step to take and stakeholders are hesitant to ensure that the step is being taken in the right direction.

Although this study intended to examine stakeholder interests on multiple levels within the opioid crisis, limitations of time and resources made it difficult to assess such a complex issue. The participants’ responses were also limited by their own individual experience and knowledge concerning safe injection facilities, which are not necessarily representative of North Carolina as a whole. Finally, the study was limited to interviewing those who consented, and guided by snowball sampling which likely excluded people with negative attitudes towards harm reduction and safe injection facilities. Despite these limitations, the identified themes reached saturation as demonstrated by their recurrence across stakeholder groups, providing confidence that these results are meaningful and useful for guiding further research.

To fully measure attitudes towards SIFs in North Carolina, next steps include assessing opinions and interests of IDUs in regard to regularly using SIFs, promoting unbiased educational campaigns that inform the general public on the benefits and concerns of SIFs, and researching effective legal frameworks that align with the socio-political context of North Carolina.

**Conclusion**

The prospect of implementing SIFs in North Carolina is a complex issue that involves stakeholders on several levels, and it should only be pursued with community support and full
understanding of the intervention. While most stakeholders have the same goals of decreasing morbidity and mortality from opioids, and increasing public safety, they seem to disagree on the necessity of certain interventions to achieve these goals. My findings suggest that several key stakeholders in North Carolina are aware of the possible benefits of SIFs and receptive to their possible implementation, but simultaneously hesitant to endorse such an intervention without further precedent in a local American context. Although more research needs to be conducted on IDU receptiveness to SIFs, by addressing the challenges presented and gathering more relevant evidence that this intervention satisfies a legitimate need, SIFs could be feasible within the context of North Carolina in the near future.
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Lazzarini, Z.; Case, P.; Burris, S.; Chintalova-Dallas, R. Three easy policy changes to improve the risk environment for IDUs in Eastern Europe and the former Soviet Union Abstract #970 . Proceedings of the 18th International Harm Reduction Conference (oral presentation); 2007.


Poland. Abstract #668. Proceedings of the 18th international harm reduction conference (poster presentation); 2007.


Appendix A

Interview Guide

1. What do you know about the opioid crisis in North Carolina?
   a. What causes it?
   b. Is it getting any better?
   c. What interventions have been effective at combating this?
2. What information do you already know about SIFs and how does this impact your opinions?
3. What opinions do you think others have about SIFs and harm reduction methods?
4. What are possible legal and social obstacles to the implementation of SIFs in North Carolina?
   a. Do bigger obstacles exist on a local, state, or national level?
5. Which harm reduction interventions do you see as feasible in North Carolina’s current political and social context?
6. What do you see as the most effective way to promote health and safety among IDUs in North Carolina?
7. As a community member and as a professional, what role do you see yourself playing in overcoming the opioid crisis?
8. What further information would you like to know about to form an opinion on SIFs?
   a. If SIFs were to be implemented in North Carolina tomorrow, what would be your concerns, thoughts, and hesitations?