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Understanding the Stigma and Feasibility of Opening a Safe Injection Facility in Baltimore City: A Qualitative Case Study

Timothy Dupree
Towson University, tdupree@towson.edu

Caroline I. Wood
Towson University, ciwood@towson.edu

Andrea M. Brace
Towson University, abrace@towson.edu

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Abstract

Supervised injection facilities (SIFs) are medically supervised facilities designed to provide a hygienic environment in which drug users can consume illicit drugs intravenously. SIFs can be cost saving, help to reduce transmission of disease, and decrease drug overdoses. There are no SIFs in the United States. In this study we used a multiple case study design to understand the stigma surrounding the use of a SIF and the feasibility of implementing the drug prevention strategy in Baltimore City by comparing experiences with opening a SIF in Sydney, Australia. We interviewed one healthcare worker at the Sydney SIF and ten community stakeholders in Baltimore City. Interviewees were asked about community stigma of SIFs, drug use, and feasibility of opening a SIF in Baltimore City. Six overarching themes were established including lack of trust, lack of public education, fear of police, concern about efficacy of harm reduction programs, drug user stigma, and concerns about implementation. Findings suggest that stigma surrounding drug use and drug users is the most important aspect in shaping the participant's varied perceptions of SIFs. Participants believed that for any change to occur, there must be multi-tiered collaboration at the level of government, healthcare, community, and law enforcement.

Keywords

substance use, addiction, opioid, heroin, overdose, fatal overdose, dependence, Safe Injection Facility (SIFs), case study

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Timothy Dupree, Caroline I. Wood, and Andrea M. Brace
Towson University, Maryland, USA

Supervised injection facilities (SIFs) are medically supervised facilities designed to provide a hygienic environment in which drug users can consume illicit drugs intravenously. SIFs can be cost saving, help to reduce transmission of disease, and decrease drug overdoses. There are no SIFs in the United States. In this study we used a multiple case study design to understand the stigma surrounding the use of a SIF and the feasibility of implementing the drug prevention strategy in Baltimore City by comparing experiences with opening a SIF in Sydney, Australia. We interviewed one healthcare worker at the Sydney SIF and ten community stakeholders in Baltimore City. Interviewees were asked about community stigma of SIFs, drug use, and feasibility of opening a SIF in Baltimore City. Six overarching themes were established including lack of trust, lack of public education, fear of police, concern about efficacy of harm reduction programs, drug user stigma, and concerns about implementation. Findings suggest that stigma surrounding drug use and drug users is the most important aspect in shaping the participant's varied perceptions of SIFs. Participants believed that for any change to occur, there must be multi-tiered collaboration at the level of government, healthcare, community, and law enforcement.

Keywords: substance use, addiction, opioid, heroin, overdose, fatal overdose, dependence, Safe Injection Facility (SIFs), case study

The Opioid Epidemic

The worldwide opioid epidemic has contributed to numerous overdoses and deaths (United Nations Office on Drugs and Crime [UNDOC], 2019). It is estimated that there were 53 million opioid users worldwide, 11 million people who injected drugs, and 585,000 people who died because of opioid drug use (UNODC, 2019). The United States (US) consists of less than 5% of the world's population yet consumes 80% of the global opioid supply (Rose, 2018). The authors focused on the opioid crisis in two countries; the US and Australia, using lessons learned in Australia to propose changes in the United States.

From 1999 to 2016 over 200,000 individuals in the US died from opioid overdoses (Singh et al., 2019). As of 2016, two million Americans aged 12 or older had a substance use disorder involving prescription pain relievers, and 948,000 had a substance use disorder that involved heroin (National Institute on Drug Abuse, 2019). In 2017 among 70,237 drug overdose deaths, 67% involved opioids (Scholl et al., 2018). According to the Centers for Disease Control and Prevention (CDC), an estimated 69,029 people died of a drug overdose in the US during 2019, of which 70% of overdoses were attributed to opioids (CDC, 2019). Within the US, Maryland ranks in the top five states in the US that have the highest rates of opioid-related deaths (NIDA, 2019). Similarly, Australia experienced increased opioid use and opioid-related deaths (Roxburgh et al., 2017). In Australia, opioid-related deaths almost tripled

from 2006 to 2016 (Australia Institute of Health and Welfare [AIHW], 2018). Most of the deaths were related to prescription opioids (AIHW, 2018). In 2018, out of the 1,740 deaths registered as drug-induced, 65% were classified as opioid-related in Australia (Australian Bureau of Statistics [ABS], 2018). There were a reported 344 opioid-related deaths in the Greater Sydney area (ABS, 2018). Opioid-related deaths in Kings Cross, Sydney were at their highest between May 1998 and April 2001 (n= 142) before the implementation of an overdose prevention plan that decreased deaths due to opioid overdose to less than half, between May 2001 and April 2006 (National Centre in HIV Epidemiology and Clinical Research, 2007).

Opioid Overdose Prevention Efforts

In the US, the CDC has been actively involved in opioid overdose prevention efforts. The main prevention tactics have been to prevent opioid misuse, opioid use disorder, and opioid overdose (Robinson et al., 2018). Current prevention efforts include improving access to treatment with a focus on Medication Assisted Treatment; educating the public; using school and community engagement; strengthening public health data; educating providers on pain management practices; targeting the availability, distribution, and training of overdose-reversing medications such as naloxone; and supporting cutting edge research on pain, overdose, and addiction (Department of Health and Human Services [DHHS], 2020). Though vast, these efforts alone have not been enough. While opioid prescriptions have fallen, opioid overdose deaths continue to rise, reflecting an imbalance in current opioid overdose prevention protocols (Gross & Gordon, 2019).

Gripped with a similar crisis, Australia focused on minimizing unnecessary exposure and adverse events. Australia previously found that fatal and nonfatal overdoses are reduced by increasing the number of substance users that enter and remain in treatment, and by increasing knowledge and awareness about the consequences of overdosing (Hawk et al., 2015). One intervention that demonstrated a reduction in the risk of fatal overdoses and an increase in the number of individuals that seek treatment in the community includes Australia's implementing a Safe Injection Facility (SIF) (International Network of Drug Consumption Rooms, 2015). SIFs are legally sanctioned facilities supervised by healthcare personnel. People who use intravenous drugs can inject pre-obtained drugs under medical supervision in SIFs (Supervised Injection Facilities, 2017). SIFs can reduce health risks associated with injection drug use and be a resource for those seeking treatment. As of July 2020, there are no sanctioned SIFs in the US (Holpuch, 2020).

The first SIF opened in Switzerland in the 1980s (Medically Supervised Injecting Centre [MSIC], 2017). There are now more than 90 centers worldwide, mostly in European countries (MSIC, 2017). Australia has two SIFs, one located in Sydney which opened in 2001, and one in Melbourne which opened in 2018 (DHHS, 2020; MSIC, 2017). A SIF is designed to reduce the health and societal problems associated with injection drug use, including decreasing risks arising from injection drug use, promote education, improving access to services, reducing use in public areas, and decreasing health costs associated with injection drug use to occur (MISC, 2017; Supervised Injection Facilities, 2017). SIF personnel do not directly help users to inject but are there to provide clean syringes, answer questions, and monitor for overdoses (MSIC, 2017). SIF personnel are also able to offer advice and referrals for treatment for which these individuals might not have otherwise been exposed.

SIFs have demonstrated numerous benefits for drug users including lower overdose mortality, fewer ambulance calls, a decrease in HIV and hepatitis infections, increased drug treatment enrollment, and reduced drug use (Kral & Davidson, 2017; Ng et al., 2017). Opioid-related deaths decreased by 70% following the opening of the Sydney SIF within the surrounding neighborhood (MSIC, 2017). SIFs not only benefit drug users by decreasing

overdoses and the spread of infectious diseases, but they also benefit communities. Communities with SIFs have lower levels of public drug injections, fewer dropped syringes, reduced drug-related crime and neighborhood violence, fewer ambulance calls, and financial savings for the community (Hood et al., 2019; Kral & Davidson, 2017; Madah-Amiri et al., 2019; Potier et al., 2014). Once established in neighborhoods, the facilities have been found to generate high community support (Kral & Davidson, 2017).

Despite evidence for the efficacy of SIF's at preventing opioid overdoses, there are currently no SIFs in the United States. This is due to several barriers, which include stigma in the form of public opposition, accessibility of SIFs, funding for SIFs, and legality as there are no laws that forbid or authorize SIFs. Illicit drug use has negative public perceptions, making it harder for people to seek treatment (Chalmers et al., 2016; Hurley, 2017). Publicly, illicit drug use has been viewed as a disease of choice and not as a disease of brain chemistry; however, public health teachings assert that there is a biological basis for addiction (Hurley, 2017). High stigma ratings were also associated with lower support for policies aimed at public health and higher support for punitive policies when discussing addiction (Barry et al., 2018).

Accessibility to SIFs is limited through current prevention programs, indicating a need for expansion initiatives. Funding is another limitation to establishing SIFs. Funding challenges accounted for limitations to program operations which included service reach, staff, mobile operations, and supplies (Jones, 2019). The legality of SIFs in the US remains an apprehension to agency involvement as site proposals appear to violate the federal crack house statute which states that it is a crime to maintain drug-involved premises (Kreit, 2019).

In the US, the Department of Justice has not yet taken a formal position on SIFs (Kreit, 2019). A judge in Philadelphia ruled as of October 2019, that opening a SIF in Philadelphia does not violate any federal laws, specifically the Controlled Substances Act which states it is illegal to manage or control any place, for the purpose of storing, distributing, or using a controlled substance (Shulgin, 1988). Canada, Mexico, Australia, as well as many other countries have legalized SIFs (Leary, 2019; Lira et al., 2019)

This review highlights the need for drug policy change in the United States. Federal and state governments have been legislating to reduce drug use for decades, yet the comprehensive policies aimed at reaching a drug-free America have been vastly ineffective (Leary, 2019). SIFs promote harm reduction while lessening the stigma associated with drug use and treatment. Although SIFs are already used globally, the barriers discussed in the literature should be examined when trying to establish SIFs in the US.

The establishment of a SIF in Baltimore City may be difficult due to political, legal, stigma, and socioeconomic barriers. One unique battle is that while the opioid epidemic's recent damage to White, middle-class communities have been able to garner media attention, Baltimore's heroin crisis is decades old and fails to generate the same support because it primarily impacts lower-income African American communities (Irwin et al., 2017). In US cities such as San Francisco, Ithaca, New York City, Seattle, and Philadelphia, officials are pursuing the idea of opening these facilities as city-sponsored sites. However, as of July 2020, there are no legally sanctioned facilities in the US. Studies estimated that placing a SIF in a US city would net a cost savings of $3.5 million per year (Kral & Davidson, 2017).

Rationale for the Research

Our rationale for this project was to study attitudes and beliefs about the stigmatization of prevention and treatment methods for heroin abuse. We collected data through observations and interviews with medical personnel at a SIF in Australia, and interviews with community stakeholders in Baltimore City. Australia is also facing a drug crisis involving opioid overdoses, which entails considerable enforcement and societal costs. Previous drug prevention

measures have been unable to decrease opioid overdoses especially in areas most affected. The establishment of a SIF in Kings Cross, Sydney, as an overdose prevention measure has seen considerable change in the community and decreased opioid-related deaths in the neighborhood surrounding the facility (MSIC, 2017). Our goal is to understand the stigma surrounding the use of a safe injection facility and the feasibility of implementing the drug prevention strategy in Baltimore City, based on the experiences of SIF staff in Australia. We used the following research questions to guide this study: (1) What is the stigma surrounding a SIF based on community observations, clinic observations, and an interview with a clinic staff member? (2) What is the stigma surrounding illicit drug use and the attitudes and beliefs of community stakeholders in Baltimore City about SIFs? and (3) What is the feasibility of the implementation of a SIF in Baltimore City? Our aim is to promote interest in SIFs and inform future research that will one day be used in establishing SIFs in the US.

Methods

The Institutional Review Board at Towson University approved this study. We used a multiple case study design to identify the links between the environment, community, relationships, and policies that work together to make a SIF effective within the community following the research questions, examining similarities and differences concerning implementation and impact of services. Multiple case studies involve carefully selected cases that have contrasting results but for predictable reasons. Following the approach by Yin (2003), this logic is similar to the way scientists deal with results in experimental findings.

The first case study took place in Australia at the Medically Supervised Injection Centre (MSIC) that has been in operation for over 15 years, while the second case study took place in the United States where there are no currently established SIFs. A case study is an ideal method for this research because of the limited research available (Rowley, 2002). Employing an intrinsic case study design is used to understand the attitudes values, perspectives, and beliefs of participants in the study (Crowe et al., 2011). Researchers use the case study method to study real-life situations, issues, and problems (Rowley, 2002). Case studies allow researchers to gather in-depth detail about a topic that would not be easily obtained by other methods (Perrin, 2016). Case studies can be used when large samples of similar participants are not available (Perrin, 2016). A multiple case study design also allowed us to incorporate findings from two countries.

We used existing literature, observations, and semi-structured interviews with a health professional at one SIF in Kings Cross, Sydney, Australia, and with multiple community stakeholders in Baltimore City. Interviews with community stakeholders in Baltimore City took place at agreed-upon locations throughout the city. We conducted interviews here in the US in locations that avoided distractions and were accessible and comfortable for the interviewees. The interviews took place at work offices or church offices. In Sydney, Australia we interviewed a participant at the Medically Supervised Injecting Center in the administration office located above the clinic. Of the eleven participants interviewed 54% identified as female and 40% as male. The ages of the interviewees ranged from the early 30s to the late 60s.

The primary author earned a BS in Health Sciences and an MS in Health Sciences from Towson University. I have been CHES® (Certified Health Education Specialist) certified since 2018 and currently teach multiple health courses regarding harm reduction at Towson University. The second author, Caroline Wood Ph.D., is an Assistant Professor at Towson University. Her area of study focuses on violence prevention, mixed-methods research, and mental health promotion. The third author, Andrea Brace Ph.D., CHES® is an Associate Professor at Towson University. She has been CHES® certified since 2009 and an evaluator since 2006. Her research focuses on food access and food equity, stealth interventions, and

place and health using GIS. I have personally seen the harm that drug use causes in communities and how harm reduction can prevent overdoses and decreased drug-related harms through access to evidence-based interventions.

I was able to confront personal bias by relying on open-ended interview questions. I used direct quotes from interview participants and shared thematic findings with the other authors for validation. By requesting a constant review of the study results, I was able to make changes where necessary to accurately reflect the lived experience of the participants.

Sampling

For this study, we focused on one staff member of the Medically Supervised Injection Centre (MSIC) in Sydney and 10 community stakeholders in Baltimore City. Pseudonyms were used to protect the identities of study participants. Snowball sampling allowed us to produce 10 participants who are stakeholders in Baltimore City with regards to the implementation of a harm reduction program. The first, B, is the director of a harm reduction coalition in Baltimore City that works to end overdoses and criminalization promoting safe spaces, dignity, health, and justice for people who use drugs. Pastor Kerry has been a pastor of a church in Baltimore for over 10 years that also provides outreach and services to the community. Cee, a community member, has lived in Baltimore City for over 60 years. Van has been a Baltimore City school teacher for over 25 years in both the public and private sectors. R has been a probation officer in Baltimore city for over 15 years. Del has served in Baltimore City as a social worker for over 25 years. Sam is a corrections officer serving 20 years with the state of Maryland. O is a Baltimore City employer who has owned businesses in Baltimore for 30 years. Penny has worked in healthcare in and around Baltimore City for more than 40 years. Jean is a youth drug counselor that has worked in several government agencies in and around Baltimore City for the past 20 years. Using convenience sampling, I was able to interview Shay a staff member at MSIC.

Data Collection and Preparation

I completed the interviews between June 2018 and September 2018. I interviewed a total of 11 participants and each interview was recorded and lasted 20-40 minutes. I then transcribed the interviews word for word from the recordings. I reviewed each transcription for accuracy before beginning the analysis.

Data Analysis

I analyzed the transcribed interviews using Microsoft Word following the method of interpretative phenomenological analysis (IPA; Cuthbertson et al., 2020). I used IPA to give voice to and examine the personal lived experience of participants in a study (Smith, 2004). I first reread the transcription for accuracy, understanding, and commonality of statements. Second, I used the far-right column to note significant statements while the first two columns were used to note emerging themes and their associated research question in the third step (Cuthbertson et al., 2020). Table one below provides an example of the initial coding process.

Table 1
Example of Initial Coding Process

Research Question	Emerging Theme	Quote
What is the stigma surrounding a SIF based on community observations, clinic observations, and an interview with a clinic staff member?	users have a lack of trust in anyone outside of their community.	"there's such a lack of trust between the community and law enforcement and it's a lack of trust between anyone from the outside that wants to come in and help."
What is the stigma surrounding illicit drug use and the attitudes and beliefs of community stakeholders in Baltimore City in reference SIFs?	What does an individual that uses drugs look like?	"they will go and get their medication for trying to get off a particular drug but what they'll do is. They'll sell the medication get the money for the medication to go ahead and purchase more drugs. I see it every day."

In the fourth step, I created a document and using color-coding associated emergent sub-themes with quotes from the transcript. Finally, I searched for patterns that led to overarching themes. Table 2 below provides an example of theme development.

Table 2
Example developing overarching themes

Theme	Keywords	Quote
Trust	feel safe, community	"because so many in the community here feel just as safe in an abandoned house with their friends that they've been getting high with the last 5, 6, 10 years. "
Policing	scared of law enforcement	"The number one fear of policing is the number one thing. The question specifically people ask is okay sure if it's decriminalized in this building what about when I walk in or out?"

Results

As previously stated, there are no legally sanctioned SIFs in the US at this time. Establishing a SIF in Baltimore City faces political, legal, and social barriers. One unique battle is that while the opioid epidemic's recent damage to White, middle-class communities have been able to garner media attention, Baltimore's heroin crisis is decades old and fails to generate the same support because it primarily impacts lower-income African American communities (Irwin, 2017).

As there are no SIF in the US, we begin with a brief description of the community and the SIF currently established in Australia as these relate to the description of cases. The first notable observation was that the SIF is not identifiable from the outside. The windows are frosted with only an address to let you know it is there. The front door is located directly across from the Metro entrance. It is on a street filled with shops, restaurants, hotels, and residential

housing. The neighborhood is such a mix of different socio-economic levels as you have mass transit right at its doorstep.

The hours of operation of MSIC are 9:30 am to 9:30 pm on weekdays and 9:30 am to 5:30 pm on weekends and holidays. The service uses a three-stage process for the clients. In stage one, a first-time visitor must register with the center and have a brief conversation about their medical history with trained nurses or counseling staff. Anonymity is used to encourage individuals that are unsure about using the services. Once registered, clients are asked what drug they are going to use at the center as well as any other drugs they have recently used.

In stage two, the MSIC staff provides the client with clean injection equipment. This includes a 1-ml syringe, alcohol swabs to clean the skin, a tourniquet, water, filter, and a spoon. Clients then are directed to one of the eight stainless steel booths and use the equipment to inject themselves. Staff then monitor the client for any signs of overdose. In stage three, clients safely dispose of used equipment and move to the next room. This room is a more relaxed space where clients can engage in conversations about their health and wellbeing. All staff are trained to ensure they are experienced in opening conversations with clients. This therapeutic relationship aids in making effective referrals for clients to other treatment, care, and support services.

Interview data from stakeholders in Baltimore city and the staff member at MSIC provided an in-depth understanding of their views on the implementation of a SIF. I generated six main themes from the text based on the analysis of interview transcripts. These themes were Trust, Public education, Policing, Harm reduction, Drug user, and implementation. Table 3 below provides a list of the interview participants.

Table 3
Interview participants

	Participants	Pseudonyms
1	**Harm Reduction Program Director**	B
2	**Pastor**	Pastor Kerry
3	**Community Member**	Cee
4	**School Teacher**	Van
5	**Probation Officer**	R
6	**Social Worker**	Del
7	**Corrections Officer**	Sam
8	**Employer**	O
9	**Healthcare worker**	Penny
10	**Drug Counselor**	Jean
11	**MSIC**	Shay

Interpretation of Themes US

When asked "How would you describe the relationship between the communities impacted by the opioid crisis in Baltimore City and those working to address the crisis?", participants believed that drug users have a lack of trust in anyone outside of their community. Participants worried about others taking advantage of them or persecuting their lifestyles. Trust becomes my first theme. Trust is defined as relationships among people in which the relationship facilitates ongoing interactions that involve risk-taking and uncertainty about future interactions (Resnick, 2011). This was supported by the belief that there was not just a lack of trust, but suspicion about anyone outside of the community. Pastor Kerry states: *"There's such a lack of trust between the community and law enforcement, and it's a lack of trust between anyone from the outside that wants to come in and help."* Or in the case of Van,

"If they like you, they like you. If they don't, you're an outsider and you're not going to come in."

Participants were then asked, "What do you feel are important issues to focus on to decrease the number of opioid-related overdose deaths in Baltimore City?" Penny stated that the public is not educated about the dangers associated with drug use: *"Well opioid death is a broad topic…and there's definitely a need to educate."* The World Health Organization (WHO) advocates for the increase of public education on the appropriate use of drugs, including when they should not be used (WHO, 2021). A deficient understanding of the action and risks associated with illicit drug use contributes to the overdose mortality rate in communities (Human Info NGO, 2017). Education of the public was a theme identified through IPA, defined as the promotion of learning and social development work with individuals and groups in their communities (Ross & Wu, 1995).

> *So, I think and that's where it comes into knowledge. Letting them understand the effect that this drug can have on you, you and you. So that comes back to teaching about the different kinds of drugs.* (Del, personal communication, 2018)

The lack of public education on drug use has led to repeated cases of overdose that could ultimately be fatal. Del described their experience with an individual in that cycle:

> *Recently we had a kid. You can't tell me that this kid understood what was going on with those drugs, and he just kept [overdosing] and [overdosing], leaving the hospital and od'ing. If he had a little bit more knowledge…*

The need for public education was re-emphasized by B: "*I mean, overdose rates have been so high in Baltimore for a very long time, and they are higher because the drugs are more potent, they're more dangerous so doing that sort of education amongst everybody is really important."*

Effective drug education should be ongoing to fortify prevention messaging (NIDA, 2003). Research indicates that the implementation of drug education campaigns is effective and can reduce the cost of future substance use disorders (NIDA, 2003). The lack of public education is not the only issue these communities face. Policing in the community is viewed as a source of increased discrimination and unfair treatment for drug users (Beletsky et al., 2015).

When asked "How do the current laws and policies on opioid use affect the community or other organizations that are involved?", participants noted that there is a steady fear of policing in the Baltimore communities. Policing in this context is defined as the organized enforcing of the provisions of law, maintaining order, and detecting crime (Bertus, 1996). The aggressive campaigns to arrest and incarcerate individuals who use drugs only serve to increase drug-related deaths (Chandler et al., 2009). Individuals are afraid of being criminalized for calling emergency services if they witness an overdose (Mueller et al., 2015). Many participants wondered about how law enforcement would treat individuals who used SIFs, knowing that they have drugs on them when they go to the facility. It was feared that law enforcement would use the center as a place to make arrests, as there are no laws in place to prevent that. Criminalization of illicit drug use is a way of stigmatizing those who use drugs, which makes it difficult for these individuals to access services (Vara-Diaz et al., 2010).

> *So now when there's an overdose that is called in even if it's not called in, five homicide detectives descend upon this area and call everybody and take all their*

> *phones…it has deeply discouraged people from calling when overdoses happen because the police have made it harder. So that behavior is what we're afraid of.* (B, personal communication, 2018)

Enforcement of drug laws has also led to the targeting and incarceration of certain racial and ethnic populations that further worsens the health inequalities already faced by minority populations (Csete et al., 2016).

> *It's already a disconnect between the inner city, African Americans, and the police department as it is you understand? Bad enough, African Americans aren't going to go to the police and say somebody was killed they are not going to go to the police and say look I'm hooked on drugs. Whereas the White community, they can do that.* (Jean, personal communication, 2018)

Some participants believed that dealings with the police can either be negative or positive with O stating:

> *Law enforcement, you have some law enforcement that cares about the community you have some law enforcement that doesn't really care. I've seen police ride right by drug transactions; I've seen police just don't even…they just look the other way.*

> *You know, look at all of the news. It's the Black kids being taken down just for doing nothing. So now I'm going to go to you, and tell you that I'm doing something?* (Jean, personal communication, 2018)

One way to overcome this divide would be through police partnering with harm reduction services. Harm reduction programs support a set of practical strategies and ideas aimed at reducing the negative consequences associated with drug use (Harm Reduction Coalition, 2018). According to the American Public Health Association, failure to adopt proven harm reduction measures has significantly increased the public harms associated with drug use. Fewer than one-third of individuals who inject drugs, surveyed by the CDC, had been reached by an HIV intervention (Shouse et al., 2009). When asked "What are some barriers you may have encountered while trying to deliver services and barriers that may decrease access for individuals impacted by the opioid crisis in Baltimore City?", participants discussed that effective treatment programs are a scarce resource in the US, and limited funds are invested in programs that will reduce the harms related to injection drug use. Limited resources further increase the stigma associated with individuals seeking and accessing drug treatment services (Office of National Drug Control Policy, 2013). Participants often expressed that there were not enough harm reduction programs, that they were not long enough to be effective, and that they did not work.

> *They don't have the means to get there. From what I've known, and I've known many addicts, recovering addicts, and from what they have told me about the different programs is they are not right here in this community.* (Cee, personal communication, 2018)

> *But you still got a bunch of people in the inner city who don't have access, they have issues, they didn't have health care before their addiction they don't have health care after their addiction.* (Jean, personal communication, 2018)

> *The barrier one of them is implementing and following through on things. You know you give them things but then you take it away.* (Van, personal communication, 2018)

When I asked, "What is your experience in working with the communities of Baltimore City impacted by the opioid crisis?", Jean described the change that they noticed as they watched commercials for treatment services:

> *When you look at commercials about people who are using opioids, they show you what. People that are working, clear skin what? It's not people with teeth missing and scars and all of that. The whole face of addiction has changed.*

There are many misconceptions about what a drug user looks like, due to stereotyping. A person who consumes an illegal psychoactive substance is considered a drug user (Holloway, 2005). Studies describe the shift in the demographics of heroin users who entered treatment over the last 50 years (Cicero et al., 2014). The demographic has changed from a problem seen as exclusive to inner-city minorities to one of widespread geographical and demographic distribution (Cicero et al., 2014). Researchers have documented significant increases in heroin use and overdose-related hospitalizations nationwide (Cicero et al., 2014).

Part of the problem has been associated with a new class of users due to the increase in the misuse of prescription opioids (Cicero et al., 2014). Participants made it clear that drugs can affect anyone. The participants expressed that because there are many types of drugs and many ways to use drugs, then there are many types of users.

> *You have a lot of young guys, old guys, all different types of people that get arrested and that are still on drugs so when they come into jail or into the system, they are still dependent on drugs.* (Sam, personal communication, 2018)

When probed further, B stated that the variety of drug users and drugs used should change the way we look at interventions and treatment:

> *Ok, well I think the first thing is to broaden our understanding and thinking about drug use and not just focus on opioids. People use a lot of different drugs and that's why we are advocating or at least I am passionately advocating for safer consumption spaces, not just injection and not just opioids*.

Drug users were often stigmatized by the public as individuals who did not want help and did not want to change their lifestyles when help was offered. Some individuals even described drug users to falsely accept help to gain things that they could then use to support their lifestyle.

> *They will go and get their medication for trying to get off a particular drug, but what they'll do is, they'll sell the medication get the money for the medication to go ahead and purchase more drugs. I see it every day*. (O, personal communication, 2018)

Pastor Kerry believes,

> *As far as accepting the help that we offer, as far as clothing or food or even life skills or even job placement they weren't ready to do that. They just wanted to get what they could get and leave.*

Several participants voiced opinions that drug users would not be ready to change until they had the internal motivation to do so. Participants stated that drug users are content with where they are in life and will not accept treatment until they see the benefits of change.

> *Because you need to realize that these individuals if they really want the help, they gotta really want it for themselves. No one can make a drug user stop using. The individuals are going to have to be the one that really wants to stop using for themselves and that's the only way that these clinics can be successful*. (O, personal communication, 2018)

> *For it to be effective those that you're trying to help would have to change their mindset and they have to be sick and tired of being sick and tired and living going through the same things over and over and over and unfortunately far too often that's not the case, they're not tired*. (Pastor Kerry, personal communication, 2018)

While there may be a lack of perceived need for treatment, the feeling of being stigmatized is a large part of why drug users do not seek treatment. This stigmatization is just one of the many barriers drug users face when gaining access to evidence-based addiction treatment in Baltimore City. Drug users not only have to contend with the stigma related to the disease of addiction, but also the stigma related to seeking treatment (Wen, 2016). Any intervention must be implemented with stigma in mind.

Implementation is a set of specified activities designed to put into practice an activity or program of known dimensions (National Implementation Research Network [NIRN], 2018). Implementation of any evidence-based practice of a drug treatment faces many barriers. Barriers to implementation are further impacted by the stigma directed towards drug users and drug policies that focus on criminalization and punishment to manage drug use (Wang et al., 2016).

Participants were asked, "What are some barriers you may have encountered while trying to deliver services and barriers that may decrease access for individuals impacted by the opioid crisis in Baltimore City?" The responses were varied. Some individuals felt it was needed, others believed it would not work, and many were concerned with the location of the facility. Support for the facility by the community, politicians, the health care system, and law enforcement was seen as the only way for a center to become established. Leading to the suggestion that there would need to be collaboration at all levels for the facility to become a reality.

> *The city is devastated and ignored right so we need all of these things and safe consumption spaces can be a way to fill in this gap in the continuum of care.* (B, personal communication, 2018)

Jean believed that it would not be fair to just put a SIF in an area in the city. If the city put it in one area, they would have to put it in other areas as well. By putting a SIF in one area, they believed that it stigmatized that area as being the only place where drug addicts exist. Knowing that drugs affect many different people in many different areas, it would not be accessible to individuals in other areas.

> *If they're okay with putting one in Towson and everywhere else then yea. You understand, don't just put it in the inner city and if your gonna put, put one in Whitemarsh put one in Towson. Because then it paints the picture that it's just the city it's in and the city gets everybody else's drug addicts to come in and shoot up and everything and mess our city up.*

While Sam expressed their opinion on the location of the center: *"It's gotta be right there in an area where the drug addicts go."*

Participants agreed that a facility would help the community but varied on their opinions for what it would take for the facility to be successful. R posits

> *A lot of people go to Penn North on Pennsylvania Ave. That program* (treatment) *is very popular within the city I think because it's easily accessible. The subway is right there all the bus lines go there so they can get there easily because sometimes a lot of the programs, transportation is an issue...I'm thinking going to an area where they may be all the time. A popular area getting the right people on board that would know how to inject and bring people in and just having classes to get people knowledgeable about it.*

B emphasized that a center would not be successful as a copied and pasted plan that is established in another country.

> *We cannot just replicate what Vancouver has, we cannot just replicate what Amsterdam has, the culture and history here are so different. It has to be designed by and for the people here. And we have to make sure that we are thinking about policing and criminalization at the same time or else we're just not going to do any justice to it*.

Interventions must be designed, according to the community and population it is intended to address.

Interpretation of Themes AU

In contrast, MSIC in Australia has been established for over 15 years through collaboration with the government, health services, and the community. When addressing the theme of trust Shay, a staff member of MSIC was asked to describe the relationship between the communities impacted and those working to address overdoses at the MSIC in Australia and the clientele in the community, responding that trust is very important to what they do. *"Oh, yea I mean… that's really important. Yes, I would have a rapport. Some clients build stronger rapport with certain staff that's just the way it goes but definitely, it's really important,"* further elaborating that there are also consequences when that trust is broken,

> *Not everyone cooperates in the way that you would like. So, if clients break procedures or are aggressive towards other clients or threatening or violent towards staff then sanctions are imposed on them to varying degrees depending on the transgression*.

This clarifies that in order to ensure success, trust must occur on both ends. It must be given and received by the community member and those working within the community.

Leading into the theme of public education, when asked, about public education, Shay looked to the clientele that uses the services of MSIC and how they are educated about safe drug use during the three-stage process of using the site.

> *At stage 2 there …There's an opportunity there for staff to do education around some of those things if clients aren't familiar with it. So, we would allow the client to go through his usual we'd also provide some harm reduction information for them explain to them that they are at a high risk of overdose.* (Shay, personal communication, 2018)

Effective drug education should be ongoing to fortify prevention messaging (NIDA, 2003). Research has shown that the implementation of drug education campaigns is not only effective but can reduce the cost of future substance use disorders (NIDA, 2003). However, they again stated that public education is not the only issue these communities face. Showing the commonality of opinion with stakeholders in the US. Policing in the community is viewed as a source of increased discrimination and unfair treatment for drug users (Beletsky et al., 2015).

The interview with MSIC in Australia shed some light on interactions between police and drug users in the long run of their establishment in Australia:

> *At the same time, we get reports from our clients that they're unfairly singled out for searches and or all sorts of things and also one of the biggest problems is police. There's nothing written down about how police should operate, but there's this gentlemen's agreement that police don't interfere with people who are coming to use the service.* (Shay, personal communication, 2018)

There are no laws or regulations that allow individuals to carry drugs whether they use the services of SIFs or not. Harm reduction services in addition to harm reduction by police would be a way to engage communities in a way that builds trust, addresses the needs of individuals that use drugs, and reduce the adverse effects associated with drug use and drug enforcement in the community (Krupanski, 2018).

When asked "What are some barriers you may have encountered while trying to deliver services and barriers that may decrease access for individuals impacted by the opioid crisis?" Shay believes the center reduces harm in the community, as having that resource provides a safe space for users to go:

> *So, they're doing it somewhere else in unclean environments. At least if they're here or if we were to allow it here, it could be done in a supervised environment and staff would be on hand to help reduce the harms related.*

Indicating that barriers such as access can be reduced thereby reducing harm in the community and to community members.

This led to the follow-up question: "What is your experience in working with the communities impacted by the opioid crisis here in Kings Cross, Sydney, Australia?" Shay discussed a common issue that they find is the misconception and difficulty associated with stereotyping a particular type of person as a drug user, discussing that MSIC has seen a wide range of clients. Shay stated that drug users are placed on a spectrum, believing that they did not fit a stereotype:

> *Our clients come from different backgrounds. Some are really marginalized. Some are homeless, street-based sex workers, really disadvantaged. We probably have a majority of clients who are from that demographic who need quite a lot of support. It ranges to others at the other end of the spectrum whom you know the normal person might be surprised to think that they come here. They don't fit the stereotype.* (Shay, personal communication, 2018)

Shay then suggested the location needed to be where the drug markets are, to be accessible to those that would use the sites,

> *…It needs to be located in drug market areas and I would say a medical model, a model where you can administer Narcan on site. Otherwise, you're not really reducing the load on anyone's call-outs (ambulance calls) and that sort of thing*.

Regarding how they were able to implement and continue to keep the center operational within the community Shay continued to express that those community members who were worried that the facility would bring crime into the area eventually saw the benefits the facility provided to the community:

> *I think a lot of residents who have been here a long time see the benefits of the service. The ones who are harder to convince are residents who let's say, have moved here recently who have the misconception that this place attracts drug users which isn't true because the (drug) markets exist in this location*.

Discussion

As we continue to battle the coronavirus, claiming numerous lives every day, the lives lost to fatal drug overdoses and alcohol-related deaths also continue to increase in Maryland. Some of this uptick can be attributed to COVID-19. In the first 6 months of 2020, there was an 11.9% increase in fatal opioid overdose deaths when compared with the first half of 2019 (Maryland Opioid Operational Command Center, 2020). Healthcare executives have increasingly spent millions to help reduce opioid-related overdoes.

SIFs in Canada have proven that in the locations where SIFs are established there was an overall positive impact on the community. Overdose rates decreased by 35%, and there was a 30% increase in individuals who opted for treatment (Kerr et al., 2017). In Kings Cross, Sydney, Australia there was a 35% reduction in fatal overdoses in nearby areas and a 30% increase in the use of detox services (International Network of Drug Consumption Rooms, 2015). The number of publicly discarded needles decreased by half after the opening of MSIC (MSIC, 2017). Multiple studies have confirmed the positive impact of SIFs. Both the Vancouver and Sydney facilities have been significantly evaluated. Both facilities were found to be effective gateways for treatment services with some positive and no negative effects on the surrounding communities (Beletsky et al., 2008). In the past few years legislation has been introduced in the Maryland General Assembly with increasing support for overdose prevention sites (OPS). However, at this time, no such law has been passed and there is no formal plan to bring OPS to Baltimore as it would require federal and state approval to establish. Resources available for harm reduction in Baltimore City concerning the opioid crisis include naloxone training, hotlines, and increased funding for treatment interventions. These have failed to majorly reduce overdose deaths during an unprecedented time of a worldwide pandemic.

In other countries, the establishment of a SIF or OPS was possible through the organizing of PWUD and activists of harm reduction originating first as unsanctioned entities

which drove government responses. These resulted in the unique collaboration at several levels of government, healthcare, and the community. By sanctioning these sites countries were able to eliminate barriers to treatment, risks, challenges, and limits that were faced by unsanctioned sites. Notable risks that were removed were the potential for legal consequences for staff and individuals that would use the services of the site as well as limitations of raising funds without state or federal funding.

Through this study, we found that the establishment of a state or federally sanctioned SIF can be possible through community participation and collaboration consistent with the research of currently established sites. Stigma as a limiting factor surrounding drug users and treatment with regards to access and effectiveness was reinforced as a barrier. Most significantly in the US, it is important to address barriers to this access (Davidson et al., 2018). This observation agrees with several findings discussed in the study.

Data from more than 15 years from the MSIC in Sydney indicates positive outcomes for the community and Injection Drugs Users (IDUs). Using the MSIC as a model, we propose that implementing a SIF in Baltimore could yield similar, positive results. An interviewee in this study suggested considering a more inclusive model. The participant believed that by labeling a facility a safe injection facility, it misses a whole population of drug users that may use drugs in other ways beyond injection or a different drug altogether. To reach more individuals, the participant proposed safe consumption rooms that cover a plethora of prevention and treatment relative to the many different drugs that people take. There has been a multitude of studies echoing this claim. This idea opens a whole new area for research into treatments that cover the spectrum of drug use. Future research should explore treatment and prevention that tackles multiple addictive substances, offering a range of treatment and prevention strategies.

No single approach to prevention and treatment is effective for all individuals (NIH, 2018). In the case of the US and Australia, the approach must be different based on cultural, demographic, and societal differences. One participant of the study stated that even if we were to establish a facility, we could not "copy and paste" what one country has done. The best way to find out what services are needed in an area is to ask the individuals who would be using the services. This approach goes along with the collaborative effort, tackling stigma and mistrust in communities.

While The stigma surrounding how drug use and the drug user is perceived has halted progress on interventions and policies that other countries have been able to enact in response to the drug crisis. Collaboration and a contextual view that includes opinions of communities where services are needed should be used to create new interventions that aid in harm reduction.

Perception at the root of stigma could be changed by altering the language used to increase support for prevention initiatives such as SIFs. We have seen in practice the acceptance to speak about these facilities with the introduction of a change in nomenclature particularly as it refers to overdoses. It is indicated that the public may be more amendable to the language of Overdose Prevention Sites which has been used internationally such as the OPSs in Canada (Barry et al., 2018). This contrasts with the terms safe consumption or safe injection which may emphasize making illegal activity safer in the public's view. In the future it is important to understand how changing the perception of drug use can be used to decrease stigma towards people who use drugs and be used overall in increasing access to prevention services (Barry et al., 2018).

Interventions that involve some aspect of public education are also needed to ensure that communities understand the dangers associated with drug use as new drugs enter the drug markets. More harm reduction interventions that are effective as well as accessible to individuals that would use the services are also needed. These services should be administered

in a way that promotes dignity and dispels stigma placed on individuals that may use the services, to increase the number of individuals that seek help.

The findings of this study add to the current body of literature highlighting the desires of community members when addressing support for harm reduction interventions, effectiveness, and accessibility if established in the community. As described in a study by Chalmers, Lancaster, and Hughes (2016), stigmatization of illicit drug use has been seen to discourage people from reporting their drug use and seeking treatment. Many studies used in the literature about SIFs provided proof of success. This success was evident in studies by Irwin et al., (2017) and Stoltz et al., (2007) stating that SIFs have been established worldwide aimed at reducing harms associated with injection drug use. This success was identified in the areas of reducing blood-borne disease transmission, providing clean injection equipment, identifying serious infections early, overdose intervention, and becoming a trusted stabilizing force in the lives of the hard-to-reach community of people who inject drugs (PWIDs).

A strength of this study was that it provides various perspectives of stakeholders that would be involved in the implementation of a SIF in the US. We also used a multiple case study design that provides a comparison of the process to establish a SIF in Baltimore City, Maryland (US) with an established SIF in Kings Cross, Sydney (AU). The research was limited in its data as only one staff member of one operational SIF was able to be interviewed. Those that would directly use the services were also unable to be involved. However, the study still provides a unique perspective of the implementation of a community harm reduction intervention from community stakeholders within the context of public health.

Although SIFs are already used around the world, cultural, demographic, political, and socioeconomic differences should be examined when trying to establish facilities in the US. This research provided a better understanding of the stigma surrounding the establishment of a SIF as an overdose prevention measure and the need for a collaborative approach to its establishment in the US. Future research should explore themes of stigma in association with drug prevention strategies and drug policy in the realm of public health to better understand the process of implementation in the US. Direct input from the individuals who would use the services is also an important avenue for future research.

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Author Note

Timothy Dupree is an Adjunct Professor at Towson University. The focus of his research is harm reduction and drug use prevention in response to the opioid epidemic. He is also interested in community health by means of harm reduction initiatives. Correspondence can be addressed directly to 8000 York Rd. Towson, MD 21212. Phone: 410-704-4049. Email: tdupree@towson.edu.

Caroline Wood is an Assistant Professor of Health Sciences at Towson University. The focus of her research is bullying prevention, and protective factors that can help children avoid or reduce their risk of victimization. She is also interested in children with special healthcare needs, mixed-methods research, health literacy, and injury prevention. Correspondence can be addressed directly to: 8000 York Rd, 101 Linthicum, Towson, MD 21252. Phone: 410-704-3865. Email: ciwood@towson.edu.

Andrea Brace is an Associate Professor of Health Sciences at Towson University and is a Certified Health Education Specialist. The focus of her research is food access and food equity. She is also interested in the relationship between place and health. Correspondence can be addressed directly to: 8000 York Rd, 101 Linthicum, Towson, MD 21252. Phone: 410-704-4218. Email: abrace@towson.edu.

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