Safe Injection Sites versus Street Use: Preventing Fatal Overdoses, Disease Transmission, and Hospitalization

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Abstract

The opioid crisis is continuing to rise. Safe injection sites (SIS) have been introduced to help mitigate harm with intravenous drug use. Utilizing current literature, the goal is to discover the correlation between the implementation of SIS and their results on overall fatal overdoses, disease transmission, and hospitalization rates compared to intravenous drug users without access to a SIS. A literature search was conducted utilizing CINAHL, PubMed, Nursing Reference Center Plus, and Google Scholar using the following search terms: safe injection site*, harm reduction, overdose, hospitalization*, opposition. A total of 204 articles met the inclusion criteria. The exclusion criteria included: individuals currently going through substance abuse treatments, individuals currently receiving pharmacological therapies for drug dependency, and unsanctioned safe injection sites. Inclusion and exclusion criteria vielded 10 articles. The evidence was mixed for the usage of SIS. More literature was in favor of the utilization of SIS. The literature found that individuals with access to an SIS had increased access to healthcare professionals equipped with Naloxone, pulse oximetry, and supplemental oxygen to reduce fatal overdoses. Lastly, due to the intimate nature of the SIS, rapport is gained, allowing for potential referrals to seek substance abuse treatment. Limitations of this review include SIS being relatively new in the United States therefore there needs to be more research conducted. Based on these findings, there is a strong correlation that the implementation of SIS effectively reduces disease transmission, prevents emergency department visits, reduces hospitalization stays, and decreases overall mortality due to intravenous drug use.

Keywords: safe injection site, harm reduction, supervised injection facilities

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