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May 9, 2017

The Hon. Reggie Jones-Sawyer
Chair, Assembly Public Safety Committee
1020 N Street (LOB), Room 111
Sacramento, Calif., 95814
Via fax: 916.319.3745

Re: A.B. 186 (Eggman) Position: SUPPORT
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Dear Assemblymember Jones-Sawyer:

On behalf of the R Street Institute, I write in support of Assembly Bill 186 (Eggman), as amended March 23, 2017. This measure would allow cities and counties to establish effective harm-reduction programs, such as supervised consumption services (SCS). A.B. 186 would grant communities the ability to improve public order, prevent overdose deaths, link people to substance-use-disorder treatment and reduce HIV and hepatitis infections. The bill also would let communities provide services proven to make the public healthier and safer.

Supervised consumption services—also called supervised injection facilities or safe consumption spaces—are health services that allow individuals to use illicit drugs in a clinical setting, with expert supervision and sterile supplies. There currently are roughly 100 such facilities around the world.ⁱ SCS has been shown to reduce health and safety problems associated with drug use,ⁱⁱ including HIV and hepatitis infectionsⁱⁱⁱ and overdose deaths.^{iv} Research of Canadian SCS users found they were more likely to enter treatment and to stop using drugs.^v SCS helps improve public order by reducing the amount of street-based drug use^{vi} and the volume of discarded syringes^{vii} without increasing crime or drug sales in the vicinity of SCS facilities.^{viii}

The services generally have support from local law enforcement, with Vancouver police directing people drug users to the city's Insite supervised injection center.^{ix} Established SCS centers do not tolerate on-site drug sales. They are not spaces where people can go to buy drugs, nor are they spaces where people can ask others to help them use drugs.

A.B. 186 provides narrow exemptions to certain controlled-substance laws for programs permitted by cities or counties. It would allow the operation and utilization of life-saving public health and medical intervention programs intended to reduce death, disease or injury related to the use and administration of controlled substances. SCS are a commonsense next step to address drug-related harm beyond sterile syringe access, which the California Legislature has supported formally since 1999.

The R Street Institute is a nonprofit, nonpartisan public policy research organization headquartered in Washington and with a Western region office in Sacramento. We strive to promote free markets and effective government policies in many areas, including harm-reduction policies. We believe this legislation is a good example of a policy that helps to reduce the harm of drug addiction and also encourages local governments to try innovative programs that address local problems.

For these reasons, the R Street Institute supports AB 186 (Eggman) to allow communities to choose to offer these effective and safe programs. It is time for California to give these programs a try. Please do not hesitate to contact me at (909) 260-9836 or sgreenhut@rstreet.org.

Respectfully,

Steven Greenhut
Western Region Director
R Street Institute
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Sacramento, CA 95814

cc: Assemblymember Susan Talamantes Eggman via Logan.Hess@asm.ca.gov
Laura Thomas, Drug Policy Alliance, lthomas@drugpolicy.org

ⁱ “Drug consumption rooms: an overview of provision and evidence,” (2015)
<http://www.emcdda.europa.eu/topics/pods/drug-consumption-rooms>.

ⁱⁱ C. Potier, et al, “Supervised injection services: What has been demonstrated? A systematic literature review,” *Drug Alcohol Depend* 118, no.2-3 (2011): 100-10

ⁱⁱⁱ Salaam Semaan, et al., “Potential role of safer injection facilities in reducing HIV and Hepatitis C infections and overdose mortality in the United States,” *Drug & Alcohol Dependence* 118 (2011): 100– 110

^{iv} Brandon D.L. Marshall, et al., “Reduction in overdose mortality after the opening of North America’s first medically supervised safer injecting facility: a retrospective population-based study,” *Lancet* 377 (2011): 1429–37

^v Evan Wood, et al., “Rate of detoxification service use and its impact among a cohort of supervised injecting drug users,” *Addiction* 102 (2007):916–19.

^{vi} Evan Wood, et al., “Changes in public order after the opening of a medically supervised safer injecting facility for illicit injection drug users,” *CMAJ* 171(7) (2004): 731-734

^{vii} Steven Petrar, et al., “Injection Drug Users’ Perceptions Regarding Use of a Medically Supervised Safer Injecting Facility,” *Journal of Addictive Behaviors* 32, no.5 (2007):1088-1093

^{viii} Evan Wood, et al., “Impact of a medically supervised safer injecting facility on drug dealing and other drug-related crime,” *Substance Abuse Treatment, Prevention, and Policy* (2006) 1:13

^{ix} Kora DeBeck, et al., “Police and public health partnerships: Evidence from the evaluation of Vancouver’s supervised injection facility,” *Substance Abuse Treatment, Prevention, and Policy* (2008) 3:11