

SUPERVISED DRUG CONSUMPTION SITES: OVERVIEW AND MODEL LEGISLATION

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JUNE 2024

KEY POINTS

- Supervised drug consumption sites are illegal by federal law, but NGOs continue to try to open them.
- Research supporting the effectiveness of SDCSs lack sufficient methodology to support their claims.
- SDCSs fail to address the root of drug addiction and support dangerous drug use.

ISSUE

According to the Centers for Disease Control and Prevention (CDC), in the 12-month period between October 2022 and October 2023, there have been 105,303 overdose deaths across America ([CDC, n.d., Figure 1a](#)). Texas alone has reported 5,566 overdose deaths in the same 12-month period ([CDC, n.d., Figure 1b](#)). To address this crisis, a few states have sought to emulate the drug treatment model practiced in Canada, known as Supervised Drug Consumption Sites (SDCS). These drug consumption sites are locations where drug users may “bring previously obtained drugs, such as heroin and fentanyl, [to use] under the supervision of staff trained to respond in the event of an overdose or other medical emergency” ([Kashiwagi, 2023, para. 2](#)). With the consequences brought about by the presence of these sites, the Texas Legislature should prohibit the operation of SDCSs in the Lone Star state.

“DESPITE THE SAFE INJECTION SITES’ EFFORTS TO ‘DO GOOD,’ THEY ARE CAUSING ‘AN ERODING EFFECT’ BY DRAWING DRUG ACTIVITY AND ACCOMPANYING LAWLESSNESS.”

**~RODRIGO CABALLERO,
FORMER NYPD DETECTIVE
(CONTRERAS, 2023)**

The central theoretical underpinning behind SDCSs is a set of policies collectively referred to as “Harm Reduction.” Groups like the National Harm Reduction Coalition believe that since drug use is unavoidable, it is in the best interest of public health to provide SDCSs as a center that provides education on safe drug use and substance abuse treatment programs (in addition to offering participants a place to consume illegal substances) ([National Harm Reduction Coalition, n.d.-a](#)). While each SDCS has their own set of protocols, the general operation of these sites is the same. Anyone can enter with the drugs they are planning on consuming. The individual signs in and is taken to a room where they can use said substance. The SDCS provides the individual clean paraphernalia, who then consumes his or

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her substance of choice, and is supervised by SDCS staff in the event that the individual overdoses. If that happens, the individual will receive a dose of naloxone—the drug used to reverse overdoses.

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In the United States, Rhode Island and Minnesota have passed legislation authorizing SDCSs, but have not yet opened any sites ([Betts, 2024](#)). Colorado, Massachusetts, California, and Vermont sought to authorize SDCSs through as well, but failed to pass

authorizing legislation in those states ([Betts, 2024](#)). In 2019, the Department of Justice (DOJ) blocked Safehouse, a non-profit organization based in Philadelphia, from opening a SDCS ([Balsamo & Peltz, 2022](#)). However, in 2021 the DOJ under Attorney General Merrick Garland entered into talks with Safehouse and said about SDCSs in general they are: “evaluating supervised consumption sites, including discussions with state and local regulators about appropriate guardrails for such sites, as part of an overall approach to harm reduction and public safety” ([Balsamo & Peltz, 2022, para. 9](#)). Eventually, the Philadelphia city council voted 13-1 to ban SDCSs, but that decision was vetoed by the mayor. The council then overturned the veto and created a zone overlay that prevented SDCSs from opening in nine out of the city’s 10 districts. Attempts in Oregon to open SDCSs have also been held up in court ([Betts, 2024](#)). Currently, the only two operational sites in the United States are in New York ([Betts, 2024](#)).

The Substance Abuse and Mental Health Services Administration claims that the policies that stem from the philosophy of Harm Reduction are centered around an “evidence-based approach that is critical to engaging with people who use drugs” ([SAMHSA, n.d.](#)). However, according to a meta-analysis by Bryce Pardo an international researcher in the area of drug and crime policy, “Overall, the scientific evidence on the effectiveness of SCSs is limited in quality” ([Pardo et al. 2018, p vi](#)). Pardo et al. examined the methodology of 65 studies of SDCSs from various authors between 1990 and 2018 and found that their methods were insufficient to support the conclusions made in the studies about the effectiveness of SDCSs. For example, studies examining estimates of the cost-effectiveness of SDCSs relied on the ability of the sites to affect behavior in the area outside of the facility. Without the controlled structure of an experiment that has randomly assigned “control” and “treatment” groups, it is difficult to rule out any confounding variables. Furthermore, with the scope of the studies being limited to three cities, it is difficult to generalize the results to a larger population. One study points out that when a SDCS was opened

in New South Wales, Australia, emergency calls regarding overdoses had decreased, but due to the limitations of the study, it could not rule out that this was due to prolonged and significant absence of heroin at the same time ([Pardo et al. 2018, p vii](#)).

Another critique of methodology, specifically about Vancouver's SDCS (InSite), explains that "most of the overdoses that were the subject of the questionable 35% reduction immediately around Insite lay specifically in the 12 city blocks patrolled by 48–66 police added in 2003" ([Christian et al., 2012, para. 4](#)). This means that the reduction of overdoses in the area is better explained by increased police presence rather than any "spillover effects on behavior" from the Insite facility. Simply put, research supporting the effectiveness of SDCSs lacks sufficient scientific rigor to support the claims.

In addition to being ineffective at improving public health, SDCSs also pose a nuisance—if not a danger—to the communities in which they operate. Former NYPD Detective Rodrigo Caballero said in a New York Post article that in Washington Heights, the SDCSs are "drawing drug activity and accompanying lawlessness in the area that is beyond the staff's control" ([Contreras, 2023, para. 20](#)). The same article reported that narcotics arrests in the area around the site have more than doubled from 57 arrests to 122 arrests between 2022 and 2023 ([Contreras, 2023, para. 23](#)). The "lawlessness" described is not exclusive to the sites in New York. On the other side of the country, in San Francisco, emergency call data from 2021 revealed a 126% increase in crisis calls from the specific neighborhood in which their SDCS was located, alongside an 11% increase in crisis calls citywide ([Sjostedt, 2022, para. 7](#)). Conditions around the site deteriorated to the point where the site was closed after just a year.

Even though [21 U.S. Code § 856](#) prohibits all SDCSs from operating, the statute has not been applied in a consistent manner. NGOs have taken advantage of this permissiveness and have attempted to open these sites all over the country. To protect public

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health and safety in Texas, the 89th Legislature should pass legislation making it clear that Supervised Drug Consumption Sites cannot be operated—and will not be tolerated—in Texas.

RECOMMENDATION

The 89th Texas Legislature should enact legislation banning the owning and operation of premises for the purpose of allowing persons on the premises to use unlawful/controlled substances. ■

MODEL LEGISLATION

A BILL TO BE ENTITLED

AN ACT

relating to creating the criminal offense of operating a premises for unlawful controlled substance consumption.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:

SECTION 1. Subchapter D, Chapter 481, Health and Safety Code, is amended by adding Section 481.142 to read as follows:

Sec. 481.142. OFFENSE: OPERATING PREMISES FOR UNLAWFUL CONTROLLED SUBSTANCE

CONSUMPTION. (a) In this section, “premises” has the meaning assigned by Section 46.03, Penal Code.

(b) A person commits an offense if the person:

(1) owns, rents, leases, manages, or otherwise controls any premises, permanently or temporarily; and

2) knowingly:

(A) operates the premises for the purpose of allowing persons on the premises to use a controlled substance in violation of this chapter;

(B) rents, leases, or otherwise profits from a premises described by Subdivision (1) that is operated or otherwise made available for the purpose of allowing persons on the premises to use a controlled substance in violation of this chapter; or

(C) regardless of whether compensation is expected or received, makes the premises available to others for the purpose of allowing persons on the premises to use a controlled substance in violation of this chapter.

(c) An offense under this section is a felony of the second degree.

(d) This section does not apply to conduct engaged in with respect to a premises on which controlled substances are consumed pursuant to a valid prescription, including a facility for medication-assisted treatment for opioid or substance use disorder.

(e) If conduct that constitutes an offense under this section also constitutes an offense under any other law, the actor may be prosecuted under this section, the other law, or both.

SECTION 2. This Act takes effect September 1, 2025.

REFERENCES

- 21 U.S.C. § 856 (1986 & rev. 2003). [https://uscode.house.gov/view.xhtml?req=\(title:21+section:856+edition:prelim\)](https://uscode.house.gov/view.xhtml?req=(title:21+section:856+edition:prelim))
- Balsamo, M., & Peltz, J. (2022, February 7). *Justice Dept. signals it may allow safe injection sites.* Associated Press. <https://apnews.com/article/business-health-new-york-c4e6d999583d7b7abce2189fba095011>
- Betts, A. (2024). Providence officials approve overdose prevention center. *The New York Times.* <https://www.nytimes.com/2024/02/04/us/ri-opioid-safe-injection-site.html>
- Centers for Disease Control and Prevention. (2023). *Provisional drug overdose death counts.* <https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm>
- Christian, G., Pike G., Santamaria, Joe., Reece, S., DuPont, R., & Mangham, C. (2012, January 14). Overdose deaths and Vancouver's supervised injection facility. *The Lancet*, 379(9811), 117. [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(12\)60054-3/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(12)60054-3/fulltext)
- Contreras, J. (2023, April 15). *NYC drug dealers hawk narcotics from van, driving up business for nearby injection sites.* New York Post. <https://nypost.com/2023/04/15/dealers-sell-drugs-from-van-to-nearby-injection-site-clients/>
- Kashiwagi, S. (2023, January 26). *San Francisco moves to allow non-profits to operate supervised drug injection sites.* CNN Politics. <https://www.cnn.com/2023/01/26/politics/san-francisco-drug-injection-sites/index.html>
- National Harm Reduction Coalition. (n.d.-a). *Supervised consumption services.* Retrieved April 1, 2023, from <https://harmreduction.org/issues/supervised-consumption-services/>
- National Harm Reduction Coalition. (n.d.-b). *Overdose prevention.* Retrieved April 1, 2023, from <https://harmreduction.org/our-work/overdose-prevention/#:~:text=National%20Harm%20Reduction%20Coalition%20supports,help%20save%20thousands%20of%20lives>
- Pardo, B., Caulkins, J., & Kilmer B. (2018, December 6). *Assessing the evidence on supervised drug consumption sites.* RAND Corporation. https://www.rand.org/pubs/working_papers/WR1261.html
- SAMHSA. (n.d.) *Harm reduction.* Retrieved May 15, 2024, from <https://www.samhsa.gov/find-help/harm-reduction>
- Steeb, M., & Bonura, J. (2023, April 10). *The case for banning supervised drug consumption sites.* Texas Public Policy Foundation. <https://www.texaspolicy.com/the-case-for-banning-supervised-drug-consumption-sites/>

Sjostedt, D. (2022, November 17). *City-funded survey says the Tenderloin Center improved the neighborhood. Many are unconvinced.* The San Francisco Standard. <https://sfstandard.com/2022/11/17/city-funded-survey-says-the-tenderloin-center-improved-the-neighborhood-others-arent-convinced/>

Zibbell, J., Howard, J., Clarke S., Ferrell, A., & Karon, S. (2019). *Non-fatal opioid overdose and associated health outcomes: Final summary report.* U.S. Department of Health and Human Services. https://aspe.hhs.gov/sites/default/files/migrated_legacy_files/190846/Nonfatal.pdf

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