

Safe Injection Sites and the Federal "Crack House" Statute

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Drug abuse, particularly the abuse of opioid, is currently a major health crisis due to the high rates of abuse of illegal substances, which poses a social and health crisis. Such substances cause complex problems due to the direct health and psychological effects, and the indirect risks like diseases due to sharing needles, social stigma, and withdrawal. The high risks then warrant development of alternative ways to deal with the pandemic (Ahrens, 2019). One of the proposed solutions is the provision of safe injection sites (SIS) where patients can engage in the usage safely, but which is not feasible because it does not help in eliminating the problem, but in fact encourages it and increases the potential for health burdens and cost on society.

Safe injection sites are recommended because they offer a controlled environment for drug users. There are stationed physicians, nurses, and other practitioners that guide the users through safe practices like not sharing needles and proper disposal after usage, right dosages, and safe varieties of the drugs. The health providers also swiftly respond in case of emergencies to secure the patient and prevent fatal outcomes. They also provide the addicts with critical education, awareness, and rehabilitation that help them to beat the behavior and resume normal living. The approach involves supporting the users by rehabilitating them instead of punishing them through imprisonment (Kreit, 2019). Research has identified that such an approach reduces overdoses but does not decrease the rate of usage, and has become very politicalized, by removing states from their responsibilities and placing them within non-profits that then adds a financial focus on to a medical and psychiatric concern.

The approach is unrealistic for several reasons. Primarily, it is illegal in most states and federal law prohibits the handling and distribution of illegal substances. The laws particularly prohibit the supply of drugs to minors, including fetuses (pregnant women), and is a violation,

such an individual could potentially be arrested, arraigned, and harshly sentenced. If the person they supplied dies, then the accused can be prosecuted for possible homicide. The federal crack house statute also prohibits using a building for drug usage (Ahrens, 2019). The situation then raises the issue of the legal basis of the application of safe injection sites. It would seem out intuitive that a lawmaking and policy body would support the breaking or bending of the laws supported within the institution, laws for “thy but not me.”

Medically and according to nursing principles, the SIS is an ideal alternative because it improves the safety of the drugs' intake while preventing fatal outcomes and enhancing rehabilitation. Therefore, it fulfills the principles of beneficence and maleficence by preventing patient harm. However, the intervention fails in its long term because it does not help the patient quit the addiction and perpetuated the substance use disorder. Research in Vancouver has shown that only 7% of the population using SIS transition to treatment means that most utilize the facility to legally use the illicit products (Bozza & Berger, 2020). As a result, the program misses its primary objective of helping the patient improve their health and well-being, making it unethical.

Illegal substances can cause have extensive physical damage to the patient's body. Therefore, offering users a safe place to do it only solves the least of the problems, which is fatal dosages and practices. However, it continues to expose the user to the damaging effects of the substance, which affects their health and life, as well as the wellbeing of their loved ones, causes additional problems within the family dynamic. Therefore, the SIS is not just unethical, but also illegal (Bozza & Berger, 2020).

Opioid abuse is a major health crisis in the current society. As a result, there is the need for the establishment of all measures possible to manage it. However, safe injection zones are not

part of the solution because they do not lead to treatment. Instead, they enable safer usage. They are also against multiple laws. Therefore, SIS Bill should not be substituted with other interventions, with sufficient data of reliability and validity.

Lastly, the data for Prince George's County on opioid overdose doesn't support the per capita expenditure justification, nor human capital investment.

See attachments

1. Safe Consumption Sites and the Perverse Dynamics of Safe Consumption Sites and the Perverse Dynamics of Federalism in the Aftermath of the War on Drugs
2. Debating Safe Injection Site In Vancouver Inner City
3. Safe Injection Sites and the Federal "Crack House" Statute
4. PRINCE GEORGE'S COUNTY HEALTH DEPARTMENT Opioid Overdose Report
December 2014

References

Ahrens, D. (2019). Safe Consumption Sites and the Perverse Dynamics of Federalism in the Aftermath of the War on Drugs. *Dickinson L. Rev.*, 124, 559.

Bozza, S., & Berger, J. (2020). Safe Injection Sites: A Moral Reflection. *The Linacre Quarterly*, 87(1), 85-93.

Kreit, A. (2019). Safe injection sites and the federal crack house statute. *BCL Rev.*, 60, 413.