



EXECUTIVE COUNCIL	
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MEMBERSHIP	
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Not Approved	

**ILLINOIS PUBLIC HEALTH ASSOCIATION
RESOLUTION NO. 5
2021**

Safer Injection Facilities and Overdose Prevention

WHEREAS, between January 2018 and October 2020, 3,843 Illinoisans lost their lives to an opioid-related overdose¹; and,

WHEREAS, the current health insurance system in Illinois does not provide adequate coverage for drug treatment programs; excessive gatekeeping and high copayments discourage many drug users from seeking help²; and,

WHEREAS, evidence from the National Institute on Drug Abuse shows that every \$1 invested in drug treatment services results in a \$4-\$7 savings criminal justice and crime-related costs³; and,

WHEREAS, people who have access to treatment are more likely to earn income from wages and less likely to earn income from criminal activities⁴; and,

WHEREAS, providing drug treatment contributes to the private welfare of each individual and the social welfare of our entire state; there is a clear need for overdose prevention methods in Illinois; safer injection facilities (SIF) are publicly accessible,

¹ Mason, M. (2021). *Notes from the Field: Opioid Overdose Deaths Before, During, and After an 11-Week COVID-19 Stay-at-Home Order — Cook County, Illinois, January 1, 2018–October 6, 2020*. Centers for Disease Control and Prevention.

² Mason, M. (2021). *Notes from the Field: Opioid Overdose Deaths Before, During, and After an 11-Week COVID-19 Stay-at-Home Order — Cook County, Illinois, January 1, 2018–October 6, 2020*. Centers for Disease Control and Prevention.

³ Illinois Department of Human Services. (2020). *Division of Alcoholism and Substance Abuse*. Retrieved from State of Illinois Department of Human Services: <https://www.dhs.state.il.us/page.aspx?item=32300>

⁴ Illinois Department of Human Services. (2020). *Division of Alcoholism and Substance Abuse*. Retrieved from State of Illinois Department of Human Services: <https://www.dhs.state.il.us/page.aspx?item=32300>

hygienic, and decriminalized spaces where drugs users can inject their drugs with clinical supervision; and,

WHEREAS, data collected from safer injection facilities has demonstrated their cost-effectiveness⁵; Hood et. al. estimated that a single SIF in Seattle could reverse 167 opioid overdoses, save 6 residents' lives, and reduce dependence on hospital emergency departments⁶; Hood found that the cost-benefit ratio of just one SIF predicts a return of \$4.22 for every \$1 spent⁷; and,

WHEREAS, A similar study in New York found that four SIFs could save \$2.9-\$5.7 million in opioid overdose costs⁸; and,

WHEREAS, Bouvier et. al. found that more than 6 in ten young adults who inject drugs are willing to use a SIF, including young adults at the highest risk for overdose⁹; and,

WHEREAS, investing in drug treatment programs is a cost-effective method of reducing the social loss associated with risky drug use; additional investment in safer injection facilities could go even farther in reducing *ex post* moral hazard costs and negative externalities from opioid overdoses and deaths; and,

WHEREAS, Illinois has several important organizations already working to reduce overdose deaths, including the Chicago Recovery Alliance, The Night Ministry, and Healthcare Alternative Systems;

THEREFORE, BE IT RESOLVED, that the Illinois Public Health Association (IPHA) as one of Illinois' public health leaders, will:

1. Advocate to the Illinois Department of Human Services (IDHS), Division of Substance Use Prevention and Recovery (SUPR), for the selection of optimal locations for SIFs in Illinois and the implementation of at least one SIF in every Illinois region with high rates of intravenous drug use; and,
2. Advocate to the Illinois Department of Human Services, Division of Substance Use Prevention and Recovery for the financial and operational support of existing harm reduction, overdose prevention, and community outreach efforts in Illinois, while uplifting the leadership of people who use drugs (PWUD) via the encouragement of a stipend program at SUPR for the input and expertise of peer PWUD throughout Illinois.

⁵ Hood, J. (2019). The projected costs and benefits of a supervised injection facility in Seattle, WA, USA. *The International Journal on Drug Policy*.

⁶ Hood, J. (2019). The projected costs and benefits of a supervised injection facility in Seattle, WA, USA. *The International Journal on Drug Policy*.

⁷ Hood, J. (2019). The projected costs and benefits of a supervised injection facility in Seattle, WA, USA. *The International Journal on Drug Policy*.

⁸ Behrends, C. N. (2019). Estimated impact of supervised injection facilities on overdose fatalities and healthcare costs in New York City. *Journal of Substance Abuse Treatment*.

⁹ Bouvier, B. A. (2017). Willingness to use a supervised injection facility among young adults who use prescription opioids non-medically: a cross-sectional study. *Harm Reduction Journal*.