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## Safe Consumption Facilities as Harm Reduction

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**Key Words:**

1. Substance use disorder
2. Harm reduction
3. Safe consumption facilities (SCF)
4. Needle exchange
5. Naloxone

***Safe Consumption Facilities as Harm Reduction******Overview/Issue***

Substance use disorder (SUD) is one of the largest public health challenges in Oregon, with approximately 1-in-10 Oregonians living with SUD and some experiencing overdose annually. Safe Consumption Facilities (SCF) have been shown to facilitate entry into treatment programs and prevent fatal overdoses and needle sharing, but have not yet been implemented.

***Challenges***

SCFs have succeeded in Canada and Europe; yet several barriers exist to implementation in the U.S. The most common challenges include: low public support and a lack of understanding regarding SUD and harm reduction strategies; limited funding and research in the United States; and the complexities of state and federal authorization.

***Efforts***

Worldwide, SCFs have existed for over 30 years. In the U.S., the first supervised injection site is set to open in Philadelphia later this year. Local efforts undertaken by advocacy coalitions and nonprofits in the Portland metropolitan area are pushing lawmakers to propose safe consumption sites in the city (e.g., Safer Spaces Portland).

***Public Health x Urban Planning***

Implementation of SCFs requires an interdisciplinary approach. Necessary considerations include zoning policies and mapping locations of overdoses and Naloxone distribution to determine optimal placement of SCFs. Accessibility is a barrier to treatment; thus, public transportation connectivity is essential in SCF planning. These considerations may be combined in a “hub-and-spoke” model, which places treatment at the center of coordinated efforts across practitioners and programs.

***Conclusion***

Several considerations and barriers must be addressed to successfully reduce harm from substance use by implementing SCFs.