Establishing Sanctioned Safe Consumption Sites in the United States: Five Jurisdictions Moving the Policy Agenda Forward

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Objective: Safe consumption sites enable use of pre-obtained drugs in hygienic settings where trained staff are available to respond to overdoses and connect individuals with health and social services. This study examined efforts to advance policies to establish safe consumption sites in the United States, where no sanctioned sites exist.

Methods: Between April and July 2018, the authors conducted 25 telephone interviews with a purposive sample of key informants in five communities considering safe consumption site implementation. Participants included organizers and advocates, government officials, and personnel with social service and health organizations. Interview notes were analyzed by using hybrid inductive-deductive coding.

Results: Key strategies for organizing support for safe consumption sites included involving people who use drugs, engaging diverse partners, supporting allies in related causes, and using various tactics to garner support from policy makers. Major barriers to adoption included identifying the right locations, uncertainty about the federal response, mistrust arising from racial injustice in drug policy, and financing. Participants identified facilitators of progress toward safe consumption site adoption, such as building on existing harm reduction programs, securing political champions, and exposing community officials to programs operating internationally.

Conclusions: A window of opportunity may be opening to advance policy related to safe consumption sites; whether sanctioned sites become part of the broader policy strategy for addressing drug use and overdose in the United States will depend on the experiences of the first sites. Organizing around this issue may facilitate engagement among people who use drugs in broader conversations about drug policy.

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The United States is facing a sustained addiction and overdose epidemic that is historic in magnitude and pervasiveness. Drug overdose deaths in 2017 surpassed 70,000 (1). Reversals in life expectancy gains have been attributed in part to rising drug overdose mortality rates (2). Fentanyl, a synthetic opioid that is significantly stronger than heroin, has become increasingly prevalent, escalating the lethal risk of drug consumption (3, 4). In addition, growing incidence of hepatitis C virus (5) and recent regional HIV outbreaks have been traced to injection drug use (6). The federal government and a number of states have declared public health emergencies (7, 8).

Despite efforts to curtail the epidemic, the rates of addiction and overdose deaths continue to escalate. In this context, jurisdictions are searching for new approaches. One proposal involves safe consumption sites, also known as supervised injection facilities and overdose prevention sites, among other related terms. These are places where people can use preobtained drugs in a hygienic setting, with supervision by trained staff, and connect to other health and social services (9). Creating safe consumption sites is one of many harm reduction strategies, including syringe services programs, overdose education, and naloxone distribution.

HIGHLIGHTS

- In the context of a sustained and increasingly lethal drug overdose crisis in the United States, several jurisdictions are engaged in efforts to change local and/or state policy to establish sanctioned safe consumption sites.

- Communities seeking to implement sanctioned safe consumption sites report employing various strategies to garner political and public support, resolve logistical barriers, and navigate federal opposition.

- Organizing around safe consumption sites may be one pathway to include people who use drugs in broader conversations around U.S. drug policy.

By facilitating access to respectful and relevant services, harm reduction programs enable people who use drugs to make positive changes. Proponents view safe consumption sites as one element of a multifaceted strategy to shift the drug policy paradigm away from criminalization and toward interventions emphasizing the health and well-being of people who use drugs. Over 100 sanctioned safe consumption sites exist in cities in Canada, Australia, Mexico, and Europe (9).

Insite, which opened in 2003 in Vancouver, Canada, was the first safe consumption site in North America. Evaluations of the facility suggest that safe consumption sites can produce important benefits for people who use drugs, including reducing fatal overdoses (10, 11), facilitating safer injection and less sharing of syringes (12, 13), and increasing connection to addiction treatment (14, 15). Research also indicates that the surrounding neighborhood experienced a decline in public drug use and syringe debris (16), with no increase in drug-related crime (17). Systematic reviews of research conducted in a wider range of geographic settings found that safe consumption sites were associated with positive outcomes (18, 19). Cost-benefit analyses focused on San Francisco and Baltimore point to the potential cost savings of this intervention through reduced spending on medical complications of unsafe drug consumption (20, 21).

To date, no sanctioned safe consumption site exists in the United States. An underground site has been operating in the United States since 2014 (9, 22), and some syringe services providers have pushed legal boundaries by operating quasi-safe consumption sites in their facility bathrooms (23). By the end of 2018, legislation to establish safe consumption sites had been introduced in at least six states (California, Colorado, Massachusetts, Maryland, New York, and Vermont). California's state legislature was the first to pass a safe consumption site bill, although it was vetoed by the governor (24). On the local level, Philadelphia announced plans to facilitate the establishment of safe consumption sites and the Seattle city council allocated funding for safe consumption sites (25), but so far neither city has opened a site.

Few studies have explored the processes currently underway to facilitate adoption of policies that would permit the use of safe consumption sites (26–28). Furthermore, we are unaware of research that has examined the growing movement to establish these sites in the United States. Through interviews with key informants in five locations across the country, we describe the local context related to drug use that these sites aim to address, characterize the organizing strategies employed by advocates, and consider barriers to and facilitators of adoption of sanctioned safe consumption sites.

METHODS

Data Collection Efforts
Of the eight states with active, ongoing efforts at the state or local level to change safe consumption site policy, we purposively recruited interviewees from five states in which advocates have secured support from key elected officials (e.g., public mayoral support) or have built significant momentum in advancing policy to establish sanctioned sites (e.g., advancing legislation out of committee). We identified an initial set of study participants through the networks of two study authors (A.H.K. and S.G.S.) with ties to the harm reduction community and used snowball sampling to recruit additional participants. To maintain confidentiality, we have not identified the location of the participants included in our sample.

Between April and July 2018, we conducted 25 telephone interviews with a purposive sample of four to six key informants from each location until we reached data saturation. We determined saturation had been achieved when new themes were no longer emerging during interviews conducted within the same jurisdiction. Participants included organizers and advocates, local government officials, and personnel with social service and health organizations, including organizations considering operating a safe consumption site. Interviews ranged from 45 minutes to 1 hour. The study team drew on the literature and team member expertise on this topic to develop a semistructured interview guide. One study team member took detailed notes during each interview. According to the Johns Hopkins Bloomberg School of Public Health Institutional Review Board, the study was not designated as human subjects research.

Analysis
Analysis of interview notes employed a hybrid inductive-deductive coding process. All study team members reviewed the interview notes, identifying important themes. Using this initial set of themes to develop codes, one author (A.K.-H.) systematically analyzed the data by using NVivo 12 Pro qualitative analysis software (29). Segments of the text were initially coded for the a priori themes identified during the group review of interview notes, and the text was then coded iteratively to capture new themes emerging during the coding process. Related coded text segments were then categorized into overarching themes.

RESULTS

Defining the Problem
Interview participants reported that safe consumption sites were eliciting interest because of the following problems: overdose deaths, development-induced displacement and homelessness, and publicly visible drug use and syringe debris. Many participants identified all three problems as driving interest in sanctioned safe consumption sites. However, the salience of these issues varied by geographic region. Participants suggested that rising overdose death rates were playing a greater role in driving policy discussions in areas where overdose mortality rates are rising rapidly. However, even in areas of the country where death rates have increased more slowly, there was a sense that the

broader national narrative about the overdose epidemic had contributed to a greater willingness to consider a policy in support of safe consumption sites.

In several locations, participants noted that interest in safe consumption sites appeared to be driven more by concern about public drug use and syringe debris than about the well-being of people who use drugs. Participants viewed the issues of development and displacement, homelessness, visible drug use, and syringe debris as interrelated. In cities experiencing rapid gentrification, people who previously used drugs in more hidden settings (e.g., abandoned buildings) were now using drugs in the street or in public bathrooms. In some cities, people congregated in tents or other visible encampments. Most participants characterized safe consumption sites as a critical but incomplete policy response to the issues affecting people who use drugs and the neighborhoods in which they live.

Becoming Part of the Policy Agenda

Four of five locations had established government-sponsored committees that formally recommended adoption of safe consumption sites. Three jurisdictions organized these committees around a broader topic (e.g., the opioid crisis) and included sanctioned safe consumption sites as one of several recommendations. The reports generated by these committees attracted media attention, raised the profile of safe consumption sites among the general public, catalyzed organizing efforts, and provided political cover for supportive elected officials.

Participants in two locations described efforts as exclusively focused on changing policy at the local level (see online supplement). They reported that state politics drove this decision but also felt that state-level policy action was not necessary to establish a safe consumption site. Among the three jurisdictions that had introduced state legislation to establish safe consumption sites, all were pursuing other mechanisms for achieving legal sanction as well, including authorization of a research pilot, city ordinance, or health department action.

Organizing and Coalition Building

Efforts to organize around safe consumption sites were heterogeneous in terms of the groups leading the movement, the extent to which the advocates constituted an organized coalition, the level of involvement from people who use drugs, and the tactics employed by advocates to engage relevant groups and garner political support (Box 1). Participants in all jurisdictions emphasized the importance of engaging those with diverse perspectives on safe consumption sites and diverse motivations for supporting them. Engaging diverse voices enabled organizers to build a broader coalition and more successfully lobby policy makers. Participants emphasized the importance of supporting potential allies on other issues, or "showing up," as they built a coalition, illuminating both the transactional nature of organizing and the extent to which allies often share a wider set of political goals. Although participants in all jurisdictions emphasized the importance of including and elevating people who use drugs in advocacy efforts, there was variation in the extent to which this goal had been achieved. People who use drugs were more involved in places that had established drug user unions, whereas in other jurisdictions, organizing around safe consumption sites drove efforts to mobilize this population. Political strategy involved initially targeting policy makers who were anticipated to be receptive to the issue, educating policy makers and connecting them to information, pressuring key policy makers who resisted publicly supporting safe consumption sites, engaging in acts of civil disobedience, and positioning safe consumption sites as a campaign issue on which candidates were forced to comment.

Community Engagement

A key element of organizing was community engagement (Box 2). Some jurisdictions viewed community engagement as part of a long-term process of building relationships and engaging the community around drug policy more broadly. Most participants viewed early engagement of the community as critical to building public understanding of the concept of safe consumption sites and quelling potential opposition. In one jurisdiction, community engagement mostly occurred after the local government announced support for safe consumption sites and community opposition had emerged as a roadblock. The majority of jurisdictions engaged with the community through public meetings, often involving local government representatives and members of the task force. Many participants felt that smaller meetings enabled more productive discussions about how to address community concerns and led to less fraught public meetings.

One key theme was the importance of taking community concerns seriously. In describing their approach to engaging the community, participants evoked the harm reduction philosophy of meeting people where they are and not reflexively attributing concerns raised about safe consumption sites to intractable stigma or NIMBY-like attitudes. Advocates also emphasized the importance of finding trusted members of the community to champion the cause and to ensure transparency in the process of building support for safe consumption sites.

Challenges

One of the challenges mentioned most commonly involved finding the right location (Box 3). This theme encompassed neighborhood resistance and identifying the right physical space. The issue of physical space overlapped with uncertainty about the enforcement of 21 USC Section 856, the so-called Crack House Statute, which prohibits operation of spaces for the use of illegal substances (30, 31). Participants anticipated reluctance by property owners to rent space for use as a safe consumption site, limiting options. Also related to the Crack House Statute were concerns that the federal

BOX 1. Key dimensions of organizing and coalition building identified by stakeholders involved in efforts to establish safe consumption sites

Engaging partners with diverse perspectives

"Support is challenging because it sometimes comes from people who just want these individuals to disappear, but they are vocal about the need for safe consumption sites because of syringes on the street."

"Diverse coalition seems very critical . . . geographically diverse across the state, and we also mean racially diverse and diverse in how you arrive at this work. [It's] critical for the coalition and for the legislators we engage."

Focus of organizing efforts

"[Location X] has a good ground game. . . . They've been putting together a concerted grassroots community education and mobilization campaign. In [another location], there isn't really a ground game and media strategy. . . . There's more behind-the-scenes meeting to educate legislators and convene community stakeholders."

"[Location X] is challenging because there's an emerging dynamic of gentrification in which a class of highly educated white professionals are moving in and are seen as "new [name of locality]" and they tend to be easier to convince on things like [safe consumption sites], but you don't want them to be the face of your grassroots movement."

Showing up for allies

"[W]e built a strong relationship with a [local peer recovery group] and [think about] how we can show up for them and integrate advocacy more into their work, and that's a long-term process that is an intensive and important piece of this work."

Organizing people who use drugs

"[A new advocacy organization] coalesced around . . . service provision under the [city's] bridges to build trust . . . with people with lived experience to build social capital and make sure people know we are not just advocates but service providers. We hoped that the [organization] would become an auxiliary to the union of people who use drugs."

"Our members identify more or less as drug users. But the truth is that some are active drug users and some are fully in recovery but identify as drug users for political reasons. . . . For us, what's most important is, 'Are you a victim of the drug war?' We don't organize 'Wall Street' drug users."

Learning from previous policy change efforts

"A lesson learned from LEAD [law enforcement–assisted diversion] was bringing in people to build consensus who have different motivations. . . . It was really clear that there was never going to be agreement on a wide range of issues, so we focused on a couple things we could agree on and leave disagreements at the door."

Targeting friendly policy makers first

"[We] focused on solid, traditional allies."

"We used comprehensive syringe exchange supporters to target for potential safe consumption site support. It became more acceptable over time, and we have about 30 cosponsors on the safe consumption site bill now. A lot of members were moved by targeted advocacy, lobbying, and testimony."

"[We are] planning to meet with city council members, first with folks who are likely to support [safe consumption sites]."

Educating policy makers

"We do a lot of education with elected officials, helping them work through questions with constituents."

"[The local police chief] met with the previous chief [in Vancouver] about law enforcement impact research from Vancouver, and he was really enthusiastic because he saw it as a solution to a lot of the problems his department is dealing with, namely public syringes."

Publicly pressuring policy makers

"We took to publicly attacking [key elected official]. We did a number of demonstrations and public confrontations and civil disobedience actions that got a lot of attention."

"We're keeping the pressure on, recognizing that [movement on safe consumption sites] may not happen until after the November election."

Making safe consumption sites a campaign issue

"We're working on . . . identifying candidate stances on harm reduction for the election year, seeing if people can ask harm reduction questions at town halls."

"[A candidate in a local election] raised safe consumption sites as an issue, and it became part of a campaign conversation so all the candidates had to comment on it. The [local political group] does candidate forums and endorses candidates, so every politician has been asked their opinion on this topic."

government might seize assets from established providers or withhold funding from local jurisdictions if they opened a safe consumption site.

Several participants identified challenges in building trust among communities of color that have been disproportionately affected by the "War on Drugs" and its punitive drug policies. These participants felt strongly that efforts to advocate for safe consumption sites should either be preceded by or clearly framed as part of a broader effort to confront the racially unjust impact of punitive drug policy. Without this framing, safe consumption sites appeared to some community members as privileged treatment of white communities, which have experienced high rates of opioid addiction and overdose (32). Other challenges included financing; bureaucratic delays; reluctance by incumbents to endorse safe consumption sites in an election year; and other

BOX 2. Key elements of community education and engagement identified by stakeholders involved in efforts to establish safe consumption sites

Engaging early

"My favorite thing about [advocacy group X] is that they don't start on [safe consumption sites] when doing community engagement. . . . [Advocacy group X] is intentional about building trust in the community before going in with a hard ask on [safe consumption sites], though the downside is that it takes a long time."

"Need to make sure community engagement is part of the process from the beginning."

Convening community members

"Held [public] meeting with [various stakeholders] to give opportunity for people in the community to come and comment on safe consumption sites. . . . [We] had almost zero opposition. [We] had already laid some groundwork by talking to nonprofits, faith-based groups, and school groups in the area."

"I think the best way that could occur would be not having a public forum where everyone just rails on [public officials] about NIMBY issues, but . . . have smaller groups of people together to say what are the conditions in which people could endorse [safe consumption sites], and [local officials] could meet some of those conditions."

Taking community concerns seriously

"We approached things from a place of thinking it was reasonable that people had questions, which engendered good will from people and communities."

"Not meeting people with anger or frustration, realizing that people don't know the principles of harm reduction, and treating the outward community with the tools we practice—meeting people where they're at and listening to concerns."

Activating community voices

"It's hard to go into a community you've never been a part of and try to advocate, so that's an interesting dynamic. . . . You need to show it's not 'big public health' trying to put policy on the community."

"[Community group X] is doing an intensive set of conversations with business owners, labor unions, tenants' organizations, and community organizations doing presentations and getting support. They've done a great deal of work addressing people's concerns."

"Identify community leaders to be champions of the project who are trusted."

Transparency

"[We have] done a lot of work through a transparent process. Provided many opportunities for the larger public to give comment. . . . Even people who weren't in favor of safe consumption sites wouldn't say that the process wasn't fair."

"The general perception from the public is that they're being lied to from the government. . . . It's hard because residents are also incorrect in their interpretations . . . but advocates also misrepresent what information is out there."

legal issues, such as protecting the professional licensure of providers who might work at these facilities.

Facilitators

At least three locations had considered safe consumption sites before the acceleration of the drug epidemic, and participants felt that these conversations were a helpful foundation for current efforts. Participants identified a variety of existing policies, programs, or partnerships as having laid the groundwork for adoption of safe consumption sites (Box 4). These included decades-long efforts to implement syringe services programs (33), the provider type most frequently identified by participants as a potential operator of safe consumption sites; overdose education and naloxone distribution programs (34); other interventions targeting people who use drugs and people experiencing homelessness (e.g., Housing First initiatives) (35); activism around HIV/AIDS; organizing to end punitive drug policy; and broad diffusion of a harm reduction orientation throughout a jurisdiction or service system.

Other key facilitators included having political champions who actively engage in advocacy around safe consumption sites, public support, and favorable media coverage. Another facilitator, exposure to Insite, either through

visits to Vancouver or meetings with key Vancouver officials, often was effective in persuading key public officials and community groups. However, several participants also noted that some visitors were confused about the causal relationship between neighborhood conditions and Insite, not realizing that conditions in the surrounding high-poverty neighborhood predated Insite. Several participants mentioned that the anticipated opening of a sanctioned site in the United States would catalyze their own efforts. Finally, research was identified as a facilitator, including research on the unsanctioned U.S. site (9) and the cost-effectiveness of these sites in U.S. cities (20, 21). Participants also cautioned that research was not sufficient to move policy adoption, and some also noted that community distrust of research diluted its power as a persuasive tool.

DISCUSSION

In this study, we considered the strategies being employed to advance the policy agenda on safe consumption sites in the United States. Political scientist John W. Kingdon (36) theorized that policy entrepreneurs can take advantage of windows of opportunity to enact meaningful policy change. These windows occur when a problem appears on the

BOX 3. Key barriers to policy adoption and implementation identified by stakeholders involved in efforts to establish safe consumption sites

Location or siting
"The challenges that we are continuing to work through here relate to the siting of one of these facilities, which comes back to this idea of community acceptance and understanding and stigma."
"We don't want a nonprofit to lose a building unless it's completely stand-alone and provides no other services."
"The Crack House Statute makes it complicated when a lot of possible locations are rental locations, so you'd need approval from landlords, which is unlikely."

Uncertainty about federal government response
"The risk of federal interference is high because it's a poor city reliant on [federal] funding."
"Other cities are interested, but we haven't answered the key question of how to protect them from federal intervention."

Mistrust and racial justice
"We've heard time and time again from the community, 'Great that you want to do this but it's because now it's

affecting a predominantly white population. Why should we support this until you're willing to let our families out of prison for low-level drug offenses?' We need to address this head on."
"If there was a space legalized tomorrow, it wouldn't be successful because people wouldn't trust or know about it, so its success is reliant on communities being behind it and rooting it in racial justice and an understanding of the war on drugs."

Financing
"It's a frustrating point of view that [jurisdiction] knows it's a good option but won't pay for it. They know that it won't happen without funding from [jurisdiction]. We need an institutional commitment for this."
"We've talked to a number of funders, and a number have given us a positive response, but many are loathe to commit any type of money at this point to an idea that, at this point, is simply an idea."

political agenda, a policy exists to address this problem, and the political climate is favorable. Drug use and addiction are present on the political agenda in the five locations we studied, and in many cases, sanctioning safe consumption sites is increasingly viewed as a valuable component of a multifaceted policy response. The local political climate in the locations considering safe consumption sites may be conducive to change, given that policy makers—including mayors, city council members, health agencies, and state legislators—have endorsed the establishment of these sites.

Nevertheless, jurisdictions face both logistical (e.g., locating a site) and political (e.g., opposition from key political officials) obstacles to establishing these sites. Some jurisdictions lack the support necessary from key policy makers to move forward, but community advocates are hopeful that the results of upcoming elections will alter the political climate. In the meantime, participants reported working to establish policies and procedures for safe consumption sites, identifying partners for service provision, and exploring potential funding opportunities so that when official sanction of safe consumption sites occurs, they can act quickly. Some participants also have engaged in civil disobedience by establishing quasi-safe consumption sites to force the hands of political officials while also addressing the current needs of people who use drugs. Advocates in other countries, such as Australia, Denmark, and Canada, also practiced civil disobedience prior to safe consumption policy change (27, 37).

A major uncertainty looming over efforts in all jurisdictions is the potential federal response to implementation. Following the completion of these interviews, the Deputy Attorney General of the United States published an opinion piece strongly opposing safe consumption sites (38). It is unclear how this public statement may affect efforts moving

forward. Participants reported being well aware of the legal obstacles to implementation and had undertaken legal analyses to prepare and mitigate liabilities (30). Although not all localities had champions at the state level, state intervention appeared to be of lesser concern than the potential federal response.

An important theme emerging from these interviews was the essential role of people who use drugs in organizing around safe consumption sites. Schneider and Ingram's (39) work suggests that the social construction of target populations is an important determinant of the policy agenda and design. According to this theoretical framework, strategies must be put in place to counteract the lack of political power among people who use drugs. Otherwise, policy makers enact punitive policies targeting this group as a default position. Organizing this community is one approach advocates have pursued to strengthen the political influence of people who use drugs on the policies that affect them.

This study had several limitations. Our sample lacked representation from people who currently use drugs, although three participants described themselves as in recovery. Attitudes toward safe consumption sites among people who use drugs have been explored in prior research (40). To our knowledge, there has been little research on the role of this group in driving policy change in the United States (41–43); this topic should be explored further. Another limitation of the study was its generalizability. Although we focused on five localities that have made measurable progress in advancing policy, there may be other places that have made similar progress. Another limitation was that most study participants represented urban, politically progressive settings. Their experiences may be less generalizable to rural settings, where the availability of

BOX 4. Facilitators of progress toward policy adoption identified by stakeholders involved in efforts to establish safe consumption sites

Predecessor programs and harm reduction exposure
"We have a long history of doing this work with respect to syringe exchange."
"[Locality X] is the best example where there is a long-standing [law enforcement–assisted diversion] program and a lot of movement on safe consumption sites, but it's a lot of the same people involved on both things, so it's clearly linked. The link is less obvious in other cities."
"[We] have a long history of harm reduction that's woven into the philosophy of the work that the [government health agency] does."

Political champions
"Political champions willing to go to bat, especially law enforcement and/or prosecutors willing to stand behind this."
"It's really important to have healthy relationships with [local political] leadership. Those conversations are important because it won't get done without political will."

Public support
"Politically, it is very difficult for politicians to come out in support of [safe consumption sites]. Constituents and public opinion are key here."
"Of course, the high-level people need the information, but they will ultimately respond to public opinion."

Favorable media coverage
"The big opportunity came when [reporter X at news outlet X] did a big long story on [syringe services provider] and essentially showed that they were all but operating as [a safe consumption site], and it was a favorable story."

"[Local news outlet] has offered great coverage of the issue even before this became the focus, talking about the opioid crisis locally. They were able to provide several informative reports around the role of safe consumption sites."

Exposure to existing safe consumption sites in other countries
"A group of them ended up being funded by [organization X] to go to Vancouver on a tour of Insite, and they came back talking about it in religious-conversion terms."
"People who don't understand addiction attribute all negative aspects of drug use in Vancouver to the facility itself. But other officials with knowledge of drug use . . . see the positive aspects and it helps gain support."

Opening of a sanctioned safe consumption site in the United States
"If [legislation X] passes, it will be a game changer for this issue for the . . . country."
"If [locality X] moves forward and [politicians] can go visit those sites, then that would build momentum."

Research—although insufficient to shift views
"The science is settled around safe consumption, but the political battle is the hard part. Just going to them with the literature reviews does not work."
"Using the data makes it clear that safe consumption sites work and are needed. The only tool the opposition has is fear, so in any structured conversation, like department board meetings, there is clear evidence pitted against unsubstantiated fears."

services on which to build safe consumption sites—such as addiction treatment and syringe services programs—is more limited (33, 44) and where the political environment differs.

CONCLUSIONS

Although the people and organizations driving progress on safe consumption site policy vary across the country, interviews illuminated many common themes. The success of organizers in positioning the sanctioning of safe consumption sites as a politically viable policy option has involved responding to questions and concerns with openness; engaging a diverse set of allies; organizing people who use drugs and involving them in advocacy efforts; urging politicians to support safe consumption sites with behind-the-scenes and public pressure; and addressing mistrust in the community, particularly concerns about racial injustice in drug policy. As localities independently engage in efforts to move safe consumption site policy forward, they are closely watching one another's progress, which has important implications for their own likelihood of success. As one

participant noted, the "X factor . . . will be if another city actually implements [a site]."

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