Overdose Prevention Centers

January 2019

Overview

Overdose prevention centers (OPCs) – also called safer consumption spaces (SCS), safer injection facilities (SIFs), drug consumption rooms (DCRs), supervised drug consumption facilities (SCFs) or safer drug use services (SDUs) – are legally sanctioned facilities designed to reduce the health and public order issues often associated with public injection. These facilities provide a space for people to consume pre-obtained drugs in controlled settings, under the supervision of trained staff, and with access to sterile injecting equipment. Participants can also receive health care, counseling, and referrals to health and social services, including drug treatment.

There are approximately 120 OPCs currently operating in ten countries around the world (Australia, Canada, Denmark, France, Germany, Luxembourg, the Netherlands, Norway, Spain and Switzerland) – but none in the U.S.ⁱ In the past two years, Canada, and especially the city of Vancouver, has grown from two authorized sites to thirty, plus multiple smaller temporary sites set up to address the immediate need in a community.

There are plans for the opening of OPCs in Portugal, Belgium, Ireland and the UK. In the United States, Seattle, San Francisco, Philadelphia and New York City have committed to opening sites, but none are in operation yet. There is, however, one underground site in the U.S., according to researchers.

OPCs can play a vital role as part of a larger public health approach to drug policy. OPCs are intended to complement – not replace – existing prevention, harm reduction and treatment interventions.

OPCs Improve Safety and Health

Numerous evidence-based, peer-reviewed studies^{iv} have proven the positive impacts of overdose prevention centers, including:

- Increasing use of substance use disorder treatment, especially among people who distrust the treatment system and are unlikely to seek treatment on their own;
- Reducing public disorder, reducing public injecting, and increasing public safety;
- Attracting and retaining a population of people who inject drugs and are at a high risk for infectious disease and overdose;
- Reducing HIV and Hepatitis C risk behavior (i.e. syringe sharing, unsafe sex);
- Reducing the prevalence and harms of bacterial infections;
- Successfully managing hundreds of overdoses and reducing drug-related overdose death rates;
- Saving costs due to a reduction in disease, overdose deaths, and need for emergency medical services;
- Providing safer injection education, subsequently increasing safer injecting practices;
- Increasing the delivery of medical and social services.

In areas surrounding existing OPCs, there has been no evidence of increased community drug use, initiation of injection drug use, or drug-related crime. A 2017 systematic review concluded: "Consistent evidence demonstrates that [OPCs] mitigate overdose-related harms and unsafe drug use behaviours, as well as facilitate uptake of addiction treatment and other health services among people who use drugs (PWUD). Further, [OPCs] have been associated with improvement in public order without increasing drug-related crime. [OPCs] have also been shown to be cost-effective."

And a previous review concluded: "All studies converged to find that [OPCs] were efficacious in attracting the most marginalized people who inject drugs, promoting safer injection conditions, enhancing access to primary health care, and reducing the overdose frequency. [OPCs] were not found to increase drug injecting, drug trafficking or crime in the surrounding environments. [OPCs] were found to be associated with reduced levels of public drug injections and dropped syringes." v

Vancouver's InSite

Vancouver, Canada's supervised injection facility (overdose prevention center), InSite, has been the most extensively studied SIF in the world, with over 60 peer-reviewed articles published examining its effects on a range of variables, from retention to treatment referrals to cost- effectiveness.vi These reports are in agreement with reviews of Australian and European SIFs, which show that these facilities have been successful in attracting at-risk populations, are associated with less risky injection behavior, fewer overdose deaths, increased client enrollment in drug treatment services, and reduced nuisances associated with public injection.vii For example, one study found a 30 percent increase in the use of detoxification services among InSite clients.viii

InSite has proved to be cost-effective in terms of overdose and blood borne disease prevention as well. **

One cost-benefit analysis of InSite estimated that the facility prevents 35 cases of HIV each year, providing a societal benefit of more than \$6 million per year.**

"InSite saves lives. Its benefits have been proven. There has been no discernable negative impact on the public safety and health objectives of Canada during its eight years of operation."

- Supreme Court of Canada, 2011. xi

A survey of more than 1,000 people utilizing *InSite* found that 75 percent reported changing their injecting practices as a result of using the facility. Among these individuals, 80 percent indicated that [*InSite*] had resulted in less rushed injecting, 71 percent indicated that the SIF had led to less outdoor injecting, and 56 percent reported less unsafe syringe disposal. *InSite* has produced a "large number of health and community benefits...and no indications of community or health-related harms." *xiii*

Several Cities on the Verge of Opening First OPC in U.S.

In 2012, New Mexico adopted a proposal to study the feasibility of an OPC in the state – becoming the first state in the nation to consider this potentially life-saving intervention.xiv

In 2016, the city of Ithaca launched the "The Ithaca Plan" – a comprehensive municipal drug strategy which included a proposal for an OPC.xv

In January 2017, Seattle and the surrounding King County announced a plan to establish several OPCs in the area as a pilot test to address overdose and drug use in the community.xvi And in 2018, city officials in Philadelphia, San Francisco, and New York City announced their plans to open centers in their cities.xvii Momentum for OPCs has also emerged in cities such as Boston, Baltimore, Denver, Portland and Chicago. Additionally, legislation has been introduced in California, Colorado, Maryland, Massachusetts, Missouri, New Jersey, New York and Vermont to allow OPCs.

Recommendations

OPCs are a vital part of a comprehensive public health approach to reducing the harms of drug misuse. Local, state and national governments should explore the implementation of legal OPCs with trained professionals to reduce overdose deaths, increase access to health services and further expand access to safer injection equipment to prevent the transmission of HIV and Hepatitis C.

Though OPCs cannot prevent all risky drug use and related harms, evidence demonstrates that they can be remarkably effective and cost-effective at improving the lives of people who inject drugs as well as the public safety and health of their communities.



ⁱEuropean Monitoring Centre for Drugs and Drug Addiction, "Drug consumption rooms: an overview of provision and evidence," (2018)

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