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WHAT ARE OVERDOSE PREVENTION CENTERS?

No one should die from an overdose. People use drugs, and our goal should be to keep them safe. Overdose prevention centers (OPCs) save lives by reducing overdose deaths and connecting people to ongoing care.

Overdose prevention centers provide a safe space for people to consume pre-obtained drugs under the supervision of trained staff, without fear of arrest. They provide access to sterile supplies and overdose reversal medication, as well as connections to critical health and social services. OPCs complement existing prevention, harm reduction, and treatment interventions. They are proven to save lives and improve health and safety. OPCs are a vital part of building a health approach to drugs that embraces the dignity and wellbeing of people who use drugs, families, and communities.

THE URGENCY OF OPENING OPCs IN THE UNITED STATES

The United States is in the midst of an unprecedented overdose crisis. Drug overdose is the leading cause of accidental death. Over one million overdose deaths have occurred since the onset of the crisis.¹ In 2021, there were over 107,600 deaths – a nearly 15% surge from the record numbers of 2020.² The increased presence of fentanyl in the illicit drug supply is driving most of these preventable deaths. Profound racial disparities mark this crisis. People of all races and ethnicities use drugs at similar rates. Yet Black and Native people have the highest overdose mortality rates nationwide. And between 2010 and 2021, overdose death rates rose faster

among Latinx than non-Latinx people.³ Using drugs in a monitored, safe space can help prevent these overdose deaths and save lives.

SERVICES THAT OPCs OFFER

Staff at OPCs are present to provide sterile use supplies, answer questions on safer use practices, administer first aid if needed, and watch for overdose. They offer drug checking services to test for fentanyl, xylazine, and other adulterants. Staff also offer HIV and hepatitis C testing, general medical advice, and referrals to substance use disorder, medical, and mental health treatment. Other services available can include connection to housing and social support programs, holistic care such as acupuncture, and amenities like food, laundry, showers, and beds for napping.

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HEALTH BENEFITS OF OPCs

Evaluations consistently show positive individual and health benefits of OPCs. These include reducing fatal overdoses⁴ and sharing of syringes and other drug use supplies.⁵ OPCs also increase linkages to addiction treatment⁶ and increase social connectedness.⁷ Through provision of sterile injection, smoking, and snorting equipment and education on safer use practices, OPCs reduce risk behaviors associated with infectious disease transmission.⁸ Studies have also found that, compared to people who use drugs who do not visit OPCs, OPC clients are less likely to visit emergency departments and less likely to be hospitalized.⁹

COMMUNITY BENEFITS OF OPCS

OPCs benefit the communities where they exist by reducing public drug use and syringe debris.¹⁰ Evaluations have also found that the presence of OPCs does not result in increases in crime in the area.¹¹ Many OPCs respond to the majority of overdoses on site. This reduces the use and cost burdens of ambulance and emergency department services.¹²

COST-SAVING BENEFITS OF OPCS

Cost-benefit analyses show the potential of OPCs to save local governments millions of dollars in healthcare costs. Savings are based on averted overdose deaths, decreased infectious disease transmission, reduced skin and soft tissue infections, and increased medications for opioid use disorder (MOUD) uptake. A study focused on San Francisco found that one OPC in the city would result in a net savings of \$3.5 million per year.¹³ A similar study focused on Baltimore estimated an annual net savings of \$78 million.¹⁴

OPCS WORLDWIDE

There are over 200 OPCs in 14 countries around the world.¹⁵ OPCs have been in operation for over three decades with hundreds of thousands of site visits.¹⁶

Insite, the first of many legal OPCs in Canada, has been the most extensively studied center in the world. Dozens of peer-reviewed articles have examined its effects on a range of issues, from overdose prevention to treatment referrals to cost-effectiveness.¹⁷ In examining the evidence in a court case asserting the right to operate Canadian OPCs (which was won), the Canadian Supreme Court concluded:

“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.”¹⁸

SUCCESS OF OPCS IN THE UNITED STATES

In November 2021, New York City became the first jurisdiction in the U.S. to authorize OPCs. Two sites opened, operated by OnPoint NYC. In an early evaluation of the OPCs, participants reported that had they not had access to the sites, they would have had to use in a public or semipublic location.¹⁹ Over half of participants visiting these sites also accessed additional care during their visit. This includes the opioid overdose reversal drug naloxone, counseling, hepatitis C testing, medical care, and holistic services.²⁰ After a year and a half in operation, there were over 68,000 site visits, and staff had reversed nearly 850 overdoses.²¹ In addition to the on-site services offered, OnPoint NYC also educates community members on overdose prevention and harm reduction, cleans up discarded drug use supplies like syringes, and encourages people using in public to visit the OPCs.²²

A STUDY FOCUSED IN SAN FRANCISCO FOUND THAT ONE OPC IN THE CITY WOULD RESULT IN SAVING

**\$3.5
MILLION**

EVERY YEAR

OTHER LOCAL AND STATE SUPPORT FOR OPCS IN THE UNITED STATES

In addition to New York City, other states and localities have taken steps to adopt this proven method of reducing overdose and drug-related harms.

In July 2021, Rhode Island passed a two-year OPC pilot program, becoming the first U.S. state to authorize OPCs. A study estimates that once opened, OPCs in Rhode Island could prevent overdose deaths and reduce ambulance runs, emergency department visits, and inpatient hospitalizations for emergency overdose care.²³

64%

OF U.S. VOTERS BACK OPCs

California, Colorado, Connecticut, Florida, Illinois, Kentucky, Maine, Maryland, Massachusetts, Minnesota, Nevada, New Jersey, New Mexico, New York, Oregon, Pennsylvania, and Vermont are considering or have recently considered legislation to authorize OPCs.²⁴ Additionally, a number of cities across the U.S. are considering authorizing OPCs.²⁵

OPCs are endorsed by a variety of stakeholders. This includes states' Attorneys General, mayors, and current and former prosecutors and law enforcement officials.²⁶ Top medical and public health associations, such as the American Medical Association, the American Public Health Association, and the American Society of Addiction Medicine, endorse OPCs.²⁷ And 64% of U.S. voters back OPCs.²⁸ It is time for policymakers to support this lifesaving intervention.

END NOTES

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