

The science behind overdose prevention centers (OPCs)

Testimony to Vermont Opioid Settlement Advisory Committee

May 23rd, 2023



people
place &
health
collective



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What are overdose prevention centers (OPCs)?

OPCs are spaces where people can consume *pre-obtained* substances under the supervision of trained staff who can intervene in the event of an overdose or medical emergency

OPC clients can access medical care and other support services, including referrals to treatment programs

There are more than 200 OPCs operating in ~14 countries

OPCs are also known as supervised consumption facilities, harm reduction centers, or drug consumption rooms



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39





Source: <https://gothamist.com/news/inside-nycs-supervised-drug-injection-sites-the-first-in-the-nation>



Mobile and integrated OPCs in Canada





OPCs in remote &
rural areas



<https://northreach.ca/>



Between 03/2019 and 07/2022, Northreach OPC had:

- 28,847 visits from 446 people
- 422 overdose interventions with no deaths



**Do OPCs reduce
community overdose
rates?**

Reduction in overdose mortality after the opening of North America's first medically supervised safer injecting facility: a retrospective population-based study



Brandon D L Marshall, M-J Milloy, Evan Wood, Julio S G Montaner, Thomas Kerr

Summary

Background Overdose from illicit drugs is a leading cause of premature mortality in North America. Internationally, more than 65 supervised injecting facilities (SIFs), where drug users can inject pre-obtained illicit drugs, have been opened as part of various strategies to reduce the harms associated with drug use. We sought to determine whether the opening of an SIF in Vancouver, BC, Canada, was associated with a reduction in overdose mortality.

Methods We examined population-based overdose mortality rates for the period before (Jan 1, 2001, to Sept 20, 2003) and after (Sept 21, 2003, to Dec 31, 2005) the opening of the Vancouver SIF. The location of death was determined from provincial coroner records. We compared overdose fatality rates within an a priori specified 500 m radius of the SIF and for the rest of the city.

Findings Of 290 decedents, 229 (79.0%) were male, and the median age at death was 40 years (IQR 32–48 years). A third (89, 30.7%) of deaths occurred in city blocks within 500 m of the SIF. The fatal overdose rate in this area decreased by 35.0% after the opening of the SIF, from 253.8 to 165.1 deaths per 100 000 person-years ($p=0.048$). By contrast, during the same period, the fatal overdose rate in the rest of the city decreased by only 9.3%, from 7.6 to 6.9 deaths per 100 000 person-years ($p=0.490$). There was a significant interaction of rate differences across strata ($p=0.049$).

Interpretation SIFs should be considered where injection drug use is prevalent, particularly in areas with high densities of overdose.

Funding Vancouver Coastal Health, Canadian Institutes of Health Research, and the Michael Smith Foundation for Health Research.

Lancet 2011; 377: 1429–37

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See [Comment](#) page 1385

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Results

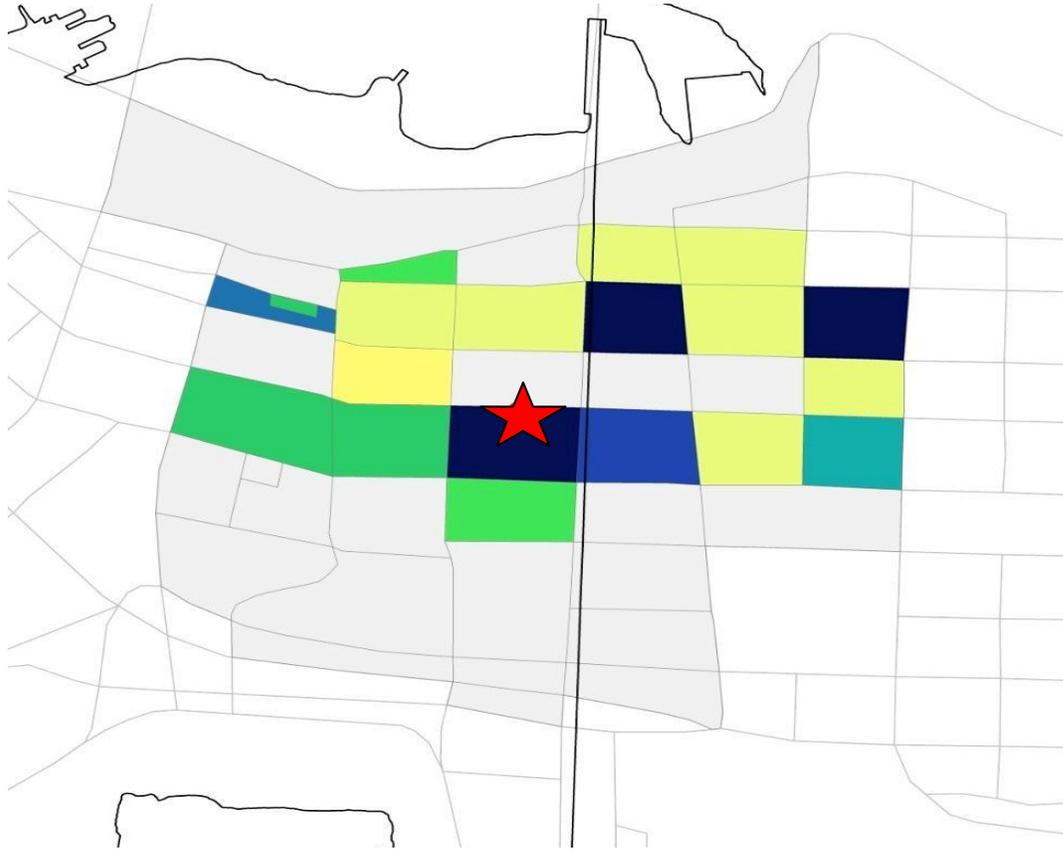
Overdose mortality rate pre-/post-OPC, stratified by proximity to the facility

	<500 meters of the OPC		>500 meters of the OPC	
	Pre-OPC	Post-OPC	Pre-OPC	Post-OPC
Number of overdoses	56	33	113	88
Overdose rate (95%CI)	254 (187 – 320)	165 (109 – 221)	8 (6 – 9)	7 (6 – 8)
Percent reduction (95%CI)	35% (1% - 58%)		9% (-20% - 31%)	

Results

Fatal OD rates (per 100,000 person-years) before and after the opening of the OPC

Pre-OPC: Jan 1, 2001 – Sep 20, 2003



Post-OPC: Sep 21, 2003 – Dec 31, 2005



0; 0.01 – 100; 101 – 300; 301 – 500; 501 – 700; 701 – 900; 901 – 1,100; 1,101 – 1,300; >1,300

Using an OPC at least weekly reduced the risk of all-cause mortality by 54%

- Community-recruited cohort of more than 2,100 people who use drugs in Vancouver
- Followed for more than 10 years
- Effect was independent of many other risk factors for death
- Overdoses were noted as the cause of death in 17% of 112 cases

The protective effect of OPC use on mortality extends beyond overdose reversal and is observed with weekly use.

RESEARCH ARTICLE

Supervised injection facility use and all-cause mortality among people who inject drugs in Vancouver, Canada: A cohort study

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**Do OPCs help people
enter treatment?**



Of the 621 participants **not accessing treatment** at baseline, 261 (42%) enrolled in some form of treatment after 24 months of follow-up

Source: DeBeck et al., *Drug Alcohol Dependence*, 2011

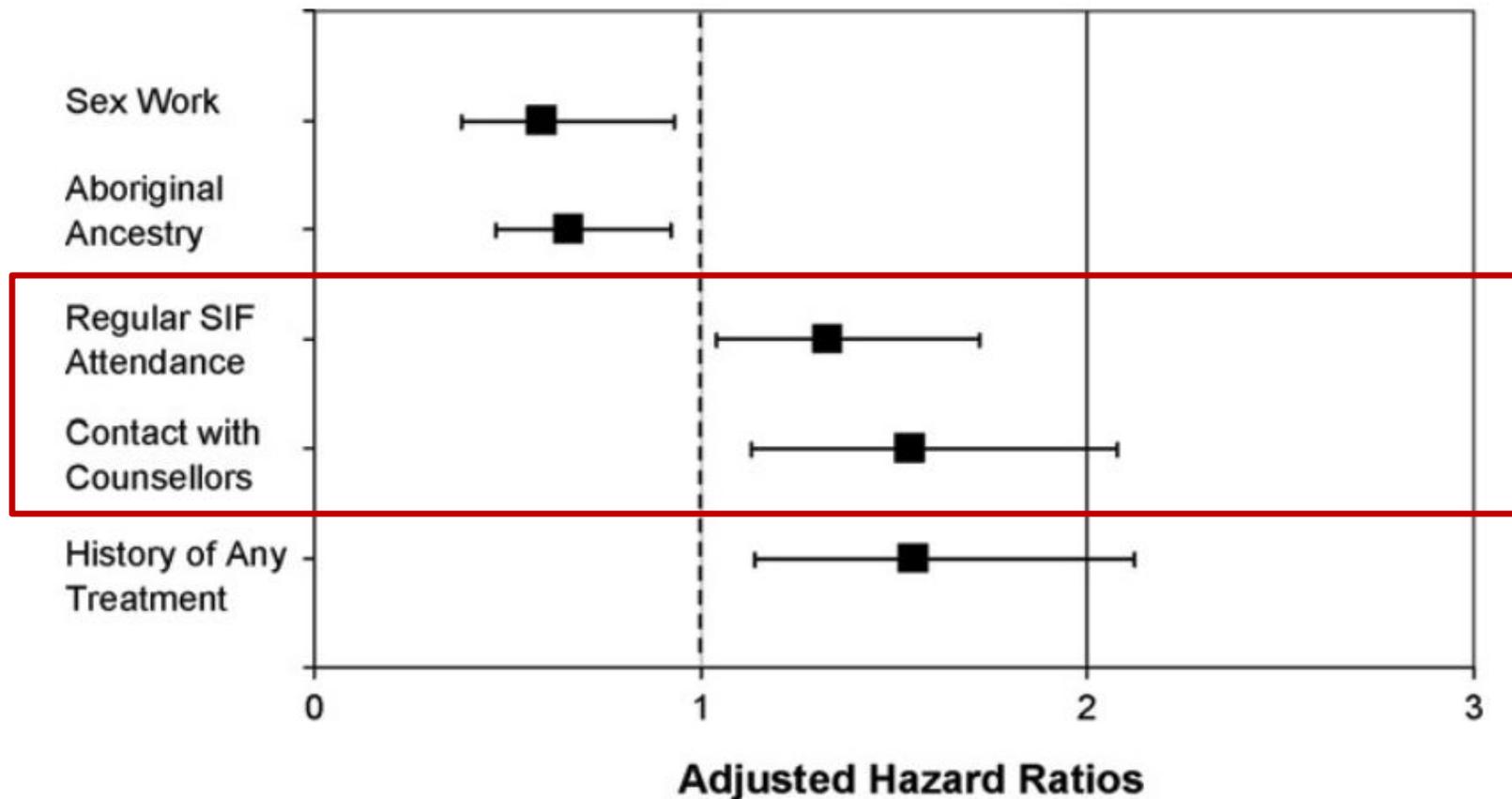


Figure 1. Factors associated with time to enrolment in addiction treatment among clients of Vancouver’s supervised injection facility. *Notes:* ‘Regular SIF Attendance’ was measured at baseline and defined as visiting the SIF at least once per week vs. visiting the SIF less than once per week; ‘Contact with Counsellors’ refers to meeting with an addictions counselor at the SIF and was measured through data linkage to the SIF administrative database; ‘History of Any Treatment’ was defined as any history of engaging in any type of addiction treatment programs.

Original article

Impact of drug consumption rooms on non-fatal overdoses, abscesses and emergency department visits in people who inject drugs in France: results from the COSINUS cohort

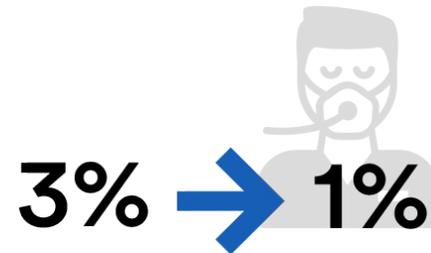
P. Roux ^{1,*†} M. Jauffret-Roustide,^{2,3,4†} C. Donadille,¹
L. Briand Madrid,¹ C. Denis,^{5,6,7,8} I. Célérier,⁹ C. Chauvin,² N. Hamelin,¹⁰
G. Maradan,⁹ M.P. Carrieri,¹ C. Protopopescu ¹ L. Lalanne,^{10,11†}
M. Auriacombe ^{6,7,8†} and the COSINUS Study Group

French Cohort Study of OPC Use

Estimated probabilities of overdose, abscesses, and ED visits over 12 months among people who used an OPC, compared to participants who used other harm reduction services:

After 12 months

Overdoses
down by **67%**



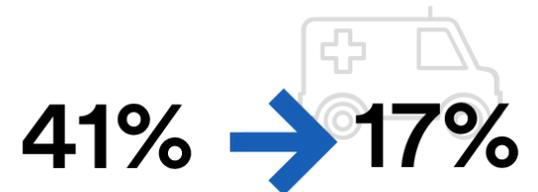
after 12 months

Abscesses
down by **79%**



after 12 months

ED visits
down by **59%**



after 12 months

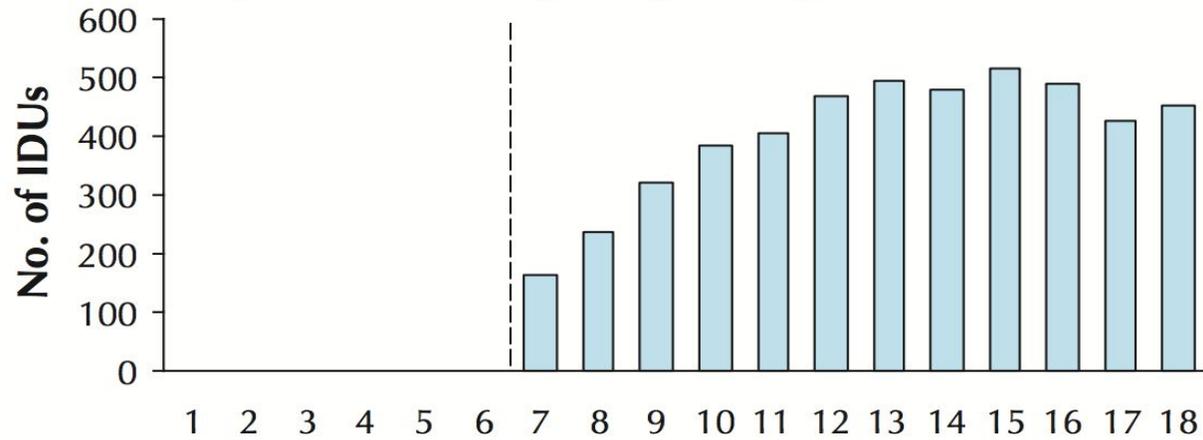




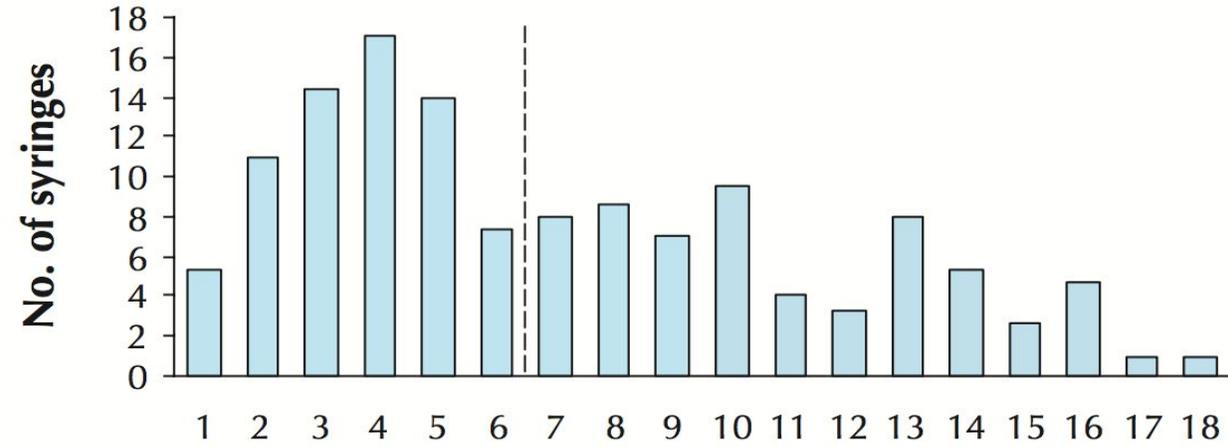
**Do OPCs have an impact
on public disorder and
crime?**

OPCs reduce public injection drug use and injection-related litter

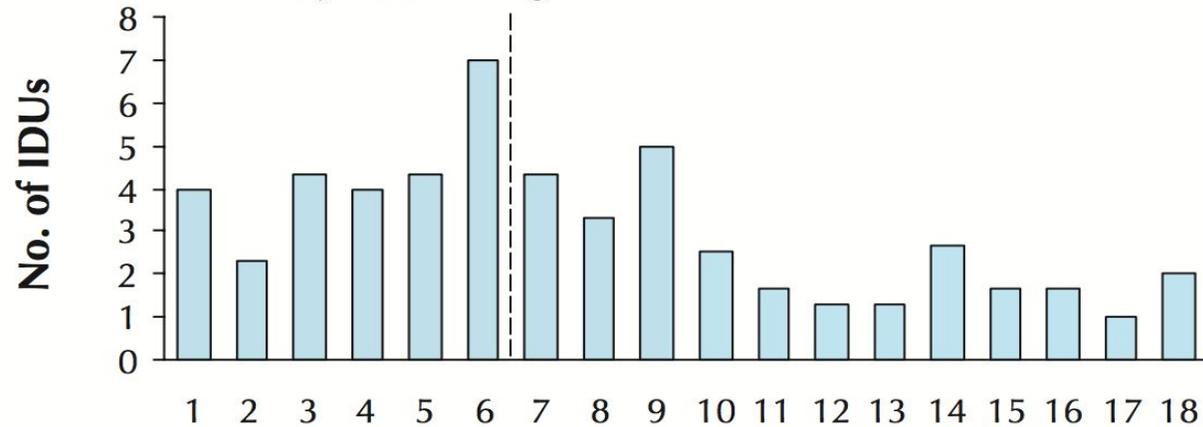
Daily use of safer injecting facility



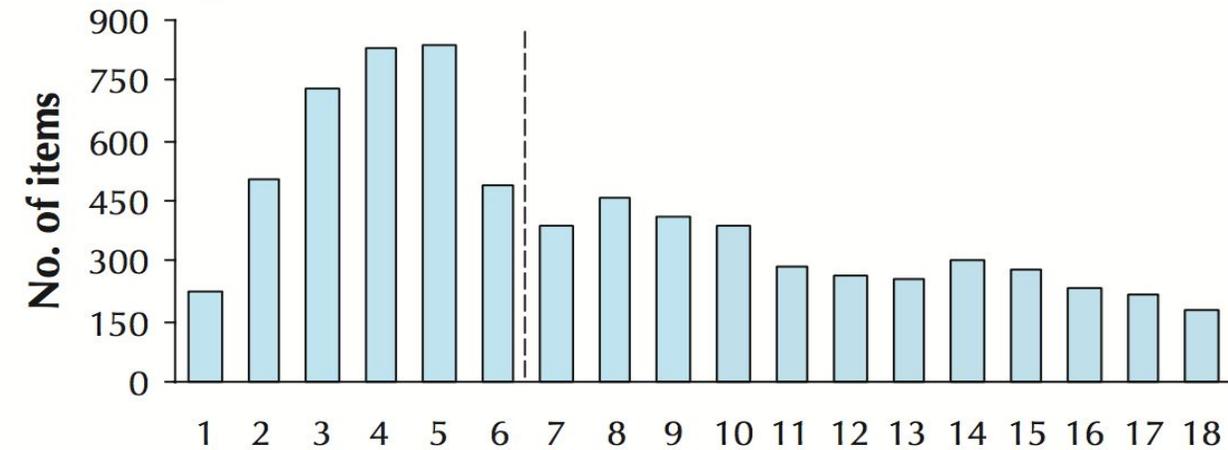
Publicly discarded syringes



Public injection drug use



Injection-related litter



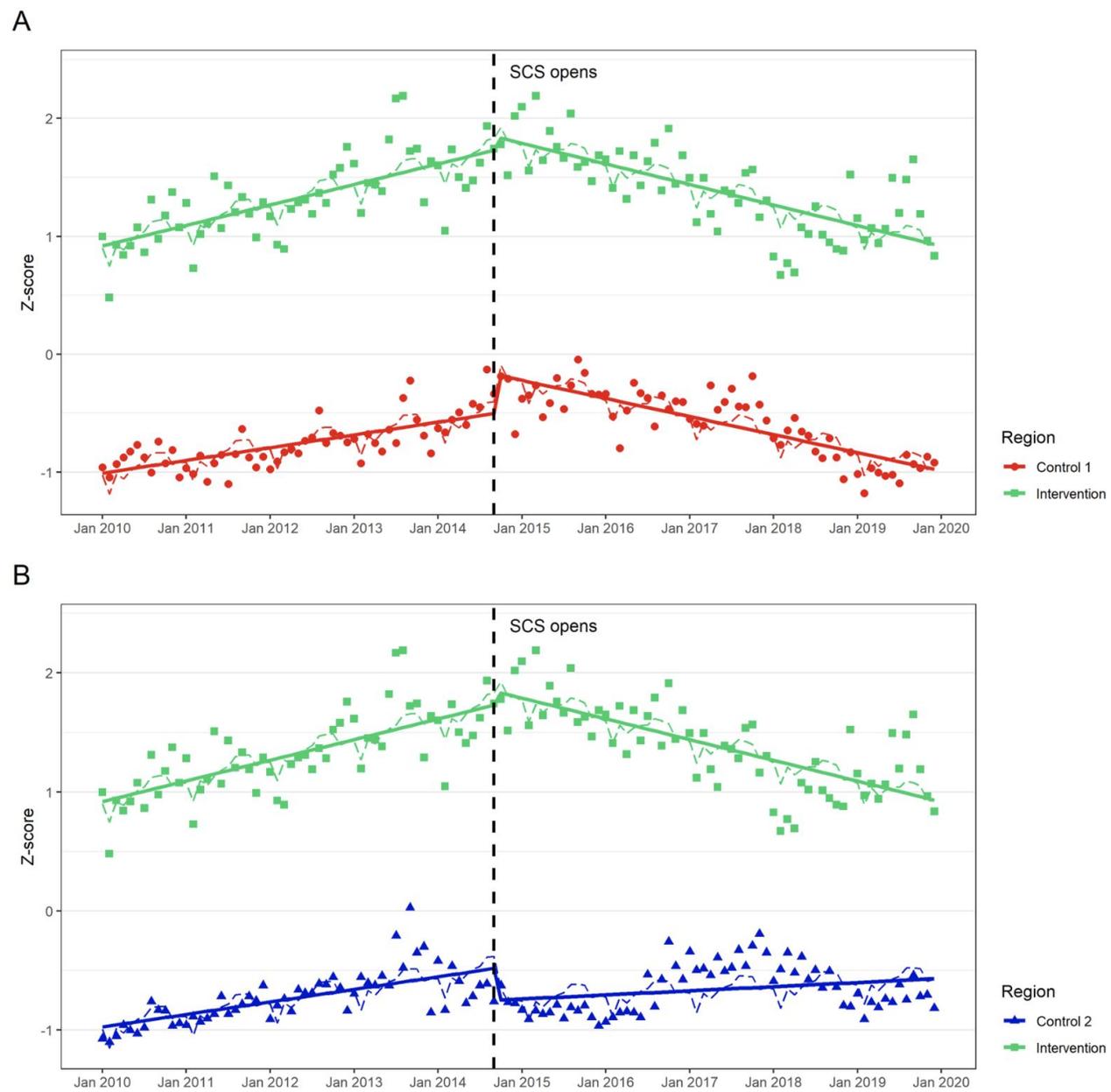


Fig. 2. Monthly standardized counts of police incident reports of assault, burglary, larceny theft, or robbery and estimated trends in crime between January 2010 and December 2019 within the 500 m area surrounding the Safe Consumption Site (SCS; Intervention) and two control areas: A. location-based control (Control area 1) and B. characteristic-based (Control area 2). Data are presented as z-scores; the vertical dashed line represents when the SCS was opened.

RHODE ISLAND'S HARM REDUCTION CENTER PILOT PROGRAM

Preventing overdoses, saving lives

216-RICR-40-10-25

TITLE 216 – DEPARTMENT OF HEALTH

CHAPTER 40 – PROFESSIONAL LICENSING AND FACILITY REGULATION

SUBCHAPTER 10 – FACILITIES REGULATION

PART 25 – Harm Reduction Centers

Source: RIDOH (<https://health.ri.gov/addiction/about/harmreductioncenters/>)

Source: RICARES (<https://ricares.org/ops/>)



Project Weber/RENEW, CODAC selected to open country's first state-regulated overdose prevention center

Plan follows extension of harm reduction center pilot program, facility to open in 2024



The center's creation will be funded by \$2.6 million allocated to the state following national litigation with three prominent opioid distributors.

Media by [Kaiolena Tacazon](#) | The Brown Daily Herald



By **Jacob Smollen**
Metro Editor

April 23, 2023 | 10:04pm EDT



The first state-regulated overdose prevention center in the nation will open in Providence in early 2024, according to a Tuesday [press release](#) by [Project Weber/RENEW](#), a Providence-based nonprofit harm reduction organization. Project Weber/RENEW will launch the center in partnership with [CODAC Behavioral Healthcare](#), an outpatient opioid treatment nonprofit.

Overdose prevention centers, also commonly referred to as harm reduction centers or supervised injection sites, are locations where individuals can use illicit drugs under the watch of medical professionals and other “[trained staff](#),” who may also provide other forms of recovery assistance.

Project Weber/RENEW and CODAC were selected to open the location by the R.I. Executive Office of Health and Human Services after EOHHS put out a [request for proposals](#) for a site in November 2022, The Herald [previously reported](#). The center will be funded by \$2.6 million the state received as part of a national [settlement](#) with three major opioid distributors.

Popular

Arment '23: No, Grad Center was not built to be riot-proof

By [Toby Arment](#) | May 19

Students, professors reflect on communication, community-building in Brown's ASL program

By [Harry Yang](#) | May 19

Tweets from @the_herald



Brown Daily Herald
@the_herald · May 3



Brown's Task Force on the Status of Women Faculty released a report detailing 18 months of research on the conditions of women faculty at Brown. Their findings revealed disparities in various areas, such as salary, service loads, promotion and retention.





- ★ Partners, staff, and advocates at our local harm reduction & recovery organizations
- ★ Study participants for their countless contributions to the research
- ★ The **wonderful staff, faculty, and students at the People, Place & Health Collective (PPHC)**, particularly Max Krieger, Jackie Goldman, William Goedel, Alex Collins, Jesse Yedinak, Alex Macmadu, and Abdullah Shhipar for their assistance with this presentation
- ★ Magda Cerdá, Thomas Kerr, and many others for their collaborations and mentorship
- ★ Our students at Brown School of Public Health



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appreciations & gratitude.



- ★ Original Vancouver evaluation funded by Health Canada and the Canadian Institutes of Health Research (CIHR)
- ★ Infrastructure research funding from the COBRE on Opioids & Overdose/NIGMS (P20-GM122207)
- ★ Pilot OPC evaluation is funded by the National Institute on Drug Abuse (R01-DA046620-03S1) and the Open Society Foundations



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our funders.



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keep in touch!